Western Graduate&PostdoctoralStudies

Western University
Scholarship@Western

Electronic Thesis and Dissertation Repository

September 2015

Examining The Socio-spatial Knowledge(s) Of Disabled And Mad Students In Higher Education

Mark A. Castrodale
The University of Western Ontario

Supervisor
Dr. Wayne Martino
The University of Western Ontario

Graduate Program in Education

A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy

© Mark A. Castrodale 2015

Follow this and additional works at: https://ir.lib.uwo.ca/etd

 Part of the Disability and Equity in Education Commons

Recommended Citation
Castrodale, Mark A., "Examining The Socio-spatial Knowledge(s) Of Disabled And Mad Students In Higher Education" (2015). *Electronic Thesis and Dissertation Repository*. 3229.
https://ir.lib.uwo.ca/etd/3229

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact tadam@uwo.ca.

EXAMINING THE SOCIO-SPATIAL KNOWLEDGE(S) OF DISABLED AND MAD STUDENTS IN HIGHER EDUCATION

(Thesis format: Monograph)

by

Mark Anthony Castrodale

Graduate Program in Faculty of Education

A thesis submitted in partial fulfillment
of the requirements for the degree of
Doctorate of Philosophy

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

© Mark Anthony Castrodale 2015

Abstract

In this study I draw on the perspectives and insights of self-identified disabled (n=14) and mad university students (n=3) at two Ontario universities. The perspectives of disability office workers (n=1) and instructors (n=3) are also included to offer triangulated accounts. I address the following research questions: (i) How are disabled and mad students constituted and represented in Ontario university settings? How do they understand and constitute themselves? (ii) What are mad and disabled students socio-spatial university experiences in relation to issues of access and academic accommodations? I draw theoretically on Foucault and other socio-spatial theorists such as Lefebvre and Soja to consider how university academic accommodations may function as regimes of truths discursively and materially shaping the lives of disabled and Mad students. I sketch cartographies of the present ways disabled and mad students are constituted and come to constitute themselves as disabled subjects. Case study methodology is employed to generate insights into knowledge-power relations shaping disabled and mad subjectivities. This research contributes *new* knowledge of disablement in university settings with key findings discussing how complex socio-spatial institutional knowledge-power relations shape notions of dis/ability and how disabled students become understood as mis/fits in university settings. This research demonstrates the significance of socio-spatialities in mad and disabled students' lives, attends to how they are perpetually (re)positioned within institutional spaces, how they craft, understand, and forge their own spaces. Mad and disabled students' perspectives offer new ways to think about university governance, disciplinary knowledges, pedagogies, constituting practices, subjectivities, socio-spatial struggle, and horizons of being human.

Keywords

Disability; University; Critical Disability Studies; Mad Studies; Geographies of Disability; Qualitative Research; Case Study; Mobile Methods; Foucault; Socio-spatial Analysis.

Acknowledgments

I owe a great deal of gratitude to my Supervisor Dr. Wayne Martino, who supported me with guidance, critical feedback and moral support. He helped me to refine my thinking, work through a series of edits and also think more deeply about how I approach research, my own lived experiences, and navigating life in the academy.

I would also like to acknowledge the support of Dr. Valorie Crooks and Dr. Geoffrey Reaume my committee members who provided critical insights and meaningful feedback that helped improve and hone my skills as a researcher and academic.

To my friend Daniel Zingaro, thank you for years of friendship, critical conversations, and encouragement.

My wife Laura for all our discussions and practice presentations, thank you for listening and helping me refine my words, and for your unwavering support and love. I am forever grateful.

I dedicate this thesis to my late mother Lorraine Castrodale, grandfather “Papa” Settimio Castrodale and grandmother “Oma” Rosina (PasquaRosa) Castrodale. I also dedicate this thesis to my father Lio Castrodale who has always supported me with care and love.

The Ontario Government and Western University generously funded this research study in the form of an Ontario Graduate Scholarship (2013-2014).

Table of Contents

ABSTRACT II

ACKNOWLEDGMENTS III

TABLE OF CONTENTS IV

LIST OF TABLES IX

LIST OF FIGURES X

LIST OF APPENDICES XI

CHAPTER 1 1

INTRODUCTION 1

1.1 RESEARCH TOPIC, PURPOSE AND AIMS 4

1.2 RESEARCH QUESTIONS 5

1.3 CRITICAL DISABILITY STUDIES 6

1.4 MANAGEMENT OF BODIES IN SPACE 15

1.5 SOCIAL MODEL VS. MEDICAL MODEL 16

1.6 CONCLUSION 21

CHAPTER 2 INTRODUCTION 23

1.7 RESEARCH TOPIC, PURPOSE AND AIMS 26

1.8 RESEARCH QUESTIONS 27

1.9 CRITICAL DISABILITY STUDIES 28

1.10 MANAGEMENT OF BODIES IN SPACE 37

1.11 SOCIAL MODEL VS. MEDICAL MODEL 38

1.12 CONCLUSION 43

CHAPTER 3 45

2 FOUCAULDIAN THEORISING OF MAD AND DISABLED STUDENTS' EXPERIENCES IN UNIVERSITY 45

INTRODUCTION 45

2.1 THEORETICAL FRAMEWORK 45
2.2 KNOWLEDGE-POWER RELATIONS 46
2.3 FOUCAULDIAN MAD ANALYTICS 53
2.4 OFFICIAL KNOWLEDGES VS. SUBJUGATED KNOWLEDGES 58
2.5 THE CONSTITUTION OF DISABLED AND MAD SUBJECTS 62
2.6 DISCIPLINARY POWER 64
2.7 NORMALIZING JUDGEMENTS 72
2.8 DIVIDING PRACTICES 75
2.9 DISCIPLINARY TECHNIQUES: DIS/ABLED, DISCIPLINED, AND DOCILE BODIES 76
2.10 PANOPTICISM AND THE GAZE 84
2.11 SURVEILLANCE AND THE MEDICAL GAZE 88
2.12 THE CLINICAL EXAMINATION 90
2.13 TECHNOLOGIES OF SELF, AGENCY & RESISTANCE 93
2.14 CONCLUSION 96

CHAPTER 4 98

3 GEOGRAPHIES OF DISABILITY 98

3.1 SPACE, KNOWLEDGE, POWER 98
3.2 SPATIAL ORDERING 102
3.3 CONCLUSION 109

CHAPTER 5 111

4 LITERATURE REVIEW 111

4.1 THE EXCLUSION AND MARGINALIZATION OF DISABLED SUBJECTS IN HIGHER EDUCATION 112
4.2 ABSENT VOICES: ASSERTING THE NEED FOR DISABLED STUDENTS' PERSPECTIVES 113
4.3 QUESTIONS OF ACCESS: PHYSICAL AND ATTITUDINAL BARRIERS 119
4.4 RESEARCH ON STUDENTS WITH LEARNING DISABILITIES IN HIGHER EDUCATION 127

4.5 MENTAL HEALTH AND PSYCHIATRIC DISABILITIES 130

4.6 ACCOMMODATIONS AND SUPPORT SERVICES 134

4.7 CLASSROOM PRACTICES, COURSE CONTENT, PEDAGOGY AND ASSESSMENT 140

4.8 CONCLUSION 144

CHAPTER 6 147

5 CHAPTER METHODOLOGY AND RESEARCH METHODS 147

5.1 RESEARCH CONTEXT AND RESEARCH QUESTIONS 147

5.2 THE INQUIRY: QUALITATIVE RESEARCH 148

5.2.1 ISSUES OF VOICE AND REPRESENTATION 149

5.3 THE RESEARCH DESIGN: CASE STUDY 152

5.4 CASE SITES 159

5.5 SAMPLE POPULATION, CHARACTERISTICS, AND SIZE 160

5.6 RESEARCH METHODS: SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUPS 161

5.6.1 INTERVIEWS 162

5.6.2 GO-ALONG INTERVIEWS 165

5.7 RECRUITMENT AND INFORMED CONSENT 168

5.8 DATA ANALYSIS 170

5.9 METHODOLOGICAL TENSIONS – WORKING THE HYPHEN 172

5.10 THE SOCIAL RELATIONS OF RESEARCH PRODUCTION 186

5.10.1 POSITIONALITY 188

5.10.2 REFLEXIVITY 190

5.11 ETHICS 191

5.12 CONCLUDING POINTS 192

CHAPTER 7 194

6 INSTITUTIONS AND PARTICIPANTS' PROFILES 194

6.1 UNIVERSITY SITE 1 195

6.2 UNIVERSITY SITE 2 197

6.3 LIMITS OF POLICY CONTEXTS AND INSCRIPTION OF ACCOMMODATION DISCOURSES 199

6.4 PARTICIPANT OVERVIEW TABLE 200

6.5 PARTICIPANT PROFILES 201
6.6 PARTICIPANT 1: ALESSANDRA 201
6.7 PARTICIPANT 2: ZOE 202
6.8 PARTICIPANT 3: CASSANDRA 202
6.9 PARTICIPANT 4: STACEY 203
6.10 PARTICIPANT 5: TESSA 203
6.11 PARTICIPANT 6: LISA 204
6.12 PARTICIPANT 7: KERRY 205
6.13 PARTICIPANT 8: OLGA 205
6.14 PARTICIPANT 9: BONNIE 206
6.15 PARTICIPANT 10: ANNIE C 206
6.16 PARTICIPANT 11: MARY 207
6.17 PARTICIPANT 12: SARAH 208
6.18 PARTICIPANT 13: MONICA 208
6.19 PARTICIPANT 14: MICHELLE 209
6.20 PARTICIPANT 15: OLIVIA 209
6.21 PARTICIPANT 16: TIM 210
6.22 PARTICIPANT 17: ELYSE 210
6.23 PARTICIPANT 18: DR. REBECCA 211
6.24 PARTICIPANT 19: STEVEN 212
6.25 PARTICIPANT 20: PROFESSOR GERALDINE 212
6.26 PARTICIPANT 21: PROFESSOR AF 213
6.27 CONCLUSION 214

CHAPTER 8 216

7 MAD AT UNIVERSITY: EXAMINING MAD UNIVERSITY STUDENTS' EXPERIENCES 216

7.1 INTRODUCTION 216
7.2 SANISM AND MAD (DIS)POSITIONS 218
7.3 ENABLING MAD SPACES 223
7.4 THE CONSTITUTION OF MAD SUBJECTS 239
7.5 MAD DISCLOSURES 246
7.6 MADDENING THE NEOLIBERAL UNIVERSITY 250

7.7 CHALLENGING DISCIPLINARY KNOWLEDGE-POWER RELATIONS 258
7.8 MAD ADVOCACY AND RESISTANCE 263
7.9 MAD PEER SUPPORT NETWORKS 264
7.10 CONCLUSION 272

CHAPTER 9 274

8 MIS/FITS: UNPACKING DIS/ABLED SPATIALITIES 274

8.1 MIS/FITS 275
8.2 ACADEMIC ACCOMMODATION AND ACCESSIBILITY 279
8.3 DISCLOSING DISABILITY? 303
8.4 DIS/ABLING UNIVERSITY SPACES 317
8.5 THE PERPETUAL STRUGGLE FOR SPACE 333
8.6 STUDENTS' NUANCED SELF-UNDERSTANDINGS OF DISABILITY 358
8.7 DISABILITY DISCOURSES: ACADEMIC ACCOMMODATIONS 368
8.8 NON-CONCLUSIONS 373

CHAPTER 10 377

9 ENABLING MAD STUDIES AND CDS PEDAGOGIES 377

9.1 CRITICAL PEDAGOGIES OF DISABILITY 377
9.2 ENABLING EDUCATIONAL ACTS OF RESISTANCE 386
9.3 MAD NARRATIVES AS SITES FOR EDUCATING ABOUT MENTAL HEALTH 396
9.4 CONCLUSION 402

CHAPTER 11 404

10 FINAL CONCLUDING DISCUSSION 404

REFERENCES 407

APPENDICES 437

MARK ANTHONY CASTRODALE CURRICULUM VITAE 462

List of Tables

Table 1: Participant Names and Identity Profiles Summary Information..... 200

List of Figures

Figure 1: Whiteboard in a hallway for people to share their writing titled “Creating meaningful collaborations: ways of asking, ways of knowing, ways of doing, ways of being” 230

Figure 2: Mad positive spoof and satiric poster troubling dominant mental health campaigns. 245

Figure 3: “Mad maps: An orientation for students with mental health disabilities.” Image featuring a Mad positive peer support for poster with meeting and information for students. 266

List of Appendices

Appendix A - Ethics……426
Appendix B - Letter of Information (recruitment letter)…….444
Appendix C - Statement of Informed Consent ……446
Appendix D - Semi-Structured Interview Guide ……447

Chapter 1

Introduction

In this chapter I outline my research topic, aims and purpose of the study and the relevant research questions that drove this inquiry. This chapter illuminates my understanding and situatedness as a researcher within the field of Critical Disability Studies and serves as a basis for explicating my use of a Foucauldian analytic framework that is explicated in chapters 2 and 3.

In this study I examine the experiences of undergraduate and graduate students with both visible and non-visible often called hidden disabilities, including mad students' perspectives at two Ontario University sites. I tentatively adopt a definition of disability informed by Section 10(1) of the Ontario Human Rights Code (OHRC) (2012) as:

> (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
>
> (b) a condition of mental impairment or a developmental disability,
>
> (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
>
> (d) a mental disorder, or

> (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997.*

According to the OHRC (2012):

> 'Disability' should be interpreted in broad terms. It includes both present and past conditions, as well as a subjective component based on perception of disability. Although sections 10(a) to (e) set out various types of conditions, it is clear that they are merely illustrative and not exhaustive. Protection for persons with disabilities under this subsection explicitly includes mental illness, developmental disabilities and learning disabilities. Even minor illnesses or infirmities can be 'disabilities,' if a person can show that she was treated unfairly because of the perception of a disability.

I seek to highlight how disability is understood in multiple complex ways. As Shelvin, Kenny, and McNeela (2004) note:

> Students with disabilities in higher education are a heterogeneous group comprising people who have physical/sensory disabilities joined by students who have serious health issues (asthma, epilepsy, diabetes), those who have specific learning disabilities and others who have mental health difficulties…Students with specific learning disabilities form by far the largest group of students with disabilities in higher education. (p.16)

Thus, disabled students are a diverse group of individuals who are often identified with various impairments and health conditions. Similarly, according to the OHRC (2012):

> disability covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, and other conditions

I conceptually frame disability in critical theoretical terms and examine the experiences of students who self-identify and who might also be formally identified as disabled in university settings. Although the above definition is operationally useful, I leave openness for disabled students to self-define and reject the limiting, individualizing, pathologizing, biomedically rooted deficit language such as 'disorder', 'malformation', 'dysfunction' embedded in the OHRC definition. Official university definitions of disability need to be compared and contrasted with the ways disabled students may conceptually define disability in their own terms. As Dolmage (2005) notes: "largely, those who define disability are not those who experience it…those who develop the definitions are not those who would identify themselves as experiencing disability" (p.112). I thus seek to appreciate the complex ways mad and disabled students understand, adopt, and operationalize their own definitions of disability, while often troubling dominant ways disability is defined.

I draw on the OHRC definition of disability to recognize disability as visible/evident and non-visible/non-evident/hidden including mental health issues. According to the OHRC (2012):

> Regardless of whether a disability is evident or non-evident, a great deal of discrimination faced by persons with disabilities is underpinned by social

> constructs of "normality" which in turn tend to reinforce obstacles to integration rather than encourage ways to ensure full participation. Because these disabilities are not "seen," many of them are not well understood in society. This can lead to stereotypes, stigma and prejudice.

Thus, disability is tied to perceptions and social constructs of normality where a disabled individual may encounter unequal treatment due to their impairment and/or perceived difference. I draw from OHRC (2012), which informs many university disability policies including the duty to accommodate, to operationalize a broad definition of disability guiding this inquiry.

1.1 Research Topic, Purpose and Aims

I investigate the socio-spatial experiences of disabled and mad university students in two university contexts in Ontario by incorporating their views and knowledge(s) regarding their experiences in university contexts. I also draw on perspectives of disability office workers and university instructors to offer a triangulated account of academic accommodation practices and access issues impacting disabled students. There is a need for more research drawing on disabled students' perspectives that are notably under-represented in higher education (Gibson, 2012; Vickerman & Blundell, 2010).

Disabled students often encounter exclusion due to a lack of institutional knowledge and cultural barriers that construct them as invisible in the university community (Gabel, 2010; Holloway, 2001; Borland & James, 1999; Hurst, 1996; Riddell, 1998; Tinklin & Hall, 1999; Tinklin, Riddell & Wilson, 2004). One of the important objectives of this research, therefore, is to promote the inclusion and perspectives of disabled students as a basis for investigating the effects of university policies and

practices, and their impact on this specific population. The often subjugated knowledge(s) of these students will be investigated in light of and alongside official knowledge(s) on disability articulated in university settings. I aim to mobilize knowledge that has traditionally occupied a marginal space.

The agency of students in how they negotiate university settings and constitute themselves within these milieux is a particular focus of this inquiry. Disabled students are not just passive subjects but also exert force, influence, agency and resistance to navigate the institutional landscape, socio-spatial practices and the impacts of university academic accommodation policies and practices.

1.2 Research questions

My aim is to produce knowledge about the socio-spatial impacts of access and accommodation-related discourses and regimes of practices on disabled students in university settings. The following questions guide this inquiry: (i) How are disabled and mad students constructed and represented through academic accommodation processes in two Ontario university settings? (ii) What socio-spatial impact(s) are accessibility issues and academic accommodation regimes of practices having on students with visible and non-visible disabilities in these university settings? Thus, I examine what constitutes legitimate knowledge by drawing on the subjugated voices of disabled students in university settings and am concerned to investigate their socio-spatial and embodied experiences.

1.3 Critical Disability Studies

The field of Critical Disability Studies (CDS) informs this research. According to Meekosha and Shuttleworth (2009) CDS is an interdisciplinary and multidisciplinary field, which challenges ways disability has been historically, and presently is thought about in medicalizing, pathologizing, individualizing ways often by nondisabled individuals. As a field it (re)positions the views, perspectives, experiences and knowledge(s) of disabled persons from the periphery to being central to inquiry that aims to understand the positions, plights, opportunities, commonalities, feelings, desires, and all the messy individual, collective, and unique experiences of disabled persons in society. A CDS lens is a useful framework in examining existing institutional practices that may alienate disabled students. Lastly, CDS opens space for counter narratives of disability from the perspectives of disabled students.

According to Meekosha and Shuttleworth (2009), CDS may be aimed at social transformation, emancipation of disabled persons and progressive social change. CDS often emphasizes the adoption of political stances by researchers that support the aims and goals of disabled persons. As Titchkosky (2011) asserts, CDS brings:

> the relations between bodies and social space to consciousness in new ways…Disability studies is a new form of perception, both because of its tie to activist pursuits and because the theoretical work that arises from it offers yet another relation between bodies and social space – namely, a self-reflective one (p.10-11).

She argues that CDS is an academic, activist, and artistic endeavour that challenges how people treat disability, while attending to the ways we imagine, understand, and perceive

disabled people. Similarly, my study needs to be understood in its critical focus on interrogating the conceptual categories and discourses underpinning the inscription of disabled subjects in university settings. Drawing on Foucault (1980; 1995; 2005; 2007) I seek to examine the regimes of practices and knowledge-power relations governing both officially sanctioned knowledge(s) about disability, but also how disabled students come to constitute themselves as particular sorts of subjects vis-a-vis institutional discursive frames and socio-spatial embodied-material relations in university settings.

A CDS lens enables a critical examination, questioning and contestation of the domination of professional medical and clinical expertise over the experiences that come from living with a disability (Abberley, 1989). Meekosha and Shuttleworth (2009) add that CDS demonstrates how the politics of knowledge and creation of knowledge on disability relate to structures of control and exclusion. Thus, CDS is a field that sprouted and grew in opposition to reductionist, limiting ways of conceptualizing disability in order to counter knowledge(s) contributed often by nondisabled individuals without personal knowledge/experience of disability and impairment on the behalf of disabled persons without their involvement or consultation. It seeks to highlight the unique experiences and knowledge(s) of disabled persons as an epistemological basis from which critique of other (dominating) systems of thought may be launched.

I situate my research in CDS because of my desire to highlight the experiences of disabled students and position them as having intimate socio-spatial knowledge about how disability is constructed and (re)produced in higher education. I understand the perspectives and knowledge(s) of disabled students as important in that they may inform better inclusionary pedagogies and practices that foster more equitable and democratized

spaces in higher education contexts. I enact Mitchell and Snyder's (2006) suggestion that "Disability Studies must recognize that its critique should be trained on the institution of the academy as much as on the social and political context outside its walls" (p.196). Thus, by adopting a CDS lens, my research seeks to critically examine and shed light on the underlying politics of knowledge generation, circulation and related discourses on disability in higher education.

Meekosha and Dowse (2007) claim that a disability studies perspective counters the prevailing historically informed tendency "to view people with disabilities as in need of fixing and control through treatment, cure or regulation" (p.169). I thus draw from a CDS lens to examine the micro-politics of knowledge production, and compare and contrast official knowledges with the subjugated knowledges of disabled students. Furthermore, I investigate how knowledges circulate and are communicated via various social actors in universities.

The field of CDS is also useful in critically examining normalcy. It problematizes normalization of the human body and mind and is critical of normalizing systems of thought and action. It thus, opens up a theoretical space to be both other and the same: "As with any new discourse, disability studies must claim space in a contested area, trace its continuities and discontinuities, argue for its existence, and justify its assertions" (Davis, 1997, xv). Thus CDS opens up new theoretical spaces for investigating and thinking about human experiences of impairments and how some individuals become constituted as disabled subjects. It turns, rejects, and refocuses a medicalizing lens away from examining and fixing individuals with impairments to a societal mirrored lens which urges *all* people to (re)examine societal norms, attitudes, expectations and values

which propagate/reinforce and reproduce disabling societal events and conditions. CDS destabilizes able-bodiedness as a unitary or fixed identity category and challenges *all* persons to think about the societal attitudes, beliefs, contexts, times and spaces that foster processes of disablement and the constitution of disabled subjects (Titchkosky, 2011; Goodley, 2014).

Drawing on my reading of Foucault (1980; 1995; 2005; 2007) and CDS scholars such as Titchkosky (2000; 2011) and Goodley (2014), I presently understand disability as produced socio-spatially in interactions between individuals and in various contexts, institutions, cultures, times and places. This does not deny that bodily/physical and cognitive impairments exist, but that the ways impairments are understood and treated in various societies results in inequality, unfairness, marginalization and constrains thinking and sets conceptual limits to constituting disability studies and research. Furthermore, I understand disability to be produced in relation to normalizing ableist temporal-spatial regimes of practices, which alienate individuals who do not conform neatly to them. CDS, hence, aims to challenge the status quo in the study of disability and to promote the emancipation of disabled persons (Meekosha & Suttleworth, 2009).

Meekosha and Shuttleworth (2009) note that CDS aims to link theory and praxis in the struggle for an autonomous and participatory society. Meekosha and Shuttleworth (2009) comment on the importance of educational institutions in enabling full citizenship of disabled persons stating:

> The growing presence of disabled people in society, in particular their presence in the community following centuries of institutionalisation, has further contributed to an awareness of the responsibilities of educational institutions to disabled

> citizens. At the same time, the limitations of medical and individual pathology models of disability, in both explaining the situation of disabled people and enabling their full citizenship, have resulted in the flowering of new explanatory paradigms – particularly in the humanities and social sciences. (p.48-49)

I understand this to mean that both the freedom of individuals and their relationships and interactions with other members of society; citizenship rights, freedoms and responsibilities, are worthy of reflection when undertaking disability-related inquiry. Universities may be thought of as gate-keeping institutions as the credentialing process of obtaining a university degree may open opportunities for meaningful employment in our society, upward social mobility, and general better quality of life. Lesser opportunity and access to resources due to socio-spatial processes of marginalization in universities may limit participation and access to full citizenship. This is why the university is an important site of investigation for the ways disabled persons experience discrimination and exclusion and how they may work to counteract these limiting practices. This study contributes important new knowledge on how disabled students experience these university settings.

Adopting a CDS lens requires disability-related research to be informed and guided by the desires and knowledge(s) of disabled people. Linton (1998), for example, writes that disability studies is:

> a location and a means to think critically about disability, a juncture that can serve both academic discourse and social change. Disability studies provides the means to hold academics accountable for the veracity and the social consequences of their work, just as activism has served to hold the community, the education

> system, and the legislature accountable for disabled people's compromised social position. (p. 1-2)

Thus, I draw on CDS as a way to think critically about truth claims and knowledges produced and circulated in relation to disabled constituted subjects. This study incorporates knowledge(s) of disabled students as the foundation from which the socio-spatial impacts of policies and practices on disabled students may be examined. I draw on disabled students' experiences as a way forward to suggest particular and potential ways to illuminate the socio-spatial impacts of accessibility issues and academic accommodation regimes of practices to allow disabled students to suggest ways to move in directions for social, political, intellectual, and other forms of institutional change. This research, therefore, provides a platform from which often subjugated disabled students' voices and knowledges may be communicated to particular audiences including other disabled students, disability office workers, instructors, and decision makers.

Titchkosky (2011), for instance, claims that universities arbitrate what constitutes legitimate knowledge; these institutions control, enable and constrain knowledge production on disability and impairment and about experiences of disablement. Titchkosky (2000) claims that CDS offers a critique of clinical and medical generated disability knowledge as the primary producers of meaning, representations and knowledge and practices of the lives of disabled people. Furthermore, she adds that universities often constitute or treat disabled students as a problem. Similar to Titchkosky, Barnes (2007) adds that disability studies:

> challenge[s] the disciplinary orthodoxies of medicine, sociology and psychology in terms of the legitimacy of the knowledge they have produced about the causes

> and experience of disablement…the relationships between the disabled people's movement as the producer and transformer of a cohesive understanding of the collective experience of disability, and the academy as the producer and arbiter of all forms of knowledge about impairment and disability... (p.137)

Thus, CDS is politically positioned as a field that opposes clinical medical knowledge as the sole basis for constituting disabled subjects. It critically interrogates how knowledge is produced and who produces knowledges about disability-related issues while troubling the types of knowledges circulated and valued in and by universities.

Titchkosky argues that DS asserts the importance of perspective where "the kind of disability-knowledge which is generated has much to do with our conception of disability" (p. 215). According to Titchkosky (2011), the ways disability is theorized, spoken about and understood has implications for how disability is written about and represented in research:

> Disability studies attends to the appearance of disability and non-disability as social and political expressions. Access procedures, policy development, discussions, and arguments in the round of university life are some of the ways disability and non-disability come to make an appearance. (p. 11)

Disability Studies represents a political endeavour in that it critically interrogates the foundations of able-bodied privilege. It is a paradigm shift in thinking about the relationships between bodies and space and the ways some bodies and minds are constituted as disabled while others are not. CDS examines the taken-for-grantedness of how and why some persons are constituted as disabled subjects in various times and spaces.

Titchkosky (2011) calls attention to the ways in which university mission statements may discuss disability as an individual problem where the disabled person is required to seek services, skill development, counseling: "Disability is the location of trouble since it results in the difficulty of having one's needs met, as well as potentially causing academic problems and barriers to learning" (p.12-13). She expresses some concern about discourses that underpin accessibility services with their accommodation missions:

> Disability accommodation services begin with the mission of converting people with a documented disability into people who understand that seeking skill enhancement through the correct office, and in respect to the appropriate rules, is the way to potentially secure their inclusion in education and perhaps the wider society. (p.13)

Hence, research is needed to investigate the effects of such regimes of practice, regulatory measures, and programs of accommodation on disabled persons and this study addresses such a gap in the field.

Titchkosky (2000) argues that research informed by a CDS lens embraces pluralism of perspectives in understanding disability as a socio-politically constructed category rather than a natural category: "Conceiving disability as essentially a deviation from the natural and normal body is…a social construction…Contrasting ways of speaking and gaining disability-knowledge *are* our ways of making up the meaning of people" (p. 215). This informs my understanding and framing of CDS as a place from which to speak and learn about the human condition and to critique normative culture as it debunks the mythic quality of normalcy. It is a scholarly and disciplinary space where

the body and mind can be explored in all its variations As Hansen & Philo (2007) stipulate, individual impairments matter but need to be considered in relation to the spaces that non-disabled people create and how activities are organized in time and space by ableist society. This is consistent with Titchkosky's (2011) perspective of disability as a relational phenomenon that exists between people - one is not disabled alone, disability is tied to perception that devalues embodied differences. It is in this sense that my approach to doing disability-related research is one committed and sensitized to the need for context changing instead of person-fixing (Linton, 1998).

According to Titchkosky (2011):

> Access is not just a word that indicates a lack of inclusion; it is also a way of perceiving, talking, and acting…As a perception, as talk and conduct, as a form of consciousness, access leads us to ask how access can be an interpretive move that puts people into different kinds of relations with their surroundings. Anything said about access can be read for how it reflects a host of questions: Who has access? Access to where? Access to what? When? (p.13)

Questions of access allow for examination of the knowledge regarding disability and access, questions of who belongs and how and what do representations of disability mean; they allow for examination of the social relations which shape who and what belongs and when.

Cory, White and Stuckey (2010) assert that DS theory: "critiques authority, for example, privileging a student's knowledge of him or her self, rather than assuming that a professor or administrator knows best" (p.29). In this way, DS is an effective lens from which one may examine how knowledge is legitimated, what constitutes official

knowledge and how the knowledge(s) of disabled people are often subjugated in university settings. This study highlights the subjugated knowledges of disabled students by assuming they have particular and localized knowledge about the socio-spatial implications of university disability policies and their enactment. Furthermore, disabled students may offer instructors and disability office workers insights as to how pedagogical and administrative practices may enable or limit their participation in university settings.

1.4 Management of Bodies in Space

Critical Disability Studies provides a framework for thinking about how *all* bodies exist, act, think, feel and move in space and how socio-spatial-temporal practices impact disabled persons. Titchkosky (2011) asserts that bureaucracy is a form of governance that dominates and manages bodies:

> disability provokes thoughts about how the social ordering of space, time, and money, and all the ways these things limit access, are actually tied to how we can and cannot imagine *who* people are, *who* belongs, and how collectives orient to embodiment…Inasmuch as the line between inclusion and exclusion needs to be drawn somewhere, it is sometimes recommended that certain bodies be regarded as out of line with social spaces, since space can be conceived as not for everybody. (p.34-35)

For Titchkosky, disabled persons are regarded as a problem for particular spaces, not keeping in line with the availability of university services where access is often depicted in campus maps, accessibility plans, and online information of accessible classrooms. She claims that n bureaucratic university settings bodies become background figures,

managed as mere scenarios. This is an important issue that is taken up in my research with regards to how disabled students are positioned by and engage with equity issues designed to support their needs. Titchkosky's research within the university context raises important questions regarding the regimes of practice and systems of inclusion and exclusion that are institutionalized in university contexts in terms of their impact on disabled students. Her work demonstrates the importance of spatial theorizing on disability and the need for research to examine the impacts of socio-spatial practices on disabled students in university settings. This is taken up later as I discuss the field of Geographies of Disability as it contributes in important ways to theorizing disability in socio-spatial terms. I locate my research in the intersectional space between the fields of CDS and Geographies of Disability. This allows for an exploration of disability as it is understood and constituted by specific forms of knowledge-power and mediated/produced in space and time.

Roman (2009) asserts that DS challenges ableist norms that are based in Western bio-medicalization of disability. According to Roman (2009) disabled bodies problematize ableist social norms and can teach our society about how such norms come into being and how disability comes to appear as trouble. My research similarly is situated in CDS and aims to highlight the often subjugated knowledges of disabled students to challenge ableist norms and question how and why disabled minds/bodies are often uncritically positioned as problematic in dominant discourses.

1.5 Social Model vs. Medical Model

A number of DS scholars have done well to review, interrogate, reiterate and define various conceptual models that inform their definitions of disability emphasizing

the need for researchers to adopt disability models that align with the political aims and goals of disabled persons themselves (Linton, 1998; Barnes & Mercer, 1997; Shakespeare, 2006, 2008; Goodley, 2007; Titchkosky, 2000, Titchkosky, 2011). Similarly, I aim to draw from conceptual models of disability that are in line with the ways my respondents conceptualize disability while reflecting on how such models may address my research questions. According to Matthews (2009), what is recognized as disability is often variably defined by social, economic, architectural practices where individuals may understand and position and reposition themselves in relation to the label 'disabled' in various ways in different spaces, contexts and across their lifetimes.

Disability is often predominantly defined within a medical conceptual framework (Tremain, 2008). According to Titchkosky (2011), "One of the most common approaches to disability is to conceive of it as biologically grounded and explainable as such, and to seek solutions in order to cure, care for, or contain disability" (p. 17). Such an approach to disability is greatly informed by clinical and medical conceptual frameworks that view disability as being an individual problem due to a person's physical/cognitive impairment. Similarly, Worth (2005) discusses the medical model as an approach that frames impairment as individualized medical tragedies that do not conform to normalized expectations of form, ability and mobility. The medical model of disability has been criticized for ignoring underlying societal social and physical barriers that limit access, participation and inclusions of disabled persons. In this study I draw from alternative conceptual models of disability to open up spaces to discuss disability in new ways that take into account how physical and social barriers may mediate access for disabled persons and how particular subjects are constituted as disabled. According to Tremain

(2008), defining disability as deviation from norms, deficits or impairments is the first step in making the subjects of this judgment into objects of knowledge and targets of power. This study examines and contributes new knowledge about how disabled students are subjected to normalizing judgments in university settings and how they may reject and negotiate being constituted in the aforementioned ways.

Goodley (2007), for instance, states that: "While individual, medical and deficit models continue to dominate thinking *about* disabled people, critical disability studies calls for counter-hegemony *with* disabled people" (p. 319). This study contributes to such a counter-hegemonic project in providing alternative discourses that are grounded specifically in the views and knowledges of disabled students themselves as a basis for interrogating dominant knowledges and perspectives which often construct disabled students as deficient, lacking and in need of fixing. Disabled students are in a position to offer commentary on and critique individualizing socio-spatial practices in university settings. Furthermore, they may offer insights into the ways in which alienating and marginalizing practices may be resisted and countered. In this way, information may be communicated to students to build greater agency and strategies to increasingly participate as full citizens in the academic community. Titchkosky (2011) adds: "disability is very well known as something gone wrong and is often represented as embodied wrongness" (p. 17). Thus, CDS as a field of inquiry represents a counter hegemonic stance against individualizing, pathologizing, and medicalizing conceptions of disability as a lived experience. My research, informed by a CDS framework, seeks to provide counter narratives of disability that resist and reject framing disability as a problem of lived existence.

According to Gabel (2010) a social model of disability is useful in examining symbolism, representation and to address institutional structures that can disable people. The social model emphasizes attention to societal norms, attitudes, beliefs and physical/built structures as the source of disablement and not the individual constituted as a disabled subject. Furthermore, Gabel (2010) states: "Cultural structures, the values, symbols, and representations infused throughout the postsecondary milieu are those underlying frameworks and assumptions that influence behaviour, discourse, policy and practice" (p.64). My research examines the social institutional milieu of two Ontario universities to better understand barriers limiting the full participation and inclusion of disabled and mad students.

A biopsychosocial model of disability recognizes impairment and the interactions of bodies in social environments. In articulating this challenge Shakespeare (2005) states:

> How can we more adequately theorise disability? Clearly it cannot be reduced to an individual medical problem, nor to a socially-created oppression. Disability is an interaction between impaired bodies and excluding environments. Yet even to speak of 'disabled people' as a category is problematic, given the differences between types and causes of impairments, and the interrelation of impairment and disability with other social divisions and identities. (p.147)

In this social interactional approach disabled and able-bodied may be thought of analytically as a continuum of experience where disability can be experienced in particular ways in specific times/spaces environments and societies (Worth, 2005).

Shakespeare's (2006) interactional approach is useful which argues that 'people are disabled by society and by their bodies where disability can be differently

experienced in different times/spaces. Experiences of disability depend much on the environment and society (Worth, 2008). Shakespeare's interactional approach highlights how persons with disabilities are disabled by spatio-temporal regimes and practices, in various contexts, times, and locations. Worth (1998) adds that the dualism between disability and able-bodied may also rest analytically on a continuum of experiences rather than in polarized opposites. I understand this to mean that disability is defined culturally and relationally between social actors in society who interact to create meaning, shape spatial configurations and temporal regimes in complex social milieus. It is therefore important to understand the local context, characteristics of lived environments, demographics of populations and dynamics of social actors in which disability is defined and understood. This interactional approach is commensurable with Foucault's (1980; 2005; 2007; 2009) work as it views disability as experienced locally, contextually, and as the product of a micro-politics of power in particular environments involving social relations. I am aligned most closely with Shakespeare's interactional approach as it understands disability as a localized and socio-spatial experience that is shaped by the ways people interact with each other in particular times and spaces. Thus, the interactional approach appreciates bodily difference, including the visceral experience of impairment, disability as an embodied lived experience and the materiality of the body, while also appreciating how social norms and practices constitute some subjects as disabled and others as nondisabled.

In an interactional approach the built environment and individual dynamically shape and are shaped by one another. In this approach, the localized ways in which disability is experienced as body/mind difference is viewed as complex and part of the

social milieu, culture, norms, and socio-spatial-temporal practices. This approach suggests disability is a fluid identity category in that different individuals may experience it differently in various times, contexts and places. I draw from this approach to destabilize static binary conceptions of disabled/nondisabled to demonstrate how greater attention to socio-spatial–temporal practices blurs the lines between these seemingly fixed categories.

1.6 Conclusion

In this chapter my focus has been on outlining my topic and research questions and on locating myself as a researcher within the field of critical disability studies. In the following chapter 2 I explicate my Foucauldian analytic perspective and illuminate how it serves as a framework for grounding my study and the research questions outlined herein. Chapter 3 continues with a focus on the relevance of theoretical applications of Foucault within the field of Geographies of disabilities and their relevance for conceptualizing disabilities and madness in socio-spatial and material terms. In chapter 4, I present a literature review of key higher educational research relating to disability and mental health. In chapter 5, I discuss methodology and research methods. Chapter 6 details participant and institutional profiles. In chapter 7 I present a discussion of Mad students' socio-spatial experiences in relation to university access and academic accommodation policies and regimes of practices. Chapter 8 specifically talks about disabled students socio-spatial experience using the concept of mis/fit to contextualize dis/abling university spatialities. Chapter 9 discusses Mad Studies and CDS pedagogies drawing on Mad and disabled students' perspectives. Lastly, Chapter 10 offers a concluding discussion

detailing the significance of this research and future directions for research stemming from this study.

Chapter 2 Introduction

In this chapter I outline my research topic, aims and purpose of the study and the relevant research questions that drove this inquiry. This chapter illuminates my understanding and situatedness as a researcher within the field of Critical Disability Studies and serves as a basis for explicating my use of a Foucauldian analytic framework that is explicated in chapters 2 and 3.

In this study I examine the experiences of undergraduate and graduate students with both visible and non-visible often called hidden disabilities, including mad students' perspectives at two Ontario University sites. I tentatively adopt a definition of disability informed by Section 10(1) of the Ontario Human Rights Code (OHRC) (2012) as:

> (a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
>
> (b) a condition of mental impairment or a developmental disability,
>
> (c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
>
> (d) a mental disorder, or

> (e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997.*

According to the OHRC (2012):

> 'Disability' should be interpreted in broad terms. It includes both present and past conditions, as well as a subjective component based on perception of disability. Although sections 10(a) to (e) set out various types of conditions, it is clear that they are merely illustrative and not exhaustive. Protection for persons with disabilities under this subsection explicitly includes mental illness, developmental disabilities and learning disabilities. Even minor illnesses or infirmities can be 'disabilities,' if a person can show that she was treated unfairly because of the perception of a disability.

I seek to highlight how disability is understood in multiple complex ways. As Shelvin, Kenny, and McNeela (2004) note:

> Students with disabilities in higher education are a heterogeneous group comprising people who have physical/sensory disabilities joined by students who have serious health issues (asthma, epilepsy, diabetes), those who have specific learning disabilities and others who have mental health difficulties…Students with specific learning disabilities form by far the largest group of students with disabilities in higher education. (p.16)

Thus, disabled students are a diverse group of individuals who are often identified with various impairments and health conditions. Similarly, according to the OHRC (2012):

> disability covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time. There are physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, epilepsy, drug and alcohol dependencies, environmental sensitivities, and other conditions

I conceptually frame disability in critical theoretical terms and examine the experiences of students who self-identify and who might also be formally identified as disabled in university settings. Although the above definition is operationally useful, I leave openness for disabled students to self-define and reject the limiting, individualizing, pathologizing, biomedically rooted deficit language such as 'disorder', 'malformation', 'dysfunction' embedded in the OHRC definition. Official university definitions of disability need to be compared and contrasted with the ways disabled students may conceptually define disability in their own terms. As Dolmage (2005) notes: "largely, those who define disability are not those who experience it…those who develop the definitions are not those who would identify themselves as experiencing disability" (p.112). I thus seek to appreciate the complex ways mad and disabled students understand, adopt, and operationalize their own definitions of disability, while often troubling dominant ways disability is defined.

I draw on the OHRC definition of disability to recognize disability as visible/evident and non-visible/non-evident/hidden including mental health issues. According to the OHRC (2012):

> Regardless of whether a disability is evident or non-evident, a great deal of discrimination faced by persons with disabilities is underpinned by social

> constructs of "normality" which in turn tend to reinforce obstacles to integration rather than encourage ways to ensure full participation. Because these disabilities are not "seen," many of them are not well understood in society. This can lead to stereotypes, stigma and prejudice.

Thus, disability is tied to perceptions and social constructs of normality where a disabled individual may encounter unequal treatment due to their impairment and/or perceived difference. I draw from OHRC (2012), which informs many university disability policies including the duty to accommodate, to operationalize a broad definition of disability guiding this inquiry.

1.7 Research Topic, Purpose and Aims

I investigate the socio-spatial experiences of disabled and mad university students in two university contexts in Ontario by incorporating their views and knowledge(s) regarding their experiences in university contexts. I also draw on perspectives of disability office workers and university instructors to offer a triangulated account of academic accommodation practices and access issues impacting disabled students. There is a need for more research drawing on disabled students' perspectives that are notably under-represented in higher education (Gibson, 2012; Vickerman & Blundell, 2010).

Disabled students often encounter exclusion due to a lack of institutional knowledge and cultural barriers that construct them as invisible in the university community (Gabel, 2010; Holloway, 2001; Borland & James, 1999; Hurst, 1996; Riddell, 1998; Tinklin & Hall, 1999; Tinklin, Riddell & Wilson, 2004). One of the important objectives of this research, therefore, is to promote the inclusion and perspectives of disabled students as a basis for investigating the effects of university policies and

practices, and their impact on this specific population. The often subjugated knowledge(s) of these students will be investigated in light of and alongside official knowledge(s) on disability articulated in university settings. I aim to mobilize knowledge that has traditionally occupied a marginal space.

The agency of students in how they negotiate university settings and constitute themselves within these milieux is a particular focus of this inquiry. Disabled students are not just passive subjects but also exert force, influence, agency and resistance to navigate the institutional landscape, socio-spatial practices and the impacts of university academic accommodation policies and practices.

1.8 Research questions

My aim is to produce knowledge about the socio-spatial impacts of access and accommodation-related discourses and regimes of practices on disabled students in university settings. The following questions guide this inquiry: (i) How are disabled and mad students constructed and represented through academic accommodation processes in two Ontario university settings? (ii) What socio-spatial impact(s) are accessibility issues and academic accommodation regimes of practices having on students with visible and non-visible disabilities in these university settings? Thus, I examine what constitutes legitimate knowledge by drawing on the subjugated voices of disabled students in university settings and am concerned to investigate their socio-spatial and embodied experiences.

1.9 Critical Disability Studies

The field of Critical Disability Studies (CDS) informs this research. According to Meekosha and Shuttleworth (2009) CDS is an interdisciplinary and multidisciplinary field, which challenges ways disability has been historically, and presently is thought about in medicalizing, pathologizing, individualizing ways often by nondisabled individuals. As a field it (re)positions the views, perspectives, experiences and knowledge(s) of disabled persons from the periphery to being central to inquiry that aims to understand the positions, plights, opportunities, commonalities, feelings, desires, and all the messy individual, collective, and unique experiences of disabled persons in society. A CDS lens is a useful framework in examining existing institutional practices that may alienate disabled students. Lastly, CDS opens space for counter narratives of disability from the perspectives of disabled students.

According to Meekosha and Shuttleworth (2009), CDS may be aimed at social transformation, emancipation of disabled persons and progressive social change. CDS often emphasizes the adoption of political stances by researchers that support the aims and goals of disabled persons. As Titchkosky (2011) asserts, CDS brings:

> the relations between bodies and social space to consciousness in new ways…Disability studies is a new form of perception, both because of its tie to activist pursuits and because the theoretical work that arises from it offers yet another relation between bodies and social space – namely, a self-reflective one (p.10-11).

She argues that CDS is an academic, activist, and artistic endeavour that challenges how people treat disability, while attending to the ways we imagine, understand, and perceive

disabled people. Similarly, my study needs to be understood in its critical focus on interrogating the conceptual categories and discourses underpinning the inscription of disabled subjects in university settings. Drawing on Foucault (1980; 1995; 2005; 2007) I seek to examine the regimes of practices and knowledge-power relations governing both officially sanctioned knowledge(s) about disability, but also how disabled students come to constitute themselves as particular sorts of subjects vis-a-vis institutional discursive frames and socio-spatial embodied-material relations in university settings.

A CDS lens enables a critical examination, questioning and contestation of the domination of professional medical and clinical expertise over the experiences that come from living with a disability (Abberley, 1989). Meekosha and Shuttleworth (2009) add that CDS demonstrates how the politics of knowledge and creation of knowledge on disability relate to structures of control and exclusion. Thus, CDS is a field that sprouted and grew in opposition to reductionist, limiting ways of conceptualizing disability in order to counter knowledge(s) contributed often by nondisabled individuals without personal knowledge/experience of disability and impairment on the behalf of disabled persons without their involvement or consultation. It seeks to highlight the unique experiences and knowledge(s) of disabled persons as an epistemological basis from which critique of other (dominating) systems of thought may be launched.

I situate my research in CDS because of my desire to highlight the experiences of disabled students and position them as having intimate socio-spatial knowledge about how disability is constructed and (re)produced in higher education. I understand the perspectives and knowledge(s) of disabled students as important in that they may inform better inclusionary pedagogies and practices that foster more equitable and democratized

spaces in higher education contexts. I enact Mitchell and Snyder's (2006) suggestion that "Disability Studies must recognize that its critique should be trained on the institution of the academy as much as on the social and political context outside its walls" (p.196). Thus, by adopting a CDS lens, my research seeks to critically examine and shed light on the underlying politics of knowledge generation, circulation and related discourses on disability in higher education.

Meekosha and Dowse (2007) claim that a disability studies perspective counters the prevailing historically informed tendency "to view people with disabilities as in need of fixing and control through treatment, cure or regulation" (p.169). I thus draw from a CDS lens to examine the micro-politics of knowledge production, and compare and contrast official knowledges with the subjugated knowledges of disabled students. Furthermore, I investigate how knowledges circulate and are communicated via various social actors in universities.

The field of CDS is also useful in critically examining normalcy. It problematizes normalization of the human body and mind and is critical of normalizing systems of thought and action. It thus, opens up a theoretical space to be both other and the same: "As with any new discourse, disability studies must claim space in a contested area, trace its continuities and discontinuities, argue for its existence, and justify its assertions" (Davis, 1997, xv). Thus CDS opens up new theoretical spaces for investigating and thinking about human experiences of impairments and how some individuals become constituted as disabled subjects. It turns, rejects, and refocuses a medicalizing lens away from examining and fixing individuals with impairments to a societal mirrored lens which urges *all* people to (re)examine societal norms, attitudes, expectations and values

which propagate/reinforce and reproduce disabling societal events and conditions. CDS destabilizes able-bodiedness as a unitary or fixed identity category and challenges *all* persons to think about the societal attitudes, beliefs, contexts, times and spaces that foster processes of disablement and the constitution of disabled subjects (Titchkosky, 2011; Goodley, 2014).

Drawing on my reading of Foucault (1980; 1995; 2005; 2007) and CDS scholars such as Titchkosky (2000; 2011) and Goodley (2014), I presently understand disability as produced socio-spatially in interactions between individuals and in various contexts, institutions, cultures, times and places. This does not deny that bodily/physical and cognitive impairments exist, but that the ways impairments are understood and treated in various societies results in inequality, unfairness, marginalization and constrains thinking and sets conceptual limits to constituting disability studies and research. Furthermore, I understand disability to be produced in relation to normalizing ableist temporal-spatial regimes of practices, which alienate individuals who do not conform neatly to them. CDS, hence, aims to challenge the status quo in the study of disability and to promote the emancipation of disabled persons (Meekosha & Suttleworth, 2009).

Meekosha and Shuttleworth (2009) note that CDS aims to link theory and praxis in the struggle for an autonomous and participatory society. Meekosha and Shuttleworth (2009) comment on the importance of educational institutions in enabling full citizenship of disabled persons stating:

> The growing presence of disabled people in society, in particular their presence in the community following centuries of institutionalisation, has further contributed to an awareness of the responsibilities of educational institutions to disabled

> citizens. At the same time, the limitations of medical and individual pathology models of disability, in both explaining the situation of disabled people and enabling their full citizenship, have resulted in the flowering of new explanatory paradigms – particularly in the humanities and social sciences. (p.48-49)

I understand this to mean that both the freedom of individuals and their relationships and interactions with other members of society; citizenship rights, freedoms and responsibilities, are worthy of reflection when undertaking disability-related inquiry. Universities may be thought of as gate-keeping institutions as the credentialing process of obtaining a university degree may open opportunities for meaningful employment in our society, upward social mobility, and general better quality of life. Lesser opportunity and access to resources due to socio-spatial processes of marginalization in universities may limit participation and access to full citizenship. This is why the university is an important site of investigation for the ways disabled persons experience discrimination and exclusion and how they may work to counteract these limiting practices. This study contributes important new knowledge on how disabled students experience these university settings.

Adopting a CDS lens requires disability-related research to be informed and guided by the desires and knowledge(s) of disabled people. Linton (1998), for example, writes that disability studies is:

> a location and a means to think critically about disability, a juncture that can serve both academic discourse and social change. Disability studies provides the means to hold academics accountable for the veracity and the social consequences of their work, just as activism has served to hold the community, the education

> system, and the legislature accountable for disabled people's compromised social position. (p. 1-2)

Thus, I draw on CDS as a way to think critically about truth claims and knowledges produced and circulated in relation to disabled constituted subjects. This study incorporates knowledge(s) of disabled students as the foundation from which the socio-spatial impacts of policies and practices on disabled students may be examined. I draw on disabled students' experiences as a way forward to suggest particular and potential ways to illuminate the socio-spatial impacts of accessibility issues and academic accommodation regimes of practices to allow disabled students to suggest ways to move in directions for social, political, intellectual, and other forms of institutional change. This research, therefore, provides a platform from which often subjugated disabled students' voices and knowledges may be communicated to particular audiences including other disabled students, disability office workers, instructors, and decision makers.

Titchkosky (2011), for instance, claims that universities arbitrate what constitutes legitimate knowledge; these institutions control, enable and constrain knowledge production on disability and impairment and about experiences of disablement. Titchkosky (2000) claims that CDS offers a critique of clinical and medical generated disability knowledge as the primary producers of meaning, representations and knowledge and practices of the lives of disabled people. Furthermore, she adds that universities often constitute or treat disabled students as a problem. Similar to Titchkosky, Barnes (2007) adds that disability studies:

> challenge[s] the disciplinary orthodoxies of medicine, sociology and psychology in terms of the legitimacy of the knowledge they have produced about the causes

> and experience of disablement…the relationships between the disabled people's movement as the producer and transformer of a cohesive understanding of the collective experience of disability, and the academy as the producer and arbiter of all forms of knowledge about impairment and disability... (p.137)

Thus, CDS is politically positioned as a field that opposes clinical medical knowledge as the sole basis for constituting disabled subjects. It critically interrogates how knowledge is produced and who produces knowledges about disability-related issues while troubling the types of knowledges circulated and valued in and by universities.

Titchkosky argues that DS asserts the importance of perspective where "the kind of disability-knowledge which is generated has much to do with our conception of disability" (p. 215). According to Titchkosky (2011), the ways disability is theorized, spoken about and understood has implications for how disability is written about and represented in research:

> Disability studies attends to the appearance of disability and non-disability as social and political expressions. Access procedures, policy development, discussions, and arguments in the round of university life are some of the ways disability and non-disability come to make an appearance. (p. 11)

Disability Studies represents a political endeavour in that it critically interrogates the foundations of able-bodied privilege. It is a paradigm shift in thinking about the relationships between bodies and space and the ways some bodies and minds are constituted as disabled while others are not. CDS examines the taken-for-grantedness of how and why some persons are constituted as disabled subjects in various times and spaces.

Titchkosky (2011) calls attention to the ways in which university mission statements may discuss disability as an individual problem where the disabled person is required to seek services, skill development, counseling: "Disability is the location of trouble since it results in the difficulty of having one's needs met, as well as potentially causing academic problems and barriers to learning" (p.12-13). She expresses some concern about discourses that underpin accessibility services with their accommodation missions:

> Disability accommodation services begin with the mission of converting people with a documented disability into people who understand that seeking skill enhancement through the correct office, and in respect to the appropriate rules, is the way to potentially secure their inclusion in education and perhaps the wider society. (p.13)

Hence, research is needed to investigate the effects of such regimes of practice, regulatory measures, and programs of accommodation on disabled persons and this study addresses such a gap in the field.

Titchkosky (2000) argues that research informed by a CDS lens embraces pluralism of perspectives in understanding disability as a socio-politically constructed category rather than a natural category: "Conceiving disability as essentially a deviation from the natural and normal body is…a social construction…Contrasting ways of speaking and gaining disability-knowledge *are* our ways of making up the meaning of people" (p. 215). This informs my understanding and framing of CDS as a place from which to speak and learn about the human condition and to critique normative culture as it debunks the mythic quality of normalcy. It is a scholarly and disciplinary space where

the body and mind can be explored in all its variations As Hansen & Philo (2007) stipulate, individual impairments matter but need to be considered in relation to the spaces that non-disabled people create and how activities are organized in time and space by ableist society. This is consistent with Titchkosky's (2011) perspective of disability as a relational phenomenon that exists between people - one is not disabled alone, disability is tied to perception that devalues embodied differences. It is in this sense that my approach to doing disability-related research is one committed and sensitized to the need for context changing instead of person-fixing (Linton, 1998).

According to Titchkosky (2011):

> Access is not just a word that indicates a lack of inclusion; it is also a way of perceiving, talking, and acting…As a perception, as talk and conduct, as a form of consciousness, access leads us to ask how access can be an interpretive move that puts people into different kinds of relations with their surroundings. Anything said about access can be read for how it reflects a host of questions: Who has access? Access to where? Access to what? When? (p.13)

Questions of access allow for examination of the knowledge regarding disability and access, questions of who belongs and how and what do representations of disability mean; they allow for examination of the social relations which shape who and what belongs and when.

Cory, White and Stuckey (2010) assert that DS theory: "critiques authority, for example, privileging a student's knowledge of him or her self, rather than assuming that a professor or administrator knows best" (p.29). In this way, DS is an effective lens from which one may examine how knowledge is legitimated, what constitutes official

knowledge and how the knowledge(s) of disabled people are often subjugated in university settings. This study highlights the subjugated knowledges of disabled students by assuming they have particular and localized knowledge about the socio-spatial implications of university disability policies and their enactment. Furthermore, disabled students may offer instructors and disability office workers insights as to how pedagogical and administrative practices may enable or limit their participation in university settings.

1.10 Management of Bodies in Space

Critical Disability Studies provides a framework for thinking about how *all* bodies exist, act, think, feel and move in space and how socio-spatial-temporal practices impact disabled persons. Titchkosky (2011) asserts that bureaucracy is a form of governance that dominates and manages bodies:

> disability provokes thoughts about how the social ordering of space, time, and money, and all the ways these things limit access, are actually tied to how we can and cannot imagine *who* people are, *who* belongs, and how collectives orient to embodiment…Inasmuch as the line between inclusion and exclusion needs to be drawn somewhere, it is sometimes recommended that certain bodies be regarded as out of line with social spaces, since space can be conceived as not for everybody. (p.34-35)

For Titchkosky, disabled persons are regarded as a problem for particular spaces, not keeping in line with the availability of university services where access is often depicted in campus maps, accessibility plans, and online information of accessible classrooms. She claims that n bureaucratic university settings bodies become background figures,

managed as mere scenarios. This is an important issue that is taken up in my research with regards to how disabled students are positioned by and engage with equity issues designed to support their needs. Titchkosky's research within the university context raises important questions regarding the regimes of practice and systems of inclusion and exclusion that are institutionalized in university contexts in terms of their impact on disabled students. Her work demonstrates the importance of spatial theorizing on disability and the need for research to examine the impacts of socio-spatial practices on disabled students in university settings. This is taken up later as I discuss the field of Geographies of Disability as it contributes in important ways to theorizing disability in socio-spatial terms. I locate my research in the intersectional space between the fields of CDS and Geographies of Disability. This allows for an exploration of disability as it is understood and constituted by specific forms of knowledge-power and mediated/produced in space and time.

Roman (2009) asserts that DS challenges ableist norms that are based in Western bio-medicalization of disability. According to Roman (2009) disabled bodies problematize ableist social norms and can teach our society about how such norms come into being and how disability comes to appear as trouble. My research similarly is situated in CDS and aims to highlight the often subjugated knowledges of disabled students to challenge ableist norms and question how and why disabled minds/bodies are often uncritically positioned as problematic in dominant discourses.

1.11 Social Model vs. Medical Model

A number of DS scholars have done well to review, interrogate, reiterate and define various conceptual models that inform their definitions of disability emphasizing

the need for researchers to adopt disability models that align with the political aims and goals of disabled persons themselves (Linton, 1998; Barnes & Mercer, 1997; Shakespeare, 2006, 2008; Goodley, 2007; Titchkosky, 2000, Titchkosky, 2011). Similarly, I aim to draw from conceptual models of disability that are in line with the ways my respondents conceptualize disability while reflecting on how such models may address my research questions. According to Matthews (2009), what is recognized as disability is often variably defined by social, economic, architectural practices where individuals may understand and position and reposition themselves in relation to the label 'disabled' in various ways in different spaces, contexts and across their lifetimes.

Disability is often predominantly defined within a medical conceptual framework (Tremain, 2008). According to Titchkosky (2011), "One of the most common approaches to disability is to conceive of it as biologically grounded and explainable as such, and to seek solutions in order to cure, care for, or contain disability" (p. 17). Such an approach to disability is greatly informed by clinical and medical conceptual frameworks that view disability as being an individual problem due to a person's physical/cognitive impairment. Similarly, Worth (2005) discusses the medical model as an approach that frames impairment as individualized medical tragedies that do not conform to normalized expectations of form, ability and mobility. The medical model of disability has been criticized for ignoring underlying societal social and physical barriers that limit access, participation and inclusions of disabled persons. In this study I draw from alternative conceptual models of disability to open up spaces to discuss disability in new ways that take into account how physical and social barriers may mediate access for disabled persons and how particular subjects are constituted as disabled. According to Tremain

(2008), defining disability as deviation from norms, deficits or impairments is the first step in making the subjects of this judgment into objects of knowledge and targets of power. This study examines and contributes new knowledge about how disabled students are subjected to normalizing judgments in university settings and how they may reject and negotiate being constituted in the aforementioned ways.

Goodley (2007), for instance, states that: "While individual, medical and deficit models continue to dominate thinking *about* disabled people, critical disability studies calls for counter-hegemony *with* disabled people" (p. 319). This study contributes to such a counter-hegemonic project in providing alternative discourses that are grounded specifically in the views and knowledges of disabled students themselves as a basis for interrogating dominant knowledges and perspectives which often construct disabled students as deficient, lacking and in need of fixing. Disabled students are in a position to offer commentary on and critique individualizing socio-spatial practices in university settings. Furthermore, they may offer insights into the ways in which alienating and marginalizing practices may be resisted and countered. In this way, information may be communicated to students to build greater agency and strategies to increasingly participate as full citizens in the academic community. Titchkosky (2011) adds: "disability is very well known as something gone wrong and is often represented as embodied wrongness" (p. 17). Thus, CDS as a field of inquiry represents a counter hegemonic stance against individualizing, pathologizing, and medicalizing conceptions of disability as a lived experience. My research, informed by a CDS framework, seeks to provide counter narratives of disability that resist and reject framing disability as a problem of lived existence.

According to Gabel (2010) a social model of disability is useful in examining symbolism, representation and to address institutional structures that can disable people. The social model emphasizes attention to societal norms, attitudes, beliefs and physical/built structures as the source of disablement and not the individual constituted as a disabled subject. Furthermore, Gabel (2010) states: "Cultural structures, the values, symbols, and representations infused throughout the postsecondary milieu are those underlying frameworks and assumptions that influence behaviour, discourse, policy and practice" (p.64). My research examines the social institutional milieu of two Ontario universities to better understand barriers limiting the full participation and inclusion of disabled and mad students.

A biopsychosocial model of disability recognizes impairment and the interactions of bodies in social environments. In articulating this challenge Shakespeare (2005) states:

> How can we more adequately theorise disability? Clearly it cannot be reduced to an individual medical problem, nor to a socially-created oppression. Disability is an interaction between impaired bodies and excluding environments. Yet even to speak of 'disabled people' as a category is problematic, given the differences between types and causes of impairments, and the interrelation of impairment and disability with other social divisions and identities. (p.147)

In this social interactional approach disabled and able-bodied may be thought of analytically as a continuum of experience where disability can be experienced in particular ways in specific times/spaces environments and societies (Worth, 2005).

Shakespeare's (2006) interactional approach is useful which argues that 'people are disabled by society and by their bodies where disability can be differently

experienced in different times/spaces. Experiences of disability depend much on the environment and society (Worth, 2008). Shakespeare's interactional approach highlights how persons with disabilities are disabled by spatio-temporal regimes and practices, in various contexts, times, and locations. Worth (1998) adds that the dualism between disability and able-bodied may also rest analytically on a continuum of experiences rather than in polarized opposites. I understand this to mean that disability is defined culturally and relationally between social actors in society who interact to create meaning, shape spatial configurations and temporal regimes in complex social milieus. It is therefore important to understand the local context, characteristics of lived environments, demographics of populations and dynamics of social actors in which disability is defined and understood. This interactional approach is commensurable with Foucault's (1980; 2005; 2007; 2009) work as it views disability as experienced locally, contextually, and as the product of a micro-politics of power in particular environments involving social relations. I am aligned most closely with Shakespeare's interactional approach as it understands disability as a localized and socio-spatial experience that is shaped by the ways people interact with each other in particular times and spaces. Thus, the interactional approach appreciates bodily difference, including the visceral experience of impairment, disability as an embodied lived experience and the materiality of the body, while also appreciating how social norms and practices constitute some subjects as disabled and others as nondisabled.

In an interactional approach the built environment and individual dynamically shape and are shaped by one another. In this approach, the localized ways in which disability is experienced as body/mind difference is viewed as complex and part of the

social milieu, culture, norms, and socio-spatial-temporal practices. This approach suggests disability is a fluid identity category in that different individuals may experience it differently in various times, contexts and places. I draw from this approach to destabilize static binary conceptions of disabled/nondisabled to demonstrate how greater attention to socio-spatial–temporal practices blurs the lines between these seemingly fixed categories.

1.12 Conclusion

In this chapter my focus has been on outlining my topic and research questions and on locating myself as a researcher within the field of critical disability studies. In the following chapter 2 I explicate my Foucauldian analytic perspective and illuminate how it serves as a framework for grounding my study and the research questions outlined herein. Chapter 3 continues with a focus on the relevance of theoretical applications of Foucault within the field of Geographies of disabilities and their relevance for conceptualizing disabilities and madness in socio-spatial and material terms. In chapter 4, I present a literature review of key higher educational research relating to disability and mental health. In chapter 5, I discuss methodology and research methods. Chapter 6 details participant and institutional profiles. In chapter 7 I present a discussion of Mad students' socio-spatial experiences in relation to university access and academic accommodation policies and regimes of practices. Chapter 8 specifically talks about disabled students socio-spatial experience using the concept of mis/fit to contextualize dis/abling university spatialities. Chapter 9 discusses Mad Studies and CDS pedagogies drawing on Mad and disabled students' perspectives. Lastly, Chapter 10 offers a concluding discussion

detailing the significance of this research and future directions for research stemming from this study.

Chapter 3

2 Foucauldian Theorising of Mad and Disabled Students' Experiences in University

Introduction

In this chapter I discuss specifically and with some particularity my use of theory as it informs this study and research questions. Informed by the works of Foucault (1980; 2005; 2007; 2009), I examine disability as it is constructed, understood, and represented in university settings by drawing from the voices of mad and disabled students, instructors and disability office workers. Foucault provides theoretical and analytic resources for examining the impact of accommodation policies and practices on disabled and mad students in the academy. Theoretical constructs pertaining to knowledge, power, normalization, surveillance, dividing practices and the body as it is constituted and enacted emerge as salient and are central to informing my own theorization and research into disabilities and madness within the context of higher education.

2.1 Theoretical Framework

Ball (1995) argues that "We must consider *how* as well as *why* we employ theory" (p. 268). He views theory as a tool for exploration, one that opens up the possibility of thinking otherwise. Different tools are often needed to accomplish different jobs (Ball, 1994). Researchers need to interrogate how and why they employ theory in order to allow for theory to open up lines of inquiry, rather than constrain and limit their work (see Anyon, 2009). As Anyon (2009) urges researchers to think with theory: "Theory enters as a critical interpretive and explanatory tool" (p.11) facilitating theoretically informed empiricism. "Neither data nor theory alone are adequate to the task of social

explanation…they imbricate and instantiate one another, forming and informing each other as the research process unfolds" (Anyon, 2009, p.2).

Anyon (2009) notes:

> "we choose theories because, in the end, we think they will produce the most explanation parsimoniously, because their adoption may lead to new and interesting data and explanations, and – importantly – because they may provide some purchase on progressive strategies for social change" (p.8).

Theory represents a tool, which guides research and lifts data allowing empirical analysis to speak for social change (Anyon, 2009).

2.2 Knowledge-Power Relations

For Foucault (1980) knowledge-power relations are tied together and work in ways that reinforce one another. Foucault (2005) states: "the formation of knowledge and the increase of power regularly reinforce one another in a circular process" (p. 224). Power-knowledge circulates and flows between individuals within institutional systems:

> Power must by [sic] analysed as something which circulates, or rather as something which only functions in the form of a chain. It is never localised here or there, never in anybody's hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organisation. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power. In other words, individuals are the vehicles of power, not its points of application. (p.98)

Thus, power-knowledge circulates in the academy and the circulation of particular knowledge(s) may enable and constrain the thoughts and actions of individuals in

institutional spaces. All social actors within the academy are thus vehicles of power within knowledge-power relations. Power is not possessed by individuals but circulates between individuals in university settings.

In undertaking examinations of knowledge-power relations Foucault (2007) adds that a singular knowledge or type of power does not exist and that knowledge-power need to be understood as part of an analytic grid:

> It is also important at every stage in the analysis, to be able to give knowledge and power a precise and determined content: such and such an element of knowledge, such and such a mechanism of power. No one should ever think that there exists *one* knowledge or *one* power, or worse, *knowledge* or *power* which would operate in and of themselves. Knowledge and power are only an analytical grid…nothing can exists as an element of knowledge if, on one hand, it does not conform to a set of rules and constraints characteristic, for example, of a given type of scientific discourse in a given period, and if, on the other hand, it does not possess the effects of coercion or simply the incentives peculiar to what is scientifically validated or simply rational or simply generally accepted, etc. Conversely, nothing can function as a mechanism of power if it is not deployed according to procedures, instruments, means and objectives which can be validated in more or less coherent systems of knowledge. It is therefore not a matter of describing what knowledge is and what power is and how one would repress the other or how the other would abuse the one, but rather a nexus of knowledge-power has to be described so that we can grasp what constitutes the acceptability of a system. (p.60-61)

Thus, particular knowledges are accepted, used and circulated via particular institutional discourses which are reinforced and deployed in mechanisms of power with particular techniques, strategies, procedures, instruments. The psy-disciplines have developed and endorsed certain clinical assessments and classificatory systems through which mad and disabled subjects are inscribed, constituted, and rendered legible. This connects to the previous discussion of CDS and Mad Studies as fields emerging in response to counter these biomedical psy-models and regimes of practices for the constitution of mad and disabled subjects.

In *Discipline and Punish* Foucault (1995) discusses instruments for the formation and recording of knowledge, registers, archives, methods of observation and investigation, and apparatuses of control. Instruments such as examinations, hierarchical rankings, distributions in space, and observation and surveillance and related normalizing judgements among other tactics may be employed to record knowledge about persons constituted as disabled subjects. Foucault's work allows for an examination of power-knowledge relations and related discourses circulating in an institutional setting and the impacts these may have on particular subjects. A Foucauldian theoretical framework allows one to examine how persons with disabilities and mad subjects are constituted as particular objects and subjects as a result of the intersection of culminating forces, discourses and institutions.

Foucault (1980) comments that power is not solely in the hands of one individual rather: "It's a machine in which everyone is caught, those who exercise power just as much as those whom it is exercised" (p.156). As such, my research examines the

perspectives of social actors on how knowledge(s) of disability are produced, valued, understood and circulated in universities. Foucault (2007) states:

> relations of power are much more deeply implanted than at the simple level of superstructures…Power is relations; power is not a thing, it is a relationship between two individuals, a relationship which is such that one can direct the behaviour of another or determine the behaviour of another. (p.134-135)

Thus, power moves and circulates between disabled students, mad students, disability office workers, and university instructors. Commenting on the relationship between power and knowledge, Foucault (1980) in *Power/Knowledge* states: "Knowledge and power are integrated with one another, and there is no point in dreaming of a time when knowledge will cease to depend on power…It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power" (p.52). He contends that power is productive and rejects notions of power as solely repressive. This means that disabled students are able to constitute themselves in particular ways and reject dominant medical-clinical knowledges that categorize them as different based bodily and cognitive difference. Disabled students are thus able to find loopholes in university policies, to resist regimes of practices and adopt different strategies, tactics and techniques to negotiate university socio-spatial settings. Discussing power and repression, Foucault (1980) asserts:

> the notion of repression is quite inadequate for capturing what is precisely the productive aspect of power…If power were never anything but repressive, if it never did anything but to say no, do you really think one would be brought to obey it? What makes power hold good, what makes it accepted, is simply the fact

> that it doesn't only weigh on us as a force that says not, but that it traverses and produces things, it induces please, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression. (p.119)

Thus, power is a productive force that shapes thoughts and actions in spaces. Power induces particular thoughts and actions through the circulation of particular forms of knowledge. Power-knowledge relations shape social actors in universities where disability is understood and constituted in particular ways. Moreover, according to Foucault (1980):

> to say that one can never be 'outside' power does not mean that one is trapped and condemned to defeat no matter what…there are no relations of power without resistances; the latter are all the more real and effective because they are formed right at the power where relations of power are exercised; resistance to power does not have to come from elsewhere to be real, nor is it inexorably frustrated through being the compatriot of power. It exists all the more by being in the same place as power. (p.141-142)

Therefore, although disabled and mad students are within institutional power-knowledge relations there are always possibilities to think and act in agentic ways. Thus, my research examines the politics of this knowledge creation, transfer and circulation as it produces particular things, knowledges and discourses on disability and madness in university settings. Importantly, my research contributes a novel and deeper understanding of the socio-spatial struggles of disabled and mad students in university settings. Thus, this

study adopts a Foucauldian lens to examine how disabled students may engage in struggles to actively take up positions in opposition to dominant knowledges and discursive regimes on disability and aim to insert/legitimize their own.

Power-knowledge relations shape space and influence the thoughts and actions of individuals in various spatial realms. Webs of power-knowledge relations have complex socio-spatial implications for individuals with disabilities:

> power is mobilized; it makes itself everywhere present and visible; it invents new mechanisms; it separates, it mobilizes, it partitions; it constructs for a time what is both a counter-city and the perfect society; it imposes an ideal functioning, but one that is reduced, in the final analysis, like the evil that it combats, to a simple dualism of life and death…(Foucault, 2005, p. 205)

Thus, individuals are moved and displaced on the basis of medico-clinical knowledges that mark, register, partition, mobilize, and categorize individuals as the sick and the healthy, ill and normal. Disabled and mad students experience coded educational spaces that may prescribe an ideal function. Individuals who may function differently or who might perform different actions from the expected norms of movement and action may be spatially isolated and partitioned from others, or grouped with others due to real or perceived mind and bodily difference in various places, times and contexts.

Foucault (1980) also examines power as it is channeled and flows through subjects. He asserts that power operates in networks, fields and webs and flows in relations embedded in the practices of everyday life:

> Let us not…ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask, instead, how things work at the level of those

> continuous and uninterrupted processes which subject our bodies, govern our gestures, dictate our behaviours…we should try to discover how it is that subjects are gradually, progressively, really and materially constituted through a multiplicity of organisms, forces, energies, materials, desires, thoughts, etc. We should try to grasp subjection in its material instance as a constitution of subjects. (p.97)

Thus, individuals are constituted in particular ways where bodies and minds are governed to act as certain types of subjects. Disabled and mad students are subjected to processes of disablement which shape how they are viewed and perceived by other social actors, as well as how they might think of themselves. It is worth quoting Foucault (1980) at length as he clarifies the relationships between power and the constitution of individual subjects in the following statement:

> Power is to not to be taken to be a phenomenon of one individual's consolidated and homogeneous domination over others, or that of one group or class over others. What by contrast, should always be kept in mind is that power, if we do not take too distant a view of it, is not that which makes the difference between those who exclusively possess and retain it, and those who do not have it and submit to it…The individual is not to be conceived as a sort of elementary nucleus, a primitive atom, a multiple and inert material on which power comes to fasten or against which it happens to strike, and in so doing subdues or crushes individuals. In fact, it is already one of the prime effects of power that certain bodies, certain gestures, certain discourses, certain desires, come to be identified and constituted as individuals. The individual, that is, is not the vis-à-vis of

> power; it is, I believe one of its prime effects. The individual is an effect of power, and at the same time, or precisely to the extent to which it is that effect, it is the element of its articulation. The individual which power has constituted is at the same time its vehicle. (p.98)

In this way power exists between individuals and moves through institutional spaces as networks in which power is exercised and negotiated. All actors in university settings are thus intertwined in these power relations where power-knowledge flows between various individuals in institutional socio-spatial practices to constitute particular types of subjects. No social actor solely possess power; rather disabled students, disability office workers and instructors are vehicles of power within university settings and other political, social, economic institutional networks.

2.3 Foucauldian Mad Analytics

A Foucauldian interpretive analytics provides conceptual tools to unpack mad discourse and creates possibilities for critically reflecting on mad students' socio-spatial knowledges. As Foucault (2007) notes to examine "what are we and what are we today? What is this instant that is ours…it is a history that starts off from this present day actuality" (p.136-137). Such a history informed by a Foucauldian analytics involves unearthing subjugated Mad students' knowledges to explicate how they bear philosophical witness to the present complex ways in which madness is experienced, understood, contested, and represented in university settings by these Mad positive identifying individuals.

Foucault (2009) provides a theoretical platform to launch an examination of issues surrounding the emergence of mental illness in connection with socio-economic

societal values such as social labour relations, and the productivity of working subjects, in relation to notions of unrest, unruliness, degeneracy, criminality, where madness is closely tied to culture and politics. He sheds light on conceptual webs at the heart of understanding, knowing, describing madness, and subsequent interventions and treatments that have and continue to involve regimes of: surveillance, punishment and cure. For example, historically, Mad persons were recognized as a "social type" separated from the rest of society in relation to:

> scientific medical knowledge of madness, even when it acknowledges the impossibility of a cure, is always virtually engaged in a system of operations intended to efface the symptoms or master the causes; on the other hand the practical consciousness that separates the mad from the rest of society, condemning them and making them disappear, is necessarily mixed with a certain political, legal and economic conception of the individual in society. (Foucault, 2009, p.172)

Madness continues to function as an object of investigation offered to a biomedical gaze where all citizens may be called upon to judge boundaries of order and disorder, reason and madness.

Foucault (2009) rejects the totalizing dominance of psy-knowledges and the psy-pathologization of Madness and instead views Mad knolwedges as holding radical potential to open new ways of thinking about our present society and socio-relations. As Foucault (2009) attests:

> The modern world makes to only speak of *madness* in the serene, objective terms of *mental* illness, blotting out its pathetic values in the hybrid meanings of

> pathology and *philanthropy*. But the meaning of madness for any age, our own included, can never be covered entirely by the theoretical unity of a project: it lies instead in its torn presence. (p.164)

Thus, madness escapes totalizing disciplinary knowledge regimes and instead finds a space:

> where [it] speaks for nothing or no one else, but for itself…madness had strangely conquered a language that was its own…This was not a conflict between theory and experience, between everyday familiarity and abstract knowledge, the known and unknown: it was in a more secret manner a tear in the experience that we once had of madness, and which perhaps still exists today, a rent between madness considered by our science as mental illness, and all that it can give of itself in the space in which it has been alienated by our culture. (Foucault, 2009 p.393)

Madness thus represents a form of subjugated knowledge where mad persons often experience segregation and alienation. Psy-disciplinary knowledge and the clinical gaze pathologize madness and attempt to render mad persons intelligible within classificatory grids, clinical practices, and through various psy-assessments.

In contrast to psy-disciplines and pathologizing discourses on madness, which constitute an attempt to render mad subjects knowable and predictable, the field of Mad Studies offers counter-narratives and counter-knowledges on mental health drawing on self-identifying mad persons' lived experiences. As *Mad Matters* authors Menzies, LeFrancois, & Reaume (2013) note: 'Mad Studies can be defined in general terms as a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being' (p.13).

Mad studies emerged as a field of inquiry (Reville, 2013) centered on drawing on survivor, consumer, ex-patient knowledges to resist and attempt to "change regimes of 'treatment' and 'help'" (Church, 2013, p.181). People self-identifying as consumers, survivors, and ex-patients (c/s/x) have had direct present and past experiences with the bio-medical mental-health system, psy-authority, and psy-science based assessments, interventions, and often-pathologizing curative regimes (Church, 2013). C/S/X thus identify as current consumers of the mental health system, survivors of the onto-epistemic and real-material violence of that system, and ex-patients with different personal and political orientations, views, and outcomes in relation to dominant mental health discourses and the influence of systemic psy-expertise and bio-medical institutions (Menzies, LeFrancois, & Reaume, 2013). Some members of c/s/x have more favourable views towards the psy-sciences and mental health system, whereas other people within the c/s/x community disavow and are more radically opposed to psy-based knowledges and interventions in the lives of individuals with mental health issues (Menzies, LeFrancois, & Reaume, 2013). According to Castrodale (2014) "The Mad people's movement is also connected to intersecting experiences of gender, race, poverty, class, sexuality and disability" (p.1). Thus, Mad Studies resists pathologizing madness and mad persons' lived experiences.

As I have noted elsewhere "The term Mad is reclaimed by people pathologized and psychiatrized as 'mentally ill' to take back oppressive language" (Castrodale, 2014, p.2):

> Drawing from Mad people's perspectives represents a way to challenge psychiatrism and biomedical ways of understanding madness to open new

> possibilities for thought and action in educational systems and intervention programmes surrounding mental health. (p.3)

The subversive use of 'mad' reclaims this term from its prerogative roots to reinsert mad as a politically identity and counter hegemonic stance. Identifying as mad is an act of subversion. Mad persons turn language used in negative and oppressive ways to reclaim the term mad, pointing to epistemic violence of psy-knowledge-power systems. They have been characterized as abnormal and subsequently treated in harmful marginalizing and alienating ways. Mad histories demonstrate the gendered, raced, classed dimensions of mental health labelling, sorting and dividing practices. At disproportionately higher levels women, sexual-minorities, nonwhites, elderly, and poor people have been pathologized, judged, and subjected to harsh and punitive measures, violent curative treatment regimes in educational-judicial-medico-clinical settings in relation psy-disciplinary knowledge-power relations in comparison to white, higher class, male, young, heteronormative, able-bodied individuals (Menzies, LeFrancois, & Reaume, 2013; Price, 2011). In higher educational settings, students identified as mentally ill are often wrongly characterized as abnormal, potentially violent or dangerous, are thereby separated and read as deviant from normal, sane, non-mad students (Price, 2011).

The suppression, regulation, and elimination of mentally ill subjects, who are often characterized as representing a threat to the general overall health of society, broadly connect to how madness and mad persons are governed, disciplined and often socially alienated. Foucault's discussion of biopolitical governance of life and death (2003b) and removal of abnormal subjects including mentally ill subjects (Foucault, 2003a) to maintain the health of population relates to forms of neo-eugenics. Foucault

(1995; 2007) also allows a greater examination of institutional micro, meso, and macro-politics and how Mad persons negotiate the nexus of power and subjectivity and various institutional socio-spatial realms, while crafting and governing themselves. In this research, I am concerned to create a counter hegemonic space for the voices of Mad subjects in university settings to be heard.

2.4 Official Knowledges vs. Subjugated Knowledges

Foucault's work is also useful in that it informs an examination of the ways in which knowledge is produced, recorded and circulated about disabled and mad students in university settings. I seek to critically examine the types of official knowledges produced about disabled and mad students and how students may actively challenge how they are understood and constituted as disabled and mad subjects. What techniques and tactics are employed to accumulate and circulate specific forms of knowledge about disabled and mad students in university settings? How do disabled and mad students challenge and actively resist apparatuses of control and methods of observation in the university settings under investigation? These are central questions which are addressed in this study and which are informed by a Foucauldian analytics of disciplinary power and agency.

Thus I am concerned to examine the gap between the subjugated knowledges of disabled students and official knowledges about disabilities and madness, as they are encoded in disability policies which reflect the socially sanctioned perspectives of dominant groups in university settings. McHoul and Grace (2007) claim that Foucault's work is effective in examining the methods, techniques and practices and official discourses that occlude or disqualify other forms of knowledge. Official knowledges can

operate as instruments of normalization that may manoeuvre individuals into correct and functional forms of thinking and acting (Foucault, 2005). In this study, the official knowledges articulated in disability-related policy documents will be examined in light of the subjugated, marginalized, often disqualified knowledges of disabled and mad students and their views, attitudes, and opinions regarding institutional enabling/disabling practices that mediate their inclusion/exclusion. This interrogation allows for a critical examination of what knowledge is valued, articulated, portrayed as useful and used to make decisions and what data are valued, employed to substantiate and reinforce such decision making.

In university settings official knowledges and subjugated/unofficial knowledges shape how disability and mental illness is understood, treated, written about and reflected in policies and experienced by students in terms of socio-spatial alienating practices. According to Foucault (2003b), a critical perspective of the world may be cultivated in the soils of "these singular, local knowledges, the noncommonsensical knowledges that people have, and which have in a way been left to lie fallow, or even kept in the margins" (p.8). In this way, the marginalized knowledges of disabled and mad students can offer a point of critical introspection from which the impacts of university policies and regimes of practice may be examined. Foucault (2003b) elaborates his views on subjugated knowledges:

> When I say 'subjugated knowledges', I am also referring to a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges: naïve knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or

> scientificity. And it is thanks to the reappearance of these knowledges from below, of these unqualified or even disqualified knowledges, …the knowledge of the psychiatrized, the patient, the nurse, the doctor, that is parallel to, marginal to, medical knowledge, the knowledge of the delinquent, what I would call, if you like, what people know (and this is by no means the same thing as common knowledge or common-sense but, on the contrary, a particular knowledge, a knowledge that is local, regional or differential, incapable of unanimity and which derives its power solely from the fact that it is different from all the knowledges that surround it), it is in the reappearance of what people know at a local level, of these disqualified knowledges, that made the critique possible. (p.7-8)

Foucault thus views subjugated knowledgesas important for generating critical inspections of dominant official knowledges. As pointed out in chapter 1, this point is commensurable with the field of CDS that appreciates the views and knowledges of disabled persons as key for launching critiques of institutional practices that alienate and exclude disabled persons from mainstream society.

Official knowledges may be inscribed in university definitions of disability, access policies and accommodation policies. The knowledges of disabled and mad students are localized and particular. This research hopes that by drawing on their subjective and collective experiential accounts that access issues and socio-spatial alienating practices may be illuminated. Student accounts, views, ideas and knowledges are rarely highlighted or used to inform policy making decisions in university settings on disability-related issues (Gabel, 2010; Hutcheon & Wolbring, 2012). Thus, the population for which the policies are intended or aimed (as it is made to appear through the ways

policies are articulated) are in fact seldom consulted or involved in policy making decisions, review, critique, design, formulation and implementation/enactment.

It is in this sense that subjugated knowledges are knowledges which have been alienated or disqualified located low on the hierarchy:

> a whole set of knowledges that have been disqualified as inadequate to their task or insufficiently elaborated: naïve knowledges, located low down on the hierarchy, beneath the required level of cognition or scientificity…It is through the reappearance of this knowledge, of these local popular knowledges, these disqualified knowledges, thatcriticism performs its work. (Foucault, 1980, p.81-82)

Hence, disabled and mad subjects are constituted in particular ways by official knowledge, medical and individualizing discourses stemming from disciplinary regimes of knowledge-power generation and production. However, as this research reveals, the subjugated knowledges of disabled students have the potential to counter such normalizing judgements governing the official constitution and inscription of mad and disabled subjects.

Foucault (1995; 2005), for example has identified how particular regimes of knowledge-power in the form of the, human sciences and psy-disciplines (Rose, 1990; 1998) that normalize and constitute human beings as subjects. Biomedical and psy-disciplines have regulatory effects subjugating mad and disabled persons to a biomedical-psy gaze as objects of psy-clinical-knowledge, constituted within bio-medico-psy practices including examinations and assessments and regimes of truth (Foucault 2005). Psy-power-knowledge and regimes of practices are instrumental in individualizing and

shaping the rationalities and conduct of subjects (Foucault. 2003a). As discussed in the previous chapter, CDS and Mad Studies seek to counter the individualizing pathologizing normalizing regulatory impacts of bio-medical psy-disciplinary knowledge-power relations on the lives of mad and disabled persons. For Foucault a subject has a dual meaning in one sense subject to someone else by control and dependence and secondly a subject is tied to their own identity by a conscience or self-knowledge (Foucault in Dreyfus & Rabinow, 1982). Power therefore both subjugates and makes subject to. Power is ensured through the submission of individuals constrained and bound by their own ideas. Power is productive where individuals may resist submission and engage in practices to give their lives personal meaning and purpose. I draw on Foucault to examine how disabled students come to be constituted as subjects in university settings and how disabled subjects constitute themselves within such regimes of practice and spatial arrangements. The ways individuals come to know themselves, their bodies, and negotiate institutional settings; regimes of truths and practices among other considerations may also be examined through a Foucauldian lens.

2.5 The Constitution of Disabled and Mad Subjects

Foucault's work allows for examination of how disabled and mad persons are constituted as disabled subjects and how subjects may resist being defined, labelled, categorized and understood as disabled. Disabled and mad students are individualized and constituted as objects through specific knowledge-power relations that endorse particular regimes of truth. Foucault, for example, discusses three modes of objectification, including modes of inquiry, dividing practices, and self-subjectification, which transform human beings into subjects (Foucault in Dreyfus & Rabinow, 1982).

Modes of inquiry including human sciences such as medicine and psychology may objectify individuals and make human beings into subjects. Subjects are also divided (sometimes by binary divisions) as mad and sane, able-bodied and disabled and may be divided by others or impose such divisions upon themselves (Foucault in Dreyfus & Rabinow, 1982). Biomedical and Psy-informed classificatory assessments, systems and labeling practices thus function to objectify, pathologize, individualize, constitute, and divide mad and disabled subjects. Lastly, human beings may turn themselves into subjects to recognize themselves as particular subjects:

> I would like to suggest another way to go further towards a new economy of power relations, a way which is more empirical, more directly related to our present situation, and which implies more relations between theory and practice. It consists of taking the forms of resistance against different forms of power as a starting point. To use another metaphor, it consists of using this resistance as a chemical catalyst so as to bring to light power relations, locate their position, find out their point of application and the methods used. Rather than analyzing power from the point of view of its internal rationality, it consists of analyzing power relations through the antagonism of strategies. For example, to find out what society means by sanity, perhaps we should investigate what is happening in the field of insanity. And what we mean by legality in the field of illegality. And in order to understand what power relations are about, perhaps we should investigate the forms of resistance and attempts made to dissociate these relations. (Foucault in Dreyfus & Rabinow, 1982, p. 210-211)

Thus, Foucault asserts the need to examine forms of resistance against forms of power. In this sense, it is also important to examine how disabled subjects constitute themselves in light of particular biomedical psy-science regimes of knowledge-power relations which turn them into particular objects of inquiry.

The effects of power may be examined at the point of application from the point of view of disabled persons who are constituted as its objects. What strategies do disabled and mad students employ to resist particular medico-psy-clinical regimes of practices? How do they constitute themselves? Foucault promotes an examination of the present, at the local micro level where social actors are enmeshed in relations of power-knowledge. Yet, where there is power there is possibility to dissociate power relations and for social actors to take up positions of resistance through adopting strategies that challenge particular sets of norms and beliefs. As an example, *all* social actors in university settings may break rules and do things differently in ways that open spaces to challenge norms and beliefs surrounding disability. An example of this might be instructors who change their pedagogy to provide accommodations to students without seeking medical notes from disabled students. Students may request such accommodations directly from instructors without seeking help or identifying with disability office workers. This would allow students to circumvent medical/psychological channels and avoid formally identify as persons with disabilities. All actors in the academy may engage in resistance by doing things differently than articulated in formal/official university policies.

2.6 Disciplinary Power

Disciplinary techniques and measures operate in educational sites to create disciplined subjects and a wider disciplinary society. Taking a Foucauldian line of

inquiry thus allows for an examination of disciplinary power within postsecondary educational environments and to investigate their impact on disabled and mad students as particular sorts of subjects. Foucault's work on disciplinary power in that it draws attention to how institutional spaces are defined and the operation of specific knowledge-power relations that operate in these spaces in ways that permit greater supervision, visibility, regulation, and distribution of individuals (Foucault, 1984; 1995; 2003). This medico-psy disciplinary regime of practice as it applies to the constitution of mad and disabled subjects is central to the conception of educational spaces as structured specifically for allowing perpetual observation, ranking and ordering of individuals and the marking of a hierarchy of knowledge or ability.

Foucault (2005) defines discipline in the following way:

> 'Discipline' may be identified neither with an institution nor with an apparatus; it is a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets; it is a 'physics' or an 'anatomy' of power, a technology. And it may be taken over either by 'specialized' institutions…or by institutions that use it as an essential instrument for a particular end (schools, hospitals)… (p. 215)

According to Foucault, technologies of power, instruments, and techniques may be fixed upon specific individuals to produce certain types of subjects. This study examines techniques of power driven by biomedical-clinical-psy-disciplines used by universities which (re)produce disabled and mad subjectivities and how students may understand, negotiate, and actively resist the applications of such technologies.

Foucault (1995) offers a concise summary of the productive role of disciplinary practices of subjectification, naming four characteristics involved in the shaping of bodies and individuals:

1. It is cellular – in the play of spatial distributions
2. It is organic – by the coding of activities
3. It is genetic – by the accumulation of time
4. It is combinatory – by the composition of forces

[Further, Foucault adds four operational techniques of discipline]

1. It draws up tables
2. It prescribes movements
3. It imposes exercises
4. It arranges tactics (p.167)

This study examines these disciplinary and operational techniques driven by knowledge-power relations as generated by the psy-disciplines that work upon disabled and mad subjects in the academy to shape and influence thought and action. Thus, assessment and techniques of discipline are connected specifically in relation to clinical assessments, surveillance, and regulation imposed by psy-disciplinary regimes of truth and practices. The ways bodies are controlled, moved and arranged in relation to other bodies is thus an important aspect of how bodies and minds are disciplined in universities. Importantly, I also examine the ways disabled and mad subjects productively act on themselves to counter constituting disciplinary techniques aimed at rendering them visible, knowable, and as docile objects.

Foucault (1995), for example, discusses disciplinary power and the institutionalization of the 'will the power to punish' as it works on the minds and bodies of citizens (p.130). Timetables, prohibitions and obligations, continual supervision, are employed to fix individuals and create productive normative individuals. In *Discipline and Punish* Foucault illustrates how the carceral system aims at transforming behaviour and altering minds by dividing individuals and closely observing them to gather knowledge to develop individualized methods of correction. Habits, rules, orders, are techniques to establish obedient subjects where authority is continually exercised upon individuals to train and constrain the body. Foucault (2005) speaking about the training of soldiers states: "a calculated constraint runs slowly through each part of the body, mastering it, making it pliable, ready at all times, turning silently into the automatism of habit" (p.135). Similarly, disabled and mad students are trained through academic timetables, routines, procedures, test taking processes, classroom norms, seating arrangements, codes of conduct, and subject to rules, habits techniques and orders in university settings aimed at making their bodies act and respond in specific ways. Foucault (2005) also contends that such practices can be used in other institutional settings to train and subjugate individuals, including education: "Tactics, the art of constructing, with located bodies, coded activities and trained aptitudes, mechanisms in which the product of the various forces is increased by their calculated combination are no doubt the highest form of disciplinary practice" (p. 167). Thus, bodies are located in educational spaces and individuals are subject to coding of their activities and training of aptitudes. In light of such analytic insights into the psy-disciplinary practices of subjectification, this study is concerned to examine how disabled and mad students

negotiate institutional rules, orders and techniques to enable different ways of moving, speaking, thinking, and behaving – in short how are these students working at the limits of such regimes to constitute themselves in terms which challenge institutional disciplinary norms that govern the official terms for thinking them into existence as certain sorts of subjects? Clinical assessments and knowledge-power relations informed by bio-medico-psy disciplinary knowledge-power relations drive certain classificatory systems through which mad and disabled students are rendered intelligible as certain sorts of abnormal subjects (Foucault, 2006; Foucault, 2003a). This study importantly addresses how mad and disabled students refuse certain official clinical categorizations and classificatory systems informed by biomedical rehabilitative psy-disciplinary knowledges.

Foucault (2005) exemplifies how disciplinary power is inherently spatial and operates and is exercised through invisibility as it works on individuals in space and by arranging objects in various spaces. Disciplinary power invests in human bodies, produces knowledge about individuals and turns them into objects of knowledge. According to Foucault (2007) his "Security, territory, population" lectures:

> Discipline is essentially centripetal. I mean that discipline functions to the extent that it isolates a space, that it determines a segment. Discipline concentrates, focuses, and encloses. The first action of discipline is in fact to circumscribe a space in which its power and the mechanisms of its power will function fully and without limit…By definition, discipline regulates everything. Discipline allows nothing to escape. Not only does it not allow things to run their course. Its

> principle is that things, the smallest things, must not be abandoned to themselves. (p.44-45)

Thus, discipline exerts force on space and shapes educational spaces – a point that will be elaborated in the following chapter which deals in greater detail with questions pertaining to spatiality and the constitution of disabled and mad students. Disabled students may experience spaces of exclusion and enclosures where spaces are designated for particular types of thought and action and where other thoughts and actions are deemed inappropriate or unthinkable.

Foucault (2005) also discusses how architectural or spatial partitioning of individuals is key to establishing and maintaining observable and disciplined individuals:

> …disciplines use procedures of partitioning and verticality that they introduce, between the different elements at the same level, as solid separations as possible, that they define compact hierarchical networks, in short, that they oppose to the intrinsic, adverse force of multiplicity the technique of the continuous, individualizing pyramid. They must also increase the particular utility of each element of the multiplicity…Hence in order to extract from bodies the maximum time and force, the use of those overall methods known as time-tables, collective training, exercises, total and detailed surveillance. (p. 220)

Thus, such tactics of distribution and measurement may simultaneously combine and separate persons to adjust multiplicities and divide individuals in such ways to objectify and form a body of psy-biomedical-knowledge about these individuals. Such regulatory surveillance of disabled and mad subjects is thereby also connected to managing and controlling their conduct in various university realms.

Disciplinary power emerges from the academic disciplines in the human sciences, it is a power to judge, supervise, train, correct and punish. A disciplined society exercises power at the lowest cost, in economic terms and also by minimizing social resistance, and its visibility. Social power is brought to maximum intensity to encourage productivity and economic growth and encourage docility of elements in the system Thus, disciplinary power works on individuals to maximize their productivity and labour and reduce or quail their resistance or opposition to mechanisms of power that encourage efficiency in the apparatuses of production. By 'production' Foucault (2005) refers to the production of knowledge and skills in institutional realms such as schools:

> …discipline fixes; it arrests or regulates movements; it clears up confusion; it dissipates compact groupings of individuals wandering about the country in unpredictable ways; it establishes calculated distributions…it must neutralize the effects of counter-power that spring from them and which form a resistance to the power that wishes to dominate it: agitations, revolts, spontaneous organizations, coalitions – anything that may establish horizontal conjunctions. (p.219)

Discipline distributes individuals in space and may either assemble or separate individuals with disabilities in institutional spaces. This is significant because discipline may act to render disabled subjects knowable in university settings and function to regulate the bodies, thoughts and action of these individuals and those invested with the authority to administer to their educational needs. Psy-disciplines and the clinical classificatory regimes and practices they support (Foucault, 2006) result in regulatory categories created for determining how mad and disabled subjects are assessed, labeled, and hence thought about. Psy-disciplinary knowledges and regimes of truths (Foucault,

2006) thereby prescribe particular constitutional subjectifying schemes shaping and informing the lives of mad and disabled subjects. According to Foucault (2007) discipline regulates and prescribes thoughts and actions:

> The disciplinary mechanism also constantly codifies in terms of the permitted and forbidden, or rather the obligatory and the forbidden, which means that the point on which the disciplinary mechanism focuses is not so much the things one must not do as the things that must be done. A good discipline tells you what you must do at every moment. (p.46)

Thus, discipline targets individuals and aims to shape and influence their actions, to produce particular types of subjects. Disabled and mad students are thus obliged to perform particular types of thoughts and actions in university settings. This relates to previous discussions of CDS as a field, which challenges dominant biomedical and psy-knowledge power relations that are implicated in disciplinary practices and regimes of thought. As Foucault (1978; 1991; 2007) asserts, wherever there is power, there are opportunities to resist power. Mad and disabled students may actively challenge the production of knowledge, the regulation of their movements, their ordering in institutional spaces and regimes of practice that make them the objects and targets of psy-disciplinary power-knowledge. Examining disciplinary power permits this study to illuminate the institutional play and circulation of power-knowledge in shaping who gets what and where and how individuals with disabilities and resources are allocated. Disabled and mad students are thus enabled and constrained in what they can say and how they can act within the limits that are set for them as certain sorts of 'subjects' within these complex institutional webs of biomedical rehabilitative psy-power and

knowledge relations. Knowledge-power relations and disciplinary practices are related as they actively reinforce each other. Thus, disciplinary power is a type of power that produces knowledge about subjects and that knowledge reinforces disciplinary practices that in turn govern and control individuals' bodies and minds through the requirement to be subjected to clinical assessment which authorizes certain classificatory systems and grids for thinking about and understanding mad and disabled subjects. Nevertheless, through engaging in reflexive practices *all* subjects including those constituted as disabled and as self-constituted as mad may knowingly resist limiting and reductionist disciplinary practices by producing self-knowledge that has productive potential in terms of enabling possibilities for thinking and acting in agentic ways.

2.7 Normalizing Judgements

Socio-spatial-temporal regimes of practice hold meaning and may result in disabling practices being normalized within university settings. Foucault's (2003) work is also useful in examining hidden dimensions of educational practices, and discourses about normal and abnormal students. According to Foucault (2003), the conception of the norm plays a positive function in the exercise of power and in shaping the thoughts and actions of individuals:

> the norm is not at all defined as a natural law but rather by the exacting and coercive role it can perform in the domains in which it is applied. The norm consequently lays claim to power. The norm is not simply and not even a principle of intelligibility; it is an element on the basis of which a certain exercise of power is founded and legitimized…the norm brings with it a principle of both qualification and correction. The norm's function is not to exclude and reject.

> Rather, it is always linked to a positive technique of intervention and transformation, to a sort of normative project. (p.50)

Thus, particular norms are not natural or predetermined but are connected to knowledge-power relations and may be applied in various domains, including education. The function of the norm relates to a set of practices involving the qualification, intervention, transformation, and correction of individuals. It is in this sense that Foucault's interpretive analytics is useful in examining how medicalized and clinical knowledges shape notions of what counts as healthy and normal in society and where disability is understood and situated along a continuum of health and illness, and networks of impairment, frailty, mental health and other medically informed labels.

Foucault (1995) discusses normalization as involving the establishment of measurements, hierarchy, regulations based on a distributionary statistical norm. In *Discipline and Punish* he demonstrates how judgements and assessments form a foundation from which individuals may be understood, and understand themselves. It is in this capacity that it is important to examine the ways in which disabled and mad students may resist assessments and normalizing judgements. Foucault (2005), for example, states:

> The judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the 'social worker'-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behaviour, his aptitudes, his achievements. (p. 304)

Importantly, Foucault makes connections between normalizing judgments and medical and psychiatric experts where medical and psychological knowledge is employed to judge individuals. According to Foucault (2005), normalizing judgments are aimed at correcting defects and creating good subjects. Such judgements homogenize, differentiate, and exclude people by dissecting their attribute, measuring and assessing them and defining what is abnormal to encourage conformity and enforce regulatory constraints. Normalizing judgements shape the lives of disabled and mad students in the academy. Norms about performance, achievement, actions and behaviours structure what can be said and thought and thereby influence social actions and interactions. Norms are measured and assessed where disabled and mad students are required to work/act/think in certain ways, ways that are intended to fit according to the normalizing bell curve and which deter/eliminate outliers. This is exemplified through employing techniques and practices such as examinations, assessments, pedagogies and the ways in which lessons, lectures, labs are oriented around perhaps potentially ableist norms. A Foucauldian analysis brings to light how normalizing judgements impact disabled and mad students, and shape policies and practices in the academy structuring thought, attitudes and behaviours.

Foucault (2005) calls attention to the disciplinary field of psychology as a form of knowledge and power over individuals: “The supervision of normality was firmly encased in medicine or a psychiatry that provided it with a sort of ‘scientificity’” (p. 296). He thus viewed psychology as a disciplining profession involving specific forms of normalization and subjection (see Rose, 1999). As such, conceptualizations of disability

and normality, normal bodies and minds are closely related to forms of clinical and medical knowledges about disabled and mad subjects.

2.8 Dividing Practices

Foucault (1977) provides a framework for investigating practices of division that classify, and order people according to specific norms and in ways that individualize people who come to be understood as certain sorts of subjects and to understand themselves under the normalizing medical, clinical and scientific gaze (see Tremain, 2008). He adds that the normalizing gaze is made operational through the examination making it possible to qualify, survey, classify, differentiate, and judge individuals. Assessment of normality creates a corpus of knowledge, techniques, and 'scientific' discourses entangled with the practice to judge and the power to punish (Foucault, 1995, p.23). A Foucauldian (1977; 1984, 1995) lens provides a way to critically examine practices, procedures and policies that create, classify, codify, manage and control social anomalies that objectify and divide some people from others. This study aims to provide a detailed account of how disabled and mad students, instructors and disability office workers may understand and question binary categories of normality/abnormality and other social practices that identify, classify, and divide certain individuals as different, and to be labelled as disabled or mentally ill and not nondisabled/able-bodied. Foucault (1995) asserts that punitive mechanisms are not only repressive, but serve a complex social function and create a series of positive effects:

> The body and the soul, as principles of behaviour, form the element that is now proposed for punitive intervention…punitive intervention must rest on a studied manipulation of the individual…As for the instruments used, these are no longer

> complexes of representation, reinforced and circulated, but forms of coercion, schemata of constraint, applied and repeated. Exercises not signs: time-tables, compulsory movements, regular activities, solitary meditation, work in common, silence, application, respect, good habits. (p.128)

Thus, punitive mechanisms have positive effects in that they are targeted at producing and moulding subjects to behave and act in specific ways. Disabled students may be subjected to disciplinary and other punitive practices in the academy that are aimed at regulating, coercing and constituting them in specific ways which require them to who are to act and think in particular ways. Thus, a Foucauldian (1977; 1984, 1995) lens may reveal punitive measures that seek to observe, record, classify, control, and spatially isolate disabled students in the academy.

2.9 Disciplinary Techniques: Dis/abled, Disciplined, and Docile Bodies

Disabled students move, interact, shape spaces and occupy places in university settings. Bodies are able to navigate and explore the academy as well as being contained and isolated in various institutionally encoded spaces. Impaired bodies challenge the realities of conventional able-bodied practices and norms and require rethinking ways *all* people occupy spaces (see Hansen & Philo, 2007). Tremain (2008), for example, states:

> From a Foucauldian perspective, disability and impairment neither refer to, nor represent, essences of particular individuals or of a certain population at large. On the contrary, these terms refer to a decentered subject position that is the product of the movement of power. This conception of power and its linkage to the body

> offers a way to explain the practices of subjectification that have variously separated, institutionalized, and normalized disabled people. (p.81-82)

Tremain's work highlights the extent to which disability as a specific domain of knowledge-power relations is a product of modernist bio-power and medical discourses aimed at the management of 'impaired' individuals.

Bodies are expected to act and move in certain ways in particular times, spaces and contexts. Foucault (1977) also offers insights into how the human body worked upon, normalized and moulded to be productive:

> The body is also directly involved in the political field, power relations have an immediate hold upon it; they invest it, mark it, train it, torture it, force it to carry out tasks, to perform ceremonies, to emit signs…it is largely as a force of production that the body is invested with relations of power and domination…the body becomes a useful force only if it is both a productive body and subjected body. (p.25-26)

Thus, a Foucauldian lens is useful to better understand how disabled bodies and mad subjects are confined, segregated, distributed and worked upon in educational institutional settings. According to Foucault (1995) power relations invest in bodies, work upon them, mark them and force bodies to carry out tasks, ceremonies and emit signs. He asserts that bodies are individualized in relations that distribute bodies, render them visible, differentiated and comparable. For Foucault (1995) the body is disciplined and punished in ways to maximize the labour exerted out of bodies:

> The systems of punishment are to be situated in a certain 'political economy' of the body: even if they do not make use of violent or bloody punishment, even

> when they use 'lenient' methods involving confinement and correction, it is always the body that is at issue – the body and its forces, their utility and their docility, their distribution and their submission. (p. 25)

Thus, disabled and mad persons are made to work in the academy, to be productive and complete academic work in ways that parallel economic, factory and workplace regimes of production. In this sense, this study is concerned to examine how disabled students are distributed, confined and corrected in relation to ableist norms and values. In university settings, mad and disabled students may be made visible or rather inscribed and constituted as particular sorts of subjects through official policies and disciplinary procedures that are informed by such policies. It is this critical examination of the institutional practices that compare and differentiate *all* students and which pays particular attention to how disabled and mad students are impacted by power and socio-spatial embodied relations which is the focus of this study. In this sense, Foucault's analytic work allows for an examination of how disabled and mad bodies are worked upon and how institutional policies and practices may invest in such bodies to render them increasingly productive.

Foucault (1995) shows how subjects are trained, disciplined, and regulated to become increasingly useful and productive in relation to socio-economic-political-military forces of labour. He comments "disciplines function increasingly as techniques for making useful individuals" (p. 211) and refers to this practice as the political technology of the body, where investment in knowledge of bodies, their functioning(s) and forces are calculated. Institutions and state apparatuses operate by harnessing the materiality of bodies and their forces in ways that support particular socio-economic and

political aims. This requires knowledge and adjustments of the mechanisms of power to constantly frame the lives of individuals, adapt and refine machinery that surveys their lives, bodies, behaviours, movements, gestures, identity, and activities: "The disciplines characterize, classify, specialize; they distribute along a scale, around a norm, hierarchize individuals in relation to one another and, if necessary disqualify and invalidate" (Foucault, 2005, p. 223). Individuals become part of functions aimed at production, knowledge transmission, diffusion of skills and aptitudes. The ways mad and disabled students are distributed, controlled and moved, understood in relation to other bodies and made to transmit skills is an important consideration and contribution of this study. It is in this sense that I examine how mad and disabled subjects' bodies are worked upon by disciplinary power and how mad and disabled students productively work upon themselves in ways that may challenge regimes that structure ways of socio-spatio-temporal being and behaving.

Foucault (1995) also discusses signs and characteristics attributed to bodies and their professions, where individuals adopt particular postures, body types and forms, and movements. For example, he discusses how the body of the soldier is fashioned, shaped, trained, manipulated, constructed, corrected, habituated and made pliable, obedient, responsive, alert and automated: "A body is docile that may be subjected, used, transformed and improved" (p. 136). Thus, different bodies are brought into correct posture, organized distributed and made mechanistic and productive. Disabled and mad persons also can be understood as targets to be transformed, corrected, and improved by medical/clinical/pedagogical interventions in order to learn, work, communicate, respond and function according to able bodied norms and also those related to mental health.

According to Foucault (2005), for example, individuals are qualified by pedagogical practices, separated by graded examinations, and evaluated as they progress through a series of supervised exercises of increasing difficulty. Interventions are aimed at differentiation, correction, punishment, or elimination where individuals are characterized as they progress through a series of successive activities. The power to punish is not much different from that of educating which gives authority to supervise, transform, correct, and improve. Foucault (2005) demonstrates that exercise is an effective way to train bodies:

> Exercise is that technique by which one imposes on the body tasks that are both repetitive and different, but always graduated…exercise makes possible a perpetual characterization of the individual either in relation to this term, in relation to other individuals, or in relation to a type of itinerary. (p. 161)

Thus, through the use of timetables, pedagogical expectations and repetitive training, prescribed movements, disabled students are characterized and trained in relation to other individuals. Disabled students are thus expected to act, learn, communicate and move in particular ways in university settings. For example, a student with a mobility impairment may be expected to arrive at a class across campus in a timely manner with little consideration of barriers or obstacles that may limit a students' ability to negotiate the built and changing campus environment. Flows of students and people in high traffic areas may create difficulty in navigating certain areas of campus environments in a normalized timely fashion in the ways nondisabled, non-mobility impaired individuals may move.

Foucault (2005) discusses exercise as part of the political technology invested in the body where bodies may also be grouped in assemblages in combination with other bodies, moved and articulated in mobile spaces. In this sense, university practices are conceptualized as demonstrating elements of exercises such as "initiation, ritual, preparatory ceremony, theatrical rehearsal or examination" (p.161). University ceremonies, events and expectations such as examinations involve the allocation of numerous bodies in a particular localized institutional space. Disabled students may be asked to be in certain locations during these events to be included or alienated. For example, the use of a laptop during an examination may require that the student with a disability remain in another separate room apart from the student population taking the exam. Classroom spaces might also have accessibility issues where for example, a student with a mobility impairment may be asked to be at the front, side, back of the classroom or locate themselves in a particular place due to instructor pedagogy, classroom architecture and possible sound and sight considerations for individuals who may have hearing or visual (sensory) impairments.

For Foucault (1995) discipline, segregation, enclosure, and socio-spatial distribution are connected. As Foucault (1995) attests, contained bodies are easier to monitor, measure, discipline, and render useful:

> Each individual has his own place; and each place its individual. Avoid distributions in groups; break up collective dispositions; analyse confused, massive or transient pluralities. Disciplinary space tense to be divided into as many sections as there are bodies or elements to be distributed. One must eliminate the effects of imprecise distributions, the uncontrolled disappearance of

> individuals, their diffuse circulation, their unusable and dangerous coagulation…Its aim was to establish presences and absences, to know where and how to locate individuals, to set up useful communications, to interrupt others, to be able at each moment to supervise the conduct of each individual, to assess it, to judge it, to calculate its qualities or merits. It was a procedure, therefore, aimed at knowing, mastering and using. Discipline organizes an analytical space…Even if the compartments it assigns become purely ideal, the disciplinary space is always, basically, cellular. (p. 143)

The socio-spatial organization of disabled people in spaces is therefore a necessary aspect of disciplinary power and propagating disciplined individuals.

Spaces are architecturally designed and coded to order communications and activities (Foucault, 1995). Individuals are ranked and arranged in spaces, not in a fixed position but distributed and circulated in a network of relations. Educational spaces become homogeneous and rank defines educational orders. Thus, hierarchical observation is a key element of training and discipline and has spatial ramifications in terms of how bodies are positioned within institutions. Disabled students are ranked by performance, grades and may be expected to communicate, move and work in normalized ways.

Educational spaces allow for supervision, hierarchizing, and rewarding. Foucault (1995) shows the relationship between spatiality and discipline:

> Discipline is an art of rank, a technique for the transformation of arrangements. It individualizes bodies by a location that does not give them a fixed position, but distributes them and circulates them in a network of relations. (p. 146)

Educational buildings are designed and arranged as apparatuses for perpetual observation. Foucault (2005) links supervision to the economic productive machinery aimed at creating knowable, industrious and productive individuals that contribute labour and economic capital. He illuminates how education may be targeted at creating disciplined and reformed individuals:

> One can imagine the power of the education which, not only in a day, but in the succession of days and even years, may regulate for man the time of waking and sleeping, of activity and rest, the number and duration of meals, the quality and ration of food, the nature and product of labour…the use of speech and even, so to speak, that of thought...regulates movements of the body, and even in moments of rest, determines the use of time, the time-table… (p. 236)

Knowledge of individuals through perpetual assessment allows for greater ordering and training of individuals leading to greater efficiency. However, disabled students may experience that they may be expected to navigate the university landscape in certain ways and times as prescribed by able-bodied ways of moving, knowing, doing and acting. Thus, efficiency as defined by able-bodied norms and expectations may place emphasis on doing things faster than disabled students might do similar things, movements, communications, responses to inquiries, complete tasks, assignments, tests and other duties. Thus, discipline is targeted at increasing productivity, skills and aptitudes of individuals, speeds of output and turning bodies into machinery aimed at developing bodies to make ‘useful’ individuals closely tied to economic productivity.

2.10 Panopticism and the Gaze

In connection to the previous section, surveillance is key to the art of discipline in space, where a biomedical psy-gaze permits record keeping, observation, supervision, labeling practices, and regulation of subjects (Foucault, 2005). The panopticon conceptually connects built architectures and the disciplinary surveillance of subjects in spatial realms (Foucault, 2005). According to Foucault (2005) the Panopticon is a "cruel, ingenious cage" as it is generalizable, often invisible and more subtle as it defines power in relations of everyday life of individuals where power and supervision is exercised by any member of society (p.205). The Panopticon is an architectural design by Bentham comprised of a central viewing tower and a ringed outer building design with individuals portioned in individual cells: "In the peripheric ring, one is totally seen, without ever seeing; in the central tower, one sees everything without ever being seen" (Foucault, 2005, p. 202). The Panopticon is an efficient means of surveillance and control of prisoners with minimal guards. The prison is structured as a ring that surrounds a central tower with each cell made visible from the central guard tower. In this structure prisoners can be under perpetual surveillance and are also unable to know whether or not they are being watched by a guard at any given moment. As such, prisoners were intended to internalize this surveillance and regulate their behaviour accordingly. Thus, visibility of subjects caught in the unequal gaze is an essential aspect of the functioning of the Panopticon as a mechanism of surveillance and control. In university settings *all* social actors, particularly marginalized persons such as disabled and mad students are subject to perpetual and regulatory surveillance. Institutional spaces such as examination halls,

study rooms, libraries, classrooms, may allow disabled and mad students to be placed under an unequal scrutinizing and regulatory gaze.

According to Foucault (2005) the Panopticon relates to how spaces are organized, how buildings, settings, and architectural structures are designed and constructed, and how individuals are placed, and distributed in various institutional spaces:

> the Panopticon must not be understood as a dream building: it is the diagram of a mechanism of power reduced to its ideal form; it is the diagram of a mechanism of power reduced to its ideal form; its functioning, abstracted from any obstacle, resistance or friction, must be represented as a pure architectural and optical system: it is in fact a figure of political technology that may and must be detached from any specific use. It is polyvalent in its applications…It is a type of location of bodies in space, of distribution of individual in relation to one another, or hierarchical organization, of disposition of centres and channels of power, of definition of the instruments and modes of intervention of power, which can be implemented in hospitals, workshops, schools, prisons. (p. 205)

Thus, individuals with disabilities and all social actors in university settings are under perpetual surveillance, and self-surveillance of actions, thoughts, utterances and behaviours. Importantly, the ways university buildings and spaces are designed and organized has implications for how disabled and mad students are located and distributed in academic spaces and placed under perpetual surveillance. The Panopticon acts on individuals by gaining ‘power of mind over mind’ (Foucault, 2005, p. 206). As such, mad and disabled students may engage in self-surveillance and regulate their own behaviours

and actions in university spaces in ways that conform to able-bodied/able-minded governing norms, values and expectations.

Panopticonism allows for spatial partitioning and perpetual surveillance of individuals. Foucault (2005) asserts that the spatial distribution and partitioning of individuals is a key aspect of surveillance and the Panopticon as a technology of power-knowledge. He discusses how individuals are enclosed, segmented in space, and inserted into fixed locations and observed: "The crowd, a compact mass, a locus of multiple exchanges, individualities merging together, a collective effect, is abolished and replaced by a collection of separated individualities" (p. 201). Mad and disabled students are separated, categorized and understood as impaired individuals in university settings. Foucault (2005) notes that the clinical gaze ensures observations of actions and permits the systematic registration and reporting of individuals' attributes, conditions, skills, and other minute infinitesimal characteristics/qualities:

> …each individual his place, his body, his disease and his death, his well-being, by means of an omnipresent and omniscient power that subdivides itself in a regular, uninterrupted way even to the ultimate determination of the individual, or what characterizes him, of what belongs to him, of what happens to him. (p.197)

Individuals are categorized and separated, often partitioned by binary division and subject to clinical assessments:

> Generally speaking, all the authorities exercising individual control function according to a double mode; that of binary division and branding (mad/sane; dangerous/harmless; normal/abnormal); and that of coercive assignment, of differential distribution (who he is; where he must be; how he is to be

> characterized; how he is to be recognized; how a constant surveillance is to be exercised over him in an individual way…the tactics of individualizing disciplines are imposed on the excluded. (Foucault, 2005, p.199)

Thus, a Foucouldian lens allows for a critical examination of the use of binary division and the distribution of individuals in university settings and the impacts of these practices on mad and disabled students.

This research contributes significant socio-spatial knowledge on how disciplinary individualizing tactics partition and move individuals distributing them in university settings to exclude persons who are characterized as mad and disabled. Importantly, I also examine how disabled and mad subjects are able to resist disciplinary and individualizing tactics to challenge exclusionary practices and create increasingly inclusionary spaces.

According to Foucault (1980):

> Resistances to the Panopticon will have to be analysed in tactical and strategic terms, positing that each offensive from the one side serves as leverage for a counter-offensive from the other. The analysis of power-mechanisms has no built-in tendency to show power as being at once anonymous and always victorious. It is a matter rather of establishing the positions occupied and modes of actions used by each of the forces at work, the possibilities of resistance and counter-attack on either side. (p.163-164)

Thus, disabled and mad students may take up positions to resist mechanisms of surveillance and utilize mechanisms of power in ways that serve their own purposes and modes of action. In drawing on such analytic perspectives derived from Foucault's work,

it is possible to conceive of the university landscape as being comprised of inclusionary and exclusionary spatial realms in terms of their potential for regulating and disciplining persons with disabilities. Disciplinary techniques are imposed to correct abnormal individuals and also make every individual subjected to those measures to correct and supervise the division between the normal and abnormal. This research contributes knowledge on how certain disciplines have constituted and continue to constitute and define disability and madness and create and circulate general knowledge about mad and disabled persons. In my research I hope to examine how mad and disabled students actively challenge such disciplinary knowledge about them, and how students may be critical of the ways universities generate, use, communicate, and circulate particular form of knowledge about them.

2.11 Surveillance and the Medical Gaze

According to Foucault (1994), the doctor defines the world of objects to be known. Individuals with medical/clinical training including doctors and psychologists are positioned as medical authorities with expertise that allows them to produce knowledge about individuals' bodies and minds and diagnose sickness/health, normal/abnormal, mad/sane, nondisabled/disabled. In this way, the medical gaze establishes qualities of individuals (Foucault, 1994). According to Foucault (1994) medical knowledge plays a role in informing social practices and thought:

> Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of a *healthy man*, that is, a study of *non-sick man* and a definition of the *model man*. In the ordering of human existence it assumes a normative posture, which authorizes it

> not only to distribute advice as to healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives. (p.34)

Foucault (1994), in this capacity, examines how medical knowledge defined norms around human health and modes of being and living. Disabled and mad students are also often understood in medicalized terms, subject to examinations and labels that shape their lives in the academy.

Individuals with disabilities and *all* social actors are subject to supervision and a medical gaze. Foucault (1994) asserts that: "The gaze that sees is a gaze that dominates; and although it also knows how to subject itself, it dominates its masters" (p. 39). According to Foucault (1994) supervision is geographically dispersed and decentralized to cover a maximum area:

> The distribution of aid, involves a continuous supervision of the social space with a system of highly medicalized regional centres; and the extraordinary, which is made up of discontinuous, exclusively medical spaces, structured according to the model of scientific knowledge. (p. 43)

Doctors applied the gaze to the surfaces and depths of patients' bodies. The psy-disciplines are connected to a clinical pathologizing gaze, psy-expertise (Rose, 1998; 1999), psy-classificatory schemes and assessment of mental health, mental illness, and disability and subsequent regimes of rehabilitation, and treatments of cure. As Foucault highlights, mapping structures, arrangements, numbers and sizes, spatial proximities of living beings allows for a detailed and pathological account of individuals. Foucault

(1994) explains that the gaze recognizes those who are same and different and permits the grouping and classification of natural beings according to their visible characters:

> The gaze implies an open field, and its essential activity is of the successive order of reading; it records and totalizes; it gradually reconstitutes immanent organizations; it spreads out over a world that is already the world of language, and that is why it is spontaneously related to hearing and speech; it forms, as it were, the privileged articulation of two fundamental aspects of *saying* (what is said and what one says). (p. 121)

The medical and by extension the clinical gaze is a speaking eye, a pure language that sees and says, it articulates methods and scientific norms of medical language, structures thought and speech, impressions and truths. Medical regimes structure language and what can be said and thought about disability-related issues in university settings. The medical clinical gaze may act in ways to supervise individuals, order and regulate behaviour, group, classify, normalize and characterize subjects as disabled and non-disabled.

2.12 The Clinical Examination

Disabled and mad students are subjected to particular medicalizing forms of examinations in university settings, which produce them as objects of medico-clinical knowledge. According to Foucault (2005) sciences such as psychology, psychiatry, pedagogy have made knowledge claims to measure, order, aim to describe the nature of human beings through the sciences of man. He claims that by contributing to the knowledge of ‘man’ (sic), disciplines in the human sciences target human subjects and aim to render them as knowable:

> …the examination has remained extremely close to the disciplinary power that shaped it. It has always been and still is an intrinsic element of the disciplines…its appearance in the form of tests, interviews, interrogations and consultations is apparently in order to rectify the mechanisms of discipline… (p. 226)

Thus, the examination in the form of clinical assessment allows for information to be gathered on and about disabled students and also allows disciplinary techniques and mechanisms to become increasingly refined and perpetuated. Disabled and mad students are required to undergo diagnostic clinical and medical tests to provide medical notes that establish their needs for accommodations in university settings. These tests and practices formalize their identification as disabled and mad subjects in the university landscape.

Mad and disabled students are subjected to a battery of clinical psychological and psychiatric assessments (Rose, 1998; 1999; Miller & Rose, 2014). Foucault (2005) highlights the examination as an instrument/technology as a key aspect of perpetual observation of subjects. The examination guarantees the movement of knowledge, ensures greater visibility of subjects, and holds them in mechanisms of objectification. In universities mad and disabled students may be subjected to examinations. According to Foucault (2005):

> The examination also introduces individuality into the field of documentation. The examination leaves behind it a whole meticulous archive constituted in terms of bodies and days…situates them in a network of writing; it engages them in a whole mass of documents that capture and fix them. The procedures of examination were accompanied at the same time by a system of intense registration and of documentary accumulation. (p. 189)

Thus, disabled and mad students are subjected to different sorts of assessments determined by a psy-clinical and medical gaze (Miller & Rose, 2014). Thus, these students are subject to classificatory and regulatory systems aimed at governing, managing, constituting and making them comprehensible or knowable as particular sorts of subjects. These students often need to undergo medical or psychological assessments to obtain formal identification and medical notes to label them as a disabled person and allow disabled individuals to be granted access to particular sorts of accommodations.

The examination documents, individualizes, and makes visible disabled students in university settings. Examinations track, monitor, and record their academic progress. The clinical assessment makes it possible to order, rank, classify, compare, keep registers and centralize information on individuals as constitute them as analyzable, describable, objects: "The examination, surrounded by all its documentary techniques, makes each individual a 'case'…the individual who has to be trained or corrected, classified, normalized, excluded" (Foucault, 2005, 191).

According to Foucault (2005) the examination combines hierarchical surveillance and normalizing judgements as a procedure that constitutes individuals as effect and object of knowledge/power:

> The individual is no doubt the fictitious atom of an 'ideological' representation of society…also a reality fabricated by this specific technology of power that I have called 'discipline'. We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact, power produces; it produces reality; it produces

> domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production. (p. 194)

Thus, disabled students may be subject to different sorts of assessment as determined by the clinical and medical gaze depending on the nature of the individual's *impairment*. Students may also be subjected to specific sorts of classificatory and regulatory systems which govern how disabled students are managed, constituted, and made comprehensible or knowable as particular sorts of subjects. Once characterized as *abnormal* (labelled as 'disabled student') by the medical and psy community students may gain access to accommodations. These examinations produce descriptions, documentation, and knowledge of individual disabled students.

2.13 Technologies of Self, Agency & Resistance

Foucault defines the subject as possessing two meanings: "subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge" (Foucault in Dreyfus and Rabinow, 1982, p. 212). Thus, subjects are also able to develop a conscience and self-knowledge and identity according to the operationalization of specific norms. In this sense, it is important to understand that persons with disabilities are not just subjugated docile bodies subjected to forces of domination. They may, for instance, challenge, reject disabling identity categories and seek to constitute and transform themselves in university settings. Foucault (2007) refers to techniques of the self in the following way:

> Techniques which permit individuals to perform, by their own means, a certain number of operations on their own bodies, on their own souls, on their own thoughts, on their own conduct, and this in such a way that they transform

> themselves, modify themselves, and reach a certain state of perfection, of happiness, of purity, of supernatural power, and so on. Let's call this kind of techniques a techniques or technology of the self. (p.154)

Thus, disabled and mad students may employ strategies to resist limiting, individualizing, and reductionist characterizations of disability. For Foucault (2003c) technologies of self-represent a form of constellation of ethical relations to oneself, fashioning, crafting and constituting oneself through self-reflection leading to self-knowledge. Thus an ontology of self is "the search, practice, and experience through which the subject carries out the necessary transformations on himself in order to have access to the truth" (2005b, p.15). Thus, Foucauldian (2003c) technologies of self relate to self-practices where "the subject constitutes itself in an active fashion" (p.34).

Through self-constituting practices mad and disabled subjects may reject dominant medical and clinical discourses that often characterize them as deficient, lacking, and in need of fixing through medico-clinical guided/informed interventions. Moreover, disabled and mad students may wish to embrace peripheral 'abnormal' marginal status to challenge ableist norms and expectations in the academy. It is in this sense that they may employ strategies to resist certain regimes of truth, disciplinary and in particular medical-clinical knowledges that construct them as disabled subjects who are lacking, deficient, less than, and in need of fixing.

Mad and disabled students may wish to identify themselves in particular ways, reject medical labels by challenging labels and definitions of disabilities that are limiting. Furthermore, they may resist limiting ableist norms, expectations and values by embracing titles such as crips and Mad people to strip derogatory labels of their power. It is in this capacity that they need to be understood as self-constituting subjects and not just as being subjected to ad subjugated by forces of domination by refuting certain norms in

choosing how to act and by creating alternative educational spaces for performing disability in ways that enable them to transform themselves into agentic subjects. Disabled and mad students, for example, may engage in advocacy to petition for increased accessibility and accommodations. They may also form student activist groups to collaborate and discuss issues limiting their full participation. It is in this sense that disabled and mad Students are constructed not as docile bodies and, hence, as passive subjects who are merely acted upon by institutional forces, but as having the potential to critically challenge existing disabling policies, norms and practices.

A tension in this research is the ongoing struggle to find ways and language to write about the materiality of bodies and represent the embodied experiences of disability. The body occupies space and is spatially organized. Bodies move and interact with space. Individuals with disabilities have real, visceral and embodied experiences. Appreciating, understanding and representing the affective body and mind of persons with disabilities through writing is certainly a challenging aspect of this research which this study attempts to address. The bodies of persons with disabilities challenge existing norms within the academy. According to Anderson (2006): “Disabled bodies disrupt educational environments. This disruption is perceived as a threat, and finances are often cited. More disruption is needed (this said with the most optimistic and hopeful of intentions)” (p. 378). This issue merits further investigation and this study contributes important ‘new’ knowledge by investigating how disabled bodies and minds may disrupt ableist and sanist norms in university settings.

2.14 Conclusion

"How can theory help? What is the point of theory? The point is that theory can separate us from 'the contingency that has made us what we are, the possibilities of no longer seeing, doing or thinking what we are, do or think?' (Mahon, 1992, p.122). According to Ball (1995):

> Theory is a vehicle for 'thinking otherwise'; it is a platform for 'outrageous hypotheses' and for 'unleashing criticism'. Theory is destructive, disruptive and violent. It offers a language for challenge, and modes of thought, other than those articulated for us by dominant others. It provides a language of rigour and irony rather than contingency. The purpose of such theory is to de-familiarise present practices and categories, to make them seem less self-evident and necessary, and to open up spaces for the invention of new forms of experience. (p.266)

Using theory involves complexity, uncertainty and doubt and often requires reflexivity about its own productions and its claims to knowledge about the social. As Crampton and Elden (2007) state: "Theory…is not something separate from practice, but rather a practice itself, so too is the process of critique an inherently practical tool, a mode of engaging in struggle" (p. 13). Thus, use of a Foucauldian theoretical framework represents a basis for engaging in struggle, launching critiques, and illuminating through critical introspection how particular discourses, thoughts, actions, and regimes of practice impact disabled students in university settings.

According to Ball (1995): "the point about theory is not that it is simply critical" (p.267). Rather for Ball (1995), the use of theory in educational research has a specific purpose: "to engage in struggle, to reveal and undermine what is most invisible and

insidious in prevailing practices" (p.267). Foucault's (1977) work examines ways human beings are made into subjects, normalized and objectified by processes of classification and division. He emphasizes the present and favours the micro-level/local as the site for analysis of power relations. According to Foucault (1980):

> The role for theory today seems to me to be just this: not to formulate the global systematic theory which holds everything in place, but to analyse the specificity of mechanisms of power, to locate the connections and extensions, to build little by little a strategic knowledge (*savoir*)…The notion of theory as a toolkit means: (i) The theory to be constructed is not a system but an instrument, a *logic* of the specificity of power relations and the struggles around them; (ii) That this investigation can only be carried out step by step on the basis of reflection (which will necessarily be historical in some of its aspects) on given situations. (p.145)

This study examines the analyses the specific mechanisms, connections and extensions of power relations as disabled and mad students engage in struggles for access in university settings. The work of Foucault serves as a theoretical resource for examining how such students are impacted by university policies and regimes of practices. In the following chapter, I discuss spatial theorizing in relation to disabled and mad subjects in greater detail drawing on Foucault (1986; 1995; 2003) and also draw on the work of socio-spatial theorists Soja (1989) and Lefebvre (1991).

Chapter 4

3 Geographies of Disability

Disability geographers specifically examine how disability is socio-spatially experienced in particular lived environments (Butler & Parr, 1999; Castrodale, 2006; Castrodale, 2010; Crooks, Dorn & Wilton, 2007; Kitchin, 1998; Imrie, 2001; Park, Radford & Vickers, 1998; Wilton, 2003). According to Wilton (2003) the construction and intended use of space impacts the participation and full inclusion of disabled students in postsecondary learning environments. In this chapter I examine much more specifically the question of spatiality as it is informed by scholarship from within the field of geographies of disability and explicate how engagement with this literature informs my conceptualization of disability and madness in the academy. I first discuss space, knowledge and power drawing further on Foucault (1986; 1995; 2003) and building on the theoretical insights of the previous chapter in relation to detailing particular implications for theorizing about mad and disabled subjects. I also elaborate on the importance of spatial ordering and the organization of socio-spatial realms in relation to knowledge-power relations.

3.1 Space, Knowledge, Power

Spaces may be encoded in particular ways that symbolize areas of exclusion where certain modes of thought work to keep disabled people in their place. Kitchin (1998), for instance adds that when disabled persons are 'out-of-place' members of society may perceive a threat to existing power relations. Spatialities of disability often include signs, symbols and codes that demarcate difference and (re)produce distinct

spatialities around binaries of 'health' and 'healthy' bodies (see Imrie, 2001). Spaces permit and encourage particular practices and discourage others, they structure thought and action and are perpetually being restructured. Spaces are not static containers of social actors they are fluid dynamic catalysts of social action that are both shaped and shaping in a dialectic relationship with social actors. Examining how individuals experience space is a way of examining practices of spatial domination. Questions of access to particular spaces emerge as salient as access to space implies access to particular forms of knowledge-power configurations.

Power-knowledge relations are mediated within and by educational spaces and also shape the thoughts and actions of social actors in such educational spaces. Crampton and Elden (2007) state: "Thinking about and organizing space is one of the pre-occupations of power. If every strategy of power has a spatial dimension, power also has a practice of spatial domination that is appropriate to its strategy" (p.25). Thus, power-knowledge is intertwined with space – a view that is informed significantly by Foucault's (1986; 1995; 2003) work, which I will discuss in greater depth later in this chapter. Thus power-knowledge relations are both inscribed in space and prescribed by organizations of space. Similarly Freund (2001) adds that spatial-temporal structures are important in shaping the social construction of disability. He argues that the social model of disability is inherently spatial as it speaks about exclusion and marginalization, movement and configurations, practices constituting spatial patterns, and socio-spatial boundaries. For disabled people spaces and settings may represent spatialities of demarcation and exclusion (Imrie, 2001; Sibley, 1995).

Spatial questions underpin educational processes and practices, yet according to Gulson and Symes (2007) space is under-examined and under-theorised in educational research. Educational sites, buildings and architecture provide the fabric of a disciplinary technology where people are unremittingly subject to inspection and surveillance, normalization and classification (Gulson & Symes, 2007). Gulson and Symes (2007), in fact, draw from Foucault's work to make explicit dividing practices that are central to understanding the politics of spatiality in educational settings where routines are implemented to separate, regulate, and calibrate individuals (Gulson & Symes, 2007) as I have elaborated on in previous chapter with regards to the constitution of disabled and mad students in university contexts vis-a-vis specific knowledge-power relations, subjectification and disciplinary regimes.

According to Gulson and Symes (2007) education research has yet to take the epistemological spatial turn. Imrie (2001), for example, notes that: "A focus on disabled people necessarily draws attention to the body and the diverse ways in which it is entwined with socio-spatial practices" (p.233). Theorization of space may result in unearthing of spatial questions that underpin various educational processes and practices. For Gulson and Symes (2007): "The use of spatial theories appears to challenge the notion of what it is to research 'education'; not only in terms of the object of study, but also in relation to theoretical and methodological possibilities and problems in the spatial turn" (p. 107). Thus, theories of space contribute in critically important ways to subtle and more sophisticated understandings of competing rationalities underlying educational socio-economic-cultural practices sustaining or (re)producing social inequality. Examining how disabled persons experience institutional spaces can add important

considerations to issues of access to particular spaces and resources. I aim to contribute new knowledge on how disabled students' experience, negotiate, and employ socio-spatial practices in university settings.

Foucault (2003) conceives of space as the material crystallization of rules where people are arranged in particular ways, a phenomenon which I take up in greater detail with specific reference to his work in the following sections. In this sense, spaces may be organized in ways to partition individuals and break up collective dispositions, divide and distribute bodies to know where and how to locate individuals, and be able to assess, supervise and acquire knowledge of individuals within space. According to Imrie (2001) spaces may be structured in ways limiting access of disabled persons:

> Barriers have connotations with physical space or obstructions such as walls, fences or other demarcations which prevent people having ease of access from one place to another. These may be purposeful structures which seek to define and defend territory…or architectural barriers…The notion of barriered spaces is neither obvious nor straightforward and can refer to a multiplicity of possibilities, including the perceptual and imaginary nature of space. Indeed, barriers are much more than physical artefacts. (p. 232)

Thus, spaces are dynamically bounded in partitioning ways to be used in certain complex ways bay certain social actors. As explicated in the previous chapter by drawing on Foucault (1995), spaces are architecturally designed and coded where places are purposefully designed. Such analytic insights into spatiality has the potential to deepen an understanding of the material effects of knowledge-power relations in university settings in terms of their impact on disabled students.

3.2 Spatial ordering

The spatial ordering of individuals represents a tactic that allows characterization of individuals and ranking of a person in relation to others (Foucault, 1995). Foucault's work highlights dividing practices, procedures and techniques that individualize, classify, categorize, distribute and contain people (Ball, 2010, p.174). According to Foucault (1995):

> In organizing 'cells', 'places' and 'ranks', the disciplines create complex spaces that are at once architectural, functional and hierarchical. It is spaces that provide fixed positions and permit circulation; they carve out individual segments and establish operational links; they mark places and indicate values; they guarantee the obedience of individuals, but also a better economy of time and gesture. They are mixed spaces: real because they govern the dispositions of buildings, rooms, furniture, but also ideal, because they are projected over this arrangement of characterizations, assessments, hierarchies. (p. 148)

Thus, educational spaces may be organized to separate individuals and permit greater supervision, surveillance, individualization, and record keeping. Spaces may be real and imagined. In other words, space is implicated in the production of power and knowledge, or as Foucault (1977) states: "discipline proceeds from the distribution of space" (p.144). Space is the mediating medium - space it produces and is produced by disciplinary knowledge-power relations. For example, Crampton and Elden (2010) explain how the discipline of individuals and spatial arrangements are related:

> Discipline is, above all, analysis of space; it is individualization through space, the placing of bodies in an individualized space that permits classification and

> combinations…Discipline supposes a continuous registration: annotations of the individual, relations of events, disciplinary elements, and communication of the information to the higher ranks, so that no detail escapes. (p. 147)

Places are defined in ways that permit greater supervision and visibility of subjects, individualize bodies, distribute individuals, and regulate activities and behaviours (Foucault, 1995). The ways university spaces are defined, ordered, coded and delineated for specific purposes and people merit investigation in order to examine how disabled subjects are individualized and made visible in institutional settings. In this study, I examine how students with both visible and non-visible disabilities resist and reject being defined as 'other' and labelled in medicalizing terms which may attribute deviance and deficiency to disabled subjects.

The ways disabled persons are distributed in space may be linked to particular biomedical discourses of the body. As Imrie (2001) notes:

> …the spatialities of disability are inscribed by biomedical discourses of the body. Such discourses seek to propagate a conception of disability as abnormal, deviant and reducible to the physical and mental impairment or the functional limitations of the body…For disabled people, the binary categories of biomedicine, such as the normal and the abnormal, the diseased and the healthy, the abled and the disabled, etc., underpin broader societal attitudes and responses. These categories have become more or less naturalised and are inscribed in a range of socio-spatial practices. (p.233)

Binary conceptualizations of space territorialize space and mark those who are to be included and excluded. The body becomes read as a signifier of difference. In my

research, I examine how biomedical discourses, clinical and medical knowledges, official knowledges, and normalizing judgments relate to socio-spatial regimes of practice and how such regimes impact disabled students.

In spaces there are also rhythms and temporal cycles where individuals are regulated by time-tables under pressure and supervision. Foucault's (1995) genealogical analysis of prisons which he also compares to other educational institutions such as schools highlights how pupils are expected to conform to portioning of time and act with precision where the body must perform gestures and movements in accordance to an obligatory rhythm to extract speed and maximize efficient use:

> A sort of anatomo-chronological schema of behaviour is defined. The act is broken down into its elements; the position of the body, limbs, articulations is defined; to each movement are assigned a direction, an aptitude, a duration; their order of succession in prescribed. Time penetrates the body and with it all the meticulous controls of power…Disciplinary control does not consist simply in teaching or imposing a series of particular gestures; it imposes the best relation between a gesture and the overall position of the body, which is its condition of efficiency and speed. In the correct use of the body, which makes possible a correct use of time, nothing must remain idle or useless: everything must be called upon to form the support of the act required. A well-disciplined body forms the operational context of the slightest gesture. (p.152)

Thus, disabled students are governed to act and think in particular ways in time and space. This study examines how disabled students negotiate temporal norms which

structure activities and target the disabled body as a regulated machine to perform operations and intensify its use of time.

Slee (1997) asserts that creating enabling educational environments entails acknowledging unequal relationships of power and access to privilege. Power-knowledge relations and access issues are therefore related and clearly have spatial implications in terms of how people are able to access knowledge and resources; space contains, and with regards to how it segregates, marginalizes and mediates who is able to access what and from where. Space also enables flows of knowledge and beings, it allows for fluid movement, rethinking of behaviours and relationships between individuals and lived realities, it is a container that perpetually fails to contain. Attention to lived spaces allows for our thoughts and actions to escape space and think otherwise, space thereby becomes dynamic and dialogically structured by individuals. The relations of power-knowledge play out in real and imagined spaces and are often experienced by disabled students in inclusionary or exclusionary ways (Titchkosky, 2011). Social spaces may be structured to exclude, discourage movements, activities, and the very presence of mad and disabled persons. As Freund (2001) states: "The social organization of space is not merely a place in which social interaction occurs, it *structures* such interaction" (p.694). Thus, social spatial organizations are not neutral, but rather reflect political priorities. The ways spaces are organized and structured has ramifications in regards to who is included and excluded by such spatial configurations.

Foucault (1986) viewed space as being of particular importance in relation to power-knowledge. According to Foucault (1986), space is fundamental in any form of

communal life and in any exercise of power. He states that space is always implicated in power relations:

> The space in which we live, which draws us out of ourselves, in which the erosion of our lives, our time and our history occurs, the space that claws and gnaws at us, is also, in itself, a heterogeneous space. In other words, we do not live in a kind of void, inside of which we could place individuals and things. We do not live inside a void that could be colored with diverse shades of light, we live inside a set of relations that delineates sites which are irreducible to one another and absolutely not superimposable on one another. (p.23)

Foucault does not view space as an empty container for people and actions, rather spaces are historically contingent and emergent and have specific meaning; they need to be understood in terms of the temporal relationalities that they engender or not; in this sense, they are coded in ways that shape and influence human thoughts and actions. Space thus has a productive role in shaping/mediating the behaviours, thoughts, and actions of social actors in university settings.

In light of such epistemological insights this study is concerned to address the following questions: (i) How are disabled and mad students constructed and represented through academic accommodation processes in two Ontario university settings? (ii) What socio-spatial impact(s) are accessibility issues and academic accommodation regimes of practices having on students with visible and non-visible disabilities in these university settings? This study therefore draws theoretically on spatial theorists Henri Lefebvre and Edward Soja. Lefebvre (1991) calls attention to how space is socially constructed, engineered and produced in ways that constitute social relations relative to space. Social

spaces incorporate, enable and constrain the actions of individual subjects and collective groups (Lefebvre, 1991). Lefebvre (1991) refers to *l'espace vécu*, lived space and socially created spatiality that are both concrete and abstract. Soja (1989) adds that space is organized in ways that express social relationships that are both space-forming and space contingent. He states that: "social and spatial relations are dialectically inter-reactive" (p.80-81). It is this dialectic relationship where space is not a scientific removed object; rather shape is not neutral but shaped by politics where space is strategic and molded by historical and natural elements. Through drawing on key spatial theorists such as Soja (1989) and Lefebvre (1991) I am committed to generating knowledge about the socio-spatial material experiences of disabled and mad students in university settings.

Hubbard et al. (2004) assert that particular forms of spatial thought represent forms of situated knowledge on space: "spatial thought is not developed in a vacuum, but is rather constructed by individuals (and individuals collaborating) and situated within their own personal and political beliefs, the culture of academia, and institutional and social structures" (p.11). Space, therefore can be read by social actors in certain ways and also articulates particular utterances that shape their thoughts and actions. University spaces may be understood as produced in a dynamic process where such spaces are perpetually (re)constructed by various social actors in university settings. Yet, the ways spaces are constructed may be concealed and the orderings of space may be difficult to read. According to Lefebvre (1991) space speaks but does not tell all. Thus, how spaces are organized and interpreted may require spatial theorizing to better interpret and understand the socio-spatial dialect.

Similarly, Soja (1989) asserts that space may hide things from us, thus examining and demystifying spatiality and its "veiled instrumentality of power is key to making practical, political, and theoretical sense of the contemporary era" (p.61). Therefore, power-knowledge relations are mediated by and imbedded in space(s) and power-knowledge networks fundamentally underpin *all* socio-spatial practices and theorizing in this dialectic relationship between knowledge-power and space. Moreover, the boundedness of places is connected to the institutionalisation of spatial practices and related to the operations of key actors that influence the (re)production of space. As Lefebvre (1991) argues:

> Space is at once result and cause, product and producer; it is also a *stake*, the locus of projects and actions developed as part of specific strategies, and hence also the object of wagers on the future – wagers which are articulated, if never completely…Activity in space is restricted by that space; space 'decides' what activity may occur, but even this 'decision' has limits placed upon it. Space lays down the law because it implies a certain order – and hence also a certain disorder…Space commands bodies, prescribing or proscribing gestures, routes and distances to be covered. It is produced with this purpose in mind; this is its raison d'être. (p. 142-143)

Thus, space is the realm of possibility where all the relations of knowledge-power are played out. Disabled students have specific thoughts and perform specific actions in educational spaces. University spaces shape and mediate the possibilities of thought and action for disabled students. As this study illustrates, disabled persons wage war by

employing tactics and strategies in institutional spaces to fight and advocate for their rightful place in university settings and society to be able to think and act with agency.

Educational spaces are constructed to allow perpetual observation, ranking and ordering of individuals, and the marking of a hierarchy of knowledge or ability (Foucault, 1995). Soja (1989) states:

> the spatial order of human existence arises from the (social) production of space, the construction of human geographies that both reflect and configure being in the world. Similarly, the temporal order is concretized in the making of history, simultaneously constrained and constraining in an evolving dialectic. (p. 25)

The ways spaces are (re)structured produces and mediates ways of being for disabled subjects and *all* persons. Attention to the ordering of space and time is of particular importance when examining how disability is treated, understood, managed, and observed in university settings. How do disabled persons shape, and how does a socio-spatial-temporal ontological nexus shape them? What possibilities exist for disabled to counter normalizing space-time regimes of practice? How can/do social actors in university settings re-envision space-time to think and act in increasingly enabling ways?

3.3 Conclusion

A Foucauldian focus on socio-spatiality, as it is informed by the work of Soja and Lefebvre, demonstrates the complex role of space in mad and disabled subjects' lives. Spatiality is thus implicated and intricately woven in the very fabric of institutional knowledge-power relations through built environments permitting dividing practices, surveillance, ordering, normalization, and regulation. Space is dynamic and fluidly

shapes mad and disabled socio-spatial subjectivities is also being shaped by various social actors' thoughts and actions. Mad and disabled subjects emerge as enabled and constrained subjects. Socio-spatial-temporal orderings and norms are deeply connected to knowledge-power relations, regimes of practices and the perpetual (re)creation of dis/abling university spaces. Mad and disabled subjects' are constituted and have their lived embodied experiences mediated within these complex institutional realms, and also react with agency to shape spaces and constitute themselves.

Chapter 5

4 Literature Review

This chapter presents a literature review that highlights research exploring disability-related issues in university settings. As noted in chapter 1, a broad definition of disability is employed and operationalized. The literature review is reflective of major themes and trends in existing research and useful in identifying gaps in higher educational research on disability and madness. Particular attention is paid to research relating to the experiences students with visible and non-visible disabilities attending postsecondary educational institutions. In addition, I identify and discuss methodological approaches, research methods/techniques and theoretical frameworks used in existing disability-related higher educational research.

The literature review is organized thematically to present a topical discussion representing key concepts in existing research. First, research discussing the absent voices and asserting the need for disabled students' perspectives will be discussed. Next, questions of access and physical and attitudinal barriers impacting disabled students emerge as salient in higher educational disability research. There is also a growing body of research specifically looking at the experiences of students identified as learning disabled. The experiences of students identified with mental health issues and psychiatric disabilities represent another significant area of investigation. Embodied experiences of disability in higher educational settings are a particularly under-investigated area of research. Subsequently, this literature review highlights research on accommodation and support services. Lastly, classroom practices, course content, pedagogy and assessment are discussed as they impact on disabled students. Although research in the

aforementioned areas of investigation highlight student experiences on occasion and note their importance, there remains a paucity of student voice and knowledges discussing the socio-spatial impacts of disability-related university policies and regimes of practices.

4.1 The Exclusion and marginalization of disabled subjects in higher education

Many researchers in the field have noted that the number of disabled students attending post-secondary educational institutions is increasing (Guzman & Balcazar, 2010; Wilson, Getzel & Brown, 2000; Gamble, 2000; Sahlen & Lehmann, 2006; Paul, 2000; Cox & Walsh, 1998; Higbee, Katz, & Schultz, 2010). Similarly, according to Cox and Walsh (1998) there has been increasing participation of disabled students in Canadian university settings. Canadian universities have responded to this challenge through the creation of institutional policies. The majority of disabled students attending post-secondary have non-visible disabilities (McGuire, Scott, & Shaw, 2003).

Despite an increase in university attendance of disabled students, such students may not have adequate academic supports, and often encounter campus environments that are not accepting (Wilson, Getzel, & Brown, 2000; Titchkosky, 2008). Riddell et al. (2005) suggest a need for a cultural change in higher education – one that embeds the provision of services in a way that positively affects mainstream higher educational practices impacting disabled students. Gamble (2000) also notes that administrators increasingly need to understand the roles, functions, responsibilities, knowledge, skills, and goals of disability service providers in higher education to effectively serve disabled students. Thus, disabled students encounter exclusionary university settings due to a lack of knowledge and academic supports to effectively meet their needs.

According to Hall, Healey and Harrison (2002) noting the exclusion of disabled students in university settings: “There is compelling evidence to indicate the extent of exclusion of disabled people from higher education. In Canada, for example, disabled adults are half as likely to have a university degree as persons without disabilities” (p. 219). Disabled students remain a marginalized group within student populations in institutions of higher education (Barnes, 2007; Hurst, 1993; Liasidou, 2014; Stanley, 2000). Similarly, Higbee, Katz, and Schultz (2010) note that even in conversations about diversity and inclusion disability is often a marginalized issue in postsecondary education: “Students with disabilities continue to be segregated or excluded throughout the college experience; institutions and individual educators still need to pursue more inclusive approaches to all aspects of college life, from orientation to residence life and other social situations, as well as in the classroom” (p.2). Thus, despite articulated policies aimed at promoting inclusion of disabled students, university disabled students continue to encounter barriers to their full participation. Educational literature on disability in higher education has examined issues around physical access, universal design principles, support services and types of accommodations, instructors’ attitudes toward disability and the experiences of instructors with disabilities in the academy, and to a lesser extent student perspectives.

4.2 Absent Voices: Asserting the Need for Disabled Students’ Perspectives

Researchers have asserted a need for research that highlights the voices and opinions of disabled students in postsecondary settings (Gilson, 1996; Vickerman & Blundell, 2010; Lehmann, Davies & Laurin 2000; Low, 2009; Castrodale, 2005). As Vickerman and

Blundell (2010) contend: “disabled people are being marginalised by HE [Higher Education] organisations who are not sufficiently adopting positive strategies to consult disabled students when implementing policies and practices” (p.22). Similarly, Beauchamp-Pryor (2012) asserts: “studies examining the experiences of disabled students in higher education revealed that the students were rarely involved, or even consulted, about policy and practice” (p. 283). There are relatively few explorations of the socio-spatial experiences of disabled students in university settings. My research addresses this gap in existing research by highlighting the active voices and socio-spatial experiences of disabled students to critically examine the impacts of university access and accommodation policies and regimes of practice on these students.

Researchers have asserted the need for research highlighting the experiential/lived accounts of disabled students in university settings (Fuller, Healey, Bradley, & Hall, 2004). The perspectives and voices of disabled students have been called for as a means to encourage and develop increasingly inclusionary universities. Hutcheon and Wolbring (2012), for example, assert that researching disabled students’ experiences in university settings may provide a means for them to participate in knowledge production and policy development: “Disabled students are largely absent from discourse in the domains of higher education scholarship, research, and practices…language surrounding disability to-date…reflects dominant knowledge and discourse” (p.2). This suggests that disabled students are not often consulted in discussions about the formulation, implementation and impacts of university disability policies and related regimes of practice. Thus, the ways dominant knowledges and discourses shape and are reflected in policies and practices socio-spatially impact disabled students requires further investigation.

Hutcheon and Wolbring (2012) employed a qualitative methodology where eight disabled students participated in one hour to more than two hour long semi-structured in-depth interviews at one university institution in Calgary Alberta. Students in the study were both graduate and undergraduate. Four participants were involved in subsequent 45 minute follow-up interviews. Interviews were stationary and little attention was paid to the impacts of university policies and socio-spatial practices on disabled students. Hutcheon and Wolbring (2012) highlight student voice as having the potential to inform university disability policies using an ableism theoretical lens. Five themes were used to analyze interview data. The themes included: hegemonic voice, voice of the body, voice of silence, voice of assertion, and voice of change. This research demonstrates the benefit of creating spaces for disabled students to actively express themselves in university settings and that voice ca be used as a term to denote various means of expression, not only vocally, in ways to convey complex meanings about the embodied experiences of being disabled in higher education contexts. These researchers identified a number of barriers to participation that were physical, social and emotional that impacted adversely on students' beliefs and self-concept. The voices and knowledges of disabled students are viewed as having the potential to promote increasingly inclusive university settings.

Gibson (2012) interviewed five disabled students to discuss their university learning experiences, three at one university and two at another university. Data were analyzed using a socio-cultural lens to examine issues relating to inclusion. Gibson (2012) states:

> Research in the area of inclusion and disability in HE [Higher Education] argues for the need to include the voices of this population group in assessing their

> needs, addressing barriers and evaluating subsequent provision…Whist there are studies suggesting good practice, there are contrasting studies suggesting a lack of effective provision and the continuance of the student voice being omitted. (p. 354-355)

Thus, disabled students' perspectives are central in addressing barriers limiting participation and more research is needed to address the complexities and challenges in meeting their full inclusion. A key finding of this research is that disabled students' perspectives may inform inclusive and effective teaching strategies and help universities consider ways to address the needs of these students.

In addition Gibson (2012) asserts:

> Significant growth has taken place in numbers of non-traditional students entering the university. However with specific reference to those with disclosed disabilities, numbers continue to be underrepresented. While much of the linked academic research in this area notes effective and positive learning experiences and academic outcomes for theses students and the HE [Higher Education] sector as a whole, there have been suggestions that, beyond the surface of institutional policy, the reality of university life for students with disabilities is one of continued exclusion and barriers to learning. (p.354)

Therefore, there is a need to delve beneath the surface of policy articulations to understand the experiences and views of disabled students to better understand their lived realities in university settings and address possible factors that limit and enable their inclusion. Disabled students' perspectives and knowledges may illuminate institutional regimes of practice and barriers to participation and learning.

Student voice is viewed as essential in encouraging greater participation and inclusion. Beauchamp-Pryor (2012) notes that student participation and voice in examining disability policies and provision is essential in promoting and securing equity and inclusion in higher education. Valuing these voices and involving them in consultation may help identify barriers limiting access, participation and inclusion. According to Beauchamp-Pryor (2012), disabled students often experience institutional barriers to involvement, which may be related to: "dominant discourses; defined power relationships; the validity of involvement; the timing of participatory exercises; and disability identity and stigma" (p.284). Thus, disabled students experience barriers in university settings and their ideas and opinions may inform increasingly inclusionary institutional policies and practices.

Beauchamp-Pryor (2012) examined the representation and participation of disabled students in the development of policy provision at the national and institutional level in the UK. She undertook a case study at a university in Wales and had 115 disabled students respond to questionnaires. Twenty-three students were chosen with a cross-section of various impairments, backgrounds and characteristics such as gender, ethnicity, age, experience of courses and levels of study. The students participated in unstructured interviews and disability coordinators in academic departments were also interviewed. Beauchamp-Pryor (2012) states a key finding noting:

> For students being able to participate was an important issue, although they were divided as to whether their involvement was likely to bring about change…Findings identified the lack of free time available for students to participate in consultative forums. Students described pressures in managing and

> coping and provided illustrative examples of additional pressures when compared to non-disabled students. (p.291)

Thus, although students may have the desire to participate and be involved or consulted in opinion forums, they may be skeptical about the use of their knowledges and also encounter constraints and institutional pressures limiting their time and ability to participate.

Beauchamp-Pryor (2012) adds:

> Not all students who participated in the case study research wanted to personally contribute to disability policy and provision. Although student reluctance may partly be attributed to previous negative experience of consultative approaches, issues around disability identity and stigma were also identified. (p.292)

Thus, disabled students may not wish to be involved in consultation processes and discussions on disability issues and services provision due to institutional pressures, social stigma, negative attitudes, and other constraints may limit their participation in research and initiatives aimed at drawing from their views and knowledges. They may consider their participation to be an additional pressure, and as a result, not wish to discuss their experiences. Nevertheless, the inclusion of the voices disabled students' voices is viewed as a means to increase representation, address barriers to access, and promote inclusionary policies and regimes of practices impacting disabled students in university settings. My research thus addresses this gap in existing literature by seeking to include the voices and knowledges of disabled students to socio-spatially examine academic accommodation and access policies and practices in university settings.

4.3 Questions of Access: Physical and Attitudinal Barriers

Questions of access are fundamental in examining disability issues in higher education. Literature points to the fact that access is uneven in university settings where disabled people may experience limited and reduced access, or may be denied access in ways that able-bodied individuals do not encounter. Students encounter physical and attitudinal barriers in the postsecondary landscape (Stanley, 2000). Issues of access in relation to embodied difference represents an under-examined area of investigation in the field of research in higher education on disability. Ferguson and Titchkosky (2008) draw from a feminist disability studies perspective to examine embodied difference and the contested space of the body in the academy: "Embodied difference is always part of the complex range of social relationships, educational practices, as well as political and pedagogical commitments that constitute educational life and the work of academic knowledge production" (p. 61). Research on the disabled body and embodied experiences of disability, as it is represented and situated in the academy, is an under-examined area of research. My research addresses this existing gap by highlighting the embodied socio-spatial experiences of self-identifying disabled and mad students in university settings.

Disabled students experience barriers to access and often socio-spatial exclusion. For example, Titchkosky (2011) claims:

> Some people have access to university life while others do not; this discrepancy is not merely a fight between the haves and the have-nots, nor only and argument of who is in and who out. The appearance of such a discrepancy is not obvious or straightforward, but it is a complicated socio-political phenomenon…In the university, for example, people require access to buildings, washrooms,

> classrooms, offices, or access to filling out forms; people require access to news, policies, and reading lists, as well as to professors and events; people require access to a sense of the camaraderie, conversation, and connections that accompany academic life. In short, people require access to a general feeling of legitimate participation, meaningfulness, and belonging. A classroom, a policy, or a professor can be perceived through questions of access. (p. 7)

Titchkosky (2011) asserts that questions of access are of central importance to exploring issues of inclusion, participation for disabled students in university settings. She indicates that the university is an uneven space where some individuals, particularly individuals who identify as disabled, experience exclusion and barriers in particular physical spaces as well as access to information, opportunities to socialize and obtain particular resources. Titchkosky investigates the issue of disability and access in one specific university context and discusses how the university is designed for particular bodies. Material signs of access are examined to discuss how disability is represented and understood in particular university settings. According to Titchkosky the presence of disability access signs may often signal paradoxically barriers to access in university settings and the unequal treatment of persons with impairments. In addition, Titchkosky notes that disability is often viewed as a problem in higher educational policy contexts.

A limited but growing body of research has sought to draw from disabled students' views to identify institutional barriers both physical and altitudinal that limit their inclusion and participation. Shevlin, Kenny and McNeela (2004) discussed access issues as a barrier to full participation of disabled students in Irish higher education institutions. Disabled students were contacted through access offices. Sixteen students

participated, nine female and seven male. Students participated in stationary interviews that were taped and transcribed. Seven participants were identified with dyslexia, three as hearing impaired (one also had a physical disability), two with visual impairments and four with physical disabilities. The study focused on access issues, participation, assistive technology, college experiences, course content, and attitudinal barriers. However, there was no attempt to critically interrogate disabled students' socio-spatial experiences. Furthermore, the study used a qualitative methodology framework and coded data from categories emerging from textual readings of the interview transcripts. The following thematic codes were used; choice of college/course, assistive provision, assistive practice, assistive technology, college experiences, and course content. The study found that the uses of technology did not necessarily enhance participation and access. The use of assistive technologies was seen as positive when accompanied with positive attitudes and supportive staff was viewed as encouraging greater access and participation.

Disability research in higher education has also examined the physical accessibility of universities. Literature examining physical access often examines the experiences of students with mobility and visual impairments. Literature largely ignores how all disabled students may encounter exclusionary physical university spaces. Accessibility-related research has highlighted physical barriers to inclusion for disabled students. Hill (1992) examined accessibility issues impacting disabled students in Canadian Universities. Similarly, Chard and Couch (1998) conducted a survey/access audit of the physical environment at the University of Liverpool to identify constraints imposed by the built environment and economic climate on disabled students. Accessibility audits were performed by a group of occupational therapy undergraduate

students. Only three disabled students contributed to the collection of information, a student who was blind, a student with an upper limb impairment, and a student who identified as a wheelchair user. My study in contrast examines access issues drawing from a significant sample of disabled students who identify with a wide range of impairments and their views, perspectives and opinions are central to informing the inquiry.

Vickerman and Blundell (2010) assert that disabled students are under-represented in university settings. They conducted a study examining the perspectives of students using a questionnaire distributed to 600 students disabled and non-disabled at one UK university 504 of which responded. Of the 504 students questioned 5.6% identified as having a disability. Respondents were predominantly white European and under 30 years of age. They aimed to examine perspectives on courses, course delivery, barriers to learning, and links to employability. After the questionnaire (phase one of the research) was distributed and collected phase two was initiated which consisted of follow-up face to face semi-structured interviews. Of the sample, four disabled students were randomly selected, two male and two female. Students were identified with a general learning difficulty, dyslexia and physical disability and students were enrolled in physical education, sport, dance, and outdoor education (one from each subject area). Students stated the need for variety and flexibility in teaching and indicated that they , lacked advice with career services in terms of employability. They also cited a lack of instructor enthusiasm, awareness and instructor training in curriculum and assessment as barriers to learning. This research highlights that university instructors' attitudes, pedagogy, and classroom practices are related to issues of access and inclusion.

Opini (2012) examined the motivations of female disabled students to participate in university education in Kenya. The study does not specifically refer to a particular theoretical lens to examine student voice; rather, the study looks more broadly at motivations of students and barriers limiting their participation. Motivations included a desire to gain increased economic independence, social status and challenge a subjugated societal position. Opini (2012) notes that the experiences of disabled girls may be particularly underrepresented in higher education. The study adopts a qualitative approach where the experiences of female disabled students were examined at two universities. Semi-structured interviews with open-ended questions were used "to gather descriptive data in the participants own words" (p.78). Data included personal interviews of 20 disabled women and four officers who had worked in these institutions. According to Opini:"The aim of interviewing officers was to examine how they and their institutions viewed issues of disability, and how they adhered to stated policies and practices" (p.78). Document analysis included official university documents, statements of philosophy, strategic plans, students and faculty's handbooks and university websites. Recruitment was through faculty members familiar with disabled students and snowball sampling strategies. According to Opini educational decisions should not only facilitate the increased presence of disabled students in universities, but should also enable greater participation in decision making processes and policy formulations. This study highlights that disabled students have not been fully involved in academic planning and decision making which limits their participation and access. It also draws attention to the reality that gender equity issues may compound barriers encountered by disabled students where

female students may encounter additional institutional obstacles and marginalization than their male counnterparts.

Holloway (2001) investigated the experiences of six disabled students at a university in the United Kingdom using semi-structured interviews and document analysis. The study attests a need for disabled students' perspectives to inform policy and practice, staff training and awareness, student advocacy, and supports accessible learning initiatives for all students. Analytic categories were developed using a grounded theory approach and students were able to edit copies of their interview transcripts. Holloway highlights that three documents explicitly referred to the provision of services for disabled students, which included; the disability statement, the teaching and learning strategy, and the teaching and learning guidelines.

This researcher asserts that there is a need for research that examines barriers to access:

> Students' negative experiences were the consequence of policy and practice which views disability as the problem of the individual. There is a need for the university to: first, recognise that an inaccessible learning environment disables students; secondly to adopt a policy which aims to implement an accessible learning environment for a range of student learning needs; and thirdly, identify practices which create that environment. Within such policy and practice it remains essential to acknowledge individual needs. (p. 613)

Holloway's research provides insight into the problem of framing disability as an individual problem where the institutional environment and policies and practices may facilitate or limit the access of disabled students. Furthermore, her study throws some light on the extent to which university policies and practices may in fact foster and

promote disabling conditions that limit the access of particular individuals on the basis of difference and/or impairment.

Holloway (2001), for example, notes that staff training and student advocacy may increase awareness and create increasingly inclusive universities:

> Within the university, disability is perceived as the problem of individual students…This perception reflects the medical model of disability (Oliver, 1990), which constructs disability in individual terms influenced by concepts of normality as defined by current medical thinking (p.607-608).

Holloway highlights that when university understandings of disability are informed predominantly by medicalizing perspectives disability may be rooted as an individual student's problem rather than tied to institutional norms, values and regimes of practice. My study, therefore, is informed by the need to employ the voices and perspectives of disabled students as a basis for critically interrogate normalizing judgments and practices informed by medico-clinical knowledges informing the institutional treatment of disability as a problem.

In this spirit Low (2009) explores how disabled students attending an Ontario university negotiate a disabled identity and reject deviant identities placed on them by others. Face-to-face unstructured interviews and focus groups were used to interview a sample of nine disabled university students. Students varied in age and sex with three male and six female participants. The study employed a grounded theory approach. Low identifies herself as a nondisabled individual and as an observer who engages in disability-related inquiry. She travelled throughout the campus and observed how students negotiated disability in their daily activities. The campus environment may be

characterized as impersonal where navigating the university is closely linked to processes of negotiating disabled and non-disabled identities. Low also examines processes of labelling disabled students as problematic since labels can have a homogenizing effect, and may be pejorative in nature. According to Low, disabled university students describe experiencing subtle forms of social control that discourages them from organizing for change. This researcher also identifies tactics students employed to increase their visibility by speaking out, asserting themselves and sometimes adopting aggressive attitudes, using humour, avoiding confrontation and sometimes distancing themselves from other disabled students. Low's research is theoretically informed by the work of Erving Goffman and examines disability identity and stigma and highlights that disabled students often need to individually negotiate issues around their stigma in ways that promote greater inclusion and access often by concealing or vocally identifying/disclosing their impairment.

In response to questions of access and the aim to promote increasingly inclusive universities, disability-researchers have also examined the use of Universal Design (McGuire & Scott, 2006). Pace and Schwartz (2008) examined the application of Universal Design for Learning (UDL) as a means to (re)conceptualize curriculum. Universal Instructional Design has also been an approach applied to post-secondary educational environments to promote inclusion (Silver, Bourke & Strehorn, 1998). Although UDL examines architectural design and ways to accommodate different learning needs the views of disabled students have scarcely been used as the basis to inform these frameworks. Drawing on the perspectives of disabled students, this study contributes new knowledge on ways to promote inclusionary universities. It confirms that

the knowledges of disabled students can serve as a basis for thinking about how physical architectural structures and campus layouts and building designs may enable and constrain the participation of such students. Universal design fundamentally attempts to address questions of access, access to built environments, learning resources, materials and course content through providing differentiated instruction and aiming to accommodate a diverse range of learners in classrooms.

4.4 Research on Students with Learning Disabilities in Higher Education

Disability-related research in higher education has focused on experiences of student populations that are identified with a particular impairment label or category. Research has examined the experiences and needs of students specifically identified with learning disabilities in university settings where researchers have discussed issues and institutional barriers encountered by these students (Cox & Klas, 1996; Denhart, 2008; Drover, Emmrys, McMillan & Wilson, 1993; Vogel, Hruby, & Adelman, 1993; Stage & Milne, 1996). According to Shelvin, Kenny and McNeela (2004) students with learning disabilities represent the largest population group of disabled students in higher education. Wolf (2001), for example, asserts:

> The greatest increase is seen in students with so-called hidden disabilities such as learning disabilities, ADHD, and psychiatric disabilities. These students face a number of obstacles once they are admitted to college. Many factors, some intrinsic to the student and others extrinsic to the campus, moderate success in higher education. Overlapping or multiple diagnoses, psychological distress, poor social and interpersonal skills, persisting cognitive deficits (especially in the area

> of executive functioning), and alcohol abuse are important factors that must be understood as institutions of higher education strive to promote access and provide effective support services on their campuses. (p.385)

Thus, campus environments moderate students' success, which is also related to access to services and supports. Furthermore, this research suggests that students with hidden/non-visible disabilities, which include students identified as learning disabled, are increasingly attending universities and are being identified and labelled with impairments in university settings. Disability-related research in higher education has examined disability by looking at students identified with particular impairments by framing their experiences as individualized problems while ignoring wider systematic issues and institutional barriers.

Erten (2011) examined the perspectives of seven female students attending a Canadian postsecondary institution. Five students were identified with learning disabilities participated in focus groups. According to Erten :

> Both individual characteristics, such as disability-specific needs, and contextual factors, including attitudes of faculty members and peers, were reported as barriers affecting students' full participation in university life…the Office for Students with Disabilities acted as an important support mechanism at the overall school-level…there is limited research focussing on students' perspectives and experiences at the postsecondary level. (p.101)

This research highlights voices of disabled students and suggests female students may experience greater obstacles in higher education. Erten states: "There is limited research on academic and social experiences of students with disabilities in Canadian higher

education system" (p. 102). The study used purposeful sampling of female undergraduate and graduate disabled students. Interpretive data analysis was used where words, phrases and concepts were used to code and analyze data from two focus group discussion transcripts. There is no explicit theoretical framework articulated but this research does generate important knowledge regarding gender equity issues where female disabled students report experiencing greater obstacles and barriers in university settings in comparison to male disabled students.

Tinklin and Hall (1999) also report on the experiences of disabled students in higher education in Scotland. The research consisted of analyzing 19 questionnaires surveying the views of disability coordinators in Scottish higher education institutions asking about the definition of disability used by the institution, number of known students identified as disabled and questions on policy and service provision. Next, 12 disabled students participated in shadowing and interviews about their experiences from a total of nine different institutions. Students were shadowed for one day by a nondisabled researcher conducting fieldwork, and later interviewed in depth about their experience in the university.

Disabled students encounter a number of physical and attitudinal barriers limiting their access and participation in university settings. Disabled students are often individualized and constructed as problem subjects. Their views and knowledges are under-represented in university settings to inform accessibility and accommodation related policies and practices. There is a need for socio-spatial research drawing on disabled students' knowledges to unpack deep systemic forms of oppression, marginalization and discrimination encountered by these students in university settings.

4.5 Mental Health and Psychiatric Disabilities

Students with mental illnesses also encounter barriers to inclusion in university settings. The number of students identified with mental illnesses and psychiatric disabilities in higher education institutions has grown and continues to increase (Baker, Brown, & Fazey, 2006; Collins & Mowbray, 2005; Mowbray et al., 2006; Stone & Archer, 1990). Literature on mental health and mental illness represents another important, yet under-investigated area of scholarship on disability in university settings. There is an absence of Mad student perspectives and socio-spatial experiences in university settings. This may be in part because Mad Studies is such a relatively new field that little research reflects Mad students' experiences, or reclaims the term Mad from its pejorative roots.

This section highlights the need for more research that examining and documenting the experiences of students with mental health issues in university settings. Baker, Brown and Fazey (2006), state that higher educational institutions (HEIs) are: "under-prepared and under-resourced" to adequately deal with the increasing amount of students with mental health issues (p. 46). Weiner and Weiner (1996) discussed concerns and needs of students with psychiatric disabilities attending universities:

> With the deinstitutionalization movement and the introduction of more effective medications, many of these individuals are able to either become university students for the first time or return to campus following recovery from their illness. Students with psychiatric disabilities, however, remain a relatively unknown and unstudied population in terms of their experiences on college campuses (p.384).

Thus, there is a need to understand and document the experiences of psychiatrically disabled university students.

Collins and Mowbray (2005) suggest that there may be a higher numbers of disabled students on campuses that are not seeking assistance from disability service offices perhaps due to fear of disclosure and stigma. These researchers examined disability service offices, characteristics of the offices and the types of services they provide to address the needs of students with psychiatric disabilities. They state: "In addition to providing supports for students, colleges and universities need to target efforts to faculty, administrators, and the overall student body regarding the rights, capabilities, and appropriate services for students with psychiatric disabilities" (p.314). Such researchers stress that there is a need for a greater understanding and professional capacity through knowledge and training to meet the needs of students with psychiatric disabilities. My research may provide information about this phenomenon as specifically identified students with psychiatric disabilities will be asked to comment on their understandings of university disability-related policies and institutional regimes of practice including processes of disability identification and disclosure. Thus, my study is concerned to contribute new knowledge relating to the complex ways in which students with psychiatric disabilities disclose, use disability office services, communicate with instructors and disability office workers and seek accommodations.

Olney and Brockelman (2003) examined how students with psychiatric and cognitive disabilities manage the perceptions of others within post-secondary settings by drawing from social identity theory. The study found that students often encounter stigma and discrimination on the basis of their disabled identity. This research revealed that

students actively manage their identities and may not wish to disclose their disability. Olyney and Brockelman identify issues around self-identity and disclosure as salient issues facing students with psychiatric and cognitive disabilities in university settings. This research provides insights into how students with psychiatric and cognitive disabilities negotiate their identities and experience institutional attitudes, norms toward mental illness and disability that actually their participation and decisions involving personal disclosure. My study is concerned to build on this research in that addresses issues around disclosure drawing on Mad students' perspectives in higher education.

Mobrary et al. (2006) discuss challenges facing the academy to meet the needs of students with mental illnesses. According to these researchers, who averaged data from a number of studies, approximately 12-18% of students on university campuses have a diagnosable mental illness. In addition, they indicate that suicide is a significant issue relating to mental health of students at postsecondary institutions. According to Mobray et al., in terms of mental health, students may be reluctant to disclose or seek psychological help because of the perceived stigma associated with mental illness::

> Presently, service delivery on campus appears to be designed more for provider than student needs. A lack of focus on student needs compromises care and availability of services…campus mental health services have frequently been criticised for a lack of accessibility (p. 231).

Thus, service provision and delivery is a salient issue that merits more attention as it relates to issues of equal access to education for students with mental health issues.

According to Baker, Brown and Fazey (2006) discourses of obligation, dysfunction and inclusion have greatly shaped educational settings, and people,

phenomena and entities that inhabit these spaces: “HE [Higher Education] staff have themselves felt ill-equipped and under-prepared for the caring role in which the presence of distressed and vulnerable students places them…academic staff also highlighted a lack of time to deal with students’ distress adequately” (p. 47). Such studies draw attention to the perspectives of staff members working with disabled students who often cite lack of resources, training, and time constraints as limiting their ability to meet students’ needs. Certain discourses may be associated with mental health issues in the academy, discourses of obligation, dysfunction, and inclusion, which frame psychiatric disabilities in particular ways. The impacts of these discourses require greater attention and more research is needed to address this existing gap.

There is a need for research to examine the impacts of disability policies and related discourses on students with psychiatric disabilities. Research has largely focused on centering on the student as a problem in need of fixing and few systemic examinations or studies have examined the ways universities may enable or constrain the participation of students with mental health issues. Mental illness has been examined in a medico-clinical terms as a medical condition that impacts on the campus lives and educational experiences of students (Hoffmann & Mastrianni, 1989). This reflects how mental illness is often framed in institutional discourse as an individual problem that needs to be addressed through medical interventions. In contrast, my research seeks to critically interrogate attitudes and perspectives (and the medical-clinical knowledges underpinning such views) which frame mental health issues as an individual problem for students with psychiatric disabilities in university settings.

4.6 Accommodations and Support Services

A limited but growing body of post-secondary educational research on disability has also addressed issues relating to the provisions of academic accommodations and support services for disabled students. In terms of disability service provision, researchers have examined; program standards and performance indicators (Shaw & Dukes, 2001), services for disabled students (Madaus, 2000), faculty willingness to provide accommodations (Rao, 2002). Lynch and Gussel (1996) highlighted issues, including benefits and attitudes relating to disclosure and self-advocacy for disabled students in postsecondary education. Particular attention was given to the role of counsellors and counselling services to enhance disclosure and self-advocacy skills regarding disability-related needs. My research examines academic accommodations and services by drawing from the perspectives of disabled students to contribute new knowledge on the work of office workers.

Predominantly, research on disability access issues has focused on issues relating to the physical accessibility of campus environments and less on services. Wilson, Getzel, and Brown (2000) suggest that the following criteria may be used to assess the degree to which a campus may be disability-friendly: campus climate, program philosophy, awareness and support, academic adjustments, waivers and substitutions, course load and graduation time, tutorial support. According to Wilson, Getzel and Brown (2000): “Too much emphasis is placed on the removal of the architectural barriers without adequate consideration of the “service oriented” barriers, which are most critical to student success” (p.41). This demonstrates a need to further investigate disability support services, as well as programmatic and institutional barriers to academic success.

In addition, this reflects a disproportionate research focus on issues surrounding physical access where less attention is paid to disability-related service provision. This emphasis suggests that although there remains a need to examine physical access issues, it also important include an examination of how service oriented barriers and alienating institutional practices may limit the participation of disabled students.

The roles and interactions between disability office workers and the supports they provide have implications for disabled students in promoting increasingly inclusive university learning environments. Investigation of professional standards including the promotion staff development in working with disabled students in postsecondary education has also been a topic of inquiry (Dukes & Shaw, 1999). Barnes (2007) notes: "although all universities and colleges of higher education now have a dedicated disability services unit, the rhetoric of support is rarely matched by the reality of provision" (p. 142). Thus, this is an area where my research contributes knowledge on disabled students' socio-spatial experiences of disability-related services through examining enabling and disabling institutional attitudes practices. Scott (1996) examines current practices and discusses how collaboration can enhance support services provided to students with learning disabilities. Fichten et al. (2004) examined disability-related service providers in relation to access to information and instructional technologies. My research adds to this body of literature by examining the socio-spatial implications of how disabled students obtain access to services, information and are impacted by the uses of certain technological institutional supports.

According to Matshedisho (2007) disability service provision is shaped by national, regional and local policy contexts. In a Canadian context disability support

provision in higher education is implemented in a human rights framework (Matshedisho, 2007). Matshedisho indicates that such a human rights framework emphasizes respect for diversity, equal opportunity and fair advantage for students who qualify for postsecondary programmes and courses. My research focuses on a Canadian context while also being attentive to international perspectives on disability service provision, policies and practices. My study contributes student perspectives on how disability access and equity policies are interpreted and enacted in Canadian, Ontario universities.

Matshedisho (2007) discussed structures of support services for students in South Africa in higher education in comparison to support service provision in Canada, United Kingdom and United States of America. This research involved conducting a national survey of 24 higher educational institutions and found that the intersection of benevolence, rights and the social model of disability are important considerations for institutions to consider when designing and enacting disability policies. Training and familiarity with disability institutional policies were mentioned as important for staff and instructors.. Matshedisho notes that the majority of staff in student services were trained as psychologists, while others perceived their work as helping all students including disabled students. My study is attentive to the institutional milieus and organizational structures of disability service offices and also to the professional training of disability office workers. For example, I examine how student services, disability services and health services and counselling services are linked, related and spatially located, combined, or separated by distance on university campuses. Attention to the organization of these student services in relation to disability offices has not been discussed in existing literature.

The provision of support services and access policies may in fact reinforce and (re)produce oppressive disabling structures in higher educational settings. Madriaga (2007) conducted twenty-one life history interviews with disabled students who transferred from South Yorkshire schools into colleges and higher education institutions. This research reports that society and institutional norms and practices perpetuate oppressive disabling structures in higher education:

> Quality assurance regimes and anti-discrimination legislation have required universities to formulate disability policies and establish disabled students' support services to address disablism…There is a gap between policy and practice where disabled students continue to lack necessary support. This gap cannot simply be explained away by insensitive lecturers lacking disability awareness. Confronting disablism is a university-wide issue. So far it has not been. This is possibly the result of disability issues being confined within the student services arena. (p.410)

Thus, despite specific university policies aimed at promoting access and participation often though service provision, students identified with disabilities continue to be marginalized, alienated, and experience discrimination in post-secondary learning environments. Access issues are related to wide systemic institutional norms, attitudes and values, which either enhance or limit the inclusion of student with disabilities.

Madriaga (2007), for example, asserts: "It is no secret that disabled students are under-represented in higher education" (p.400). This researcher believes that disabled persons are under-represented in universities due to disablism, which is a process where individuals and institutions may discriminate against individuals who identify of are

categorized as being disabled and who deviate from the norm. According to Madriaga , students with non-visible disabilities encountered issues disclosing and: "were sometimes placed in an uneasy position to disclose and convince others of their disability" (p.403). As a result, many students with non-visible disabilities do not disclose impairment to lecturers and other individuals in the academy. Although some research has discussed issues relating to disclosure from the perspective of students' personal identities and institutional attitudes and stigma, more inquiry is needed to better understand how students negotiate and interpret university policies and regimes of practices in disclosing disability in official and unofficial contexts. Experiences of disclosure from the perspectives of students with non-visible disabilities represent an under-examined area of research.

Sahlen & Lehman (2006) state that it is often the responsibility of disabled students to provide medical documentation to obtain access to accommodations and services:

> The student's request for an accommodation is an individual matter in which the locus of control resides with the student. The student initiates the process of requesting or receiving an accommodation. Additionally, to remain qualified for an accommodation, the student must also continuously prove her or his academic capability. The student is also responsible for identifying the accommodation that she or he needs to help him or her succeed. In contrast, the postsecondary institution reviews the same factors from an institutional perspective. (p.32)

Disabled students are thus subject to examinations to demonstrate their need and to qualify for particular academic accommodations. This demonstrates that students need to

disclose their impairment in order to access disability-related services. As Ferguson and Titchkosky (2008) attest institutions of higher education monitor and assess students, or have them undergo particular medico-psychological-clinical examinations to determine if they qualify for accommodation services and to what end these services with be to their benefit:

> Institutionally organized conversations make disability appear as if it is detached from the demands of institutional life. Most, if not all, Canadian universities have individualized accommodation programs to which people can apply for individualized services. Yet there is little consideration of how a commitment to the values of equity, accessibility or inclusivity are reflected in the organization of institutional application processes, websites, reading lists and course outlines, library resources, washrooms, classrooms, offices, computer labs, photocopiers and mailboxes, extra-curricular events and all the other arenas for active participation in university life. (p. 70)

This focus demonstrates that disabled students may need to negotiate through an individualizing institutional discourse. Institutional values and attitudes toward equity relate to issues of access and inclusion for disabled students. Ferguson & Titchkosky (2008) further assert that when assistive technology is used as a form of accommodation, it may also serve to alienate and marginalize disabled students in the academy:

> The solutions proposed in response to the problem of disability in the academy, when it appears, revolve around the use of personal technology to “level the playing field” and “help the individual” maintain the appearance of typical

> participation in the academy, in effect making disability disappear yet again. (Ferguson & Titchkosky, 2008, p. 70)

Thus, forms of assistive technology and their administration should also be critically examined as these forms of assistive technologies may in fact perpetuate exclusionary institutional practices that further marginalize disabled students. The ways assistive technologies are used and impacts these technologies have on disabled students merit further investigation.

Harrison, Nichols, and Larochette (2008) examined the quality of Learning Disability (LD) documentation provided by students to receive academic supports. The authors made recommendations for improvement of documentation and diagnostic practices at the elementary and secondary levels and viewed this as important in allowing students with LD increased ease in transitioning and gaining access to higher education. My study examines how and why disabled students seek supports, self-advocate for accommodations, may also resist diagnostic medical and clinical practices, and may embrace or reject labelling practices and disclosure of their impairments in university settings.

4.7 Classroom Practices, Course Content, Pedagogy and Assessment

To a lesser extent literature has examined the roles of university instructors in relation to how they may encourage and promote the inclusion of disabled students in university settings. Hill (1996) notes that negative faculty attitudes and perceptions toward disability and providing accommodations may foster exclusionary higher education. According to Daquette (2000) university professors may be one of the most significant sources for

enabling support and inclusion or creating limiting barriers affecting disabled students. Reindal (1995) examined the problems encountered by disabled students at the University of Oslo, where students wrote comments documenting their daily experiences. In the study, disabled students noted barriers limiting their participation including: a lack of understanding and cooperation from administrators, faculty and lectures; issues of physical inaccessibility; weaknesses in the organization and delivery of services; and a lack of adaptive aids and other resources.

Goode (2007) also discussed how students experienced aids and obstacles to inclusive learning at one UK University. The study used a case study approach to examine the policy and legislative context and compliance of staff members to the UK Disability Equity Duty at the university. The research aimed to incorporate students' voices using interviews and video data to examine institutional barriers. There were 14 women and 6 men all with various types of impairments/disabilities none of which identified with mental health issues. Goode (2007) states that interviews:

> explored prior educational experiences; choosing university/courses; admissions/registration procedures; learning and teaching experiences (availability of materials using alternative formats, contact with personal tutors, assessment methods); access to the built environment; transport issues; timetabling arrangements; the provision and use of non-medical helpers; accommodation issues…access to and training in the use of assistive technologies; participation in social life. (p.39)

Data were analyzed using themes emerging from interview transcripts. No theoretical framework was mentioned informing data analysis. Although my study touches on

similar topics, the use of a Foucauldian analytic lens to examine disabled students' socio-spatial experiences distinguishes my research. Research has not examined socio-spatial alienating practices and how the ways university spaces are fluidly understood and shaped by webs of knowledge-power relations in their capacity to provide insights into the onto-epistemological grounding of disabled and mad students' experiences in university contexts. This is where my research contributes new knowledge on how university spaces are ordered and used in ways that permit or exclude access for disabled and mad students. My study examines how university instructors understand disability, and interpret and enact disability-related accommodations and is concerned to further deepen an understanding of the ways in which university instructors' thoughts and actions have socio-spatial impacts on disabled and mad students' experiences in higher education.

Disabled students also encounter barriers to access due to assessment expectations and procedures for grading in relation to coursework. According to Redpath et al. (2012):

> Students with disabilities face barriers to participation because they are working in an environment that was designed for non-disabled people, and any deviation from what is considered 'normal' – i.e. being able to walk, hear, see or, in the case of dyslexic students, generate high quality written work – is overlooked. This assumption of normality concerning assessment does, in itself, create a barrier. (p.3)

Thus, beliefs about normality and expectations in assessment may result in barriers to access and participation for students identifying as disabled in university settings. In addition, disabled students may be denied access to certain courses due to regulatory

restrictions governing access to particular professions such as medicine and teaching (Konur, 2002). Disabled students often need to request and self-advocate to access and receive disability-related services (Sahlen & Lehmann, 2006). Furthermore, according to Higbee, Katz and Schultz (2010): "If a student chooses not to disclose a disability during the college admissions process, that student may never receive any further information about how to navigate the institution's policies and procedures for accommodations, which can vary greatly from one institution to the next" (p. 4). Thus, issues of disclosure and institutional communication of policies, procedures and practices may create added barriers to the full inclusion of disabled students. In addition, Sahlen and Lehmann (2006) claim that post-secondary institutions may have the upper hand in defining the meaning of course integrity where determining a reasonable accommodation is indeed a process. Thus, institutions rationalize the denial of access to disabled students course content citing ideas about course/program integrity as justification for their exclusion. My research examines issues and contributes new knowledge relating to access to resources, disclosure, course content, curriculum and pedagogical practices, as well those related to accommodations for disabled and mad students.

Riddell, Wilson and Tinklin (2002) used the work of Bourdieu to examine participation, retention and success rates of disabled students at various higher education institutions, paying particular attention to the wider institutional ethos and types of student support mechanisms. In this research, the individual and institutional habitus is seen to limit feasible possibilities for certain social groups and shape how disabled students behave and respond to the world. However, this study did not examine how disabled students are constituted as disabled subjects and how students constitute

themselves as agentic subjects in their capacity to challenge ableist norms, question normality and able-bodied privilege and constitute themselves as particular types of subjects.

4.8 Conclusion

This literature review identified existing gaps in higher educational research on disabled and mad students and demonstrates a need for more research highlighting their voices and knowledges. Incorporating their views and perspectives has the potential to inform increasingly inclusionary disability policies and practices. Although other works note barriers to access, and the incorporation of student perspectives as key to addressing such barriers, my research differs not only in research method but also in point of view by adopting examining the socio-spatial impacts of disability policies and practices. Mobile moving interviews is a method not employed in existing research which has the potential to allow for increased attention to the ways in which disabled students experience socio-spatial impacts of policies and regimes of practices. My research positions disabled students as having unique knowledge and expertise on addressing disability-related barriers in the academy, which may counter and challenge dominant psychiatry-medico-clinical knowledges produced and circulated on disability in university settings. The focus on socio-spatial impacts experienced by disabled students is a new and significant contribution to the field of higher educational research on disability.

Disability-related research in higher education remains an under-investigated area of inquiry. Although research has examined faculty attitudes and perceptions on disabled students, little research has examined pedagogical or professional training of professors

to enable them to effectively respond to the needs of disabled students. Furthermore, there is little disability-research that speaks to mad students' experiences and mental health issues in higher education. Experiential accounts of disabled students are generally researched at one particular higher educational institution and there are few cross-comparative studies that examine the experiences of students, instructors, and disability office workers at various institutions.

Hinnells (1999) sheds light on the unequal power relationships between disabled students and higher education institutions asserting that institutional biases exists against disabled students in postsecondary education. This scholar indicates that disabled students may be apprehensive to criticize or challenge the system that assesses and may grant them a university degree. Thus, fear of repercussions for actively identifying/challenging institutional barriers may discourage disabled students from becoming involved in discussions targeted at addressing institutional access issues. My study provides mad and disabled students with an opportunity and platform to offer critical perspectives on institutional practices that may enable or limit their full participation and the ways power-knowledge relations impact social actors by encouraging particular thoughts and actions by constituted subjects in the academy.

Barnes (2007) asserts that DS is a platform from which the organization of the university and the nature of knowledge production may be challenged and re-envisioned. Riddell (1998) asserts:

> Current conceptualizations of disability in higher education encourage both institutions and disabled people themselves to see impairment as an individual difficulty subject to individual solutions…Many barriers encountered by disabled

> students stem from the entrenchment of medicalized and individualized understandings of disability. (p.214-215)

Thus, the various ways disability is understood is shaped by the knowledges circulating and abounding within institutional settings.

A lack of knowledge regarding access issues for disabled students in higher education is a salient matter (Titchkosky, 2011; Borland & James, 1999). There is a lack of research on experiences of disabled students in higher education settings (Shelvin, Kenny, and McNeela, 2004). Thus, explorations of how disability is constructed, experienced, and understood in institutions of higher education remains an under-investigated area of research. My research importantly addresses this gap by examining disabled students socio-spatial experience in relation to academic accommodation and access policy and practice regimes in university settings.

Chapter 6

5 Chapter Methodology and Research Methods

In this chapter I discuss methodological issues relating to the design of this doctoral study. The aim is to demonstrate how the chosen methodology, research design and methods directly relate to addressing my research questions, purpose, and goals. I also examine important methodological tensions and ethical considerations while conducting disability-related research.

5.1 Research Context and Research Questions

I investigated the socio-spatial experiences of self-identifying disabled and mad university students in relation to academic accommodation policies and practices, access issues, and institutional discourses circulating on dis/ability by examining their views and knowledges. I also drew on perspectives of disability office workers and university instructors to offer a triangulated account of the impacts of academic accommodation policies and regimes of practices on mad and disabled students. Two Canadian Ontario universities are the case study sites for this inquiry. To touch on these institutional characteristics, localized specificities and policy contexts, I provided a brief overview of the institutional disability policies, university vision statements, some demographic information, and other relevant documents in the institutional profiles section of this chapter.

As previously noted, disabled students often encounter exclusion in university settings (Gabel, 2010; Holloway, 2001; Borland & James, 1999; Hurst, 1996; Riddell, 1998; Tinklin & Hall, 1999; Tinklin, Riddell & Wilson, 2004). Shevlin, Kenny and

McNeela (2004), for example, point out that existing studies dealing with access barriers to participation encountered by disabled students are small scale and narrowly focus on a single impairment, while ignoring broader implications of disabling experiences. This research, therefore, sought to promote the inclusion and perspectives of mad and disabled students as the basis for investigating the effects of academic accommodation practices, and their impact on these specific populations. In this regard, the subjugated voices of mad and disabled students are employed to inform critical understandings of socio-spatial impacts of academic accommodation practices in university contexts.

It is worth restating research questions guiding this study: (i) How are disabled students and mad students constituted and represented in Ontario university settings? How do they understand and constitute themselves? (ii) What are mad students and disabled students socio-spatial university experiences in relation to issues of access and academic accommodations?

5.2 The Inquiry: Qualitative Research

Good qualitative research requires thought about the purposes of inquiry, intended audiences of findings, guiding questions, data that will answer or illuminate inquiry questions, available resources supporting the inquiry, and criteria used to judge the quality of findings (Patton, 2002). Qualitative inquiry often depends on the skills, training, insights and capabilities of the researcher(s). According to Patton (2002), the inquirer(s): “acts as catalyst on raw data, generating an interaction that synthesizes new substance” (p.432). Patton (2002) also asserts: “Thick, rich description provides the foundation for qualitative analysis and reporting” (p.437). Qualitative research methods enable the study of issues in depth and detail. In this study, I sought to draw on mad and

disabled students perspectives to critically examine, analyze, and describe how academic accommodation and access issues socio-spatially impact these students.

Patton (2002) claims that good qualitative research helps readers experience and understand the setting and phenomena where interpretations provide significance to particular results by examining patterns in an analytic framework. Moreover, Denzin and Lincoln (2005) note: "Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry" (p. 10). These scholars further add that multiple perspectives and the use of multiple empirical materials add rigor, breadth, depth, complexity and richness to qualitative inquiry. Thus, I drew from a range of materials, including university access and accommodation policy documents and photographs in the field, and gathered data from multiple participants' perspectives to add depth and richness to this research thereby providing a more detailed, nuanced and complex account of disabled students' socio-spatial experiences.

5.2.1 Issues of Voice and Representation

Coffee & Atkinson (1996) point out that qualitative inquiry "can be used to relay dominant voices or can be appropriated to 'give voice' to otherwise silenced groups and individuals" (p.78). In this study, I highlighted the voices and knowledges of mad and disabled students in ways that challenged dominant and existing discourses on mental health and disability. According to Traustadóttir (2001) marginalized groups may challenge ways dominant groups have silenced them, and spoken for and about them. Shakespeare (2008) calls approaches that individualize disability flawed since they ignore wider societal social and environmental contexts. Thus, researchers and actively engaged

participants may open spaces for mad and disabled students to express their ideas and opinions. Together with participants I sought to unpack the ways disability is discursively understood through open interview dialogues. I asked participants about how they understood, experienced, and defined mad and disabled subjectivities. Furthermore, Mad and disabled subjects were also invited to constitute themselves through providing participant profiles.

In this research, I highlighted the subjugated knowledge(s) of mad and disabled students to counter individualizing models of disability and challenge the ways dominant ableist discourses construct madness and disability in the academy. I examined mad and disabled students' views offering triangulated accounts. By examining the views and voices of these multiple actors in the academy increasingly complex and nuanced accounts of mad and disabled students' socio-spatial experiences was revealed.

However, while acknowledging the importance of 'voice', I was committed to interrogating its limits, troubling notions of the free and authentic voice, understanding voice research as messy, and challenging the coherent speaking subject and subjects' ability to speak for themselves and others (Lather, 2009). I sought multiple voices that "escape easy classification" non-normative and "transgressive and productive voices" (Mazzei & Jackson, 2009, p.4). Thus, I understood voices to be discursively mediated, enabled and constrained as speaking subjects, particularly given the constraints of material and institutional forces and their historical and socio-spatial, embodied contingencies, as explicated in previous chapters. I understood the subjugated voices of mad and disabled subjects as potentially disruptive, offering counter-hegemonic perspectives that trouble dominant biomedical individualizing narratives. As Foucault

(2007) attests, these often "sidelined voices" in reference to subjugated voices, are of "great importance", as they may interrogate accepted truths, relationships and structures of rationality and "mechanisms of subjugation" (p.56). I thereby drew on participants' voices as a way to understand the relationships between their own subjectivities, material-embodiments, and how they understand, constitute, know, and govern themselves in relation to complex institutional knowledge-power relations.

In representing complex voices of my participants I found it hard to edit or cut back their verbatim quotes. I wanted to include the unaltered subaltern voices of my participants, while weaving analysis, counter perspectives, and my own interpretations. As data, voices did not solely "speak for themselves" (Mazzei & Jackson, 2009, p.4); rather I aspired to work at the discursive edges of how voice happened, where, and why. To do so, I drew on Foucault and socio-spatial theorists such as Soja and Lefebvre to unpack, interpret, and contextualize what these voices might be uttering about complex discursive subjectivities-spatialities. Working at the limits of voice entailed critical thought about disciplinary knowledge-power relations and discursive grids of intelligibility, and the spaces and realms from which voices originated and could find listening audiences, theoretical matters which I have addressed in chapters 1, 2 and 3.

Disabled and mad students' voices need to be understood in their potential to trouble dominant ableist and sanist discourses circulating in university settings. Voices of participants were articulated in various ways, speaking face-to-face, mobile interviews, through email correspondence, and via telephone. Voices are mediated and dialogically produced through relationships in the research process. I met participants where they wanted to meet, often conversed on their turf, and asked them to teach me about their

socio-spatial experiences. Voices were situated in place and emerged in dialogues with researcher and participant in various spatial realms. Some participants chose to meet at the university site, outside, in a hallway, office, at their home, open leisure space, library; some chose not to meet in person, and email and telephone enabled conversation across distance. In solidarity with participants, I recognized their silences as powerful moments of resistance that troubled my speaking function as author giving voice to participants or speaking on their behalf. Participants entrusted me to tell their accounts. I viewed my role as a cartographer; sketching and outlining powerful nonconformist perspectives to better map an understanding and representation of disabled and mad students' socio-spatial university experiences. In instances of silences, I chose to sit with participants in these silent moments.

Voices troubled notions of 'fit', working the edges of subjects-objects in their capacity to utter ideas from various vantages and modalities. Voices rub against other voices, bash up, mould and intermingle together (Mazzei & Jackson, 2009). Hence, this dissertation represents a platform for disabled and mad voices to be heard which involves disseminating knowledges and finding listening audiences and places where voices may be heard and legitimated. Sharing findings with participants hopefully enables new conversations, connections, and actions and contributes to building counter-hegemonic discourses that challenges current disabling and sanist truths and their circulation in university settings.

5.3 The Research Design: Case study

In this section, I discuss my use of Case study as a methodological approach and what this entailed. I understand a case as a system, an entity or unit around which there

are specific boundaries (Merriam & Associates, 2002). Yin (2006) notes that Case study allows researchers to conduct an in-depth investigation of a case within its real-life context. According to Stake (2000) case study represents: "a choice of what is to be studied...As a form of research, case study is defined by interest in an individual case, not by the methods of inquiry used" (p.443). Thus, case studies are distinguished by the subjects/objects of their inquiry and less by the methods they employ (Cohen, Manion and Morrison 2000). Researchers often have intrinsic interest in studying a case and selecting the case(s) to be studied represents a crucial step in undertaking case study research (Stake, 2000; Yin, 2006). Similarly, Yin (2006) notes that: "A good case study design, at a minimum, involves defining your case, justifying your choice of a single-case or multiple-case study, and deliberately adopting or minimizing theoretical perspectives" (p.114).

I employed case study methodology to generate information-rich data about disabled and mad students' perspectives. I defined my case study as disabled and mad students' insights into the workings of the institutional norms that come to define their existence and how these are resisted and challenged. More specifically, my case study examines the socio-spatial experiences of self-identifying undergraduate and graduate Ontario mad and disabled university students in relation to institutional access and academic accommodation policies and practices. I used a multi-sited case study research design and selected two university case sites on the basis of specific criteria I explicate in the following section. The sites were selected through critical case sampling (Patton, 1990) on the basis that they demonstrated different institutional philosophical leanings. I deliberately drew theoretically on Foucault and social-spatial theorists as discussed to

ground my analysis and make sense of participants situated socio-spatial lived experiences. The socio-spatial and embodied experiences and perspectives of disabled and mad students, given the potentiality of their voices to provide critical insights into effects of sanist and disabling institutional constraints, bio-medicalizing discourses, represents the case being studied. Disabled and mad students provided insights into the workings of the institutional norms that come to define their existence and how these are resisted and challenged.

Case study addresses questions that are descriptive and explanatory and is well suited in producing firsthand understandings of people and events (Yin, 2006). According to Cohen, Manion, and Morrison (2000): case studies necessitate "in-depth investigation…case studies investigate and report complex dynamic and unfolding interactions of events, human relationships and other factors in a unique instance" (p.181). Through Case Study, I sought to deeply examine the socio-spatial experiences of disabled and mad students in relation to access and academic accommodation policies and practices as my case.

Case studies often benefit from drawing from multiple sources of evidence (Stake, 2000; Yin, 2006). In this research, I triangulated data from multiple sources and drew upon multiple social actors' perspectives. I also triangulated respondents' voices and experiential accounts to add strength to this study. According to Yin (2006): "In collecting case study data, the main idea is to "triangulate" or establish converging lines of evidence to make your findings as robust as possible" (p. 115). I viewed triangulation as a process, clarifying meaning by identifying various ways a case could be seen/ interpreted (Stake, 2000). The multiple realities within which people live may be

represented through triangulation (Stake, 2000). I used triangulation of data by examining existing research literature, university policy documents, empirical data from field observations, and experiential interview accounts of individuals at two university case sites. I talked across multiple sources, integrating them for conformation or complementarity, while also finding differing viewpoints and perspectives expressing contention and disagreement.

In qualitative inquiry case study usually addresses issues of experiential knowledge, and pays attention to social, political and other significant contexts (Stake, 2000). According to Stake (2000): "Case study facilitates the conveying of experience of actors and stakeholders as well as the experience of studying the case…it does this largely with narratives and situational descriptions of case activity, personal relationship, and group interpretation" (p. 454). Thus, case studies are bounded but also pay attention to the wider societal political, socioeconomic milieu. Stake (2000) also suggests that intrinsic case studies aim at gaining a better understanding of a case, capturing its particularity and ordinariness. I drew on disabled and mad students' perspectives in university settings to gain a better understanding of their socio-spatial experiences in relation to access and academic accommodation policies and practices. Mad and disabled subjects provided unique particular socio-spatial insights into university governance and access and accommodation policies and practices. Case study thus allows for reflection on human experiences in ways that may inform and influence public policy in meaningful ways.

Stake (2000) also notes that: "Case studies are of value in refining theory, suggesting the complexities of further investigation as well as helping to establish the

limits of generalizability" (p. 460). Case studies are characterized by thick description (Stake, 2000). As Patton (2002) discusses:

> The case study approach to qualitative analysis constitutes a specific way of collecting, organizing, and analyzing data; in that sense it represents an analysis process. The purpose is to gather comprehensive, systematic, and in-depth information about each case of interest. The analysis process results in a *product*: a case study. Thus, the term *case study* can refer to either the process of analysis or the product of analysis, or both. (p. 447)

Case study inquiry represented a viable framework for investigating mad and disabled students' socio-spatial experiences since it allowed for rich description of people and events in particular institutional contexts and spaces. It represents both a "process of inquiry" and "product of that inquiry" (Stake, 2000, p.444). I employed a case study design as a process of inquiry in its concern to investigate the particularity and boundedness of disabled and mad students embodied and socio-spatial experiences. As Stake (2000) points out, case study allows for in-depth investigation of people and events in real-life contexts and may focus on an individual, group of people, a particular event, system or happening. Case study approaches may examine people, critical incidents/major events, and various settings, places, sites, or locations (Patton, 2002): "Well constructed case studies are *holistic* and *context sensitive*…Cases are units of analysis. What constitutes a case, or unit of analysis, is usually determined during the design stage and becomes the basis for purposeful sampling in qualitative inquiry" (p. 447). Case study is useful in examining an object of study that is specific and unique within a bounded system (Stake, 2000). In my research I investigated students with both

visible and invisible disabilities attending universities to better understand their unique situated socio-spatial experiences. Such a broad focus permitted graduate and undergraduate mad and disabled students to come forward to offer their insights. I was thus able to draw on a wide range of mad and disabled students' diverse perspectives at multiple case sites.

Yin (2006) suggests that case study research requires defining the case to be studied by reviewing relevant literature, collecting some early data, possibly revising original research question(s), and deciding whether to do a single case or set of case studies (multiple-case studies). I decided to favoured an in-depth case study approach that examined the socio-spatial experiences of mad and disabled students. I treated this holistically as my case study complex issue of investigation. Case study allowed for in-depth inquiry that critically examines institutional practices and regimes of truth. This study employed a case design where particular attention was paid to how mad and disabled students are represented in various institutional settings and contexts. The ways academic accommodations and access issues spatially impact disabled students is central to this line of inquiry. Case study represents a viable design to understand voices and investigate disabled students' socio-spatial university experiences.

I was explicitly motivated to undertake this study due to my familiarity of the university sites, and proximity and access to the case sites. In this chapter, I later reflect upon my onto-epistemological frameworks and positionality and how this mediated and informed my research including my research questions, how I analysed and interpreted data, and rationales regarding choices I made throughout the research process. These

considerations shaped the case I chose to study and how I established boundaries of inquiry.

The establishment of boundaries that act to contain a system is a defining feature of case study inquiry. According to Merriam and Associates (2002), a researcher should provide information that supports, informs and justifies their case bounding decisions:

> The process of conducting a case study begins with the selection of the "case". The selection is done purposefully, not randomly; that is a particular person, site, program, process, community, or other bounded system is selected because it exhibits characteristics of interest to the researcher. The case might be unique or typical, representative of a common practice, or never before encountered. The selection depends on what you want to learn and the significance that knowledge might have for extending theory or improving practice. (p. 179)

Case studies are set in temporal, geographical, institutional and other contexts, and can also be defined with particular reference to characteristics of individuals/groups that allow for boundaries to be drawn around the case (Cohen, Manion & Morrison, 2000). In this study, the research questions helped to delineate boundaries as the views and knowledges of disabled and mad students centrally inform this inquiry. Two University sites were purposefully selected based on their different institutional philosophical articulations and my access to the case sites (Patton, 1990). This study was bounded by decisions of institutional sites in Ontario and respondent population selection of mad and disabled students, university instructors, and disability office workers.

5.4 Case Sites

Two Ontario universities represented the case sites. The sites were selected due to the following criteria: 1) researcher familiarity with the research sites and social connections, and 2) differing institutional philosophical orientations. First, I had familiarity with the institutional sites. I am unable to provide further details as doing so may compromise confidentiality and anonymity of research participants. It was hoped that my involvement in these university settings would provide me increased access to the research, social networking and recruitment of participants. Research sites are not named to ethically respect participant wishes to have some degree of anonymity.

Case study site one is a research-intensive university; it has neither a faculty of education nor a Disability Studies programme. Case study site two has a faculty of education and a Disability Studies programme, and the institution is known to be leftist and politically active. This political orientation raises other questions: Does a Disability Studies programme exert influence on university policies/practices? If so, how? In itself, does the presence of a Disability Studies programme suggest something about how universities think about and respond to disability-related issues? Does this political orientation result in greater leanings toward social conceptualizations of disability when considering the needs of students, faculty, and members of the university community? My case study approach enabled me to reflect upon and address these questions. The university case sites are discussed in greater detail in the following institutional and participant profiles chapter. In addition, the case sites' characteristics, environments, population demographics, policies, and social-spatial milieus are described.

5.5 Sample Population, Characteristics, and Size

This study relied on purposeful sampling (Patton, 1990) in order to solicit informed opinions on the impact of academic accommodations and practices as they affect disabled university students. The age and sex of participants varied. Participants were selected on the basis of self-identifying as mad students or disabled students based on their knowledge, position, and experiences in the academy. University instructors, and disability office workers with knowledge of the academic accommodation process and policies were also be recruited.

According to Patton (1990) purposeful sampling seeks information-rich cases where sample size is often determined by the need to involve multiple experiences, and recruitment occurs until saturation or redundancy when no new themes emerge. Thus, as commonly found in qualitative research I did not establish set criteria for the number of participants at the onset of this study and at various case sites. I aimed to strike a balance between depth and breadth. A total of twenty-one interviews took place. The number of interviews and sample population varied at each of the case sites. Fourteen participants were recruited from University site 1 including one disability office worker and three university instructors and seven of disabled students from University site 2 with zero disability office workers and zero university instructors. In total 21 participants were interviewed. This sample size in my opinion allowed for enough depth at each institutional site while capturing a range and variety of lived experiential accounts.

Cases were not evenly triangulated, I would have liked to have instructors and disability office workers at Case site two, however there was resistance to research, and I encountered barriers to accessing research subjects as a result. Barriers to access included

unwillingness to distribute letters of recruitment through disability service office via email list-serve. A professor who I approached with a request to participate, did not agree to participate in the research due to a conflict of interest but disseminated letters of recruitment through program specific email lists, in social-equity studies type programs. Snowball sampling aided recruitment efforts of specific students. In many ways, this resulted in a population of mad and disabled students who were well versed in social equity.

The socio-spatial experiences of mad and disabled students are central to this study. Disabled students were recruited in a greater proportion than university instructors and disability office workers. This fits with the intention to represents the voices and knowledges of disabled students. The accounts of university instructors and disability office workers were used to triangulate experiences and add different perspectives about events and phenomena.

5.6 Research Methods: Semi-Structured Interviews and Focus Groups

I predominantly used semi-structured face-to-face interviews, three go-along interviews, and I attempted to bring together group interviews. I always offered to meet participants at a location of their choosing; participants most often chose locations at their university sites. In circumstances when face-to-face interviews were not possible, and as a way to consider flexible accessibility options, I conducted one telephone interview and one email interview employed as alternative interview formats. It was advantageous having multiple flexible interview formats that accommodate the diverse needs of mad and disabled participants and a variety of interview formats addressed accessibility

considerations. This is important given that research techniques may mitigate participation of disabled persons (Valentine, 2003). Adopting a flexible interview formats likely permitted greater participation and inclusion of diverse mad and disabled persons' perspectives.

5.6.1 Interviews

Interviews were semi-structured and took a variety of formats including face-to-face, mobile (go-along) (Hein, Evans & Jones, 2008), telephone, and email (**See Interview Questions – Appendix D**). Responses to open-ended questions offer detailed and variable responses that allow me to better understand the world from the perspectives of respondents (Patton, 2002). Participant responses were dynamic and conversations moved and topically flowed. Interviews were viewed as dialogic where the participant and I conversed and co-created interview scripts. The interviewer-respondent interactions were guided by the needs of respondents.

Focus group interviews may require some moderation by the researcher and discussions may take a structured or unstructured form (Fontana & Frey, 2005 in Denzin & Lincoln). Focus group interviews can be used for triangulation, to elicit shared group experiences, to brainstorm or in conjunction with other data-gathering techniques (Fontana & Frey, 2005 in Denzin & Lincoln). One group interview occurred at university site 1 with two participants. Requests for group interviews were sent using a chart with various possible times and dates to try to democratically decide on a viable time and location, many participants had time and life commitments and elected not to participate in any follow-up group interviews. A scheduled focus group interview was cancelled when three participants withdrew at case site two due to weather and personal issues. A

lack of interest on the part of participants, difficulty coordinating groups and choosing times and locations resulted in the idea to solicit more group interviews as part of this research to be abandoned. Interestingly, the one group interview that took place rendered moments of rich dialogue, opportunities for dispute and contention, sharing of information and strategies of resistance, pedagogical moments of learning and teaching.

Scholars in the field have commented on the importance of being attentive to power relations involved in research interviews (Baxter & Eyles, 1997; Pile, 1991). Attentiveness to complex dynamics of power relations is an important consideration throughout the interview process. As a PhD graduate student who was interviewing disabled students, disability office workers, and instructors I was variously positioned in relation to my respondents, academically, professionally, socio-economically, culturally, and among various other identity/and lived experiential positioning(s). I addressed power relations in interviews by opening myself to questions, sharing personal aspects of my experiences, developing a reciprocal shared ethics in asking participants to comment on how they would like their ideas, views, knowledges, represented, written up, and disseminated. I also reflected on my personal lived history, aspects affording me privilege, and my own positionality. The locations of interviews were also an element of power relations. I tried to attend to who decides where interviews take place, as a way to examine situated socio-spatial relations of power of taking-deciding place. Interviews occurred at negotiated locations, locations that predominantly suited participants' wishes. Participants were also able to member check interview transcripts and will be consulted and involved in knowledge mobilization and dissemination of final research findings.

Respondents were able to review interview transcripts that were sent back to them to reflect and write, add comments and edit detailed accounts. Participants were given power to veto any material they wish to be removed. As member checking is a time consuming process, participants were given adequate time for member checking of a minimum of three months and without an imposed timeline. In this way, interviews captured spontaneous responses, and respondents also had opportunity to reflect on the interview experience and think more deeply about some of the questions and dialogue. Respondents were asked during interviews if they wished to contribute a respondent profile where they could write about themselves and create a personal profile actively constituting themselves and also touching on their university experiences. I incorporated this as a separate chapter.

A challenge was seeking to balance representation of voices; undoubtedly some voices are more represented than others. Not all voices are, or could be equally represented in presenting my case analysis. I decided through closely reviewing transcripts, going back to my research questions and theoretical framework to weightily represent voices that spoke most specifically about socio-spatial material lived mad and disabled university experiences. As I sought to examine socio-spatial implications of university experiences, those aspects, facets, utterances, which spoke to the socio-spatial, are foregrounded more readily in analysis chapters. It is hoped that the respondent profiles will provide greater insights about who respondents are and what narratives inform their identities and lived realities.

5.6.2 Go-Along Interviews

Certain methodologies may more readily capture movement and mobility reveals much about how people relate to particular spaces (Hein, Evans & Jones, 2008). Mobile interviews involve the researcher and subjects in motion in the field (Hein, Evans & Jones, 2008). Three participants agreed to mobile interviews for at least some of the interview process.

According to Sin (2003):

> The theorization of space in the setting of an interview has been curiously abstracted and removed from the concrete 'place' in which an interview takes place. The spatial contexts under which interviews are carried out remain largely excluded from any theorization of the social construction of knowledge. (p.306)

"Mobile methodologies seek to use movement as part of the research approach itself" (Hein, Evans & Jones, 2008, p. 1269). Through adopting mobile interviews my research aimed to capture the experiences of disabled students in university settings by attending to the socio-spatial dynamics of interviews by appreciating, understanding and valuing the spaces and places in which interviews take place.

The Go-along interview represented a way to capture movement and mobility, to observe and better understand the institution through moving in particular places of importance to mad and disabled participants in the academy. This method enabled participants and myself to converse and interact during the interview while reflecting and moving through the university. According to Hein, Evans and Jones (2008): "Go-alongs combine the observation of everyday activities (as practiced in participant observation) with the respondent's reflections as revealed in interviews" (p. 1275). The go-along

technique allows researchers to observe their participants' spatial practices in *situ* while accessing their experiences and interpretations at the same time (Hein, Evans & Jones, 2008). As part of this process I reflected on my able-bodiedness, my movements and affective interactions with participants. In this way, the go-along also represents a tool through which my able-bodied privilege, movements and mobility in space could be critically examined. As I moved through institutional spaces I later reflected on each interview.

Kusenbach (2003) offers an extensive methodological discussion of the go-along. Go-alongs allow researchers to better understand and perceive respondents' daily interactions in local contexts. According to Kusenback (2003) go-along interviews are well suited for exploring and examining: (1) informants' knowledge, perceptions and values guiding their experiences and interactions in social and physical environments; (2) spatial practices and the ways in which people engage with their lived environment; (3) the ties between biography and place; (4) social architecture of natural settings and how individuals situate themselves in various social settings; (5) social realms and how place patterns and mediates social interactions. For the above noted reasons go-along interviews represented a viable interview technique for this research project as it allowed for a deeper examination of informants' knowledge and interactions in space. Go-along interviews are potentially a highly flexible method that allows researchers opportunities to raise questions in an inductive way and become familiar with a particular locality, and observe phenomena in the field.

Some noteworthy considerations when undertaking go-along interviews include conditions that are not in the control of the researcher such as: weather and the health of

respondents (Carpiano, 2009). Yet, in the case of this study issues of health/illness and disability are part of the respondents' lived realities and institutional milieu including weather conditions as material bodies interact in space, thus these may also be considered as aspects of the lived and navigated environment captured by the go-along interview process. Nevertheless, weather and respondents' health, mobility, and physicality were issues to consider. Flexibility to account for changing conditions and having alternate locations/spaces for the interviews were considered and provided as options. According to Carpiano (2009) safety for the respondent and researcher also merits consideration as respondents may be identified and encounter questions from other individuals as they move in a particular landscape with a researcher. Go-along interviews required adequate recording equipment optimal in environments that may be noisy and pick up other sounds.

I often suggested go-along interviews, however, participants favoured other interview formats and options stating that go-along interviews would increase their visibility at the university sites. I was disappointed by the lack of interest in Go-along interviews. Yet, upon deeper reflection, although I was eager to move with participants, I needed to reflect more deeply about my own ease and access afforded by my white able-bodied mobile privilege to move in institutional spaces without discrimination or increased exposure to a pathologizing biomedical gaze. Mobility and movement thus represent sites of access and privilege. It was also winter season, and weather conditions of cold, wet, ice and snow likely also dissuaded participants from engaging in go-alongs. Indoor and face-to-face interviews were favoured. For the three mobile interviews that took place much of movement took place indoors, navigating university buildings and

hallway corridors. Participants without mobility impairments also troubled the use and purpose of go-along interviews, often stating that they did not experience barriers in built environments and, therefore, did not see the point of moving through the institution to discuss barriers to access and academic accommodations. The rationale 'fit' between go-along interviews as a viable method reflected in the intentions and purposes of this research were questioned by participants, and rightly so. The need to reflect deeper on the limitations of mobile methods while engaging in research with marginalized persons is an important methodological reflection of this study. As such, the majority of participants elected more traditional face-to-face audio-recorded interviews. As a researcher, I likely could have better explained my purpose and reasoning for go-along interviews in relation to this research, however, I also did not want to push my chosen methods on participants and favoured providing interview format options decided in consultations together.

5.7 Recruitment and Informed Consent

Letters of recruitment were disseminated through the Disability Services Office at university site 1. Due to resistance at university 2, recruitment letters were disseminated through key informants and via listserves within a disability studies program and gender women's studies program. Admittedly, I likely bended some rules to gain access and entry when it was not being granted. Letters were distributed via email made available in multiple formats to ensure greater accessibility to potential participants. Letters were also distributed to disability student groups (for example the MAD students societies existing at both university case sites) as a convenience sampling strategy aimed at recruiting students who identify with mental health issues at the university. Purposeful snowball sampling strategies were also employed to recruit participants.

Letters of Recruitment instructed potential participants to respond directly to the primary investigator if they wished to be part of this study **(See Letter of Recruitment Appendix B).** Other participants were recruited through the use of snowball sampling technique. Letters of informed consent were attached to the letter or recruitment (**See Letter of Informed Consent Appendix C**). Participants were provided the letter of informed consent prior to interviews and were provided with the opportunity at the start of interviews to ask questions, and for the researcher to provide additional clarity regarding the purpose, aims and goals of this study. If written consent was not provided, verbal consent could be obtained at this point in time. This also served as an entry point to establish rapport prior to engaging in interviews.

Participants were informed that there were no immediate benefits arising from their participation in this study, nor any financial or other remuneration. All participants were offered a copy of the final report. The consent statement included that interviews were completely voluntary, questions could be skipped, and participants could withdraw from the study at any point prior to February 2014. In the event that a participant no longer wished to be part of the study, it was stipulated that all personal correspondence and interview data would be immediately destroyed.

Even though field research has ended, my relational ethical commitments to participants to protect their identities, preserve data, and represent them through my future writing and this research will endure into the future. Tapes and transcripts remain securely stored in a locked cabinet. All primary data files as requested by participants, will be destroyed in April 2022. In April 2022, electronic files will be permanently deleted and paper documents will be shredded and destroyed accordingly. At some

participants' requests, I will store transcripts indefinitely until a suitable archival home is found. I will keep record of research interviews, revealing elements of the research process and product for future scrutiny. Not allowing these interview transcripts to be so callously or easily destroyed is also an ethical consideration to reflect back on researching complex institutionally situated voices and to honour my participants' wishes. This also may permit future people to look back and think about research relations, mad and disabled subjects' views, and my role and perspectives as a researcher.

5.8 Data Analysis

Data collection and analysis may simultaneously occur where data are continuously interpreted and reflected upon (Stake, 2000) and data collection plans may be revised in the process (Yin, 2006). According to Patton (2002) direct quotations are a source of raw data "revealing respondents' depth of emotion, the ways they have organized their world, their thoughts about what is happening, their experiences, and their basic perceptions" (p. 21). Multiple perspectives of respondents were reported. I analyzed data using Foucauldian analytics to interpret data and drew on large blocks of verbatim quotes that I wove into written analysis. This entailed revisiting my readings and understandings of Foucauldian and socio-spatial theories to make sense of empirical data while appreciating nuances, complexities, and limits of voices and representing voices throughout the research process.

Data was hand-coded and analyzed through recognizing emerging themes, patterns and categories. According to Patton (2002), a technique of hand-coding can be messy but beneficial to interact with data in concrete ways to obtain a physical feel for data that computer analysis may not afford. In this manner data may that may fit in more

than one theme can be merged and facilitated with impressions and groupings/chunks of apparent themes (Patton, 2002). A form of thematic analysis was used to examine core meanings, patterns, and themes. I used a form of constant comparative analysis, engaging in interviews, reading of theory and existing literature perpetually looking across theory, literature, and data. Foucault's works provided thematic/analytic categories to examine issues of power/knowledge, and representation through drawing from participants' experiential accounts and policy document analysis.

In instances when I disagreed with participants' views or interpretations, ideas were presented to show how/why we had contrasting opinions. According to Patton (2002): "The commitment…to be factual, descriptive and quotive, constitutes a significant commitment to represent the participants in their own terms" (p. 28). This commitment was also an ethical commitment to address power-knowledge relations in the research process. Although I drew extensively on verbatim quotations of respondents to reveal meanings in their own words, I remain implicated in authoring this research by selecting quotes and expressing certain views while minimizing or drawing less from other voices. Particular quotations were selected on the basis that they resonated with research questions adding insights into socio-spatial experiences of participants.

Respondents were asked to provide and write their own respondent profiles. This represented a way for them to describe themselves in greater detail and descriptively highlight important aspects of their experiences as disabled persons. In this way I hoped to provide a demographic overview of participants, which also included narrative facets of participants' identities. Three respondents chose to write their own profiles.

5.9 Methodological Tensions – Working the Hyphen

According to Fine (1998) the hyphen between Self-Other both separates and merges personal identities with framings and inventions of Others. Working the hyphen entails unpacking scientific neutrality, universal truths, and researcher dispassion, where qualitative researchers are called to bring critical and contextual struggle back into the research process and produced texts. Fine (1998) states the importance of working the hyphen between Self and Other in qualitative inquiry:

> Qualitative researchers need to recognize that our work stands in some relation to Othering. We may self-consciously or not decide *how* to work the hyphen of Self and Other, how to gloss the boundaries between, and within, slippery constructions of Others. But when we look, get involved, demur, analyze, interpret, probe, speak, remain silent, walk away, organize for outrage, or sanitize our stories, and when we construct our texts in or on their words, we decide how to nuance our relations with/for/despite those who have been deemed Others. When we write essays about subjugated Others as if *they* were a homogeneous mass (of vice or virtue), free-floating and severed from contexts of oppression, and as if we were neutral transmitters of voices and stories, we tilt toward a narrative strategy that reproduces Othering on, despite, or even "for." When we construct texts collaboratively, self-consciously examining our relations with/for/despite those who have been contained as Others, we move against, we enable resistance to, Othering. (p.139)

This quote troubles my position as author to represent and write on behalf of others, to capture and reflect their voices. I necessarily shape who they are, and how they matter

through writing and sharing the stories of Others. I knowingly took part in (re)writing these stories through recording and interpreting participants' lived experiences. I knowingly entered a terrain of responsibilities and ethics between Self and Other, researcher and participants, where I constitute and represent subjugated knowledges. In my writing, I avoided homogenous representations, where I viewed each participants' mad and dis/abled experiences as particular and unique. I left spaces in the profile chapter for them to write about themselves, constituting themselves in their own words. Some participants were and some became my friends throughout the research process and this required effort on my behalf to critically and ethically question, unpack their words.

As a researcher, I understand that writing on behalf of Others and drawing on their knowledges becomes a responsibility to participants. I sought to adequately and accurately represent them, their ideas, identities, knowledges and desires throughout the research process. Thus, I viewed participants' knowledge as sites of learning about my own material embodiment, identity, and the spatio-temporal norms and values in which I function, operate and inhabit in certain situated settings. Working the hyphen reveals structures of Othering and allows researchers opportunities to engage in those struggles with people who have been exploited and subjugated. According to Fine (1998) studying the "relations between" helps a researcher to understand complexity, interpret contexts and multiple realities with informants and negotiate: "whose story is being told, why, to whom, with what interpretation, and whose story is being shadowed, why, for whom, and with what consequence" (p.135).

Hansen and Philo (2007) state the importance of appreciating different spaces we all occupy where the embodied reality of disability sometimes entails doing things

differently, in spaces and timings. Avoiding normalizing space and time patterns of conduct was, therefore, an important consideration when thinking about my own ableism and developing an understanding of how people experience various times/spaces (Hansen & Philo, 1997). Fontana and Frey (2005), for instance, assert that questions of access to the setting emerge where researchers may sometimes struggle to gain access. This also entailed understanding the language and culture of respondents to communicate effectively and avoid misunderstandings. Other important considerations included deciding how to present myself, establish rapport, and gain trust (Fontana & Frey, 2005). To do so, I shared stories, about my experiences with dis/ability. I sought to be open and transparent about my life and spoke about my mom, a special education teacher who taught me about disability issues in education, my best friend who is blind, my academic work, and other personal and professional disability-related experiences. Different stories resonated at different times, I instantiated stories about my Italian-cultural up bringing when it made sense and helped forge connections. I also reflected on salient facets of my lived experiences shaping my interpretive onto-epistemological lenses. I went back to theory, interview data, and literature often.

To work the hyphen, I engaged in dialogue in interviews with research participants while being cognizant of my temporary abled-bodied position. I opened myself up to participants' questions about my lived experiences, purposes and rationale for this research. I maintained a research journal throughout the course of this study. As interviews began I listened and reflected on participants' perspectives, and revisited relevant disability studies literature. A key phrase in disability research "nothing about us, without us" (Charlton, 1998, p.3) permitted me to reflect on how in my writing I am

representing the views and ideas of disabled people. As an example of how I tried to work at working the hyphen I include a passage from my post-interview research journaling with Annie C who identifies as Death Fat:

> Annie identifies as 'death fat'. I was immediately taken back by this term, asking for clarification originally thinking it was def fat, (in my mind meaning definitely fat). She proudly stated that she was unashamed of being fat, that critical fat studies brought her to this point. Her identity tied to her academic life and perhaps vice versa. I struggled to use her language. Do I have the right to use it? Can I resonate what she was saying, repeat those words? Words such as fat, represented a derogatory way of speaking of another individual, to call her fat would be rude (wouldn't it?). My skinniness became obvious, my skinny male white embodied self felt odd sitting in this chair that was crafted for my body, made for people like me. I felt uncomfortable, yet I knew that this was a palatable discomfort, one that was likely fleeting, temporary, and a confrontation with my own privilege that would likely soon go away. She told me how certain chairs with arms leave little space for her body, that she was ridiculed infront of an entire lecture hall, that spaces are not designed for her in mind, and that people actively create campaigns to eliminate her body type. Her devalued embodied existence, which became known to me through her words, was one that she valued.

In this way, I worked at understanding, thinking about constituting language, my own beliefs and attitudes and ways of (de)valuing certain material-embodied subjectivities. I had to learn to sit in discomfort with others when I felt my own body fitting too easy in

place. Some of my unquestioned layers privilege became apparent through my participants' knowledges.

Fine (1998) asserts that researchers need to work the hyphen when engaging in social struggles with marginalized individuals and groups:

> When we opt…to engage in social struggles *with* those who have been exploited and subjugated, we work the hyphen, revealing far more about ourselves, and far more about structures of Othering. Eroding the fixedness of categories, we and they enter and play with the blurred boundaries that proliferate. (p.135)

This points to the limits of working the hyphen and in engaging in struggle with others, as my research project and process enters this terrain of struggle. Yet, I as a researcher may not fully comprehend the depths of struggle encountered by my participants, nor feel their true struggles. Thus, I attempted to fore-ground the voices and views of mad and disabled students. This was reflected in my study design and research questions that sought to critically examine institutional practices by highlighting the knowledge(s) of mad and disabled students. Data collection, analysis and writing reflected this goal by maintaining the integrity of students' views by offering full text quotations, with interpretations sensitive to issues of representation. Through highlighting the socio-spatial knowledge(s) of mad and disabled students I was conscious of the need to be attentive to the voices and experiences of my research participants.

In researching struggle in relation to the experiences of mad and disabled students, I first tried to understand and map out struggle, I questioned the struggle and pondered where, what and why, I shared information back with participants and I hope this enables sustained efforts to address oppression and marginalization. In this regard, I

am somewhat at a loss in questioning whether I engaged truly and properly with my participants' struggles. I shared my own stories of loss, grief, and struggle that at times may border with dis/abling and mad resonances. We talked about strategies, tactics, and ways to counter-oppression. In my teaching efforts, I learned from one participant to disseminate mad knowledge through library books, so I requested them to be purchased and these mad texts identified by my participant are now at the library Disability Studies program at King's College at the Western University. In this way, I learned a bit about the politics of struggle, and how to operationalize resources available to me to hopefully engage in better mad teaching-researching against ableism-sanism. In the authoring process and understanding of co-construction of knowledge I drew on participants' quotes and knowledges to make sense of their struggles, describing and unpacking socio-spatial temporal university norms of conduct, governance, policies and practices as relating to their experiences with discrimination, alienation, and oppression.

The current neoliberal governance of universities along with constraints and requirements associated with completing a doctorate meant that the time commitments and investments to doing the type of participatory research required to truly commit to co-construction of knowledge as I hoped was greatly hampered. Institutional power relations at play mediated the research process and placed time constraints and financial pressures on me as a researcher to complete within a four-year timeline and limited my choices as a researcher. Nevertheless, through open conversational interviews, dialogues, and ethically representing participants through this research, I remained committed to synergistic knowledge production between participants and myself even if only occurring at these fleeting moments. Together we own those moments, and the shared knowledges

that emerged from those moments. Participants helped me learn a language of interpretation, and sustained ethics guiding my interpretations.

Disability researchers need to consider power relations and authority when writing about others. This entails reflexive practice by the researcher in choice of theory, methodology, writing, language, and representation of others, authorship, who is in and left out, what is written about and left out, and sustained attention to power in the research process.

Drawing on Trihn (1989) hooks (1990) describes importance of considering the power and authority in the research-writing process as follows:

> no need to hear your voice when I talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Re-writing you, I rewrite myself anew. I am still author, authority. I am still the colonizer, the speaking subject, and you are now the centre of my talk. (p.151-152)

The above paragraph speaks to the power and authority of writing, authoring and representing the views of disabled students and others in the research process. I aimed to strike a balance between participatory research designs and retaining control over the research process in my research, some of these decisions are based on career stage, program requirements, and wanting to show openness in the research process in order to balance the needs and wants of respondents. In authoring, I asked participants how they wanted to be represented, why they wanted to be part of this particular research, what were their hopes in being included in dissemination of findings. We spoke about the

research process and products where participants expressed a desire to have their true authentic thoughts and voices operationalized and circulated for change. We discussed my role as a research as providing potential platforms, venues, and avenues for their voices to be heard by different audiences. In promising to give back findings, I decidedly have made a commitment as an author to share my interpretations and demonstrate listening to their ideas and knowledges through my analytic writing. I do not relinquish the author function or my role and power as author to write and interpret the stories of others, but I may function as a more responsible, humble, pensive, listening author. Writing on others needs to be approached thoughtfully and with earnest concern to adequately speak *with* and not just about research participants. I wrote and listened about the issues that mattered to my mad and disabled participants, issues of access, disclosure, negative attitudes, architectural barriers, and ways to challenge dominant norms. Ultimately, mad and disabled research subjects were not involved in the writing up or data, interpretation of data, or critiquing my interpretations, and thus processes of co-construction of knowledge were quite constrained and limited to moments within the interview process. Participants will be able to provide critiques after I share the complete dissertation with them.

This study also engaged with perspectives of persons who identified as non-disabled in the academy. University instructors and disability office workers offered insights into the ways in which disability is understood, constructed, and socio-spatially treated in university settings. According to Tregaskis (2000):

> What seems to be missing from existing disability studies analyses is what is happening on 'the other side of the coin', as it were: namely, an investigation of

> the individual and collective ways in which non-disabled people's attitudes, beliefs and perspectives on disability and impairment are constructed and maintained. (p.344)

Thus, by examining the views of disability office workers and university instructors it was thought that insights into dominant and potentially ableist attitudes, beliefs, and related practices could be illuminated particularly with regards to the generating knowledge about conditions that exclude and deny access to disabled and mad persons.

As a researcher who identifies as temporarily able-bodied, adopted, white, middle class, heterosexual male from the global north I was conscious of occupying a societal position of privilege. Critically reflecting on privilege was an important aspect of this study. Through reflexive research practice I hoped to develop a critical gaze when examining experiences of disabled students, to learn from their voices and consider issues of power/knowledge in university settings. I wanted to position myself not as an expert, rather as a co-constructor of knowledge.

For me, participants represented experts having detailed socio-spatial knowledge about dis/ability and the workings of universities. I shared with them my theoretical insights and asked them to help me refine, hone in my theorizing about space, knowledge, and power. I grounded and contextualized experiences checking back with them, sometimes asking quite overtly does this relate to surveillance, dividing practices, normalization? Am I on the right track with my questions, ideas, and analysis? How would you want me to write this up and reflect your thoughts and ideas? How do you feel disabled persons are treated and understood in comparison to able-bodied individuals? How do you disclose disability, where do you disclose, and with whom? My questioning

shifted and changed where I began to unpack knowledge-power relations at the institution, asking more detailed and specific questions about the actual policies and workings of universities. Things got grittier and together with participants we dug deeper. I questioned, does it really represent an accommodation if you are placed in a separate room, is that not segregation or alienation? I shared some tactics and strategies participants told me with others, and information about the universities obligations and responsibilities to provide accommodations. In this way, I restated that access to accommodations represented a fundamental right. We co-constructed knowledge by theorizing together, working empirical ideas and observations in with socio-spatial theories, kneading them together, sharing ideas, refining and sometimes rejecting theorizing when it did not fit or adequately explain experience. Sometimes Foucault was not enough, and other spatial-theorists such as Lefebvre or Soja added nuanced insights explaining the uneven distribution of resources in spaces, and ways of enabling spatial justice.

The relationship between researcher and research subjects has been characterized as a relationship between the oppressor and oppressed as it is the oppressor who defines the problem, nature of research, and interactions between researcher and subjects (Fine, 1998). According to Fine (1998) speech about the "Other" often masks oppressive talk and erases voices. Forcing subjugated voices in the fore of texts and by exploiting privileged voices to uncover and scrutinize technologies of othering qualitative researchers may disrupt othering and highlight struggles of social injustice opening a sense of possibility (Fine, 1998).

Parr (1997) notes:

> [w]hile it may be the case that geographers achieve particular understandings of the spatial world by theorizing it, we cannot claim to 'know' intimately another person's experiential spatial world, whatever approach we take – these knowledges are always going to be partial. (p.175)

Thus, both the researcher and research subject share expertise and knowledge in understanding how disability is experienced and situated particulars spaces and times. I drew on my knowledges of university policies, disability literature, and personal experiences and also learned about these issues, other resources, and readings, refined my theorizing and gained also nuanced empirical experiential socio-spatial knowledges from participants.

I positioned myself as curious to learn about and from my participants' experiences. I asked participants to teach me about how they self-defined and understood disability, what conditions, attitudes, policies, practices, and institutional factors were dis/abling for them? As an example, I learned about my own interview techniques from a participant who identified with short-term memory issues. I sometimes asked several questions consecutively without listening to a response. My participant informed me that this was not an ideal way to converse for her, as with memory issues after answering the first question the other points would be forgotten. My interview technique was problematic, I redirected my approach to ask one question at a time, prompting and rephrasing, thinking about the pace of questions and conversation and revisiting ideas and concepts. This helped me reflect on my interview style, and I believe made me more self aware and better at posing questions and actively listening to other participants' responses. Yet, I knew that my interview questioning pace and technique could not be

universalized, it needed to be fluid and changing. I created more openness asking participants to let me know during the interview process about my pace, or if they wanted me to restate and rephrase questions.

Fine (1998) states:

> Working the hyphen means creating occasions for researchers and informants to discuss what is, and is not, "happening between," within the negotiate relations of whose story is being told, why, to whom, with what interpretation, and whose story is being shadowed, why, for whom, and with what consequence. (p.135)

Working the hyphen, therefore attended to issues of authorship and critically examining the representation of disability in writing in a manner that resonates with respondents. I engaged in dialogue to better understand how disability is constructed, represented and understood in universities in various spaces, contexts and times. Disability is intersectionally intertwined with other identity markers/categories including gender, race, ethnicity, class, sexuality, socio-economic status. Critical reflection allowed working the hyphen between self-other, insider-outsider, researcher-research subject as I represent the views of others.

Working the hyphen does not solely entail listening, for me it required listening while attending to power-relations with purposeful self-reflection, and developing a deeper ethic of co-constructing knowledge, writing and authoring of the dissertation and issues of representation. This meant thinking about issues of language and representation. For example, when Mad students spoke about creating mad positive space and attitudes, I asked how can this be done? What language can and shall I use? Participants taught me about the negative affects of the dominance of psy-disciplinary knowledge in their lives.

Thus, politically and purposefully reclaiming the term mad from its pejorative roots also became my language to represent madness, language I learned from self-identifying mad participants.

I was also explicit with my research intentions, to promote equity and social justice by troubling ways mad and disabled persons are often marginalized in university settings. I asked participants how to work and accomplish this endeavor, whether or not I had a place and voice in these discussions. I drew on my personal experiences (Castrodale & Zingaro, 2015), rethought my positionality and privilege, and shared experiences and stories with my participants. I conducted research often with an ethic of friendship at a negotiated pace and in the places that mattered to my participants (Castrodale & Zingaro, 2015). I shared my personal stories about grief and loss, I spoke of times when I could not relate to being female or experiencing fear in space or abuse. I talked about cultural understandings when I did not understand what a participant meant by Asian cultural influences on her lived experiences with disability. I asked questions, valued complex stories, and tried to understand and appreciate Other persons' lived experiences. I actively avoided simplistic binarism considering persons to be either disabled or able-bodied, instead highlighting knowledge-power relations, situatedness, and contexts fostering disablement. With all participants, we spoke about my situated knowledge and experiences in university settings, and different ways to think about and trouble academic access and accommodation processes. We tried to tease out complex intersectional layers of identity gender, sexuality, race, class, dis/ability to critically unpack ableism and sanism.

Brown and Boardman (2011) assert that engaging in disability-research presents a number of practical, ethical, conceptual dilemmas. Practical concerns include conducting my doctoral disability-related research within specific time constraints of four years, gaining access to institutional research sites, establishing rapport with research participants, finding accessible interview sites, and scheduling interviews. A tension was the desire to engage in increasingly participatory research where disabled persons would have more control over the research process, while wanting to adhere to imposed institutional time constraints and finishing graduate school. For me, this meant resisting the desire to push the pace of research, instead researching at negotiated terms, times, and places with participants.

I experienced the use of person-first language as a tension, some participants preferred person-first language, and many actively used disabled persons. I went back to disability studies literature and talked about my explicit and intentional use of "disabled persons" over with participants. I aimed not to individualize disability but to point to the social, systemic, oppressive, marginalizing norms and attitudes as the foundational moorings of disability. I talked this issue of representation over with participants, assuring them that my intentions are not to replicate individualizing, alienating, negative representations through my research. I would author my dissertation with a socio-relational ethic to describe my participants truthfully to their words and intentions, attending to and aligning myself with a certain disability-politics of knowledge production, and offer my interpretive analytic insights to synthesize and cut across multiple themes and experiences. I chose to maintain larger verbatim quotations woven through my analysis. I also sought to highlight how mad and disabled subjects constitute

themselves, reject bio-medical pathologizing knowledge-power regimes, and create counter-narratives on madness and disability.

5.10 The Social Relations of Research Production

Issues of power are implicated in research relationships (Brown & Boardman, 2011). As such, researchers and participants are enmeshed in power relations in research processes. Disability researchers need to consider how to approach disability-related research and ways to develop and negotiate these complex meaningful relationships. According to Dyck (2000):

> Everyday worlds of disability experience – and research about this – are deeply connected to the playing out of wider social, economic and political relations and distributions of power in particular places… the interactions between study participants and researcher, are complex and located within interacting narratives and institutional practices. In producing knowledge the relationship between researcher and research can be constructed in different ways. (p. 85)

Researchers face the challenge of rethinking the relationships they build with participants with an emphasis on the need for non-exploitive relationships and for cooperation and collaboration (Niesz, Koch & Rumrill, 2008). Paraphrasing Dyck (2000, p.83-84) I considered: How is space created for absent voices? What power relations are at play when generating knowledge about disadvantaged groups? How is knowledge produced in my research? How does our researcher gaze that holds legitimacy, authority, and 'expert' knowledge, construct images of others? Attention to knowledge production, power relations, voice and authoring were key considerations in conducting this disability-related research.

Disability research involves connectedness and dialogue between the researcher and the researched (Mercieca & Mercieca, 2010). Through engaging in disability-inquiry researchers may affect and be affected (Mercieca & Mercieca, 2010). I became friends with many of my participants, researched with an ethic informed by friendship, and often worked at the paces and places of my mad and disabled friends (Castrodale & Zingaro, 2015). Many moments will stay with me, one in particular was when Stacey a former street kid, shared her poetry about the university representing home, a safe place, metaphorically and literally reaching out and touching me when I also became emotional. I often had feelings and emotions I had to make sense of during the research process in relation to our researcher-participant dialogues.

Human geographers engaging in disability-related inquiry contend that disability needs to be understood and presented from the vantage of disabled persons (Chouinard & Crooks, 2003; Park, Radford & Vickers, 1998). Similarly Zarb (1992) emphasizes the need to examine the relations of disability-related research production to reflect the values, aims, intentions and voices of disabled persons. Fine (1998) asserts that: "Social researchers have to be negotiating how, when, and why to situate and privilege whose voices. Those of us who do this work need to invent communities of friendly critical informants who can help us think through whose voices and analyses to front, and whose to foreground" (p. 152). I thus foregrounded mad and disabled students' knowledges to challenge sanist-ableist norms in academia.

According to Stone and Priestly (1996) disability research has been condemned when it has framed disability as a personal tragedy, fixable, medical problem, or something to be pitied. Research paradigms that cast researchers as expert or knower

often marginalize disabled persons' knowledges and experiences. Stone and Priestly (1996) assert that disability-related research needs to have practical relevance, applications and benefits for the individuals and groups of disabled persons involved in the research process. According to Linton (1998) scholarship and writing on disability needs to avoid essentializing disability by examining representations of disability from the position of the disabled subjects in language, images and metaphors. The active voice of disabled persons helps counter scholarship that objectifies disabled persons in ways that may generalize and alienate particular voices (Linton, 1998).

Throughout the writing process I sought to conscientiously author their voices representing participants as active co-constructors of knowledge. I analyzed empirical accounts and transcripts and wrote up the analysis chapters keeping names of participants attached to their verbatim quotations. In this way, and although I ultimately singularly author this researched thesis work, I hoped to represent participants as dynamic and active knowledge-producers who shared their perspectives informing insights in socio-spatial research. Attending to the dynamic knowledge production and authorship of knowledges some participants chose to use their real names and not pseudonyms, something which I advocated for in ethics. Knowledges from interviews emerged from dialogues as sites of teaching and learning from one another.

5.10.1 Positionality

Disabled persons may regard academics and particularly non-disabled researchers the academic with some distrust (Oliver, 1992; Shakespeare, 1996). The expressions "Nothing about us without us" and "No participation without representation" demonstrate

resistance to traditional research relationships (Shakespeare, 1996; Barnes & Mercer, 1997; French & Swain, 1997).

According to Linton (1998) scholarship produced on disability has consequences on disabled persons' lives:

> Both disabled and non-disabled people can perpetuate or work to ameliorate, the objectification of disabled people, the lack of subjectivity, the absence of voice, and the absence of self-definition and self-determination. I don't assume that disabled people are exempt from the tendency to stereotype or objectify, after all, disabled people and non-disabled people have both been schooled in the same ableist discourse. Non-disabled people, though, have a particular responsibility to consciously and deliberately engage with these issues in their scholarship and teaching to avoid contributing to the problem. I think that it is in incumbent on non-disabled scholars to pay particular attention to issues of their own identity, their own privilege as non-disabled people, and the relationship of these factors to their scholarship. (p.537)

The role of researcher has been debated in the disability movement, where the act and process of research has often been tied to a commitment to social change (Kitchin, 1999).

Articulating where we stand in relation to informants and the contexts we study, sharing experiences and understanding difference is complex, doing so makes research better and more meaningful (Traustadóttir, 2001). According to Traustadóttir (2001), appreciating differences and similarities between researchers and informants creates a better understanding of others as well as ourselves. Research subjects in fieldwork look back at researchers, probe and wonder who we are in relation to them, they raise

questions, may reverse the discourse of power, and can make researchers the subject of their gaze (Traustadóttir, 2001).

5.10.2 Reflexivity

Patton (2002) asserts that questions of reflexivity and voice emerge in qualitative inquiry as researchers often need to attend to self-reflexivity, reflexivity about persons being studied, and the audience receiving research findings. Questions of reflexivity challenge researchers to be learners that actively reflect on their personal epistemologies and the ways knowledge is understood and constructed. According to Patton (2002): "Self-awareness, even a certain degree of self-analysis, has become a requirement of qualitative inquiry…attention to voice applies not only to intentionality about the voice of the analyst but also to intentionality and consciousness about whose voices and what messages are represented in the stories and interviews we report" (p. 495). Reflexivity entails a process of critical self-reflection on a researcher's potential biases, theoretical predispositions, preferences, positionality and privilege among other important considerations (Schwandt, 2001).

Reflexivity in a methodological sense points to the fact that the inquirer is part of the setting, context and social phenomenon they seek to understand (Schwandt, 2001). As Patton (2002) states: "Qualitative inquiry offers opportunities not only to learn about the experiences of others but also to examine the experiences that the inquirer brings to the inquiry" (p.27). Reflexivity is a way to critically inspect the entire research process (Schwandt, 2001). According to Brown and Boardman (2011):

> Researchers must account for their role in the development of a research project and identify factors that shape the work they do…The personal identities of

> researchers have long been acknowledged as having a profound impact on the research process- researchers all respond differently to the research, ask different questions, and prompt different replies…social and personal identities are consequently significant during interviews: their presumptions, values, experiences and abilities inform the unfolding research throughout its entire course, from its initial conception to analysis, writing up and dissemination. (p. 23)

Reflecting on elements of my identity including my position/privilege as an able-bodied researcher who engages in disability-related inquiry is an important consideration in the undertaking of this project. As I discussed issues of death fatness with a participant, I could feel my body shrinking into its seat, feeling my unquestioned thinness as privileged. When PTSD and abuse became declared by a participant the violence of patriarchy and my symbolic male body needed to strive to become kinder and gentler. Questioning what might I represent to her? When a mad student described the politics of her mad identity, I asked what would it mean for me to identify as crazy, could I ever know? No, I resolved I could not know, but I could listen and try to understand things differently learning from her.

5.11 Ethics

Ethical care was taken to avoid causing harm to interview respondents (**See Ethics Proposal – Appendix A**). Respondents disclosed facets of their life and involvement with the institutions. Respondents were informed truthfully and carefully about aims and goals of the study, given opportunities to ask questions and voice concerns, and informed of their right to privacy and to withdraw from the study at any

point. Information regarding informed consent and the respondents' right to privacy was reiterated prior to interviews and stated in letters of recruitment. Consent was obtained by signature of letters of recruitment or orally prior to interviews. The desire to represent voices of participants, while affording them protection, and for participants to represent themselves without pseudonyms represented a tension in this research.

5.12 Concluding Points

In this chapter I discussed qualitative inquiry, case study design, the use of semi-structured interviews and focus groups as a framework to investigate the socio-spatial experiences of mad and disabled students. For me, engaging in disability research is tied to a political standpoint challenging oppression, engaging in activism, and facilitating the self-empowerment of disabled persons (Stone & Priestly, 1996). Case study represented a viable framework allowing me to closely examine mad and disabled students situated socio-spatial experiences. Triangulation was used as a strategy to add strength to this research. Throughout this research, analysis, and writing I tried to attend to the politics of knowledge-production and circulation. I engaged in an ethic of positive mad and disability politics, to write with the languages of my participants and to accurately attempt to represent them drawing on verbatim quotations using their own words. Working the hyphen between Self and Other proved to be challenging, requiring reflection on dynamic knowledge-power relations, positionality, situatedness, and privilege. I tried to research with a humble ethic to learn from participants, about their perspectives, and to accurately represent their unique knowledges, my methodological decisions stemmed from these commitments. I drew on the subjugated knowledges of

mad and disabled subjects, centrally representing them in this research, while also drawing on disability office workers and university instructors.

Chapter 7

6 Institutions and Participants' Profiles

This purpose of this chapter is to contextualize participants' perspectives, ethically represent participants through profiles, and provide some detail about the case study institutional sites. Profiles represent identificatory texts intended to give readers a sense of who participants are without compromising their anonymity. This chapter attends to specificity of location and biographical details provided by the students themselves as well as my own construction of the profiles. All participants were asked to provide their own profiles, some elected to do so (n=3), while many profiles were written by myself using information from interview discussions. Disabled participants resisted being reduced to a singular identity and actively chose to disclose particular details about their intersectionally layered identities (age, sexuality, gender, race, disability, mental health, class) and to express sentiments toward their institution. Many noted that confidentiality and identifying information were concerns, and were concerned about being identified in any way for fear that particular utterances could be linked back to them. In this sense they were mindful of potential disciplinary repercussions.

During interviews participants were asked to comment on their identity, how they identity, salient aspects about themselves, whether or not they identified as disabled or individuals with mental health issues, how, when, why, and where they identified or disclosed to others. I probed such questions with an earnest hope to get to know my participants. Respecting participants' wishes meant attending carefully to representing them ethically and responsibly while remaining truthful to the descriptions. The profiles were shared with all participants in order to manage such ethical responsibilities.

Participants were also given transcripts for member-checking and made aware participant profiles would be part of this research. Some participants chose pseudonyms, while others chose to use their own names. Thus, in crafting institutional profiles, navigating and making reference to or use of actual policy contexts at each university site, careful attention has been made to maintain a degree of anonymity and confidentiality for participants. At times, I felt that more direct quotes from policy texts were needed.

6.1 University Site 1

University site one is in an R1 research intensive, public university with approximately 30 000 students as of 2012-2013 and is located in a metropolitan city centre. The university has a reputation for its medical program, clinical health research, engineering, among others, and problem-based pedagogy.

According to the university's accessibility statements "An accessible campus environment is the result of efforts from across the entire campus, including those of faculty in the teaching and learning environment". The goal of access places the onus on students to meet with disability services and provide appropriate documentation to gain access to disability-related services and resources. The university also notes that students will meet to review accommodations, which will be outlined on a student accessibility services letterhead. Instructors are encouraged to draw on "universal instructional design" to ensure classrooms and coursework is accessible to all, particularly identified disabled students. Course material, assignments, tests and exams, access to learning management systems, labs, and tutorial content are all intended to be accessible, where students, instructors, disability office workers, and library staff all play roles in facilitating access. Disability services may administer class tests to disabled students where instructors are

required to provide an electronic copy of the test two days prior and respond to messages to facilitate scheduling of test writing.

At this university site, disability academic accommodations are conceptualized through articulated policy texts stating goals of equal access for all. Roles and guidelines place responsibilities on instructors to communicate with students and disability office workers and facilitate learning opportunities by creating accessible classrooms. Disabled students are to be involved in creating accommodations through consultation with disability office workers, which are then communicated to course instructors. In academic accommodations there is no difference stated in accommodation policies between how undergraduate and graduate students are to develop and receive accommodations. Through Student Accessibility Services (SAS) accommodation policies are interpreted, communicated and enacted. Disabled students, disability office workers and university instructors all play roles in communicating needs and expectations surrounding accommodation policies. In particular, disability office workers and university instructors interpret and enact accommodation policies where students may be viewed as recipients of such services.

At Case site 1 academic accommodation policy outlines a framework for academic accommodations for full-time, part-time graduate and undergraduate university students. Summary of the stated aims in the policy are: to foster a climate of mutual respect for dignity and worth of all persons, to protect the privacy, confidentiality, comfort, autonomy, self-esteem of disabled students. The policy also emphasizes the stipulation for accommodation in line with the Ontario Human Rights Code, as well as a commitment to encouraging all students to reach “their full academic potential”; preserve

academic integrity of the university. It reaffirms students' need to satisfy "essential requirements of respective courses and programs, while at the same time, recognizing that students with disabilities may require reasonable accommodations to enable them to do so". The policy also states that application process is based on equitable access to all courses and programs and clarifies the roles and responsibilities of students, instructors, departments, faculties, school of graduate studies, administrative staff in providing accommodations. In short, the provision of academic accommodation, according to the policy, "involves a collaborative process that imposes certain responsibilities on all those involved". For example, the *duty to provide evidence* requires that students have a duty to provide "relevant and recent psychological or medical documentation that substantiates his/her disability [and] must also demonstrate that the disability impacts his/her ability to benefit equality from the University's educational services". While the university acknowledges its duty to accommodate, it recognizes that the needs of each student must be individually assessed to determine appropriate accommodations. Thus, it is clear that not all students with similar disability identifications have the same needs.

6.2 University Site 2

University site two is in a major metropolitan city. The university has a reputation for being politically left leaning, bolsters interdisciplinary approaches, states that it values diversity and multiculturalism, is interested in addressing global concerns, and has an approximate enrollment of 55 000 students. The university also has a reputation for its law program, international focus, and engagement in public policy, among other disciplines of study.

The accommodation policy states that the university:

> shall make reasonable and appropriate accommodations and adaptations in order to promote the ability of students with disabilities to fulfill the academic requirements of their programs. The nature and extent of accommodations shall be consistent with and supportive of the integrity of the curriculum and of the academic standards of programs or courses. Provided that students have given sufficient notice about their accommodation needs, instructors shall take reasonable steps to accommodate these needs in a manner consistent with the guidelines established hereunder. 'Disabilities' shall be defined as those conditions so designated under the Ontario Human Rights Code in force from time to time, and will in any event include physical, medical, learning, and psychiatric disabilities. *Approved by Senate 1991/06; Revised by Senate 2005/02/24 as* "Policy Regarding Academic Accommodation for Students with Disabilities"

This academic policy outlines that students have a responsibility to provide relevant "medical, psychoeducational or psychiatric documentation" to the appropriate university office to qualify for accommodations. It states that the university office will help identify barriers in particular courses, work with students to identify appropriate accommodations, provide supportive documentation, and assist students and instructors in providing/obtaining appropriate accommodations. In the academic accommodation policy the university also includes general suggestions of types of instruction related accommodations and examination/evaluation related accommodations.

Students and instructors are encouraged to agree upon appropriate accommodations. However, in incidences where students and instructors cannot agree

about accommodation provision, the latter are encouraged to speak to an advisor at the disability services office. If an agreement still cannot be reached, the chair of the department/ associate Dean/Dean of the faculty will be consulted. If there is still not resolution, a mediation process will be initiated by the Dean of the student's faculty.

At case site #2 students need to provide bio-medical clinical psychoeducational documentation to have access to disability-related services and accommodations. The concept of 'agreeing upon appropriate accommodations' with instructors, while opening avenues of dialogue, may ignore power dynamics where instructors' control grading, assessments, develop assignments, course content, pedagogy, and the fact that students are often recipients of these materials and required to meet course instructors' expectations. The place where this occurs is also not specified. Thus, these following questions remain unanswered: On whose turf do these accommodations take place? Who initiates these conversations? When and where do these instructor-student conversations occur? The extent to which students may or may not have influence over course related instructor decisions is not articulated.

6.3 Limits of policy contexts and inscription of accommodation discourses

Both University sites iterate accessibility and academic accommodation policies and identify disabled students as a collective population who benefit from such policies. Both universities draw on definitions from the Ontario human rights code to broadly understand disability. Disabled and students with mental health issues, invisible disabilities are inscribed in university academic accommodation policies. Academic accommodation policy articulations place duties and responsibilities on instructors,

disability office workers, and disabled students. They require students to provide medical "evidence" often psycho-educational assessment documentation to prove they have a disability. Universities also mention the need to maintain integrity of program standards and curriculum, to be considered when accommodations are implemented. Reasonableness is evocated as a necessary limit to accommodations, however the ways reasonableness is determined is not disclosed. Accommodation discourses are thus inscribed in terms of fairness, equality, opportunity and access to education. Disability is individualized, yet there is also recognition that social factors creating barriers to inclusion need to be addressed.

6.4 Participant Overview Table

The table below provides an overview of participants, with participants' chosen names, social actor roles (student, instructor, disability office worker), university site, and identity vectors.

Table 1: Participant Names and Identity Profiles Summary Information

Name	Social Actor	University	Identity Vectors
Alessandra	PhD Student	1 (& 2)	LD, ADHD, Mental health issues, chronic body pain
Zoe	Undergraduate Student	1	Working memory disability, process speed disability
Cassandra	MSc Student	1	PTSD
Stacey	Undergraduate Student	1	Mad, PTSD, Chron's, former street kid
Tessa	Undergraduate Student	1	Asperger's, ADHD
Lisa	MSc Student	1	Deaf (late deafened) hypermobile joint syndrome (elhers-danlos 3 without stretchy skin
Kerry	PhD Student	1	Chronic pain, visible disability
Olga	MA Student	2	Hard of hearing
Bonnie	PhD Student	2	Spinal cord injury, mobility impairment,

			invisible disability
Annie C	PhD Student	2	Death fat
Mary	Grad Student	2	Nonvisible disability
Sarah	PhD Student	2	White, queer femme, Psychiatric survivor, survivor of trauma, temporarily able-bodied
Monica	Grad Student	2	White, heterosexual female, able-bodied, former psychiatric service user with a diagnosis of depression and 'bipolar disorder'
Michelle	MA Student	2	Visually impaired, epilepsy
Olivia	Masters Student	1	LD, mental health
Tim	DS Worker	1	Blind/visually impaired
Elyse	PhD Student	1	Mad, disabled, crazy person
Dr. Rebecca	Professor	1	Did not disclose disability
Steven	MSc Student	1	Autism, some motor impairment in hands
Dr. Geraldine	Professor	1	Did not disclose disability
AFS	Professor	1	Did not disclose disability

6.5 Participant profiles

In the sections below, participants discuss intersectional facets of their identities including disability, age, sex, gender, sexual orientation, race, class, ethnicity, cultural background, social actor location (student, disability office worker, professor) and university site. Salient identity characteristics are included while participants may not disclose others. I have also included the interview type, whether or not participants wrote their own profiles, and when relevant a general location where interviews took place.

6.6 Participant 1: Alessandra

Alessandra is a female PhD student at university site 1 in the faculty of science with graduate experiences at both university sites. She sometimes identifies with an invisible disability LD and ADHD, describes medical and psych educational assessments as costly and time consuming. She enjoys background noise and as a result states in relation to ADHD “I don’t really fit the criteria”, she expressed identifying with mental health issues

but acknowledges stigma, and also experiences chronic bodily pain. Alessandra resists disclosing and often chooses not to disclose disability except on rare occasions with select audiences. She is registered as a disabled student for accommodation services and self-advocates for language to be included in accordance with human rights. She feels she does not have equal access in the university in relation to nondisabled students and that her voice is not being heard to inform disability-issues [face-to-face coffee shop off campus seated interview].

6.7 Participant 2: Zoe

Zoe is a female first year full-time undergraduate student at university site 1 in physical sciences, taking a lighter course-load. She identifies as having “working memory disability” and “process and speed disability”. She enjoys places on campus with other people such as residence, student wellness lounge, and some libraries. She formally identifies as a disabled student and receives accommodation services [face-to-face on campus library seated interview].

6.8 Participant 3: Cassandra

Cassandra is a female second year full-time MSc student at university site 1 in a rehabilitative healthcare-clinical oriented field of study. She identifies as a student with “invisible disability -PTSD” where sleep is impacted and language surrounding Rape and physical-sexual assault may represent triggers. She draws on social models of disability and attests that mental health issues are not being meaningfully addressed within the institution. She organizes and hosts events off campus for mental health peer support. Cassandra contests and challenges negative, inappropriate, stigmatizing language

surrounding mental health, chooses not to be formally registered for accommodation services, and selectively discloses with classmates and instructors [face-to-face library on campus seated interview].

6.9 Participant 4: Stacey

Stacey is a female second year part-time undergraduate student at university site 1 in social sciences. Stacey identifies as a Mad student and former street kid with invisible disabilities including PTSD who also spends time in hospital due to Crohn's. She maintains an active social life and is active in the community. She notes that many professors are not knowledgeable or accommodating towards students with mental health issues. Stacey is formally identified and registered with Disability Services and discloses if she trusts the professor. Stacey indicates that she had a didactic memory before psych medications and also experienced abuse as a kid. University represents home where she meets with friends. Stacey engages in guest talks about mental health on campus drawing on her own experiences to inform future practitioners in fields such as psychiatry and psychology. She is actively involved in mental health initiatives and knowledge mobilization drawing on Mad knowledges. Stacey engages in reclaiming the term Mad, Mad pride, Mad student activism, event organizing and planning such as Mad Hatters' tea party, and fundraising [face-to-face outdoor on campus seated interview].

6.10 Participant 5: Tessa

Tessa is a 24 year old [third year full-time undergraduate student at university site 1 in a health-related field with an affiliated college program] and most often identifies as a disabled white heterosexual female, 5'7 in height, lower middle class and of French-

Dutch-Canadian ethnic cultural background. Tessa comes from a very religious family who is very supportive in specific ways. Tessa is the only child of her mother and father, but has 3 half siblings and 3 step siblings. Tessa loves to play the piano, sing, ride her motorcycle, and travel. She thinks of herself as a capable compassionate nurse who wants to help others. Tessa has a hard time holding down employment because of her Asperger's combined with her ADHD. She also has difficulty building and maintaining friends because of her disabilities with three very close long-term friends who are the exception. Tessa also has a loving and very supportive partner and helps Tessa cope with and compensate for her disabilities where able [Wrote her own profile, face-to-face on campus seated and partially mobile interview].

6.11 Participant 6: Lisa

Lisa is a female full-time Masters of Science graduate student at university site 1 in a health oriented rehabilitative field. Lisa notes: I am Deaf (late deafened. I grew up hearing then slowly lost my hearing), I use ASL interpreters for all my classes. All videos need to be captioned. I need enough break time to rest my eyes as watching is not a passive activity like listening. I need to have time to take both myself and my dog to the washroom if needed. I need a stall in the bathroom that is big enough for us both to fit in. I need instructors to send me class materials ahead so I can prepare for what signs/words I should be expecting…I need a notetaker who can take proper and full notes, and I need copies of all the powerpoints. I need the time to be able to go back over those notes and make my own notes from them. I have severe anxiety and depression associated with this. I also have a hearing ear dog guide. I also have hypermobile joint syndrome (elhers-

danlos 3 without stretchy skin). This makes it hard for me to stand for long periods, carry heavy bag on my back, write for long periods [wrote her own profile, email interview].

6.12 Participant 7: Kerry

Kerry is a female PhD full-time fourth year student at university site 1 with experiences at university site 2. She identifies as a student that due to the nature of her impairment, has a visible disability. She experiences chronic pain and describes herself as "immersed in the culture of healthcare" as a patient. Kerry is not formally registered with disability services, requires particular seating arrangements, and is often off campus. Kerry disclosed within the program, informally negotiates academic and workplace accommodations engaging in self-advocacy, and promotes awareness of disability-related rights and laws. Kerry describes accessing formal accommodations as an invasive medicalizing process and objectifying experience [Face-to-face off campus in home seated interview].

6.13 Participant 8: Olga

Olga identifies as a female Masters mature graduate student at university site 2. She notes: "When I do identify as a person with disability, I've been hard of hearing since I was a little girl" navigating through the educational systems "learning later on in life to self-accommodate". Olga often self-advocates and discloses directly to professors to negotiate accommodations such as seating arrangements facilitate her hearing. Olga believes that technology, online and distance learning might pose new opportunities and challenges in accommodating disabled students. [Face-to-face coffee shop off campus seated interview].

6.14 Participant 9: Bonnie

Bonnie identifies as a female mature PhD student at university site 2 with a visible "very obvious physical" disability. She once identified as able-bodied, but now has an acquired physical disability. Bonnie also identifies with an invisible learning disability. She also notes: "I have a spinal cord injury so I have mobility impairment" acquired later in life. "I do physio regularly. I do have complications, not wildly difficult ones but I do have complications of my spinal cord injury, which makes the more doctors' appointments" Bonnie attests that there are legitimate reasons why disabled students might take longer to complete programs. Due to health and other circumstances, she stopped her TAship feeling "burned out" and did not receive scholarship funding. Bonnie believes the university would be a "richer environment" if it was not based on the ideal of able-bodied young students [Telephone interview].

6.15 Participant 10: Annie C

Annie C is a female second year full-time graduate student in a PhD program at university site 2. She is very familiar with the campus and prefers places that are comfortable and do not make her body feel like an imposition. Annie C engages in Feminism and social justice work, and believes that Critical Fat Studies and the social model of disability have provided her with tools to examine her own experiences of oppression and other fat persons by considering social, spatial, attitudinal barriers, and the idea of the universal body. She problematizes fat as a "chosen embodiment" and fitness initiatives. Annie C notes: "My life has been defined by my body being fat…it's actually been the main identifier I think for myself. It's how I consider myself in the world, and also because it's so visible to other people" She identifies as 'Death fat' as a

counter to biomedical term to obese, to acknowledge and speak back the biomedical juding gaze, where “death” is always perceived at her doorstep irrespective of how healthy or unhealthy she may be. Annie C blogs, engages in fat activism, and believes claiming space is a revolutionary political act. [face-to-face seated student lounge on campus interview].

6.16 Participant 11: Mary

Mary is a female second year fulltime PhD student at university site 2 with nonvisible disabilities. She notes: “I don’t always forthcomingly identify as a person and/or student with a disability because of the discrimination I have experienced in the past. At times I will pass as nondisabled. By virtue of the program that I’m in, I have disclosed and I have been accommodated as best as the program can, which has been phenomenal at times. It has been helpful to aid me in the progression of my program”. Mary feels very familiar with the university campus and indicates that there are issues and barriers associated with physical access, attitudes and “ableism”. Mary is identified formally at Disability Services. “My experience with the disability services on campus actually started on my undergrad. I had severe respiratory issues and eventually had developed blood clots in my first year of the university”. Mary negotiates accommodations directly with professors. Mary notes that the work involved, energy and struggle for equality on behalf of herself and other disabled persons actually “makes us sick” [face-to face on campus seated and partially mobile interview].

6.17 Participant 12: Sarah

Sarah is a white, queer femme [at university site 2]. She is temporarily able bodied and self-identifies as a psychiatric survivor and a survivor of trauma. Sarah is an intersectional feminist, and is a PhD student who loves learning and teaching. She feels extremely grateful to have been welcomed into a supportive community of scholars during her doctoral studies, and to have found wonderful friends and an amazing partner. The love and friendship in her life have enabled her to keep working toward achieving her dream of obtaining a doctoral degree, despite the difficulties she has encountered along the way [wrote her own profile, face-to-face on campus seated interview].

6.18 Participant 13: Monica

Monica is a [white heterosexual female] 28 years old, graduate student at university site 2 [in a social science field] who identifies as able-bodied, working class, and of French-Canadian and Italian ethnic cultural background. She has an older sibling who has a developmental disability and has been closely involved in supporting him. Monica enjoys running, soccer and playing music. She does not often identify as a person with a disability but has used mental health services in the past following a diagnosis of depression and 'bipolar disorder'; she has been hospitalized and has lived as an out-patient of a psychiatric institution. Monica does not often disclose her mental health experiences to university instructors, family or friends. [wrote her own profile, face-to-face office on campus seated interview]

6.19 Participant 14: Michelle

Michelle is a female undergraduate and MA full-time recent alumni at university site 2 in a social science field. Michelle notes: “I was never ashamed of who I was so I would tell ... every single person I've met pretty much knew that I was a person with a disability. I was visually impaired and I had epilepsy at the time…” Michelle was formally registered as a disabled student and received accommodations for print enlarged materials, audio books, books ahead of time from professors prior to starting courses, powerpoint slides ahead of classes, some screen reading software, extra time on exams, enlarged print exams, and separate rooms with invigilators. Michelle avoids darkly lit areas on campus [face-to-face hallway on campus seated interview].

6.20 Participant 15: Olivia

Olivia is a female second year M.Sc. graduate student at university site 1 in a health related discipline also involved in education-related research. Olivia identifies as a student with a multiple invisible impairments, including learning disability working memory impairment, and mental health. She describes diagnosis with LD as a relief and engages in raising awareness that disabled students can be in higher education and pursue degrees just as nondisabled students. Olivia openly discloses disability to her supervisors, committee members, and other professors within the program and views disclosure as an opportunity to share her experiences with others and “raise awareness about student diversity.” She believes that her understanding of disability is shaped by both her ethnicity [of Asian descent] and also the professional culture in the medical profession. Olivia states that universities should be accessible for everyone, and that professional

programs also need to become increasingly accessible, open to diverse students, including disabled students [face-to-face library on campus seated interview].

6.21 Participant 16: Tim

Tim is a male disability office worker at university site 1. He identifies as blind/visually impaired who often uses a mobility aid, and has extensive experience in providing disability-related accommodations and managing disability-service provision. Tim identifies as a former student of the institution prior to disability-services existing, and is extremely familiar with the university environment, disability-policies and practices. He attests that student voices empirically inform the accommodation process and disability office workers' practices, where every meeting with disabled students informs practices. Tim also believes that disabled students have "more power than they know" within the university [face-to-face office on campus seated interview].

6.22 Participant 17: Elyse

Elyse is a female PhD student at university site 1 in the social sciences. She identifies as a mad person/disabled person and believes that mad people's knowledges are often dismissed and subjugated. Elyse is actively involved in student groups, which heightens her visibility as a disabled student and identifies as "language flexible" stating: "I will identify as disabled when that is the language that gets used. I like the association to the disabled people's movement. I like using that language to talk about cross-disability work. I do experience disability. I relate to the idea of being disabled by my environment… I tend to prefer talking about myself as a crazy person. I'll use mad too because that's now more politicized and more connected to the community than crazy is

as a word. I have diagnosis. I have legit street cred. I don't tend to use those." She also experiences psychosis at times and travelling through different realities. Elyse experiences social barriers limiting her participation in particular social events and gatherings and is actively involved in the mad community, mad advocacy, community building, resistance, and peer-support initiatives. Elyse seeks to manage privacy and disclosure, and does not want the disability services office having diagnostic information or her name on file, not trusting the institution not to treat her in discriminatory ways. She actively engages in circulating mad positive information via posters, buttons, magnetic poetry, and writing on a whiteboard in a hallway, influencing which books are in libraries having help buying them from her supervisor seeking highlighting mad perspectives. Elyse feels that some spaces at the university are perceived as safe and unsafe and is committed to countering mentalism, sanism, and ableism, linked to racism, sexism, heterosexism as systems of domination [face-to-face office on campus seated partially mobile interview].

6.23 Participant 18: Dr. Rebecca

Dr. Rebecca is a female university instructor at university site 1 and assistant dean of a rehabilitation program. As part of her duties she also signs off on accommodation requests from disabled students after students have met with disability services to submit a formal request. As head of a professional program that deals with impaired persons, she notes that the program absorbs some of the costs associated with academic accommodations." Dr. Rebecca sees her role as seeking to ensure that faculty are aware of disability-related university policies following a process to treat everyone in a similar fashion. She suggests that there is a need for a team approach to academic

accommodations, and that instructors would benefit from additional training on how to provided academic accommodations. She finds not knowing about the nature of impairment to be sometimes problematic in trying to administer accommodations. Time, effort and budget considerations constrain her work [face-to-face office on campus seated interview].

6.24 Participant 19: Steven

Steven is a male M.Sc student at university site 1 in technological sciences. He identifies as non-visibly disabled with autism and with motor skills in his hand, which affects his writing. Steven believes that there is a need to unpack and counter the perception that disabled students are "lucky" to receive accommodations, or that students with nonvisible disabilities are "gaming the system". He attests that disability is "always understood as a problem" and believes that identifying as autistic allows him to be more in touch with his surroundings and environment in certain respects, hearing sounds and feeling things around him as both opportunity and sometimes disadvantageous ways [face-to-face empty classroom on campus seated interview, partially mobile not recorded].

6.25 Participant 20: Professor Geraldine

Geraldine is a female professor at university site 1 with decades of teaching experience in the social sciences. She instructs many classes in the area of sociology with very large class sizes some approximately 500 students. She works closely with disability services to ensure all students identified as disabled are accommodated. Geraldine has "gained reputation" for fulfilling accommodation letters meeting needs of disabled students, and engaging in workshops with faculty regarding accommodation practices. Geraldine treats

all students with respect and empathy, with the hope of "nurturing intellect" while maintaining "academic integrity". She organizes lists of students with types of accommodations and books examination room facilities well in advance, visiting rooms or providing students with a contact office and home phone number. Her duties also entail hiring and paying invigilators for separate rooms. She seeks to recognize the "gifts" students possess and to help them realize their potential in line with their own ambitions and desires. Geraldine also recognizes unique situations that contextually impact student lives, and asserts that where students may encounter unforeseen obligations, some flexibility needs to be there to consider these circumstances. She is aware of mental health issues and argues for the need to be cognizant of addressing the whole student and not just the academic part [face-to-face office on campus seated interview].

6.26 Participant 21: Professor AF

Professor AF is a female associate professor at university site 1 in a field of social work who draws on a social model of disability and CDS to inform social work praxis. She has actively been involved in university level advisory committees on disability-related accessibility issues. AF has been involved in promoting accessibility for disabled students and critiquing how disability is often absent in university recruitment campaigns, or who are those persons represented in recruitment and university promotions. She believes that there is a need for training and attitudes to shift toward disability among staff and faculty members to promote inclusion and access, favouring a move toward universal design. AF claims that AODA modules and an absence of instructor training are issues that need to be addressed. She actively works with students to craft accommodations, and views academic accommodation provision as a complex ongoing

process that requires options and openness. AF uses multiple means of evaluation and assessment, incorporating student feedback to inform her pedagogical practices. She comments that although the university may not promote student activism and organizing, in particular Mad students have been effective in collectively coming together to promoting mad students' needs. AF believes that there is a normative sense of what constitutes a real student as "able-bodied, able-minded, and probably white" which still informs what constitutes an ideal university student [face-to-face office on campus seated interview].

6.27 Conclusion

University and participant profiles attend to who is where, why there, and why being 'there' matters. In other words, how and why particular mad and disabled socio-spatial subjectivities are onto-epistemologically represented, known, and understood. University profiles reveal salient aspects of the institutional socio-spatial constitutive realms and discursive academic accommodation and access policy-practice contexts negotiated by self-identifying mad and disabled subjects. Knowledges on disability circulating and (re)produced in university settings demarcate and place discursive limits mediating and enabling particular dis/abling subjectivities to emerge and become rendered as intelligible. Within these university spaces subjects are actively crafting themselves, understanding themselves in new ways, and formulate self-knowledge while attending university. Participants identify with complex different intersectional axes of signification (Crenshaw, 1989). Socio-spatial-temporal knowledge power relations within university settings mediate such complex subjectivities. Participants are discursively constituted within institutional knowledge-power relations, academic accommodation policies and

practices, and also act with agency to resist dominant ableist practices and craft their own subjectivities, thereby constituting themselves. The profiles reveal aspects and relevant characteristics about the identities of participants as situated subjects in university settings. Participants' identities relate to their senses of place specific self-situatedness and positionality in relation to others, and discursive struggles for access, recognition, inclusion, community, and equality. Thus, participants' profiles reveal their unique self-understandings, relating to Foucauldian (2005; 2007) notions of subjectification and knowledge of self, which can be linked to a deeper sustained practices of freedom in struggles against ableist and sanist oppression.

Chapter 8

7 Mad at University: Examining Mad University Students' Experiences

"If sanity and insanity exist, how shall we know them?" (Rosenhan, 1973, p.379).

7.1 Introduction

In this chapter, I focus on the voices and experiences of three self-identifying Mad university students. Elyse a PhD student at university site 1 engages in Mad student activism, knowledge dissemination, and community organizing, Sarah identifies as a PhD graduate student psychiatric survivor and survivor of trauma at university site 2 who engages in mad positive advocacy, Stacey a female second year undergraduate student is part of a Mad student group at university site 1. I focus on mad subjects and mad subjectivities, and socio-spatial experiences of self-identified Mad students. Mad students illuminate disabling experiences associated with identifying as Mad, where Mad perspectives and Mad students' voices offer productive insights into the field of CDS. What is the significance of Mad dis-positions, situating oneself as a Mad person who subsequently experiences disabling forms of marginalization and oppression? This chapter also offers important significant avenues for considering the value, crafting, and emergence of Mad positive spaces which represent and reflect the mad knowledges and enable mad conversations and mad student solidarity.

Ontario universities are vying for positions on research matters and jostling for funding in disciplinary domains. Mental health is worthy of attention, as a matter of concern and allocation of research funding. Students with mental health illnesses are researched as subjects and housed in university spaces, readily accessible for treatment

initiatives and studies most often stemming from psy-sciences and biomedical oriented disciplines (Rose, 1999). As Rose (1999) notes psychological ideas circulate within: "particular apparatuses for the dissemination and adjudication of psychological truths – learned journals, university courses, conferences, symposia, newspaper articles, and books..." (p.83). Thus, psy-knowledges disseminate, circulate, shape and influence ways of thinking and acting in university sites. As already indicated in chapter 1, the perspectives of Mad students have largely gone unacknowledged. Mad perspectives offer counter hegemonic knowledges, different perspectives and stories which challenge dominant psy-based knowledges. There is an absence of Mad student perspectives in informing current mental health policies, practices and initiatives in Ontario universities and this chapter seeks to address that gap.

Russo and Beresford (2015), for example, note:

> The omnipresent psychiatric narrative of mental illness has always had its counter-narrative – the life stories of people labelled mad. The relationship between these two accounts has always been one of domination: mad voices have been – and continue to be – not heard, overwritten, silenced or even erased in the course of psychiatric treatment. (p.153)

It is thus essential not to recycle, misrepresent, or appropriate mad knowledges, but to draw on these Mad students' voices in ways true to their intention, to disrupt the mundane unnoticed unspoken violence and challenge dominant limiting reductionist individualizing neoliberal biomedical mental-health related discourses circulating in university settings. Rather, I seek to examine "epistemic injustice" making the case by drawing on first-person knowledge of madness and distress in university settings

experienced by Mad students (Russo & Beresford, 2014). Students who identify as Mad may find support from family, friends and allies and may not always go to university counselling services or professionals as they are conscious of the stigmatizing and regulatory constraints of diagnostic assessment and the clinical gaze in being designated officially as certain sorts of mad subjects (Reid & Poole, 2013, p.218).

Discrimination on the basis of an individual's mental health represents a significant human rights issue, often experienced as alienation, segregation, limited access or unequal access to education, silencing, and even confinement. Persons with mental health issues may encounter alienation and discrimination (OHRC, 2011). Mental health issues have proliferated Ontario University campuses often understood as a student crisis in need of intervention (Council of Ontario Universities, 2012; Brown, 2013). Given that Mad students' perspectives are not part of this discussion, I address what it means to be a Mad student in higher education. I draw correspondences between Mad students' perspectives to highlight particularities of their lived experiences. Mad students' accounts provide a glimpse into the micro-politics of power as experienced by these students and provide critical insights into how are madness and non-madness understood and valued in localized university settings.

7.2 Sanism and Mad (dis)positions

Mad students take up positions, onto-epistomological stances within university settings. Such nonconformist political positions can be experienced as disabling, marginalizing, alienating and isolating. Taking this up, requires greater theorizing as to how CDS and Mad Studies might be similar in particular ways, intersecting and converging, while also different in others ways at times taking up radically divergent tasks. Mad students

illuminate the intersections of Mad Studies and CDS to demonstrate how these fields are important in instrumentally providing a foundation to describe conditions of oppression and discrimination experienced by Mad students. In this way, I can write how mad students position themselves in academic institutions, understanding and describing their experiences as both Maddening and at times disabling in relation to dominant ableist-sanist discourses and regulatory regimes of practices. Such regulatory schemes devalue non-normative thoughts and actions dictating the conduct of Mad individuals to fit within these able-bodied-sane frames.

Mad students nuance theorising about disability. In this study they acknowledged the disabling effects of systemic oppression, labeling practices, negative alienating attitudes and sanism. Sanism relates closely to the term mentalism coined by Chamberlin (1979, 1990, 2005). People deemed to be mentally ill often encounter sanism which deems them to be "incompetent, not able to do things for themselves, constantly in need of supervision and assistance, unpredictable, violent and irrational" (Chamberlin, 1990, p. 2). Sanism represents systems of oppression and discrimination on the basis of devalued neuro-diverse nonconformist ways of being, knowing, speaking and acting in the world which disqualifies all that is Mad. In light of this study, it is clear that further interdisciplinary research is needed to unpack and theorize connections between Mad movements and disability movement politics (Muriel, 2012) and various societal systems of oppression impacting Mad and disabled persons. Unpacking sanism in this regard requires a critical focus on ableism, and other intersectional forms of oppression. In this study, Mad students actively craft complex Mad subjectivities while negotiating ableist-

sanist constituting practices revealing sustained critical scrutiny of experiences of societal disablement.

Mad people often experience processes of disablement, sometimes aligning and claiming disability status, this is not to say that Mad people necessarily identify as disabled persons. As Beresford et al (1996) state:

> Many psychiatric system survivors are unwilling to see themselves as disabled. They associate disability with the medicalisation of their distress and experience. They reject the biological and genetic explanations of their distress imposed by medical experts. They may not see themselves as emotionally or mentally distressed either, but instead celebrate their difference and their particular perceptions. Similarly, some disabled people do not feel that psychiatric survivors are disabled, because they do not have a physical impairment or their situation is not permanent. There are also fears and anxieties on both sides of being linked with the negatives that are often associated with the other. (p. 209)

In spite of these considerations and conceptual divides, Mad participants in this study also acknowledged disabling experiences associated with the ways mental health is understood and treated in university settings. Thus the three Mad students in this research all inherently suggested that Mad politics is connected with disability and processes of disablement, and disability studies and politics can also learn and draw from Mad studies.

As already indicated in chapters 1 and 2, there is a great need to theorise and deeply unpack the intersections of Mad Studies and CDS. It is important and necessary for disability scholars and activists to think critically about how they may be "implicated in the reproduction of the authority of psychiatric knowledge" (Aubrecht, 2012, p.31).

Mad students' experiential accounts offer a glimpse into the complex ways disability and madness are often experienced as nonconformist, marginal, and oppressed societal experiences. Unpacking madness requires attentiveness to the ways Mad persons have historically and presently been constituted, categorized, alienated, confined, and subject to supervision, regulation and social control, torture, violence and cruel treatments in the name of cure (Scull, 2015; Russo & Beresford 2015; Foucault, 2009; Rose, 1998). A shift in focus from biomedical rehabilitation and cure and treatment to speaking about and eliminating roots of inequality, violence, suffering and oppression is suggested by Mad participants. Stacey identifying site 1 as "home" who engages in mad positive teaching, activism, and mad community group organizing, for example, notes:

> I remember first year university was horrible. I was in a psych class and I had a group project to do and the girl found out I was bipolar and she kept texting me the wrong place to meet, so ... Because she had this issue around people with mental health problems, she told me…It's partly out of fear, I think, because a lot of people with mental illness, like I said, are perceived as violent. And I remember reading about COPE[1] in Time magazine, that's how I found out about it, and then a father from some town wrote in saying that since they had an active mental health organization on campus he would not let his daughter go there.

As Mad students engage in mental health related advocacy, teaching, disclosure, and activism, they also render themselves increasingly visible, and in this way vulnerable as

[1] COPE is a university student organized mental health-related initiative by students who may or may not identify as experiencing or having experienced mental health issues. COPE organizes events to promote mental health awareness. COPE often engages in initiatives that are anti-stigma, such as annual runs to "defeat depression."

targets of sanist discrimination. Stacey experienced alienation and was texted the "wrong place" due to reactions of a group member to Stacey's bi-polar psy-identificatory label. Often constituted as violent and dangerous subjects, students who disclose being mad may encounter discrimination, social segregation and alienation from non-mad persons (Foucault, 2009). Mad persons may experience marginalization and exclusion being characterized as abnormal similar to criminals and deviants where "power is exercised over the mad, criminals, deviants, children, and the poor in these terms…mechanisms and effects of exclusion, disqualification, exile, rejection, deprivation, refusal, and incomprehension" (Foucault, 2003, pp.43-44). As Foucault (1988; 2006) illustrates nonconforming mad subjects may encounter regulatory psy-informed pathologizing judgments, animalistic dehumanizing characterizations, criminalization, social alienation, confinement, and biomedical interventions of treatment and cure.

Mad students engage in "pluralities of resistances" and also may engage in "subversive acts against sanism" (Diamond, 2013, p.69). At case site 1, Mad students have organized and created a "Mad Students' society". Sanism may be institutionally experienced as barriers to different ways of engaging with institutional learning expectations; one being that learning is uninterrupted, without breaks. After dealing with a time of academic leave due to mental illness, Stacey indicates:

> I was still pissed with university policy, because I have never been able to take a full-year course, six units, because, I have been sick either one term or the other or for the full year since I started here. So this is my first year taking two six-unit courses, because they are pre-reqs to get into the social work program.

Thus, continuity of studies for this particular participant was experienced as work that was not recognized, lost and later as added financial costs, placing a greater financial burden on her. Interruptions in studies do not fit within administrative regimes and modes of intelligibility governing the ways in which university courses operate. How can a break in a student's studies fit within neoliberal corporate mechanisms of university operations? In this case, individual sickness is experienced as further hardship, and financial burden solely placed on the student.

7.3 Enabling Mad Spaces

This research reveals that Mad students actively carve out their own spaces in university settings. What are Mad spatialities? How are Mad spatialities experienced? Psy-sciences have arguably informed where bodies are placed in relation to another, what constitutes appropriate proximity and conduct between persons, socio-spatial levels of sound, ways of acting and smelling, thinking and being in the world among others. Mad students reclaim university spaces, repurpose and re-imagine these sites anew. They engage in rethinking various socio-spatial sites and how they might be used in different ways to enable Mad spaces. Mad spaces are activist sites where Mad people can come together, communicate, share ideas and experiences. These are sites which appreciate difference and multiplicities of Mad experiences and may also welcome Mad allies. These spaces challenge dominant institutional norms, knowledges, and values. What are these Mad spaces? Why are Mad students reclaiming and fashioning such spaces for themselves? A socio-spatial focus calls attention to how Mad students (re)claim material space in the academy, to carve out spaces of and for resistance, to find safe spaces, and to have spaces that appreciate different ways of acting, talking, thinking, communicating, being. Mad

students pose questions about how the university is used, governed, and how architectural physical spaces are designed and for what purposes?

Mad students desire spaces that let them be who they are, and to grow a community of shared dissonant-relations as a means by which to counter the hegemonic status quo. Such spaces are not easily defined or reducible to singular conceptual spaces; they are dynamic, shifting and open for Mad people. They are in many ways oppositional counter-hegemonic spaces, as they stand in direct opposition to sanist spaces. These are spaces where peer support may be encouraged over biomedical expertise and mental health as neurodiversity, not to be pathologized, or devalued but appreciated. Mad counter hegemonic peer supportive spaces acknowledge this struggle, pain, suffering and hardships, and represent places where individuals identify, discuss, and seek to challenge broader systemic oppressive structures, attitudes, behaviours, and beliefs which individualize, pathologize and marginalize Mad people within university spaces. These are radically differently conceptualized Mad positive spaces, which offer therapeutic peer support, and often elude a pathologizing biomedical psy-informed gaze. Mad peer support spaces fulfill different needs by representing places of respect, understanding, empathy and a sustained ethics of care, perhaps not found elsewhere within the university. As Foucault (1986) asserts: “Space is fundamental in any form of communal life; space is fundamental in any exercise of power” (p.252). The struggle for space entails political and strategic (re)organization, (re)purposing, and (re)coding of particular university sites demonstrates the desire to transform institutional spaces as a “purposeful social practice” (Soja, 1989, p.80) connected to Mad positive resistance, agency, and collective solidarity. The struggle for space is a struggle to find a place of and for Mad

positive expression, sites where Mad persons may congregate or individually exist and where Mad knowledges and voices may be uttered, heard and valued. Mad themed courses and may also carve out safe spaces within university settings for mad voices and knowledges (Church, 2013). As such, Mad peer support may occur at various places and times, and claiming such spaces to engage in Mad positive peer support, here and not there, is a radical space claiming choice. More research is needed to unpack factors enabling and constraining the making of Mad community-formed spatialities.

Making spaces is important in sustaining critical dialogue and fostering a community of Mad students and allies. Elyse a grad student engaged in mad positive initiatives, mad peer support, and subversive critiques of mental health information circulating in universities outlines why making Mad university spaces matters expressing a desire to create Mad positive universities:

> The campuses these days nationally, pretty nationally are really into mental health at the moment. They're really concerned about it and want to talk about it and do awareness about it. Usually the stuff they're talking about is stress, nervousness, trouble sleeping, sadness; they're not really talking about crazy. They're talking about stress mostly. They never talk about my kind of crazy.
>
> I travel through other realities and shape trips and experience psychosis. That's never a thing during mental health awareness campaigns. Neither is disabling experiences of distress or particular labels that are never really discussed in these campaigns.
>
> People on the surface try to be aware of nervousness or whatever on paper but not when it comes down to actually being supportive of people experiencing those

concerns. The limit is, “You’re nervous. Right, I understand nervousness totally exists. Maybe you should go get some help for that, nervousness so it will go away.” The place they’ll refer you to is counseling. They might tell you about accommodation but mostly they’ll tell you to go to counseling. It’s definitely not a place institutionally where you can say what your needs are and get them met and have that not discriminated against or have that feel like an okay thing to do. It’s not mad positive. Mad positive to me would be like you could use whatever language you want to talk about yourself. You can out yourself if you want, you’re not nervous about doing that. People don’t hold it against you. People know how to do support. They don’t just refer you elsewhere but are like, “What can I do in my role with you that is supportive?” I don’t feel like people do that. Personally, as a grad student I have two really lovely supervisors who have been tremendously helpful and are largely mad positive. Most undergrad students don’t experience that because they don’t have contact with faculty in the same way. They’re in these really large classes. The nature of the institution trying to make money and be cheap is that students are in really large classes. Then what happens is that instead of making accessibility the norm, the norm is inaccessibility and then people get one-off accommodations rather than reducing class sizes or doing some other things.

As a grad student I’ve had some better access to some of that although all my classes have been 9:30 classes which I haven’t been able to, which have been disabling to me. I’ve had to alter TA duties so that I would get enough sleep. I’ve had to alter medications so I could wake up on time. The reason they have 9:30

> class, I don't know what the reason is except that the program has targeted a particular demographic of students that wakes up at 7:00 and drives their kids to school or something and then goes to class. That hasn't work for me.

Mental health anti-stigma campaigns promote a certain type of mental health hygiene, extend the language-currency and literacy of speaking with dominant discourses on mental health thereby normalizing mental illness, and simultaneously with a clever broad stroke divide and delineate some individuals as those at the limits and margins of sanity – the truly mad, to be pathologized to a greater extent and subsequently understood and treated as dangerous. The university student emerges as a "figure of mental health and illness" (Aubrecht, 2012, p.ii). For Elyse, talking about stress, anxiety, nervousness as commonly represented mental health conditions narrows the threshold of who qualifies as normal, thus constituting more individuals as abnormal by widening a psy-oriented diagnostic pathologizing web. This permits what Frances (2013) adequately refers to as "disease mongering" (p.29) by mental health advertising and campaigns which seek to manipulate and blur the boundaries "between the mildly ill and the probably well" (p.28) with the aim of "diagnostic inflation" (p.xiv) in order to capture a larger market, and creating greater profits for drug companies. Foucault's (1995) notion of dividing practices is relevant, as mad subjects are identified, categorized, and rendered intelligible through mental health campaigns. Elyse demonstrates the need to critically examine the functions of anti-stigma campaigns as tools which teach others how to read signs and symptoms of mental illness, to identify potentially "mentally ill" subjects, construct a particular discourse and language about what is sayable-speakable in relation to mental health. Stress, anxiety are thereby universalized as mental health issues encountered by

students, while issues of psychosis remain peripheral, unintelligible, unrepresented and by extension perhaps unwelcomed in university settings. Yet, as all persons may become such real and figurative societal monsters through unknown slippages early identification and prevention is key.

Mental health campaigns talk about certain types and forms of mental health issues, ignoring more stigmatized mental health labels such as psychosis. There is a need to create spaces where nonconformist narratives, and lived experiences of Madness can be shared and celebrated. These spaces extend beyond the academy into the community, bridging the university with life in the community and society at large. Importantly, these spaces are often intended to fly under-the-radar, free from surveillance and scrutiny from university administration and bureaucracy. Furthermore, the drugs which this participant takes in order to fit and function within school settings also have side effects experienced as the need for more sleep, not fitting within temporal norms and expectations of attending early morning classes. Elyse comments on the division between grad students and undergrad students also illuminates the impacts of neoliberalism and university practices aimed at maximizing profits, which translates into fostering less contact for undergraduates with faculty members, placing more students in larger class sizes, promoting inaccessibility and normalized accommodations as a norm. As a graduate student, Elyse contends with class scheduling that does not work for her, where the institutional schedules do not fit with her desires, to work at different times. Although she attests that a "particular demographic" is able to do so, I believe this statement more readily reflects Elyse's sentiments and frustrations that she does not fit within this norm or institutional expectation to attend such early classes which many students, teaching

assistants, staff, and instructors may similarly experience affecting many different social actors. She questions who are the people (if any) and what might their lives look like who might want appreciate or desire, early morning classes. The scheduling of classes impact social actors in university settings in different ways, and may be experienced as inconvenient for many reasons. Advocating for greater flexibility in class schedules may represent a possible way to meet the diverse needs of many students, mad, non-mad, disabled and nondisabled alike within university settings. For Elyse, as a mad student who experiences sleep impacted by medications the scheduled timings of classes represents a salient concern.

One Mad participant opens space in the institution for knowledge sharing, to create and re-envision how knowledge is created about mental-health in a dynamic democratic way, welcoming people to share their thoughts, ideas and visions about what mental health is, and could be. The hallways become sites of activism, knowledge

creation, and sharing on a whiteboard.

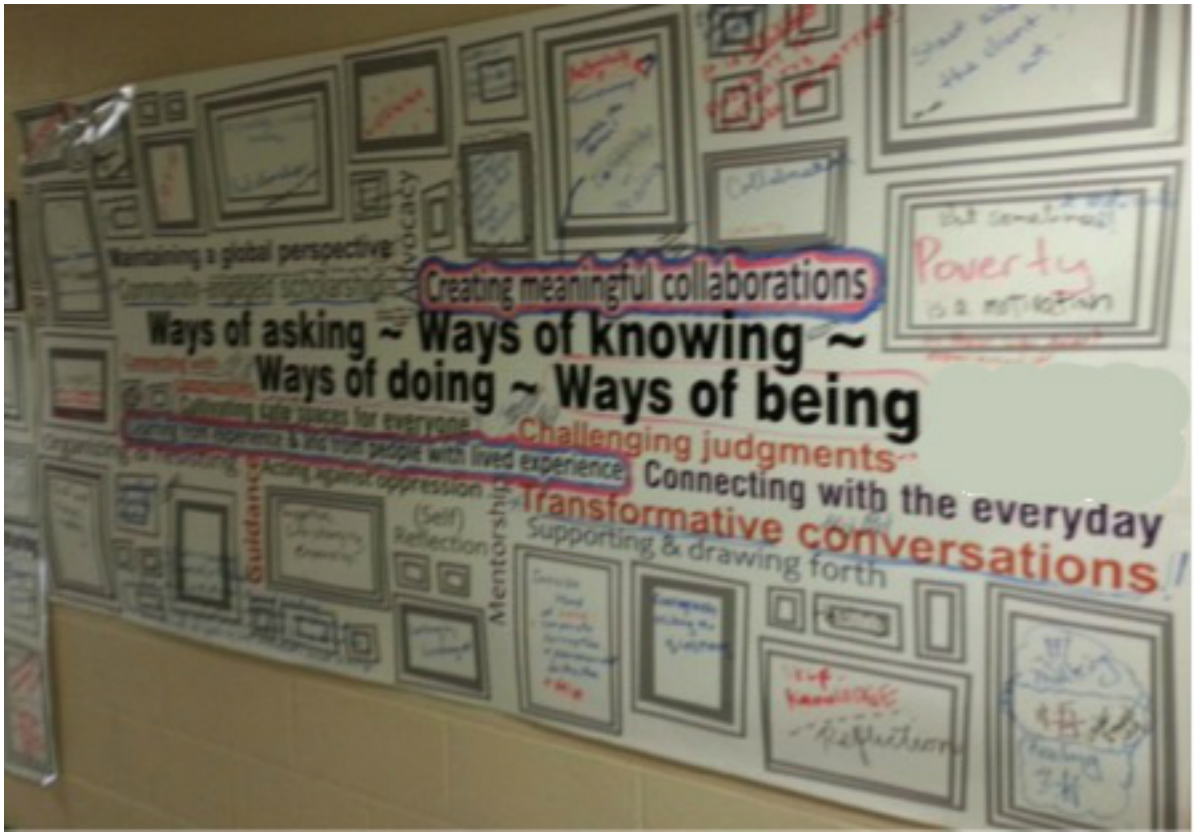

Figure 1: Whiteboard in a hallway for people to share their writing titled "Creating meaningful collaborations: ways of asking, ways of knowing, ways of doing, ways of being"

The above image features a whiteboard in a hallway with the words "ways of asking, ways of knowing, ways of doing, ways of being, connecting with the everyday, transformative conversations, creating meaningful collaborations, advocacy, mentorship, acting against oppression, challenging judgments, (self) reflection" and open framed panels with blank spaces for anyone who wishes to write with dry erase pen.

The creation of this space de-centers power-relations adding voices of Mad persons to represent and circulate Mad knowledges in these hallways by claiming an institutional space to re-wire and re-write discussions about mental health. Such practices

literally create democratized spaces in the academy for Mad knowledges and voices to be visibly represented.

During interviews participants chose the interview sites, this one with Stacey happened outside sitting near a concrete chess table, with pedestrian traffic walking about in the near vicinity, while my participant had a few cigarettes on a sunny day. Finding peer support in universities was a key consideration for this participant. The university itself compared to a home represents a real and imagined space (Bachelard, 1994) one embedded with complex, intimate and symbolic representational meanings. For example, Stacey who identifies as a "former street kid" shared her written poetry which eloquently expresses what the university means to her:

> Home.
>
> A sanctuary of sorts offering respite and acceptance.
>
> A place where one always feels welcome.
>
> Finding a sense of camaraderie and understanding with like-minded people.
>
> A place where inspiration thrives and dreams and ambitions are not only aspired to, but achieved as well.
>
> There are always people willing to lend a listening ear.
>
> A home is maintaining a sense of community in this egocentric world.
>
> People stand up for one another and believe in one another.
>
> Community in its true essence is at the heart of the home.

> We are here for each other, finding solace in knowing that even when stress is high and problems seem to be all but too common that there are people who understand.
>
> Living and learning in an inclusive environment is of the utmost importance in today's alienated world.
>
> Letting people know that they are not alone, that there are others who understand.
>
> A home consists of individuals coming together to create effective change.
>
> Working together is not always easy, but a healthy home is founded upon acceptance and mutual agreement.
>
> How do I spell home?
>
> Simple.
>
> [University Name]

Upon hearing this, I was moved and tears welled up, the participant offered me a caring touch on the hand, literally and truly touching my life. Not only does the university represent a safe space, it is a place for community building, for safety in a world that is less kind and welcoming. The university as a site is this participant's home. A sense of community building and inclusion foster understanding and acceptance in ways that work for change. It is a critical site to collectively connect in ways to transform the harsh realities of the world. The university represents a space filled with meanings, where subjects perpetually re-imagine reality, where spaces are imbued with imagery, poetics, and human assigned values (Bachelard, 1994).

Resisting the pressures of an "egocentric world" rejecting individualism, Stacey seeks understanding, listening, solidarity, communities of acceptance founded upon mutual desires for change. Poetic depth of description captures the complex functions of the university as a site of "sanctuary of sorts offering respite", a place to live and learn in an alienating world. For this participant, this is not a utopian vision of the university, but the real sentiments of what the university institutional spaces, are and can be imagined to mean and represent. The university symbolizes a real and imagined emancipatory site. It represents a lived and socially created spatiality (Lefebvre, 1991) concrete and simultaneously abstract, a place where social interactions and practices shape lived realities.

Given the regulatory constraints and policies relating to accommodations and containment of disabled students in the university, which may be experienced as oppressive, students nevertheless feel that they are able to create counter hegemonic spaces, and hence ascribe a liberatory potential to their creation. Stacey is not just a passive subject or subject merely to oppressive institutionalized and regulatory norms concerning what constitutes sane and mad subjects, but is agentic in that she challenges such regulatory norms and seeks to connect with and work with other mad subjects to create counter hegemonic spaces.

As an agentic mad subject, Stacey actively engages in struggle to constitute her own subjectivity, connect with other mad subjects thereby resisting neoliberal individualizing practices, and reinvisions spaces of peer support within the university. Foucault (2005b; 2007) notes such struggle and practices of agentic subjects are part of freedom itself. For Foucault (2007) power represents a practice of freedom where power

is exercised over free subjects and freedom represents a struggle. Power is productive, inducing thoughts, behavior, conducts, and subjectivities discursively and locally mediated within webs of power-knowledge relations. As Foucault (1980) discusses power is not just repressive taking the form of "prohibition and punishment" (p.142) or as "pure violence or strict coercion" (Foucault, 2007 p.155) rather power enables; there are "no relations of power without resistances" (p.142). In the Foucauldian (1980; 2005b) sense "practices of freedom" relate to technologies of self, "care of self" (p.11), "knowledge of self" (p.67) and self-governance, and entail working on oneself to craft subjectivities, self-constituting practices, and imagine possible courses of thought and action. Subjects may transform themselves, in relation to games of truth within knowledge-power relations to attain particular modes of being (Foucault, 1997). As Ball (2013) states "the neoliberal subject is malleable" (p.139) "we are produced rather than oppressed, animated rather than constrained" (p.139). Far from docile, Stacey uses poetry as an agentic mad subject to radically re-imagine her university and society. Stacey's poetics of university spaces rejects oppressive alienating norms and instead seeks community and solidarity with others in creating Mad positive university spaces.

Stacey elaborates further on her experiences of the university as an emotional social spatial realm. She discusses her lived situated experiences, and imagines what the university might become, or come to represent. She contrasts this distinctive liberatory realm that she sees herself as collaboratively creating with other mad subjects with universities overall as violent, scary, and repressively experienced institutional sites. Stacey further notes that finding a niche is essential, a safe place to go:

> I really like to stay where my niche is, you know. Like, I remember after my last presentation last week with [Professor's name removed] was really crazy, because I heard so many voices, because I disclosed in front of the class of 350 people that I was abused as a kid, right. So I felt the people that abused me were going to come and kill me, so I went and hid on campus behind the commons. I called my mental health worker and he was able to talk me into the voices somehow, and so I felt better, but I was so paranoid, and I had wished there was someone that I could have went and talked to right away, but I didn't know who to go to, because I was scared if I went to someone on campus they were going to send me to the hospital.

As a mad subject, disclosing abuse was difficult for this participant, and consequently shaped how the university was experienced. University places can be active full of movement and noise, experienced as sonorous cacophonies of sound. For Stacey, disclosing abuse amplified feelings of vulnerability in the university without knowing where to find support "someone to talk to" on campus. For this participant, there is a fear that mental health can be treated in ways that remove students and place them in hospitalized settings, removing her from the university, against her will. Finding a niche is literally locating oneself in a social space at the university that speaks to this student, a space that is hers. It is necessary to resist the university as either violent and repressive or liberating and emancipating; for this participant the university is all of these things, experienced as oppressive and imagined and experienced as liberating at times. Such fear is reinforced by an all too accurate understanding of the ways mentally ill subjects are treated in university settings. Kinkade (2014), for example notes numerous incidences of

students being removal in the United States where utilizing mental health services at colleges may result in students subsequent often-involuntary removal from campus. Rosenhan (1973) notes:

> To raise questions regarding normality and abnormality is in no way to question the fact that some behaviours are deviant or odd. Murder is deviant. So, too, are hallucinations. Nor does raising such questions deny the existence of the personal anguish that is often associated with "mental illness." Anxiety and depression exist. Psychological suffering exists. But normality and abnormality, sanity and insanity, and the diagnoses that flow from them may be less substantive than many believe them to be. At its heart, the question of whether the sane can be distinguished from the insane (and whether degrees of insanity can be distinguished from each other) is a simple matter: do the salient characteristics that lead to diagnoses reside in the patients themselves or in the environments and contexts in which observers find them? (p.380)

Thus, social spaces and observers shape who is and is not deemed to be insane, where madness as a social-moral product exists in relation to particular knowledge-power relations in various times, places, and contexts.

Foucault connects madness as a form of knowledge, or "mode of perception" (p.45) linked to inaccessible truth, not about the world, but truth themselves perceive, at the limits of knowledge interrogating the boundary of reason and unreason: "No doubt, madness has something to do with the strange paths of knowledge" (Foucault, 1988, p.25).

Foucault (1980) attests:

> 'madness' does not signify a real historical-anthropological entity at all but is rather the name for a fiction or a historical construct: the problem which it addresses is hence that of the series of conceptual and practical operations through which madness, as mental illness, has been constituted in our societies as an object of certain forms of knowledge and a target of certain institutional practices. (p.235)

Thus, for Foucault (1980) madness is not pejorative, although experiences of madness may entail suffering, pain or hardships of which Foucault acknowledges, it may entail divergent thinking, or different ethical-moral onto-epistemological ways of being in the world but nevertheless Madness represents a particular knowledge. Experiences associated with madness may be both alienating and alienated. Tracing a history of madness thus reveals how mad persons continue to be identified, labeled in relation to socially contingent norms and societal values, in relation to an ethics of the normal Reasoning human subject. Defining madness, and who is constituted as "mentally ill" thus plays a societal and social-economic function in society in terms of how to understand and treat people who are poor, idle, abnormal, deemed to be dangerous, and thereby subject to confinement, punishment, repression and correction. Historically madness was connected to criminality and the "image of animality" (Foucault, 1988, p.72). Madness escapes Reason, and exposes Reason itself as a philosophical, political, historical, socially rooted construct, thereby always standing in relation to unreason. Yet, Madness, Reason and Unreason are somewhat circular meeting and converging as "*reason dazzled*", where "dazzlement is night in broad daylight, the darkness that rules that the very heart of what is excessive in light's radiance. Dazzled reason opens its eyes

upon the sun and sees *nothing*, that is, *does not see*…To say that madness is dazzlement is to say that the madman sees the daylight, the same daylight as the man or reason (both live in the same brightness)" (Foucault, 1988, p.72).

Questioning madness reveals much about our ability to perceive the world around us, how people come to appreciate the essence of present reality, how people interact, understand, think, speak, smell, and conduct themselves in the world among others. Madness is socio-political and linked to judicial, educational, economic, and broad societal moral-ethical systems. Historically, madness has been synonymous with enlightenment and freedom itself, and conversely all things unhuman (Scull, 2015). Subsequently, persons characterized as mad have been subjected to violent forms of treatment including: confinement, restraints, forced labour, ridicule and public humiliation, starvation, sensory deprivation, exposure to extreme temperatures of cold and heat, cold baths and showers, administration of substances and drugs, lobotomies, and more overt forms of torture among others, all under the visage of an biomedical ethics of cure (Scull, 2015). Thus, the predicament of persons deemed sane or insane needs to be thought of as a system of judgements qualifying the worth of individuals, and always in relation to sanism. Madness has become the "exclusive object of medical perception…an object of scientific observation and experimentation" (Foucault, 2009, p.xviii). Experiences of madness are often marginalized where mad identifying persons are subsequently exposed to socio-spatial isolation, purified from particular places, confined, alienated and excluded. Confining mad person in asylums permitted greater application of a biomedical-clinical psy-informed gaze and perpetual judgment, likewise potential mentally ill subjects within student populations in university settings are

rendered visible and intelligible through concentrated circulation of psy-disciplinary knowledges, research, poster campaigns, and psy-expertise focusing a diffused penetrating sanist gaze on 'mentally ill' subjects. In this way, students learn to read and know themselves through the dominant institutional mental health discourses. Madness today, is still linked to eccentricity, sexual taboos, forbidden acts, probations of thought and speech (Scull, 2015; Russo & Beresford, 2015; Rose, 1998). However, it is important to stress that it still emerges from bodies of knowledge that link discourses, institutions, and practices, but what mad subjects reveal is that they are agentic in mobilizing purposeful counter-hegemonic knowledges in as basis for challenging the terms of their bio-medical and clinical subjection.

7.4 The Constitution of Mad Subjects

Mad subjects are discursively constituted in university settings, most often as mentally ill and in need of psychiatric intervention, diagnosis, pathologization, and biomedical-clinical treatment. This aligns closely with dominant ways of treating mad people as "in need of … treatment, cure or regulation" (Meekosha & Dowse, 2007, p. 170; See Foucault, 2009). Inscribed in official policies surrounding mental health, accommodations for students with nonvisible disabilities, mental health is a major concern on university campuses. It is frequently connected to the preventable individualized crisis and tragedy of suicidality (Beresford, 2000). University services, counsellors, efforts to enhance student wellness are readily visible and prominently advertised. Poster campaigns are targeted at addressing the issue of mental health. Thus, students with mental health issues are frequently represented in such campaigns scattered throughout university settings.

As Goodley (2011, p.70) attests: “measuring the norm has served psychology well over the years, permitting psychologists to play an increasingly influential role in the social administration, assessment and classification of the population in institutions of schools, prisons, work, welfare, social and health sectors” (p.70). Dominant constructions of mentally ill subjects often conceptualize people with mental health issues as problems to themselves, as individually struggling, not well, stressed, anxious, and depressed (Frances, 2014) and often as non-normative threats to rational ways of thinking, communicating, behaving (Foucault, 1988).

Mad students demonstrate more nuanced ways of thinking about mental health. They demonstrate that discussing mental health as a symptom of the university system, rather than an individual problem to be fixed. Mad students in this study were also learning about themselves, specifically with regards to developing a continuing understanding of who they are in relation to particular identifying mental health-related labels. They noted that biomedical-psyscience labels can shift and change depending on the medical expert/assessment/time/personal shift. Thus, various meetings with the biomedical community have rendered different labels and perceptions of Self in relation to such constituting labels. As Rosenhan (1973) states: “a psychiatric label has a life and influence of its own” (p.389) where labels are constituting and also influence other persons’ perceptions of individuals with psychiatric labels. Meeting with different practitioners and finding a myriad of different psy-based labels.

This constitutive effect of psychiatric labels is exemplified by Elyse from institution site 1 who notes:

> I am very out here in some ways because I do coordinate student projects. I've become visible in ways that I otherwise wouldn't want. I'm fairly language flexible. I will identify as disabled when that is the language that gets used. I like the association to the disabled people's movement. I like using that language to talk about cross-disability work. I do experience disability. I relate to the idea of being disabled by my environment but also tons of my life where I have experienced disability and not able to be involved in the ways that I have in the past. I tend to prefer talking about myself as a crazy person. I'll use mad too because that's now more politicized and more connected to the community than crazy is as a word. I have diagnosis. I have legit street cred. I don't tend to use those. I was doing some presentations last week. I did use it because my diagnosis, my current, most recent diagnosis is fairly new. I'm just still trying to figure out how to use that or not use that. Generally, it's not a good idea because my diagnosis is one that's very inflammatory. It's one of those serious ones that can lead to being easily a subject of discrimination. I haven't used that on campus really. I have used it in conversations with supervisors when I was freaking out about this new diagnosis. I generally just talk about myself as a crazy person.

Thus, identifying as Mad entails outing oneself which sometimes solicits inflammatory reactions, aware of labelling practices and ways in which labels carry meanings interpreted and acted upon, this participant actively manages ways of disclosing and talking about herself in various socio-spatial realms taking the audience into account. Foucault's (1995) analytic notions of surveillance and self-regulating subjects is relevant here as Elyse navigates spaces-in-between institutional and disciplinary norms governing

diagnostic labels, and how they both impact on and are consciously employed by students such as Stacey to ameliorate the practices of subjection that they impose. Power is understood as far from being repressive in that it produces complex sets of thoughts, behaviours, and actions. Mad subjects have agency to craft complex fluid subjectivities, thereby presenting and understanding themselves in relation to mental health discourses and labeling practices. As Foucault (2007) reveals, power is productive as it discursively enables Mad subjects to craft their own subjectivities, reject pathologizing labeling practices, reflect upon and shape their own actions and conduct, and constitute and govern themselves.

As a Mad person and advocate, Elyse also identifies as a disabled individual as well drawing from the disability movement. Certainly, there is a need to explore this further in future research to make connections, explore parallels, similarities, distinctions and tensions, between the mad and disability movements and individuals who (re)position themselves in the spaces in-between. As this participant suggests, claiming disability status may be an effective strategy and way to demonstrate disabling effects of social environments for Mad persons. Labelling practices also constitute and influence how this particular participant comes to know and reorient knowledge of herself and her identity in relation to new diagnosis. Being language flexible demonstrates the ways that language may be used in different places and contexts, with different audiences in mind. According to Caplan (2014) why psychiatric labels may provide evidence, labelling may be used to justify "damaging and destructive" treatments, furthermore "if the powers-that-be deem you normal, there's much less they can do to hurt you" (xi). The language of labels may also provide a sense of community coming together and forging identities

where mad is favoured instead of "crazy" to connect with others as part of a broader socio-political community. Furthermore, appealing to particular labels serve as "cred" in ways which legitimizes status as having a mental health identity, requiring psy-disciplinary knowledge-power to categorize, label, and constitute individuals in line with 'official' dominant psy-knowledges. Psy-professional disciplinary knowledge and expertise are intricately tied to the mobilization of knowledge-power relations as they inform regulatory practices that govern the clinical gaze (Miller & Rose, 2014).

Psy-authorative knowledge plays a significant role in the constitution of mad subjects. Psy-knowledges are positioned as the authority to speak about who persons are, with deep knowledge of the self, a knowledge that escapes them from even knowing themselves so well as psy-experts can. The authoritative gaze of the psy-expert has regulatory and constituting effects shaping the conduct how subjects act, think, and how they may conceive of themselves as certain sorts of subjects (Rose, 1998; Miller & Rose, 2014). Thus, as Foucault (2005) attests subjects may be constituted by dominant normalizing practices but also constituting and perpetually re-constituting themselves counter and/or in relation to hegemonic norms.

Psy-sciences represent a web of technologies and techniques deployed by various social actors and professionals as 'expertise' (Rose, 1998, p.86), which articulates knowledge of human beings, judging the normal and abnormal, defining personhood and governing the conduct of individuals (Rose, 1998).

According to Rose (1998) psychology:

> has played a rather fundamental part in 'making up' the kinds of persons that we take ourselves to be. Psychology, in this sense, is not a body of abstracted theories

> and explanations, but an 'intellectual technology', a way of making visible and intelligible certain features of persons, their conducts, and their relations with one another. Further, psychology is an activity that is never purely academic; it is an enterprise grounded in an intrinsic relation between its place in the academy and its place as 'expertise'…By expertise is meant the capacity of psychology to provide a corps of trained and credentialed persons claiming special competence in the administration of persons and interpersonal relations, and a body of techniques and procedures claiming to make possible the relational and human management of human resources in industry, the military, and social life more generally…the growth of psy has been connected, in an important way, with transformations in forms of personhood – our conceptions of what persons are and how we should understand and act toward them, and our notions of what each of us is in ourselves, and how we can become what we want to be. (p.11)

The psy-sciences shape how people come to know themselves and others, shaping social relations through intricate psy-knowledge regimes, which come to speak particular truths about personhood. Thus, as a discipline and militia of trained experts, psy occupies a disciplinary location constituting and categorizing, sorting individuals speaking about who people are and might become, upholding and regulating certain subjectivities while devaluing, subjugating and rending other subjectivities, in this case Mad subjectivities unintelligible, and therefore excludable. Linked to political power, psy is "intrinsically linked to the history of government…psy knowledge, techniques, explanations, and experts have often entered directly into the concerns, deliberations, and strategies of politicians and others directly linked to the political apparatus of the state" (Rose, 1998,

p.12). In short, psy-sciences have influenced the "very meaning of life itself"…shaping "modes of thinking and acting" including "what we take to be liberty, autonomy, and choice in our politics and our ethics" (Rose, 1998, p.16).

Mad students employ counter techniques and strategies to resist psy-disciplinary knowledges and promote mad positive subjectivities and new modes of thinking shaping their lives. Spoof and satire are strategies employed by mad students as a means by which to deconstruct the natural ways mental illness is framed as a problem.

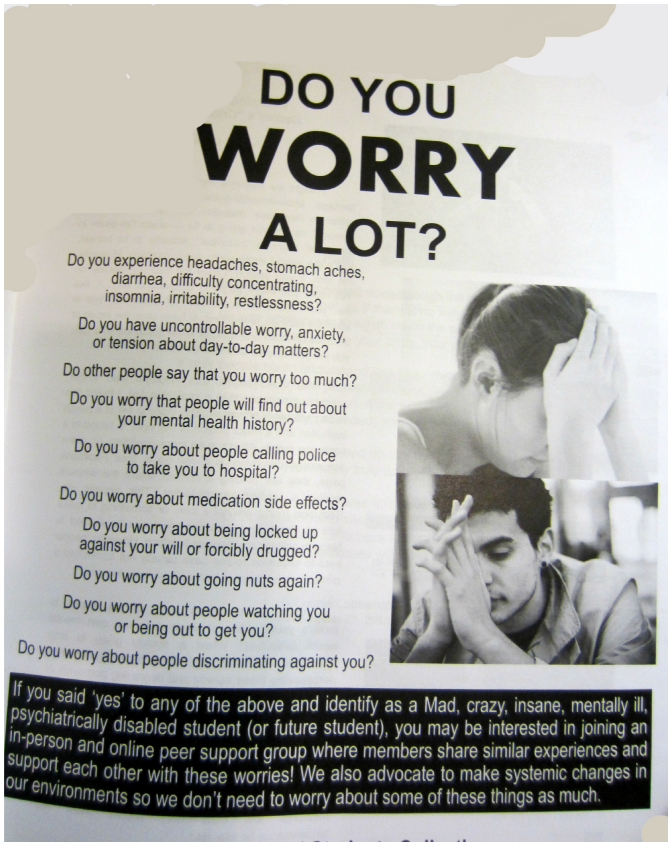

Figure 2: Mad positive spoof and satiric poster troubling dominant mental health campaigns.

The above image shows how spoof and satire are used to trouble dominant discourses and psy-expertise circulating on mental health and how persons become rendered intelligible through psy-discourses, pathologized and treated. The title is "do

you worry a lot?" Human figures despondently covering their faces with their hands are featured. Mad knowledges disrupt these dominant narratives.

In this capacity, particular Mad students reject being constituted as problem subjects or as victims and instead foster and create Mad positive identities. Other spoofing information disseminated states: "Let's talk about systemic discrimination – because that's what the real problem is" [troubling Bell Let's Talk mental health], "do you suffer from student fatigue syndrome" [spoofing Big Pharma drug adds], and "1 in 5 Canadians could belong to the Mad community – Most don't know it exists" [questioning the statistic that one in five Canadians will experience mental health issues]. Thus, Mad students wish to trouble dominant representations of mentally ill subjects, to construct their own images and circulate their own Mad positive self authentic representations. They problematize psy-expertise and contest "psychology as a particular mode of speaking the truth…[and as] a particular kind of social *authority*, characteristically deployed around *problems*, exercising a certain *diagnostic* gaze, grounded in a claim to *truth*, asserting technical *efficacy*, and avowing *humane* ethical virtues" (Rose, 1999, p.86).

7.5 Mad Disclosures

Mad students actively manage disclosure of mental health issues and meaningfully complicate and politicize the disclosure process. Furthermore, as Venville, Street and Fossey (2014) note: non-disclosure of mental illness may be constructed from students' accounts, as deliberate and continuous acts of information control and identity management" (p.800). Students frequently choose not to disclose despite the fact that accommodations and service provision are often conditional on students with mental

health issues disclosing in higher educational institutional settings (Venville, Street & Fossey, 2014). Stacey notes:

> the challenge of identifying with a nonvisible disability disclosing to professors to be believed: Well, they are just like, "what's your disability? You look normal, "kind of thing, some of them. And I'm like, "Well, I have a mental health disability." And sometimes some profs, that totally...they get turned off by that, so...

The label of mental health or nature of impairment is not revealed on accommodation letters, which has resulted in instructors sometimes questioning the validity and existence of non-visible disabilities and mental health issues. Stacey notes that as a student with a nonvisible disability she encounters scrutiny about the nature of her disability in relation to academic accommodation provisions. As Tim, a DS worker notes:

> Well it was essential and important from my perspective to have disability present on the letter, because it removed any questions related to why are you here? Being registered with disabilities services is not always just enough and it comes back to the earlier question about what's the environment have to say about this. I didn't provide an accommodation letter the nuances or the details related to your disability and for the most part my experience from my recollection most professors never asked for details, what does it mean for you to be blind or visually impaired or what does that mean for you to be deaf or hard of hearing. What does it mean for you to be student with a physical disability in a wheelchair?…professors… very rarely have ever asked the question for details nuances specifics about you. Having it labeled on your … if I can use that term

> labeled to having it listed or identified on your accommodation letter and this gets at more of the invisible disability stuff. It removed any doubt because you had mental health and disability services, so you have a mental health display I don't need to know whether it's bipolar or depression, OCD, schizophrenia whatever that does not matter to me. This is mental disability okay so it's invisible I understand that you got an accommodation letter, here's what I need to do let's figure out how to do it. Today because we don't have disability listed on the accommodation letter my experience is that it leads to a great deal of question and doubt.

Listing impairment on accommodation letters, attaching a biomedical label thereby squelched questioning from professors, particularly in respect to students with invisible disabilities. In essence, labeling practices (Foucault, 1995) render students increasingly intelligible, providing context, rationale and purpose, for university professors who administer certain academic accommodations. In other words, an impairment label on accommodation letters removes the "doubt" of disability for professors as to whether or not a nondisabled student is "gaming" the system. Tim notes a conversation with an instructor wondering about nonvisible disability leading to the response:

> I said to the person well I hear what you're saying, but I wonder what does disability actually look like right?"… in asking that question my recollection was that there was a great pause and then we had a discussion about what is disability what does it look like. Had I said to the individual I'm sending a student that has x disability let's say assume for the moment it was a mental health disability. If I said I'm sending this student to you and they need an accommodation in the form

> of x and they have a mental health disability, the likelihood that that person would have said to me they don't look disabled would have never have happened, they probably … I'm assuming they probably never would have asked for a great explanation or an elaboration of the nature of the disability. They would have accepted them my comment that the student had a mental health disability and needed some reason[for accommodation]. I find that these days I am often doing more explaining about why students need certain supports than I ever have, and that's not just because we have far more students than we had 25 years ago. When we had the liberty to disclose the nature of disability very rarely if ever, I got that question now that we don't disclose in my experience we get a lot more questioning.

Questioning "what does disability look like?" troubles boundaries between able-bodied and disabled persons, questioning the essence and roots of disablement. Mental health is often understood as nonvisible psychiatric disability. As Tim notes, not having detailed information on accommodation letters results in questions from instructors about the 'true' nature of impairment and subsequently suggesting that instructors question the honesty, integrity, individual need of students to separate those who are deserving from those who might be 'playing the system' by faking disability in order to access services. The rationale behind not stipulating mental health diagnosis on academic accommodation letters for professors is perhaps necessary, given the potential of opening up a student to increased and problematic surveillance, stigmatization, and disciplinary practices. Thus, disclosing for students entails becoming increasingly subject to a biomedical gaze, one that describes the nature of mental health in individualized biomedical terms.

Dominant regimes of truth are supported by a piercing psy-gaze, which goes beyond the surface to render 'mentally ill' subjects markedly discernable. What is the essence of nonvisible disability? What does disability look like, immediately troubles the liminal space between able-disabled and demonstrates the socio-cultural-political-economic forces at work. In short, networks of knowledge-power relations are at play. Thus, not disclosing the nature of impairment by the disability services office has resulted in questioning about accommodation provision by university instructors, particularly surrounding students with non-visible disabilities and mental health issues. "In light of the apparent dominant view that disclosure of mental illness is preferable and beneficial for the student, a better understanding of the processes, experiences and outcomes of disclosure in the post-compulsory education sector is required" (Venville, Street, & Fossey, 2014, p. 795). Limited research on disclosure of mental health and the subsequent experiences of students with mental health issues requires more attention. The fact that professors are finding this non-disclosure a problem raises the issues about the need for them to be educated and for some provision of professional development surrounding equity matters as they pertain to human rights and stigmatization of disabled students. The reason/rationale behind nondisclosure relates to protecting students' privacy in administering academic accommodations.

7.6 Maddening the Neoliberal University

As well as drawing attention to the regulatory effects of labelling associated with clinical assessment and diagnosis, the three Mad participants also offered critical social commentary on neoliberalism in the university and its direct effects on their lives and student experiences. Neoliberalism in the corporate university is closely tied to

intensification of psychiatrization in higher educational settings. The proliferation of the Psy-sciences have informed various ways of thinking about the human subject, ways that have infiltrated and influenced domains of social sciences and humanities among other disciplines shaping research, curriculum, and pedagogy, also physically architecturally shaping institutional spaces of care and cure, guidance, classroom organization structures, and management techniques in the academy (Rose, 1998; Rose, 1999; Miller & Rose, 2014).

According to LeFrancois, Menzies, and Reaume (2013):

> Language about psychiatry and madness is a central terrain of struggle. Psychiatry is a hegemonic practice whose talk and texts have colonized not only "scientific" discourse, but also the commonplace language of everyday life – and even, alarmingly, the ways that resistance movements and critical communities conceive and speak about mental and spiritual diversity. Within the shadow of neoliberalism – and the seductively libertarian ethic of individualism and consumerism that it has unleashed – the so-called "mentally ill" have been turned into "users" and "consumers" in the public imagination, while "[p]sychiatry emerges as a benign choice…(p.25)

Thus, dominant psychiatric knowledge-power webs have discursively structured thought and action in university settings, infiltrating everyday language and shaping other academic disciplinary practice.

As exemplified by the mad students themselves in previous sections, psychology has proliferated through and is manifested in universities in a number of ways, as a discipline constituting "our current regime of self" (p.2), through language "making

possible certain forms of life" (p.8), as a technology and apparatus that invents and upholds particular types of subjects, who "become psychological"…"they are *problematized* – that is to say, rendered simultaneously troubling and intelligible – in terms that are infused by psychology" (Rose, 1998, p.60) – with particular regulated attributes, conducts, capacities, rights and privileges, duties and burdens.

Along similar lines Beresford and Menzies (2014) note:

> psychiatric models are powerful. They are heavily engrained in public, political, and academic consciousness…Just as bio-psychiatry constructs us as the inert and inept objects of scientific and chemical technology, so neoliberalism tries to isolate us from each other with the message that we are responsible solely for maximizing our own usefulness as economic beings, managing our own risk to ourselves and others, and generally falling into line with the reigning order of things. Even within post-secondary centres of teaching and learning – among the key custodians, in our world, of critical thinking and engagement – these twin pillars of science and governance have colluded to promote the medical model of mental "illness" and complicate efforts to challenge the psychiatric status quo. (p.92)

Universities positioned as knowledge brokers, circulate ideas about how to think and act how to identify, constitute, treat and govern persons often understood and labelled as mentally ill. Within such neoliberal-corporate-university-knowledge sanctioning economies Mad students question university practices rooting these practices, competition, examinations, high-stakes associated with grading, as causing the conditions creating mental illness. Universities mediate knowledge in society on mental health,

legitimize and constrain and enable the circulation of knowledge on mental health in our present neoliberal-knowledge economies – Mad knowledges, however, remain mostly peripheral. In this way, mental illness is a symptom of our neoliberal times, experienced in the university and exacerbated by larger class sizes, competition, and individualization expressed as the promotion of self-made entrepreneurial independent enterprising subjects which disavows collective politics (Rose, 1999).

A Mad studies commentary takes aim at how the neoliberal university and power-knowledge structures are operating therein. As a field, it often aims to discursively unpack, further understand how madness and mental health is represented, and (re)produce madness, and circulating knowledge about mental health.

Mad students struggle against containment and confinement. Confinement is a real fear for students who identify as mad, as many are well aware that nonconformity might mean involuntary removal, and imprisonment in other institutions. Yet, the university may also represent a site of containment and confinement. Identifying as mad often represent nonconformity in localized specific university realms with particular dominant non-mad positive temporal-spatially ordered sanist norms, conducts, and values. Mad students are thereby marginalized and nonconforming in university spaces and locales that are inherently non-mad positive and sanist, whereas in places of mad peer-support or mad sites of teaching and learning they might be identified as conforming to common expected mad positive regimes.

As an extension of neoliberal-governing of Mad subjects, student populations may be identified, managed, regulated, finding themselves in debt from tuition, and without work, apart from the ‘real world’ subsequently kept in the university. Student

debt places mad subjects in the fiscal societal position of indentured servitude. Mad students are also being constituted in individualizing ways requiring them to take responsibility for ensuring their own accommodations, thereby opening them up to further surveillance and regulation. Confinement needs to be understood in relation to broader trends in the socio-economic labour market. Foucault (1988) elaborates on the repressive function of confinement as a way to "confine those out of work" and also "giving work to those who had been confined and thus making them contribute to the prosperity of all. The alternation is clear: cheap manpower in the periods of full employment and high salaries; and in periods of unemployment, reabsorption of the idle and social protection against agitation and uprisings" (p.132). For students identified and labelled as mentally ill, the university represents "the social space in which sickness [is] situated" (Foucault, 2009, p.414) as many students may be away from home, separated from friends and family.

The university now forms one of the social spaces in which mental illness is regulated. Linked to forms of governmentality[2] (Foucault, 2008; Foucault, 2007), new confinement is much more insidious, it requires perpetual motion at the individual's cost, where confinement under the guise of freedom is the most seductive constraint. Nearly all

[2] In Foucauldian terms Governmentality links governing and modes of thought mentalite. Governmentality thus represents a rationale for governing at a distance, and the "art of government" (Foucault, 1991) to shape and influence the conduct, behavior and actions of individuals and populations, and shape the ways people govern, self-regulate, and conduct themselves as free subjects with mediated choices. As Foucault (2007) attests governmentality also relates to an "ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power" (108) taking population as its main object. Thus, free subjects develop self-governing capacities and are responsibilized as neoliberal autonomous subjects (Rose, 1996) to govern themselves within particular disciplinary power-knowledge webs.

university students are now positioned as vulnerable subjects exposed to financial debt, precarity, disposability, placed in perpetual motion, circulation and movement in the neoliberal economy. Is this compulsion to circulate and move at one's own cost and detriment not confining in placing new constraints on freedom? Movement, relocation, and circulation in the pursuit of greater freedoms come at great costs. The university often represents an intensely medicalizing institutional realm where disability service workers, university instructors, and student populations of non-mad students may identify, guard and judge mental health while "seemingly purified of any complicity, of the order of an objective gaze" (Foucault, 2009, p.426).

Sarah speaks about the defunding of programs in humanities and social sciences, which often look at issues of inequality and social justice, she notes:

> Shit gets defunded. We have this now, but say at like [past Ontario university attended] they're probably getting rid of Women's Studies, they've gotten rid of Women's Studies at [another Ontario university named] already. This provincial government keeps talking about … and the federal government especially keeps talking about, "We need to match up training..." especially training, not education ... "training with opportunities in the job market." When I was in first year, my politics prof. said that there was a big difference between techne and phronesis. They're like Greek words. Techne is how you do shit, and phronesis is why the fuck are you doing it? They seem to just care about how you do shit. They don't want to think about why are we doing this? How we should do it. What are the ethics of it? What is the point of it? It really seems like overall that it's to kind of … It's their funding mandate, it comes from whatever the government is. With the

> intensification of neo-liberalism, this is what we get. When you look at people who are doing critical work, these programs tend to be smaller, they tend to be under funded, they tend to marginalized, they always have been, they're getting more marginalized. Frankly, they're not hiring anyone. What? We should be adjuncts and work for nothing all the time forever? I guess that's what people will do. I mean, God, look at how they treat their employees. Why would they care about their students even? They don't treat their employees well either. Thank God for our unions here, the unions are all right. I believe in the unions.

This participant connects neoliberal intensification of universities to the marginalization, underfunding, and cutting of critical social programs. The onslaught and effects of neoliberalism result in cutting of programs engaged in critical work (Giroux, 2014). This connects to a technocratic labour market without a deeper moral-ethic criticality (Giroux, 2014) surrounding "why the fuck are you doing it?" The effect of eliminating programs oriented to social justice work fosters deeply uncaring environments. Evoking the concept of "techne" as "practional rationality governed by a conscious goal" relating to practical forms of social organization, where this may also relate to the broader self-governance, and the governing of individuals, souls, persons, families, children that also relates to considering "opposition between the exact sciences and inexact ones" demonstrates an awareness of how social actors are governed as individuals (Foucault 2010, p.255-256). Programs and courses, which encourage, employ and support critical pedagogical practice are not valued and often eliminated, thereby eliminating a deeper ethics of questioning why things are done. The participant demonstrates a desire for a sustained critical pedagogy. Furthermore, Sarah mentions the hiring practices of

universities and treatment of professors which favour training over educating. As she points out, the situation of adjuncts as contract workers who are lowly paid is connected to the diminished ethic of care and absence of criticality exemplifying intensification of neoliberal universities. The poor treatment of professors, in this participant's opinion is connected to a diminished care of and for students. Sarah noting the diminishment of criticality in higher education also relates to the aversion of universities to promote programs and courses such as Critical Disability Studies, and Women's Studies, which often encourage critical pedagogical practices, courses which support such pedagogies are not valued and often the first to be cut.

As Goodley (2014) attests: "rational functional bodies and minds work for capital; impaired ones do not…normalization, individualization and rationality are given to us as 'gifts' of capitalism. The merging of psychological and capitalist interests, for example, permitted the celebration of the individual, functioning, laboring, rational citizen" (p.10). Or in other words "neoliberalism gets under your skin. It psychologizes the conditions of productivity" (Goodley, 2014, p.30). "Autonomy, independence and rationality are virtues desired by neoliberal-ableism, its institutions of family, school and workplace, promulgated through popular culture…patriarchy, heteronormativity, compulsory able-bodiedness and institutional racism are mutually constitutive discourses" (Goodley, 2014, p.36). Thus, through deflections and deferrals neoliberalism escapes critique, and re-absorbs disabled students to launch a tirade of individualizing, medicalizing interventions on nonconformist bodies and minds, categorized as lazy and irrational, the lesser beings of society. Neoliberalism shapes subjectivities, regimes of truth, opening grids of intelligibility, creating new modes of understanding, treating through therapeutic models,

individualizing, and subjugating persons as objects to be rendered visible and inscribed within institutional systems. “Spatiality, as the praxis of creating human geographies” (Soja, 1989, p.13) is shaped in relation to neoliberalism enlisting the use of complex spatial tactics, dividing practices, involving parceling and combining, distancing and placing in close proximity social actors in university settings in ways which promote conditions maintaining and extending neoliberalism.

Psy-knowledges mediate socio-spatialities. Neoliberal intensification is made possible by the intensification of psychologization where resistance to psychology is also psychologised (Parker, 2014, p.62-63). Psychologization pathologizes behaviours and conduct in opposition or divergent to the neoliberal “self-controlling and self-governing citizen” thus an entire psychiatric regulatory schema is projected upon the entire population (Goodley, 2014, p.88). Rejecting psychiatry too adamantly with too much verve and conviction, in Mad ways, might make one subject to scrutiny, surveillance, pathologization, and further psy-pathologization for refusing to awknowledge psy-ways of being in relation to oneself (Menzies, LeFrancois, & Reaume, 2013). Thus, Mad subjects critique neoliberal governance with the “will not to be governed thusly, like that, by these people” which may represent an individual and collective act (Foucault, 2007, p.75).

7.7 Challenging Disciplinary Knowledge-power relations

Mad students in this research talked about their role in creating a Mad Student society. As part of the Mad student’s society group social events are advertised. Elyse comments on how a community event of a Mad Hatter’s tea party was pathologized, and language was

policed, sedated, by a psychiatrist in the press. She comments on the need to use Mad as a political stance:

> I was in the newspaper for [a Mad students community hosted event]… And it was kind of crazy, because the psychiatrist was like, "Oh, I don't agree with them using the word, mad." He doesn't even know. He is not mentally ill, you know what I mean? And I hate to say mentally ill. We're not ill, we just have issues.

Stacey demonstrates the way Mad is sanctioned and appropriated by others, and how language use is important within the Mad people's movement. Thus, Mad students are learning about themselves, learning about Mad knowledges, Mad politics, and Mad histories and extending these knowledges beyond the academy into the local community and society. Stacey refutes the designation of being cast and constituted as a "mentally ill" subject. She resists pathologization and being positioned as 'ill' through employing mad discourses, and refuses to be cast as a pathologized subject. She speaks back to biomedical, psychiatric and clinical establishment that constitutes her in these deficient, lacking, in need of fixing through appropriating madness as a subversive discourse. As these students find ways to come together, they are met with resistance and dealing with authoritative, biomedical expert knowledge which constitutes them as ill subjects, in need of psychiatric expertise. Stacey adds that:

> Just getting the word out there that there is support and we understand each other. There is mutual understanding and everything. When things are going awry, people can't get their accommodations, we advocate for them.

Particular stories are supported, while others are not. For example, Elyse discusses how certain stories of mental health are dominant, where Mad knowledges may be suppressed, unsupported, subjugated:

> We're ending up getting people to tell their stories in ways that I think are causing us harm because we're telling particular stories or particular stories are being supported. The story of I was so unwell and then I got treatment and then I got all better. It is this regulatory thing of needing to be better and needing to be functioning and needing to be productive and needing to be self-managing and having good self-awareness that you can self-manage distress and be a good member of society…those are the stories that are supported. We don't recognize the risk of telling stories like the fact that people experience discrimination when they tell stories. It feels really gross because it doesn't feel true. It doesn't feel like the story. It doesn't feel like the context you should tell it in. Or like, people get to be voyeurs so instead of like actually changing anything, they get to consume these stories and feel good about themselves. We're not talking about what causes people distress. We're not talking about grief or isolation or sexual assault and violence. We're not talking related to discrimination. People experiencing racism, things that causes their distress. The problem isn't the distress. The problem is the racism. Or people experiencing sanism. That's more difficult than their distress itself but the discrimination and the experience. We don't talk about those things. We don't talk about where, the structural factors that make distress happen. We don't talk about how the institution is a stress-inducing institution that thrives on competition and is based in the capitalist ideas

> of getting people into labor force. Those notions don't fit with people's values all the time. They don't fit with who people are. They don't fit with what you want. That causes people distress. Those things cause distress. The solution to that isn't just to send people to CBT [Cognitive Behavioural Therapy] which is a way to get them to self-regulate and manage themselves or get them into drugs which the Pharma industry for sure really likes increased diagnosis and then you increase people on drugs and then you can make lots of money.

Administrative structures and practices of normalization and pathologization impact in quite detrimental ways on the mental health of these students and disabled students. Elyse troubles the acceptable discursive range of narratives allowed to be voiced, noting the policing of the boundaries of (un)supported mad narratives. While certain stories are permitted to flourish, other types of crazy are largely unheard, unvalued, unsupported, and risky narratives to tell. Such stories are deemed to be unfitting stories of illness and trauma (Raoul, Canam, Henderson, & Paterson, 2007) outside of the realm of dominant palatability of narratives worthy of consumption and circulation and hence subjugated. Not all Mad voices have safe places to be heard, unsupported narratives relate to the silencing and subjugating of Mad knowledges. Elyse's point "that people experience discrimination when they tell stories" illustrates that not all mental-health related stories are institutionally supported, and that telling certain mad stories come with risks. By telling mad stories mad students may open themselves up to pathologizing surveillance through engaging in confessional practices of self-disclosure.

The university-neoliberal-research-Big-pharma complex is inherently implicated in this participant's response. Elyse discusses how the current neoliberal agenda which

promotes competition and labour-market readiness of the productive working subject in higher education is not commensurable with her wants and desires regarding what a university should represent or be and the forms of instruction delivered, which may not fit with people's values that are misaligned with neoliberal capitalist ideologies. Rather than desiring increased regimes of treatment, rehabilitation and cure, this participant hopes for critical awareness about underlying societal causes of distress, violence, and suffering. This desire entails a deeper sustained struggle against racism, sexual abuse, and sanism. This participant also illuminates the invested interests where people derive profits in administering individualized treatments, cognitive behavioural therapies, and drugs (Frances, 2014), treatments which may historically and presently be understood as part of a broader patriarchal-racist-dominant regulatory apparatus, technologies which are punitive and part of a disciplinary schema.

Perlin (2006) discusses institutional psychiatry as a science that regulates political dissent. As such, psy-oriented pathologizing regimes and subsequent treatments reflect a sort of disciplinary-regulatory-normalizing technologies in the Foucauldian (1995; 2007) sense and disproportionately administered towards 'vulnerable' populations in ways to cure, rehabilitate, and encourage them to become increasingly resilient. A discourse of resilience is appropriated that encourages victimized persons to overcome past violence as if such violence should be valorized for making them more resilient human beings. There is a need for professors to recognize and speak out against mental-health oppression and sanism (Reid & Poole, 2013). Mad students also require supportive communities responsive to Mad voices in the universities and forums where Mad voices may be heard (Reid & Poole, 2013). Reid and Poole (2013) noted that Mad students

acknowledged a call for more peer support and where they expressed the desire to have their needs met by peers and not just by professionals.

7.8 Mad Advocacy and Resistance

Stacey at university site 1 notes that at times Mad students discuss accommodations and work together to advocate in support and solidarity discussing the possibility of going together to access academic accommodations:

> We pitch the idea to the person. That's up to them whether they want us to go with them or they want to actively pursue it, you know what I mean? It's always their right to self-determination, because we're tired of people shoving stuff down our throats, telling us to do this, do that. No, I want to make decisions for myself.

Far from repressive, Stacey negotiates power relations in an agentic capacity to self-advocate for her needs and wants. She forms community with other Mad students and resists being divided, differentiated and individually accommodated. Stacey connects with other mad subjects to act in accordance with Foucauldian (2007) notions of agency and productive power, not allowing herself and others to be individualized, or implicated in passive subjection through the academic accommodation process. This is a rejection of the individualized way academic meetings take place, and academic accommodations are often administered. The offer of "going together" while respecting self determination to go alone demonstrates a re-envisioning of the accommodation process that rejects solitude, individual treatment, and instead allows the possibility of solidarity in struggle. The possibility of collective togetherness that does not deny self-determination to go it alone is a strategy of sharing information, and collectively advocating for accommodation resources and services.

7.9 Mad peer support networks

Peer support is viewed as a way to provide much needed supports to people in distress or who need help, while also circumventing biomedical and traditional psy-oriented biomedical pathologizing interventions. Many universities do not offer peer support for students with experiences in mental health systems; they offer counseling, accommodation services, but not community building or help in connecting students without therapists involved (Nyznik, 2013). The Mad Student Society has been influential in helping people who feel isolated, seek to build friendships, encountered oppression and discrimination on university campuses and want to share their similar experiences with others. It also held a tea party as a way to counter negative stigma and move past such judgments. The function of the tea party as noted by a Mad positive activist and advocate: "it's not to celebrate the suffering we've experienced, not poverty, not discrimination, not isolation or violence — it's to celebrate our lives, our friends, our skills and creativity" (Anonymous, 2015).

The three Mad participants in this study attested to the need for greater networks and channels of peer support. Sarah, a PhD student in a social science program at university site 2 for example, comments on graduate accommodations and the need for support:

> They kind of take a hands off approach. I think they have a really high standard for what we should be doing. Our comps process is out of control: it's way more than anybody else that I know. We've had to do so much work. We all have to do so much work, we're all really behind. I feel like there could be more support for folks who maybe don't have all their shit together and maybe need

> accommodations, and maybe need some extra supports, rather than just like pressure to get this done right now, and that's not there too much. If you can get the supports from your own sort social network of people, and if you can be in a good situation on your own, financially and in terms of resources that you have, then you can do it. But you can't expect to just come in and be like, "I'm in kind of a vulnerable spot, and I need some extra stuff, maybe I need more support." You might not be able to get it done. Not because you're not smart, not because you don't have the ability to do it, but because the situation is stopping you. Like I said, the university isn't interested in any way in equity. They don't care about promoting equity. They care about maintaining the institution.

Sarah assumes administration of "comps" involves more work relative to other programs, but provides no rationale as to why she believes this to be true. She also notes that "they" have high standards for the comprehensive component of the PhD program while not interrogating more deeply who this "they" encapsulates; the program, administrators, faculty, other students who set standards. Nevertheless, she speaks to the need for access to financial and social resources to facilitate what she views as unreasonable program and institutional expectations. Sarah broadly totalizes and characterizes the university as a monolithic uncaring institution, which places demands upon students above and beyond what is bearable. She implicates the university and social actors finding themselves therein as not interested in equity promotion, understanding the university as a cold uncaring site, devoid of humanity, and linked to economic interests and reproducing circumstances that advance and maintain the institution, with little care or support for students with mental health issues. In this way, Sarah does not fully take into account

through these comments how certain professors, administrators, and disability office workers may work to challenge what she views as uncaring ethical institutional norms. Despite this cold characterization and depiction of the university, she later contradicts this impressionistic rendering of the university by referring to mad student societies, mad students, and mad allies as people engaged in critical and positive social actors within university spaces. Implicitly, this participant calls upon the university to have a duty and role of care providing for social actors within the institution.

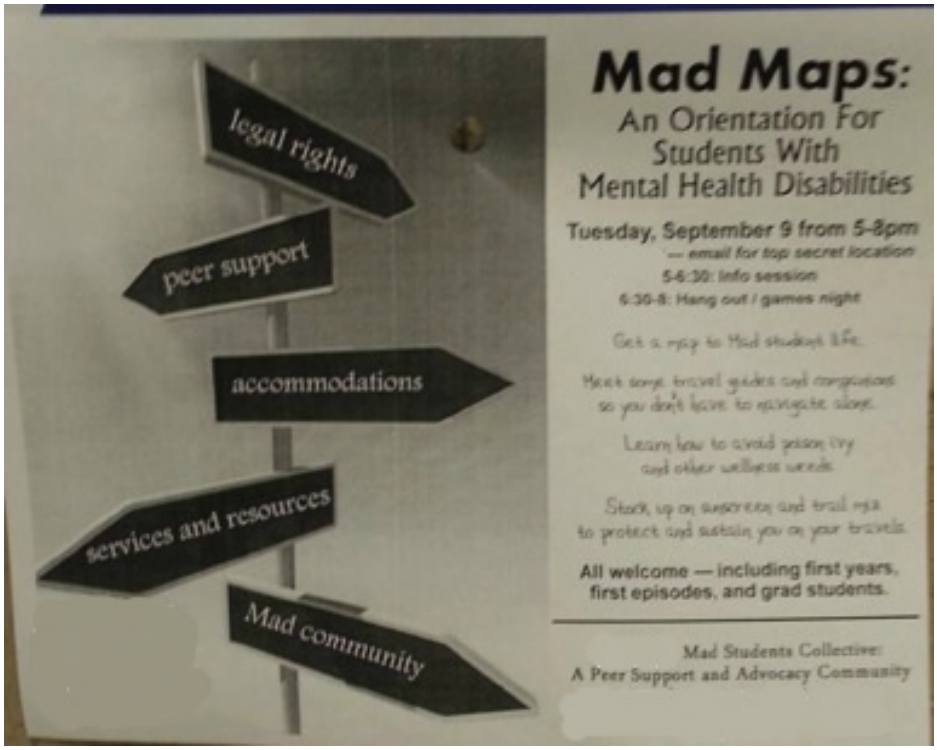

Figure 3: "Mad maps: An orientation for students with mental health disabilities." Image featuring a Mad positive peer support for poster with meeting and information for students.

The above image from university site one depicts a paper flyer titled "Mad maps: An orientation for students with mental health disabilities…a peer support and advocacy community" with an information session and games and location inviting people to "get a map to Mad student life" displayed prominently in a poster board among other mental

health related literature. It features a signpost to the left with the words “legal rights, peer support, accommodations, services and resources, Mad community”. It should be noted that this is a Mad student initiative. It uses satirical slogans such as “learn how to avoid poison ivy and other wellness weeds…meet some travel guides and companions so you don’t have to navigate alone.”

Peer support may be a way to better support Mad students in university settings (Reid & Poole, 2013). Furthermore, it may be a way to address a lack of anti-oppressive mental health resources, training, and initiatives (Reid & Poole, 2013). Lunau (2012) notes “student-run mental health programs are an increasingly important resource” (np). Importantly, Mad students offer critical voices examining socio-political systems and knowledge-power structures in ways which may better inform the running of social support programs. Stacey, for instance, notes the importance of peer support and sharing information about available resources: “I'm really advocating, because we need to get the word out there. You know what I mean? There is a peer support line that I have never called on campus. It's open seven days a week from 7:00 p.m. to 1:00 a.m.” Spreading information about peer support and sharing information is seen as an important way to educate others about available services and resources on campus and in the community, as well as a way to critique and evaluate sharing peer reviews about such services. Furthermore, to share information about peer support is viewed as a way to circumvent psy-sciences ‘expert’ interventions, as Sarah notes:

> Yeah, and they're all medical model and really fucked up, except for the Mad ones. We have a Mad Students Society, which has some issues in it, but I'm a member of that. It's great! It's peer support and peer advocacy and stuff, which is good. We try to get this different way of thinking about mental health stuff out there, which is awesome. One of the other groups that was involved in that Mad

> Studies day … What's it called? It's not Mad Students, it's another thing for, it's like Mad Students and Allies kind of thing, I can't remember the exact name, it's new. That's starting up, which is great. Most of the things are like, "Oh, we're Bell Let's Talk campaign. I'm going to go to the mental hospital right now and get your drugs. Don't be ashamed." It's like diabetes. I swear to god, that's exactly … except that all the psychotropic drugs will actually give you diabetes, but let's not talk about that. Anyway, yeah, it's from that perspective of very mainstream, very medical model, very like, "Manage your stress on an individual basis, and be a good neo-liberal subject. You need to regulate yourself, and if you don't regulate yourself right, then ugh." It seems to be from that perspective. Some of it is, I think, really positive, and the critical stuff I think is great … obviously that's my bias, because that's my perspective. Some of the anti-stigma stuff, I guess I'd rather have somebody think mental health issues are like diabetes than they're like Satan. It's better than, "She's a witch, burn her," but it's not necessarily positive, because then you end up things like that accommodations form that's like, "Oh, what axis are you on?" It's like, "What?" But if my problems are caused by the social situation I was in, or caused by a history of trauma, does that mean that they're not legitimate because they don't subscribe to the DSM? To be intelligible to the system, you have to subscribe to the DSM, so "Get thee to the psychiatrist."

As the university increasingly is advertised as a place of cure, with therapeutic value to mentally ill students, peer supports specifically Mad peer supports may be viewed as a way to counter mainstream, individualizing, neoliberal, BigPharma aligned ways of addressing mental health, which may not address deeper societal structures, systemic

violence, trauma and historical violence of the mental health system enacted on Mad persons. Thus, although the university may often represent a cold and uncaring site for Sarah, the university for Sarah is also more complex with mad positive social actors who are engaging in equity work countering mainstream knowledges and discourses on mental health.

Dominant mental health discourses function to organize social life in ways which train individuals in the arts of "self-scrutiny, self-evaluation, and self-regulation ranging from the control of the body, speech and movement in school, through the mental drill inculcated in school and university" (Rose, 1999, p. 226). Students are asked to "manage stress" which aligns closely with ideas of the self-regulating self-governing normal subject (Foucault, 1995). Mental health, like diabetes, or Satan, aligns with biomedical understandings of mental health as a biomedical disease, and or as a vilified, evil, morally reprehensible individualized condition. Under the psy-gaze, mental health is subject to biomedical-moral judgments as observers and *all* persons within the institutional settings are taught to read the signs of mental illness and make subjects intelligible through the circulation of bio-psychiatric knowledge(s). Anti-stigma campaigns may cast this net further through institutional settings, aimed at capturing more mentally ill subjects as targets of identification, diagnosis, and treatment-rehabilitation-cure. Mental health medicalizing discourses are thus cast within a moral-training apparatus shaping subjectivities to fashion self-managing, self-regulating "good neoliberal subjects". Diamond (2014) for example states:

> Biological psychiatry is a massive enterprise that is shaped by and interacts with other ruling institutions that are likewise complicit in processes such as

> colonialism, capitalism, heterosexism, transphobia, ageism, ableism, sexism, adultism, and patriarchy. Within this interconnected web of power, certain marginalized people are particularly vulnerable to psychiatrization…as institutional psychiatry grows in power, more and more people are coming into contact with the psychiatric system and are being labeled and subjected to different types of psychiatric intervention. (p.194)

Psychiatry sets and polices the boundaries of what is deemed to be normal. Stacey demonstrates how Mad studies reveals the seemingly innocent moorings of dominant psy-knowledge-power relations. She claims that this approach rejects biomedical individualization of mental health issues and stresses the need to counter regulating regimes. "Get thee to the psychiatrist" demonstrates the mantra required of mentally ill constituted subjects to become identified according to the DSM's classificatory diagnostic categories in order to gain access to resources and services. The DSM-5 has been questioned for reliability, scientific validity lacking external scientific review (Frances, 2014), with "diagnostic categories that do not have sufficient empirical backing" potentially resulting in "mislabeling of mental illness in people who would fare better without psychiatric diagnosis" in their "potentially harmful treatment with psychiatric medication" (Goodley, 2014, p.89).

As Diamond (2014) notes:

> the very concept of mental illness itself, reifies the notion that some forms of emotional distress or human experience can be reduced to naturally occurring biological functions in the body. This approach ignores how differences in subjective experiences and bodily functions are socially constructed as "sick,"

> "disabled," "mentally ill," or "in need of correction," and fails to recognize that much of the suffering associated with these very same experiences can and does frequently arise from oppression and trauma. (p.199)

This point also articulates the insidious superficiality, complacency, and inability of anti-stigma campaigns to address deeper issues of inequality at the roots of Mad oppression, and at times co-option in oppression. Anti-Stigma campaigns cleverly camouflage their support of dominant psy-sciences and "the pharmaceutical empire" by speaking the "language of compassionate care, human rights, populism, inclusiveness, and empowerment. In so doing, it threatens to capture the high ground of liberal rights equality talk" (Beresford and Menzies, 2014, p.82-83). Thus, *all* students are being called upon to bear witness to mental health, to be watchful, vigilant, to see mental illness and identify it in others, to evoke "an inquisitorial gaze on the lookout for any infringement of codes, any disorder, incongruity or ineptness" (Foucault, 2009, p.486).

Mad people are also invited to perpetually turn themselves into objects submitted to the authoritative biomedical gaze of others, a "piercing gaze" (p.487) which is unidirectional "the absolute gaze of the watcher with the indefinite monologue of the surveyed…a non-reciprocal gaze…a language without response" (p.488), "of a piercing gaze, observing, scrutinizing, moving pitilessly close the better to see, while remaining sufficiently distant to avoid any contamination by the values of the Stranger. The science of mental illness, such as was to develop in the asylums, was only ever the order of observation and classification. It was never to be a dialogue" (Foucault, 2009, p.487).

7.10 Conclusion

In this chapter, I centered my empirical focus on critically examining Mad students' university experiences. I have undoubtedly raised more questions than provided answers. What is revealed is that Mad students occupy important (dis)positions in the academy taking up political space in-between Mad and disability onto-epistemological political identities and subjectivities. Their perspectives and voices inform CDS and further support the need to examine complex intersections of Madness and disability. The Mad students in this chapter troubled sanist practices through their own experiences and Mad (dis)positionalities, and sought to value Mad positive knowledges. They revealed institutional knowledge-power structures and practices that reinforce and (re)produce ableism-sanism. Mad students de-center saneness confronting and challenging the ideal of the normal enlightened rational sane human being, thereby demonstrating the historical-social-political roots of madness.

The chapter has also been instrumental in highlighting the complex dialogic relationship between Mad experiences and social environments in university spaces. The Mad students unpack the ways enlightened reasoning autonomous self-sufficient, self-regulating individual of sound character and moral conduct itself are constructed in ways that speak to regimes of truth for situating and understanding what is understood as a form of epistemic violence – a violence that is being challenged and refuted through counter hegemonic strategies of self-narrativization and solidarity building deployed by mad students themselves. It is in this sense they are represented and represent themselves as actively enacting agency in ways that open up new potentialities for ethical self-constitution in academic spaces. In short, this chapter has highlighted the extent to which

Mad students engage in socio-spatial struggles to craft Mad positive places, and territorialize mad power-knowledge. What is revealed is that Mad places are always dynamic sites of struggle where Mad oriented spaces may simultaneously represent and exist with multiple meanings, mattering(s) and purposes, resisting fixity and singular coding. Such spaces demonstrate radical openness to others, while unpacking operations of Big Pharma, neoliberalism, systems of patriarchy, ableism, racism, sexism, and interlocking modes upholding oppressive regimes in universities at local micro, meso, and macro political levels.

Overall, the chapter has highlighted the capacity of Mad students to speak back to disciplinary regimes constituting them as mentally ill subjects critiquing dominant discursive ways mental health is understood, researched, represented in the academy. They actively resisted the psy-pathologization of their lived experiences, which attempts to rationalize and render their experiences intelligible, "comprehensible and calculable" (Rose, 1998, p.60). These students express a new ethics of care not held or supported explicitly by these institutions, creating peer support communities desiring a range of optimal well-being and, in this sense, expansively reimagine what it means to be human, by offering nuanced critiques of the operation(s) and role(s) of universities in our contemporary neoliberal times.

Chapter 9

8 Mis/fits: Unpacking dis/abled spatialities

The previous chapter discussed experiences of mad students; here I draw on experiences of self-identifying disabled students in ways, which unpack discourses of accommodation and access, issues surrounding disclosure, and complex constitutions of disabled subjectivities. I operationalize the concept of 'fit' to discuss (in)congruency of disabled students and socio-spatial university realms within regimes of practices. Throughout this chapter I seek to problematize discourses of accommodation through mobilizing the subjugated knowledges and experiences of disabled students. In this analysis, I have an earnest desire to represent an array of disabled students' experiences, with the aim to unpack their complex nuanced, diverse experiences. Rather than seeking consensus, I examine the micro-politics of power involving negotiations and contestations that are implicated in the lived experiences of being a disabled student in higher education. Building on the previous chapter's analytic insights, I elaborate further on how disabled students question the academic accommodation process and practices, develop their own critical pedagogies of disability, constitute themselves and engage in activism, agency, and resistance, often in ways which counter limiting, reductionist, alienating neoliberal-able-bodied norms and values.

As an organizational strategy I use the conceptual category of "mis/fit" in ways that allow a closer examination and deeper analysis of individuals' lived socio-spatial experiences in relation to university settings. Fit eludes fixity; it speaks to a perpetual making and remaking of congruency between flesh and the socio-spatial environment. To fit within a university setting may thus entail working within dominant norms,

expectations, standards, aligned with particular attitudes and values. It may also entail countering dominant expectations to make and find one's own fit. Nonconforming movements, ways of speaking, acting, knowing, smelling, and appearance may thus be understood as difference. Such a notion of "fit" fits well with a Foucauldian (1986; 1995; 2000) socio-spatial analytic framework. Fit blurs boundaries and attends to complex intersectional ways space in terms of how people come to enter, occupy, and interact in various realms, shaping their lived environments while sometimes struggling to find space. In this sense, fit is about embodied relationality and intersubjective relations as they are spatially enacted and negotiated and in this sense addresses both questions of fit about individuality, collectivity and the processes of subjectification as they are lived and negotiated within university disciplinary spaces. Cultural understandings, embodied lived experiences, gender, race, class, sexuality, all enmesh in how individuals come to know themselves, and (re)from the socio-spatial realms in which they find themselves. Fit is about a focus on spatial justice by examining "specific examples of "where and how (in)justice takes place" (Soja 2010, p.31) grounding this analysis in the search and struggle for spatial justice. In this manner, I draw on disabled students' perspective to critically examine micro-geographies, intersections of space-knowledge-power and the socio-political (re)organization of university spaces. Considering disabled students' socio-spatial experiences in relation to academic accommodations may inform ways of addressing questions of spatial justice/injustice in university settings.

8.1 Mis/fits

The concept of misfit is not derogatory or individualizing; it denotes how some persons, in this instance, disabled persons become read as problems that do not fit with narrowly

conceptualized social spaces. A focus on misfit attends to "how the particularities of embodiment interact with the environment in its broadest sense, to include both its spatial and temporal aspects" (Garland-Thompson, 2011, 591). This also captures the normalizing material-discursive effects of spaces, which serve to produce disabling spatialities.

I argue that the idea of mis/fit captures how as Soja (2010) attests:

> Space is filled with politics and privileges, ideologies and cultural collisions, utopian ideals and dystopian oppression, justice and injustice, oppressive power and the possibility for emancipation…human spatiality in all its forms and expressions is socially produced. We make our geographies for good or bad, just or unjust, in much the same way it can be said that we make our histories, under conditions not of our own choosing but in real-world contexts already shaped by socio-spatial processes in the past and the enveloping historically and socially constituted geographies of the present. This profoundly displaces the idea of space merely as external environment or container, a naturalized or neutral stage for life's seemingly time-driven social drama. (Soja, p.103)

Able-bodied individuals may have more influence in the making of geographies than disabled persons and other socially marginalized persons. Making space, for oneself, or creating collective spaces is thereby inexorably linked to webs of knowledge-power and social action and vice versa. The struggle for space is a practice of freedom (Foucault, 2000) where power relations denote a field of possibilities involving complex interactions among various social actors.

As Garland-Thompson (2011) elaborates:

> First, the concept of misfit emphasizes the particularity of varying lived embodiments and avoids a theoretical generic disabled body that can dematerialize if social and architectural barriers no longer disabled it. Second, the concept of misfit clarifies the current feminist critical conversation about universal vulnerability and dependence. Third, the concept of misfitting as a shifting spatial and perpetually temporal relationship confers agency and value on disabled subjects at risk of social devaluation by highlighting adapt-ability, resourcefulness, and subjugated knowledge as potential effects of misfitting. (p.592)

The concept of misfit aptly opens a critical examination of regimes or truth and institutional practices, which constitute, inscribe and make disability matter (materialize and have meaning) (Butler, 2011) in universities. Misfit, therefore, pointedly illuminates how dis/ableism is materialized in university settings. Goodley (2014) notes that "disability only ever makes sense in relation to ability: traces of ability can always be found in thoughts of disability and vice versa" (p.58). Who 'fits' in at university? With fit there is always fluidity and molding, the possibility of actively reshaping oneself or of reinvisioning and reshaping social spaces that surround individuals. The concept of fit allows a specific examination of disability "through the lived identity and experience of disability as it is situated in place and time" (Garland-Thompson, 2011, p.591) and demonstrates the struggle for enabling geographies (Chouinard, Hall, & Wilton, 2010). Along these lines, Dorn (1994, p.3) encourages a Re-envisioning of disability as "spatial dissidence" between disabled individuals and the material-social organization of spaces. Similarly, as Goodley (2014) outlines a social-interactionalist model of disability

approaches “the study of disability with three main assumptions: (1) disability is a person-environment mis/match; (2) disability is situational or contextual; and (3) a relational model recognizes the interactivity of impairment and disabling modes of socio-economic organization” (p.17) (See also Tossebro, 2004;Traustadottir, 2004).

Neoliberal spatialities (re)produce compulsory able-bodiedness (McRuer, 2006). Misfit attends to the “constituting relationship between flesh and environment. The materiality that matters…” (Garland-Thompson, 2011, p. 594). Participant Annie C elaborates on her understanding of fit as:

> The word fit has so many meanings, but I would say in North America, it typically means not fat and well, able-bodied and thin. I would say that that's what fit means even though there are critical fat scholars who contend that you can be fat and healthy.

As Foucault (1999) attests, health is regulated as individuals are perpetually assessed in relation to conforming to a rule, or norm of health, sorted as ill and healthy within a field of regularity. Individuals are perpetually subjected to judgement and insistent observations, to a biomedical gaze (Foucault, 1999). Misfitting may foster a “vivid recognition of our fleshliness and the contingencies of human embodiement” (Garland-Thompson, 2011, p.598-599). Thus, fit also problematizes adherence to the mould and image of the “normate man” white, male, able-bodied, young, gorgeous, athletic, proportioned (Garland-Thomson (1997) thereby troubling the shape and aesthetics of bodies and shattering the ideal vitruvian subject, and knowledge-power relations which sustain the belief that this subject exists and will appear in time-space where white, male, able-bodied, independent, heterosexual, are terms which index access to power.

Mis/fit also conceptually attends to able-bodiedness in space as a privilege of ideal unquestionable fit.

As Garland-Thompson (2011) notes:

> Like the dominant subject positions such as male, white, or heterosexual, fitting is a comfortable and unremarkable majority experience of material anonymity, an unmarked subject position that most of us occupy at some points in life and that often goes unnoticed. When we fit harmoniously and properly into the world, we forget the truth of contingency because the world sustains us. When we experience misfitting and recognize that disjuncture for its political potential, we expose the relational component and the fragility of fitting. Any of us can fit here today and misfit there tomorrow. (p.11)

Thus, fitting is contextual, likely temporary, and contingent on complex knowledge-power material-discursive socio-spatial relations. “Environmental fit makes nondisabled people less aware of their own embodied privilege” (Hamraie, 2013, np). Able-bodied privilege has no need to question technologies of fit, because it is fit; being able-bodied represents fit par excellence.

8.2 Academic accommodation and accessibility

The accommodation becomes a technology of fit. The academic accommodation process actively inscribes disabled students within this process. Some disabled students may thus come to know themselves as entitled to particular services and resources, while navigating, negotiating institutional expectations to access such resources. In this way, students must also learn and acquire knowledge about the academic accommodation

process, should they wish to formally identify as disabled, become registered with disability services, and access particular services, staff, and resources.

For example, disability office worker Tim notes:

> The term accommodation can either be narrow or broad depending upon the circumstances…if you look at accommodation from the micro point of view…at times students need accommodation for course work. The level of accommodation that's needed for course work may vary from course to course students to students, program to program. All depending upon a number of factors not least of which is the nature of the needs as they extend from the nature of the disability…you have to look at the big picture…from a macro level the student doesn't work solely within the program. Some students live in residents some students live off campus some students need other support some students may need assistance with access to library while other students don't. I mean we can either take the broad scope or the broad definition of academic accommodation or we can take a more narrow … Here at [university site 1] we take a broader view on the permanent disability side…in our department in SAS Student Accessibility Services we don't work with students with temporary disabilities per say.

A broad look at academic accommodations takes into account how disabled students are part of other systems influencing needs for access and support which socio-spatially may extend beyond the university campus environments. To access academic accommodations, disability is taken to be a fixed, knowable, and permanent state of being.

Ferguson and Titchkosky (2008) attest that disability is often represented as:

> an obstacle to full participation in university life, and as a condition to be measured and evaluated by the medical profession. Disability is also depicted as a fate that is either permanent or temporary, present or not, and which can be known and addressed as one or the other. These ways of representing disability treat it as a condition that is found in and troubles the lives of some individuals; however, while imagined as an individual problem, disability is simultaneously depicted as constantly in the midst of others…disability is made into a demand in need of response by both self and others situated in particular institutional settings. (p.68)

The permanence of disability is contested and problematized by Mary a PhD student at university site 2 with nonvisible disabilities notes that disability is much more fluid:

> The reality is, education is not cheap, and for a student with a disability, education is ten times fold more expensive. The number of students who actually have financial debt, not only because of the educational component but because of the additional supports they need between tutoring, note taking services, assistive technologies, assistive devices. Some need personal care, home care, etc. As you start going through the list of the various needs, with the funds that are available, some of which you have to be on OSAP to actually receive, like the BSWD [Bursary for Students with Disabilities]…That's actually a fund that's administered by all universities. Sorry not universities but any students that qualify for OSAP. They have a disability and it's considered permanent, which is ironic because as we know disability is not this one little box that everything is permanent. It can be permanent, but it's just using that language permanent just to

> be able to qualify for benefits is outrageous. Nonetheless, following suit with this idea of permanent, once you are registered and you qualify for OSAP you are eligible up to $10,000 in funds through this bursary, which will help for these additional costs. Many students go above and beyond those costs because of the nature of their disability realistically.

Thus, the notion of "permanence" of disability assumes the nature of disability is in case and fact stable, fixed, rooted in the individual, thereby, disqualifying disabled students who may not fit this criteria or expectation. Furthermore, disabled students encounter greater costs in comparison to non-disabled students, thus access to education for disabled students may entail accruing greater financial debt.

In addition, the accommodation process is greatly contingent on social actors to engage in socio-spatial practices that encourage fairness, inclusion, and equity. However, negative attitudes and neglect means that instructors are not always available to answer questions when examinations are administered in separate rooms. Students are thereby separated from their peers and may not have instructors readily available to respond to exam related questions, placing them at a disadvantage in relation to their nondisabled non-accommodated peers. In this regard, the administration of academic accommodations as a process itself represents added barriers to some disabled students.

The instructor was unavailable to answer questions as the student wrote her exam in a separate room. Accommodation in this way may represent alienation. As Zoe, an undergraduate student at university site 1 in physical sciences who identifies as having "working memory disability" and "process and speed disability" notes:

> That's the other really big problem I was having the first time I wrote with SAS [Student Accessibility Services] is because it is my physics midterm and physics is a subject where… there's a lot of ambiguous questions so there's always more than one way to interpret questions…I always need to be able to ask questions because I'm not very good at figuring out which is the most obvious, which one does he most likely mean? I just can't decide so I need to ask and I wasn't able to. I had asked the person at the desk and she said or somebody said, "Oh, okay I don't know. I'll try giving them a call…They didn't answer and they like "Oh, they didn't answer could have been." I… didn't get my question answered and...it was actually a really good question…Because the teacher has not labeled the graph properly. The answer really depended on the graph so I had to assume what the graph would be my last and I think on this way but had I not been, it took so much time…I ran out of time and so this is really annoying.
>
> Mark: Did you follow up with the instructor at all to say about the graph?
>
> Zoe: No. Because he's done this kind of thing before in assignments and he kind of thinks he wrote something and he's like "Oh, well you should just assume this," and I'm thinking "Well how am I supposed to assume?

Thus, writing with disability services in a different room was experienced as difficult and frustrating when the instructor was unavailable to respond to this particular student's exam-related questions. Writing in a different room, places this disabled student at a disadvantage in relation to nondisabled students in terms of having an instructor present to respond to questions that might clarify questions. Further, any announcements made to the class, presumably may not be announced in the same way, if at all for students writing

in separate locations. This relates to Soja's (2010) notion of spatial injustice through uneven distribution of resources where the instructors' knowledge is centrally available to nondisabled students while disabled students are marginalized lacking access to exam feedback and support.

Universities also have professional programs that require practice in the field or particular clinical settings to meet program requirements for accreditation. This may entail extending considerations of accessibility and accommodation into practicum, or field-based areas often beyond confines of the campus university setting.

Dr. Rebecca, a professor and assistant dean with administrative duties relating to academic accommodations provision at university site 1 offering a clinical-rehabilitative placement component to students, notes:

> I don't know if this is unique to university site 1 so the process for a student who has a disability and needing accommodations in the classroom or in the clinical setting is that, well, they're informed of [Disability Services], during orientation…The student may choose to go to [Disability Services] independently however students often either come to myself or to the program manager if they need accommodations. If they come to us as the first step, then we send them immediately over to [Disability Services] We don't say we'll sit down and tell us about things. They get sent immediately over to [Disability Services]. If the student goes to [Disability Services] independently or once they go to [Disability Services], what happens is the disability counselor over there will sit down with the student and I'll get an e-mail saying we have the student who's registered.

> They have the appropriate medical information or documentation supporting the need for accommodations and here's what we'd like or here's the elements of the accommodations, what it looks like. Then there will be some negotiation back and forth because my role is to ensure that the academic standards, requirements, expectations are being met within the frame of reference of the accommodation.

Disabled students are directed to move, compelled to enter, occupy and inhabit various spaces on campus in order to procedurally access accommodation services. The bureaucratic operations of academic accommodations orchestrate movements of disabled subjects; entail disabled students spatially navigating the institution, moving to and from various sites to meet with certain personnel. This offers a glimpse of academic accommodation operations at the university. Students are instructed as protocol to go to accessibility services (disability services office) and register formally by providing bio-medical documentation. The disability services office then contacts the program assistant dean who may negotiate such accommodations to ensure "academic standards, requirements, expectations" are not compromised through the accommodation process. Disabled students desiring academic accommodations often approach university instructors directly and informally. However, in order to access accommodations formally, students must provide "medical" documentation from qualified experts which attests to their disabled status and need for particular academic accommodations. Disabled students need to move, expend time and energy, are made responsible for their movements to access disability-related services in ways nondisabled students likely do not encounter. Seeking spatial justice also must take into account mobility and movements as a matter of equity. Disabled students are mobilized in the academic

accommodation process, asked to move in ways and to places not asked of nondisabled students. To become mobile subjects, logistically able to move through the institution. A standardized notion exists of a mobile subject informs the ways students are channeled through routes mapping in university settings, where disabled students must physically access disability services, disability services do not meet them where they are.

Universities are part of the broader community and linked to other societal systems. Accommodations do not take place independent of broader systems impacting disabled students. Tim a disability office worker notes that accommodation and accessibility are closely related concepts:

> They're accommodated on the basis of being an individual. It's what human rights says you can't ignore the fact that I may have a physical disability and I may use a wheelchair and I may need to come to school and I may need to be accommodated here but somebody's got to get me here and [public] transportation is getting me here and I'm late because of [transportation systemic barriers] and I'm no longer accommodated just because I've got a physical disability but I'm accommodated because I'm also being transported by [a public service transportation provider for elderly persons and mobility impaired users] who's consistently inconsistent.

Tim also notes that:

> Accessibility and accommodation are…two sides of the same coin, so the accessibility is designed is really intended to break down the barriers that's the more social side. Accommodation is the medical side the biomedical side …I'm not so sure in a perfect world maybe in a utopian world you will get those two

> things in harmony in a perfect world…In my opinion there will always still be need for both, because we're talking about people we're talking about circumstances…Human rights is about individuals and individuals don't just bring disability at the table, they bring a whole lot more…Reasonable accommodation we expect those things to be in harmony and they're not always, you can't leave one without the other the level of accommodation is going to be directly related to the level of accessibility.

Tim draws attention to socio-spatial temporalities and how they are understood and embodied in ways that defy any notions of fixity or fitting in. Accommodations are viewed as a remedy to the problem of individual mis-fits, to restore harmony by reducing or eliminating the disruption of disability. In this way, disabled persons represent nonconforming individuals, creating socio-spatial dissonance. Harmony represents the elimination of friction questioning fit between disabled persons and their place – where they ought to be, and why – the spatio-temporal dissidence, disagreement, rebel capacity disability represents (Dorn, 1994). Academic accommodation policies can be read as an intervention to restore consonance between persons and the university spaces in which they find themselves. If achieved, consonance represents resolution; the elimination of the unpleasant difference disability makes for the normates. This is not to say that dissonance does not have a place, it however signals as a matter of fit, that the place for socio-spatial dissonance understood as the problem of disability is not here, and certainly not now. Thus disabled subjects are often understood as problematic devalued materialized-embodied subjects who do not fit in, and the fault and problem of this socio-spatial mis/fit is responsibly theirs.

Accessibility and the notion of full, complete access for all represents a desire to create equity, while accommodations recognize the incongruence of particular persons within particular systems as they are presently organized, operating, and understood. In this manner, academic accommodations represent a particular normalizing technology (Foucault, 1995), certainly among others, which reduces the mattering of difference and fits individuals neatly within the institutional apparatus.

Tim provides an example of how accommodation technologies may in fact surpass nondisabled students' abilities, where disabled students may have an advantage through the administration of particular new assistive technologies, in this case screen reading software:

> I could use the blind student as a perfect example. I had a blind student in here years ago he said "I don't need extra time for tests and exams" which was a completely foreign thought to the vast majority [of] people who provide academic accommodations because you're blind what do you mean you don't need extra time, the student's response was I have technology and I'm so familiar with the technology and so adept at it I'll bet you I can use technology to my advantage where I can actually out pace a sighted person to do that exam. I said impossible, "I'm not so sure that's true how fast can you read? and the student said Well I can read I don't know a hundred words I can listen to a computer at four hundred words a minute. I can take in information four times faster than you can."

Taken this way, accommodations represent an institutional technology, which essentially deals with the problem of disability on an individual basis.

Ferguson and Titchkosky (2008) note:

> solutions proposed in response to the problem of disability in the academy, when it appears, revolve around the use of personal technology to "level the playing field" and "help the individual" maintain the appearance of typical participation in the academy, in effect making disability disappear yet again. (p.70)

Yet, disabled students may use assistive technologies in ways that challenge able-bodied temporal notions of ability-speed, functional-capacities, and other categories of norms.

Dr. Rebecca notes that disability accommodation sometimes comes under the threat of human rights:

> Often I feel like I can't run my own program because there's always a threat. I can't meet with the student with disability. I can't do this, I can't do that...what I often hear is you cannot do that because it'll become a human rights equity issue. Part of the issue is those who have been involved in the process for so long can't see the forest from the trees…they're so narrow…If there's any hint that there might be a threat of the student going to human rights and equity, it's like a lock down, like a prison lockdown on things.

In this way, professors are placed in an adversarial relation to students; with legitimate concerns that students might "go to human rights and equity" which in turn is met with an institutional response of a prison lockdown.

The delivery of academic accommodations for instructors such as Dr. Rebecca is also experienced as an individualizing process. She comments on the absence of team approaches stating:

> I think part of an issue that I see is that we don't approach students who need accommodations or assistance with disabilities as a team. What I mean by that is

> to me it should be SAS, maybe me as the program, whatever lead. The student working as a team to come up with the best strategy and I find that this institution is like a big secret of what's going on with the student. Because it's a big secret, I'm stabbing in the dark…We have SAS because of all the social political issues around people with disabilities way back when they're very much militant. It's almost like they're pitting the student against the program and that to me makes things very difficult…There's no overall framework. There's no overall institutional framework. I feel like everybody is floating in space in trying to make the best situations when they don't really understand.

Foucauldian (1995) notions of dividing practices demarcate divisions between the abled and disabled binary divide and in so doing, function in highly regulatory ways to further contain and constrain rather than enabling disabled students. Instructors note the individualizing siloing effects of the accommodation process without a lack of teamwork, guidance, support, and transparency. Academic accommodations are thus experienced as individualized, lacking knowledge sharing networks and without any particular pedagogical ways to teach and accommodate students with diverse learning skills, styles, abilities, and needs. The accommodation process is experienced as secretive and as if "everybody is floating in space in trying to make the best situations when they don't really understand" without a clear overall framework. This may suggest a greater need for professional support, resources, and instructor training in regards to academic accommodation implementation, processes, and practices.

Mary attests that accommodations are a standardized process, with a menu of options, administered across students:

> For everybody, more or less it's literally a drop-down menu. Do you need extra time? Do you need whatever? It's phrased this particular way for everybody, which to me I just think is ridiculous. It's supposed to be an academic accommodation based on the individual's needs… accommodation has been neutralized, watered down and standardized for the entire university…

Thus, academic accommodations individualize and normalize disabled students. The Foucauldian (1995; 2007) notion of subjectification is useful in unpacking how disabled subjects are (re)inscribed, fashioned and constituted constituting through administration of normalized academic accommodations. The individual status of disability as an "exception to the rule" (Titchkosky, 2011, p.9) is reinforced as disabled students come to know themselves as particular sorts of subjects, and objects to be known via certain biomedical systems of thought, intrusive tests, record keeping, labelling, and institutional pedagogical practices.

Olivia, a M.Sc. student at university site 1 in a health-related discipline with multiple invisible impairments including learning disability, working memory impairment, and mental health issues also comments on the academic accommodation process and practices not meeting her needs as a graduate student:

> The challenge with grad school, or even with health professional program, the students come into the office and we don't necessarily know what kind of accommodation we will need, just because we're never in that department. For instance, me coming into the beginning of my semester entirely proactive, like "Here, I'm starting my grad program in x program, and I have a disability, but I don't know what kind of learning environment I'm going to be in, can you try to

> help me. They don't like that. They're like, "We have to give you extra time, private room, or the worksheet that you can work on? I have a bunch of worksheets that you can read like handouts." It's not very specific to me…I won't really get out a lot. I won't get a lot of things out of it because it's not tailored to my program or my needs that's specific to the grad school level. If it was something really useful like...I don't know...Organizing your planner and really how to self-manage your schedule and what not, trying to prepare for your meetings. Very specific learning objectives like that, I think that would be more beneficial. Right now the officers are trying to approach things way too general to everybody. That's not really effective when you're trying to get help with specific areas.

Institutional administration of accommodations is supposedly intended to meet individuals' needs. Yet, academic accommodation represents a normalizing institutional technology (Foucault, 1995). Accommodations may relate to what Dolmage (2008) refers to as institutional "retrofits" (p.176) that leave existing university curriculum, pedagogy, policies, structures, and processes predominantly unchanged where disability represents an afterthought. Dolmage (2008) attests:

> The accommodations model, much like the retrofit, seeks to level the playing field and, quite literally, get the classroom up to spec. Making accommodations for students with disabilities ensures that the classroom environment and culture remain the same, absorbing difference via temporary changes to the status quo for specific individuals. (p.176)

As a normalizing institutional technology, accommodations operate by assembling a series of disciplinary technologies, surveillance through biomedical gaze and subsequent documentation, dividing and categorizing disabled students, subjecting them to record keeping, delivery of individual services, which may also include assistive technologies so that disabled students can perform and achieve like other nondisabled students. Accommodations are delivered from a list of common available options. University academic accommodations largely serve the function of reducing or eliminate the disruptive potential of disability.

Thinking about accommodations in relation to fit, reveals the true accommodation technological function, which is to find a best fit, to mould student in ways, which fit within the institutional norms and regimes of practices. Although, informal accommodations are almost never recorded and may work quite differently as a counter-fit strategy where on a micro-relational level people involved may directly seek to challenge existing structures in efforts to circumvent formalized practices, policies, and accommodation structures. Thus, informal accommodations may still seek to find institutional fit, or challenge the boundaries of what counts as fit through non-normative subversive tactics and methods. Troubling accommodation practices entails critically questioning their effectiveness utility for one's unique needs is to act with agency resisting being made to fit in normalized ways. Thus, a cookie cutter approach of common standard accommodations may not meet the needs of graduate students. Disability here is also contingent, contextual, dynamic and fluid and dependent upon factors specific to courses, programs, settings, contexts in the social environment. Disability is interplay between individuals and particular attributes, capacities,

functionalities, knowledges in relation to curriculum, assessment, pedagogy, standards, expectations, and practices (Goodley, 2007; 2014).

Students may not disclose disability as they may be learning to understand themselves as disabled persons in new ways, at that very moment or instance of encountering institutional barriers, moments of struggle, which may be experienced as "failure" or the potential thereof. The policy framing of accommodation and accessibility opens a space for disabled students to be placed under increased surveillance – they are also required to invent themselves as certain entrepreneurial subjects who take responsibility for the accommodation process and for accommodating themselves. This also connects with Foucauldian notions of self-government and technologies of the self (See also Miller & Rose, 2014) As Dr. Rebecca attests:

> However what tends to happen they'll be struggling and we won't say well, do you have it disclosed? We'll say something like, "is there anything going on your life that we need to know about this or anything that you're struggling with, can we help you in any way?" They may say something I've always had the anxiety or not. Then we'll try to say well, if you need accommodations, we're more than happy to do that but however the process is you have to go to SAS and students won't do that. Then what ends up happening is that they'd fail. Then I think that failure is the pivotal point to the trigger to get them to think along that I need to do something. That might be part of the path to self-discovery of thinking to themselves. Maybe either they didn't think of themselves as having a disability or thinking I have a disability, I don't need anything done about it. Then the pivotal point is failure for not doing well and then they have to reframe one of those 2

> things I think. It's like now I have to make a decision. If I really want this career as a physiotherapist then I have to acknowledge that either I have the disability or I need assistance because of my disability which it's interesting because if you've had a longstanding disability and you've never had to go through that reflection. I can see like it's some of this has just come on. It's much harder because it's a matter of reinventing yourself almost.
>
> Disabled students are discovering a sense of self, forming identities in relation to being and identifying as disabled in university contexts, in relation to particular academic expectations, or career skills, capacities, where they experience individual "failure" in meeting particular expectations. Working to the point of "failure" can be thought of the threshold, horizon, limit where dis/ability comes to bear. The point at which ability is lacking and dis- is inserted into the equation, disqualifying individuals.

Goodley (2011), referring to inclusion and special education, asserts:

> …too often, when we think of involving students in educational practices, we assume students to be productive, skilled, accountable, individuals who are ready and willing to lead developments within the classroom…In short, our students are 'able'. Such a construction of the learner is hugely problematic for students with disabilities…who require the support of others…education fails students because it maintains a particular vision of the ideal learner the entrepreneurial pupil. (p.148)

Constructions of learners in university assume they possess certain attributes, capacities, and traits, those of an entrepreneurial able-bodied neoliberal learning subject.

The academic accommodation process may thus represent part of a broader institutional apparatus shaping subjectivities of disabled students to become increasingly self-responsibilizing subjects. Disabled students are required to ensure that they are accommodated, relating to technologies of the self that are built on an ethic of self-responsibilization and the neoliberal subject (Miller & Rose, 2014). Similarly as Ball (2013) notes on enterprising self-responsibilizing neoliberal subjects "we take responsibility for working harder, faster and better as part of our sense of personal worth and our estimation of worth of others" (p.139). In short, disabled students must strive to fit in the university neoliberal normalizing structures as capable, individual, productive, entrepreneurial, self-sufficient, able-bodied subjects. Moreover, universities may represent exclusionary spaces intended "not just for the able-bodied and 'normal,' but exceptional *elite.* The university is the place for the very *able"* (Dolmage, 2008, p.166).

Zoe provides a useful example of how the accommodation process places more responsibilities and work upon disabled students in relation to nondisabled students:

> I have to schedule my own midterms. I thought that they'd take care of it all for me but I guess it's just different from high school…It's different from nondisabled students. They never have to schedule anything themselves, they get the time, building, and place…they write and that's it...I was told that I had to schedule my own midterms and stuff but the process for doing that, I didn't know how. Because SAS [Student Accessibility Services] has on their website which is kind of linked to my classes but I didn't know about it and everything. Literally you have to get to like pamphlet explaining how to book your midterms. I made this into a huge oh my god, this is going to take me an hour kind of thing to figure

> out so I put it off and put it off. Luckily my ally helped me but if people don't have an ally, I don't know if they do…its work, I'm like this is so ironic, I'm wasting time scheduling my exams when I could be studying for them.

For Zoe, added work is associated with accessing accommodations in terms of scheduling exams with disability services: it is work that nondisabled students do not have to do. The academic accommodation process represents a subjectifying technology linked to governmentality promoting self-responsibilizing autonomous disabled subjects who are "individuated choosing, with capacities of self-reflection" and are accorded "rights and obligations [as] autonomous individuals to be assisted in realizing their potential through their own free choice" (Miller & Rose, 2014, p.8). There is also learning required of the accommodation process, which takes time. To facilitate this process, the university [university site 1] has connected disabled students with "allies", other disabled students who have some familiarity with the academic accommodation process and procedures.

An absence of instructor training on accessibility may perpetuate negative attitudes that accommodating disabled students is a favour and privilege rather than an equity issue and right to education. Instructor training on disability accommodation is viewed as insufficient or lacking.

Bonnie from university site 2 notes that there is a need to train professors on accommodations:

> That would be an obvious first step, to at least have some kind of training where even if it's legalistic, these are your obligations, you have a duty to accommodate, here are some guidelines. This is what you're allowed… you're not allowed to know the diagnosis. All you need to know is that they can be accommodated. Yes,

> the university will support you in that. We can start there and then we can get into the more thorny issues about academic integrity and what's there and what's not there. It would be a fascinating discussion actually…[At] the accessibility forum, they were talking about how they'll never get professors to do it; they'll never get professors to take training voluntarily… Why do we make this optional for professors or teachers? If you're going to make an accessible environment, then they have to know the rules … everybody has to know the rules of the road. Otherwise it isn't fair. It's not fair to the professors and it certainly isn't fair to the students. The Vice-Provost at [University Site 2], very supportive and yes he agreed but trying to get a herd of academics to do anything, make them do anything you're going to run into problems. It's just this attitude that …They were saying something about an online; they can do an online course. I said, "Can you imagine if you went into surgery and the doctor said, "Oh don't worry, I'm not a brain surgeon I'm a heart surgeon but I did an online course." You would never accept, as a society you would never accept that. Because it's students with disabilities, oh well, yeah. It's this idea that they're doing us a favor. That's what it is; they're really doing us a favor. Anything they do is good, anything they do is enough…You wouldn't approach credentialing of your academic staff that way. I thought that was very revealing that, "Oh well, there's this online module that you can do."

The extent to which instructors "know the rules" in terms of academic accommodation is viewed as an important and necessary knowledge-skill set in promoting fairness and accessibility. However, the "rules" are difficult to ascertain, and often professors,

students, and disability office workers are both creating and interpreting complex ways of enacting disability-related academic accommodations. The rules, so to speak, require willingness and desire to engage in, and reflect upon the academic accommodation process and practices. Moreover, such negotiations are governed by a requirement for disabled students to become self-responsible subjects (Rose, 1998; 1999) in terms of ensuring the terms of their own accommodations to guarantee a degree of accessibility.

This perspective on how certain students experience "the point of failure" is supported by Olivia at University Site 1, a female graduate student in health oriented discipline with invisible disabilities, who notes how disability is understood within institutional, professional, and disciplinary cultures:

> The MD program didn't know anything about it, and the student worked hard, passed through the 1st and 2nd year, which is didactic-…Course piece learning environment. They're transitioning into new environment, which is clinical setting. To be honest, medical schools don't really prepare the student to clerkship year anyway. It doesn't matter if you have disability or not. Students with disabilities, they have to go through extra challenges. Running through different rotations, working with different professors, preceptors, different health professionals and patients who present differently depending on the case. Every patient is different…Also they're working under time pressure, and because the workload is so much, they're tired. All these things build up against one another, and they perform poorly. Nobody knows why are you doing so poorly. Everyone's asking…Meanwhile the student has learning disability…struggling on her own or his own. To make the matter worse, the culture of medicine, the invincible culture

> of medicine…discourages students to admit that they need help, or even want to disclose about disability, so they don't get accommodated. What happens is, if you don't get accommodated in a setting that we need accommodation, you're bound to make mistakes. When your mistakes become really critical, like you almost endanger someone, that's when the schools get really flagged. They're like, "OK. You need to leave the program." They don't necessarily go right to that route, you need to leave the program, but this person becomes on probation, so on and so on…If that doesn't work out, then the school tells the student to leave, but the student can appeal that decision, and that's usually when they disclose. Like, "I have the learning disability." This is just one scenario. There could be different variations of that. Then now the school has to accommodate, but they're like, "We don't know how. Why didn't you tell us before?"…All these discussions happen, and that's when the lawyers get involved…

Within the medical profession and Olivia's location in medicine there are disciplinary specificities, intensely high stakes and pressures exacerbated by the culture of medicine, which considers disability as a liability with the increasing potential of disabled persons to endanger patients. Accommodation and disclosure are understood through this participant's location and in relation to the disciplinary space of medicine. The dependency role attributed to disabled persons makes it unimaginable and inconceivable that a disabled person could become a care provider, in a position or power and acquiring biomedical authority; most often, they are being positioned as targets of treatment, rehabilitation, and cure. What is this "point of failure" and how can this be a point from which to examine dis/ability in education where able-bodied norms pervade education

and disability becomes known as an individual problem? Failure represents the breaking point, the point at which a student falls through the cracks, cannot live up to expectations and is unable to satisfy program requirements. This is an issue for all students, not solely disabled students as people strive to meet and demonstrate knowledges, skills, and tasks, competencies of which they are asked. The issue then becomes when might the point of failure represent an encounter with ableism instead of a demonstrable reasonable program or professional requirement?

Olivia, also notes the need to be independently self-directed as a medical graduate student which exacerbates norms leading to further intensification of the regulatory constraints surrounding or pertaining to the need for accommodation:

> Going back to being really completely self-directed, I think just trying to know a lot of information at once. That's not necessarily an institutional barrier, it's just I'm not able to deal with that as effectively as a regular student would. I think I'm working by myself or with my professor and strategist to develop an approach. If I were to work in academia or what not, I can't say I don't have time to read that, so give me two extra days to do that. It's not possible when you're collaborating with other team members when we're on deadlines. You can't extend that when you have projects due on certain things. You have meetings with this team next week. You can't say, "Oh. I don't have time. Give me extra time." You can't do that, or you can't work by yourself in a team setting. You can't say, "Can I have a private room for my own little discussion. Can I join you via Skype?" Sometimes it's just not going to be feasible. I have to develop a way to really prepare myself to do that. Being more efficient, doing things a lot more ahead of time and being

> proactive. That's another strategy that I'm developing right now. It's really intense. It's exhausting to be honest with you. I think I'm doing it because I really enjoy what I'm doing, and I think that's what's keeping me motivated.

There are specificities and nuances relating to being a medical student, where a culture of efficiency and being a self-responsibilizing entrepreneurial subject is valued. Olivia troubles the fact that being self-directed is a taken-for-granted essential element of being a medical student. This speaks of the constructions of a "regular" self-sufficient entrepreneurial efficient student who can work alone and within team settings to collaborate with others. The students have to be present, self-directed, physically available, proactive, which are understood as valuable skills, to be worked on, learned, and cultivated to be a graduate students. Ferguson and Titchkosky (2008) add:

> success in graduate education demands that people fulfill academic obligations in normal time, in normal ways, through normal tasks, accomplished by people who regard all this in a normal fashion: we write, present, publish, teach and do research. All of these activities rely heavily upon our bodies, mythologized as autonomous individuals generating substantial amounts of written text to demonstrate intellectual and participatory competence. (p.71)

Thus, able-bodied expectations narrowly define what it means to be, work, learn, speak, write and act as a typical, normal, and successful graduate student. This also places particular socio-spatial expectations on students, not being able to have a "separate room" since this would be out of the norm. Opportunities for collaboration are experienced in this way as compulsory able-bodiedness (McRuer, 2006). The disabled university student emerges as a subject who must take responsibility for themselves (Miller and Rose, 2014)

and direct the terms and process of accommodations to ensure their own accessibility and human rights are afforded. The responsibility and work required to fit in at university calls on disabled persons to identify, self-advocate, negotiate policies and practices, and do entrepreneurial work to access resources and services. This relates to the Foucauldian (2008) notion of "governmentality" or "the conduct of conduct" where disabled subjects govern and conduct themselves within particular institutional rationalities as liberal subjects. As Rose (1998) attests language of enterprise represents a political rationality which: "forges a link between the ways we are governed by others and the ways we should govern ourselves" (p.154) where "the enterprising self is thus both an active self and a calculating self, a self that calculates *about* itself and that acts upon itself in order to better itself" (p. 154). Thus, enterprising disabled subjects govern themselves and are encouraged to conduct themselves in particular ways, seeking to enhance and master particular capacities, striving to autonomously self-direct and better themselves (Rose, 1998).

8.3 Disclosing disability?

For many disabled students in this study disclosing disability is something they reflect upon as a process, as a struggle, as opportunity, as relating to their sense of self and complex institutional social relations with others. For students with non-visible disabilities, nondisclosure may be a conscientious way to manage their sense of self and information communicated about themselves to others. Nondisclosure may also represent a way to avoid stigma associated with identifying as disabled in university contexts to particular social actors. While for other students with visible disabilities/impairments disclosure may take a different tone and sentiment, disabled students with nonvisible

disabilities may decide to disclose certain contexts and choose not to disclose in others (Riddell & Weedon, 2014). As Kerry a PhD student at university site 1 notes:

> It irks me as being a student with a disability. There's no way to kind of hide that. I feel like not having a choice of disclosure is uncomfortable because I feel like they're probably less likely to employ me in the future."

Visibility associated with her disability means nondisclosure is perhaps not an option, or a difficult option given current modes of knowing, revealing, seeing, and discussing disability. This also relates to her future goals and ambitions of someday perhaps working within higher education.

Institutional attitudes toward accommodations may also represent social barriers to access, experienced and perceived as jealousy, as Zoe at university site 1 adds that:

> I've always gotten a kind of sense that some people are jealous that other people get accommodations, they don't understand why some people get accommodations when others don't and nicely conflicted about that myself, feeling guilty for getting my accommodations for it.

Thus, being accommodated comes with deeper personal feelings and sentiments in relation to institutional attitudes surrounding administration of accommodations and issues of fairness and results in questioning who are worthy or unworthy recipients.

Issues of disclosure and provision of appropriate documentation for disabled students emerge as salient throughout the accommodation process. Appropriate documentation for this Disability Service worker meant bio-medical edu-psychological assessment.

After disclosing disability at university site 1 Alessandra notes experiencing hyper surveillance on campus:

> I feel like I'm being watched. If that makes any sense. I've never been a paranoid person. I feel like ever since I stepped foot on that campus I am being watched. I've been told indirectly this twice. "I know what goes on in these walls" I've been told by somebody else that this is a very small university, that people talk. I think those are subtle messages"

Alessandra also illuminates that social location and power-relations can influence a disabled subject's comfort in disclosing and identifying as a disabled person:

> I get really ticked off when I hear other profs talking about disability and saying you should disclose. "I disclosed." Yeah, but you have a privileged social location. You have tenure, of course you disclosed. But would you have done that if you didn't have tenure?...I probably wouldn't disclose, In fact, I try not to.

Alessandra statement is somewhat problematic as she can not know when a professor may first have disclosed disability publically, unless explicitly told by specific professors. Professors are also legally forbidden from instructing students to disclose their disability, not to mention ethical considerations of so doing. Also, professors may disclose disability prior to acquiring an academic position or tenure. Nevertheless, Alessandra notes perceiving being in a precarious social position relative to professors, who she perceives as having more privileged social locations. Privilege and status may afford a safety net for disclosure, and for Alessandra as a graduate student disclosing may not be desirable lacking tenure, job security, and privilege. Thus, graduate students considering disclosing

disability may need to take into account social location, and possible risks and prejudices associated with disclosing disability.

As Cassandra also attests, disclosing disability requires reflexive thinking on her behalf, to consider what disability means to her, how nonvisible disabilities are understood as "not tangible" and "not linear", which means that disability for her is far more fluid, and changing:

> I didn't want to approach the instructor in that particular incident because I didn't want to offend her because I know that she wasn't actively trying to marginalize any specific groups and I know that she would actually be pretty upset if she realized the impact. I didn't feel like … I didn't feel comfortable saying anything and I guess, for just the purposes of disclosure personally, I didn't feel that I wanted to go to accommodations because it's almost … Well, it's something that's not tangible and it's not linear like a physical disability. It's hard to say exactly how it's going to impact you, because I mean, there are some months where I'm completely … where things are pretty good and then there are other times where symptoms are worse but I say I'm like overall, there have been a lot of barriers to get services on campus.

Disability may be part of her identity at particular moments and less obvious or present at other particular times. The permanence, obviousness, tangibility, and intelligibility of disability as understandable, legible, discernable, raises questions about what disability is, comes to represent, signify, and mean in university settings. How this participant relates to herself, means not wanting to "go to accommodations" because her understanding of disability is dynamic and complex, which may pose barriers when wanting to access

disability-related services. In this manner, this participant come to complexly constitute herself in relation to regimes of regulatory practices governing the terms or limits of official discourses of accommodation as they are played and lived out.

Disabled students also contemplate disclosure in programs which require practicum or placement in medical-clinical-rehabilitative settings. While on placement, disabled students must also negotiate where, with whom, and whether or not, and how to approach at-practice accommodations with other workers, and social actors in these new settings. As Cassandra states:

> I'm like pretty Type A so I get things done early but I think it's mostly been on placement wherever into the issue. Like I know my last placement my preceptor, she was very, very blunt and the way that she dealt with things was pretty bad and I was going through … I was just adjusting to my medication at the time…It was like last March and I was going …through a lot the first year, like a lot of heavy symptoms and she was really just like … just our personalities clashed. To be frank, she was a bitch, that's what it was. Like she … no one else really liked her and she like yelled at me in front of people in placement and there was one time where she … she's like you can't do anything right and so just … my anxiety would spike around her because… I was already going through so much so it just exacerbated all the symptoms and I felt … I couldn't focus around her and so then like after she blew up at me, I had to go and talk to her and I was like, look, I didn't feel like I would have to disclose that because I've never had an issue with like a workplace setting or anything where I had to disclose that I have a mental illness and then I disclosed it to her and told her. I said I have an anxiety disorder

> and she was like, oh, that makes sense now. I could totally see the social anxiety, wanting to please people and it really pissed me off because she made the assumption about what particular brand of disorder I had when really I was like, no, that's not … that's actually not how it is but I didn't … I wasn't able to say that just because of the environment. I felt that and like I notified the school and the clinical coordinator and she was pretty supportive but I mean it was like pretty awful to have to deal with that and to have disclose so that I don't know … I don't know in the future if I would disclose prior… most people have like some level of sensitivity and human decency but her social skills were just not there. She was … her approach was just not personable…

Thus, while on placement disabled students may also have to negotiate issues surrounding disclosure and accommodations while on placement. This can create tensions and barriers particularly when the setting and social interactions at placement may exacerbate negative experiences.

The accommodation process places students and instructors together, sharing responsibilities and having to arrange meeting places. The location of meeting may vary, however disabled students are encouraged to meet with processors, often in the professor's office. The DS office worker states that this is a problematic process, resisted by students, but one that may benefit both parties in the DS office worker's opinion. Here, the space of accommodation is negotiated and discussed where instructors and disabled students are encouraged to meet, "sit down" and have a "good honest discussion". The meeting place is a site, which requires contestation and critical reflection, where this occurs matters, as Tim from disability services points out:

> Yes, so and it's all online so you print it out and you follow a process to these meet with you professors we strongly recommend and we stated every clearly the expectations as you will go and meet with each of your professors in their office during office hours to discuss the accommodations. There's a population of students who say they don't have the time to do that, I do hear I understand it but I'm not entirely convinced that that's true. That if you can't take half an hour for each course and that will be two and a half hours out of an entire term to go find your instructor and sit down and have a good honest discussion about how that instructor needs to accommodate you to best meet your academic disability related needs then I'm not so sure you're doing yourself a favor.

A number of students who personally identify as disabled choose not to disclose and seek formal identification in disability services and instead approach instructors directly to informally negotiate accommodations.

Annie C idenfities as a disabled and death fat student at university site 2 and draws on the social model of disability to counter disability-related oppression notes:

> This is the thing. I'm not registered as a disability student because I didn't even think that I needed any accommodations because I didn't even...I had no idea that I would need an accommodation. It just seemed like what's the big deal.
>
> Mark: You've never registered with the DS office?
>
> Annie C: I've never registered, no. I chose not to. Can I tell you why?
>
> I don't want to be identified either as a disabled student. I don't know what the repercussions are of that. I don't know where that information goes. I don't really trust the bureaucracy that is [University Site 2]. I find that this is a labyrinthine,

> Kafkaesque environment where things where things … The bureaucracy here is outrageous. I don't know if you remember that. I've been transferred from one office to another to another to another in trying to find the same thing. You people want my information? You people want to register me as a certain category of person? No, that's not happening. I've never needed anything that they … For instance, I had considered asking for, I don't know if you know this, but they'll drive you from one place to another in a little cart if you need.

Annie C demonstrates distrust for how personal information about "disability" in relation to the student's identity may be circulated and mobilized, seeing the process as obscure and lacking transparency, wishing not to be categorized and sorted as a "particular" type of person. Gabel and Miskovic (2014) note that "some students are reluctant to seek support because they are struggling with a new disability identity or perhaps are uncomfortable with the new ways in which they are valued or devalued" (p.1152). As Low (2009) attests: "For students with disabilities, negotiation of the campus environment is a process inextricably linked to the processes involved in negotiating disabled and non-disabled identities" (p.238). This relates to the Foucauldian (1995) notion of resisting regulatory regimes that lead them to being constituted as certain sorts of disabled subjects subsequently subjected to intensified surveillance. Self-identifying disabled students actively circumvent institutional formal channels to access disability services and instead advocate, create, and discover new avenues. Such students may wish to access services without formally being identified or labelled officially in university settings as disabled persons to avoid the intensified and bureaucratic forms of regulatory surveillance that come to define and constrain their existence in university

spaces. The effect of circumventing such channels means that the student aims to control information circulated on and about them, while also asserting a socio-spatial claim on locating oneself where and when they want, an active refusal to be placed and dis/placed. Accessing disability-accommodations in this manner, demonstrates a dynamic desire to self-identify or not, in the places, times and contexts, and among social actors one chooses. This relates to Foucauldian (2005; 2005b) notions of subjectification and agency to manage the way information is collected, disseminated and used in constituting disabled subject-objects. Disabled subjects are thereby conscious of self knowledge, tied to crafting their own identities, in relation to dominant knowledges-discourses as free subjects (2005b).

Accommodations may entail having positive relationships with instructors where students may negotiate extensions for particular circumstances. On accessing informal accommodations Sarah notes:

> It will be whatever the situation is. I find that I'm very sensitive, and so if something is going on in my life, it can be difficult to kind of focus on stuff. I think my sensitivity is a result of the situation I grew up in, but I've been sort of characterizing it as part of my anxiety to make it kind legible to people, and that's also how I conceptualized it until really recently. An example, my aunt passed away when I was in was in undergrad, and I told my … I wasn't close with her, with my aunt who passed away, but it did really upset me, and I kind of couldn't stop thinking about it, I was really worried about my uncle, and it was just sad. I was like, “Oh, I'm upset about this thing that happened in my family. Do you think I could have a couple of extra days?” This prof. knew me, she knew how

> sensitive I was, and she was like, "Oh yeah, that's no problem." It's usually things like that. Sometimes it will just be like straight up, "I'm having difficulty managing my anxiety because I have a lot of deadlines right then. It would make my anxiety less if I could have a little bit of extra time for this so I could manage my work in a less concentrated way." People have always been receptive to that as well. Nobody's ever said, "No, I won't give you an extension," literally never, I'm really lucky. Also, then again, I've been in like women's studies and critical disability studies, so people tend to be more understanding of people's circumstances, a lot more than in some other programs, so think that's why.

In this way, Sarah is using power productively to self-advocate and act with agency at the micro-relational level (Foucault, 2005) while avoiding official channels of accommodation. Sarah finds people who are caring and empathetic in positions of authority and who might grant her extensions without any reservations. Through working within institutional localized power-knowledge networks Sarah speaks openly disclosing experiences with loss and grief, and anxiety as a intelligible way of describing and managing her academic workload. She further asserts, within "women's studies and critical disability studies…people tend to be more understanding of people's circumstances" where perhaps in Sarah's experiences a relational social ethic of empathy and care is embedded into disciplinary pedagogical regimes relating to others, perhaps not found in other programs.

University accessibility relates to fairness, equality, and educational opportunities. Cost of living and high tuition fees along with physically inaccessible barriers in university built environments represent significant access barriers. The university may be

experienced as (un)caring in particular times, locales, and circumstances in interactions between various social actors. The uncaring ethic of inaccessible university life is further stated by Sarah in terms of universities as institutions (re)producing inequality:

> The university isn't particularly interested in equity. I don't think any university is particularly interested in equity: the tuition fees are really high, most people can't afford it. I know we get seven years of funding, but we're supposed to live on less than $20,000 a year in Toronto, that's really rough…Maybe it's even worse for undergrads I think. They don't care about people accessing education, I don't think. I think the institution just wants to do … I think it just wants to replicate itself: I think the institution wants to keep functioning, I think that people who are in management want to keep having their jobs, and I think that they want to just keep doing what they're doing. I don't think they care who can access it and who can't, I really don't. That's how it's set up. It's not just this institution: all institutions in Ontario, all the higher education institutions. I think that they do kind of what they need to do to look like they're complying with … or to comply, I guess, with the laws around disability accommodation just as much as any institution does. The laws are not … they don't have a lot of teeth to them I guess. It's kind of like a very basic level that they're sometimes not even bothering to achieve, because they really don't have to, there's not a lot of enforcement. For example, the Counseling and Disability Service having this blatantly AODA [Accessibility for Ontarians with Disabilities Act]-violating form, it's the basic thing you need to fill out to be able to qualify to access their services. They just

> think that's okay. It's not okay. Or just having a campus that really has serious problems with accessibility: a lot of the areas are not accessible.

For this participant, universities are not particularly interested in equity, which relates to inaccessible built environments, high tuition fees and costs associated with accessing higher education. Sarah broadly paints people in management and administrative positions as replicating the status quo and uninterested in access and equity issues. Contradicting the ways she noted above how she was granted informal accommodation, support/assistance and extensions through non-formalized channels. In this manner, Sarah characterizes administrators broadly and collectively as uncaring. Furthermore, although constrained by funding in Toronto Sarah does not reflect on her own privilege, supports and advantages in relation to other PhD students at her institution and others who may not receive her level of funding for the duration of seven years. Rather, the universities are interested in replicating themselves, where people in management keep their positions, maintaining the status quo, and complying or appearing to comply with minimum disability-related access and accommodation requirements. In this manner, universities may maintain the façade of access while reproducing dominant alienating structures thereby systematically denying access to disabled persons. Far from a monolithic group of uncaring people in universities, I read Sarah's comments as problematizing administrative bureaucratic practices and structures as uncaring where she has found moments of empathy and compassion through informal social networks and accommodating channels.

For Sarah informal channels are essential:

> The informal channels are kind of important, because sometimes the formal accommodations don't get it done: they are interpreted really rigidly, say by the instructor. An informal accommodation, it's kind of up to their whim: do they like you not? Do they think that what you're saying is credible or not, in terms of why you need an extension? It's always an extension, I've never needed anything other than extensions. I think in this program, they're more open to it than in some others. Actually, even in undergrad, I took courses in history and philosophy and stuff, and even then I still got accommodations, I still got extensions, they were always nice. I think they could see how hard I was trying, and I think that that's like kind of the main thing: I'm not just a screw up … not that anybody's "just a screw up," but you know what I mean, you could think of somebody perceiving somebody as like, "Oh, that person's not trying that hard. Why are they being so lazy? Oh, they don't deserve this…I was clearly really invested in doing well at my work, and doing a thorough and good job. I also had issues around anxiety and depression and being sensitive to things. Because they sort of read me that way, I was always able to get what I needed.

For Sarah, informal accommodations may require attitudes toward students, where instructors may perceive people as hardworking to be more deserving of accommodations, than students thought of as lazy. Stating "I'm not just a screw up" Sarah attests to how engaging in the academic accommodation formalized system may problematically constitute disabled subjects as deficient and lacking. Sarah reveals that the accommodation process is fraught in this sense, as it may perpetuate such notions. Sarah works at the micro-relational level with professors directly to counter being

constituted in negative disabling ways. Problematically however, in stating accommodations may be up to instructors' whims Sarah does not acknowledge that she may not know what underlying motives inform instructors' decision making or how other disabled students may experience and access both formal and informal accommodations. Moreover, Sarah does not acknowledge in this statement how some instructors may view informal accommodation provision as more than just a whim as perhaps complexly linked to efforts to engage in higher ethical directives to enact access, equity, fairness, justice and human rights based frameworks informing their decisions.

Institutional attitudes surrounding disability at local relational levels may constitute disabled subjects in more positive ways. Mary a PhD student at university site 2 in a social science related field who identifies with an invisible disability attests positive experiences with program specific accommodations ameliorates conditions for disclosure:

> I don't always forthcoming identify as a person and/or student with a disability because of the discrimination I have experienced in the past. At times I will pass as nondisabled. By virtue of the program that I'm in, I have disclosed and I have been accommodated as best as the program can, which has been phenomenal at times. It has been helpful to aid me in the progression of my program.

Passing as nondisabled may be a way to avoid discrimination, while disclosure may be employed as a tactic within certain programs to access accommodation services. Contextually managing self-disclosure represents in a sense a Foucauldian (2005b) self-governing tactic and strategy for Mary. At certain instances, due to the invisible nature of her disability, she is able to essentially blend in as able-bodied in contexts and times to

avert a pathologizing biomedical gaze, while disclosing disability to particular confidants gaining access to particular academic accommodation services and resources. Mary reflects awareness of circuits of power-knowledge stating: “by virtue of the program I’m in” she engages in self-governing strategies and identity disclosure to constitute herself in micro-geographies where she perceives more favourable attitudes toward disabled subjectivities and subject positions.

8.4 Dis/abling university spaces

Disabled students’ behaviours, thoughts, actions, enunciations are mediated by particular spatio-temporal norms within university contexts. Students may be subjected to informal normalizing disciplinary conversations about their involvement and conduct at the university, about where they should be and why it is important for them to be there, at a particular location, performing specific tasks at certain moments in time, and within certain timeframes. The institutional locating of disabled students in particular places emerges as a salient concern. Furthermore, disabled students may experience conversations of where they need to be, when and why in ways which are overtly punitive in tone and meaning. Alessandra a PhD student with invisible disability at university site 1, for example, is told, where she needs to be, and why irrespective of personal circumstances.

> - I couldn’t be on campus, and I got a little bit of a lecture on how I’m to be at campus, and I understand you’re going through a personal circumstance, but you still need to be on campus to pick up your mail.

Lisa describes her socio-spatial-temporal experiences as a Deaf (late deafened) individual in the university and how this relates to her experiences and educational needs.

> I am Deaf (late deafened. I grew up hearing then slowly lost my hearing), I use ASL interpreters for all my classes. All videos need to be captioned. I need enough break time to rest my eyes as watching is not a passive activity like listening. I need to have time to take both myself and my dog to the washroom if needed. I need a stall in the bathroom that is big enough for us both to fit in. I need instructors to send me class materials ahead so I can prepare for what signs/words I should be expecting (as many of them do not have signs). I need a note taker who can take proper and full notes, and I need copies of all the powerpoints. I need the time to be able to go back over those notes and make my own notes from them. I have severe anxiety and depression associated with this. I also have a hearing ear dog guide. Last year, I estimated that I spend about 15hrs a week outside of class/homework/studying time just dealing with access needs. This is in addition to the time spent in class and studying, etc. I also have hypermobile joint syndrome[3] (elhers-danlos 3 without stretchy skin). This makes it hard for me to stand for long periods, carry heavy bag on my back, write for long periods.

Lisa highlights here that all learning requires support and is not an independent task; education happens in relation to other objects, environments, and social actors. She comments on dominant normalizing expectations surrounding hearing, standing, watching, occupying washroom stalls (alone), spatial-temporal norms – able-bodied

[3] Hypermobile joint syndrome refers to joints that can move beyond the 'normal' range of an expected joint

norms. Doing things at a slower pace, taking time to do things, needing more time, requires more work on the part of this participant to meet particular learning expectations.

Lisa comments on issues of access to events, information, and also the built environment noting significant barriers limiting accessibility including personal safety concerns as a Deaf person. She notes that access continues to be a struggle, which also compromises her personal safety:

> I haven't seen many changes on a large scale, only the small scale. For example, now the access department event planners think to pre-book an interpreter in case I would like to attend, and my department is more aware of accessibility of their program, but the school on a whole has not. They continue to put out non-captioned videos despite me advocating for them to caption them. They continue to advertise events at the last minute with no consideration of how to pay for accommodations if requested or how to request any. Many of their *new* (2006!) buildings do not have visual fire alarms despite many other accessibility features shouldn't that be in the building code by now?

Lisa highlights the extent to which access to information continues to be an individual struggle and illuminates how the campus represent a “particularly dangerous place for students with disabilities” one which “can generate fear” (Low, 2009, p. 240). Lisa advocates for access against communication barriers, expresses the desire to attend accessible events with interpreters, and for visible fire-alarms for safety for Deaf persons and persons with auditory impairments. She actively challenges pedagogical practices and physical features of the built environment, to have spaces, which anticipate her presence, and dialogically communicate with her needs and wants. There is a need for

accessible communicative spaces, which consider a wider range of communication needs by taking into account contextual and local specificities and contingences.

Lisa, for instance, discusses barriers to access where lack of communication produces social barriers:

> Many events are not accessible to me communication-wise. Events are planned without the consideration of students with special needs other than people who use wheelchairs. We are working on this but it is slow. The graduate student association is bad for planning events without visual communication even though they know there is a Deaf grad student at the university. Other events I find out about too late - a few days before is not enough time to book an interpreter (and find the money since they never considered the need prior), caption videos, etc. There have been several instances where I did not attend something because I did not have the time to be able to advocate for my access in order to attend. (If you want something done, and done timely, you pretty much have to do it yourself. The access staff are good but overworked. I usually have to get the process started because by the time they get organized enough to help it is too late). Also, the nature of my program has students organizing workshops from community organizations. They are not officially part of the program so the school won't pay for interpreters, but the workshops are usually run by a volunteer and the associations don't have access funds (because they usually don't have enough funds period).

Lack of interpreters and visual communication translates to barriers to social events, and events about other discussions surrounding grad student life. A lack of funding is

provided as the rationale as to why many events are inaccessible, including community oriented workshops, effectively severing her ties to community organizations.

This supports claims by Hansen and Philo (2009) who state:

> There is an aversion to providing "space" for disabled people, and "reasonable accommodation" is often code for "minimum" as to nature, extent and cost in order that established speed, space and time patterns are not greatly disrupted…economic viability remains at the forefront of decisions taken…The spaces that are provided or modified in some way remain distinctly provisional spaces, in which disabled people are "provisionally" allowed so long as they seek to inhabit, utilise and conduct themselves in these spaces as would a non-disabled person…Accompanying the modifying of spaces, there is also a (far from tokenistic) approach that strives to "correct" the disabled body, to produce corrected bodies that fit in with the existing shapes and expectations of non-disabled space. (p.260)

Economic rationality is provided as justification for exclusion, and inclusion places demands upon the disabled student to conform to able-bodied expectations, and act in ways that minimize disruption.

When asked if she felt she has equal access in comparison to nondisabled students Lisa replied:

> No. I am very much limited by a lack of available funds to pay for interpreters and the length of time this would take even if I possibly had a source. Additionally, there are many opportunities that are presented to the class to get involved (outside of the program) which again are not accessible to me.

> Sometimes students will contact a clinician in a certain area and try to shadow them for a few hours or a day - this is not possible without available funds for interpreters. Additionally, because of my disability, I am often unaware of various study sessions people are organizing or group outings after class or a tip that is going around class for an essay. Unless someone specifically thinks to tell me or posts it to facebook, I am unaware. I am also limited by the amount of time in the day (as are many students, but mine is exponentially more) and need to sleep in order to be able to focus on the interpreters. I have so much more to do, but there was no option of completing my program with a reduced course-load. There are a lack of available tutors who can assist (and again a lack of energy and time to meet with them) even with BSWD funds. I had to fight to get a guaranteed locker at the gym (instead of the lottery) because without a locker I can't store everything for myself and my guide dog to go to the gym/pool/etc as I can't carry 2 gym bags and a school bag across campus in the middle of winter.

Time is required to access information, and focus attention, to take in information, yet program inflexibility does not permit a reduced course-load. Lisa also notes having to fight and self-advocate for space considering her guide dog and accessibility needs. The lottery, system for space in this instance is questioned as people have different needs, wants, and struggles within and for particular institutional spaces.

Bonnie, a PhD student at university site 2 with a visible disability speaks to the need for clean spaces. According to Bonnie there is a need to make washroom spaces clean as this has great implications for her well-being. The lack of clean washroom

spaces impacts her embodied experience resulting in her changing how she interacts and what she does in university washroom spaces:

> Short-term would be spending more money on making sure that the washrooms are clean, which is a big deal for people with spinal cord injuries. Anybody with spinal issues because you're supposed to catheterize yourself and you need a clean environment to do that. I just stopped doing it up there because I was always getting bladder infections so I thought, "Okay I'm just not going to do it."
>
> Mark: You would no longer go to the washroom on-campus.
>
> Bonnie: No, basically. I could go but I couldn't do my catheterization which means I didn't really empty my bladder. There is some up in the [University site 2 building]…but yeah I just stopped using them. That's pretty basic. Again all these things are all going to cost money. They need more cleaners…

Thus, sterility and cleanliness of washroom spaces directly impacts this participant's use of campus facilities. The costs associated with cleaning washrooms is provided as a rationale or limit as to why universities are not able to maintain washrooms clean enough to for this participant to use in ways that suit her needs. Unclean washrooms resulted in bladder infections, negatively impacting her wellbeing and health, altering her behaviour and ways of using particular campus spaces, no longer entering and using campus washrooms. At the intersection of health and disability, Bonnie demonstrates the lack of useable washroom spaces, where she questions access "to pee or not to pee?" (Titchkosky, 2008) as a struggle for access where using washrooms may literally make her ill. Disability is commonly known as excludable justifiably absent in inaccessible built environments (Titchkosky, 2008). Her transgressive "leaky body" (Shildrick, 1997)

needs to be contained, and she must go elsewhere to urinate. Non-normative use of the washroom, the functional act of "catherizing" oneself is not supported, where cleanliness demanded of the washroom space is too great a threshold. The university does not support her leaky body's needs; she does not fit expected use of the washroom space. Or perhaps the university itself is overused, filled over its optimum capacity, where the washroom usage is stretched to its limits of volume and traffic that surpasses human resources required to cleanly maintain this washroom space. Patron(s') washroom conduct and usage itself may make washrooms untidy, where to enter and use a washroom, depending on how it is used, is to leave it someway changed until (re)cleaned. There is a mis/fit between Bonnie's desired want of the space as a place for her to use, and actuality of the space as unclean and unusable, go elsewhere.

Monica a graduate student at university site 2 who often identifies as able-bodied and has had experiences with mental health issues speaks about the university as an industrial wasteland that does not promote dignity:

> These are huge I mean industries…these university industries…I don't know what the profit margins is…but it's tremendously high… it's like an industrial wasteland…The university…It just felt like that. It looks like a series of factories…It's just deplorable conditions of … You can't blame the custodial staff for not keeping it clean because there's not enough custodial staff. They're probably overworked and underpaid. I mean, there's all sorts of problems. I fill out these surveys for [University Site 2], do you feel this campus is safe? And I just gave it zero. I said I'm not attending your workshops; I don't want to alter my behavior. I've always behaved this way where I go to the library and go home. I

> don't plan on calling for assistance walking home. You already put in enough security cameras and swipe cards…You can't get into the library it's a fortress. You need a student card and there's a security that … In a way, I see that as an elitist attempt to block out community users. It would be nice to see … I mean a lot of public libraries have homeless users. If you feel comfortable using that space…They wouldn't be allowed in the door. I think that you may be looked at suspiciously or someone may come up and ask to see your student card, your patron card, or something… It's the thought that anything can take place…

University safety, security, access to community members, cleanliness, all relate to safety and dignity. In this manner, this participant problematizes the university as a closed off space, one that blocks out certain types of persons. Monica notes hyper-surveillance of spaces and the closed nature of the university, which requires boundary crossing to enter particular vigilantly policed territorially blocked spaces. The university represents an elitist space, functioning to generate "tremendous profits" that block out community users and homeless persons.

As Dolmage (2015) attests:

> "universities continue to function to keep certain groups of individuals out of the work force and away from status positions, and away from knowledge and dialogue and power…The university is a sorting gate but also a holding pen" (p.20)

The university excludes but also permits entry, provisional access and prolonged stay to certain individuals. Only certain persons may be deemed appropriate or fit to enter and transgress certain bounded partitioned places. Monica also compares the university to a

deplorable industrial wasteland with factory conditions, unsafe, and unclean. Universities as industries thereby perpetuate harsh unsavory conditions and class divides. Monica uses metaphoric imagery of industrial wasteland to intentionally depict her sentiments of place, perhaps never having been to a true industrial wasteland; the present university, for her, conjures those imaginings of what it might feel like to inhabit such an unclean, unsafe, deplorable place. In hearing Monica's metaphoric socio-spatial juxtaposition of the university and an industrial wasteland she forces comparisons to be made. I understood her words to be deliberate to emphasize the magnitude of her feelings of unsafety in relation to deeper social issues and economic issues fostering such conditions in university settings.

There is also a desire for safe spaces, and for the university to be safe especially for women. Safety and perceptions of unsafe campus environments directly impact the socio-spatial experiences of this female participant. Believing the university to be unsafe, means altering where and when this participant enters, occupies, uses particular facilities. As Sarah notes in regards to unsafe spaces:

> I think that matters probably a bit less for me as somebody with a psychiatric disability, because I don't find the physical environment inaccessible at all. I can pretty much navigate any of it. I think that the person who designed this university is an asshole, I really do. It's so horrible for anybody with mobility impairment. The distances between things are horrible. They're even horrible for non-mobility impaired people, they're just huge, and it's so cold and they left like eight miles between every single building…It's huge…I feel solidarity with folks who find it inaccessible, and it makes me angry, but I would have that whether or

not I had a psychiatric disability or not. Yeah, I don't like the campus, because I don't perceive it as particularly safe, it's not very safe, especially for women. There's a lot of problems with … the safety audit and all that, they just don't really seem to care too much. My office is in this building, and I hate my office. Even though we could have gone there [for the researcher interview], I was like, "No, get a room," because I hate my office so much, I never go there.

Mark: That's why you wanted a different meeting space. What's bad about your office that you hate?

Sarah: It's in the basement…There's no windows …it's dark, it smells like stuffy. I just perceive it as just unsafe. It's down like a hallway and there's never anyone around. Maybe there would be in the day…

Mark: As a PhD student you work at night, you work at different hours.

Sarah: Right, exactly. It's not conducive to … it's not a good space to work in. I've used it occasionally, I used to have office hours in there, but even then I was like, "I don't want my students walking down in the late afternoon. It's dark, there's no one around. I don't feel comfortable with it…[University Site 2] is not more unsafe than other university campuses I don't think, but I think that all university campuses are not really safe, and they're really not safe for women especially. Yeah, I don't like going in my office because it's too isolated and I just feel like if something happened, nobody would necessarily know. I don't even think there's phone reception in there…I have anxiety too; so it makes it kind of … yeah, I feel that like I perceive it maybe more then.

At University site two Monica and Sarah both raised a number of concerns about unsafe spaces including violence against women. Gender and disability intersect in relation to gendered spatiality and violence. Femininity is connected to greater vulnerability, and socio-spatialities may (re)produce mediate exposure to violence, propagating such uncaring spatialities. As Ghai (2006) discusses, disabled women often experience sites of exclusion, are silenced and increasingly likely to experience public spaces as threatening (Meekosha, 2004) in comparison to nondisabled persons. As this participant points out, the campus may not be perceived as safe, meaning there are risks associated with being in various parts of the university campus at certain times of the day. University spaces may be experienced as potentially unsafe places, which expose disabled students to risks and dangers that nondisabled students may not encounter. Overlapping systems of oppression such as ableism, masculinity, and patriarchy expose subjects who may not neatly fit able-gendered norms and expectations or be aligned with such privileged positions to risk and violence. Low (2009) notes that disabled students may experience isolation:

> Students with disabilities are isolated in an objective sense when they are seen by others going in special doors, and in situations where they feel disoriented, unsafe, and afraid. They are seen as moving slower and in situations where they have to ask for help. Areas on campus are acknowledge by others to be inaccessible to students with disabilities and they are seen as restricted to subterranean travel in the underground corridors. In their totality these things stigmatize students with disabilities, setting them apart from the general student population. For these students, the process of negotiation of the physical

> environment of the university campus is part and parcel of the process of negotiation of a disabled identity. (p.241)

Although, participant Sarah identifies with a nonvisible-psychiatric disability and thus may not experience physical inaccessibility in ways persons with mobility impairments might, there is a sense of community and solidarity against inaccessibility, discrimination and injustice experienced by disabled persons.

Spaces experienced as loud, noisy, busy and sonorous spaces in the university adversely impact this particular student's learning, as Steven a self-identifying autistic disabled student at university site 1 struggles to find quieter spaces:

> I know what advantages and disadvantages I have from my disability; like I said I'm aware of my surroundings more. It does make me a little paranoid, it does make me a little distracted more, but I can use it to my advantage, like (participant makes sniffing sound with his nose) oh it's raining out, and the prof like excuse me "oh it's raining oh wow it's raining out" and I was like ya, I can smell it… I very carefully categorize spaces on what I want to do. The library is unfortunately a terrible workspace now, it's loud it's too noisy; any library on campus…The quiet study space is gone on campus there is nothing left. People are fighting over rooms like this people are actually booking rooms to study in the BSB rooms are being booked to study in. Other people are coming and studying quietly there is a serious space concern. I personally goof off at home but when I do work on campus I use the computer labs with key access to students only in software…nobody is there on off hours or when assignments are due… I can do for a bit with loud music like I put on music and I can help dull the effects but it's

> still a fact of there is a lot of distractions on campus there is not a lot of quiet space on campus. A lot of people actually do work at home nowadays because you got to separate your space and where you work. Now that I'm a graduate student I have an office I can bang it in my lab, I have access to an unlimited supply of earplugs, which is handy, and I do use them and we are like do we need to have hearing protection no I just get annoyed by noises sometimes I just throw in earplugs. Because the air conditioning drives me nuts of what it's going to be at the time.

Communicative spaces, clean spaces, safe spaces are not necessarily at odds with one another. Spaces need to be envisioned as dynamic and shifting in order to meet the desires and needs of those who occupy such spaces. This relates to Soja's (2010) notions spatial (in)justice relating to "consequential geographies" (p.1), "the struggle over geography" (p.2), and "socio-spatial dialectic" (p.4) where "space is actively involved in generating and sustaining inequality, injustice…exploitation…and other forms of oppression and discrimination" (p.4). The needs, wants and desires of disabled persons for complex entanglements of spaces are not necessarily competing, although at times they may be. Such imaginations of what spaces could be are possible. As participants demonstrate, spaces dis/able, regimes of practices inscribed in socio-spatial realms foster alienating sites, inhabitable or unwelcoming institutional realms, which enable particular thoughts and actions and render others unthinkable and undoable. Desiring institutional places, which meet or exceed persons' multiple needs, wants, desires questions the boundaries of universal access, and the meanings and purposes attached to places. What can a body do? This represents important, yet perhaps, insufficient question since bodies

exist in relation to spaces. Thus, one must also probe at the question of what can a place do? What can a place become? What do spaces afford bodies? Soja (2010), on the right to access and use spaces attests: "demand for greater control over how the spaces in which we live are socially produced wherever we may be located, becomes virtually synonymous with seeking spatial justice" (p.7). What might more permeable theorizing between persons and socio-spatialities produce? Such thinking requires recognition that materiality and physical-psycho-social embodiment is dynamically situated in places. Such a socio-spatial interactionalist dialectic perspective appreciates the need to permeate thin skin to delve deeper in those places where humans and spaces (re)generate. Generative capacities of such osmotic spaces enable and constrain the types of human subjectivities that are produced. The discursive becomes concretized, and simultaneously finds its concreteness questioned and dissolved in a postmodern understanding of space and spatiality.

Exam accommodations also reveal dividing practices, sorting able-bodied and disabled students and placing them in different locations. The location of the examination has ramifications for disabled students. The idea that writing in a separate room is an appropriate accommodation requires thought about whether or not this is the best possible accommodation for a particular student's individual needs. As such a practice may also result in spatial isolation, marginalization and segregation from peers. As Alessandra when asked if having a separate private room to write exams was helpful:

> No. It's terrible, because like I tell a lot of people, if I'm going into… a separate room while everyone is huddled around the classroom, the lecture hall, and going over all the last minute notes, and studying with each other, that was the best

> studying that I had was being with my peers. I'm too busy walking all across campus to get to my exam on time. Meanwhile, they're getting instructions from the TAs, they get to see the professor, and I'm stuck in this room which an invigilator who knows nothing about the exam. Then I have to wait for the professor to come to make sure I'm okay, which would probably be like an hour later. By that time my whole stamina is just gone.

In this way, accommodation was experienced as segregation (Liasidou, 2014) and a lost opportunity to socialize and obtain clarification about exam instructions and expectations. This relates to the Foucauldian notion of discipline in space. As Foucault (1995) notes: "discipline proceeds from the distribution of individuals in space…Discipline sometimes requires *enclosure*, the specification of a place heterogeneous to all others and closed in upon itself" (p.141).

As Gabel and Miskovic (2014) note in reference to higher education and the alienation of disabled students:

> exclusion can take the form of containment. Containment happens when disabled people are silenced, ignored, forgotten, or defined using an individual deficit model…Containment is also an active social process. When disabled people want to be seen or heard they are often pushed back down into silence and invisibility. (p.1145)

Thus, separate academic accommodation rooms hold disability in place, demonstrating embedded exclusionary regimes (Liasidou, 2014) keeping disability enclosed and apart from nondisabled students. As Soja (2010) illustrates, unjust geographies may be created and maintained "through boundary making and the political organization of space" (p. 8).

Accommodation spaces permit supervision of disabled students, break up "collective dispositions" of disabled subjects and put these individuals in their place.

8.5 The perpetual struggle for space

Any struggle for space fundamentally represents a struggle of and for freedom. Annie C who identifies as death fat at university site 2 demonstrates how fat bodies become pathologized, and the fault is individually theirs, for not working hard enough to shape and sculpt their bodies to be thinner, healthier, to attain a normalized socio-cultural aesthetic of 'fitness'. Annie C comments on a accessible student lounge community space with natural light and couches, armless chairs, and variety of seating she often frequents on campus:

> That's where I'm comfortable. I don't feel like my body's an imposition to anyone there because it doesn't feel like my body's encroaching or overflowing to other people's spaces because that's something that I'm aware of because I'm made aware of it. Like, "You're in my space." Not really because if my body takes up the space it does so it's not really your space if I'm in it.

The struggle for space is an embodied struggle. Socio-spatial awareness, for Annie C means taking account of how bodies occupy spaces, and how in certain spaces bodies may encroach, overflow, struggle for space. Claiming a space for her fat body, Annie C becomes a threatening figure, recognized as a "space invader" and "out of place" (Puwar, 2004) encroaching on able-bodied thin subjects' arrange seating spaces.

Narrow limited spaces, produced by universities which seek to cram more bodies into classroom space with multiple bodies occupying a similar place creates conditions where bodies will likely rub-up against one another, increasingly the likelihood of

friction where bodies will spill, jostle and collide. Annie C reflects on how her body was understood and read as a problem:

> There are some places on campus that I absolutely dread. [NAMED] Lecture Hall…it's horrendous for sitting because it's the seating that has ... It's stadium seating to begin with, so it's a 500 or a 300-seat class. It's the kind where the arm rests are made of solid steel, and so then the desk part comes, it tucks into the side, it comes up, and it goes ... There's no way that's going to fit me…It has two entrances: one at the top, one at the bottom. I would always sit on this platform... It's like a huge step where they had extra seating. They're they had, not the stadium seating, but they had ... had desks with arms attached, but I could at least fit into that comfortably. It did. It does set you well apart from other people. It's just like, "I'm not one of you," which is problematic. I think it would be more problematic if I haven't been a mature student when I started to begin with. I think that if I had been 18, 19, or 20, it would have been a bigger issue for me than it was, but it wasn't. On the last exam in class for the class that I had there... I told the TA, "Listen, I'm not going to sit." He wanted us all to sit in these tiny chairs. I swear to you, they're about 18 inches across. It's like, "What am I going to do with?" I sat where I was sat and I told the TA, "Listen, I'm not going to even attempt to try to switch myself into that space. That would be not only uncomfortable, probably dangerous if I ... probably cut off circulation if I sat there.

> She was like, "No problem." Then as the test was just about to begin, the instructor screamed “You have to move from there.” I was like, "No, this is where I'm sitting." Then the TA was like, "No, she has to sit there because she's too fat."

Annie C demonstrates that staying in situated, remaining put, refusing to vacate represents a radical assertion of belonging in place. Making such a political stand can heighten visibility of her fat embodiment, resisting to be moved as the Teaching Assistant attempts to explain and rationalize a place for Annie C calling out her “too fat” body. The TA states “she has to sit there because she’s too fat” speaks of Annie’s body reading it as a problem, too excessive to fit in any other classroom locations, stripping away agency to choose where to sit, and talking about the limited places for which Annie might find a fit. Annie’s body becomes read as a problem subject to designed architecture, seating arrangements not designed with her fat embodied presence in mind. Annie instead refutes being known as a problem and attests in reference to seating “there is no way that is going to fit me” indicating that narrow seating design that does not fit her body as the problem. Architecturally universities partition, divide, and make places for various social actors; architecture makes subjects fit, and fits its subjects within architecture. Foucault (1995) offers insights about spatiality, power relations, embodiment and subjectivity where architecture is embedded and mediated within knowledge-power relations and the designing of spaces shapes thought and action, mediating subjectivities and shaping subjects’ bodily movements and postures. Spaces are designed in ways that place bodies in relation to others, configuring and arranging where bodies go, and how they may be (re)positioned articulating movements and flows of persons. Cresswell (1993; 2010) notes that mobility can represent a form of resistance, choosing to move and the act of

moving has complex meanings and motives. Thus, refusal to be moved and to assert where one wishes to be physically situated is a radical act, however also an act of necessity in finding a place to fit. In this way, movement is a radical, yet mediated choice. Refusal to be put in one's place, claiming a comfortable space, this participant gets out of a "jammed situation" and demonstrates a desire to move (Claes, DeSchauwer, and Van Hove, 2013, p116). Mobility is about access but also requires time and energy (Low, 2009).

Chairs arrange bodies in seating arrangements and anticipate particular bodies with narrow frames, certain proportions, able-bodies, to be postured in particular configured ways in classroom settings in relation to other students and instructors. In this case "tiny" chairs "18 inches across" aligned in tight stadium rows demonstrate preconceived notions of bodily proportions deemed to fit, how many bodies in a classroom space. This relates to Foucauldian (1995) notions of architecture as representing a normalizing institutional technology which (re)affirms the presence of fit thin able-bodied subjects in classroom spaces as belonging, and codes fat bodies as unfit and out of place. In this way, architecture is a normalizing technology which welcomes certain subjects to enter, act, belong, and excludes nonnormative subjects, in this case fat embodied subjects. Architecture dis/ables. Annie C read as a problem may connect to neoliberal intensification of the university, and standardization of expected thin "able-bodied" individuals entering classroom spaces where some individuals are deemed "more qualified and fit for purpose than others" (Goodley, 2014, p.27). In universities which increasingly aim to fill more seats in large lecture halls, particular bodies are conceived as fit to sit. Seating arrangements are designed for often able-bodied thin small bodies

which may fill more seats in a given lecture hall. Fat embodiment is thus experienced as a problem when the classroom space is not designed for her body. Annie C made space for herself, finding a particular place that worked for her, and also asserting her want and need to sit somewhere other than the place from which she was told to sit within this restrictive built environment. Ultimately crafting this space for herself rendered her more visible and subject to public repremandation in the form of being screamed at and compelled to move elsewhere.

As Mollow (2015) attests Disability Studies activists and scholars need to "get fat" (p.199) in ways which challenge oppression of fat people and appreciate the fat justice movement. In this manner, architecture disables. Mollow (2015) notes: "the modes by which fat people are oppressed are indistinguishable from ableism: architectural barriers, discrimination, pathologization, pity, and staring are common social responses to both fatness and disability" (p.200). As Hamraie (2013, np) asserts: "The sizeism of normate space makes it more difficult for certain bodies to fit in spaces and also produces emotional and affective exclusions for people whose bodies continually misfit existing designs". Once disability is located in the environment, the quest for equal rights lies in changing the social environment and not in changing disabled individuals (McRuer, 2006).

Participants challenged and expanded notions of disabled subjects including themselves and identifying as disabled subjects, while believing that Disability Studies as a field has relevance and explanatory potential for them. Asking "can a fat woman call herself disabled?" Cooper (1997) notes the political significance as a radical stance

claiming disability at the intersection of disability and fat embodiment (p. 31) Annie C adds:

> fat is not typically considered something that's protected and under a disability categorization even though some fat people may be disabled and some people who are disabled may be fat. Fat in and of itself is not typically seen as a disabling thing…I was exposed to the social model of disability. For me, it's very clear that fat people are disabled through the social and spatial and even attitudinal barriers that they face that have nothing to do with embodiment. That chair, the way that chair is constructed, the fact that the class was chosen to be set up that way has nothing to do with my body. Those were decisions made for criteria that has nothing to do with me. Either they wanted to put that many people in or that chair was the most inexpensive, or they were just criteria that had nothing to do with me or my body. I don't think that people are accustomed to fat people asking for accommodation based solely on their size. I say this based on my experiences, not only here but in other spaces. At the university, at the registrar's office, when you go to the registrar's office outside, it's all chairs like this without arms, but when you go inside, it's all with arms. The last time I was in there, I said … then she asked me to take a seat, and I said, "Well, I really can't sit there. Can you get me a chair without arms?" She said, "Oh, we don't have any of those." "That's okay. Then I'm just going to have to stand." It's sort of defensive because I'm standing over this woman while she's trying to help me, and in the meantime because I'm standing, this is making her anxious because she feels like she's got to get me out of there because ... Do you know what I'm saying? It sets up a whole series of …It

> would have been so much easier since she had two chairs. Why couldn't one be with an arm, one without arms? What's the big deal? There's no problem with that. I felt I fit into the space, I didn't fit into that chair because I was in her office. It's cubicles partitioned to halfway glass, typical of offices today.

In asking for accommodations Annie C contests and challenges conventional norms and expectations. Her body is literally regulated in terms of posture, forced to stand instead of sit, asked to sit but without a place, further demonstrating the incommensurability fat bodies with the conceived bodies welcomed to enter and use that space. Placing and concentrating more bodies in a particular place in a way that is "inexpensive" compartmentalizes and situates more bodies, often in close confined proximity in particular university spaces such as classrooms. Her body is read as transgressive being "out of bounds" (Braziel & Lebesco 2001).

Annie C further comments on the types of subjects and the attributes subjects possess who are generally welcomed and expected in universities:

> I understand on the one hand because campuses are typically for very young people and the majority of them are small, but what about the ones that aren't? Why can't there be an accommodation for that? Why is it such an insurmountable hurdle? I don't think that it is, and I think part of it is this idea that if you wanted to, you could lose weight. Despite all the evidence to the contrary, despite the mounds of empirical evidence that say that's not quite so. I think we're still at the point in society where it's accepted that fat embodiment is a chosen embodiment as opposed to perhaps, someone who has an illness, in quotation marks. Or an illness of being something that is recognized by doctors as not being caused by

> themselves. I think this campus is actually pretty bad in other ways, too. The building we're in now for undergraduates runs a program called Fit at [university building named]. It can be very oppressive. It's exclusionary right there. So what? If I'm in a wheelchair, I'm not welcome to go to the yoga? Whereas really yoga should be able to expand. What happens is that they have yoga programs and self-defense programs, and they're all free. One night a week, they do these things throughout the year. As undergraduates you're welcome to attend because you're part of [the university named].What happens then? I'm too fat I can't attend. I'm not already fit so that doesn't mean me.

Annie C troubles the notion of chosen embodiment, and how certain embodiments become read as faulty embodiments – that is to say flawed, defective, and disordered which highlights that the responsibility for this fat embodiment is her own. Mollow (2015) also attests "the ideal of corporeal agency is laden with ableist implications…*all* subjects fail to embody ableist ideologies of corporeal control" (p.211). As opposed to persons who acquire illness, through no fault of their own, all persons are potentially exposed to becoming sick of no choice of their own, yet fat embodiment is understood as a choice. Like freedom itself, deep-rooted historic-cultural-bio-social forces complexly mediate embodiment. As Lebesco (2004) discusses fat bodies represent "revolting bodies" as transgressive and also subject to a discriminatory biomedical gaze where fatness is often pathologized and constructed as a disease, while also considered a condition individuals have some degree of personal control (p.75). Fat bodies as subsequently subjected to regimes of fitness, aimed at transforming their bodies to be less fat.

Disabled persons are regulated in terms of conduct, compelled to act, think, speak, and behave in normalized ways. Institutional attitudes toward fat embodiments pathologize fat as an individual illness, one that places fault and blame squarely on fat individuals. Mollow (2015) rejects a "blame-the-individual approach" (p.202) to body size troubling the pathologizing of fat body size and moral imperative dominant message "thin is "healthy"; fat's not "fit" (p.199). As Van Amsterdam (2013) attest simlar to diasbled bodies, fat bodies are considered to be corporally deviant and encounter inequality and discrimination on the basis of sizeism. University programs and knowledges are created and aimed at solving the problem of fat, which is experienced as oppressive and exclusionary. Annie C troubles the types of subjects belonging in university settings and problematizes patholgizing the existence of fat subjects. Annie discusses that universities are typically for people who are "young" and "small" but what about the ones who aren't? This question for whom are universities designed, who belongs and who is welcome in university settings relates to the question of who are fit to be university subjects? For Mollow (2015) there is a need to remove obstacles and social barriers and not fat persons from social landscapes.

As Goodley (2014) notes:

> Disabled people often feel unwelcome in mainstream spaces, struggling with a sense of belonging, with subsequent impact upon personal wellbeing. Belonging evokes identification and emotional attachment with one's surroundings. A barriers approach to disablism provides a powerful critique of the material base of disability's relationship with its environment. (p.10)

Being in spaces, and belonging means finding a welcoming place, a place to enter, leave,

and be. Such a focus, assumes mobility to enter, vacate, transgress territories. To enter mainstream spaces, requires becoming more mainstream, queering space entails creating new and revolutionary sites cripping space. There is also an emotional component to being in surroundings. Yet, the boundaries and relationships between human beings and their surroundings are dynamic, complex, and bound in a dialogic relationship mediating, moulding and shaping. The material-disabling effects-affects experienced by disabled persons cannot be abstracted from socio-spatialities.

Tessa an undergraduate student in a health related field who identifies with ADHD and Asperger's at University site 1 notes that finding and gaining peer acceptance were difficult, particularly when certain codes of conduct and social decorum are not ones to which she herself subscribes:

> From my peers, and I've had a lot of trouble; people will tell a joke, I don't understand it. There is a lot of social rules that just don't make sense to me. They're just not biologically plausible. For example, why shouldn't you be allowed to fart in public? Other than exposing others to the smell, it's a perfectly natural biological function. Why shouldn't you be allowed to do it whenever you need to. Your body is telling you to get rid of something and society is telling you to hold it in. I don't get a lot of social etiquette, and little things like that. I had done some research and some people had suggested that I might have Asperger's. So I went and I talked to the psychologist about that. She did a whole psychological assessment, not just the educational, and she did diagnose, so I have ADHD/ADD combined type or however they judge it now, and I have Asperger's.

Thus, to question norms of conduct and behavior and act in a way that suits one's own ideas about what is proper, risks offending others, met with scrutiny and an individual pathology which explains the divergent conduct, appeal to medical expertise labels the individual and provides an explanatory framework of judging difference. This demonstrates a desire for Tessa to manage and govern her own behavior and conduct troubling normative conventions pathologizing her as abnormal.

Nonconforming to able-bodied expectations of being physically present on campus may result in increased surveillance of one's conduct and discipline. Kerry a PhD student a University site 1 who experiences chronic bodily pain and extensive health care mentions experiencing scrutiny and threat for not being physically present on campus:

> I did feel a little bit like I was being disciplined, like I was in trouble for not being there. I got an email from one of them saying, "I haven't seen you. Are you back?" Yeah, I'm back. I'm just working from home. She said, "Well, I can't release your scholarship funds or put you on payroll until you're on campus." I emailed her back and said, "I can't be on campus. My doctors ... I don't travel. I can't." Then they just said they need that documented. So they didn't really take what I said in good faith. I guess maybe they felt like ... I want to be on campus, but they didn't take my word for it I guess.

Not being physically present on campus is also regulated, as this particular participant desires to "be on campus" but is working from home due to health-medical concerns. Not being there, not being seen, which is being surveilled and recorded is punitively treated with the threat of not releasing funding.

University structures also create areas of fit, literally spatially segregating disabled students on the basis of their biomedical labels. As Mary at university site 2 attests:

> I'll give you a background about myself in terms of my mother, has actually been an employee here at the university... I have been a [University site 2] baby, as I like to call it through and through since then. Unlike other students who didn't have access to information or other resources, I did because my mother was able to connect me and help me navigate. Not that she was there the entire time but as an undergrad when you're still trying to figure things out and what's going on, I think what also makes it more profound is the fact that there was so many changes that occurred with a lot of the offices, locations, amalgamation of various offices under one umbrella. When all of these changes occur especially at an institutional level it can be very confusing and information can get loss in that amalgamation process. My experience with the disability services on campus actually started on my undergrad. I had severe respiratory issues and eventually had developed blood clots in my first year of the university… I was connected with disability services. At the time they were called the Office for Persons with Disabilities. Now it's considered the Sensory Physical Medical, I can't remember the full acronym. It's too long…The way it works at University [Site 2], I know I'm all over the place but hopefully it will contextualize. You have the giant umbrella, which is counseling and disability services. Everybody is grouped under this giant umbrella. What they've done is, because they can't house everybody in the same area and because each of the different areas of disability they have their own

> needs as well as areas where they access technology etc. They have them split into three specific offices. Still, all considered counseling disability services when everything is signed off on papers and whatever else…Learning disabilities, mental health and then the physical sensory medical disabilities… So those are the three. Those are specific for students but then for employees and others it's the well-being office.

Thus, disabled students are divided amongst themselves, categorized and sent to three different possible offices in different campus locations. For students with multiple disabilities, this may mean choosing one disability labeled category over others in order to access particular services and technologies. In this way, instructors reading accommodation letters may discern the nature of disabled students' impairment labels. For Mary, having knowledge permits greater access as she is able to negotiate institutional changes.

Mary notes further that the spatial structural division of particular offices has the potential to compromise students' anonymity in regards to disclosing the nature of their disability:

> Sometimes by virtue of the accommodation letters kind of going back, with the counselors names, all they need to do is go look on the … If they want to maintain anonymity, they can just go online, look at the directory and they find out where this office is and which office they represent. If the professor or whoever wants to know which office the student is registered in and the nature of their disability, all they need to do is look up the person who signed off…There are students that don't want to disclose about the mental health because some individuals are not

> accommodating to that. Let me give you an example. I know for myself I could have registered with mental health, potentially learning disabilities. I never really got formally tested and the physical, sensory medical. They claim in the university that you go with the office with the disability that's more profound at that moment in time.
>
> Mark: Pick it. Choose one.
>
> Mary: Exactly but I personally didn't want to go with the mental health because of the stigma attached and the way that I actually saw other students treated, because they couldn't complete an exam because they were having an anxiety attack.

Thus, students come to self-identify, and become identified, labeled, sorted, spatially divided as certain disabled persons within university disability offices. Students may also actively and strategically manage their disabled-identity.

As Mary elaborates students are treated as costly, and universities seek to minimize their costs while providing accommodation services:

> I did what I had to strategically for me to be able to survive in a post-secondary academic institution. The policies are not straightforward. Everything I had I learned on my own. In terms of the types of available forms of accommodation, it was never apparent to me in terms of sitting with a counselor…saying, "What do you need? This is what's available." They don't do that. They more or less make the student come in and say, "Okay what's your problem and what can we do to help you?" The help is, what can we do to minimize our cost, get you through this so we don't have to deal with you anymore is more or less what the underlying

> assumption around it is…The worst part is where students actually start to feel that, "I'm so blessed. I'm lucky. Other students never got this." Meanwhile it's actually their fundamental right to be accommodated. There is also inconsistency between offices…I know students who have been in the learning disability offices that needed a note taker, had to almost pay out of pocket, whereas those in the physical, sensory, medical office always had a centralized note taking service in which it was covered by the university. They would hire students to go to the various classrooms to do the note taking services. I would assume in the mental health area it was the same where students have to pay out of pocket. I just find it ironic, and I've always thought about that. Why is it that some students in certain offices have to pay for certain services while others it's covered? It should be the fact that okay if the individual needs note-taking services, you have a centralized…

For this participant, a focus on needs aligns more closely with a rights based approach, rather than framing disability as a problem that requires help at minimum cost to the institution. Segregated disability offices, also translates to unequal allocation of services, resources, and expertise, experienced as costly unfair barriers for some students accessing services, while others feeling fortunate to receive. In the case of students with multiple disabilities, having separate disability offices on the basis of arbitrary impairment categories also forces students to strategically choose which impairment-identify to foreground. Students are compelled to find where they fit, augmenting the ways they might identify in order to do so, perhaps ignoring other characteristics of themselves in the process.

As Bonnie notes the concept of fit also considers who belongs in relation to discussions around abilities and capacities. What do individuals bring with them to the university setting? What knowledge, values, desires and needs do diverse individuals and groups bring as university population demographics perpetually shift and change? Bonnie comments:

> What's fair? If I take twice as long to do a paper, is that fair? Does it matter? We haven't had those discussions. It puts all the onus on the individual student to justify why they need twice as long. That's where you get all the suspicions and the, "Ah they just … because they were drinking on a Friday night." Whatever they think people are doing when they're not … when they're actually putting in two to three times the effort that non-disabled students are putting in. We just haven't thought it through… Again I would go back to a universal design of education. For me it's not a question of disability, it's a question of who do you want at each university? Do you want older people who are going to have health problems? Do you want people with families? Do you want the immigrants whose English is a second language but they've got this amazing experience from another setting? Do you want people with disabilities? For me that's the larger discussion and that's going to take a long time before people wrap their head around it.

Universities uphold particular attitudes, expectations, and values about the learner-subjects in university settings. Questioning what is fair in education, entails thinking about spatio-temporal norms, abilities, capacities, dis/abling norms and expectations and attributes of teachers-learners. The question of who, means what persons are valued

within university settings? Or phrased in a different manner, how are particular knowledges of certain individuals valued, taken up, recorded, researched, circulated, disseminated, mobilized, used, or not used, isolated, marginalized, devalued, subjugated. Disability is often understood as a difference that does not matter, constituted as "useless difference" (Michalko, 2002, p.93). Whose voices and knowledges are represented within university settings? When disabled persons demographically represent a dismal proportion of total university enrollments, why? Which dis/abled persons are attending universities and who are not?

Fit means understanding broader systems and how disability institutionally may need to be rendered increasingly visible to become intelligible.

According to Tim, a disability services staff member at university site 1:

> Lots of people need accommodation at varying times for any reasons whether they're related to disabilities or not the world is based upon a set of systems …Healthcare system, education systems the transportation system whatever system, the housing system generally speaking we're systematized if that's a word. People need to fit within the systems and not everybody fits within the system the way it is designed, therefore it needs considerations, flexibility, accommodation. People with disabilities at times don't fit within all systems in a nice tidy little way like we would have anticipate, and so when we bring education into that looking at the educational side. Invisible disabilities are sometimes more difficult to accommodate than visible because we don't really see what's going on or at least we're not sure we see what's going on…In terms of different types of disabilities different types of impairments this is my

> experience, I think best thing that people with disabilities can do is educate the environment and educate other people by full disclosure. I'm a big believer that part of the stereotype that goes on the stigmatization that exist whether it's an accommodated environment or not, is due if not due in large part to the fact that people with invisible disabilities sometimes often feel that it is more important to hide it then to disclose it.

In self-advocating and disclosing disabled students may educate others about the nature of their individual impairments and the educational barriers they encounter. In this way, disabled students can demonstrate how educational systems may not fit their specific needs. As Nieder and Sukhai (2014) discuss students with disabilities may not consider themselves to be disabled, may have concerns about who to trust with disclosure, may fear negative treatment on the basis of identifying as disabled, and may not be aware they can ask for supports. In this way, developing self-knowledge along with knowledge of institutional policies and practices is key to being able to self-advocate for disability-related resources, and educate others about one's unique educational-learning needs.

Dr. Rebecca an associate dean at university site 1 attests to how negative institutional attitudes shape policies and practices surrounding disability-related issues. In conceptualizing disability and the accommodation process as negative, institutional barriers abound. Dr. Rebecca notes:

> I think we set up barriers for sure. We set up barriers with everything. Part of it is around policy the way we think we should do things. I think part of it is not really,

> truly understanding what it means to have an individual who needs X, Y and Z because of whatever reason. It doesn't even have to be a disability claim for whatever reason. I think part of the closed nature of even discussing someone who needs accommodation is another problem. Again, because it's the way the institution is framing it right? There's a threat of human rights and equity tribunal. It's always like the negative. There's always a negative environmental something whether it's perception or policy or whatever. It's always framed negatively I find.

Instructors may not understand students' needs and not be able to discuss accommodations in ways that may be helpful. Negative attitudes may also pervade the institution mediating how academic accommodations are discussed, interpreted, and enacted.

Beyond attitudinal barriers the built environment also creates exclusionary university settings architecturally reflecting ableist norms and values that marginalize disabled students. Monica identifies as a mental health service user and notes: "It seems there is very little room to behave outside the norm. Architecturally buildings are replicating what's happening out there" [In society beyond the university campus]. For Foucault (2000; 1995) built architecture represents the crystallization of power-knowledge structures in space, where such architecture is fluid and also mediated by socio-spatial interactions. Monica compares two cities one with as a more intimate landscape and greener landscape.

Monica notes that the university in contrast:

> feels like a bit of an **assembly line** style of moving through the school where everything is open to everyone, it's all open concept, everyone is spaced together, even here the tables are really close together, you're kind of always neck and neck with your colleagues in a non-intimate setting…it feels like an oppressive experience just walking through campus I don't know if it is the same for people with physical impairments as people with you know mental health issues…right now the buildings I'm using are on the margins of campus and that's intentional…but if I have to go to my classes I'm going to [building named] which is in the centre and I'm going through the tunnel system, it seems to channel and funnel everyone together…

Monica compares and then retracts the university as a slum city or ghetto noting that many students are privileged, as a Canadian city, middle-class white, European who can afford tuition. The university "is structured in a thoughtless way that does not cultivate self-esteem or intimacy so it does have that, how do you describe it, that factory experience production line where you feel dehumanized and faceless at the end of the trip, you know. It's very different than walking through a park, encountering someone on the pathway, you have multiple routes to choose from…and stimulating landscape" Monica evokes the concept of "fuller people" and how this connects to university spaces inhabited and frequented by the fuller people:

> A lot of these spaces that I find, 'anxious spaces' are also I think more dehumanizing spaces. And, in my mind, I think this is a space where they want to have all the rift raff to cram in and you won't find the tenured faculty using this cafeteria. You'll find them going somewhere else. I wonder where's that space?

Where there'd be fuller people. The people who are recognized as fuller people can go eat. If you look at…I don't know if you've been to…the student cafeteria. You've probably been… the food court…I think of those spaces, the spaces you find at the shopping center where everyone … Activities they place around the food court. Consumption is really promoted, and you're supposed to be the faceless shopper. It's been a different experience in an independent boutique maybe.

Mark: What's the fuller people? I like that term… Is that drawing on like another theorist? Where do you come up with…

Monica: I'm not sure. I know that a lot of times, people with disabilities aren't seen as full people…I think people who aren't tend to be poorer and tend to have less power aren't seen as fuller people. I get the sense that even as the architects, designers, or the university administrators, feel that they won't really dispute being crammed into this space together. They don't have … We don't recognize their dignity enough to get them an alternative or a better space, or a more humanizing space. I mean I did get a chance to see a high tech campus after the Google model. I was visiting with a friend. This is where you work? There is cafeteria, the waterfalls breaking on the tables. I just thought, this is very dignified…even if you don't have anxiety issues or issues with mental health…it's a very comfortable place…there's more privacy, and a bit more kind of individualized spaces…it just had a different feel...

Monica uses the phrase "in my mind" to imagine a dividing line between spaces and people, spaces thus have meanings and feelings, and people have varying degrees of

socio-spatial-choices, access, and mobility. She problematically broadly portrays faculty members as necessarily fuller people, not frequenting cafeterias where other less human people and students are crammed, assuming that these are places tenured faculty would not attend. Beyond the cafeteria example and binary division between faculty and students which may be, and most likely is a broad erroneous generalization, the idea of fuller people powerfully unpacks how some people have more comfort, access, dignity, privacy in comparison to those people who are perhaps deprived of accessing humanizing spaces with those characteristics. Socio-spatial density, referring to the number/volume of bodies in a particular socio-spatial realm, perhaps in some way for Monica relates to humanizing spaces, where more space per body might be more humanizing, where being crammed together is less dignified. For Monica, socio-spatial choice, the ability to choose alternative spaces is also connected to being fuller and thereby more human. This participant connects how disabled students are understood and perceived as lesser human beings, not fully human, partial and subsequently treated as being out of place, marginalized and disempowered and therefore not likely to contest or advocate for more space or different types of spaces, and therefore justifiably crammed together in less dignified places. Being "crammed together" as a community to use this word with intention, demographic of crammed persons, disabled persons commonly struggle for more humanizing places. Spaces that are dehumanizing may create anxiety and represent uneven places where people are treated differently, the opposite of dignified places. As Foucault (1995) discusses socio-spatial dividing practices may congregate or separate and displace individuals, in ways, which may perpetuate hierarchical structures. Contesting spatialities, to refute and reflect upon being "crammed" is thus a powerful mode of

resistance, calling out and identifying dehumanizing effects of neoliberalism. In this manner, space and place may (re)produce disablism and encourage processes of exclusion, keeping disabled persons "in their place" and places read as social texts which are coded in ways that suggest disabled persons are "out of place" (Kitchin, 1998, p.345). Cramming persons in close proximity, not providing alternative spaces, and promoting consumption, treats students like consumers. This relates to facelessness and a sense that the university represents a disempowering factory assembly line. This ties in with previous analysis of neoliberalism, and the treatment of disabled persons as lesser human beings in relation to fuller able-bodied persons.

Being less human also connects with the idea that disabled students are lower achievers, thereby deserving of lowered grade scores. Disabled persons are constructed as subjects with less capacity to achieve normalized, individualized success. Mary provides an additional example of ableist discrimination noting: "Also some courses that I took including TAs felt I was only a C student, D student, or what have you by virtue of the fact that they knew I had a disability". According to Mary, some Teaching Assistants in her courses had lowered expectations for disabled students.

Disability is constructed as lesser, and therefore deserving of a lower grade, lowered expectations and achievement.

> Mary: I think that one of the underlying concerns is that a lot of people end up feeling that they're no longer being seen as an individual in the capacities that they have, and just being seen in the virtue of the fact that they have a disability, or the disability takes the forefront. It's the same thing if somebody has disclosed being gay, transgendered, transsexual. They disclose or somehow they find out

> and they're being treated differently and marked differently as virtue of their sexuality. It's the same idea in terms of disability.

Disability as devalued not fully human beings relates to ableism, which expects lower achievement of disabled persons, without critically unpacking ideas surrounding "capacities" of ideal human beings.

As Wolbring (2007) asserts ableism represents:

> a set of beliefs, processes and practices that produce – based on abilities one exhibits or values – a particular understanding of oneself, one's body and one's relationship with others of humanity, other species and the environment, and includes how one is judged by others. (p.1)

Able-bodiedness as a superior societal status remains intact. Disability is thus understood as a marked difference, one that becomes a salient virtue or characteristic defining an individual's identity.

Steven compares temporal expectations and university scheduling practices to military clockwork and order, which he as a disabled student disrupts. As an engineering student the skill of working within particular timelines is viewed as a natural part of work in the field.

> There is a heavy militarization of universities and of courses and it is starting to affect the teaching. Disabled people are going to get hit by it first and hardest…Because…we don't fit in the machine. I need extra time to type and write…I need that extra time I use that extra time that screws up schedules that screws up manpower that screws up stuff. I can't be thrown in with the other thousand students in [university site named] or whatever. I need to be in a room

> with a computer. I think that is happening and I don't know what's going to happen as a result of it and education will suffer for certain disciplines…

Requiring extra time, and a separate room, not being "thrown in with the other thousand students" requires added resources, and is known to this student as not fitting in the machine, troubling the current spatio-temporal workings of the neoliberal university. In this manner as Garland-Thompson (2005) notes: "ability and disability are not so much a matter of the capacities and limitations of bodies but more about what we expect from a body at a particular moment and place" (p.524).

Neoliberal administration of services means other workers are placed under funding and time constraints, limiting engagement with students. As Olivia a Masters student at university site 1 notes on administration of services:

> I did get stressed at one point. Really just emotionally stressed, so I went to… a counselor/psychologist at the Disability Services…They don't have a lot of time to talk to you. It's really unfortunate because I know that because of lack of funding. They say, "Are you depressed or are you stressed? Come and talk to us." If I go and talk to them, the first thing that they tell me is like, "Okay. We have 20 minutes." That's how they start. If you're capping me right off the top, I don't want to tell them my story. It's not their fault that they only have 20 minutes. They just have a certain amount of funding per student, per capita, right? That's the downside of that. I decided to really go and get help, because I was just emotionally stressed. I think doing all this accommodation, trying to figure out a strategy, you burn out a little bit from time to time. I wanted to talk to her, but

> then she said, "Yep. You only have 20 minutes," so I never went back to her… this is not effective.

As a result of neoliberal bureaucratic university governance, disabled students become related to as consumers of services known in economic terms of time-cost competing for scarcely allocated services and resources. Goodley (2014) attests: “The clear misfit between (ableist) education and the dis/ability complex provides a cause célèbre emphasizing the productive potentialities of non-normative [persons] to radically intervene in the workings of normative education” (p.105). Disability represents a site from which to challenge neoliberal-ableist values inherent in education. Olivia experiences this as not having sufficient time to tell her story about experiences of stress. Limiting the time a student has to speak about stress and anxiety perpetuates the issue, and effectively silences this particular student from having the opportunity to speak about her story, and discuss her accommodation-related concerns and needs. Paradoxically, the service to alleviate stress and anxiety is being enacted and administered in ways, which perpetuate, if not exacerbate such feelings.

8.6 Students’ nuanced self-understandings of disability

Disabled students actively work to understand themselves and constitute themselves in ways that may align or conflict with dominant institutional modes of knowing, describing, understanding and representing disability. Engagement in university courses, learning, and socializing are processes informing how students relate to themselves, while students also reflect and react upon the concepts, ideas, theories and disciplines, knowledges circulated in university settings. Disabled students’ subjectivities are

mediated via localized situated dis/ability-related discourses (Riddell & Weedon, 2014) and institutional power-knowledge relations.

Annie C at university site 2 constitutes herself as Death fat, a political identity which reclaims fat as a positive affirmative identity and counters the use of fat as a pejorative biomedical term:

> My life has been defined by my body being fat because I've been fat since ... I remember being three years old and being afraid to sit on my father's lap because I was too heavy, and I was maybe ... I wasn't even fat at that point. Yes, I was chubby, but I was a child. There's not a time when I have not been fat, and it's actually been the main identifier I think for myself. It's how I consider myself in the world, and also because it's so visible to other people. When you look at me, it's one of the first things you're going to notice. That's a fat woman. Especially because I'm what they called death fat in fat studies circles….D-E-A-T-H. Yeah, death fat. Someone who is so fat there's no question that person's fat because some people are overweight. You look at them and you wouldn't know. Do you know what I mean? If you were… they might be overweight, but you look at them and you wouldn't think, "Oh that person's fat." It's actually probably the first description that comes to mind when you see me. There's no question. No one has to take on a tape measure or … and a scale to figure out if I'm fat. No one! Death fat means obese. It's a counter reaction to being called obese, which is a medical condition with all it entails…Death fat talks back to that in a way by saying, "Yeah, I get what you're saying about me." It also acknowledges the fact that I'm considered to be on the death's door step all the time despite how healthy or

> unhealthy I may actually be. People judge … people give me advice about wellness all the time. The gas station's a great one for me. Gas station attendants want to help me so bad it hurts.

Death fat turns back the biomedical gaze, and disrupts the ways others use the medical term obese, and instead acknowledges a positive fat identity. In this way, Annie C disavows dominant biomedical discourses, which read her body as a problem, and politically reflects on her lived experiences and self-identity claiming Death fat material-embodiment to deflect the power of a pathologizing gaze. Such practices reflect Foucauldian (2005) notions of "care for self"(p.11) where Annie C actively constitutes herself, rethinking her material-embodied-subjectivity transfiguring herself through self-reflection and self-knowledge.

Defining oneself as a disabled subject entails critically reflecting on dominant disability-related definitions and understandings of disability, and creating self-knowledge about what disability discursively means. Kerry's reflections on the institutional ways the university defines disability, and how such definitions may be inadequate in reflecting disabled students own personal definitions of disability:

> I don't even really think their definition, which I wish I had in front of me necessarily takes into account students' definitions of their own, like the way that they would view disability. I think that at least at the outset my university, just like as a medical issue; not at all they don't look at the social implications or causes of disability.

Official institutional biomedical definitions of disability may not capture or necessarily reflect lived experiences of students' complex nuanced self-understandings of disability.

Furthermore, disability understood in biomedical terms does not take into account social-political-economic-historic-contemporary roots of oppression experienced by disabled subjects.

Identifying as a disabled student for many participants comes with complex nuanced meanings and feelings. There are onto-epistemological socio-material embodied affective facets associated with identifying and being disabled.

For example, Alessandra notes:

> I've been accused of being shameful of this identity. I don't think it's about shame, but when you have to keep justifying things as to why I'm not reading as quickly, it gets to you. Do I embrace it? Do I come out and tell people? No, most of the time I don't. I'm very selective about who I talk to about it. I'm even selective now, how much do I say to my committee. Because do they really need to know?

Disabled students must essentially find their place in the university, locating themselves, knowing themselves as disabled subjects, and also negotiating how to respond to others' requests for them to locate themselves here or there. Not being so easily socio-spatially-temporally located may thereby represent a deliberate act of resistance. Yet, for others entering barriered exclusionary spaces demonstrates a deeper desire for access, representation, and inclusion as an ongoing process and struggle.

Particular disciplines understand disability through such languages and disciplinary lenses; in this case, a participant speaks about how PTSD as mental health does not account for her lived experiences, or the true experiences associated with PTSD. As Cassandra attests:

> One thing that annoys me in healthcare, at least, is how we're constantly putting dividing lines between what's mental, what's physical, what's social when in reality if you have say … I think that like a condition like PTSD for instance, it not only your mental health and your … It also impacts your autonomic nervous system so physically you're experiencing some of the effects of that as well and I think that classifying things as mental health solely is … it's dividing … it's creating lines that aren't actually there.

Lines which divide "that aren't actually there" attest to the way dominant diagnostic, biomedical labels and categories fail to fully encapsulate students' self-accounts and lived narratives. Disability understood and framed through this common deficit language brings the disabled subjects "conduct in question…made amenable to intervention" (Miller & Rose, 2014, p.15) mobilizing experts and formalized knowledges where identifying disabled subjects as problems comes with measures to rectify these problem subjects. Disabled subjects constitute themselves to critique and escape these disciplinary-knowledge biomedical grids of intelligibility.

Disabled students may also shape notions of self in relation to other social actors. As Tessa an undergraduate student at University site 1 with invisible disabilities notes that engaging in group work and projects, and social interactions with peers also shapes her sense of self:

> Things like I'm very knowledgeable, I'm very on the ball, I'm always prepared; I'm the leader of the group. I love those things, but at the same time it was something funny because I had a long-term partner…and one of the things he always said to me is that, "You project extreme confidence but inside you're really

> not that confident." And that's true. I really feel that's true because people's perception of you is important to yourself. You always want people to perceive you as being a strong individual because that's what our society appreciates and encourages. I learned this quote somewhere. We talked about this in some class, and it was, "It's better to go into a situation being ... it's better to be always confident in what you say than always not believing." If you believe what you say, people will believe you, and even if it's wrong, it's better than be confident and wrong than right and no one listens. I think that always stuck with me. I'm not always right. I try to be right a lot of the time just because I don't want to let people down, and a lot of people do tend to look to me to ... which is ironic.

While taking on leadership roles, Tessa also manages perceptions to fit others' valued expectations of characteristics and conduct by enacting particular values of being "confident" "strong" which is appreciated and encouraged to have your voice heard and valued in society. Such attributes are extrinsically valued and also are intrinsically valued by Tessa as she relates to the idea of projecting confidence while not being confident. In this manner, Tessa reflecting on her own behavior, speech, image is able to actively conduct herself in emulating ways that she acknowledges are socially valued by others. Knowing herself permits active management of the self she wishes for others to know.

Olivia a graduate student in a health-related field at university site 1 notes culture influences how disability may be understood as weakness and failure:

> First of all with disclosure, I see it as an opportunity to share with others about my experience, and if possible raise awareness about student diversity in general in higher education setting. Whenever I share about my story and my condition,

usually the initial reaction I get is, "Oh, you don't have one disability. You're in grad school." In fact I get that response all the time but then that's great because I can tell about how learning disability doesn't mean that you should not be in grad school, but it's about ... I know I get that a lot actually. Even from my friends. It's a great opportunity to have a conversation about what it means to have a disability and have all the support from the program accessibility to enable my learning. They become, "Oh. I didn't know that." I think it's a good thing. I think it's all about identity formation ultimately. There's two influences that I had to go through, and it's still influencing me. One is the culture. I think the second is the culture of the profession. Of the health profession. Those are two things. My ethnic background, and the field that I was in. First of all when I did get diagnosed I didn't know how to respond to it… because mental health was a very shameful thing. I didn't think ... because I was always smart in high school, I couldn't understand why I had all these impairments. I said, "OK. I'll just work hard." Just ignore that. I think I was still kind of resisting initially about having a label or diagnosis or what not. What aggravated that attitude even more was I was in a health professional program where it was including medicine or any health profession for that matter, I think having any sort of disability or weakness is seen as a failure. It's a very perfection driven environment where mistakes are detrimental sometimes. People always try to be that strong invisible Superman kind of person. When you're struggling, when you have these weaknesses quote unquote, you don't want to disclose it. I think that was really hard for me. Those

> two influences kind of almost resisting for me to accept that I have a disability. Too come over that was challenging.

Disability understood within medical culture, and ethnic culture in this particular participant's understanding is largely understood as weakness. In this way, disability is viewed as shameful, negative, and something to be hidden if possible for nonvisible disabilities. As Liasidou (2014) notes: "the 'able-bodied order' valorizes normalcy" and "the pervasive influence of 'normalcy' in higher education creates an 'academic elitism' that engenders negative attitudes toward disabled students" (p.125) perpetuating the "systemic exclusion of disabled individuals" (p.125). As Goodley (2011) attests: "A key site of oppression of disabled people pertains to those moments when they are judged to fail to match up to the ideal individual; when they are categorised as embodying the failing individual" (p.78). As Dolmage (2015) notes: "the ethic of higher education encourages students and teachers alike to accentuate ability, valorize perfection, and stigmatize anything that hints at intellectual (or physical) weakness" (p.4). Yet, "the reality is that disability is always present; there is no perfect body or mind. There is no normal body or mind" (Dolmage, 2008, p.168). Olivia reflects on her own identity as a disabled subject and challenges fleeting notions of the uber-able-bodied perfect male superman as the epitome figure of a flawless health professional.

Olivia further notes on the culture of the program being in a medical program:

> Thankfully the culture is shifting so many admit that there is this Superman, magical culture going on about invincible culture of medicine, but a lot of the professors that I work with in medical education, who are working clinicians and also academic, they do think that's hindering the students' ability to admit

> mistakes and being okay with weaknesses and things like that. It's almost hindering their development.

Thus, through the culture of medicine there is an invincible "superman" culture. Although, as Shrewsbury (2015) discusses disabled student in higher education under-represented and access to the medical profession and equal participation continues to be a struggle.

As Sarah notes accessing informal accommodations also requires a certain tack, presentation, socio-cultural capital literacy, privilege:

> From an intersectional perspective, I think that we see what happens: we see who's here and who's represented in the PhD program, and even in critical disability studies. If you look at people's background … yeah, I don't know, privilege plays a lot into who can be here and who can do what they're doing. As an example of intersectionality… You know my informal accommodations, I think I got them because I'm a nice girl, and I'm polite, and sweet, but I do that right, and I'm white, and the profs are all white, I think, all the profs I've had have been white, I speak like a middle class person and I do things that way… It really opened my eyes to … that's an ableist sight-based metaphor … it really made me realize that, "Wow, maybe I've been getting this technically lenient treatment because of my identity as a racially privileged person, and as somebody who does just gender sort of in a normative way." I'm a queer person, but I'm not visibly queer. I do things the way that they want me to do them. If you aren't doing that right, which some people have not, then if you get in trouble, or if you violate

> something, or you don't exactly follow what you're supposed to be doing, then the consequences don't seem to be the same as for someone like me.

Thus, behaving in normalized ways, presenting themselves and managing their presentation for this participant is a way of enacting a sort of gendered performance of a type of femininity, self-regulating her behavior and appearance in accordance to patriarchal systems of dominance which she reflects upon to access academic accommodations. Aligning oneself and conducting oneself in ways fitting more closely with axes signifying privilege permits greater access and institutional privilege. Disabled students who deviate from the ideal able-bodied order experience internalized oppression "for they are well aware of the marginal and subordinated subject positions imputed to them" (Liasidou, 2014, p.126). As Campbell (2009) notes: "Internalised ableism means that to emulate the norm, the disabled individual is required to embrace, indeed to assume, an 'identity' other than one's own" (p.21). To access accommodation services, this participant constitutes herself in particular ways, reflects upon those constitutions in relation to social capital and privilege afforded with able-bodied white gender-normative presentations of self, and enacts certain modes of presenting herself to others, in ways that may afford increased access to informal channels of academic accommodations. Thus, in order to access disability services disabled students, particular students with nonvisible disabilities may try to emulate or "approximate hegemonic and conventional norms" (Liasidou, 2014, p.126). However, it is also important to critically scrutinize Sarah's comments which quite cynically represent professors as a universal type with supposed shared backgrounds who are intolerant of people from different backgrounds and disinterested in equity or unmotivated by notions of fairness and equity. She can not

fully know how other students access accommodations and assumes that she has received accommodations from professors because of her race, class, her demeanor, and not being visibly queer. She also assumes who gets accommodations, how, and why, and generalizes from her own perhaps unique experiences. Furthermore, it is necessary to question how can she presume to know what informs professors' administration of informal accommodations and how other students access such accommodations? Still, on a personal level drawing on her own experiences, she enacts a regulated normative performance that is heteronormative and able-bodied which she believes affords her greater access to informal accommodations.

8.7 Disability Discourses: Academic Accommodations

The discursive institutional terrain is mediated in relation to knowledge-power relations, exerting force on how disability may be understood, treated, spoken about, shaping various subjectivities, acts, utterances, and the ways disability becomes an object of inquiry in university settings. This also acknowledges how disabled subjects come to know, constitute and understand themselves in relation to other subjects, including nondisabled subjects and local regimes of truths and discursive practices. Disability emerges as intelligible and thinkable within institutional knowledge-power relations. As one participant, Alessandra, notes, the role of Disability Office workers is that they may act as "Gate Keepers". Paraphrasing Alessandra, disability office workers often judge the appropriateness of medical documentation and psych-assessments. Through requesting psych-evaluation documentation disability office workers make determinations as to whether or not information is of value and sufficiently up-to-date for a disabled student to be registered and thereby access services. Should the information provided not meet

criteria or standards a disability office worker may deny a student access to disability related services.

Disability office workers thus make judgements as to the appropriateness of documentation in the disability-disclosure process. Disabled students must provide documentation from medical "experts" to identify themselves as disabled, and in order to access accommodation services. Disability Office workers may disqualify the knowledges of students, family members, friends and defer to bio-medical expertise; placing students under a biomedical gaze to judge, assess, label, identify, and characterize students as disabled subjects. Documentation provided requires students to willingly submit to a biomedical gaze, categorization, record keeping, and labelling, and dividing practices (Foucault, 1994)

Some professors' attitudes toward disability and service provision throughout the accommodation process also effectively may silence particular students from wanting to discuss disability. Alessandra comments on a professor's way of understanding accommodations and disability services recounting the professor's words:

> He said, "most people that go down to disability services are just anxious." I'm thinking you know that anxiety is a disability?" He said, "Yeah, but you know what, they're just so used to being hand-held and now they're using every excuse to get something…This was a professor, with the door open, saying this to me. I'm sitting there thinking what would you do if you found out that I had a disability? You're saying to me that students are just anxious and they just need better work ethic basically. That's why I'm not identifying to anybody here. How can I?

Disabled students may thus experience the accommodation process in discriminatory ways, which subjugate their knowledges (Liasidou, 2014). Negative attitudes toward disability, and accommodating disability expressed by instructors' to students may serve to discourage students from wanting to disclose disability (Madriaga, Hanson, Kay, & Walker, 2011), identify as disabled students, and seek out disability-related services. According to Tim, a disability services worker, disabled students have more power than they know:

> I believe that students believe there is a power imbalance and I do believe that that maybe true I'm not saying it is true I'm saying maybe true. The perception is the power and balance lies in hands of the instructor with the power going to the instructor and the inferiority going to the student. I actually believe it's the other way I think students have more power in that relationship than do professors and I say that for a couple of reasons. One is yes professors ultimately mark your papers professors ultimately mark your exams, but at the end of the day if there's a clear discrimination occurring based upon some disability-related reason. The professors just put themselves at risk and the university at risk, I don't believe for a moment any professor is going to be that thoughtful in doing something so discriminating first off. Second off, despite the fear of students and I understand the fear of students, second off the university has objective or seemingly objective systems in place to allow students to have their work evaluated by somebody else if they feel that they've been discriminated by a professor. The third point is professors are evaluated by students whether the university uses those evaluations or how they use those evaluations, is a different kind of debate. At the end of the

> day students evaluate professors, so they have an upper hand in that respect. The other piece is they have a letter of accommodation coming from under the banner the letterhead of student accessibility services, I can't imagine a professor would want to take any active steps to disrespect or disregard it…Students believe that professors all have the upper hand and I'm of the opposite opinion, I actually think the students have the upper hand…Students have far more power than they know and students are more afraid I think of that power, because they think the power belongs in the hands of the professor.

Tim elaborates on how a professor believed a particular student to be a problem. The student was afraid of voicing complaints might negatively impact grades. The student did not discuss accommodations until later in the term with the professor. It came to the attention of the dean of the program:

> there was a dispute this year between a student and a professor the student had a particular perspective on the dynamics of interactions …The professor had a very different view…it eventually made its way to the associate dean and the student was clearly afraid for the outcome of their performance in that course. Feeling that the professor was going to actively choose to make it more difficult for the student… After having a discussion with the student the associate dean came back to me and said…"I think the professor was the problem here". I said I hear what you're saying associate dean in my opinion both were equally at fault, I said for different reasons the professor did things that I think were probably incorrect inappropriate in terms of how the professor reacted to the student…I also think the student failed to do their due diligence part of that was they didn't take their

> accommodation letter to the professor at the beginning of the term like they were supposed to. The letter came in March that the student was now compelling the professor to provide an accommodation that the student had ample opportunity to disclose in January…both sides had a role to play

Thus, according to Tim instructors do not solely possess power where disabled students are disempowered. Although Tim attests that some students are unaware of the power and agency they possess to challenge and change things through measures such as striking, course evaluations, petitions and grade appeals. Disabled students may also network and connect with professors and disability office workers who may also be working and advocating for social change. Thus, knowledge of ways to challenge and change certain practices through institutional practices for students may represent empowering strategies and tactics for disabled students. Yet, Tim's assertion is that disabled students may not know they have power, the power they have. If this is the case, why is it that disabled students' are not aware of the power they possess? And if they are not aware of their power, do they truly have it? Power-knowledge circulates and produces particular subjectivities in Foucauldian terms; power is not solely possessed by a particular group, but enables and constrains particular sets of thoughts, behaviours, and actions. Far from repressive, power-knowledge produces particular regimes of truths, mediates conduct, and enables subjectivities. Social actors always have freedom and agency to negotiate knowledge-power webs and constitute themselves. However, this is not to say that all social groups and actors have equal access. Disabled students emerge as individualized, marginalized subjects who may experience institutional academic accommodation

practices as oppressive. Disabled students do have power and agency to shape policies and practices through complex institutional social-relations.

8.8 NON-CONCLUSIONS

In writing this chapter, editing was experienced as a bunch of starts and stops, literally feeling as if I was cutting chunks of people out, subjugating their voices, nullifying the importance of experiences, representing some but not all persons. In this chapter Mis/fit served as a metaphor and point of synthesis. I too had to find a difficult fit, making sense of data and my role as a researcher, friend, ally? (A title I would wish if it came from my participants).

Disabled students challenge the types of discourses that are valued and circulated about how and who are valued subjects in university settings. These students question and problematize narrow conceptualizations of disabled subjects and often seek to expand understandings of disability, and how disability may be known, experienced, and represented. For some students, who self-identify as disabled, this entails rethinking the ways disability is inscribed in university policies and practices. According to Goodley (2014) disability provides opportunities to rethink educational practices:

> Dis/ability allows a moment to pause, reflect and re-evaluate. What do you want from education? Whose interests are being served? What kinds of human are valued and made by contemporary educational praxis? Through working the dis/ability divide we can address these questions whilst, crucially, releasing new possibilities, vocabularies and practices for thinking of education anew. (p.115)

Disability challenges conventional able-bodied-neoliberal values and the present society as well as imagined society to come.

Mis/fit points to the complexities involved in creating enabling university spatialities. This requires a fundamental rethinking of access not as an endpoint but as a process (Titchkosky, 2011). In this manner, academic accommodations represent an institutional technology of fit, as a way to fit individuals who might not fit otherwise without disturbing the already made texture shape and milieu of the university. Or as Miller and Rose (2014) attest on the activity of problematizing "if a particular diagnosis or tool appears to fit a particular 'problem', this is because they have been made so that they fit each other" (p.15). Hence, academic accommodations represent a constituting-governing instrument of fit, it renders disabled subjects visible and intelligible and simultaneous works as a tool to transform problematic disabled subjects to fit and function within able-bodied university domains. Yet, disabled students also find their own fit, constituting themselves, troubling ableist norms and values embedded into university policies, practices, and pedagogies. Finding one's fit entails negotiating spatial-temporal norms, rethinking the material-embodiment-space nexus, and unpacking institutional power-knowledge webs enabling and constraining different spaces, embodiments, and fits. Fit, breaks down the notion of an ideal autonomous subject and instead demonstrates how autonomy is realized through dynamic socio-historical often interdependent relationships with others. We as human beings do not emerge or exist in solitude, even when one is most isolated. Fit is about daring to find those places inbetween Self-Other and Space, to exist in perpetual liminality. And at the same time, to carve out niche(s) where one can be.

Although accommodations may be articulated as promoting equity and inclusion, the ways accommodations are enacted may individualize disability, and place disabled

students at a further disadvantage in relation to nondisabled students. Students may experience accessing accommodations as extra work, writing in separate rooms as segregation without access to instructors. Accommodation in this manner may represent as Foucault in *Abnormal* (1999) notes "practices of exclusion" (p.43) which entails division, "spatial partitioning" (p.45), and distancing between individuals thereby limiting contact between disabled persons and nondisabled persons.

As Titchkoksy and Ferguson (2008) note: "disability can never be located in the body alone…Becoming disabled requires more than the acquisition of impairment, since it also requires that a person come into particular sorts of relations with those institutionalized processes that define what a disability is, what can be done about it and how such definitions and doings are to be appropriately achieved. In the context of the university, it is through engagement with institutional discourses of access and accommodation that some people come to be understood as disabled; it is through these same medicalized discourses that the consequences of, and solutions to living with, disability are determined" (p.69).

A socio-spatial focus on disability renders the disabling effects of how norms and expectations surrounding bodies and minds results in incongruities between particular bodies and their lived environments. I have drawn on the concept of fit, to unpack how disabled students' experiences of being understood as unfit, a misfit, sometimes fit, and being made to fit, challenging the fit, and finding places to fit in, entails attention to university socio-spatial-temporal norms and complex social relations with others in particular places, times, contexts. Critically examining and discussing 'fit' in this way

reveals the deeper ways notions of the ideal normal “able-bodied” subject is inscribed in university disability-related attitudes and sets of practices.

Chapter 10

9 Enabling Mad Studies and CDS Pedagogies

This mini-chapter discusses participants' views on pedagogy, teaching and learning, and ways mad and disabled student knowledges can inform nuanced ways of conceiving university learners, pedagogical practices, curriculum, assessment, professional and health-oriented programs representations of disability and madness, and educational policies in university settings. Disabled and Mad students alike engage in pedagogical practices, using their experiences as narratives from which to inform different ways of thinking about mad and disabled subjectivities. Pedagogical practices take many forms and often entail self-advocacy and sharing of narrative accounts as sites of communicating and disseminating mad and disabled students' knowledges.

9.1 Critical pedagogies of disability

Participants actively expressed the desire to mediate pedagogical classroom practices and influence a broader pedagogy of disability within university sties. This entails critically examining and (re)thinking the knowledges and discourses created and disseminated about disability, interrogating ableist attitudes, and raising important questions in university settings troubling dominant biomedical individualizing discourses, representations, and constructions of disabled subjects.

Access to information in accessible formats is a salient equity matter. Steven a M.Sc student at university site 1 in technological sciences who identifies as non-visibly disabled notes: "Most professors are very freaky about note taking and such because they don't want their course work to get out…". Steven circumvented formal channels and

instead found a peer who was willing to act as a note-taker. Accommodation classroom practices relate to broader norms around protecting and keeping knowledge in a proprietary sense.

Moreover Steven noted that some professors provide notes without much reluctance. While according to Steven some professors are reluctant to provide class notes, if not outright denying disabled students access to class notes. Instructors may be asked to provide notes as part of a particular students academic accommodation, with a duty to accommodate, requiring professors to meet a student's particular needs and requests.

> I asked the professor like can I have your notes I'm a student with a disability and he said no and I said okay. Then I had a meeting [with a Disability Office Service Worker] because I asked the question in the meeting I asked her and she was like to my knowledge there is no way for us to force the professor to give you the notes. I'm like that's stupid because if the professor has the notes and he has the notes, he has to provide his notes…

Not all professors view disability-related issues, persons, and accommodations as "problem" although it may challenge professional expectations and standards, in relation to pedagogical techniques and ways of teaching-learning.

Disability raises questions of pedagogy in accommodating difference in classrooms, while balancing program standards and expectations with different ways of assessing knowledge. As Dr. Rebecca notes:

> I don't think we see it as a problem. I mean if someone needs an accommodation, someone needs an accommodation, I think the rub comes when we're trying to

> ensure the professional expectation and standards and academic expectations and standards when the disability flies in the face of what the standard is. Does that make sense? For example we have a problem-based curriculum, which means you actually have to talk in small groups so someone who says the accommodation is not to talk then I'm not sure how we could evaluate them because the only way they're evaluated is through group discussion.

In this manner, disability does not represent a problem unless it disrupts pedagogy or evaluation, at which point disability requires thought about how and why particular assessments are being done and why certain standards are in place. Professional expectations and standards, vocational understandings of what a person needs to be able to demonstrably do. The "disability flies in the face of what the standard is" may mean that disabled students evaluated in particular ways, may not demonstrate expectations and standards, standards which being characterized as professional, may not encounter scrutiny, instead the individual does not meet particular standards, such norms are instead maintained.

As Goodley (2014) attests disability may be a humbling opportunity for education to rediscover "what they are trying to achieve in educational settings. The presence of disability provokes a reconsideration of ableist education. Education's obsessive relationship with academic-standards and school performativity becomes destabilized or cripped by disability (McRuer, 2006). In this sense, cripped is taking back a pejorative term to argue for "alternative, and multiple, corporalities" (p.149). Pedagogies are found lacking and educational settings are revealed to be horribly instrumental. Disability exposes the failings of educational institutions that still, after years of disability advocacy

and activism fail to anticipate their responsibilities to a wide body of students and to the varied bodies of individual learners" (Goodley, 2014, p.104). Goodley (2014) adds that: "disability disturbs our image of the typical student" (p.104).

A number of participants noted past experiences associated with physical and or sexual abuse including rape. Such violence and trauma impacted participants and shapes how these students relate to language and content delivered in courses. Thus while teaching enables ways of being, thinking, acting in the world, it may expose students to dangers, risks, painful subjects. Cassandra a MSc student in a health-clinical oriented field of study at university site 1, who engages in mental health initiatives and identifies with invisible disabilities and PTSD notes that classroom topics and content, teaching literally hurts. Recalling and recounting moments of abuse and violence bring those experiences into the classroom spaces. she attests:

> For instance even though I'm not formally under the accommodation services or student services or whatever, I can, have received some accommodation, I guess, just reflecting on it now. There was a class on PTSD and trauma last week and I just talked to the professor after I'd looked at the notes online, I said it looked like … I know all this stuff, can we print [off notes] and I'd rather not go and she said that's fine.

Content discussed and articulated in classes may be literally experienced as difficult, and potentially hurtful or harmful for disabled students. And while, PTSD may affect some subjects, PTSD discussed in the personal realities of trauma apart from a dominant representation outside of war denies and disavows the reality of this participant's violent

traumatic lived experience. Disability and gender intersect as PTSD relates to deeper systemic patriarchal oppression, victim blaming, rape and abuse.

Cassandra, for example, notes:

> The only time PTSD is really discussed is veterans…I guess just increasing the openness and awareness…People want to believe that the world is fair and so I think that it's a lot easier to understand PTSD from the point of view of a veteran because you're like … that's like a traumatic experience, that's war, that's something that they saw in their environment and essentially couldn't control and then there's like, I don't know, like earthquakes, you can understand that. Just like that's a natural disaster, no one caused that. But then I think it's hard when something is … to think that a traumatic event could be inflicted by one person in particular and I think that's why you see a lot of rape culture and victim blaming in society in general. I mean like it's not hard to … the common news articles and seeing just like a plethora of questioning like what was she wearing, what was … you know what I mean, like was it dark, was she walking alone, was she drinking? And it's always like this focus on the victim as opposed to the perpetrator. I mean there's been some great campaigns and some … like I know there was one that was on UBC campus and… it was like directed more towards men and I'm just saying men because the vast majority of perpetrators are male and a vast majority of the victims are female so for the sake of that … but I do think that it has something to do with gender… I think it has a lot to do… just the way our society is and the way that women can be objectified… socially women are almost in no … in gendered relationships, they're almost like the gatekeeper

> and I think that has a lot to do with it. Like they're the ones who … it's assumed that every man wants to have sex at any point and then it's the woman's job to decide when or when that doesn't happen, so I think that because women are the gatekeeper, it seemed like men's natural urges and that if a woman was like egging him on or there's like almost a level plain placed on her … so I guess … I don't even know what I got into by saying that but I think that, I think, yeah, it is back to the veteran thing. I think it is a gendered experience and I think that it's a lot harder for people to cope with the idea that there are so many men out there that do, do that, and I that's the hardest thing.

Dominant representations and understandings of PTSD may not reflect this particular student's lived experience as a person who identifies with PTSD. The experience is gendered and disabling, and intersectional understandings of PTSD may not fully capture this reality through the militarized subject and imagery of the "PTSD war veteran". Although, there are certainly both male and female war veterans, the war veteran is predominantly a male figure constructed with masculine attributes. PTSD for this participant is much closer to home being part of her identify, which she links directly to abuse, and personal trauma and connects to her sense of self. Understanding oneself through the label of PTSD connects subjects to subjects, subjectivities, and disciplinary knowledges such as expertise identifying, labeling, categorizing and assigning characteristics to population groups labeled with PTSD.

Annie C notes that taking a course on social movements and activism where an instructor showed a particular video was instrumental in her understanding of experiences of discrimination and oppression:

> One of the movies we saw was about the Civil Rights in the US in the 1960s, and there was an elderly man who was being interviewed and who was asked, "Why didn't you revolt before this? Why didn't you get mad before this?" He goes, "Because that's just life. That's the way life was. I accepted that I was not equal. I accepted that I was not the same as white people." He was an old man, and it just hurt me so much that he'd spent his whole life thinking that he was less than. Then it occurred to me, "But hey, I think I'm less than because I'm fat." I don't think I would have come to that. I don't see what I could have been exposed to outside of the university If I had not been here at that moment, maybe I would have gotten further, but that was critical. That was a crucial moment for me because it allowed me to understand that oppression is not sometimes recognized when you're in it, as horrible as it is. Obviously, clearly, this man was being oppressed. Clearly, this man was being discriminated against. Clearly, his life's chances and circumstances were circumscribed because of things that have nothing to do with anything, but that he bought into it because … Let's be real truthful. He had no other choice but to buy into it because you can't be a single revolter. You need to be part of a group. Otherwise, you're just asking to be put to death one way or another. For him, probably literal death.

Intersectional understandings of oppression linked to race, gender, class, sexuality may inform deeper reflection on connected systems which serve to marginalize, alienate and disable non-able-bodied autonomous healthy subjects. This further illustrates the ways disabled subjects' voices and knowledges are often subjugated in relation to dominant able-bodied perspectives. Furthermore, disabled persons may come to accept their

societal position as “less than” and therefore deserving targets of discrimination and hence their marginal societal status. Implicitly, the university is a place, which may expose students to ways of thinking about themselves, their own identity, positionality, and social relations with others in society. Thereby, eliminating courses and programs in universities, which examine issues of social justice-equity, may and likely would squelch opportunities for students to engage in ways to think critically about the dominant constitutions of marginalized subjects. As McRuer (2006) attests “Disability studies in the humanities specifically rejects the objectifying/pathologizing model that would position people with disabilities as always talked about by others and instead produces spaces where people with disabilities speak in their own voices” (p.161). Disabled students may learn to position themselves as subjects differently through critical fields, which focus on how individuals are understood, constituted, materially and discursively composed (McRuer, 2006). Eliminating critical fields in university settings may thereby reduce opportunities for marginalized persons to reflect upon, critique, and engage in struggles against oppressive societal structures and attitudes.

Interestingly, Steven reflects on enjoying working with persons with ADHD himself identifying as someone who is high functioning autistic, who focuses on one issue or task for long periods of time, and finds working collaboratively with persons with ADHD to facilitate shifting his focus. Thus, the attributes and skills of other students with ADHD are not construed in deficit terms, but as an asset, which facilitates shifting differently, changing the pace and ways people learn together. Steven notes:

> Yeah and there are a lot like most engineers I know an ADHD buddy and so I was just like you got to open down from time to time. I actually work with ADHD

people because I get focused on things. ADHD people bounce all over the place so between the two of us we can … he drags me of off getting focused on the wrong thing and I slow him down.

Mark: Refocus.

Steven:If he's bouncing around a bit.

Mark: That's brilliant.

Steven:Yeah like I've done that intentionally and it's worked a lot of times.

Considering different skills, attributes, ways of working, considering his own skills in relation to other persons' potential ways of working thereby means traits, which are considered to be disabling, may work well in relation to others. As a student who becomes overly focused, Steven prefers to work with persons who he suggests identify with ADHD and therefore "bounce all over the place" balancing out one another. Co-operative approaches to learning are a way of unpacking disability to reveal how disability is made within complex social relations. This is not a nullification of disability, rather a cooperative approach drawing on diverse learning skills, attributes and capacities in ways which value complex social relations to meet desired outcomes. Cooperative approaches between these students lead to a realization that temporal norms surrounding learning ability, pace, ability to focus or bounce around, are negotiated in the dynamic spaces between individuals as a productive positive site to challenge individualized neoliberal-able ways of knowing, being, learning in the world.

Students actively engage in critique of university initiatives aimed at curing and eliminating particular types of subjects. Annie C comments:

> This is how the university offended me most lately. I was really upset like enraged. I thought I was going to get a high blood pressure right then and there. They had that contest I don't know if you heard about it. This is the time of your life, or this is your life. I don't know. Something like that? The person who won as the person who had the vision that was most influential was he was going to cure obesity…What I mean is I'm sure he's a lovely human being but I don't care about him as a person to attack. That's what I mean. He's a kinesiology student. I care about what he's learning in his classes. He's learning to recreate the status quo. This is problematic. An institution that claims that they're revolutionary themselves. That they're bringing new paradigms to bear. It doesn't sound like it, does it?

Universities fund particular forms of research, encourage ways of thinking, and in so doing, construct ethical systems of valuing certain types of subjects. In this sense, they are sites creating, disseminating, gatekeeping, or refuting neo-eugenic knowledges about the types of persons, bodies and minds, who can and should exist in society. Seeking to cure obesity, thus aims to eliminate fat persons, to elimate Annie C. Knowledge in this situation is linked to a project to create certain types of persons, thin, nonfat individuals. Fat embodiment is thus, devalued as a lesser existence.

9.2 Enabling Educational Acts of Resistance

Disabled students act with agency to resist discriminatory, repressive and alienating institutional attitudes and practices. Students challenge dominant ways of understanding and speaking about disability to disrupt such dominant discourses and insert their own voices, experiences, and knowledge. Advocating for social change may entail an

understanding of existing human rights laws in relation to academic accommodation policies and practices. As Alessandra attests:

> I know what my accommodations were, I knew what my rights were, coming to [the institution] I wouldn't have known to ask to see the librarian for PDFs for my files, but it took me having to threaten them with the law, and hiring a lawyer before they finally accommodated me…I feel like I'm the exception to the rule, which is terrible because I'm trying to fight for social change.

Alessandra discusses the importance of having knowledge and understanding of human rights law, allies with knowledge, and using legal advice as a way to self-advocate for disability-related academic accommodation services.

> It was a very useful tactic, I have to say. I had the lawyer involved…basically if I didn't have…I didn't hire the lawyer. The lawyer was just acting as an advocate. I have to say the only reason why I got accommodated, I think in my perspective, is somebody put their foot in their mouth and my lawyer helped me to not react by saying…I was standing back a little bit from the picture and my lawyer kept coaching me. I understood my rights. I think there is a big disconnect when you have counsellors telling students we're the people you need to come talk to…My counsellor was pretty good at [University Site 1], where it's like yeah, you know what, go and talk to the human rights, go and talk to the Ombuds-people. He was okay in that respect."…There are other avenues, because now I knew my rights.

Knowing one's rights and having access to legal advice is therefore a platform from which disabled student may advocate for accommodations.

Students also engage in mental health-related activities to organize and discuss experiences. Cassandra notes engaging in mental health-related initiatives:

> I do think that there are a lot of mental health issues within my program that aren't properly addressed by faculty or policies…There [are] definitely a lot of people with anxiety or depression or other mental health disorders and I think just sometimes it's not addressed in the best way. Like professors will ignore certain qualms that students have…We're actually organizing for next weekend…a mental health day because we thought that it would be valuable…it's actually held at my house and we're just going to talk about it and people can share their own experiences if they want.

Thus, in response to the perceived inadequacy of the university to address mental health issues through relationships between professors and students and broader university wide policy initiatives this particular student has taken mental health discussions off campus, to talk about these issues, and create a community within her program.

When asked if she engaged in advocacy, activism or resistance, Annie C discusses the political act of identifying as fat:

> Yes. When I identify as a fat person who needs accommodation, that's why…I consider the revolutionary act. I'm saying, not only am I admitting that my body is different than other people's, I'm claiming a space for it that's not there, and I'm demanding that that space be given to it. For me, it's a very political act. Even when I say the word fat in class, for me that's a political act. For most people, that's still a pejorative. It's still a word to hurt others. I want to reclaim that word. For me that's a word like brunette. I'm a fat brunette. You're a tall brunette. I'm

> not offended that you're calling me fat. It's obvious I'm fat.That doesn't mean that I'm also all those other things I get folded into fat when it's thrown at you like a bomb. That for me, every time I use that on campus, every time. Sometimes you get tired of it it's like, it's just me. Yeah, I definitely use it as agency and as resistance, for sure. For sure.

Claiming space and demanding space is a political revolutionary act. Reclaiming language that is perjorative and using it throwhing it back like a "bomb" is a powerful political act. As Low (2009) attests "students with disabilities are engaged in rejecting deviant identities placed on them by others. These identities are reinforced by the isolating nature of an environment which constrains their interactions with others" (p.236).

Disability also depends on the looking judging gaze of others, and how disability may be understood. In this manner, functional-capacity to accomplish a particular task is embedded in this respondent's notion of what disability means.

As Steven attests:

> Like I said engineers are a bit of a weird breed like for example there was one guy in the engineering lounge. He's missing an arm and a leg and most engineers first response is give me I want to see how it's constructed [his prosthetics]…and most people don't even notice because we are gamers right we noticed his one hand is weird which is fine but he also played funny. To properly play a game you need three fingers and he had three fingers and he was fine.

Difference is met with intrigue about prosthetic technology, as a way to examine the workings of a device with interest. The ability to "properly play a game" for this

individual means that the person is fine, and in this way physical impairment is not synonymous with disability. The blending of bodies with technologies augment and enhance individual capacities to perform particular tasks, and may represent opportunity to do things differently, in this case, engage in gaming. Rejecting a deficit model of disability recognizes and affirms human potential and the functional capacity model- of fit to do a particular deed or accomplish a particular task irrespective of what might otherwise be understood as visible impairment.

A professor compared Annie C to a caterpillar as a way to write a narrative about metamorphosis. Annie C recalls a professor's direct analogy used an example to speak to her, directing Annie C about how to write a personal narrative; Annie C reflects, summarizes the professor's discourse and talks back:

> A caterpillar. Caterpillars, all they do is eat, and they're heavy, and she told me this. "All they do all day long is eat, and they're ponderous and heavy..." I was like, "Okay." She goes, "But after, they change into a butterfly. They're light and airy and all they eat is nectar." I'm thinking, "Holy fuck! This woman just told me that I eat all day long and that I bumble all along. This is what she just told me." That was a reflection into her own mind. That wasn't about any metaphor. That was how she understood me. It was such an enlightening moment. It was such a moment of clarity because I was like "Haaah." It was so offensive. So offensive because it's like, "Wow, you have ideas that are not related to me." It gave me a real understanding that I was so baffled by.

Fat studies affirms a positive identity and denounces negative individualizing ways of pathologizing fat persons. Annie C reaffirms her identity and how coming out fat is a "totally different thing":

> It's a strange idea because you look at me and you know I'm fat. There's no question I'm fat…to come out and say "I'm fat and I'm okay with it," that's a totally different thing. To come out and say, "Yeah, I'm not going to lose weight. I can't and I won't try anymore," that's a very different thing than saying, "Yeah, I know I'm fat and I know I should change it." It requires reaffirming all the time to yourself because constantly you're being engaged with different ideas and with the dominant ideas about weight and weight management and its malleability.

Furthermore Annie C probes at and challenges boundaries between Critical Fat Studies and Critical disability studies by drawing on a social model of disability and commenting on socio-spatial lived environments, the interactions between bodies and socio-spatial realms:

> many fat scholars are trying to argue that fat is not unhealthy, and that it's not intrinsically an embodiment that leads to ill health. I'm like, "Who cares? Who cares one way or the other?" If you do use a social model of disability, there's no 2 ways about it. We are disabled. Society disables us whether or not through attitude; through geographic space; through spatial configurations; through attitudes; through words; through affect; through ways that we can't even begin to name. We help them because we bite into those things. We've got to be free of those ideas. I really draw on the model of social disability because I see flaws with that model. I really think that we need to start talking about the pain and the

> difficulties associated with disability and human fat embodiment, but as a way to make headway in social justice, I don't see it parallel. I don't need to be, just in terms of human rights, I don't need to be well to be treated equally. My health is neither here nor there to you.

The social model of disability enables a different way of thinking about the disabling attitudes and socio-spatial practices which are disabling, and the root of inequality. Furthermore, this illuminates an important consideration within disability studies scholarship, which is the intersection between health and disability. For Annie C, health and disability, being well and health, or ill and disabled are not synonymous but complex. The social model of disability reveals other discourses, the disabling ways fat embodiment is pathologized and inequality encountered through socio-spatial environments, attitudes. In this way, health and illness are important considerations, but may not unpack the present discrimination encountered by fat individuals in the way a social model of disability affords.

Disabled persons encounter inequality as the root of disablement. While engaging in a fight for rights, the struggle for access, disabled persons exert added energy, which is literally tiring and sickening for this participant.

As Mary attests:

> As a person with a disability speaking on behalf of other people with disabilities, we do not have an equal opportunity because we're constantly fighting. Sometimes fighting actually makes us sick. The fighting actually exhausts us. The fighting actually causes more problems. I will give the example of something that I recommended. These deferral forms. Why is it that a student registered with a

> disability has to fill out the deferral form every freaking time they need a referral when on their academic accommodation it says flexibility and timelines and deadlines? Flexibility is the number one accommodations, but yet we still need to go through.

Mary acknowledges the extra work done to access accommodations and critiques this process of bureaucracy inherent in the accommodation process.

Monica: Students can also band together to take collective action surrounding the academic accommodation process:

> Mark: You're just mentioning how you as a cohort decided to circumvent the institutional norms around how to access accommodations.
>
> Monica: Exactly. We collectively submitted assignments late when we were not given extensions together. And, I knew individually, I can receive an extension because I have had that conversation with the instructor. But, there are other students who hadn't had that conversation themselves that felt they shouldn't have to. That just saying I need an extension is enough for them to sign. So we all decided, let's all submit around five days late, and not make this into an issue. And sort of, we were a few things like that.
>
> Mark: Your whole class got together, came up with this strategy, and said, "We're going to send it in five days late." Not everyone necessarily needed to hand that in five days late. Were you...banding together?
>
> Monica: Yeah. We all agreed. There's one person who was finished early who said, "I can wait and submit mine." Just to make sure none of us have or stigmatized by the instructor or …

Mark: Yeah. Was anyone afraid of being penalized? There's sort of late penalties, aren't there?

Monica: We're privileged students in a way because we're being paid to attend school. We all have funding packages. We're all working at the university. We're only a group of four PhD programs. And we know that it's in their interest to keep us going through, moving through, graduating, giving us good grades. We understand that connection to the university that we're researchers and we're publishing. We need to maintain our reputation. But, the university wants to invest in us and maintain our reputation…Understanding what we were being used for on a broader level helped us negotiate…just how far we can go…As an undergrad, I wouldn't have done that anyway.

Mark: You wouldn't have?

Monica: No. You're a little more interchangeable. You're disposable. One of ten thousand tuition payers.

Collective banding together disrupts norms surrounding accessing academic accommodations. This resists dividing practices, and instead seeks to foster community and alliances. Working collectively disrupts accommodations as an individualized experience, rethinks what is fair, and how classes together may enact reasonable accommodations through discussions. Students understood that they have a position, roles to fulfill and power within the institution, and working together can allow all students to progress academically through graduate studies. Moreover, as Goodley (2014) notes: "Neoliberal-able subjectivities emphasize individual over collective identities" (p.27). Thus, negotiating collectively disrupts the individualizing accommodation process

and allows students to advocate for fair and universal administration of an extension, in a manner which is agreed upon by a number of students, making the accommodation process, not a secret, but dynamic and quite transparent.

Researching resistance and activism may be difficult for persons identified as outsiders. Resistance and activism also means questioning researchers who are engaging in disability-related research, asking why, and with what intentions and purpose? Sharing information about researchers mean taking up a collective stance against being researched a particular way, and against research with may not be reciprocal or beneficial for disabled students as a group.

Steven: Yes and more activism not resistance but like activism and I cannot tell you anything about them because it's requested that we don't talk at least with them with researchers because they are having a lot of trouble with researchers…I don't know anything about it I just can taste that currently it's there…It is angry like it's very angry.

Mark: Students with disabilities are angry about being researched?

Steven: Yes. A little bit and just in [City named] I don't know anyone else and like I said it's super low undertone and stuff. I highly suggest that researchers try to I'm not blaming you and frankly a lot of it like I said I think a lot of it might be just misplaced but it's there.

Mark: What then can be done with this research? What could your voice and knowledge and also other participants … how should that be taken up how could it be represented. What do you see this research doing, what do you hope with this?

Steven: Well you are a researcher you research is kind of research that works really well I think because it's asking the question and just hearing the response right?

9.3 Mad narratives as sites for educating about mental health

While Elyse acknowledges the susceptibility to pathologization and regulatory surveillance that are potentially implicated in self-disclosure as a mad subject, the mad participants highlighted the productive potential of their counter narratives. Mad students are actively trying to inform increasingly Mad positive professional practices through disseminating first person knowledge about the mental health system and giving voice to people who experience mental health issues. They are entering classrooms in ways that aim to challenge conventional wisdom, inform new curricula and ways of knowing, discussing and subsequently treating mental health. Participants often viewed sharing personal narratives as a way to disrupt dominant pathologizing discriminatory ways of knowing and speaking about mental health and mad subjects. For participants sharing of personal narratives adds pluralities of stories, and such multiplicity and complexity is viewed in part, as a way of de-subjugating mad knowledge. It is not just about sharing personal narratives; the audiences in consideration matters, rehabilitative, social, psy-science, biomedical-clinical programs, as well as liberal arts and humanities fields are often target audiences, although the entire university is also broadly targeted. In short Mad students are consciously and actively developing mad pedagogies in university settings as part of an overall project of depathologization.

For Mad students, a Mad critical pedagogy broadly entails engaging in a mad positive politics, which uncovers and unpacks the historic and contemporary epistemic, systemic and real violence experienced by people affected by mental health issues including survivors, ex-patients, and consumers. It acknowledges alienating horrific practices of psy-sciences such as confinement, experimentation, and torture in often in the name of cure, under the dogma and visage of biomedical authority. Although negative stigma of people deemed mentally ill is certainly a concern, a deeper sustained critical praxis looking at the damaging influences of psy-knowledges in practices of exclusion, control and regulation, Big Pharma, and shaping professional practices with a sustained ethics examining societal issues such as poverty, racism, sexism, classism, heteronormativity, abuse, assault, rape, ableism, sanism, systems of dominantion and oppression are at the core of mad pedagogies. It is a pedagogy of hope and education for critical consciousness (Freire, 1970), demonstrating a desire for radical empathy and care between self and other, a call for the depatholgization of humanity, critical understanding of vulnerability, and respect for difference. Mad pedagogy is an affinitive praxis shaping theory and practice a battle call of hope for reduction of pain and suffering. It is a pedagogy that seeks equality and social justice, aiming to ameliorate the present condition for people who are dehumanized, reinstating their humanity. As such, Mad pedagogy avows an ethics of care, respect, empathy, human dignity, and understanding to learn from difference and from other persons voices, knowledges, and lived experiences. Stacey notes the importance of entering the classroom and sharing perspectives on her lived experiences with the mental health care system:

> I approached the professor when I finished his class two years ago… Because he has guest speakers come in to talk about their experiences with mental illness…Because of my unique experiences with the health care system, I thought my view would be important for the class to hear.

When asked why Stacey clearly notes a connection with a desire to educate, to transform politics and discussions about mental health:

> I really want to just educate. That's so important. People go in with preconceived notions about what mental health looks like and they think, some people think that people with mental illness are violent and that's not true. Only a very small proportion of people with mental illness are violent… it's just about the discrimination, stigma that people like myself face and I want to try and eradicate that, because these people want to go into medicine or they want to go into psychiatry or psychology, and really, they are the future, so why not change it now.

Importantly, the target audience was professional schools in the medical profession. Stacey thereby engages in Mad pedagogy with a desire to desubjugate mad knowledges (Foucault, 1980). Thus, there is a desire to shape and influence the thoughts and actions of future biomedical-clinical practitioners, to inform practices that are not oppressive or alienating. The intention is to promote increasingly nuanced and critical ways of thinking about mental health issues, through a sustained Mad critical pedagogy. Personal narratives about mental health are being employed as a means by which to address broader structural and disciplinary practices that lead to the regulatory imposition of the clinical gaze with all of its potential for pathologization and subsequent negative effects.

The use of personal narratives and experiences represents a tool and resource for teaching about oppressive structures inherent in the bio-medical-clinical-rehabilitative profession can offer a complex analysis of the 'personal as political' narrative as a critical pedagogical strategy. This speaks to the power of Mad stories to inform better professional praxis. For these Mad students, entering the classroom to speak about their experiences with mental health systems is a way to represent and desubjugate Mad knowledges. Mad pedagogy is connected to "practices of freedom" (Foucault, 2007) involving working at the limits of existing systems and grids of intelligibility. As a politics of subversion, Mad students infiltrate classrooms and posit new Mad understandings and representations of mental health. Mirroring the disability movement slogan "nothing about us, without us" a Mad politics takes seriously the views of Mad students as central to speaking about, understanding, and unpacking mental health issues in universities and society. Mad pedagogies also have the potential to unpack systems of oppression, including internalized sanism[4] in individuals who may not identify as Mad.

Mad students challenge the dominance of psychology and psychiatry as an objective science, and critique the ways madness is often subjected to the gaze of others as "entirely transparent to scientific investigation" in articulating knowledge of individuals linking such knowledge to cultural and moral politics to judge the mad as objects to be known, pathologized and studied (Foucault, 2009). They question who is fit

[4] "Sanism: Originally coined by Morton Birnbaum but popularized by Michael Perlin…sanism describes the systemic subjugation of people who have received mental health diagnoses or treatment. Also known as mentalism (see Judi Chamberlin's work for more information), sanism may result in various forms of stigma, blatant discrimination, and a hot of microaggressions. These may include low expectations and professional judgments that individuals with mental health issues are 'incompetent, not able to do things for themselves, constantly in need of supervision and assistance, unpredictable, violent and irrational' (Chamberlin, 1990, p.2)" (LeFrançois, Menzies, Reaume, 2013, p.339).

to judge madness and trouble the institutional apparatus of observation—knowledge-judgment, and speak on the behalf of mad persons. As Foucault (2009) notes the need to expose psychiatric knowledge as "cultural expression unique to the modern world" (p.451) where "knowledge of the individual, should historically be considered in a fundamental relationship with the forms of judgment that [are] proffered by the public conscience" (p.450) and not as the unquestionable truth about individuals. This perforce entails interrogating the spaces in between mad and non-mad knowledges where "the knowledge of maddness presupposes in the person who holds it an ability to distance the self from it, and to remain aloof from its dangers and its charms, a certain manner of not being mad…a certain consciousness of non-madness that becomes a concrete situation for the subject of knowledge, the solid basis from which it is possible to know madness" (Foucault, 2009, p.460).

With regards to engaging in Mad critical pedagogy Sarah notes:

> I do a lot of academic stuff. My academic work, a lot of it is around mental health issues, and so I try to do education for that. Sometimes I've given public presentations about mental health and disability: problematizing the medical model and promoting the idea of looking at mental health issues as based in social factors, kind of publicizing that. Really recently, I helped promote an event that my friend…organized in tandem with [the university Access Initiative] about Mad studies…[People] who identify as Mad and already know about it [this teaching event], yeah, a lot of people are out there, but it was for everyone in the whole university community, everyone was welcome. It was to introduce people to this different way of thinking about mental health: what we typically think of us

> mental health issues as like a cultural and social experience, as political, and not as just like, "Oh, you have a brain disease."

Sarah understands herself, along with other Mad positive students, as representing critical sites of knowledge, which may inform professional practices. Connecting teaching praxis and research interests, Sarah engages in acts of resistance to educate other students and faculty on Mad studies through public talks. She aims to contest the individualizing pathologizing view that mental illness represents a disease biologically rooted in the brain. Drawing on Mad knowledge is a way to reject a deficit model of thinking about mental health by examining it as a complex political, social, cultural issue.

Sarah also notes aligning academic activities with her interests to promote Mad studies such as being involved with an academic journal:

> I try to encourage submissions from people who identify as Mad, or who have experiences with mental health issues, to bring in work that's on that topic. I did that last year and I'm doing that this year. Yeah, so I do some things. It's mostly in the academic kind of realm, because, yeah, that's primarily what I do. I'm not a hardcore activist, I wish I were.

Sarah carves out new academic spaces for Mad discourses to circulate. For this participant, academic labour is diminished as not being activist, although her work is intended to open new ways of thinking and speaking about mental health issues by drawing on Mad studies, and making space for this in the academy. Through working in an academic journal new spaces for mad voices to enter, disseminate, and be heard in the academy are opened. As Mad Matters (2014) authors note: "Mad Studies is an exercise in critical pedagogy – in the radical co-production, circulation, and consumption of

knowledge…the practitioners of Mad studies are concerned with deploying counter-knowledge and subjugated knowledge as a strategy for contesting regimes of truth" (p.14). Mad students act with agency to contest the dominance of psy-sciences, inform pedagogical practices, and have voice in the academy on matters relating to madness and mental health. As I note elsewhere,

> "Mad people's voices are often absent education. Pluralities of Mad people's perspectives need to be better represented in the field of education, to inform increasingly critical and inclusive curriculum, pedagogy, theory and praxis. Acknowledging the voices, agency and counter-knowledge of Mad people in discussions of mental health in education and related policies may transform educational possibilities. Mad teaching may be a site of academic and activist political engagement. Thus, teaching madness in ways that recognize the often subjugated knowledge of Mad people through highlighting lived experiences may develop sites of resistance to psychiatric power and oppression and a way to challenge understandings of 'mental illness' in education" (Castrodale, 2014, p.2-3).

Mad teaching and mad pedagogies informed through mad students' experiences thereby offer counter-narratives and counter-knowledges that disrupt psy-centered ways of knowing and being in the world.

9.4 Conclusion

Both Mad and disabled students engage in critical pedadogical and knowledge-dissemination to encourage more nuanced ways of understanding disability and madness, with the hope of fostering greater equality. Mad students illustrate different orientations

to mental health discourses. What is Mad Studies and the essence of identifying as Mad? What are the radical boundaries of Mad Studies? What does it mean to be a mad university student? What is a university, and what is a university's societal role? Mad students interrogate the limits of knowledge and how knowledge is circulated in the academy. For Mad students, disclosing Mad is not without risk. They add rich nuanced understandings of the disabling effects experienced by Mad persons in relation to sanist regimes of thought and action. Mad students infiltrate classrooms to share first hand experiences and Mad narratives with the hope of informing different professional understandings and practices relating to the treatment of subjects of mental health. Mad pedagogies extend beyond the university to inspire critical praxis surrounding mental health, develop Mad positive praxis, and working well into communities in ways aimed at addressing material inequalities. Similarly, disabled students question access of who belongs in university settings, how disabled subjects are understood and constituted, and the meaning of dis/ability in society.

Chapter 11

10 Final Concluding Discussion

I wanted to know more about disabled students' socio-spatial experiences in university settings. I approached research with curiosity and hopefully humility; I imagined my role as cartographer, making a map and tracing of the present circumstances and subjectivities experienced by disabled and mad students. I owe most to participants who generously shared their knowledges, perspectives, and many times friendships. I have more questions and certainly less answers. As Braidotti (2013) eloquently notes, "We need to take the risk to be 'worthy of the present' and thus be part of contemporary culture, embodying and embedding the subject of *this* particular world" (p.187). We are not all human in the same way; much depends upon engaging in a politics of location, presently some humans are more equal than others. This study produced new knowledge on disabled and mad students' socio-spatial experiences, demonstrating that spatialities and socio-spatial material power-knowledge relations are key to understanding and unpacking oppression. Mad and disabled students' perspectives offer new ways to think about university governance, disciplinary knowledges, pedagogies, constituting practices, subjectivities, socio-spatial struggle, and horizons of being human.

I drew on Foucauldian analytics as a conceptual toolbox to examine and explore disabled and mad socio-spatial subjectivities in university settings. Drawing on Foucault afforded me a particular type of discursive material-discursive analysis, one which attended to dis/abling networks of institutional knowledge-power relations. Dis/ability is discursively (re)produced enabling particular thoughts and actions. Considering spatiality reveals a complex dialectic between persons and lived environments which produce

particular nuanced subjectivities, enabling certain constitutions and conducts in university settings.

Theory, methodology, and data were interwoven and ultimately entwined (Anyon, 2009) where I had to make decisions as a qualitative researcher about research questions, data collection, gathering, analysis, representation, writing, audience and dissemination. Case study methodology and semi-structured interviews allowed an in-depth examination of mad and disabled students' socio-spatial university experiences. My decision to try mobile moving interviews was not chosen by many participants, who elected instead to engage in sit-down face-to-face interviews. Research reflecting upon using mobile methods with mad and disabled populations in institutional spaces requires further investigation. Far from being a failure of method, this represents a key insight of how, when, and why mobile methods such as go-along interviews merit further investigation with marginalized mad and disabled people in institutional settings.

This research significantly demonstrated how the subjugated knowledges of mad and disabled students may inform university academic and access policies and practices. The insights of Mad and disabled students have the potential to inform professional programs and to incite active reflection on potentially exclusionary practices. Such knowledge needs to inform policy interventions committed to removing barriers so that the diverse needs of Mad and disabled students can be met. It was also evident that graduate and undergraduate accommodations require different considerations, based on program and degree requirements, local institutional contexts, and social actors' understandings and capacities involved in providing said accommodations. More research

is needed to examine institutional accommodation policies and practices impacting graduate level mad and disabled students.

The Mad and disabled students in this study troubled neoliberal governance of universities, questioning taken-for-granted able-bodied spatio-temporal norms, standards, values, and regimes of truths and practices. In this capacity, the Mad and disabled students who participated in this study offered complex insights into university access and academic accommodation policies and processes, demonstrating how local socio-spatial knowledge-power relations may individualize them and further exacerbate experiences of marginalization and alienation.

In this research, mad and disabled students engaged in critical pedagogies and demonstrated desire to circulate new ways of thinking about mad and disabled experiences. This finding in particular opens new possibilities to think about mad and disabled subjectivities, to shape attitudes on mad and disabled subjects, and to inform professional practices in biomedical-clinical-psy settings. Mad and disabled students share their often subjugated knowledges by entering classroom spaces and offering counter-narratives to disrupt dominant reductionist, psy-centered pathologizing ways of understanding, knowing, and representing. This research highlighted how Mad and disabled students engage in activism and forms of productive agency to constitute themselves and counter individualizing and pathologizing regimes through which they are constituted as problem subjects. A key finding of this research revealed the practices of freedom that are implicated in how mad and disabled students intervene in and contest official knowledges that contribute to their subjugation as certain sorts of non-normative

subjects, suggesting a greater need to understand the complex ways mad and disabled students agentically define and constitute themselves in university settings.

Spatial resistance and (re)claiming spaces were revealed to be a tactic of and a practice of freedom employed by mad and disabled students. Acting with agency thereby necessarily entails forging new enabling socio-spatial realms and reinvisioning the dynamic potential of people interacting together to shape and be shaped by their surroundings. Implications of this research, demonstrate that mad and disabled subjects may engage in socio-spatial struggles for equity to transform university settings and trouble existing regimes of truth and practices to reimagine how human beings are valued or not. The subjugated knowledges of mad and disabled students in this research provide insight into the influence of bio-medical-psy disciplinary knowledge-power webs in their lives. Mad and disabled students' knowledges offer insights into an alternative social imaginary that is committed to reimagining complex social-relational ethics of knowledge relating to how human beings are valued, how dis/ability and madness are understood, the complex ways people interact and mediate spatio-temporal realms and what it means to be human.

References

Anderson, R.C. (2006). Teaching (with) Disability: Pedagogies of Lived Experience. *The Review of Education, Pedagogy, and Cultural Studies, 28*, 367-379.

Anonymous Academic. (2014, March 1). There is a culture of acceptance around mental health issues in academia. *The Guardian*. Retrieved from www.theguardian.com

Aubrecht, K. (2012). *Surviving success, reconciling resilience: A critical analysis of*

the appearance of student 'mental life' at one Canadian university. Unpublished Doctoral Thesis. Toronto: University of Toronto.

Aubrecht, K. (2012). Disability Studies and the language of mental illness. *Review of Disability Studies: An International Journal, 8*(2), 31-44.

Bacchi, C. (2000). Policy as discourse: what does it mean? Where does it get us? *Discourse: studies in the cultural politics of education, 21*(1), 45-57.

Bachelard, G. (1994). *The poetics of space*. Boston, Massachusetts: Beacon Press.

Baker, S., Brown, B.J. & Fazey, J.A. (2006). Mental health and higher education: mapping field, consciousness and legitimation. *Critical Social Policy, 26*(1), 31-56.

Ball, S.J. (1990). *Politics and policy making in education: Explorations in policy sociology*. New York: Routledge.

Ball, S.J. (2010). *Foucault and education: Disciplines and knowledge*. New York: Routledge.

Ball, S.J. (1993). What is policy? Texts, trajectories, and toolboxes. *Discourse, 13*(2), 9-17.

Ball, S. J. (1994). *Education reform: a critical and post-structural approach*. Buckingham, UK: Open University Press.

Ball, S. (1995). Intellectuals or Technicians: the urgent role of theory in the educational studies. *British Journal of Educational Studies, 43*(3), 255-271.

Ball, S., Hoskins, K., Maguire, M. & Braun, A. (2011). Disciplinary texts: a policy analysis of national and local behaviour policies. *Critical Studies in Education, 52*(1), 1-14.

Barnes, C. & Mercer, G. (eds.) (1997). *Doing Disability Research*. Disability Press: University of Leeds, UK.

Barnes, C. (2007). Disability, higher education and the inclusive society. *British Journal of Sociology of Education, 28*(1), 135-145.

Baxter, J. & Eyles, J. (1997). Evaluating qualitative research in social geography: establishing 'rigour' in interview analysis. *Trans Inst Br Geogr, 22*, 505-525.

Beauchamp-Pryor, K. (2012). From absent to active voices: Securing disability equity within higher education. *International Journal of Inclusive education, 16*(3), 283-295.

Bennet, A., & Bennet, D. (2008). *Knowledge mobilization in the social sciences and humanities: Moving from research to action*. Frost, West Virginia: MQI Press.

Beresford, P., Gifford, G. & Harrison, C. (1996). What has disability got to do with psychiatric survivors? in: J. Reynolds & J. Read (Eds), *Speaking Our Minds: personal experience of mental distress and its consequences* , Open University Reader for new Open University course, Mental Health: Issues, Skills and Perspectives pp. 209-214. Basingstoke: Macmillan

Beresford, P. (2000). What have madness and psychiatric system survivors got to do with disability and Disability Studies? *Disability & Society, 15*(1),167-172.

Beresford, P., & Menzies, R. (2014). Chapter 1: Impassioned praxis: An introduction to theorizing resistance to psychiatry. In B. Burstow, B.A. LeFrançois, & S. Diamond (Eds.), *Psychiatry Disrupted: Theorizing resistance and crafting the (r)evolution. Montreal:* McGill-Queen's University Press

Borland, J. & James, S. (1999). The learning experience of students with disabilities in

higher education. A case study of a UK university. *Disability & Society, 14*(1), 85-101.

Bourdieu, P. (1989). The role of the intellectual in the modern world. *Telos 81* (Fall), 99-110.

Bourdieu, P. (1998). *Acts of resistance: Against the Tyranny of the Market*. The New Press: New York.

Bowe, R., Ball, S.J. & Gold, A. (1992). *Reforming education and changing schools*. London: Routledge.

Braziel, J. E., & Lebesco, K. (2001). *Bodies out of bounds: Fatness and transgression*. Berkeley: University of California Press.

Brown, L. & Boardman, F.K. (2011). Accessing the field: Disability and the research process. *Social Science & Medicine, 72*, 23-30.

Brown, L. (2013, March 26). Queen's Park earmarks $27 million to tackle mental health issues on Ontario campuses. *The Toronto Star*. Retrieved from ww.thestar.com

Butler, J. (2011). *Bodies that matter*. New York: Routledge

Butler, R & Parr, H. (1999). *Mind and body spaces: Geographies of illness, impairment and disability*. New York: Routledge.

Campbell, F.K. (2009). *Contours of ableism: Territories, objects, disability and desire*. London: Palgrave MacMillan.

Canadian Press. (2012, May 16). Ontario students waiting too long for mental health help: Report. *Metro News*. Retrieved from metronews.ca

Caplan, P.J. (2014). Forward. In B. Burstow, B.A. LeFrançois, & S. Diamond (Eds.),

Psychiatry Disrupted: Theorizing resistance and crafting the (r)evolution. Montreal: McGill-Queen's University Press, xi-xvi.

Carpiano, R.M. (2009). Come take a walk with me: The "Go-Along" interview as a novel method for studying the implications for health and well-being. *Health & Place, 15*(1), p.263-272.

Castrodale, M.A. (2005). *Examining the Experiences of Blind and Visually Impaired Students at McMaster University*. Unpublished Undergraduate Thesis. Hamilton: McMaster University.

Castrodale, M.A. (2006). *A review and critical analysis of disability research in the field of human geography*. Unpublished M.A. Thesis, Critical Disability Studies Programme, York University. Toronto, ON, Canada.

Castrodale, M. (2010). The production of disability research in human geography: An introspective examination. *Disability & Society, 25*(1), 89-102.

Castrodale, M.A. (2014): Mad matters: A critical reader in Canadian mad studies, *Scandinavian Journal of Disability Research*, DOI: 10.1080/15017419.2014.895415

Castrodale, M.A., & Zingaro, D. (2015). "You're such a good friend": A woven autoethnographic narrative discussion of disability and friendship in higher education". *Disability Studies Quarterly, 35*(1).

Chamberlin, J. (1979). *On our own: Patient-controlled alternatives to the mental health system*. New York: McGraw-Hill.

Chamberlin, J. (1990). The ex-patients' movement: Where we've been and where we're going. In Challenging the therapeutic state [Special issue], *Journal of*

Mind and Behavior, 11(3/4), 323–336.

Chamberlin, J. (2005). User/consumer involvement in mental health service delivery. *Epidemiologia e Psichiatria Sociale, 14*(1), 10–14.

Chan, A.S. (2005). Policy discourses and changing practice: Diversity and the university-college. *Higher Education, 50*, 129-157.

Chard, G., & Couch, R. (1998). Access to Higher Education for the Disabled Student: a building survey at the University of Liverpool. *Disability & Society, 13*(4), 603-623.

Charlton, J. (1998). *Nothing about us without us*. Berkley, Los Angeles: University of California Press.

Chouinard, V. (1997). Making space for disabling differences: challenging ableist geographies. *Environment and Planning D: Society and Space, 15*, 379-387.

Chouinard, V. & Crooks, V.A. (2003). Challenging geographies of ableness: celebrating how far we've come and what's left to be done. *The Canadian Geographer 47*(4), 383-385.

Chouinard, V., Hall, E., & Wilton, R. (Eds.). (2010). *Towards enabling geographies: 'Disabled' bodies and minds in society and space*. Surrey, England: Ashgate.

Church, K. (2013). Making madness matter in academic practice. In B. A. LeFrançois, R. Menzies, & G. Reaume (Eds.), *Mad matters: A critical reader in Canadian Mad Studies*. Toronto: CSPI.

Claes, DeSchauwer, and Van Hove (2013). Disability Studies and Social Geography

make a good marriage: Research on life trajectories of people with intellectual disabilities and additional mental health problems. In Wappet and Arndt (Eds.) *Emerging perspectives on Disability Studies*. New York: Palgrave MacMillan.

Coffey, A. & Atkinson, P. (1996). *Making Sense of Qualitative Data: Complementary Research Strategies*. Thousand Oaks, CA: Sage.

Cohen, L., Manion, L., & Morrison, K. (2000). 5th ed. Research Methods in Education. New York: Routledge Falmer.

Collins, M.E., & Mowbray, C.T. (2005). Higher Education and Psychiatric Disabilities: National Survey of Campus Disability Services. *American Journal of Orthopsychiatry, 75*(2), 304-315.

Cory, R.C., White, J.M. & Stuckey, Z. (2010). Using disability studies theory to change disability services: a case study in student activism. *Journal of Postsecondary Education and Disability, 23*(1), 28-37.

Council of Ontario Universities. (2012). *Focus on mental health*. Retrieved from www.collegesontario.org

Cox, d., & Klas, L. (1996). Students with learning disabilities in Canadian colleges and universities: A primer for service provision. *Journal of Learning Disabilities, 29*(1), 93-97.

Cox, D. & Walsh, R.M. (1998). Questions to consider in policy development for postsecondary students with disabilities. *Journal on Postsecondary Education and Disability 13*(2), 51-66.

Crampton, J. & Elden, S. (2010). *Space, Knowledge, and Power: Foucault and Geography*. Burlington, VT, USA: Ashgate

Crenshaw K (1989) Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum* 14: 138–167.

Creswell, T. (1993). Mobility as resistance: A geographical reading of Kerouac's 'On the Road.': Transactions of the Institute of British Geographers, *New Series, 18*(2), 249-262.

Creswell, T. (2010). Mobilities I: Catching up. *Progress in Human Geography, 35*(4), 550-558.

Crooks, V., Dorn, M. and Wilton, R. (2007). Emerging scholarship in the geographies of disability. *Health and Place*, 14(4), 883-888.

Daquette, C. (2000). Experiences at university. Perceptions of students with disabilities. *The Canadian Journal of Higher Education, 30*(2), 123-142.

Deibel, K. (2007). Studying Our Inclusive Practices: Course Experiences of Student with Disabilities. *ITiCSE'07 Proceedings of the 12th annual SIGCSE conference on Innovation and technology in computer science education, 39*(3), 266-270.

Delanty, G. (2001). *Challenging knowledge: the university in the knowledge society*. Buckingham: Open University Press.

Denhart, H. (2008). Deconstructing barriers: Perceptions of students labelled with learning disabilities in higher education. *Journal of Learning Disabilities, 41*(6), 483-497.

Diamond, S. (2013). Chapter 4: What makes us a community?: Reflections on building

solidarity in anti-sanist praxis. In LeFrancois, B.A., Menzies, R., & G. Reaumme (Eds.), *Mad matters: A critical reader in Canadian Mad Studies*. Toronto: Canadian Scholars Press, p.64-78.

Diamond, S. (2014). Chapter 13: Feminist resistance against the medicalization of humanity: integrating knowledge about psychiatric oppression and marginalized people. In B. Burstow, B.A. LeFrançois, & S. Diamond (Eds.), *Psychiatry Disrupted: Theorizing resistance and crafting the (r)evolution. Montreal:* McGill-Queen's University Press.

Dolmage, J. (2005). Between the valley and the field. *Prose Studies, 27*(1&2), 108-119.

Dolmage, J. (2008). Mapping composition: Inviting disability in the front door. In Cynthia Lewiecki-Wilson & Brenda Jo Brueggemann (Eds.), *Disability and the Teaching of Writing* (pp. 163-191). Boston: Bedford-St. Martin's Press.

Dolmage, J. (2015). *Capital Ideas: Disabling studies, disability studies, and Disability Studies*. Canadian Disability Studies Association. [June 3, 2015 Conference Public Talk University of Ottawa]. Ottawa, Ontario.

Dorn, M. L. (1994). *Disability as spatial dissidence: A cultural geography of the stigmatized body*. Unpublished Masters Thesis from the Department of Geography. The Pennsylvania State University, University Park, PA.

Drover, J., Emmrys, L., McMillan, B., & Wilson, L. (1993, July). *Serving students with learning disabilities at Canadian colleges and universities: A national needs survey of Post-secondary service providers*. Sackville, NB: Centre for Learning Assistance and Research, Mount Allison University.

Dyck, I. (2000). Disability, Geography and Ethics. *Philosophy & Geography, 3*(1), 80-87.

Edwards, S.D. (2007). Disablement and personal identity. *Medicine, Health Care and Philosophy, 10*, 209-215.

England, K. (1994). Getting personal: Reflexivity, positionality, and feminist research. *Professional Geographer 46,* 80-90.

Erten, O. (2011). Facing challenges: experiences of young women with disabilities attending a Canadian university. *Journal of Postsecondary Education and Disability 24*(2), 101-114.

Ferguson, S. & Titchkosky, T. (2008). Chapter 3: The contested space of the body in the academy. In Anne Wagner, Sandra Acker and Kimine Mayuzumi, (Eds.). *Whose university is it, anyway?: Power and privilege on gendered terrain*. Toronto: Sumach Press.

Fichten, C.S., Asuncion, J.V., Barile, M., Fossey, M.E., Robillard, C., Judd, D., Wolforth, J., Senécal, J., Généreux, G., Guimont, J., Lamb, D., & Juhel, J. (2004). Access to information and instructional technologies in higher education: Disability service providers' perspective. *Journal of Postsecondary Education and Disability, 17*(2), 114-133.

Fine, M. (1998). Working the Hyphens: Reinventing Self and Other in Qualitative Research.

Fontana, A. & Frey, J. H. (2005). The interview: From neutral stance to political involvement. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd Ed.), pp 695-727). Thousand Oaks, CA: Sage.

Foucault, M. (1972). *The archaeology of knowledge and the discourse on language*. Trans. A.M.S. Smith. New York: Pantheon Books.

Foucault, M. (1977). *Discipline and Punish*. New York: Pantheon.

Foucault, M. (1978). *History of Sexuality, Vol. I: An introduction*. New York: Random House.

Foucault, M. (1980). *Power/Knowledge: Selected Interviews and Other Writings 1972-1977*. London: Harvester Press.

Foucault, M. & Miskowiec, J. (1986). Of Other Spaces. *Diacritics, 16*(1), 22-27.

Foucault, M. (1986). Space, knowledge and power. In P. Rabinow (Ed.). *The Foucault reader.* London: Penguin. pp 239-254.

Foucault, M. (1988). *Madness and civilization: A history of insanity in the age of reason*. New York: Vintage Books.

Foucault, M. (1991). The Ethic of Care for the Self as a Practice of Freedom. An interview (trans. J.D. Gauthier), in J. Bernauer & D. Rasmussen, *The Final Foucault*. Cambridge, Mass: MIT Press.

Foucault, M. (1991b). *Questions of Method. The Foucault Effect: Studies in Governmentality*. Brighton: Harvester/Wheatsheaf.

Foucault, M. (1994). *The order of things: An Archeology of the Human Sciences*. New York: Vintage Books.

Foucault, M. (1995). 2nd edition. *Discipline and Punish: The birth of the prison*. New York: Vintage Books.

Foucault, M. (1997). The ethics of the concern for self as a practice of freedom. In P.

Rabinow (Ed.), *Michel Foucault: ethics, subjectivity and truth: the essential works of Michel Foucault 1954-1984, vol 1*. Harmondsworth: Penguin.

Foucault, M. (2000). *Power. Volume III, Essential works of Foucault 1954-1984* (P. Rabinow, Ed. R. Hurley et al., Trans.). New York: The New Press.

Foucault, M. (2003a). Abnormal. Edited by V. Marchetti and A. Salomina. Translated by G. Burchell. London: Verso.

Foucault, M. (2003b). *Society Must be Defended: Lectures at the College de France, 1975-1976*. New York: Picarod [trans., orig. 2001].

Foucault, M. (2003c). The Ethics of the Concern of the Self as a Practice of Freedom. In *The Essential Foucault*. Paul Rabinow and Nikolas Rose (Eds.). The New Press: New York, p. 25-42

Foucault, M. (2005b). *The Hermeneutics of the Subject: Lectures at the Collège de France 1981—1982*. Translated by G. Burchell. New York: Palgrave Macmillan.

Foucault, M. (2006). *Psychiatric power: lectures at the Collège de France, 1973-1974*. Basingstoke: Palgrave MacMillan.

Foucault, M. (2007). *The Politics of Truth*. Los Angeles, CA: Semiotext(e).

Foucault, M. (2008). *The birth of biopolitics: Lectures at the College de France*. New York: Picador.

Foucault, M. (2009). *History of madness*. California: Routledge.

Foucault, M. (2010). *The Foucault reader*. In P. Rabinow (Ed.). New York: Vintage Books,

Frances, A. (2014). *Saving normal: An insider's revolt against out –of-control*

psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life. New York: William Morrow.

Freire, P. (1970). *Pedagogy of the Oppressed*. New York: Continuum.

French, S. (1992). Researching disability: the way forward. *Disability and Rehabilitation 14*(4), 183-186.

French, S. & Swain, J. (1997). Changing disability research: Participating and emancipatory research with disabled people. *Physiotherapy 83*, 26-32.

Freund, P. (2001). Bodies, Disability and Spaces: the social model and disabling spatial organisations. *Disability & Society, 16*(5), 689-706.

Fuller, M., Healey, M., Bradley, B., & Hall, T. (2004). Barriers to learning: A systematic study of the experience of disabled students in one university. *Studies in Higher Education, 29*(3), 303-318.

Gabel, S.L. (2010). A disability studies framework for policy activism in postsecondary education. *Journal of Postsecondary Education and Disability 23*(1), 63-71.

Gabel, S.L. & Miskovic, M. (2014) Discourse and the containment of disability in higher education: an institutional analysis, *Disability & Society, 29*(7), 1145-1158, DOI: 10.1080/09687599.2014.910109

Gale, T. (1999). Policy trajectories: treading the discursive path of policy analysis. *Discourse: studies in the cultural politics of education, 20*(3), 393-407.

Gamble, D. (2000). *Disability Services in Higher Education*. The University of Alabama.

Garland-Thomson, R. (2011). Misfits: A feminist materialist disability concept. *Hypatia, 26*(3), 591-609.

Garland-Thomson, R. (2005). *Disability and Representation*. PMLA, 120(2), 522-527.

Garland-Thomson, R. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*. New York: Columbia University Press.

Gessel, P. (July 23, 2014). *Deciding how to accommodate a student's disability isn't easy: Experts at an international summit advise more prudence in bestowing accommodations*. Retrieved from www.universityaffairs.ca

Ghai, A. (2006). *(Dis)embodied form: issues of disabled women*. Delhi: Shakti books.

Gibson, S. (2012). Narrative accounts of university education: socio-cultural perspectives of students with disabilities. *Disability & Society, 27*(3), 353-369.

Gilson, S.F. (1996). Students with disabilities: An increasing voice and presence on college campuses. *Journal of Vocational Rehabilitation, 6*, 263-272.

Giroux, H. (2014). *Neoliberalism's war on higher education*. Chicago, Illinois: Haymarket books.

Glauser, W. (December 3, 2014). *Opening doors to disability: Across the country, people with disabilities are redefining the possible by excelling in scholarly pursuits that were once off limits to them*. Retrieved from www.universityafairs.ca

Goode, J. (2007). 'Managing' disability: early experiences of university students with disabilities. *Disability & Society, 22*(1), 35-48.

Goodley, D. (2007). Towards socially just pedagogies: Deleuzoguattarian critical disability studies. *International Journal of Inclusive Education 11*(3), 317-334.

Goodley, D. (2011). *Disability Studies: An interdisciplinary introduction*. London: Sage.

Goodley, D. (2014). *Dis/ability Studies: Theorising disablism and ableism*. New York: Routledge.

Gulson, K.N. & Symes, C. (2007). Knowing one's place: space, theory, education.

Critical Studies in Education, 48(1), 97-110.

Guzman, A. & Balcazar, F.E. (2010). Disability Services' Standards and the Worldviews Guiding Their Implementation. *Journal of Postsecondary Education and Disability, 23*(1), 2010.

Hacking, I. (2004). Between Michel Foucault and Erving Goffman: between discourse in the abstract and face-to-face interaction. *Economy and Society, 33*(3), 277-302.

Hall, T., Healey, M., & Harrison, M. (2002). Fieldwork and disabled students: discourses of exclusion and inclusion. *Trans Inst Br Geogr, 27*, 213-231.

Hamraie, A. (2013). Designing collective access: A feminist disability theory of universal design. *Disability Studies Quarterly, 33*(4).

Hansen, N., & Philo, C. (2007). The normality of doing things differently: bodies, spaces and disability geography. *Tijdschrift voor Economische en Sociale Geografie, 98*(4), 493-506.

Hansen, N. & Philo, C. (1997). The normality of doing things differently: Bodies, spaces and disability geography. *Tijdschrift voor Economische en Sociale Geographie 98*(4), 493-506.

Harrison, A.G., Nichols, E., Larochette, A. (2008). Investigating the Quality of Learning Disability Documentation Provided by Students in Higher Education. *Canadian Journal of School Psychology, 23*(2), 161-174.

Hein, J.R., Evans, J. & Jones, P. (2008). Mobile Methodologies: Theory, Technology and Practice. *Geography Compass, 2*(5), 1266-1285.

Higbee, J.L., Katz, R.E., & Schultz, J.L. (2010). Disability in higher education:

redefining mainstreaming. IABR & ITLC Conference Proceedings. Orlando: Florida.

Hill, J.L. (1992). Accessibility: students with disabilities in universities in Canada. *Canadian Journal of Higher Education, 22*, 48-83.

Hill, J.L. (1996). Speaking out: perceptions of students with disabilities regarding the adequacy of services and willingness of faculty to make accommodations. *Journal of Postsecondary Education and Disability, 12*(1), 22-43.

Hinnells, J.R. (1999). Memorandum on the experience of universities and disability on the ground. In: Ninth Report: Opportunities for Disabled People, Volume 2. Minutes of Evidence and Appendices, Report No. HC 111-II (London, Stationary Office).

Hoffmann, F., & Mastrianni, X. (1989). The mentally ill student on campus: Theory and practice. *Journal of American College Health, 38*, 15-20.

Holloway, S. (2001). The experience of higher education from the perspective of disabled students. *Disability & Society, 16*(4), 597-615.

hooks, b. (1990). *Yearning: race, gender and politics*. Boston, MA: South End Press.

Hubbard, P., Kitchin, R. & Valentine, G. (2004). Editor's introduction, in: P. Hubbard, R. Kitchin & G. Valentine (Eds) *Key thinkers on space and place*. London: Sage.

Hurst, A. (1992). Widening Participation in Higher Education and People with Disabilities. *Personnel Review, 21*(6), 19-36.

Hurst, A. (1996). Reflecting on researching disability and higher education. In L. Barton (Ed.) *Disability and Society: emerging issues and insights*. London: Longman.

Hurst, A. (1993). Steps Towards Graduation: access to higher education for people with

disabilities. Aldershot: Avebury.

Hutcheon, E.J., & Wolbring, G. (2012). Voices of "Disabled" Post Secondary Students: Examining Higher Education "Disability" Policy Using an Ableism Lens. *Journal of Diversity in Higher Education, 5*(1), 39-49.

Imrie, R. (2001). Barriered and Bounded Places and the Spatialities of Disability. *Urban Studies 38*(2), 231-237.

Imrie, R. & Thomas, H. (2008). The interrelationships between environment and disability. *Local Environment 13*(6), 477-483.

Jacobson, N., Butterill, D., & Goering, P. (2004). Organizational factors that influence university-based researchers' engagement in knowledge transfer activities. *Science Communication, 25*(3), 246-259.

Junco, R., & Salter, D.W. (2004). Improving the campus climate for students with disabilities through the use of online training. *NASP Journal, 41*(2), 263-276.

Kayti B., Williams, J., Parker, B., & E. M. Duffett (December 4, 2014). *Disable the Label Improving Post-Secondary Policy, Practice and Academic Culture for Students with Disabilities*. Nova Scotia: Students NS.

Kingkade, T. (2014, October, 7). Using college mental health services can lead to students getting removed from campus**.** *Huffington Post*. Retrieved from www.huffingtonpost.com

Kim, E.-H., Coumar, A., Lober, W., & Kim, Y. (2011). Addressing mental health epidemic among university students via web-based, self-screening, and referral system: A preliminary study. *IEEE Transactions on Information Technology in Biomedicine, 15*(2), 301–307.

Kitchin, R. (1998). "'Out of Place'", 'knowing one's place': Space, power and the exclusion of disabled people." *Disability & Society, 13*(3), 343-356.

Kitchin, R. (1999). Morals and ethics in geographical studies of disability, in Proctor, J. and Smith, D. (Eds.). *Geography and Ethics: Journeys in a Moral Terrain*. Routledge: London, pp. 223-236.

Konur, O. (2002). Assessment of disabled students in higher education: current public policy issues. *Assessment and Evaluation in Higher Education, 27*(2), 131-152.

Kusenbach, M. (2003). Street phenomenology: the go-along as ethnographic tool. *Ethnography, 4*(3), 455-485.

Lather, P. (2009). Against empathy, voice and authenticity, in Alecia,Y. Jackson and L.A. Mazzei (Eds.). *Voice in Qualitative Inquiry: Challenging conventional, interpretive and critical conceptions in qualitative research*. London: Routledge, pp.17-26.

LeBesco K (2004) *Revolting bodies? The struggle to redefine fat identity*. Boston: University of Massachusetts Press.

Lefebvre, H. (1991). *The production of space*. Oxford: Blackwell.

Lehmann, J.P., Davies, T.G., & Laurin, K. (2000). Listening to student voices about postsecondary education. *Teaching Exceptional Children, 32*(5), 60-65.

Liasidou, A. (2014). Critical disability studies and socially just change in higher education. *British Journal of Special Education, 41*(2), 120-134.

Linton, S. (1998). Disability Studies/Not Disability Studies. *Disability & Society 13*(4), 525-540.

Linton, S. (1998). Claiming disability. *Knowledge and identity*. New York: New York

University Press.

Low, J. (2009) Negotiating Identities, Negotiating Environments: An Interpretation of the Experiences of Students with Disabilities. In Titichkosky, T. & Michalko, R. Rethinking Normalcy: A disability studies reader. Toronto: Canadian Scholars' Press Inc.

Lunau, K. (2012, September 5). The mental health crisis on campus: Canadian students feel hopeless, depressed, even suicidal. *Maclean's*. Retrieved from www.macleans.ca

Lynch, R.T., & Gussel, L. (1996). Disclosure and self-advocacy regarding disability-related needs: strategies to maximize integration in Postsecondary Education. *Journal of Counseling and Development, 74*(4), 352-357.

Madaus, J.W. (2000). Services for college and university students with disabilities: A historical perspective. *Journal of Postsecondary Education and Disability, 14*(1), 4-21.

Madriaga, M. Hanson, K., Kay, H. & Walker, A. (2011). Marking out normalcy and disability in higher education. *British Journal of Sociology of Education, 32*(6), 901-920.

Matshedisho, K.R. (2007). Access to higher education for disabled students in South Africa: a contradictory conjuncture of benevolence, rights and the social model of disability. *Disability & Society, 22*(7), 685-699.

Matthews, N. (2009). Teaching the 'invisible' disabled students in the classroom: disclosure, inclusion and the social model of disability. *Teaching in Higher Education, 14*(3), 229-

239.

Mazzei, L.A., & Jackson, A.Y. (2009). Introduction: The limit of voice, in Alecia,Y. Jackson and L.A. Mazzei (Eds.). *Voice in Qualitative Inquiry: Challenging conventional, interpretive and critical conceptions in qualitative research*. London: Routledge, pp.17-26.

McGuire, J.M., & Scott, S.S. (2006). Extending the universal design paradigm to college instruction. *Journal of Postsecondary Education and Disability, 19(2)*, 123-134.

McHoul, A. & Grace, W. (2007). *A Foucault Primer: Discourse, Power and the Subject*. New York University Press: Washington Square, New York.

Meagher, L., Lyall, C., & Nutley, S. (2008). Flows of knowledge, expertise and influence: A method for assessing policy and practice impacts from social science research. *Research Evaluation, 17*(3), 163-173.

Meekosha, H. (2004). Drifting down the Gulf Stream: Navigating the cultures of disability studies. *Disability & Society, 19*(7), 721-733.

Meekosha, H., & Dowse, L. (2007). Integrating critical disability studies into social work. Practice: *Social Work in Action, 19*(3), 169–83.

Meekosha, H. & Shuttleworth, R. (2009). What's so 'critical' about critical disability studies? *Australian Journal of Human Rights, 15*(1), 47-76.

Merriam, S.B. & Associates (2002). Qualitative Research in Practice: Examples for Discussion and Analysis. San Francisco: Jossey-Bass

Michalko, R. (2002). *The difference that disability makes*. Philadelphia: Temple University Press.

Mitchalko, R. (2003). "I've got a Blind Prof": The Place of Blindness in the Academy. In

D. Freedman & M.S. Holmes (Eds.), *The Teacher's Body: Embodiment, Authority, and Identity in the Academy*. Albany, NY: State University of New York Press.

Miller, P., & Rose, N. (2014). *Governing the present: Administering economic, social, and personal life*. Cambridge, UK: Polity Press.

Ministry of Health and Long-Term Care (MOHLTC). (2009). *Every door is the right door: Toward a ten-year addictions and mental health strategy—A discussion paper*. Toronto: MOHLTC.

Mollow, A. (2015). Disability Studies Gets Fat. *Hypatia, 30*(1), 199-216.

Mossman, M. (2002). Visible disability in the College Classroom. *College English, 64*(6), 645-659.

Mowbray, C.T., Mandiberg, J.M., Stein, C.H., Kopels, S., Curlin, C. Megivern, D., Strauss, S., Collins, K., & Lett. R. (2006). Campus Mental Health Services: Recommendations for Change. *American Journal of Orthopsychiatry, 76*(2), 226-237.

Muriel, K. (2012). Disability Studies and the language of Mental Illness. *Review of Disability Studies: An international journal, 8*(2), 31-44.

Nieder, C., & Sukhai, M. (2014, March 12). How you can help a student with a hidden disability: They are often hidden in plain sight. Retrieved from www.universityaffairs.ca

Niesz, T., Koch, L., and Rumrill, P.D. (2008). The empowerment of people with disabilities through qualitative research. *Work 31*, 113-125.

Nisbet, J. and Watt, J. (1984). Case study: In J.Bell, T. Bush, A. Fox, J. Goodey and S.

Goulding (eds)*Conducting Small-Scale Investigations in Educational Management.* London: Harper & Row,79-92.

Nyznik, J. (2013, July 28). MAD pride is dealing with an illness. Hamilton Spectator, www.thespec.com

O'Farrell, C. (2005). *Michel Foucault*. London: Sage Publications.

Olney, M.F. & Brockelman, K.F. (2003). Out of the Disability Closet: strategic use of perception management by select university students with disabilities. *Disability & Society, 18*(1), 35-50.

Ontario Human Rights Commission (OHRC). (2000). Policy and guidelines on disability and the duty to accommodate (revised 2009). Retrieved from http://www.ohrc.on.ca/en/guidelines-accessible-education/introduction

Ontario Human Rights Commission (OHRC). (2003). The opportunity to succeed: Achieving barrier-free education for students with disabilities: Consultation report. Retrieved from www.ohrc.ca

Ontario Human Rights Commission (OHRC). (2009). Comment of the Ontario Human Rights Commission on Every Door is the Right Door: Towards a 10-Year Mental Health and Addictions Strategy - Ministry of Health and Long-Term Care. Retrieved from www.ohrc.ca

Ontario Human Rights Commission (OHRC). (2011). *Human rights and mental health*. Retrieved from http://www.ohrc.on.ca/en/human-rights-and-mental- health

Ontario Human Rights Commission. (2012). *Policy and guidelines on disability and the duty to accommodate*.

Opini, B.M. (2012). Examining the motivations of women students with disabilities'

participation in university education in Kenya. *Scandinavian Journal of Disability Research 14*(1), 74-91.

Pace, D. & Schwartz, D. (2008). Accessibility in post secondary education: Application of UDL to college curriculum. *US-China Education Review, 5*(12), 20-26.

Park, D.C., Radford, J.P., and Vickers, M.H. (1998). Disability studies in human geography. *Progress in Human Geography, 22*(2), 208-233.

Parker, I. (2014). Psychology politics resistance: Theoretical practice in Manchester. In B. Burstow, B.A. LeFrancois & S. Diamond (Eds.). Psychiatry disrupted: Theorizing resistance and crafting the (R)evolution. Montreal, Quebec: McGill Queen's University Press.

Parr, H. (1997). Naming names: brief thoughts on disability and geography. Area 29(2), 173-176.

Patton, M. 1990 *Qualitative evaluation and research methods.* Sage, Newbury Park, CA.

Patton, M. (2002). *Qualitative Research and Evaluation Methods*, 3rd edn. Thousand Oaks, CA: Sage.

Patton, P. (1979). Of power and Prisons. In Foucault, M. *Power, Truth, Strategy*. Pp.109-147. Eds. Morris, M & Patton, P. Sydney: Feral Publications.

Paul, S. (2000). Students with disabilities in higher education: A review of the literature. *College Student Journal, 34*, 200-210.

Perlin, M.L. (2006). International human rights and comparative mental disability law: The role of institutional psychiatry in the suppression of political dissent. *Israel Law Review*. 39(3),73-74.

Phipps, D.J., & Shapson, S. (2009). Knowledge mobilisation builds local research

collaborations for social innovation. *Evidence & Policy, 5*(3), 211-227.

Pile, S. (1991). Practising interpretative geography. *Transactions of the Institute of British Geographers, 16*, 458-469.

Puwar, N. (2004). *Space Invaders: Race, Gender and Bodies Out of Place*. Oxford: Berg.

Rao, M. S. (2002). Students with disabilities in higher education: Faculty attitude and willingness to provide accommodations. Unpublished doctoral dissertation, University of Arkansas, Fayetteville.

Raoul, V., Canam, C., Henderson, A.D., & Paterson, C. (2007). *Unfitting stories: Narrative approaches to disease, disability, and trauma*. Waterloo, Ontario, Canada: Wilfred Laurier University Press.

Redpath, J., Kearney, P., Nicholl, P., Mulvenna, M., Wallace, J., & Martin, S. (2012). A qualitative study of the lived experiences of disabled post-transition students in higher education institutions in Northern Ireland. *Studies in Higher Education*, 1-17.

Reid, J., & Poole, J. (2013). Mad students in the social work classroom? Notes from beginnings of an inquiry. *Journal of Progressive Human Services, 24*(3), 209-222.

Reindal, S.M. (1995). Some Problems Encountered by Disabled Students at the University of Oslo – whose Responsibility? *European Journal of Special Needs Education, 10*(3), 227-241.

Reville, D. (2013). Is mad studies emerging as a new field of inquiry? In B. A. LeFrançois, R. Menzies, and G. Reaume (Eds.). *Mad matters: A critical reader in Canadian Mad Studies*. Toronto: CSPI.

Riddell, S. (1998). Chipping Away at the Mountain: disabled students' experiences of higher education. *International Studies in Sociology of Education, 8*(2), 203-222.

Riddell, S., Wilson, A., & Tinklin, T. (2002). Disability and the Wider Access Agenda: Supporting Disabled Students in different Institutional Contexts. *Widening Participation and Lifelong Learning, 4*(3), 13-25.

Riddell, S.T., Tinklin, and Wilson, A. (2005). New Labour, social justice and disabled s tudents in higher education. *British Educational Research Journal 31(5)*, 623-643.

Riddell, S., & Weedon, E. (2014). Disabled students in higher education: Discourses of disability and the negotiation of identity. *International Journal of Educational Research, 63*, 38-46.

Roman, L.G. (2009). The Unruly Salon: unfasten your seatbelts, take no prisoners, make no apologies! *International Journal of Qualitative Studies in Education, 22*(1), 1-16.

Rose, N. (1979). The psychological complex: mental measurement and social administration. *Ideology & consciousness, 4*, 5-68.

Rose, N. (1998). *Inventing our selves: Psychology, power, and personhood*. Cambridge, UK: Cambridge University Press.

Rose, N. (1999). *Governing the soul: The shaping of the private self*. 2nd Ed. London: Free association books.

Russo, J. & Beresford, P. (2015). Between exclusion and colonization: Seeking a place for mad people's knowledge in academia. *Disability & Society, 30*(1), 153-157.

Sahlen, C.A.H., & Lehmann, J.P. (2006). Requesting accommodations in higher

education. *Teaching Exceptional Children, 38*(3), 28-34.

Schwandt, T. (2001). *Dictionary of qualitative inquiry*. Thousand Oaks, CA: Sage Publications.

Scott, S. (1996). Using collaboration to enhance services for college students with learning disabilities. *Journal of Postsecondary Education and Disability, 12*(1), 10-21.

Scull, A. (2015). *Madness in civilization: A cultural history of insanity from the Bible to Freud, from the madhouse to modern medicine*. Princeton, New Jersey: Princeton University Press.

Shakespeare, T. (2005). Review article: Disability studies today and tomorrow. *Sociology of Health & Illness 27*(1), 138-148.

Shakespeare, T. (2006). *Disability rights and wrongs*. Routledge: London.

Shakespeare, T. (2008). Debating Disability. *Journal of Medical Ethics, 34*, 11-14.

Shaw, S.F. & Dukes, L.L. (2006). Postsecondary disability program standards and performance Indicators: Minimum essentials for the office for students with disabilities. *Journal of Postsecondary Education and Disability, 19*(1), 14-24.

Shevlin, M., Kenny, M., & McNeela, E. (2004). Participation in higher education for students with disabilities: an Irish perspective. *Disability & Society, 19*(1), 15-30.

Shildrick, M. (1997) *Leaky Bodies and Boundaries. Feminism, Postmodernism and (Bio)ethics*. London: Routledge.

Shrewsbury, D. (2015). Disability and participation in the professions: Examples from higher and medical education. *Disability & Society, 30*(1), 87-100.

Sibley, D. (1995). *Geographies of Exclusion: Society and Difference in the West*.

London: Routledge.

Sin, C.H. (2003). Interviewing in "Place": The Socio-Spatial Construction of Interview Data. *Area, 35*(3), 305-312.

Silver, P., Bourke, A. & Strehorn, K.C. (1998). Universal Instructional Design in Higher Education: An Approach for Inclusion. *Equity & Excellence in Education, 31*(2), 47-51.

Slee, R. (1997). Imported or Important Theory? Sociological interrogations of disablement and special education. *British Journal of Sociology of Education 18*(3), 407-419.

Snyder, S.L. & Mitchell, D.T. (2006). *Cultural locations of disability*. Chicago: University of Chicago Press.

Soja, E.W. (1989). *Postmodern geographies: The reassertion of space in critical social theory*. London: Verso.

Stage, F.K., & Milne, N.V. (1996). Invisible scholars: Students with learning disabilities. *Journal of Higher Education, 67*(4), 426-445.

Stake, R. E. (2000). Case studies. In N.K. Denzin, & Y.S. Lincoln (Eds.), Handbook of qualitative research. (2nd ed.) (pp. 435-454). Thousand Oaks, CA: Sage.

Stiker, Henri-Jacques. (2000). *A History of Disability*. Ann Arbor, MI: University of Michigan Press.

Stone, G. & Archer, J. (1990). College and university counselling centers in the 1990s: Challenges and limits. *The Counseling Psychologist, 18*, 539-607.

Stone, E., & Priestley, M. (1996). Parasites, pawns and partners: disability research and

the role of non-disabled researchers. *The British Journal of Sociology, 47*(4), 699-717.

Tinklin, T. & Hall, J. (1999). Getting round Obstacles: disabled students' experiences in higher education in Scotland. *Studies in higher Education, 24*(2), 183-194.

Tinklin, T., Riddell, S., & Wilson, A. (2004). Policy and provision for disabled students in higher education in Scotland and England: the current state of play. *Studies in Higher Education, 29*(5), 637-657.

Titchkosky, T. (2000). Disability Studies: The Old and the New. *Canadian Journal of Sociology 25*(2), 197-224.

Titchkosky, T. (2008). To pee or not to pee? Ordinary talk about extraordinary exclusions in a university environment. *Canadian Journal of Sociology, 33*(1), 37-60.

Titchkosky, T. (2009). *Rethinking normalcy: A disability studies reader*. Toronto: Canadian scholars press inc.

Titchkosky, T. (2011). *The Question of Access: Disability, Space, Meaning*. Toronto: University of Toronto Press.

Traustadóttir, R. (2001). Research with others: Reflections on representation, difference and othering. *Scandinavian Journal of Disability Research, 3*(2), 9-28.

Tregaskis, C. (2000). Interviewing non-disabled people about their disability-related attitudes: seeking methodologies. *Disability & Society, 15*(2), 343-353.

Trihn, T. M. (1989). *Woman, native, other: Writing postcoloniality and feminism*. Indiana: Indiana University Press.

TVO. (2014, January 27). Graduate students and mental health. *TVO: The inside agenda blog*. Retrieved from theagenda.tvo.org

Van Amsterdam, N. (2013). Big fat inequalities, thin privilege: An intersectional perspective on

'body size'. *European Journal of Women's Studies, 20*(2), 155-169.

Valentine, G. (2003). Geography and ethics: in pursuit of social justice – ethics and emotions in geographies of health and disability research. *Progress in Human Geography 27*(3), 375-

380.

Venville, A, Street, A., & Fossey, E. (2014). Student perspectives on disclosure of mental illness in post-compulsory education: displacing doxa. *Disability & Society, 29*(5), p.792-806. http://dx.doi.org/10.1080/09687599.2013.844101

Vickerman, P. & Blundell, M. (2010). Hearing the voices of disabled students in higher education. *Disability & Society, 25*(1), 21-32.

Vogel, S.A., Hruby, P.J., & Adelman, P.B. (1993). Educational and psychological factors in successful and unsuccessful college students with learning disabilities.

Learning Disabilities Research & Practice, 8(1), 35-43.

Weiner, E., & Weiner, J. (1996). Concerns and needs of university students with psychiatric disabilities. *Journal of Postsecondary Education and Disability, 12*(1), 2-9.

Wilson, K., Getzel, E., and Brown, T. (2000). Enhancing the post-secondary campus climate for students with disabilities. *Journal of Vocational Rehabilitation, 14*, 37-50.

Wilton (2003). Locating physical disability in Freudian and Lacanian psychoanalysis: problems and prospects. *Social & Cultural geography 4*(3), 369-389.

Wolbring, G. (2007). New and emerging sciences and technologies, ableism, transhumanism and religion, faith, theology and churches. *Madang; International Journal of Contextual Theology in East Asia* (7), 79-112.

Wolbring, G. (2008). The politics of ableism. *Development, 5*(1), 252-258.

Wolbring, G. (2012). Expanding ableism: taking down the ghettoization of impact of disability studies scholars. *Societies, 2*(3), 75-83.

Wolf, L.E. (2006). College Students with ADHD and Other Hidden Disabilities. *Annals of the New York Academy of Sciences, 931*(1), 385-395.

Worth, N. (2008). The significance of the personal within disability geography. *Area 40*(3), 306-314.

Yin, R.K. (2006). Case Study Methods. Handbook of Complementary Methods in Education Research. Green, J.L. Gregory, Camilli, G. & Elmore, P.B. (Eds.). New Jersey: Laurence Erlbaum Associates Publishers.

Zarb, G. (1992). On the road to Damascus: first steps towards changing the relations of disability research production. *Disability, Handicap and Society 7*, 125-138.

Appendices

Appendix A - Ethics

SECTION 1 PROJECT REGISTRATION

1.1	Project Title
Examining the Disability Policy-Practice Nexus in Higher Educational Settings	

1.2a	Anticipated Project dates	Start Date	Sept 2012
		Completion Date	August 2014
1.2b	While all protocols are dealt with as quickly as possible it is helpful to know in advance about pending agency deadlines. Indicate if there is a specific funding agency deadline by which approval is required.	Pending deadline date	

1.3	Principal or Lead Investigator, or Sponsor of Student's/Visiting Scholar's project at this site. (PI must be a faculty or staff member in the Faculty of Education. If this is a student project, the faculty advisor is the Principal Investigator. Sponsors of Visiting Scholars should be the Dean of the unit where the visitor is primarily located.)	
	PI Name	Dr. Wayne Martino
	Title & Position	Professor
	Email	[redacted]
	(Please complete this section if this is a student project or thesis.)	
	Student Name	Mark Castrodale
	Course / thesis / project	
	Address	[redacted]
	Telephone	[redacted]
	Email	[redacted]

1.4	Signature of Principal Investigator attesting that:

a) all co-investigators have reviewed the protocol contents and are in agreement with the protocol as submitted;
b) all investigators have read the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans (TCPS 2; 2010) and the Western Guidelines on Non-Medical Research Involving Human Subjects and agree to abide by the guidelines therein;
c) the investigator(s) will adhere to the Protocol and Consent Form as approved; and
d) the Principal Investigator will notify the Faculty Research Ethics Board of any changes or adverse events/experiences in a timely manner;
e) the study, if funded by an external sponsor, will not start until the contract/ agreement has been approved by the appropriate university, hospital or research institute official.

Signature	Date

1.5	List all local co-investigators and collaborators. Include research personnel only if they have a significant role in the conduct of the study. **Expand chart as required.**		
Name	Title/Position	Degrees	Role

1.6a	Is this a multi-centred study?	YES	
		NO	X
1.6b	If YES, who is the Principal Investigator or Project Leader for the entire study? Provide name and contact information.		
Wayne Martino			

1.7a	Is this a student project? i.e. Is completion of this project an academic requirement for a course or degree?	YES	X
		NO	
1.7b	If YES, please describe the course or degree. (e.g. name of course, Honours BA paper, Masters or PhD theses etc) and the student's role in the research (e.g. questionnaire design, data collection, interviews, data analyses etc).		
⇒ PhD Thesis, The student will design the interview questionnaire, conduct data collection, interviews and data analysis in consultation and under the supervision of Dr. Wayne Martino. Student and supervisor will meet regularly and have discussions pertaining to this research project.			

1.7c	If YES, Signature of Student attesting that they:
a) have read the Tri-Council Policy Statement and the Western Guidelines on Non-Medical Research Involving Human Subjects and agree to abide by the guidelines therein; b) will adhere to the Protocol and Consent Form as approved by the REB; and c) will notify their supervisor and the REB of any changes or adverse events/experiences in a timely manner; _____ _____ Signature Date	

1.7d	Is this a Visiting Scholar's project?	YES	
		NO	X
1.7e	If YES, Signature of Visiting Scholar attesting that they:		

a) have read the Tri-Council Policy Statement and the Western Guidelines on Non-Medical Research Involving Human Subjects and agree to abide by the guidelines therein;
b) will adhere to the Protocol and Consent Form as approved by the REB; and
c) will notify their Sponsor and the REB of any changes or adverse events/experiences in a timely manner;

_____ _____

Signature Date

SECTION 2 FUNDING

2.1	What is the status of the funding or support for this project? *Since preparing and reviewing a protocol takes a significant amount of time, we strongly recommend waiting to apply for ethics approval until after a project submitted for funding has received notification that the funding has been approved.*	Funding not required	X
		Application Pending	
		Funded	
		In-Kind contribution only	
	If Application Pending; Funded; or In-Kind Contribution fill in chart below.		
2.2	Name of funding agency(s) or sponsor(s)		
2.3	Name of investigator receiving/applying for funding		
2.4	Date submitted for funding.		
2.5	Agency/sponsor reference number if known		
2.6	Title as submitted to funding agency(s) if different than title of this ethics submission		

SECTION 3 PROJECT DESCRIPTION

Complete each section under the appropriate heading. Be succinct and adhere to the page limitations. DO NOT DIRECT THE COMMITTEE TO 'SEE ATTACHED'. DO NOT USE TEXT COPIED FROM FUNDING APPLICATIONS OR STUDY PROTOCOLS UNLESS IT PROVIDES A SUCCINCT SUMMARY OF THE METHODOLOGY APPROPRIATE FOR ETHICAL REVIEW AND DEALS WITH ETHICAL ISSUES. Copies of detailed proposals submitted to a funding agency or sponsoring agency protocols will not be reviewed as the ethical issues are not often adequately addressed in such documents and they frequently do not provide a succinct summary as noted above. Your protocol will be RETURNED UNREVIEWED if the project description information is incomplete, illegible or improperly filled out.

3.1a	Is this a sequel to previously approved research?	YES	
		NO	X
3.1b	If YES, indicate the previous ethics review number(s):		
3.1c	If YES, describe differences from the previously approved protocol(s):		

3.2	Provide a brief one or two sentence overview of the proposed research describing the population, intervention and outcome. *E.g. Children 5 to 8 years of age will view a video about animal mothers and their babies then be asked if they think there are any similarities between an animal mother's behaviour and a human mother's behaviour. The research will take place in the children's classroom.*
The sample population will be university students with disabilities which may be both at a graduate and undergraduate level, university instructors, teaching assistants, and disability office workers.	

3.4	Background & Justification – Summarize the scholarly and scientific validity of the study. (1 page maximum)

3.5	Objectives and Hypotheses: Provide a clear statement of the purpose and objectives of the project. (1 page maximum)

⇒

3.6	Methodology – Describe the study design and what participants will be asked to do at each stage of the research. Investigators are encouraged to use flow charts or diagrams in their descriptions. (2 page maximum)

⇒

3.7	Address the strengths and weaknesses of the selected design. Specifically indicate why a particular design was selected. (1 page maximum)

⇒

3.8	References – If possible please restrict the list to ten of the most relevant references. References must contain the author, title of article, journal and page number(s).

⇒

3.9	Analysis – Discuss how the data will be analyzed. (1 page maximum)

⇒

3.10	CONTINUING REVIEW		
3.10a	Are the risks associated with this project sufficiently low that the project requires only an annual review?	YES	X
		NO	
3.10b	If NO, please note that the proposal cannot be reviewed by the Faculty of Education REB. You must submit your ethics review to Western's Non-Medical Research Ethics Board. Please indicate why you feel a more frequent review is required.		
⇒			
3.10a	If NO, please indicate your recommendation as to the appropriate frequency of the continuing review.	EVERY 6 MONTHS	
		EVERY 3 MONTHS	
		EVERY MONTH	

SECTION 4 RESEARCH PARTICIPANTS

Sample Size:		
4.1a	Number of subjects in entire study	65
4.1b	Number of subjects at this centre (if a multi-centred study)	
4.1c	Number of centres participating	

4.2	What is the rationale for using the intended number of subjects?

⇒

4.3a	Was a formal sample size calculation used?	YES	
		NO	X
4.3b	If YES – give the actual calculation and a reference for the formula used. If, instead of a calculation, a table in a published source was used, provide the reference(s) and table reference numbers. If a sample size calculator was used, provide a description of the software package used and/or the URL for internet-based calculators.		

4.4	The study will involve: (check all that apply)	√
Incompetent or unconscious participants		
Minors (under 18)		
Institutionalized persons (e.g. prison, extended care facility)		
UWO Psychology Pool		
Participants with language barriers (e.g. illiterate, non-English speaking, dysphasic)		
Employees or students of UWO or the institution where the study is being carried out		
Patients		
Pregnant women		
Participants recruited in emergency or life-threatening situations		
Others whose participation may be problematic for some reason (describe)		

⇒

4.5a	Will the study involve males AND females?	YES	X
		NO	
4.5b	If NO, explain why only one gender is being selected. (e.g. condition under study is gender specific)		
⇒			

4.6	What is the age range of the participants?	LOWER AGE LIMIT	18
		UPPER AGE LIMIT	120

4.7	Participant Inclusion and Exclusion Criteria: List all inclusion/exclusion criteria and indicate with an asterisk (*) those criteria which will be included in the Letter of Information.
4.7a	Inclusion Criteria

⇒ Students identify as persons with disabilities and are identified formally by their institution (university) as students with disabilities

4.7b	Exclusion Criteria and rationale for exclusion		
⇒			

4.8a	Are there any risks for these participants if they are also taking part in other research?	YES	
		NO	X
4.8b	If YES, explain any risks associated with participation in multiple studies		
⇒			

4.9	What (if any) is the relationship between the researcher(s) and the subjects?
⇒ Researcher and participant will engage in dialogue and enter into the research process together, some research participants might be known to the researcher as instructors.	

SECTION 5 PARTICIPANT RECRUITMENT

5.1	Describe the method of selecting, sampling and recruiting participants.
Social actors such as students with disabilities, university instructors and Disability Office workers will be selected based on their knowledges and experiences. The sample will be comprised of these social actors. Recruitment letters will be emailed from Disability Service Offices at each particular university case study site. A statement of the study and recruitment may also be placed in the University Newspaper. Purposeful snowball sampling strategies may also be employed.	

5.2	Identify who will be contacting them.
Research subjects will be contacted via an email with the letter of recruitment from the Disability Services office at each university.	

5.3	Indicate where the research will be conducted.

Research will be conducted at three university sites McMaster University, Western University, and York University

5.4	Will announcements or advertisements be used?	YES	X
		NO	
	If YES (Provide copies of all advertisements /announcements that will be used)		

SECTION 6 RESEARCH PROCEDURES

6.1	Indicate which of the following interventions, testing or procedures are to be performed on the human participants as part of this research study. (Check as many as needed)		
Interview/survey/questionnaire	X	Evaluation of program or services	
Experiment		Non-invasive physical measurements (e.g. BP, temperature)	
Observation of public behaviour	X		
Observation of laboratory behaviour		Collection of biological materials	
Observation of classroom behaviour		Retrospective chart or file review	
Analysis of existing data		Other (specify)	
Audio recording	X		
Video recording			

SECTION 7 INSTRUMENTS TO BE USED IN STUDY

Instruments (forms) = questionnaires, assessment forms, scales, interviews, surveys and diaries etc.

Please provide a full copy of all instruments with each of the copies of the protocol (i.e. four copies in all).

7.1	In the chart below list all instruments that will be used in the study. **Expand chart as required.** If you are conducting open-ended or unstructured interviews or focus groups provide an outline of the topics to be discussed. To assist the REB indicate clearly on this chart, who will be completing the form (e.g. subject – self administered, subject-interviewed, caregiver, teacher etc)

INSTRUMENT	Who will be completing the form?	STATUS Standard New Adapted

SECTION 8 DECEPTION OR PARTIAL DISCLOSURE TO BE USED IN THE STUDY

8.1a	This section refers to instances of deliberate deception or the withholding of key information that may influence a participant's performance or responses. Do any of the procedures in this study include the use of this type of deception or partial disclosure of information to participants?	YES	
		NO	X
8.1b	If YES, provide a rationale for the planned deception or partial disclosure.		
⇒			
8.1c	If YES, describe the procedures for a) debriefing the participants and b) giving them a second opportunity to consent to participate after debriefing. If debriefing and reconsent are not viable options please explain.		
⇒			

SECTION 9 RISKS AND BENEFITS OF THE RESEARCH

9.1	**RISKS & DISCOMFORTS:** Discuss the overall risks of the proposed research, and specify the particular risks and discomforts associated with each aspect of the protocol. Consider physical, psychological, emotional, social, economic etc. risks and stressors.
There are no anticipated risks or discomforts associated with participation in this study. As students may be asked to be involved in mobile interviews, other places to conduct stationary interviews on campus will also be considered if mobility is an issue. Interviews may be terminated at any point in time and participants will be informed of their rights.	

9.2	**BENEFITS:** Discuss benefits to the research participants, to groups or to society at large or the population being studied. Please note that monetary compensation is not considered a benefit.

⇒ There are no immediate anticipated benefits as a result of participating in this study. Participants may however benefit from their involvement by speaking on disability-issues and receiving a copy of the study. It is the hope of the researcher that through mobilizing knowledge about inclusionary/exclusionary enabling/disabling practices university policies and related practices may better facilitate the full participation of students with disabilities in university settings.

SECTION 10 COMPENSATION AND COSTS

10.1a	Will the participants be compensated or reimbursed for their time and expenses?	YES	
		NO	X
10.1b	If YES, provide details. Specify the amount, what the compensation or reimbursement is for, and how payment will be determined for participants who do not complete the study.		

⇒

10.2a	Are the participants likely to incur any additional expenses or inconveniences as a result of their participation in this study?	YES	X
		NO	
10.2b	If YES, describe		

⇒ The costs of time and perhaps travel costs incurred to arrive at accessible locations on university campuses for interviews.

SECTION 11 PROTECTION OF HEALTH AND SAFETY OF PARTICIPANTS

11.1	Describe facilities and procedures to protect the physical and mental health, comfort and safety of the participants.

⇒Participants will be asked to suggest viable locations on campus for interviews. Participants will also guide walking/moving interviews determining the route. Moving about in lived/campus environments presents unanticipated risks the researcher will have a cellular phone should any emergency situation occur and emergency services need to be contacted. If weather conditions do not permit moving interviews, they will be moved to a location inside a building on campus.

11.2a	Will the study be likely to induce high levels of stress, fear, anxiety in some or all participants or require them to discuss painful memories of past events?	YES	
		NO	X
11.2b	If YES, please note that the proposal cannot be reviewed by the Faculty of Education REB. You must submit your ethics review to Western's Non-Medical Research Ethics Board. If YES, explain what resources you will make available to subjects to cope with such stress.		
⇒			

SECTION 12 CONFIDENTIALITY & PROTECTION OF PRIVACY

12.1	Describe the procedures to be used to ensure anonymity of participants and for preserving the confidentiality of data both during the research and in the release of the findings. This would include procedures such as removing identifiable information, collecting anonymous data and ensuring that highly visible subjects in small communities or groups will be protected from inadvertent identification. Describe any condition in which confidentiality or anonymity cannot be guaranteed or must be breached.

⇒Participants with disabilities will be contacted through the Disability Studies Office and will not be known to the researcher prior to responses to letters of recruitment. As this study aims to highlight the voices and knowledges of students with disabilities, disability office workers and instructors, participants may elect to use their name in the reporting of findings. They will be informed of the associated/anticipated and unanticipated risks and may have a discussion with the researcher prior to the interview about these risks and concerns. Pseudonyms will be assigned to participants who do not wish to have their names reported. Participants will be given the decision as to whether or not they wish to have their names included, they will also be able to give themselves/assign themselves a pseudonym should they wish. Tapes and transcripts will be stored in a secure location and coded in a way so as to protect participants' confidentiality.

12..2a	Is identifiable participant **data** being sent off-site to a sponsor, co-investigator or central data collection site or registry?	YES	
		NO	X
12..2b	If YES, indicate which, if any, of these participant identifiers will be included with the data?	Surname Name &/or Initials	
		Contact info: address, phone etc	
		Date of Birth or Death	
		Personal Numbers: e.g. SIN, employee or student number,	
		Institutional / Hospital Chart or Record #	
12..2c	If any of the above identifiers will be included, provide a rationale why it is necessary to include this information and why a unique, de-identified code cannot be used instead.		

⇒

12.3	Describe the procedures for securing and storing written records, videotapes, computer discs, recordings and questionnaires etc. Indicate if the material will be retained indefinitely or the length of time the material will be retained and describe the method of disposal if it is to be destroyed.

⇒ Interview tapes and transcripts will be stored securely in a locked filing cabinet in the researcher's office. Materials will be retained indefinitely. The rationale for storing data indefinitely is that the views and perspectives of social actors on disability issues is of historical significance and few accounts exist in raw form that document their lived experiences in university settings. It is a relatively new phenomena that students with disabilities have been in university settings having historically lacked or been denied access to these higher educational sites.

12.4	Identify all agencies or individuals other than the research team you know will have access to confidential data collected for this study.

⇒My supervisor Dr. Wayne Martino

SECTION 13 INFORMED CONSENT

Disclaimer: The REB does not assess the legal validity of the consent form nor does it provide any other legal advice.

13.1	Briefly describe any plans for provision of feedback to participants.

⇒

13.2	If written consent cannot be obtained from potential participants prior to intervention or written consent is not appropriate, provide a justification. (E.g. completion of a questionnaire in a survey study is evidence of compliance.)

⇒ Students will be read the letter of informed consent prior to interviews and may also provide verbal consent. Subjects may also engage in telephone or videoconferencing interviews where letters of information will be read prior to interviews and verbal informed consent will be obtained. Students may also provide consent electronically signing letters of informed consent via email for email interviews.

13.3a	Will minors or persons not able to consent for themselves be included in the study?	YES	
		NO	X
13.3b	If YES, describe the consent process and indicate who will be asked to consent on their behalf and discuss what safeguards will be employed to ensure the rights of the research participant are protected. *Whether or not a separate assent form is used, investigators and parents or guardians should discuss the study with the person (when appropriate) and explain exactly what will happen and what the person's rights are. In certain circumstances, the REB may find it acceptable for mature or emancipated minors to give consent without also requiring consent from parents or guardians.*		
⇒			

13.4	Attach a copy of the documentation that will be used to inform and obtain consent from the potential participants about the research. Separate Information/consent documents or a combined Information/Consent document may be used. Wording regarding the participant's consent must comply with the WESTERN policies and procedures and participants must be given a copy of the Letter of Information or combined Information/consent document to keep for reference if they wish. *Some requests for interviews with competent persons who hold or have held positions of responsibility and who are primarily relating their experiences in public or private office (e.g. politicians, government officials, senior executives) need not follow such a structured outline. (See Section 10.0 in the NMREB Guidelines.)*
PLEASE COMPLETE THE CHECKLIST ON NEXT PAGE	

13.5	***CHECKLIST – INFORMATION & CONSENT DOCUMENTATION***	
HAVE YOU INCLUDED OR ADDRESSED THE FOLLOWING ISSUES IN YOUR LETTER OF INFORMATION AND CONSENT FORM?		
YES	Not Appl	(see Informed Consent documentation guidelines Appendix 1 NMREB Guidelines for detailed description/requirements of each category)
X		Title of the research
X		Identity of researchers & sponsors
X		Invitation to participate in research
X		Information/consent documents addressed to research participant
		Summary explanation of research
		Number of participants – total & local
		Participant inclusion & exclusion criteria
X		Description of the research and any experimental procedures
X		Explained specific research techniques
X		Estimate of participant's time commitment
X		Location of the research
X		Described Risks / Harms / Benefits
X		Explained voluntary participation and freedom to refuse to participate/withdraw at any time.
		Participation in concurrent or future studies
X		Anonymity
X		Confidentiality
		Alternative options to participating in the research if appropriate
X		Told they may keep the Letter of Information
X		Contact person(s) for participants a) regarding the study & b) subject rights
		Compensation & Costs to Subjects
X		No waiver of rights
X		No indication of institutional or REB approval
X		Publication of results
		Conflict of Interest declared
		Measures taken to deal with stress, anxiety, or fear induced by study, if any
		Language Level - lay language, grade 8 level

		Formatting – pages numbered, type size, page layout, header/footer, headings		
X		Consent Statement as per WESTERN standard or written consent not required		
		Signatures – participant, person obtaining consent		
		Assent form for children 7+ (Optional)		what the study is about
				why the child is eligible to participate for the study
				procedures, what will happen
				voluntary participation, withdrawal
				risks, discomforts
				Benefits
				Contacts
				an invitation to ask questions
				Signature

SECTION 14 CROSS-CULTURAL RESEARCH

INCLUDE THIS SECTION ONLY IF THIS ETHICS SUBMISSION DEALS WITH CROSS-CULTURAL RESEARCH.

Submissions dealing with aboriginal peoples, isolated or non-traditional communities, or work in other countries must include this section.

If the research is cross-cultural, special consideration will be given when reviewing the ethical standards to ensure that the work is carried out in an ethically sound manner yet within the norms of the community.

14.2a	Indicate which of the following special considerations should be acknowledged when reviewing the ethical standards of your research.	√
Barriers to or other unusual considerations about obtaining access to subjects.		
Reduced ability to obtain informed consent.		
Reduced ability to ensure privacy.		
Different cultural views of the kinds of activities and information to which privacy concerns apply.		
Acquisition and use of cultural property, both tangible and intellectual.		

14.2b	Address how the work will be dealt with and what approvals have been or will be sought from the community.

Appendix B - Letter of Information (recruitment letter)

"Examining the Disability Policy-Practice Nexus in Higher Educational Settings"

LETTER OF INFORMATION

Introduction

My name is Mark Castrodale and I am a third year PhD student at the Faculty of Education at Western University. I am currently conducting research examining the impact of disability policies and practices on students with disabilities, instructors and disability office workers in university settings and would like to invite you to participate in this study.

Purpose of the study

The aims of this study are to better understand i)how are with disabilities constituted and represented through policies in institutions of higher education? (ii)What impact are disability-related university policies having on students with disabilities, disability office workers, and instructors within academic settings?

If you agree to participate

If you agree to participate in this study you will be asked to participate in an hour long interview and possible follow up focus group at a place on campus. You may be asked to move together through the university setting with the researcher and comment on your experiences.

Confidentiality

The information collected will be used for research purposes only, and neither your name nor information which could identify you will be used in

any publication or presentation of the study results. All information collected for the study will be kept confidential. Interview tapes and transcripts will be stored in a secure location. As participants you will be able to decide whether you would like your real name included in the study or assign yourself a pseudonym to remain confidential. Collected data will be stored securely for a period of ten years after that point in time you may decide whether or not they would like the data, tapes and transcripts to be kept indefinitely and preserved in historical archives or destroyed.

Risks & Benefits

There are no known risks to participating in this study.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time.

Questions

If you have any questions about the conduct of this study or your rights as a research participant you may contact the Office of Research Ethics, Western University at [redacted] or [redacted]. If you have any questions about this study, please contact Mark Castrodale, [redacted] or my thesis supervisor Dr. Wayne Martino email: [redacted]

This letter is yours to keep for future reference.

[Signature]

Appendix C – Statement of Informed Consent

Examining the Disability Policy-Practice Nexus in Higher Educational Settings

Researcher: Mark Castrodale, Western University, Ontario Canada

CONSENT FORM

I have read the letter of information, have had the nature of the study explained to me and I agree to participate in this study. All questions have been answered to my satisfaction.

_____

Name of Participant

_____

_____

Participant's Signature Date

Name of Person Obtaining Informed Consent:

_____

Signature of Person Obtaining Informed Consent:

_____

Date: _____

Appendix D – Semi-structured Interview Guide

Students with Disabilities

Interview Primer: In this interview, I would like to know more about you and your experiences at this university. I would like to talk and move together through the university and I want to know more about places you visit, where you spend time, some of the routes and favourite places on campus and spaces you might not visit on campus and why.

The following questions are examples of the types of questions that would be used in a semi-structured interview with **Students with Disabilities:**

Demographic

1) How old are you?
2) In which program/faculty are you registered?
3) What is your program level?
4) Are you a full-time or part-time student?

Interview Questions

5) Do you feel familiar with the university campus?
6) Are there any favourite places, buildings, or locations you have on campus? Where, why?
7) Are there any places, buildings, or locations on campus you avoid? Where, why?
8) Can you tell me a bit about your disability/impairment?
9) In your opinion, is the university accessible? Why or why not?
10) In your opinion, is the university a good place to meet people and socialize?
11) Do you participate in groups, committees or organizations on campus?
12) What do you do during breaks between classes?
13) Do you think your impairment/disability makes a difference to your experiences?
14) In your opinion what is the role of disability office workers?
15) In your opinion what is the role of instructors?
16) Can you tell me about the process for identifying as a student with a disability in the university?
17) Can you tell me about the process of seeking and obtaining accommodations?
18) Do you feel involved or consulted in the accommodation process?
19) In your opinion, do instructors effectively address disability in their classrooms, social interactions and teaching practices?
20) Have you ever encountered barriers/obstacles that limit your participation?

21) Do you feel you have equal access and opportunities in comparison to non-disabled students?
22) Do you feel that your voices, views, knowledge is included to inform policies and practices? If so how, if not whose voices are being included?

Semi-structured Interview Guide

Disability Office Workers

Interview Primer: In this interview, I would like to know more about you and your experiences at this university. I would like to talk and move together through the university and I want to know more about you and the work you do. I'm interested in knowing your thoughts on disability policies and practices at this university.

The following questions are examples of the types of questions that would be used in a semi-structured interview with **Disability Office Workers:**

Demographic Questions

1) How long have you been working here as a disability office worker?
2) What is your official job title?
3) What sorts of disability-related training/education have you received?

Interview Questions

4) Can you tell me a bit about your work?
5) Are there any specific university policies that inform your work? Can you describe/ explain those policies?
6) How do such policies inform your practice?
7) Can you tell me a bit about the identification process?
8) Can you tell me about the accommodation process?

Semi-structured Interview Guide

University Instructors

Interview Primer: In this interview, I would like to know more about you and your experiences at this university. I would like to talk and move together through the university and I want to know more about you and the work you do. I'm interested in knowing your thoughts on disability policies and practices at this university.

The following questions are examples of the types of questions that would be used in a semi-structured interview with **University Instructors:**

Demographic Questions

1) In which program/faculty do you teach?
2) What is your official job title?
3) How many years have you been instructing at this university?

Interview Questions

4) Can you tell me more about your experiences with disability-related training?
5) Can you talk a bit about your experiences and interactions with students with disabilities?
6) Can you talk a bit about your experiences with disability-related policies?
7) How do such policies inform/impact and relate to your practices?
8) Can you tell me about instances where you have accommodated students with disabilities?
9) What do the words impairment and disability mean to you?
10) Can you tell me more about your experiences with the examination process?

Mark Anthony Castrodale Curriculum Vitae

EDUCATION PHD, OCT, B.A., B.A.H., M.A., B.ED.

- PhD in the Faculty of Education, University of Western Ontario, London, ON, 2010-successful defense August 4, 2015.

  Supervisor: Dr. Wayne Martino

  Advisor: Dr. Geoffrey Reaume

  Advisor: Dr. Valorie Crooks
- B. Ed. Brock University, St. Catharines, ON, 2009.
- M.A. Critical Disability Studies, York University, Toronto, ON, 2007.

  Supervisor: Dr. Valorie Crooks

  Advisor: Dr. Geoffrey Reaume

  External: Dr. Len Barton
- B.A.H. McMaster School of Geography and Geology, McMaster University, Hamilton, ON. 2004.

  Undergraduate Thesis: Examining the Experience of Blind and Visually Impaired Students at McMaster University.

  Advisory Committee: Dr. Robert Wilton & Tim Nolan

PROFESSIONAL DESIGNATION

Ontario College of Teachers Certified 2009-present.

PROFESSIONAL EXPERIENCE

- Legal Review Researcher: "Institutional abuse and violence against blind and visually impaired children in segregated and residential school settings" Dr. Peter Jaffe – University of Western Ontario Centre for Research & Education on Violence Prevention Against Women & Children & Dr. David Wolfe – CAMH Centre for Prevention Science, Professor of Psychology and Psychiatry, University of Toronto. Summer 2014. http://www.learningtoendabuse.ca/ Literature review in support of class action lawsuit re: Brantford case -W. Ross MacDonald school for the blind.
- Graduate Research Assistant: University of Western Ontario. September 2013-December 2013. Research on Principals and Leadership. Supervisor: Katina Pollock.
- Graduate Research Assistant: University of Western Ontario. September 2012-April 2013. Developing a Foucauldian socio-spatial analytic framework. Supervisor: Wayne Martino.
- Graduate Research Assistant: University of Western Ontario. September 2010-April 2011.

- Disability Policy Researcher: Ontario Disability Directorate - Ministry of Community and Social Services Branch: Conducted Research/Policy Analysis in the development of the "Ontario Accessibility Lens." 2008.
- Graduate Research Assistant: Palliative Care in Rural Ontario (CIHR funded national and provincial policy review and analysis which including telephone interviews), McMaster University. Supervisors: Dr. Allison Williams and Dr. Peter Summers. April 2006-February 2007.
- Ontario Certified Teacher: Occasional Teacher for the Hamilton-Wentworth Catholic District School Board. September 2010-present.

TEACHING EXPERIENCE

- Professor and Course Developer: Education and Disability Studies, King's University College at Western University. September 2014-December 2014.
- Professional Development for Teachers –King's College professional development session on representation, accessibility and disability issues. March 28 2014.
- Professor and Course Developer: Education and Disability Studies CSI 2294B, King's University College at Western University. June 16-July 25 2014.
- Course Developer/Instructor: Critical Disability Studies in Education 5499S, University of Western Ontario. Winter 2014.
- Course Developer/Instructor: Critical Disability Studies in Education 5499Q, University of Western Ontario. Fall 2013.
- Course Developer/Instructor: Disability Studies in Education 5499S, University of Western Ontario. Winter 2013.
- Course Developer/Instructor: Disability Studies in Education 5499Q, University of Western Ontario. Fall 2012.
- Graduate Teaching Assistant: Safe Schools. Faculty of Education, University of Western Ontario. Supervisor: Dr. Peter Jaffe. Winter 2012.
- Graduate Teaching Assistant: Safe Schools. Faculty of Education, University of Western Ontario. Supervisor: Dr. Peter Jaffe. Fall 2011.
- Graduate Teaching Assistant: Health on the Frontlines – Life and Death in the Emergency Department, York University. Supervisor: Dr. Joel Lexchin. Winter 2006.
- Graduate Teaching Assistant: The Foundations of Health Policy, York University. Supervisor: Dr. Joe Levy. Fall 2005.

DISTINCTIONS, GRANTS, AND FELLOWSHIPS

- $15 000 -Ontario Graduate Scholarship (OGS) April 2013.
- Teaching Honour Roll Award Recipient 2012-2013 – (Course Disability Studies in Education) on behalf of the University Students' Council (USC) "This award is presented to the most outstanding teachers on Western's campus, and it is based on information received from the UWO Course and Instructor Evaluations…Your students have recognized you as an exceptional teacher, and your contributions have helped Western maintain high academic standards and its commitment to providing Canada's best student experience" www.westernusc.ca/teaching_awards/
- $1250 -Jessica Jean Campbell Coulson Award: University of Western Ontario. June Summer 2012.
- Nominated -Graduate Student Teaching Award Ceremony held on June 2012 UWO Faculty of Education Teachers College Course Designed and Instructed -Disability Studies in Education.
- $750 -Center for Inclusive Education Award: University of Western Ontario. Spring 2012.
- Graduate Research Assistantship: University of Western Ontario. Fall 2010-Summer 2011.
- Graduate Teaching Assistantship: University of Western Ontario. September 2011-April 2012.
- Graduate Research Assistantship: McMaster University. Summer 2006-Winter 2007.
- FGS Bursary: York University. Winter 2006.
- Graduate Teaching Assistantship: York University. Winter 2006.
- Graduate Teaching Assistantship: York University. Fall 2005.
- Abruzzese Scholarship. Winter 2005.
- Experiential Education Grant: McMaster University, 2004.

REFEREED JOURNAL PUBLICATIONS

- Castrodale, M.A. & Zingaro, D. (2015). "You're such a good friend". A woven auto-ethnographic narrative discussion of disability and friendship in higher education. *Disability Studies Quarterly*, 35(1).
- Castrodale, M. & Crooks, V. A. (2010) 'The Production of Disability Research in Human Geography: An Introspective Examination', *Disability & Society, (25)1*, 89-102.
- Castrodale, M. (2014). Review of the question of access: Disability, space, meaning by Tanya Titchkosky. *Canadian Journal of Disability Studies 3*(1), 11-16.

- Castrodale, M.A. (2014). Mad matters: A critical reader in Canadian mad studies, *Scandinavian Journal of Disability Research*, DOI: 10.1080/15017419.2014.895415.

REFEREED JOURNAL PUBLICATIONS (SUBMITTED FOR REVIEW)

- Castrodale, M.A. (In press). A critical discussion on gendered and disabled 'subjects': examining ableist and militarist discourses in education. *Learning Gendered Militarism in Canada*. (Ed) N. Taber.
- Castrodale, M.A. and Lane, L. (Accepted). Finding the "ladies room": Examining the intersections of gender, disability, and space in washroom signage. *Atlantis*. Submitted Nov 22nd 2013.
- Castrodale, M.A. (Accepted – In press). Foucault, power and education: Book review. *Canadian Journal of Disability Studies*. Submitted May 2nd, 2013.

NON-REFEREED JOURNAL PUBLICATIONS

- Castrodale, M.A. (2006). International Assets: International Students at York University. *Core*, 15(2).

CONFERENCE PRESENTATIONS (SELECTED)

Conference: CDSA– Canadian Disability Studies Association (Brock University, Ontario)
Date: May 28th, 2014
Presentation: *(Castrodale & Laura Lane)* Discourses of family and caregiving roles: Critically examining gender and disability in public access symbols.

Conference: AAG – American Association of Geographers (Los Angeles, California)
Date: April 13th, 2013
Presentation: Whose space, whose right: framing perceptional views – theorizing inclusionary and exclusionary spaces using Foucault and Lefebvre.

Conference: HICE – Hawaii International Conference on Education (Waikiki, Hawaii)
Date: January 5th-8th, 2012
Presentation: A Foucauldian Discourse Analysis of Disability Service Provision in Higher Education

Conference: CSSE – Canadian Society for the Study of Education (University of Waterloo, Ontario)
Date: May 28th, 2012
Presentation: Using Clickers in the Classroom to Involve Students with Disability in Dialogue.

Conference: CSSE – Canadian Society for the Study of Education (University of Waterloo, Ontario)

Date: May 28th, 2012
Presentation: A Critical Discussion of Curriculum and Disability in Higher Education

Conference: Canadian Association of Geographers (CAG) (University of Waterloo, Ontario)
Date: June 1st, 2012
Presentation: Space Matters: Researching Disability in Higher Education.

Conference: Canadian Disability Studies Association (CDSA) (University of Waterloo, Ontario)
Date: May 31st, 2012
Presentation: Access and Allies: Disability Research in Higher Education

Conference: AAG– American Association of Geographers- Whither Disability Geography? — Panel Session (New York City)
Date: February, 2012
Presentation: Whither Disability Geography? – Panel Session

Conference: CSSE (University of New Brunswick)
Date: May 29th, 2011
Presentation: Disability and Othering in Education

Conference: Western Research Symposium (London, Ontario)
Date: March, 2011.
Presentation: The Production of Disability Research in Human Geography: An Introspective Examination

Conference: McGill Graduate Student Conference –EGSS (Montreal, Quebec)
Date: March 11th-12th, 2011.
Presentation: Building Disability-Related Research Capacity in Teachers

Conference: CICE – Canadian International Conference on Education (Toronto, Ontario)
Date: April 4th-7th 2011.
Accepted: Using Clickers in the Classroom to Involve Students with Disabilities in Dialogue – A Call for Action

Conference: CanWAPSS – Canada-Wide Accessibility for Post-Secondary Students
(Hilton Hotel, Toronto, Ontario)
Date: November 5th, 2005
Presentation: Employment Equity – Is it just Sugar Coating?

Conference: M. A. (Critical Disability Studies) Students' Association 2nd Annual Conference, HNES Building, York University (Toronto, Ontario)

Date: March 15th, 2006
Presentation: (Dis)ability in the third space

Conference: Canadian Disability Studies Association 3rd Annual Conference, Congress of the Humanities and Social Sciences at York University (Toronto, Ontario)
Date: May 27th-28th, 2006
Presentation: (Dis)ability in the third space.

Conference: The Sixth International Conference on Diversity in Organizations, Communities, and Nations 2006: Human rights, Diversity, and Social Justice
*(*Sheraton Hotel, New Orleans, USA)
Date: June 12-15, 2006
Presentation: Examining the Experiences of Blind and Visually Impaired Students at McMaster University

Conference: McMaster University and the School of Geography & Earth Sciences Invites you to CAGONT 2006 (McMaster University, Hamilton, Ontario)
Date: October 13 & 14, 2006
Presentation: A Review & Critical Analysis of Disability Research in the Field of Human Geography

SERVICE

- Planner and organizer of a Changing Minds, Changing Lives: Canadian Paralympic Committee guest talk at Western University, Faculty of Education. Worked with the CPC to arrange an invited talk by two Paralympic athletes to speak with students and members of the faculty community. February 27th 2014.
- "Out from under: Disability, history and things to remember" art installation and political advocacy project in London Ontario with Kathryn Church, Disability Studies Program Director Ryerson University and Bonnie Williams, Thames Valley District School Board. October 24th-25th 2013.
- Doctoral Seminar Series Committee Organizer. The University of Western Ontario. The Doctoral Seminar Series (DSS) facilitates and supports the academic growth of PhD students. The DSS represents a group discussion forum. It provides a meeting place to discuss important information, address pertinent topics and issues, and come together as an academic community. The DSS organizes colloquia talks by inviting faculty members to discuss research-related topics of interest in the Faculty of Education. September 2011-April 2012.

- Task Force on Faculty and Student Research working collaboratively with faculty to determine and articulate research priorities for the faculty of education at the University of Western Ontario. December 2011-April 2013.
- CCGSE Proposal Reviewer – December 2011.
- Director of the Disability Specialty Group (DSG) member of the American Association of Geographers (AAG) by nomination-April 2012-April 2014.

PROFESSIONAL AFFILIATIONS

- AAG - American Association of Geographers 2011, 2013.
- CAG - Canadian Association of Geographers 2012.
- CCGSE 2011.
- CSSE – Canadian Society for the Study of Education 2011.
- CAHSPR -Canadian Association for Health Services and Policy Research 2006.
- CDSA - Canadian Disability Studies Association 2006, 2012, 2014, 2015.
- CAGONT - Canadian Association of Geographers Ontario 2006-2007.
- NEADS - National Association of Disabled Students 2003-2005.

INVITED PUBLIC TALKS

- Professional Development for Teachers King's College talk on representation, disability and accessibility, teaching teachers how to draw on disability studies to build critical awareness and shift attitudes in classrooms surrounding disability. March 28th 2014.
- "Disability studies in education: Drawing on my own experience and my studies in developing notions of critical pedagogy," University of Western Ontario, The Centre for Inclusive Education. March, 4th 2013.
- Social Equity Day: "Disability studies and the social model of disability," University of Western Ontario Faculty of Education, 2012.

CERTIFICATION

- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Certificate. 2006.