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Intersections of Disability, Gender, and Sexuality in Higher Education: Exploring Students' Social Identities and Campus Experiences

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Intersections of Disability, Gender, and Sexuality in Higher Education: Exploring Students' Social Identities and Campus Experiences

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Dedication

To my family, my friends, and those I am lucky to count in both groups —

thank you for believing in me and cheering me on during my education.

To the 25 students who participated in this study — thank you for leading the way.

Intersections of Disability, Gender, and Sexuality in Higher Education: Exploring Students' Social Identities and Campus Experiences

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Diversity of social identities among college students has received increasing attention in higher education research, with a particular focus on singular dimensions of identity. However, scholars have often neglected the intersectional experiences of multiple social identities. While research has begun to address the experiences of students with disabilities and lesbian, gay, bisexual, transgender, and queer (LGBTQ) students as distinct populations, few researchers have addressed the identities and experiences of LGBTQ students with disabilities in higher education. Thus, this study begins to address a need for empirical research on the social identities and higher education experiences of this population.

Two primary research questions guided this study: (1) How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality? (2) How do LGBTQ students with disabilities perceive the influence of context at a predominantly White, research-intensive university in the southern United States in shaping their identity development journeys?

This study utilized a qualitative methodology situated within critical and postmodern epistemologies. Specifically, concepts from queer theory, disability studies, and queer disability theory/crip theory guided this research. Situational analysis, a postmodern extension of grounded theory that calls for the making of three types of situational maps, guided the study's design and analysis. Purposive sampling techniques were used to identify: (1) the institution of higher education under study, and (2) 25 undergraduate and graduate students who self-identify as LGBTQ and with a disability to participate in one to two semi-structured interviews.

Students constructed positive, salient queer identities and utilized a variety of contextual labels for gender and sexuality. Most participants understood disability primarily as a medical phenomenon, but some participants also began to attach relational and political meanings to disability. Though participants acknowledged the presence of multiple identities, they viewed connections among their identities in distinctive ways: intersectional, interactive, overlapping, parallel, and/or oppositional. Students described complex processes for disclosing identities, forming community, and navigating normative temporal and spatial expectations of the university. Finally, students spoke of their journeys finding campus resources, encountering able-bodied/heteronormative assumptions in the classroom, and joining with others to create social change.

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Chapter 1: Introduction to the Study

Colleges and universities have increasingly focused on enrolling, retaining, and graduating a diverse student body and leveraging the benefits of diversity for all students (Hurtado, Alvarez, Guillermo-Wann, Cuellar, & Arellano, 2012; Milem, Chang, & antonio, 2005). Higher education scholars have highlighted the experiences of diverse student populations, particularly singular dimensions of students' social identities, while the intersections of identities have received far less attention (Abes, Jones, & McEwen, 2007; Jones & Abes, 2013; Museus & Griffin, 2011). Research has begun to address the identities and experiences of college students with disabilities (Getzel & Thoma, 2008; Hutcheon & Wolbring, 2012; Troiano, 2003) and of lesbian, gay, bisexual, transgender, and queer (LGBTQ) college students (Abes & Jones, 2004; Dugan, Kusel, & Simounet, 2012; Renn, 2007; Stevens, 2004). However, few empirical studies have focused on the intersections of these identities as experienced by LGBTQ students with disabilities (Harley, Nowak, Gassaway, & Savage, 2002; Henry, Fuerth, & Figliozzi, 2010; Renn, 2010), a population once referred to as "the invisible of the invisible" (Morgan, Mancl, Kaffar, & Ferreira, 2011, p. 5). Intersectionality, a promising analytic lens for considering such a population, addresses the disconnect between theory and lived experience "by bringing together both the parts and the whole of self as well as the individual in context" (Torres, Jones, & Renn, 2009, p. 585).

Students with disabilities on campus may face barriers including the physical inaccessibility of the campus, a lack of assistive technology, and negative attitudes of faculty, staff, and other students toward disability (Hurtado, Carter, & Kardia, 1998). A synthesis of the literature on students with mental health problems revealed academic struggles and difficulties with disclosure (Markoulakis & Kirsh, 2013). In sum, the needs of students with disabilities in higher education are usually ignored (Nichols & Quaye, 2009). Likewise, literature has highlighted the hostile climate and developmental obstacles that LGBTQ students face (Miller & Wynn, 2011). Institutional climate studies related to disability are rare, while studies related to LGBTQ identities are somewhat more common (Hurtado et al., 1998). For instance, in one national climate study, 36% of LGBT undergraduates said they had experienced harassment within the past year (Rankin, 2003). Themes in LGBT campus climate reports across institutions included safety concerns, verbal harassment, lack of visibility, few role models, little access to support services, self-censorship in the classroom, lack of LGBT issues in the curriculum, lack of policies protecting students, and low awareness of existing policies (Hurtado et al., 1998). Rankin (2006) identified a need for additional research on LGBT students who are also members of other marginalized populations on campus, such as LGBT students of color and LGBT students with disabilities, about whom even less is known.

While research has clearly established the difficulties and obstacles faced by LGBTQ students and students with disabilities, LGBTQ students with disabilities do more than simply navigate and respond to oppression in their higher education experiences, which current literature on both populations might lead one to conclude. Furthermore, these two student populations should not be viewed as mutually exclusive. Research is needed that considers students' lives holistically, as people who "attend class, interact with faculty and peers, participate in cocurricular activities, live on campus, and are academically and socially influenced by their college environments" (Longerbeam, Inkelas, Johnson, & Lee, 2007, p. 215).

This chapter introduces the present study by establishing the significance of the topic for theory, research, practice, and policy. The statement of the problem, purpose of the study, and two primary research questions are presented. The chapter also reviews the study's methodology, key terms, delimitations, limitations, and assumptions.

Statement of the Problem

Recent studies exploring the intersections of disability, gender, and sexuality have begun to emerge (Löfgren-Mårtenson, 2009; Noonan & Gomez, 2010; O'Toole, 2000; Whitney, 2006). The intersections of these identities have also gained traction in discussions of policy and popular culture, as a recent White House forum addressed LGBT and disability issues, emphasizing educational access (Rosenberg, 2014). Despite more attention, few researchers have focused on post-secondary students and the higher education experience of LGBTQ students with disabilities (Duke, 2011; Renn, 2010). Proposing an intersectional approach to the study of higher education, Museus and Griffin (2011) asserted that studying students along a single dimension of identity at a time prevents scholars from understanding and responding to the changing higher education landscape. In a departure from examinations of single dimensions of diversity, Henry et al. (2010) interviewed one gay college student with disabilities, suggesting a need for additional research in this area. Both within and outside the field of education, studies of disability and LGBTQ identities have predominantly employed deficit viewpoints to highlight difficulties and obstacles that individuals face and/or the resilience and resistance of individuals in response to oppression (Talburt, 2006). A need exists for research and theorizing on the intersections of disability, gender, and sexuality as experienced by students in higher education and, in particular, for research that does not originate from a deficit viewpoint. This study centers the higher education experiences of students who self-identify with a disability and self-identify as LGBTQ, highlighting the intersections of disability, gender, and sexuality. Building upon an emerging dialogue between disability studies and queer theory, this study attempts to introduce these fields to the study of higher education and student identity (Clare, 1999; Kafer, 2013; McRuer, 2006; Sherry, 2004).

Purpose of the Study

This study documented the higher education experiences and social identities of undergraduate and graduate students who self-identify with a disability and self-identify as lesbian, gay, bisexual, transgender, or queer. Both undergraduate and graduate students were recruited to participate in this study so that commonalities and differences in the experiences of these two populations could be analyzed. Given the study’s focus on identities actively claimed by participants, this research did not rely upon diagnostic criteria for particular disabilities. The study imagines a future for queer students with disabilities (Kafer, 2013), abandoning deficit views that define much of the existing literature. The students in this study present possibilities not just for others who share their socially constructed identities, but also a greater understanding of the experiences of marginalized groups navigating academia.

Research Questions

The two primary research questions included:

1. How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality?
2. How do LGBTQ students with disabilities at a predominantly White, research-intensive university in the southern United States perceive the influence of context in shaping their identity development journeys?

Brief Overview of Methodology and Theoretical Frameworks

The research questions on identity formation and campus experiences of LGBTQ students with disabilities informed the methodological plan for this study. These research questions, which “seek to acquire in-depth and intimate information about a smaller group of persons” and “to learn about how and why people behave, think, and make meaning as they do,” were well suited for qualitative inquiry (Ambert, Adler, Adler, & Detzner, 1995, p. 880). The questions called for depth of experience, rather than the breadth associated with quantitative analysis, which often contributes to a view of identity categories as mutually exclusive and does not typically make space for intersectionality. This study may be considered exploratory, as it attempted to “build rich descriptions of complex circumstances that are unexplored in the literature” (Marshall & Rossman, 2010).

The study consisted of semi-structured, in-depth interviews with 25 undergraduate and graduate students who self-identified as lesbian, gay, bisexual, transgender, or queer and self-identified with a disability at a predominantly White, research-intensive university in the Southern United States. One-on-one interviewing offered confidentiality and addressed selective identity disclosure considerations that participants experienced. Pseudonyms assigned during data analysis protected this confidentiality. The most directly comparable study that could be found in higher education consisted of a single student (Henry et al., 2010). The present study's sample size of 25 students is line with sample sizes used in intersectional, qualitative studies in education. For instance, McCready (2004) conducted in-depth interviews with four openly gay African-American male high school students, while Renn (2007) interviewed 20 self-identified LGBTQ collegiate student leaders. Interviews were supplemented with analysis of documents that illuminated the contextual environment of the campus, such as university websites, publications, and social media content related to diversity and identity in general, and LGBTQ and disability identities in particular.

The study utilized theoretical concepts from queer theory, disability studies, and crip theory (McRuer, 2006) to expand traditional notions of student development, blending elements of postmodern and critical epistemologies (Tierney & Rhoads, 1993). Renn (2010) noted that even while research on LGBTQ students in higher education has increased, queer theory rarely guided research studies in the field. A postmodern epistemology resists binary thinking and rejects the essentialization of identity categories, while critical perspectives spotlight systemic power and privilege that operate within academia and society. Rather than seeking simplistic explanations, postmodernism emphasizes "partialities, positions, heterogeneities, situatedness, and fragmentation—

complexities" (Clarke, 2005, p. xxiv). An explicit queer theory and crip theory approach (McRuer, 2006) presented new possibilities for interpreting students' experiences.

Situational analysis — a postmodern extension of grounded theory that incorporates discourse analysis and draws upon Foucauldian conceptions of power — guided analysis of the data (Clarke, 2005). In line with a postmodern epistemology that views "*all* knowledges … as socially and culturally produced" (Clarke, 2005, p. xxiv, emphasis in original), situational analysis expanded the study's analytic grounding from the research participants themselves to the larger situation and context. The creation of situational maps, social worlds/arenas maps, and positional maps during data analysis led the researcher from codes to larger themes and discourses at play (Clarke, 2005). Situational analysis aims to produce "thick analysis" (p. 29) rather than theory generation, as in traditional grounded theory (Clarke, 2005).

Definition of Terms

Definitions are inherently unstable, contested, and context- and time-dependent. While a postmodern approach resists fixed definitions, operational definitions are provided for clarity, though some terms are used in multiple ways by participants in the study. With regards to social identities, emphasis was placed upon an individual's self-identification rather than on clinical, psychological, or diagnostic definitions.

Able-bodied. A socially constructed category representing cognitive, emotional, and physical ability, or more simply, a person lacking a disability. Commonly used to signify people without disabilities and/or those not targeted by ableism.

Ableism. A system of power and advantage based on the social construction of ability and disability. Privileges people labeled as "able-bodied" and oppresses people with disabilities.

Access. The "process of entering a postsecondary institution or an individual's ability to come into the higher education arena. It is important to consider common barriers to accessing higher education, which include but are not limited to high cost, work requirements, family/home demands, academic ability, individual merit, a lacking support system, and inadequate information about policies, aid, and college life in general" (Myers, Jenkins Lindburg, & Nied, 2013, p. 6).

Accommodation. An "adjustment made to a course, program, event, service, job, activity, or physical space that enables individuals with disabilities to participate equally. These accommodations or modifications occur after an individual with a disability has discovered that the current environment is prohibitive of their full participation" (Myers et al., 2013, p. 7).

Ally. A socially constructed category for a person with a particular form of privilege who works to advocate for social justice and end oppression. For example, a heterosexual ally who works against the oppression of lesbian, gay, bisexual, and queer people.

Asexual. A person who does not experience sexual attraction (Asexual Awareness Week, 2013). A gray asexual may sometimes experience sexual attraction.

Biphobia. Fear of, avoidance of, and/or prejudice toward people who identify or are perceived as bisexual (Queer Students Alliance [QSA], 2006).

Cisgender. A socially constructed category for a person whose assigned sex matches their self-identified gender. For example, a self-identified woman who was assigned female upon birth. Also considered a person who is not transgender.

Crip. Originally a derogatory slur, crip has been reclaimed by “disabled activists, artists, and others who have come out crip … in response to systemic able-bodied subordination and oppression” (McRuer, 2006, p. 35). A person who self-identifies as crip.

Crip theory. An emerging body of academic work that critically considers the overlapping cultures of disability and queerness and the intersections of queer theory and disability studies. Crip theory argues that “the system of compulsory able-bodiedness, which in a sense produces disability, is thoroughly interwoven with the system of compulsory heterosexuality that produces queerness” (McRuer, 2006, p. 2).

Demisexual. A person who experiences sexual attraction only when an emotional connection is present (Barnett, 2014).

Disability. An “inability to perform a personal or socially necessary task because of [an] impairment or the societal reaction to it” (Berger, 2013, p. 6). Disability is sometimes referred to as the interaction between impairment and a (disabling) environment. Also, a person who self-identifies as disabled.

Disability studies. A multidisciplinary body of academic work that the centers the lives, experiences, and perspectives of people with disabilities. Generally views disability as a socially constructed category. Typically rejects the medical/pathological model of disability in favor of social, minority group, or radical models of disability (Berger, 2013).

Gay. A socially constructed category that includes people who are attracted to, have sex with, and/or form romantic relationships with people of the same gender. Sometimes used to refer to gay men and lesbians or LGBTQ people as a collective, though this study uses the term to signify self-identified gay men (QSA, 2006).

Gender. A collection of socially constructed traits, behaviors, and characteristics that are culturally associated with one's gender identity. Common examples include woman, man, genderqueer, transgender. Often conflated with sex (QSA, 2006).

Gender expression. The ways in which an individual indicates gender identity through attire, voice, body language, mannerisms, social interactions, etc. (QSA, 2006).

Gender identity. A person's internal sense of self as woman, man, genderqueer, transgender, and/or some other gender. Often conflated with sex (QSA, 2006).

Gender pronouns. The personal pronouns one uses to indicate gender. Most commonly female pronouns (she/her/hers) and male pronouns (he/him/his), but also includes alternative pronouns (i.e., ze/hir/hirs or they/their/theirs) that may indicate gender identity beyond the woman/man binary, including genderqueer, transgender, no gender, etc.

Heterosexism. A system of power and advantage based on the social construction of sexual orientation. Assumes heterosexuality as inherently normal and superior to any other sexuality. Privileges people labeled as heterosexual and oppresses people who identify as or are perceived to be lesbian, gay, bisexual, or queer (QSA, 2006).

Heterosexual. A socially constructed category that includes people who are attracted to, have sex with, and/or form romantic relationships with people of another gender. In the normative gender binary of the present-day United States, considered to be people of *opposite* genders who form relationships with each other (i.e. men and women). Often used in place of "straight," which implies that alternatives are crooked, bent, or broken (QSA, 2006).

Homophobia. Fear of, avoidance of, and/or prejudice toward people who identify or are perceived as gay or lesbian (QSA, 2006).

Homosexual. The clinical term that was coined in the field of psychology and has a history of pathology, associating same-sex attraction with mental disorders (QSA, 2006).

Impairment. A "biological or physiological condition that entails the loss of physical, sensory, or cognitive function" (Berger, 2013, p. 6).

Intersectionality. Analysis of the intersections between multiple social identities and groups, typically considering the intersection between multiple oppressed groups and identities. Crenshaw (1989), who is often credited with coining or popularizing the term in academic discourse, described the ways in which "Black women are theoretically erased" by the "tendency to treat race and gender as mutually exclusive categories of experience and analysis" (p. 57).

Lesbian. A socially constructed category that includes women who are attracted to, have sex with, and/or form romantic relationships with women (QSA, 2006).

Lesbian, gay, bisexual, transgender, queer (LGBTQ). A socially constructed category of individuals who do not identify as cisgender and/or heterosexual. In this study, used interchangeably with queer (QSA, 2006). The reader will encounter the modified acronyms LGB or LGBT when other studies that do not include particular subpopulations such as transgender people or queer people are reviewed.

Non-binary. A person who rejects the traditional gender binary and does not necessarily identify as female/woman or male/man (Leigh, 2014).

Oppression. The systematic, pervasive, routine, institutionalized mistreatment of individuals based on their membership in various groups (i.e. defined by race, gender, sexual orientation, religion, age, ethnicity, ability, immigration status, first language, national origin; QSA, 2006).

Panromantic. A person who does not define romantic attraction by gender.

Pansexual. A person who does not define sexual attraction by gender. Someone who may reject a bisexual label because it implies a gender binary.

People with disabilities. A socially constructed category of people labeled with disabilities and/or who do not fit expectations of an able-bodied norm. An example of person-first language that emphasizes the person instead of the disability (Berger, 2013). Also, someone who self-identifies as a person with a disability.

Personal identity. Individuals' subjective views of their own characteristics, qualities, and attributes. May include occupations, social/familial relationships, hobbies, and affiliations. May or may not overlap with social identities (Deaux, 1993).

Privilege. Social and political advantages that accrue to individuals who are members of or, at times, perceived to be members of social identity groups with institutional, cultural, and societal power.

Queer. A person who self-identifies as queer, a rejection of normative categories of gender and/or sexuality, and/or a political identity that rejects heteronormativity and homonormativity (Duggan, 2003). Originally a derogatory slur that has been reclaimed by some as a sexual, gender, and/or political identity. In this study, queer is used interchangeably with lesbian, gay, bisexual, transgender, and queer (LGBTQ) to emphasize the social construction of a category of non-heterosexual/non-cisgender individuals (QSA, 2006).

Queer theory. A body of academic work that challenges traditional binaries of sex (female/male), gender (woman/man), and sexuality (gay/straight) and troubles normative identity categories. Often centers the lives, experiences, and identities of self-identified LGBTQ people.

Quoiromantic. A person who has difficulty distinguishing between romantic and platonic attraction (The Asexuality Blog, 2014).

Sex. Physical, genetic, and anatomical characteristics (body parts, chromosomes, secondary sex characteristics) that indicate whether one is female, male, or both/neither in a contemporary Western context. Often conflated with socially constructed gender.

Sexuality. An individual's sexual identity, which may indicate the gender(s) to which one is attracted and/or specific sexual practices. Sexuality is most often used in this study in place of sexual orientation to emphasize the fluidity of sexual identity and the use of term beyond gender attraction.

Sexual orientation. The predominant term used to refer to one's attraction to, sexual behavior with, and/or romantic relationships with members of the same gender and/or other gender(s), or with no gender. Common sexual orientation categories include asexual, bisexual, gay, heterosexual, lesbian, pansexual, queer (QSA, 2006).

Social identity. An individual's membership (chosen or assigned) in particular socially constructed groups defined by imbalances of power in society. Social identity groups may be defined by age, (dis)ability, ethnicity, gender, national origin, race, religion, sexuality, socioeconomic status, etc. (Deaux, 1993).

Transgender. A socially constructed category for individuals who transgress conventional notions of sex and gender in some way, or whose gender identity does not align with the sex they were assigned at birth. An umbrella term for non-normative gender expressions and identities, including cross-dresser, drag king/queen, genderqueer, transsexual. Also, a person who self-identifies as transgender (QSA, 2006).

Transphobia. Fear of, avoidance of, and/or prejudice toward people who identify or are perceived as transgender (QSA, 2006).

Limitations and Delimitations

Limitations of qualitative research methodologies are inherent in this study. The aim of qualitative inquiry is to explore a topic, situation, or phenomenon in depth, often with a purposefully selected sample that is chosen to illustrate the complexity of the topic. While a well-conducted qualitative study may offer transferability to other settings and populations, qualitative inquiry is not designed to yield generalizability, which is typically associated with the use of quantitative methods. This study did not purport to offer an understanding of the campus experiences and identities of all LGBTQ students with disabilities in higher education nationally or globally. In addition, because participants in the study self selected, the topics under study may be considered differently by students who would not choose to participate in research of this kind. Indeed, only some students may possess the reflective capacity and willingness to be part of a research process that involves in-person interviews about identities that are often stigmatized. For instance, those students who newly see themselves as having a disabled and/or queer identity may not have been comfortable participating in this study.

Delimitations of the study included the study's contextual environment, a large, predominantly White, research-intensive university in the southern United States. Students' identity construction journeys were undoubtedly intertwined with the context of campus climate and geographies they inhabited, relationships they formed, and resources available to them (Deaux, 1993; Ethier & Deaux, 1994). The study focused on currently enrolled undergraduate and graduate students and, as such, did not address the experiences of prospective students, alumni, faculty members, or staff. The study also did not address the experiences of those who did not identify with a disability or as LGBTQ. This study focused on students' constructions of their own identities and experiences, and not necessarily on students' physical, emotional, or cognitive impairments, or on any clinical or psychological diagnoses of disability. A student's impairment(s) were relevant to this study in the context of their experiences to the extent that impairment (a condition that entails the loss of functioning) interacted with a (disabling) social environment to become considered a disability. Put another way, this study focused on identity, experiences, and self-definitions, not necessarily on the mental or physical health of students or labels imposed upon them.

Assumptions

Key assumptions in this study arose from the investigation's postmodern and critical lenses. These perspectives implied that this study would not yield a coherent portrait of the student participants in this study or the identity categories that they claimed (Alvesson, 2011), but instead "recognizes individuals as fragmented, produced through the intersection of multiple (and, at times, contradictory) social processes" (Pasque, Carducci, Kuntz, & Gildersleeve, 2012, p. 33). A postmodern lens implied that identities and institutions are socially constructed and not imbued with any essential, omnipresent meaning. The meanings of identifying with a disability or as queer were multiple, contested, and constantly changing, without a foundation of objective truth to rest upon. This lens was also informed by critical theory, which highlights the roles of institutional and societal power structures that (de)value individuals and groups based on their social locations and relative power. In particular, this study assumed that systemic power is most often invested in those who are socially constructed and identified as cisgender, heterosexual, and non-disabled. Current power relations privilege narrow conceptions of physical and mental ability, normative gender identity and expression, and socially sanctioned sexuality. This study pushed back against and deconstructed these power structures to center the experiences of individuals who were socially constructed as queer and disabled, and whose perspectives were often marginalized and ignored.

Beyond critical and postmodern assumptions, this study assumed that diversity has become a stated value in higher education and will continue to increase in visibility and importance. In particular, it was assumed that people with disabilities and LGBTQ people are, at times, constructed as part of the diversity discourse in higher education, a discourse which often focuses on race and ethnicity, but has at times and in places expanded to encompass a broader understanding of dimensions of diversity.

Significance of the Study

This study offers contributions to educational practice, research, theory, and policy. As with other binaries that this study sought to trouble, the research/practice divide was considered unnecessarily artificial. Educators conduct research on a daily basis as part of their jobs, even though it may not be named as such. The study's applicability to immediate educational concerns and the lives of students was paramount. This inquiry offered students (both those who identify as queer/disabled and not), faculty members, and student affairs educators a more nuanced and critical understanding of the identities and campus experiences of queer students with disabilities. In addition, while higher education was the context for this study, there were surely parallels and implications for other educational sites, including K-12 education, as well as insights that might resonate with LGBTQ youth and adults with disabilities more broadly.

In terms of research and theory, this study potentially expands the literature base on student experiences of intersectionality in higher education by interrogating intersections of disability, gender, and sexuality that have often been left unaddressed. Conceptually, this study encouraged a dialogue and mutual exchange among higher education and student affairs, disability studies/crip theory, and queer theory. Queer theory has rarely been used to consider college students' experiences and identities (Renn, 2010), while concepts from disability studies have been utilized even less. An existing dialogue between queer theory and disability studies (Kafer, 2013; McRuer, 2006) was poised to offer new theoretical and practical insights for higher education administrators and faculty members in conceptualizing student experiences and campus environments. A queer/crip approach to understanding students' identities challenged the binaries of able/disabled, gay/straight, out/closeted, and intersectional/segmented, to name a few. Finally, this study offered implications for policymakers the chance to (re)consider the impact that policy can have on students with intersectional experiences. To provide just one example, a mandate that students with disabilities receive appropriate academic accommodations may be cold comfort to those who attend campuses that are openly hostile toward LGBTQ students or those who encounter professors that actively disregard their responsibility to create a learning environment accessible to all.

Summary

This chapter introduced the study's focus on the identities and campus experiences of lesbian, gay, bisexual, transgender, and queer students with disabilities and outlined the need for students' perspectives in research and practice. The primary research questions, which explore students' conceptualizations and contextual experiences of their multiple social identities, were presented, along with the overall qualitative, interview-based methodology the study employed. Terminology, assumptions, limitations, and delimitations of the study were also explicated. The proceeding chapter will review relevant literature on LGBTQ identities and disability in higher education, as well as queer theory and disability studies perspectives on identity.

Chapter 2: Review of the Literature

This study sought to explore the higher education experiences of and social identities of lesbian, gay, bisexual, transgender, and queer students with disabilities. It is necessary to situate this topic within the relevant higher education literature and critically assess several disparate strands of research related to student identities and the intersections of disability, gender, and sexuality. This chapter will first ground this study in the relevant literature on campus climate as a research construct and college student identity development, with a focus on identity development theories relevant to multiple, intersecting identities. In addition, studies that address the identities and higher education experiences of students with disabilities and LGBTQ students as distinct populations will be reviewed. The next section will review literature on LGBTQ people with disabilities in three contexts: youth in K-12 education, special education, and supported living settings; adults in non-educational settings; and students in higher education institutions. Then, queer theory, disability studies, and queer disability theory/crip theory will be reviewed as theoretical frameworks for this study. The chapter will conclude with a summary and critical analysis of the literature.

Research-based publications identified for inclusion in this literature review were based upon searches of University of Texas library databases and Google Scholar for search terms such as *disability*, *LGBTQ*, *student*, *identity*, and *higher education* (and their variants), combined in various ways to maximize the number of relevant articles. Hand searches of pertinent journals, including *Disability and Society, Disability Studies Quarterly, Equity and Excellence in Education, Journal of College Student Development,* *Journal of LGBT Youth, Journal of Student Affairs Research and Practice,* and *Sexuality and Disability*, were conducted. In addition, ancestry searches of the reference lists of articles and descendant searches using Google Scholar to uncover citing publications yielded additional empirical studies for review. While higher education literature has increasingly incorporated disability, gender, and sexuality, this review focuses on publications related to campus experiences and social identities to fit with the focus of this study.

College Student Identities and Campus Experiences

The study of college student identity initially drew upon the theories of Erickson (1968) and expanded to include studies of intellectual development and moral reasoning (Chickering, 1969; Kohlberg, 1981; Marcia, 1966). Eventually, a shift to consider the social identities and group memberships of student populations began, drawing upon social identity theory (Tajfel, 1981). Rather than review the extensive body of study identity development literature as a whole, this section will highlight relevant research related to campus climate, and then highlights theories related to multiple, intersecting identities and the experiences of students with disabilities and LGBTQ students.

Campus climate. To understand an individual's identity development processes and experiences, it is necessary to understand the institutional environment (in this case, higher education). Campus climate is one key context in which students develop their identities in higher education (Ethier & Deaux, 1994). Abes et al. (2007) proposed that research could explore the impact of campus culture and climate on students' understanding of their multiple identities (p. 19). Contemporary work on campus climate helps frame this exploration of multiple identities and, though a full review of climate literature is beyond the scope of this study, a brief introduction to the concept and how it has been studied in higher education will be provided.

Campus climate has numerous definitions. Peterson and Spencer (1990) perceived three major aspects of climate: emphasis on “common participant views of a wide array of organizational phenomena,” current belief and behavior patterns, and the “ephemeral or malleable character” of climate (p. 8). The transformational tapestry model presented climate as the “current attitudes, behaviors, standards, and practices of employees and students of an institution” (Rankin & Reason, 2008, p. 264). The culturally engaging campus environments model (Museus, 2014), by contrast, considered the role of pre-college inputs (such as demographics and academic preparation), external influences (financial and family influences), and individual influences (sense of belonging, academic dispositions, academic performance) that lead to particular outcomes (persistence and degree completion). Culturally engaging environments on campus promote culturally relevant knowledge, opportunities for cross-cultural engagement, collectivist cultural orientations, and the availability of holistic support, which are seen as contributing to individual influences on student success as well as eventual student outcomes. The model drew upon and critiqued theories of student departure, involvement, and engagement and was designed to contribute to the success of racially diverse student populations, which Museus (2014) defined as both students of color and White students.

Another model, the diverse learning environments framework, accounted for external governmental, policy, and sociohistorical forces that impact higher education, while also examining the role of compositional, historical, organizational, psychological and behavioral dimensions of diversity within an institution, all of which affect students (Hurtado, Milem, Clayton-Pedersen, & Allen, 1999; Milem et al., 2005). Hurtado et al. (2012) updated and added complexity to the diverse learning environments model, explicating the curricular (course content, pedagogy, instructor identity) and co-curricular processes (programming, practice, staff identity) that affect climate, with student identity located at the crossroads of these two processes. The updated model also explicitly incorporated student outcomes such as retention and achievement. As of 2010, the assessment instrument associated with the diverse learning environments model allowed for comparisons across institutions as part of the Higher Education Research Institute at UCLA (Hurtado et al., 2012).

Campus climate as a construct has often been operationalized through assessment instruments and studies. Institutional climate studies related to disability are rare, while studies related to LGBTQ identities are more common (Hurtado et al., 1998). Climate studies have often focused on issues such as discrimination, harassment, and intergroup interactions (Hurtado et al., 2012). Studies are often conducted at a single institution, preventing comparisons between institutions (Hurtado et al., 2012). Beyond institutional studies, innovations in the study of campus climate have continued to emerge. Rather than considering climate as a single construct, the term “microclimates” reflects the differential experiences of campus community members depending upon their department or area of study, social identities, and organizational role (Vaccaro, 2012). Vaccaro drew upon Ackelsberg, Hart, Miller, Queeny, and Van Dyne's (2009) work on faculty microclimates to consider experiences of LGBTQ students, faculty, and staff with microclimates, defined as "socio-spatial environments—or localized, physical settings where daily interpersonal interactions shaped people's perceptions and experiences" (p. 440). In another study, Vaccaro (2010) cautioned that quantitative results that indicate a positive climate should be balanced against underlying attitudes of students that may be expressed in open-ended comment sections of climate assessments. Vaccaro's feminist analysis of one climate study uncovered hostility toward diversity, particularly on the part of male students; a frustration with a perceived liberal bias in the academy; and expressions of sexism and racism.

Multiple identity development theories. Research on the development of college students' social identities has historically focused on single dimensions of identity at a time, such as race, gender, and sexual orientation (Museus & Griffin, 2011). This section addresses research and theoretical models that considered social identity development of students along multiple axes and dimensions, including the multidimensional identity model (Reynolds & Pope, 1991), the model of multiple dimensions of identity and its subsequent revisions (Abes et al., 2007; Jones & Abes, 2013; Jones & McEwen, 2000), and relevant studies that have incorporated multidimensional and intersectional perspectives (Abes & Jones, 2004; Abes & Kasch, 2007).

Foundational theories of student development explored broad notions of identity, intellectual, and moral development through psychosocial and cognitive structural lenses, while later integrative theories have addressed topics such as self-authorship and transition theory (Evans, Forney, Guido, Patton, & Renn, 2009). Counseling and vocational psychology have traditionally informed theories of identity development in higher education (Torres et al., 2009). Torres et al. (2009) traced the development of identity theories and models in student affairs, including perspectives grounded in psychology, sociology, social psychology, human and developmental ecology, and postmodernism and poststructuralism. Social identity development, the focus of this section, examines how students make sense of their social identities, such as race, gender, and sexual orientation, which "are very much influenced by time and place and are constantly shifting" (Evans et al., 2009, p. 228).

Social identities are shaped by societal, cultural, and institutional systems of power that result in some members of society accruing privilege based on particular identities and others being left out of power or oppressed (Adams et al., 2010). A focus on social identities has coincided with a strong critique of foundational developmental models due to the fact that many initial models that purported to speak to a broad human experience were developed with and/or tested on largely homogenous samples of heterosexual White men (Cramer & Gilson, 1999; Evans et al., 2009). With the advent of multidimensional identity models, student development theory tended to shift away from "the dominance of mostly positivist psychosocial and cognitive structural theories …

toward inclusion of a wider range of research methods and social science disciplines," and an overall turn toward social constructivism (Evans et al., 2009, p. 235).

Reynolds and Pope (1991) proposed the multidimensional identity model to account for the experience of living with multiple identities that are marginalized or oppressed. They presented four identity resolution options: passively identifying with a single aspect of oneself (an identity assigned by society that one passively accepts), actively identifying with a single aspect of oneself (a conscious identification), identifying with multiple aspects of oneself in a fragmented fashion, and identifying with combined aspects of self in an intersectional fashion. Though a value judgment seems inherent in some options of the model, particularly the first option of passively accepting a single identity, Reynolds and Pope claimed that "all options are acceptable and create opportunities for positive self-esteem and pride as well as challenges to maintain an integrated sense of self" (p. 179). Not explicitly addressed in the multidimensional identity model is the reality that individuals may conceive their multiple identities drawing upon multiple identity resolution options, either over time or simultaneously, complicating the four discrete options presented. Still, the model offered a significant consideration of the experiences of individuals experiencing multiple forms of oppression based on their social identities.

The model of multiple dimensions of identity (MMDI) drew upon the multidimensional identity model and other social identity theories (Jones & McEwen, 2000). The MMDI was reconceptualized by Abes et al. (2007) and further refined with additional models in later work, incorporating concepts of critical race theory and queer theory (Jones & Abes, 2013). Acknowledging that social identities are not the sole determinants of a person's self-image, the authors describe a core of personal attributes and characteristics central to each individual. Surrounding the core are various ellipses that represent socially constructed identities such as gender, religion, race, culture, and class, which may be closer to or further from a person's core depending on surroundings, relationships, and life events. Finally, Jones and McEwen describe the constant evolution and negotiation of core and social identities taking place in the context of family background, sociocultural conditions, current experiences, career decisions, and life planning. Multiple identities are always present but may be closer or further from the "core" identity depending on constantly changing context, salience and importance.

The reconceptualized MMDI incorporates a meaning-making filter, drawing on Baxter Magolda's work on self-authorship (2009). Students' contextual influences, such as family, peers, norms, and stereotypes, pass through a meaning-making filter and inform self-perceptions of their multiple identity dimensions. Contextual influences may be filtered to a larger or smaller extent depending on a student's experiences and complexity of developmental processes that she may experience. An individual may filter influences and make meaning in a formulaic way, viewing her identities as distinct and relying heavily upon the norms of family and friends; in a foundational way, acknowledging integrated and intersecting identities regardless of the environment; or she may fall somewhere between the two, using a transitional meaning-making filter. The formulaic-to-foundational continuum may assume the superiority of an integrated identity that is consistently performed and discount the importance of disclosing and negotiating identity in various ways depending on ethnic, cultural and religious context.

Finally, Jones and Abes (2013) have built upon the MMDI to incorporate micro analysis at the individual level experienced within the context of macro analysis of intersecting systems of power, such as classism, sexism, and racism, in the intersectional model of multiple dimensions of identity and several other versions of the model presented in their 2013 work. Each version of the model has drawn upon in-depth qualitative inquiry (primarily interviews) with college students who described the ways in which they conceived, constructed, and made meaning of their multiple identities. The flexibility of models allows for variations in one’s sense of core identity and personal attributes as well as important social identities, context, and background. Each student participating in research or practical exercises using the intersectional model of multiple dimensions of identity would be permitted to construct their own version of the model according to these variables. The models have been described and cited extensively, as well as used to inform various intersectional research studies examining topics such as lesbian college students’ multiple dimensions of identity (Abes & Kasch, 2007), spirituality among lesbian and gay students (Love, Bock, Jannarone, & Richardson, 2005), and multiple identities among Black college students (Stewart, 2009).

Though the MMDI presents a strong, flexible, and frequently cited theory for describing the multiple identities of students, Jones and Abes (2013) concede several limitations. The studies upon which the model was built and revised consisted of relatively small samples of college women enrolled at particular institutions, thus potentially limiting the MMDI’s applicability to the full spectrum of students in higher education. The authors also noted that is difficult to show movement or true development in the frame of a static model, arguing instead that an individual’s MMDI represents a snapshot in time that will necessarily change and evolve.

One study that considered the multiple identities of lesbian college students proposed that a queer theory view of identity would position socially constructed identities as inseparable, a perspective not accounted for in the MMDI (Abes & Kasch, 2007). Abes and Kasch (2007) contrasted queer theory with constructivist-developmental theory, which is most often used in student development research. The sample for the larger study (Abes & Jones, 2004) included 10 students, selected purposefully, while Abes and Kasch selected one student’s story to analyze through both constructivist-developmental and queer theory lenses. The authors offered a rich re-telling of one student’s story using queer theory, and followed it up by introducing the idea of “queer-authorship” (p. 629), rather than self-authorship, which blurs the lines between the students and their external environments. Queer-authorship suggests that students have an effect on their environments, rather than strictly being shaped by them or responding to them. The article lacked the inclusion of disability as an identity category for analysis and disability studies as a theoretical framework, providing space for incorporation of both queer and disability perspectives in future research on student identities.

Students with disabilities in higher education. Research in higher education has considered disability predominantly as it relates to student accommodations and services, legal obligations, and understanding particular types of disability (Kraus, 2007). Less often addressed are the identities constructed by students with disabilities and how institutions of higher education can facilitate identity development (Kraus, 2007). Additionally, though much research was initially about disabled students, it failed to take into account the perspectives of students themselves (Holloway, 2001). Given the focus of this study, this section will examine identity development models and perceptions of identity management, then proceed to a brief review of recent empirical studies on the campus experiences of students with disabilities in higher education. Because this study considers disability as a broad, socially constructed category, this review will primarily address literature that considers students with disabilities as a group, rather than studies that focus on a single disability.

Identity development of students with disabilities. Disability identity development, among college students and the general population, has been under theorized, as reliance on the medical model of disability has emphasized the need to "cure," "fix," or otherwise alter the bodies of people with disabilities (Gibson, 2006). The medical model of disability objectifies people with disabilities as defective, often reducing them to simply body parts that should be treated with surgery or medication rather than as whole individuals who deserve dignity, respect, and autonomy. While Evans et al. (2009) presented a variety of college student development models related to social identities such as race, spirituality, sexual orientation, and gender, the presence of a disability model is notably absent, prompting the authors to call for more research in this area (p. 226).

In one attempt to close this gap, Kraus' (2007, 2008) research explored the development of a disability identity among physically disabled college students. Students who recently acquired a physical disability more often considered disability to be central to their identity, while those who had a disability from birth or early in life did not mention disability until explicitly asked. Participants described the presence of distinct disabled and non-disabled peer groups, with the disabled peer group primarily existing on the university campus. Reflecting the social construction of disability, students in the study shared that they rarely focused on disability unless presented with an inaccessible location or situation. Kraus (2007) asserted that identity development of people with disabilities may occur sequentially but that "identity is not strictly stage-like or concrete" (p. 5).

Moving from the medical model to a minority/social group model in the tradition of theory, research, and political action by other marginalized and oppressed groups, Gibson (2006) proposed another model: the disability identity development model. This model suggested that the marginalization experienced by people with disabilities is not a result of their bodies or identities, but arises from a society that is constructed around a mythical able-bodied norm and does not accommodate those whose experiences do not fit this norm. In the first stage of the model, passive awareness, a person may focus primarily on the medical aspects of disability and eschew social aspects such as befriending other people with disabilities. A person in this stage may not be aware of role models who have disabilities. Moving to the realization stage, an individual may experience self-hatred or anger as she begins to recognize the presence of her disability and grow concerned with how others perceive her. Preoccupation with appearance is possible, as one may try to overcompensate and become the “Superwoman/man” who can achieve at high levels, thus potentially moving attention away from the disability (p. 7). Finally, a person reaching acceptance would find ways to incorporate his disability identity into his overall view of himself in an integrated fashion, becoming open to experiences and relationships with other people with disabilities and possibly becoming an advocate or activist for disability causes. A person in the acceptance stage has a realistic view of self — not superhuman or overachieving, but no longer self-loathing.

Gibson sets broad time frames for periods in which the three stages may be experienced, suggesting that passive awareness may begin in childhood and possibly continue into adulthood, while realization typically occurs in adolescence or early adulthood, and acceptance is reached in adulthood. She specifically cautioned that people with disabilities may not experience the stages in a discrete, linear fashion, and that it should not be assumed that any individual would necessarily identify with some or all of the stages. Gibson also called for recognition of multiple identities and intersectionality, offering that a person with a disability has many other personal and social identities through which their disability identity will be experienced and mediated. Published accounts of the disability identity development model tested in research or used in practice are rare.

Like any theory concerning a single aspect of identity, the disability identity development model runs the risk of assuming that disability identity is central or primary to individuals with disabilities and that development of a disability identity occurs in discrete, linear stages. Though the time frames for experiencing the three stages are not overly specific, the model does not appear to explicitly take into account the experiences of those who acquire disabilities after birth or childhood. Those who acquire disabilities suddenly or over time may likely experience some of the shock, anger, and depression that Gibson described, yet they may not experience all aspects of the passive awareness and realization stages, such as becoming co-dependent and avoiding other people with disabilities. In fact, as more people acquire disabilities and the presence of people with disabilities in society is acknowledged, those who acquire disabilities may already possess some understanding of disability issues and/or have close relationships with those who have disabilities. In addition, growing political and social movements related to disability rights will undoubtedly affect disability identity development processes experienced by individuals.

Identity management strategies of students with disabilities. Students with disabilities utilize a variety of identity management processes in higher education, considering elements such as disclosure, visibility, and emotional work (Goode, 2007). Given the focus of this study, several studies related to identity management and self-perception of students with disabilities will be reviewed. The studies reviewed here positioned disability as a socially constructed category, departing from medical, individualized, and functional limitation views of disability.

Troiano (2003) examined the self-style of nine students with learning disabilities at a large, public university. Students were diagnosed with a learning disability at various points in their lives and claimed this identity in complex ways, with some students taking on the identity personally and others discounting its importance (Troiano, 2003). To this end, elements of students' self-styled learning disability included issues of definition: the degree to which students personalized the disability and viewed it positively or negatively. Students were also oriented toward their disabilities in various ways, including an awareness of the disability as outside of the student, as an essential part of the student's understanding of self, or as a lack of awareness of the disability. Students viewed a learning disability as an unattributed condition with little understanding of its attributes, a permanent condition that they understood but could not yet navigate successfully, or a modifiable condition that could be managed. Finally, students viewed the learning disability as having a limited, pervasive, or undefined impact on their lives. Troiano proposed that time of diagnosis, perceived support, level of stigmatization, and personality attributes all influenced students' self-styled understandings of learning disability. Students' relationship to their learning disability affected their ability to self-advocate, level of self-determination, and willingness to disclose.

In another study examining the perceptions and management of disability identity, students demonstrated an awareness of the attitudes of others toward them as dependent upon on whether or not they disclosed their disability (Olney & Brockelman, 2003). Students in the sample had cognitive, psychiatric, and physical disabilities. Olney and Brockelman reframed denial and "passing" as non-disabled from a negative frame of reference that indicated shame or fear to a positive or neutral set of interpersonal skills that students could choose to deploy. Students often referred positively to their disabilities while expressing knowledge that those without disabilities viewed them negatively. Managing perceptions was one way that people with disabilities assert their agency and independence.

Myers and Bastian (2010) explored the communication preferences of students with visual disabilities. Because people without disabilities may wonder how to appropriately communicate with people with disabilities, it is crucial for people with disabilities to be asked and respected in their communication preferences. Additionally, studying communication preferences reframes disability as a cultural identity rather than as medically or deficit-based. In Myers and Bastian's (2010) study, participants included 35 individuals age 19-70 living throughout the United States who were currently or previously enrolled in higher education institutions. About half of the sample were legally or totally blind from birth, while remaining participants became blind later in life. Participants described an expectation of being treated with respect, a desire for making others comfortable when interacting with them, and the need for disability-related training for faculty and staff members. Participants noted the importance of self-advocacy in the higher education environment. Inappropriate and disrespectful behaviors experienced by participants included:

> shouting, pulling, grabbing, ignoring, avoiding, patronizing, displaying impatience, assuming helplessness and inability, assuming low intelligence and low academic achievement, assuming assistance is wanted or needed, generalizing that all persons with visual disabilities are the same, using distasteful or inappropriate humor, walking away without giving verbal notice, and forgetting about the accommodations needed (Myers & Bastian, 2010, pp. 271-272).

These behaviors reinforced the frequent assumption that people with one disability must have additional disabilities and that people with disabilities are a homogenous group.

Participants selectively considered when to educate people acting disrespectfully and when to ignore the behavior. Finally, participants described a desire for practices that aligned with universal instructional design (Higbee, 2003; Higbee & Goff, 2008).

The process of adopting a disability identity as a student in higher education is complicated by competing discourses of disability as a stigmatized and/or political/social identity (Riddell & Weedon, 2014). For example, an undergraduate student in Scotland, diagnosed with dyslexia and older than traditional students, adopted a disabled identity while in school and then rejected the identity after graduation while embarking on a teaching career, demonstrating "the importance of social context in which disability is experienced" (Riddell & Weedon, 2014, p. 38). Students with visible disabilities, such as many physical disabilities, may not have the option of rejecting a disability identity, while those with less visible disabilities may be better able to adopt various degrees of disability identification depending on context. Disclosing a disability in higher education may be necessary to receive particular accommodations, while disclosure in the working world may be viewed as a detriment to career success or even competence. Riddell and Weedon (2014) asserted that self-identification as disabled, particularly for those whose disabilities are not readily apparent, involved balancing the advantages and disadvantages of disclosure.

Additional work has explored dominant discourses of disability in education and intersections with discourses of race and gender. Disability, gender, and race as social constructs share histories related to eugenics, the notion that these categories reflect genetic and biological inferiority (Peterson, 2009). Peterson (2009) explored the educational experiences and development of critical consciousness (Freire, 1974/2005) among four African American women labeled with disabilities. Participants demonstrated various degrees of awareness of oppression they experienced in educational environments at K-12 and college levels, recounting instances of being discouraged from attending college, failure of professors to provide accommodations, and being seen by educators as lazy. Educational institutions have a role to play in the development of critical consciousness by providing "opportunities for students to examine, resist, and challenge pervasive stereotypes" (Peterson, 2009, p. 441).

Using a body-social-self framework and ableism as an analytic lens, Hutcheon and Wolbring (2012) uncovered five themes — hegemonic voice, voice of the body, voice of silence, voice of assertion, and voice of change — in their study of eight Canadian, self-identified disabled college students' meaning making of their experiences. Participants described the importance of their bodies and one in particular reflected on the connection between impairment and socially constructed disability:

> Those [attitudinal, ecological] adversities become less. The ones that remain very real is the health issues and the serious complications that I have to face with the respect to my body and its needs and that can be … limiting and challenging (quoted in Hutcheon & Wolbring, 2012, p. 43, ellipses in original).

As this participant indicated, impairments can affect one's life even in the relative absence of physically and socially restrictive environments. Students also vocalized a need to change disability policy at the institution, including increasing in disability awareness among all students and faculty. Hutcheon and Wolbring's work reveals that universities often utilize a medical model of disability which locates disability within the individual, diverting attention from institutional structures that create obstacles for people with disabilities, and which requires documentation of diagnoses from psychiatric and medical professionals to receive services.

Academic and campus experiences of students with disabilities. Research about students with disabilities in higher education has often focused on barriers students face on campus and strategies that may support academic success. Disability has traditionally been constructed negatively, as a need to be addressed by disability services to fulfill legal obligations to provide access and accommodations, responsibilities defined by legislation including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 (Hadley, 2011). Legislation is thought to have improved the college-going rates of students with disabilities (Troiano, 2003). While inclusive policies may send a positive message, the lived experiences of students with disabilities may signal a less inclusive reality (Holloway, 2001).

Jones (1996) reviewed three theoretical frameworks — the functional limitations framework, minority group paradigm, and social constructivism — for understanding students with disabilities. A functional limitation view locates disability as an individual experience or problem to be solved and predominant attention is paid to a student's diagnosis of disability. The minority group model acknowledges experiences of discrimination and oppression and focuses on the common experiences of group members. Finally, constructivism views disability as socially constructed rather than an individual or medical experience. Jones (1996) advocated for a social constructivist view of disability in higher education. Educators and advocates have increasingly viewed disability as a socially constructed identity rather than as an individual, medical problem that needs to be solved (Myers et al., 2013).

Despite the introduction of the social model of disability, the needs of students with disabilities have often been ignored (Nichols & Quaye, 2009). Nichols and Quaye (2009) categorized barriers faced by students with disabilities as institutional, physical, and attitudinal. Emphasis is often placed on the elimination of physical barriers (Wilson, Getzel, & Brown, 2000) without concomitant focus on the elimination of institutional and attitudinal barriers. Institutional barriers can include lack of staff to work with students with disabilities and a lack of access to appropriate academic support resources. Physical barriers concern the built environment and may manifest as a lack of curb cuts, electric door openers, Braille signage, accessible crosswalks, rest areas, handrails, accessible parking, elevators, and accessible classroom and laboratory spaces (Nichols & Quaye, 2009). These physical barriers cause students with disabilities to spend extra time and effort to meet their educational goals.

Attitudinal barriers consist of the predominant negative perspectives toward impairment and disability that students, faculty, and staff members may hold, consciously or unconsciously. Faculty members who presume that students with disabilities lack the motivation or skills to succeed in their classes have created attitudinal barriers before students even have a chance to learn. Students with disabilities may internalize attitudinal barriers if they doubt their abilities or right to seek higher education. In the classroom, students with disabilities — particularly disabilities that are less visible — may feel they must choose to “struggle through a class without accommodations or use accommodations but risk being stigmatized by students without disabilities" (Meyer, Myers, Walmsley, & Laux, 2012, p. 179). One study of students without disabilities found mostly neutral or positive reactions to students with learning disabilities and attention deficit disorder who received academic accommodations, information which may help students with disabilities decide whether to use accommodations (Meyer et al. 2012).

In addition, students with disabilities face financial costs that students without disabilities may not and costs in time, stress, and effort to continually arrange for accommodations with departments of the university (Holloway, 2001). Self-determination strategies employed by students with disabilities to remain in college included developing self-awareness, setting goals, seeking services on campus, building relationships with faculty, and developing support systems (Getzel & Thoma, 2008). Holloway (2001) conducted semi-structured interviews with six disabled students at a university in the United Kingdom and recounted instances of students attempting to enter physically inaccessible buildings and having to rely informally on administrative staff to ensure they received accommodations in coursework. Students did not have consistently positive experiences (from department to department, or over time in the same department) and "when [their experiences] were negative, resulted in students incurring extra time on tasks, uncertainty, worry, financial burden, and frustration" (Holloway, 2001, p. 607).

Specific obstacles encountered by students often varied depending on the type of disability. A visually impaired student may require books on tape or electronic versions of all course materials, which may not be readily available (Holloway, 2001). Markoulakis and Kirsh (2013) reviewed the research literature on college students with mental health problems, identifying internal difficulties, external difficulties, and academic outcomes as key constructs. Stigma was a major obstacle faced by those with mental health-related disabilities (Markoulakis & Kirsh, 2013). College students with autism who type to communicate — a method known as facilitated communication — needed structural and classroom supports to succeed but also relied on faculty and staff being receptive toward their communication (Ashby & Causton-Theoharis, 2012).

Assessing whether a campus is disability friendly may be achieved by considering elements such as the campus climate for disability, program philosophy of disability services, awareness and support of faculty and administrators, provision of academic accommodations, course load and graduation time, and tutorial support (Wilson et al., 2000). Similarly, Izzo, Hertzfeld, Simmons-Reed, and Aaron (2001) recommended assessing the institutional climate, providing professional development to campus stakeholders, and creating capacity for institutional change as primary strategies to increase the quality of programs for students with disabilities. Holloway (2001) suggested student advocacy, staff training, a central policy aimed at creating an accessible learning environment, and coordination to implement the accessibility policy.

LGBTQ students in higher education. Though a full review of various LGBTQ identity development models and perceptions of campus climate is beyond the scope of this study and has been documented by researchers such as Bilodeau and Renn (2005), a review of several theories that exemplify the types of identity development models that exist, particularly those that are cited within the higher education and student development literature, is in order. After considering identity development, literature on LGBTQ students' campus experiences will be inventoried. It should be noted that the category of LGBTQ is socially constructed and is constituted by a number of diverse groups defined by sexual orientation (lesbian, gay, bisexual) and gender identity (transgender). Though sexual orientation and gender identity are conceptually distinct, they have been considered together in part because of shared marginalization based on violation of dominant norms around gender and sexuality. Still, it must be acknowledged that there is tremendous diversity of experience within the larger LGBTQ umbrella category.

Identity development of LGBTQ students. Several models have emerged to address the identity development of gay men and lesbians which have been utilized in higher education research and practice and which eventually evolved to consider the developmental processes of bisexuals and transgender people. Cass (1979) is often credited with development one of the first identity development models for LGBTQ people, what was referred to at that time as "homosexual identity formation" (p. 219) and is frequently cited in student affairs literature. Cass' six stages of identity development include identity confusion (questioning assumptions about sexual orientation), identity comparison (experiencing isolation and alienation while considering a gay identity), identity tolerance (seeking out other gay people and tolerating a gay identity), identity acceptance (beginning to disclose one's identity to others), identity pride (immersion in the gay community and rejection of heterosexual norms), and identity synthesis (gay identity as one aspect of self rather than as the primary aspect of self). Stage models, such as the Cass model, implied a linear developmental trajectory and an eventual ideal endpoint of development, notions which have been subject to significant critique (Bilodeau & Renn, 2005).

Breaking from the stage models offered by Cass and other theorists, D'Augelli (1994) presented a life-span model of lesbian, gay, and bisexual identity development that noted developmental milestones might occur over the life course. Processes described by D'Augelli include exiting heterosexuality, developing a personal LGB identity, developing an LGB social identity, becoming an LGB offspring, developing an LGB intimacy status, and entering an LGB community. Another model, Fassinger's (1998) inclusive model of lesbian, gay, and bisexual identity development includes individual and group processes in four phases, which may be experienced simultaneously and in a non-linear fashion: awareness, exploration, deepening/commitment, and internalization/synthesis.

Though some models focused on LGB identity broadly, other models utilized samples of only one group (i.e. gay men or lesbians) and theorized based on the subgroup. McCarn and Fassinger (1996) offered a model of lesbian identity development, positing that individual and group identity milestones may occur at different times. Stevens (2004) utilized a grounded theory methodology to consider the identity development of gay men, highlighting the complexity of identifying as a gay man in relation to other identities.

Though designed to address sexual orientation identity, D'Augelli's model has been applied to the development of transgender identity among college students (Bilodeau, 2005). Bilodeau described the identity development processes of exiting a traditionally gendered identity, developing a personal transgender identity, developing a transgender social identity, becoming a transgender offspring, developing a transgender intimacy status, and entering a transgender community. Lifespan models such as these have explicitly focused on college students and brought more attention to the context in which identity development takes place, even though many were developed based on small samples (Bilodeau & Renn, 2005). In considering transgender identity, a lifespan approach breaks from medical and psychiatric notions of gender identity that has often promoted a view of being transgender as fundamentally disordered; indeed, gender identity disorder as a diagnosis still appears in the *Diagnostic and Statistical Manual of Mental Disorders*, despite the removal of homosexuality as a diagnosis in the 1970s (American Psychiatric Association, 2000).

Others called attention to feminist, postmodern, and queer perspectives on gender and sexuality that challenged stage, lifespan, and medical perspectives on identity development (Bilodeau & Renn, 2005). These theorists proposed that identity is socially constructed and performed, while intimately connected to systems of power that exist within society and that maintain false binaries such as man/woman, male/female, and gay/straight (J. Butler, 1990; R. Butler, 1999; Halberstam, 1998). These perspectives on identity have not typically drawn upon empirical samples, but have pushed the boundaries of predominant thinking on the development of sexuality and gender identities, including in higher education settings.

Academic and campus experiences of LGBTQ students. This section will now shift to consider some of the research on diverse LGBTQ students in various contexts. Literature on LGB students has often focused on identity development and campus climate (Dugan & Yurman, 2011). This research base has often assumed White, middle class, and able-bodied norms, failing to consider the diversity of LGBTQ populations (Renn, 2010). According to data from a climate study conducted at 14 institutions, LGBT students often experienced discrimination and harassment and many did not disclose their LGBT identity to others (Rankin, 2005). Moreover, most students, faculty, and staff described their campus climate as homophobic (Rankin, 2005). Perceptions of the climate for LGBT people may vary according to institutional role, academic discipline, and gender, but LGBT people tend to view the climate more negatively than their counterparts (Brown, Clarke, Gortmaker, & Robinson-Keilig, 2004; Vaccaro, 2012). Taking a multi-institutional approach, Rankin, Blumenfeld, Weber and Frazer (2010) presented findings from 5,149 LGBT-identified students, faculty, staff and administrators at campuses across the country, presenting a portrait of both progress toward greater acceptance and continued heterosexism and homophobia in the collegiate environment.

Reviewing the literature on LGBTQ students, Schueler, Hoffman, and Peterson (2009) highlighted themes of invisibility, homophobia, a dominant heteronormative culture, and the role of multiple social identities. The intersections of race, gender, and sexual orientation as experienced by LGBTQ students of color has begun to receive more attention (Bilodeau & Renn, 2005; Wall & Washington, 1991). One study recounted racist and homophobic bullying experienced by gay male college students of color (Misawa, 2010). African American gay and bisexual men at an HBCU (historically Black college and university) tended to identify themselves primarily as Black men and disclosed their sexual orientation differently depending on context, relevance, and relationships (Patton, 2011). Students pushed back against traditional notions of disclosure, asserting that "coming out was not a public process" (Patton, 2011, p. 86) and that they were instead "selectively out" (p. 87). Love et al. (2005) explored the spiritual and religious identities of LGBT college students, yielding three categories: reconciled spiritual identity, unreconciled spiritual identity, and undeveloped spirituality. The researchers noted conflict that often emerged between development as an LGBT person and as a person with a religious or spiritual identity, complicated by the rejection to which LGBT people are subjected in many religious communities.

LGB students reported higher levels of mental health issues than their heterosexual counterparts and the mental health of bisexual students was worse than that of gay men and lesbians (Oswalt & Wyatt, 2011). Students who identified as LGB were more likely than heterosexual students to seek counseling in college (McAleavey, Castonguay, & Locke, 2011). Microaggressions — frequently experienced, often covert, slights or insults — experienced by LGB college students included heterosexist terminology, endorsement of heteronormativity, assumption of a universal LGB experience, exoticization, disapproval, denial of the reality of heterosexism, assumption of sexual pathology or abnormality, and threatening behaviors (Nadal et al., 2011).

Beemyn, Curtis, Davis and Tubbs (2005) described the needs of transgender students and advocated for transgender-inclusive programming, educational events, support services and policies. For instance, in campus housing, policies and practices "that assume that students are male or female fail to serve transgender students, especially those who are in the process of transitioning from one gender to another" (p. 52). Transgender students more frequently experienced harassment, felt unsafe, and perceived a minimal sense of belonging in the college environment than their cisgender peers of any sexual orientation (Dugan et al., 2012). They also experienced higher rates of distress and victimization than their peers (Effrig, Bieschke, & Locke, 2011). Goodrich (2012) found that degrees of discomfort, social support, secrecy, and academic achievement played a role in transgender students' ability to persist in college. One qualitative study of transgender college students found that parents often reacted negatively to students' coming out as transgender, while friends were more supportive (Pusch, 2005). In addition, those students who had not transitioned perceived negative reactions from others and had a sense that they were not seen as normal (Pusch, 2005).

While most studies highlighted negative experiences and oppression, Harper, Brodsky, and Bruce (2012) detailed the positive connotations that gay and bisexual male youth associated with their sexual orientation, including sexual, environmental, and gender flexibility, and the resilience they displayed in the face of discrimination, expressed through acceptance, self-care, rejection of stereotypes, and activism. A national study found that lesbian and gay students were more involved in activism than heterosexual peers (Longerbeam et al., 2007). Studies have begun to address the leadership experiences of LGBT students and connections to identity development (Jourian, 2014; Ostick, 2011; Renn & Bilodeau, 2005; Renn, 2007). Vaccaro and Mena (2011) described the stressors experienced by self-identified queer student activists of color such as limited formal support and poor boundaries that led to burnout, compassion fatigue, and even suicidal ideation. Tomlinson and Fassinger (2003) examined the relationship between career development and lesbian identity development and found that some lesbian students may be reluctant to utilize campus services such as career services offices.

LGBTQ People with Disabilities

The research described previously demonstrates that queer and disabled students in higher education have often been conceived as mutually exclusive groups, despite the introduction of frameworks that consider multiple social identities. Because higher education research has rarely considered this identity intersection, this section addresses the literature on LGBTQ youth with disabilities in primary, secondary, special education, and supported living settings, as well as research on LGBTQ adults with disabilities in settings outside of education. Finally, the experience of LGBTQ students with disabilities in higher education, based on one empirical study and several descriptive publications, is considered.

LGBTQ youth with disabilities. Duke (2011) presented a meta-synthesis of publications on LGBTQ youth with disabilities between 1995 and 2010. This review represented the most comprehensive review of research literature on queer people with disabilities to date. Of 24 publications reviewed, 13 were based on research studies, while the remaining 11 were non-empirical and were instead descriptive works, guides, or autobiographies. Predominant disciplinary perspectives of authors included special education, disability studies, psychology, gender/sexuality studies, and medicine/neuroscience. Very little work emerged from the field of educational administration. Much of the literature focused on support groups, supported living, and independent living environments for LGBT youth with disabilities. The scant literature on educational experiences of LGBT youth with disabilities primarily focused on K-12 school settings.

Sears (2003, as cited in Duke, 2011) found most research on LGBT youth was essentialist in ideology and based on survey research. Less than 2% of 400 studies Sears analyzed came from a critical research paradigm. This contrasts with Duke's (2011) findings that most studies of LGBT youth with disabilities employed qualitative methods, including case study, ethnography, and action research. Three studies utilized mixed methods and one used quantitative methods. Duke speculated that "this still nascent body of empirical literature on LGBT youth with disabilities reflects a recent paradigm shift toward a more complex, authentic, and socially just exploration of issues" related to disability, gender, and sexuality within special education, disability services, and research communities (p. 40). In addition, none of the articles and chapters reviewed by Duke were classified as primarily theoretical; while theoretical frameworks were used, "explaining, expanding, or refining theoretical constructs did not seem to be the primary purpose" of any publications (p. 40). This finding emphasizes the need for theory building around the experiences of LGBT youth with disabilities.

Interestingly, international research on LGBT youth has proliferated, while only three research-based publications focused on youth in the United States. According to Duke, the "lives and experiences of LGBT youth with disabilities have been all but ignored by U.S. researchers" (p. 40). In addition, female and transgender participants were underrepresented in the research literature. While studies focused primarily on individuals with autism and/or intellectual disabilities, only one study focused on learning disabilities and none on attention deficit disorders (often referred to as hidden or invisible disabilities), despite more than half of students receiving special education services being diagnosed with learning disabilities. This represents another gap in the literature that the study of college students could potentially address, as college students may be more likely to have learning disabilities and/or attention deficit disorders than intellectual disabilities.

Based on his review, Duke concluded that LGBT youth with disabilities experience prejudice and discrimination in multiple contexts, including at school; that homosexuality "is a forbidden topic in many school-based special education programs and supported living programs" (p. 37); that sex education is often inadequate or nonexistent for youth with disabilities; and that LGB young people are at risk of depression, anxiety disorder, substance abuse, and suicidal ideation and attempts. Duke (2011) asserted that all LGBT youth with disabilities share the experience of living with multiple stigmatized identities and occupying "multiple socially devalued positions in educational contexts and in society at large" (p. 44), even while the population is extremely diverse and the type of disability, in particular, results in varied experiences.

In addition to Duke's (2011) work, a review of literature on LGBT students with disabilities in K-12 schooling/special education found two themes: students were at risk for developing psychological and academic problems because of fear of harm at school, and students were often not represented in cultural activities where they could explore their identity within the special education environment (Morgan et al., 2011). Special education professionals in K-12 schools, in particular, should be willing to address the multiple needs of LGBTQ students with disabilities, though educators may view students with disabilities as asexual and may hold negative personal views of LGBTQ identities. Educators must focus on using inclusive language, acquiring inclusive classroom resources such as books, while at a school level, administrators can establish Gay-Straight Alliances and anti-bullying policies (Morgan et al., 2011).

Finally, one other study considered queer youth with disabilities as a group, outside of educational settings. McClelland et al. (2012) conducted interviews and focus groups with 10 LGBT young people with intellectual disabilities, aged 17-26, in Canada. With a primary focus on sexual health needs and risks, they highlight the external control of sexuality experienced by people with intellectual disabilities, which led to negative sexual health outcomes. Control over the youths' sexuality exerted by parents and residential services staff resulted in limited opportunities for sexual activity. In addition to recommending training and resources for staff who work with youth with disabilities, they also advised that LGBTQ youth with disabilities be actively involved in creating programs about their sexual health.

LGBTQ adults with disabilities. Research has considered the multiple identities of queer adults with disabilities, outside of a higher education context (Appleby, 1994; Axtell, 1999; Shakespeare, 1999; Whitney, 2006). Overall, literature on adults has more often considered identity construction and perception management than service, medical, and psychological needs that pervade the literature on queer youth with disabilities. Many of the studies that have been published focus primarily on lesbians and bisexual women with disabilities. Appleby (1994) explored the intersections of disability and lesbianism, documenting perceptions of discrimination in society and within lesbian communities. Axtell (1999) interviewed a total of 20 lesbian and bisexual women with chronic illnesses and their partners about the development of a disability/chronic illness identity on the individual, couple, and community level. Some participants saw their disability identity as fluid and others as constant. Links between class, ethnicity, and gender were also elaborated by participants. Examining the utility of constructivist and psychosocial identity development models for disability and sexuality, Whitney (2006) proposed that interactional readings of lesbian and disability identity development models could be used to better understand the identity development of queer women with disabilities. Based on interviews with five queer women with disabilities in the Pacific Northwest, aged 25-58, Whitney found that concepts from disability and lesbian identity development models could apply to participants' discussion of both identities.

Research has also explored the counseling experiences of lesbians with physical disabilities. A phenomenological study with 25 participants addressed experiences of identity disclosure, self-advocacy, accommodations, and perceptions of counselors (Hunt, Matthews, Milsom, & Lammel, 2006). Lesbians with physical disabilities may find the need to interact with counselors for a variety of reasons related to disability, mental health, and/or sexual orientation, yet the multiple forms of oppression they face (ableism, heterosexism, and sexism at the least) may result in seeking support from friends rather than human service and healthcare professionals (Hunt et al., 2006). The study revealed variation in participants' counseling experiences, with some satisfied with their counselor's knowledge and approach and others frustrated with a counselor's lack of awareness regarding sexuality and/or disability, manifested in assumptions of heterosexuality and essentialization of lesbian and/or disability identity. Twelve of 25 participants placed importance on a counselor sharing their sexual orientation identity, while only three mentioned sharing a disability identity as important in a counseling report (Hunt et al., 2006). Though Hunt et al. recruited from all regions of the U.S. and ages 24-57, their sample consisted entirely of White women, limiting its applicability to a racially diverse population.

An additional study on queer/disabled identity included the life history narratives of 22 disabled lesbian and gay adults, aged 20-59, in Great Britain (Shakespeare, 1999). In particular, Shakespeare focused on the experiences of "coming out" as gay and as disabled, and how these two identities intersected. Marginalization within both LGB and disability communities was common (Shakespeare, 1999). Firmly rooted in the social model of disability that views disability as the interaction between a person's impairment and an inaccessible environment, Shakespeare reported that "coming out" as gay/lesbian and disabled was not merely about accepting oneself, but more often about adopting a politicized identity and seeing oneself as member of a community. The identities were not uniformly proclaimed by all participants; some elucidated the links and overlaps between queerness and disability, while others noted points of conflict and tension between the two identities (Shakespeare, 1999).

Quantitative studies on this topic have addressed health concerns rather than identity development. A meta-analysis of 25 studies about mental health and self-harm among LGB people found the population at greater risk for developing mental disorder, suicidal ideation, substance abuse, and self-harm than heterosexuals (King et al., 2008). One study examined nearly 83,000 entries from the Washington State Behavioral Risk Factor Surveillance System from 2003 to 2009 and used multivariate logistic regression to examine the relationship between disability and sexual orientation (Fredriksen-Goldsen, Kim, & Barkan, 2012). Roughly 3% of adults identified as LGB. Of the LGB sample, 26% of gay men, 40% of bisexual men, 36% of lesbians and bisexual women were disabled compared to 25% of heterosexual women and 22% of heterosexual men (Fredriksen-Goldsen et al., 2012). Overall among LGB adults, 36% of women and 30% of men were disabled. The researchers found that a higher proportion of LGB adults have disabilities than their heterosexual counterparts and that LGB adults with disabilities are younger than heterosexual adults with disabilities. The health risks for both people with disabilities and LGB people were compounded for LGB people with disabilities (Fredriksen-Goldsen et al., 2012). While the study offers one of the few quantitative examinations of the intersection of disability and sexuality, disability is framed as a public health crisis that needs to be reduced rather than as a viable identity. In addition, the survey did not measure experiences of discrimination and prejudice that may have contributed to health disparities. While the health of queer people with disabilities is an important issue — the Centers for Disease Control identified disparities related to disability and sexual orientation as the two main gaps in health disparities research (Fredriksen-Goldsen et al., 2012) — the study relies on a purely medical model of disability that suggests disability needs to be prevented in the future.

LGBTQ students with disabilities in higher education. While a small but growing body of research conducted in the past 20 years has considered the intersections of disability, gender, and sexuality among youth and adults, particularly in K-12, special education, and community settings, researchers have rarely addressed higher education experiences of undergraduate and graduate students. Retelling the story of an undergraduate student and cautioning against the simplistic application of analogies among social identities, Samuels (2003) reflected on:

> the shifting and contested meanings of disability; the uneasy, often self-destroying tension between appearance and identity; the social scrutiny that refuses to accept statements of identity without 'proof'; and, finally, the discursive and practical connections between coming out—in all the meanings of the term—as queer and as disabled (p. 233).

With these themes in mind, this section will consider the scant literature on queer students with disabilities in higher education.

Several studies have addressed mental health among queer students in higher education (D'Augelli, 1993; Westefeld, Maples, Buford, & Taylor, 2009), primarily from standpoints of risk and prevention rather than focusing on community and identity building and campus experiences, the foci of this study. Duke's (2011) meta-synthesis of publications on LGBTQ youth with disabilities included only two publications specific to the higher education environment, both of which were descriptive and non-empirical (Harley et al., 2002; Underhile & Cowles, 1998). Few quantitative studies in higher education included demographic categories related to disability, sexuality, and transgender identity (Garvey, 2014). Garvey's (2014) analysis of 373 quantitative articles in the five top-tier higher education and student affairs journals published between 2010 and 2012 revealed that only seven studies included sexual orientation variables, while two studies included transgender identity and none included disability. Calling these findings "astonishing and unacceptable" (p. 211), Garvey articulated a case for including these categories in future work:

> Sexual, transgender, and disability identities permeate all facets of higher education, including all constituents (students, faculty, administration, alumni), policy, and teaching. … Unfortunately, due to the subject and content of quantitative analyses, these journals are in essence erasing the experiences of several large groups of individuals, namely people with disabilities, transgender individuals, and sexual identity minorities. (p. 211)

While Garvey evaluated quantitative research, and arguably more qualitative studies have focused on these identities, few studies (whether quantitative or qualitative) have addressed disability, gender, and sexuality in tandem.

In one of the first publications to specifically address the experiences of queer students with disabilities in higher education, Underhile and Cowles (1998) asserted that people with disabilities "are objectified as merely the sum of their parts, while GLBT students are diminished to a set of sexual behaviors" (p. 172). Colleges and universities must provide safe and accessible spaces for students to explore their multiple identities before they can expect that LGBTQ students with disabilities will become visible

(Underhile & Cowles, 1998). Building upon the work of Underhile and Cowles, Harley et al. (2002) presented an overview of the needs of LGBT students in general with some reference to disability as an added component of the diversity of the LGBT student population. Framing the discussion of queer students with disabilities as a group with "multiple service needs involving disabilities, identities, and adjustment strategies" (p. 525), the authors claimed that students are accommodated due to disability and excluded due to sexual orientation. Suggestions for administrators and faculty working with LGBTQ students with disabilities include making intentional links between disability and LGBTQ concerns on campus, providing training for staff, and organizing support groups (Harley et al., 2002; Underhile & Cowles, 1998). Finally, the identities and needs of transgender students with disabilities need to be considered; transgender students are often categorically lumped together with LGB students despite the differences in sexual orientation and gender identity (Mizock, Covello, & Ferreira, 2013). Best practices for the inclusion of transgender students with disabilities include creating a welcoming climate; conducting training; and ensuring that admission, campus activities, counseling, employment, facilities, and services are both accessible and inclusive of needs related to gender identity and disability (Mizock et al., 2013).

Though the descriptive work on queer students with disabilities has initiated a (limited) focus on this population in higher education and offered advice for faculty and staff members who work directly with students, Henry et al.'s (2010) single-subject qualitative study offers one of the most recent and one of the only published research-based studies on this population. The study explored the experiences of one gay male college student with disabilities to better understand how he “navigates his surroundings and utilizes the resources available, or lack thereof” (Henry et al., 2010, p. 378). The authors operated from a constructivist paradigm (Guba & Lincoln, 1994) and grounded their study in the multidimensional identity model (Reynolds & Pope, 1991) and the revised model of multiple dimensions of identity (Abes et al., 2007). The authors asserted that research on identity navigation must move beyond a “single viewpoint which oversimplifies and produces generalized conclusions that do not account for complex exchanges between multiple identities” (Henry et al., 2010, p. 380). Throughout the article, the authors utilized the Reynolds and Pope model (1991), analyzing the responses of the participant through the lens of the four distinct identity resolution options. At times, use of the Reynolds and Pope approach felt simplistic and even clinical and diagnostic, as if the researchers were trying to neatly fit their participant to an existing model.

Research by Henry et al. (2010) relied on one face-to-face interview that lasted an hour and a half. Six initial questions in the interview protocol asked about experiences in the campus environment, academic experiences, advice the participant would offer to others with similar identities, and recommendations for university administrators. Overall, these questions were worded in a seemingly neutral fashion, which helped avoid assumptions that experiences would necessarily be positive or negative. However, in one question, the researchers asked the participant whether being gay or disabled is the “lower priority” for him (p. 382), framing the question in a way that assumed one must take priority and excluding the possibility that the degree of identity integration may vary by context and over time. The participant talked about discomfort discussing sexuality in the disability services office, including a perception of counselors as impersonal and unapproachable on topics other than disability (Henry et al., 2010). Academic challenges and discrimination the participant faced were attributed to disability, not sexuality, in part due to the visibility of the participant's physical disability.

The researchers attempted to ensure trustworthiness through a member check of the data, persistent observation, negative case analysis, peer debriefing, and maintenance of materials in a field log (Henry et al., 2010, p. 382). The researchers relied upon the experiences recounted by a single individual, which the authors contended allowed for the exploration of complexity, while conceding that one voice "cannot account for all encounters and meanings" of identifying as LGBT and with a disability (p. 381). A strong rationale for a single interview was not provided. Given that there is only one participant in the study, the researchers may have been able to triangulate their findings and more deeply explore aspects of the complexity of the participant's identity (one of the study's stated goals) by taking a longitudinal approach and conducting multiple interviews. Additionally, with multiple interviews, the participant may have been able to reflect between episodes on his identity and experiences, adding to the richness of the data in subsequent interviews. A single interview with one participant precluded the study from exploring the themes and categories that would emerge from a study with multiple participants and/or interviews. Recruiting multiple interviewees would also help illuminate divergent and convergent experiences and ways that participants constructed their identities. While the study made a positive contribution to an area lacking in the literature, the use of a single subject and analytic choices that bordered on reductionist ultimately limited its utility for scholars and practitioners.

Theoretical Frameworks

Scholarship in student development has too often assumed a normative developmental process that occurs for all individuals, regardless of identity, and has neglected within-group difference and diversity (Torres et al., 2009). In addition, research in higher education has often employed constructivist epistemologies and psychosocial and cognitive approaches to identity development (Renn, 2010; Torres et al., 2009). The use of queer theory in LGBTQ research in higher education has been minimal, ironically despite the proliferation of queer theory in the academy: "Using queer theory in higher education research—an applied field that resists heavy theorizing—is hard, and perhaps that is why there are so few good examples of it" (Renn, 2010, p. 139). Disability studies has also expanded in higher education (Linton, 1998; Sherry, 2004), yet has not often been utilized to consider students' development of social identities. Incorporating postmodernism and queer theory with critical perspectives (Tierney & Rhoads, 1993), including intersectionality and disability studies, offers a complex theoretical foundation for the present study that warrants an exploration of some central tenets of the frameworks. In addition, the growing field of queer disability theory or crip theory (McRuer, 2006) will be profiled. Accordingly, this study aims to center "the intersection of postmodernism and the politics of emancipation" (Lather, 1991, p. 2).

Postmodernism. Postmodernism defies easy categorization and definition. In a postmodernist view, "reality is ultimately knowable" (Sipe & Constable, 1996, p. 155) and there is no single, objective truth to be discovered through research. Lyotard (1984, p. xxiv, as cited in St. Pierre, 2000) summarizes postmodernism as “incredulity toward metanarratives,” a rejection of sweeping theories and generalizations. Postmodernism entails “rethinking identity and politics” and considering “multiple, local, intersecting struggles” (Seidman, 1993, p. 105). It challenges “the very notion of a stable, fixed, unified self, instead emphasizing fragmentation, fluidity, and performativity” (Torres et al., 2009, p. 586). Foucault (1988) asserts that postmodernism critiques metaphysics and questions the “concepts of causality, of identity, of the subject, of power, knowledge, and of truth” (p. 18, as cited in Zeeman, Poggenpoel, Myburgh, & Van der Linde, 2002, p. 98). Binaries and opposites such as dark and light, up and down, and true and false are interrogated, deconstructed, and sometimes collapsed within in a postmodern framework (MacLure, 2006).

Postmodernism is a critique of the world and assumptions about truth and knowledge. Features of the postmodern world include “globalization, the spread of information technologies, and the fragmentation of nation-states” (Glesne, 2011, p. 12). Assumptions can be uncovered by analyzing the various discourses employed in society. Studying these discourses does not lead to the “truth,” but provides another way of knowing and seeing. Ultimately, “truth” cannot exist beyond what is socially constructed (Sipe & Constable, 1996). If modernism represents the enlightenment, the scientific method, rationality, progress, and objective understandings of research, then postmodernism stands in stark contrast, offering that there is no objective “science” in existence. Postmodernism “abandons the enlightenment ambitions of unity, certainty, and predictability" and instead views the world as chaotic (Constas, 1998b, p. 26). If positivism attempts to predict, interpretivism to understand, and critical theory to emancipate, then postmodernism attempts to deconstruct (Lather, 2006).

The use of postmodernism in educational theory is contested and debated. Constas (1998a) articulated a need to "decipher" postmodern educational research, arguing that the postmodern perspective has been inadequately defined, presenting a major problem in his view that "those enamored by postmodernism" ignored (p. 36). He offered a graphic illustration that categorized postmodernism (a questionable task, postmodernists might argue) as idiosyncratic in methodology, unbounded in representation, and decentering in the political dimension — or, "diu" (decentering, idiosyncratic, unbounded; p. 39). Contrasting this "diu" perspective of postmodernism, Constas classifies post-positivism as "cnb" — centering, normative, bounded (p. 39). By rejecting definition, centering subjectivity, and questioning the existing order, postmodernists have, in fact, carved out a metanarrative or definition for their work, Constas (1998a) argued. Pillow (2000) and St. Pierre (2000) responded to Constas, questioning the need to define and make postmodernism intelligible or decipherable. To St. Pierre, who critiqued the lack of epistemology and ontology in Constas' (1998a) graphic representation, the "burden of intelligibility lies as much with the reader as with the writer" (p. 25). Pillow (2000) critiqued Constas' desire to define postmodernism and his failure to examine some of the postmodern educational research that has been published. Another critique of postmodernism is revealed in contemporary legislative trends regarding the funding of educational research, as only research narrowly defined as scientific, generalizable, and quantitative merits recognition by the United States government (St. Pierre, 2002).

Though not traditionally applied to the study of student identity in higher education, postmodernism is poised to offer new intricacies to the field (Torres et al., 2009). Postmodern research aims not to reduce complexity, but expand it. Lather (1991) asserted that “to write ‘postmodern’ is to simultaneously use and call into question a discourse, to both challenge and inscribe dominant meaning systems in ways that construct our own categories and frameworks as contingent, positioned, partial” (p. 1). In this way, postmodernism can “provide theoretical context for research into and interpretation of students’ identities” (Torres et al., 2009, p. 581). In so doing, examination of identity within a postmodern context must “avoid assuming that all individuals who share a social location by virtue of their gender or sexual orientation share a common or identical history or social experience” (Seidman, 1993, p. 136).

Disability studies. Disability studies centers the perspectives and lives of people with disabilities (Berger, 2013), rather than the perspectives of professionals in many large industries (i.e. education, medicine, psychiatry) who earn a living by working with people with disabilities. As an interdisciplinary field spanning social sciences, education, humanities, and medicine, disability studies considers diverse topics such as educational access, history, representation in film and literature, technology, language, and law (Berger, 2013). Though many models of disability and many divergent branches of disability studies exist, the field tends to reject purely medical, psychiatric, or functional limitation views of disability in favor of the notion that disability is socially constructed

(Withers, 2012). Disability studies also tends to “frame disability as a collective and social experience rather than an individual or medical one” (Thompson, Bryson, & de Castell, 2001, p. 54). Disability is too often conceived as individual, as medical, as a problem, and as a problem that will be solved by people without disabilities who objectify people with disabilities (Linton, 1998). In response, disability studies must depart from these dominant notions to promote new, more nuanced understandings of disability (Linton, 1998). Cvetkovich’s (2012) work, for example, considers depression as a social rather than a strictly medical phenomenon, opening up new possibilities for considering negative feelings and exploring how “feeling bad might, in fact, be the ground for transformation” (p. 3).

In the view of many disability studies scholars, disability is separate from impairment per se; impairment may reflect a particular functioning or non-functioning of a part of one’s body, but one is not disabled (or, to some, handicapped) until obstacles in the human-made environment prevent access or engagement (Berger, 2013). For instance, a person who uses a wheelchair and lives in an adapted home environment may not be considered disabled until she leaves home and interacts with an inaccessible transportation system in her city. In this way, the environment is seen as creating the disability (or handicap). Disability studies scholars have advanced the notion of universal design, a concept originally rooted in architecture that has expanded to other fields including education (Higbee, 2003; Higbee & Goff, 2008; Pliner & Johnson, 2004). Universal design prevents or reduces the need for individual accommodations, instead opting for spaces to be designed from the start with the needs of the full population in mind. Streets and sidewalks that are designed from the start with wide passages and curb cuts are hoped to be physically accessible to all, including those with and without disabilities. In the classroom, using multiple modes of instruction and assessment contributions to universal instructional design (Pliner & Johnson, 2004).

Many disability studies scholars also incorporate minority group, political, radical, and social justice perspectives on disability that conceive of people with disabilities as an identity group that organizes and agitates for civil rights, equity, and reexamination of identity categories (Withers, 2012). Disability studies has begun to analyze intersections of disability with gender and sexuality (McRuer & Mollow, 2012; Shildrick, 2009; Smith & Hutchison, 2004). A radical model of disability calls for a complete reimagining of the ability/disability binary, viewing the norm of ability as arbitrary and disability as inseparable from other forms of oppression, incorporating intersectionality (Withers, 2012). According to Withers, the radical model incorporates both disability oppression (referred to as disablism) and experiences of body and mind, while other models have typically accounted for one or the other: the social model accounting for oppression and the medical model focusing on the body and mind. Capitalism and ableism, in tandem, have produced a myth of independence, when "no one is actually independent … we are all actually interdependent. …. [N]on-disabled people have their dependencies normalized" (Withers, 2012, p. 109). While disability studies scholars have operated from a range of epistemological standpoints, the radical model of disability in particular draws upon postmodern and critical stances. Insights from the radical model of disability are poised to offer complexity to a study of college students' multiple, intersecting identities.

Queer theory. Queer theory, true to its postmodern epistemological underpinnings, resists definitions and summaries. In contrast to disability studies, with its multiplicity of epistemological stances, queer theory emerged as a postmodern departure from the more normative field of gay and lesbian studies. As an academic project that began in the early 1990s, queer theory considers identity, and gender and sexuality in particular, as fluid and socially constructed. Identity is "always becoming" (Thompson et al., 2001, p. 56), or perceived as dependent on history, context, time, and space rather than on biology, genetics, or medicine. Identity does not represent any particular underlying, essential truth about the nature of humanity, but instead reflects multiple political and discursive demands, and varies.

In queer theory, identity is often conceived as performative (J. Butler, 1990, 1993; Fellabaum, 2011); that is, one performs (or fails to perform) an identity that is socially constructed, and by performing, one becomes gendered. The concept of performativity makes visible and critiques the normative expectations for women and men in society (and for other identities) that are not intrinsic or biological, but constructed. Gender, as traditionally conceived, is fiction (J. Butler, 1990). Performativity goes beyond mere performance, as it "refers to the process through which the subject is constituted" (Sullivan, 2003, p. 89). Though queer theory does not (only) refer to those who take on an identity as queer, or those who identify as lesbian, gay, bisexual, or transgender, it often highlights the narratives of self-identified queer people who may expose and violate gender norms operating within society. It also incorporates sexualities and sexual practices typically deemed deviant or abnormal, including but not limited to same-sex desire and sexuality.

Finally, queer theory entails a critique of dominant power structures and an unraveling of concepts of normality/abnormality. Binaries such as gay/straight, man/woman, and male/female are questioned, disrupted, and rejected. Queer theory has begun to be used in higher education research as a framework for understanding college student identity and as an alternative to psychosocial models of identity development (Renn, 2010). Even though gender and sexuality have increasingly been studied in the higher education literature, most research frames the identity categories within a binary when it would be possible to view identity through lenses of gender performativity and compulsory heterosexuality (J. Butler, 1990, 1993, 2004; Fellabaum, 2011; Hart & Lester, 2011; Rich, 1980). For example, Hart and Lester (2011) studied gender performance in the context of a women's college and the simultaneous hypervisibility, invisibility, and oppression of transgender students. Abes and Kasch (2007) and Abes (2008) questioned fixed notions of identity, drawing upon queer theory and other theoretical frameworks to discuss students' conceptions of their multiple identities. The role of gender performance and compulsory heterosexuality should also be considered in the specific contexts of academic and career services, the classroom, college athletics, fraternities and sororities, and campus housing (Fellabaum, 2011).

Queer/crip theory approaches. In the last 15 years, memoirs and narrative accounts called attention to the intersections of disability, gender, and sexuality

(Brownworth & Raffo, 1999; Clare, 1999; Galloway, 2009; Guter & Killacky, 2004). Shakespeare (1999) noted that there are “contradictions and confusions between sexual and disabled minority status, which can render disabled lesbians, gays, and bisexuals doubly disadvantaged, trying to resolve two contradictory identities, eternally seeking a home” (p. 40). A combination of disability studies/crip theory and queer theory is needed to consider the complex identities of LGBTQ people with disabilities (Thompson et al., 2001) and to push both fields toward a reconsideration of identity categories in general.

Theorizing at this intersection of identities—and more specifically, at the intersection of queer theory and disability studies—has also emerged and has taken the name of queer disability studies, or crip theory (McRuer, 2006; Kafer, 2013). The label “crip theory” has attracted both adherents and critics, as Sherry (2013) called the term crip, “the new fashionable term among disability studies academics” (para. 2) and asserted that people with disabilities would not use it, an issue that calls to mind the still occasionally controversial use of the word queer both within and outside of academia. Nevertheless, a combined queer/crip theory approach not only foregrounds those who identify as queer and disabled, but also troubles both identity categories and considers queer and disabled readings of a variety of cultural texts and current and historical events (Kafer, 2013). Multiple scholars have considered the “overlaps and contradictions” (Sherry, 2004, p. 769) between queer and disabled identities and theories (R. Butler, 1999; Cramer & Gilson, 1999; Henry et al., 2010; Hunt et al., 2006; McRuer, 2006; Olney & Brockelman, 2003; Samuels, 2003; Shakespeare, 1999; Sinecka, 2008;

Thompson et al., 2001; West, 2010; Whitney, 2006; Tewksbury & McGaughey, 1998). Some noted similarities by these scholars have included:

- isolation from family members who may not share the identity;
- awareness or development of an identity may occur later in life;
- experiences of isolation, oppression, rejection, stereotypes, trauma, violence;
- few role models or positive images;
- construction of a “coming out” or disclosure process;
- an ability to “pass” for another identity (for some);
- perceptions as “invisible” identities (for some);
- difficulty in finding community;
- history of medicalization and pathologization;
- history of the groups not being taught in schools;
- lack of civil and legal rights (for some);
- perceptions of deviance, abnormality, sickness, immorality;
- ignorance and misinformation about the sexuality of queer and disabled people, including an expectation of asexuality (for some) and perceptions of hypersexuality (for some);
- importance of the body and the role of standards of beauty;
- debates between essentialism (biological and genetic explanations of identity) and social constructionism;
- debates between assimilation and separatism; and
- language originally used to degrade group members being reclaimed—i.e., crip, queer (by some).

While the similarities are many, key differences have also been noted and the prospect of easily analogizing identities has been challenged (Samuels, 2003). Such a project may also be fraught with difficulty, as many (non-disabled) queer people and (heterosexual/cisgender) people with disabilities “have labored to untangle the negative articulations of one with the other” (West, 2010, p. 156). In addition, queer people and people with disabilities have been portrayed and stereotyped in distinct ways. People with disabilities are often infantilized, seen as visibly different, and unable to conceal disability (Shakespeare, 1999). While queer people often come together for leisure and lifestyle purposes, people with disabilities often organize for primarily political purposes, just one way in which the identities are conceived differently and viewed with different significance in various contexts (Shakespeare, 1999).

With these similarities and differences in mind, McRuer (2006) proposed that crip theory entails:

> 1. Claiming disability *and* a disability identity politics while nonetheless nurturing a necessary contestatory relationship to that identity politics. ...
> 2. Claiming the queer history of coming out—"out of the closets, into the streets"—while simultaneously talking back to the parent culture. … Talking back to the queer parent culture would entail rejecting the various ways that LGBT understandings of coming out have devolved (and the ways disability coming out might devolve) into, for instance, discovery, announcement, and celebration of individual or individualized difference.
> 3. Demanding that … another world is possible, or that—put differently—an accessible world is possible. "Access," however, needs to be understood, according to this principle, both very specifically and very broadly, locally and globally. …
> 4. Insisting that, even more, a disabled world is possible and pointing out that counterglobalization and other left movements that cannot begin to conceptualize the idea—that a disabled world is possible and desirable—as anything other than counterintuitive need to be cripped. …
> 5. Moving "beyond ramps," as Marta Russell put it, to questions of how private or privatized versus public cultures of ability or disability are conceived, materialized, spatialized, and populated. … (pp. 71-72)

In crip theory, texts may be read as queer and crip (or, as verbs, readings may queered or cripped). McRuer (2006) posthumously positioned Gloria Anzaldúa (1999) as a crip theorist, even though she did not use the term, as "her famous theory of the borderlands … has proven so generative for feminist, queer, and antiracist work because it simultaneously invites disparate groups to imagine themselves otherwise and to engage purposefully in the difficult work of bridge-building" (p. 39).

Both queer theory and disability studies have often considered the roles of the body, sexuality, spatiality, and temporality (in disability studies: R. Butler & Parr, 1999;

McRuer & Mollow, 2012; Shildrick, 2009; in queer theory: J. Butler, 1993; Duncan, 1996; Foucault, 1990; Grosz, 1995; Halberstam, 2005). Clare (2001) described the necessity of considering both oppression and the body:

> Locating the problems of social injustice in the world, rather than in our bodies, has been key to naming oppression. … But at the same time, we must not forget that our bodies are still part of the equation, that paired with the external forces of oppression are the incredibly internal, body-centered experiences of who we are and how we live with oppression. To write about the body means paying attention to these experiences (pp. 360-361).

This dual consideration of the body and oppression is echoed in Withers' (2012) account of a radical disability model. Queer theory and crip theory represent viable theories for rethinking identity categories and for considering the experiences and positionality of LGBTQ people with disabilities.

Intersectionality. Finally, a brief consideration of intersectionality is in order as the concept and terminology is employed this study, though not as a primary theoretical framework. Hill Collins (2000) explained that Black feminist thought "challenges additive analyses of oppression" and instead views each of system of oppression as a unique component of an overarching, interlocking "matrix of domination" (p. 270). Groups at the intersections face distinct experiences of privilege and oppression. In explicating intersectionality, Crenshaw (1989) discussed the "tendency to treat race and gender as mutually exclusive categories of experience and analysis," which results in Black women being "theoretically erased" (p. 139). Purdie-Vaughns and Eibach (2008) referred to this phenomenon as "intersectional invisibility," pointing out that those "with two or more subordinate identities do not fit the prototypes of their constituent subordinate groups" and are thus rendered socially invisible in all groups (p. 381).

Student development theory that departs from traditional linear developmental trajectories helped contextualize concepts of intersectionality. The reconceptualized model of multiple dimensions of identity (Abes et al., 2007) and successive theories that have built upon it (Jones & Abes, 2013) offer a lens through which to view the development of and relationships among multiple identities. The concept of intersectionality offered a helpful analytic tool for use in this study, and complemented the use of concepts from disability studies, queer theory, and queer disability studies (crip theory), the frameworks that predominantly guided this study.

Summary and Analysis

This chapter includes a review of literature on college student identity development, with a focus on theories of multiple, intersecting identities. In addition, this chapter outlined the literature base on students with disabilities and lesbian, gay, bisexual, transgender, and queer students in higher education, highlighting identity development models and research studies focusing on campus experiences and identity management perceptions. Then, research on LGBTQ people with disabilities, both in higher education and in other contexts, was reviewed. Finally, this chapter presented brief syntheses of postmodernism, disability studies, queer theory, and queer disability theory/crip theory as theoretical frameworks for the larger study.

As addressed in this review, theories of college student identity development have often drawn from psychosocial models that proposed stages or phases of development, from naiveté to increasing sophistication and critical thinking. More recently, theorists have considered the development of social identities such as race, gender, sexual orientation, and disability, especially in the context of systems of oppression, though these considerations have often placed one social identity in isolation, leaving the intersections and overlaps of multiple identities unaddressed (Torres et al., 2009). Multiple identity development theories entered the fray and offered complexity to research about college students' social identities, even as a psychological/psychosocial orientation continued to predominate. In the last decade, however, postmodern approaches to considering college student identities, including queer theory, have begun to emerge in the literature. This literature points to the need to consider the institutional context in which students develop their identities, thus necessitating consideration of campus climate as a construct that allows researchers to consider the interaction between the individual and the environment. Postmodern approaches also highlight the unstable, evolving, and contextual nature of social identities. Future directions for research on student identities include emphasizing intersectionality, acknowledging fluidity within identity categories, and providing nuanced explorations of contextual environments (Torres et al., 2009).

This review also found that disability is often framed in terms of legal obligations and accommodations and services that are aimed to help student succeed in the classroom. Research has examined institutional, physical, and attitudinal barriers that students face, each of which are substantial obstacles. Though physical barriers have not been eliminated, these barriers and a focus on physical disabilities seems to predominate in many discussions of disability in higher education. Some studies have addressed the identity development and identity management processes in which students with disabilities engage on campus, particularly disclosure, self-advocacy, and the need to actively navigate the perceptions of others. The dominant message based on current research is that students with disabilities face numerous obstacles to their higher education pursuits and must devise creative strategies to navigate institutions that are often inaccessible and unwelcoming.

Being LGBTQ on college campuses, by contrast to disability, is much more often presented as an identity to be developed. Yet, a primary focus still centers experiences with and responses to discrimination, harassment, and oppression that are common in all sectors of higher education. Specifically, LGBTQ students are often framed as needing safety, affirmation, and allies (individuals who support LGBTQ identities and work to end homophobia). The study of transgender students has typically addressed identity development and service needs (Goodrich, 2012). Campus climate studies that inventory these experiences among LGBTQ students are common, including many institution-specific surveys and several national studies.

Several similarities in the study of disabled and queer college students have become apparent: Both groups have been framed as victims of, and increasingly, resistors of, systems of oppression that operate in society and in educational settings. Both identities have been framed using medical models, as disability has relied upon diagnosis and queer identity has been considered through the lenses of sexual health, mental health, and substance abuse. The two groups have been considered invisible (at times) and are sometimes excluded or only implicitly included in the discourse of diversity in higher education. The literature on identity for both populations has addressed the need to manage the perceptions of others through disclosure, coming out, expressions of gender and disability, personal associations, and activities on campus. Yet, differences in the research literature have included a predominant focus on academic and transition concerns for students with disabilities, primarily as related to accommodations in the classroom, while conceiving LGBTQ student experiences largely outside of the classroom, within frames of identity, community, activism, and leadership. The concept of ally development has flourished primarily in LGBTQ literature, but has had only minimal mention in the disability literature.

Despite similarities, research on students with disabilities and on LGBTQ students considers, by omission, these groups to be distinct and mutually exclusive. These studies do not typically overlap conceptually or in terms of population sampled. Most research in this area is qualitative, but often limited in scope due to single-subject design or limiting theoretical frameworks that attempt to fit students' lives into preconceived conceptual boxes. New explorations of identity in research might "resist the notion of identity as a developmental and linear process, instead emphasizing the fluid, dynamic, and performative nature of identity" (Torres et al., 2009, p. 578). Furthermore, previous research samples have often been predominantly White and homogenous in other dimensions of identity, concerns that new research must address.

Theoretically, studies of student identity have expanded beyond positivism to include constructivist perspectives, though positivist studies with quantitative methods are still highly valued in the top higher education and student affairs journals (Evans et al., 2009). However, critical and postmodern perspectives are needed in the study of student identity, and postmodernism and queer theory offer particularly rich possibilities for considering the topic (Abes & Kasch, 2007; Evans et al., 2009; Renn, 2010; Torres et al., 2009). Because the "most sophisticated theoretical resources fail to adequately represent the identities and communities" of LGBTQ people with disabilities (Thompson et al., 2001, p. 53), an integration of queer theory and disability studies perspectives might address these shortcomings.

This literature review affirmed the need for the present study, as studies of LGBT people with disabilities in schools, particularly in higher education and in a U.S. context, are rare. Thus, new knowledge based on empirical study of this population would better inform theory, research, and practice in higher education. Duke's (2011) meta-analysis on studies of LGBTQ youth with disabilities offered a compelling case for the present study examining the identities and campus experiences of queer students with disabilities in higher education. Existing research on queer people with disabilities focuses primarily on K-12, special education, and community settings rather than on higher education, with work emerging from disciplines such as special education, psychology, and counseling. Broadly, research on queer youth with disabilities tends to utilize a medical model of disability rooted in fields such as special education and psychology, with a resulting focus on the service, health, and sexuality education needs of youth. Literature on adults, by contrast, has been more open to exploring questions of self-identity and the navigation of multiple, marginalized identities, fitting into the social model of disability often present in disability studies. More research is needed to look at differences in LGBTQ disability communities and to look cross-culturally at how identification and meaning is constructed (Shakespeare, 1999).

The epistemological orientations of these studies were primarily positivist or constructivist, and rarely critical or postmodern. Much international research has contributed to this knowledge base, but empirical studies in a U.S. context have been rare. Though qualitative inquiry is common, many studies used a single-subject design, limiting their diversity and applicability. Finally, the studies often focused on intellectual and physical disabilities, rather than on disability as a broadly constituted, socially constructed category that includes cognitive, emotional, medical, and psychiatric disabilities. In short, more research must center the experiences of queer students with disabilities in higher education.

The study of queer students with disabilities in higher education must consider students holistically by incorporating an analysis of the oppression they experience, while not letting marginalization and resistance singularly define the knowledge base about these students (Longerbeam et al., 2007; Talburt, 2006). The first wave of research on both populations has been predominantly characterized by themes of risk and resilience (Sanlo, 2004; Talburt, 2006), but it is time to apply what has been learned and move forward with an expanded research agenda. Research must consider students' academic experiences, beyond accommodation for disability; major and career choices, and how they are influenced by identity; involvement outside of the classroom, including but not limited to membership and leadership of identity-based organizations; and perceptions of and responses to the campus climate, beyond discrimination and passive acceptance of the status quo. Students themselves are transforming the campus climate at many institutions, making campuses more inclusive and calling attention to the ways in which identity is discursively framed in singular dimensions in many spaces on campus. It is past time for researchers to follow their lead and provide theoretical and practical understandings that attempt to do justice to their complexity and diversity, as students and as people.

The knowledge base on queer students with disabilities currently consists of one empirical study, reporting results from a single interview with one gay student with a disability (Henry et al., 2010). In addition, the lack of an explicit queer theory/crip theory approach in higher education forecloses possibilities for understanding students' experiences. This study aimed to address those gaps. The following chapter will detail the methodology used in the study.

Chapter 3: Methodology and Procedures

This study explored the higher education experiences and social identities of undergraduate and graduate students who self-identify with a disability and as lesbian, gay, bisexual, transgender, or queer. The primary research questions included:

1. How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality?
2. How do LGBTQ students with disabilities at a predominantly White, research-intensive university in the southern United States perceive the influence of context in shaping their identity development journeys?

With these research questions in mind, this chapter details the study's methodological plan, including the overall qualitative research design, interview methods, and sampling strategies. In addition, the study's data collection procedures and instruments, including an interview protocol that has been pilot tested and revised, will be described. Finally, this chapter will detail the study's data analysis procedures, including situational analysis techniques and qualitative coding methods.

Research Methods and Design

This study was grounded in qualitative methodologies informed by postmodern and critical epistemologies (Lather, 1991; Tierney & Rhoads, 1993). Museus (2007) recommended qualitative methods such as individual interviews, focus groups, document analyses, and direct observations to reveal the campus culture. Specifically, this study employed the use of semi-structured, in-depth interviews (Jones, Torres, & Arminio, 2014; Legard, Keegan, & Ward, 2003) and document analysis (Whitt, 1992). Qualitative research methods offered the most promising route to researching the experiences of queer students with disabilities, because quantitative research examines aggregate data and eliminates outliers, while qualitative research "values individual voices and is often used to illuminate voices that have previously been marginalized" (Perl & Noldon, 2000, p. 38). This research was designed to deconstruct dominant discourses of gender, disability, and sexuality in higher education. Though a single set of postmodern research or interview methods does not exist and would contradict the paradigm's philosophic basis (Gubrium & Holstein, 2003), educational researchers have advanced methods that are generally compatible with postmodernism, including situational analysis and the standards of catalytic validity, which will be explored later in this chapter (Clarke, 2005; Lather, 1991).

Despite the strengths of qualitative methodologies, there are drawbacks to using these approaches. Qualitative studies are not considered generalizable to the larger population (Maxwell, 2013). This study sought to describe the depth of participants' experiences rather than offer the breadth that a large-scale quantitative study might. However, with the thick description provided in this study, those who read this work will ideally have the tools to assess whether findings are transferable to other settings and groups.

Population and Sampling

Purposeful sampling was employed to first select the study site and then to select individual participants for the study (Jones et al., 2014). Several criteria were used to select the higher education institution that served as the research site. First, a commitment to students with disabilities and LGBTQ students was evidenced by the presence of full-time staffed resource offices including an LGBTQ center and disability services office. In addition, the university operated academic programs in disability studies and in LGBTQ studies, including the provision of undergraduate and graduate courses and an undergraduate and graduate certificate/portfolio program in both disability and LGBTQ studies. Faculty members across the institution maintained research and teaching agendas that incorporated issues of disability, gender, and sexuality. Student organizations existed to provide community building and activist opportunities to students with disabilities and LGBTQ students. These attributes of the university resulted in this study's successful recruitment of students who had considered and explored their queer and disabled identities, and were be willing to participate in research on this topic. Of the criteria above, disability studies programs and LGBTQ resource centers were less common in higher education than disability services offices and gender/sexuality studies programs, thus narrowing the field of potential universities to serve as the research site. Membership organizations listed 191 universities with LGBTQ resource centers and 73 universities with disability studies programs, while a total of 33 campuses included both (Association of University Centers on Disabilities, 2011; Consortium of Higher Education LGBT Resource Professionals, 2014). Within those 33 campuses, convenience sampling was then used to identify the university in closest geographic proximity to the researcher. The university nearest to the researcher met all criteria listed previously. The university was a large, predominantly White research institution in the southern United States that operated resource offices for LGBTQ students and students with disabilities, both with multiple full-time employees. The university also offered academic programs and coursework related to disability, gender, and sexuality, including certificate and portfolio programs at the undergraduate and graduate levels. Given its geographic location in the South, the political climate of the region was taken into account during data collection and analysis. The campus context was considered in all phases of the study, as "negotiation of the campus environment is a process inextricably linked to the processes involved in negotiating disabled and nondisabled identities," in addition to other social and personal identities (Low, 1996, p. 237).

Sampling criteria and recruitment. This study was designed to purposefully recruit students who: (1) are at least 18 years old; (2) are presently enrolled at the university selected for this study as undergraduate or graduate students; (3) self-identify as lesbian, gay, bisexual, transgender, or queer; and (4) self-identify as a person with a disability of any kind. Disabilities can include, but are not limited to, attention-deficit/hyperactivity, blindness or low vision, brain injuries, Deaf/hard of hearing, learning disabilities, medical disabilities, physical disabilities, psychiatric disabilities, and speech and language disabilities. The primary emphasis for the study was self-identification rather than a specific medical or psychiatric diagnosis. As such, participants were not required to have received or to produce proof of a diagnosis (Hutcheon & Wolbring, 2012).

Given the study's specific criteria, purposeful sampling was employed to uncover information-rich cases (Jones et al., 2014). As interviews were conducted, the researcher continued recruiting participants both for range and unique cases by returning to previous recruitment sites and adding new recruitment venues, in addition to asking participants to refer other potential participants (snowball sampling; Small, 2009). Students with disabilities and LGBTQ students represent a numerical minority of the overall student body. Students who identify as both queer and disabled are a smaller proportion still. Given the stigmatized nature of both identities, students may choose to conceal or selectively disclose either or both identities depending on context. Labels that reflect constantly changing, socially constructed identities may be problematic and may not translate cross-culturally or internationally (Miller & Wynn, 2011). In addition, students with disabilities and students who identify as LGBTQ may be difficult to locate within higher education institutions as most universities do not track their presence on campus (Sanlo, 2004), apart from registration with a disability services office or, occasionally, with an LGBTQ center. It was necessary for the researcher to carefully consider how to identify, contact, and gain trust with those who identify in the population, due to stigma that is still associated with openly identifying as LGBTQ or with a disability, and due to potential negative repercussions, including discrimination, associated with claiming and disclosing these identities. There may also be pressure to identify with one or the other; for example, in an LGBTQ-identified space, it may not be comfortable or affirming to self-identify with a disability. LGBTQ people with disabilities may encounter oppression not only from the general population but also within communities and spaces identified as LGBTQ (in which assumptions of able-bodiedness predominate and narrow conceptions of physical attraction are valued) and disability spaces (in which heterosexuality — or lack of sexuality — may be presumed).

These factors can lead to difficulty in recruiting students for a research study of this nature. This study met a goal of recruiting 25 students. Interviewing as the primary method of data collection offered confidentiality and addressed selective identity disclosure considerations that participants may experience as members of multiply marginalized groups on campus. Pseudonyms assigned during data analysis protected this confidentiality. Participants were also given the option to participate in a focus group, though it was anticipated that fewer students would participate given the selective identity disclosure considerations discussed previously. Interest in a focus group was assessed at the conclusion of interviews with participants, though a focus group was not conducted due to low overall availability and interest from participants. In addition, some participants from the first semester this study took place graduated or left the institution before the possible focus group was discussed. This study's numerical goals for recruitment were balanced against a desire to understand the experiences of each participant in depth. The sample size was in line with intersectional, qualitative studies in higher education. Patton (2011) interviewed six gay and bisexual African American male students, while Renn (2007) interviewed 15 LGBTQ student leaders and Abes (2012) began her study on multiple identities with 10 participants who identified as lesbian or queer. The only published study that could be found in higher education focusing on LGBTQ students with disabilities interviewed a single student (Henry et al., 2010).

Data Collection Instruments

Semi-structured, in-depth interviews provided the primary data for this study, as these methods allowed participants to share their experiences constructing their identities and navigating the higher education environment (Jones et al., 2014; Legard et al., 2003). Participants were asked to participate in one interview with lasting one to two hours in length, with an optional second interview to address topics not covered in the first interview, as well as to capture reflection and introspection that may have occurred in the interim. The average interview lasted just over an hour and a half, with several lasting up to three hours. Seven of 25 students participated in follow-up interviews. Semi-structured interviews offered a flexible structure with open-ended questions, room for follow up, and little emphasis on consistent phrasing or a particular order of questioning (Jones et al., 2014). The semi-structured process also allowed interviewees to shape the flow and direction of the conversation with the researcher. Legard et al. (2003) conceived in-depth interviews to be conducted face-to-face and interactive, exploratory, and generative in nature. In-depth interviews offered both structure and flexibility, providing some degree of autonomy to both the interviewee to explore themes in the depth of their choosing and to the interviewer to follow up on new and unanticipated threads of the conversation (Legard et al., 2003). This format was well suited to a postmodern approach as it emphasized the co-construction of meaning and the development of a reciprocal relationship between interviewer and interviewee (Fontana, 2003; Legard et al., 2003). Simultaneously, a postmodern lens required reflection on the interview process itself as a performance and/or a possible site for identity work, rather than as a reflection of an objective reality (Alvesson, 2011; Charmaz, 2014).

The topics detailed in the interview protocol found in Appendix D were addressed during the interviews. The interview protocol addressed participants' lives as students on campus, including their personal and social identities, identification with LGBTQ and disability communities, experiences with campus resources, experiences of discrimination, and advice for allies and campus leaders. Despite attention to the language used in the interview protocol, participants undoubtedly interpreted questions differently depending on their perspectives and the format evolved as the interviews progressed (Gubrium & Holstein, 2003; Scheurich, 1997). Room was left for in-depth exploration of topics of relevance to the interviewee and for the suggestion of new issues to explore during the conversation.

Reciprocal and intersectional interview methods. Interviews were recorded, transcribed, and shared with participants to confirm accuracy. Participants were also invited to take part in follow-up conversations with the researcher after receiving their interview transcripts and emerging findings from the researcher. Participants' feedback was incorporated in the study. This process of "negotiating meaning" contributed to reciprocity (Lather, 1991, p. 61). Direct quotes were highlighted extensively in this work both to center the perspectives of participants (Lather, 1991) and because the researcher's life experiences inevitably differed from those of the participants (Bergerson, 2007). Quotations were edited to remove identifying information and to improve clarity for the final written product. Yet, I have tried to keep in mind Mazzei and Jackson's (2009) critical view of the unreflexive reproduction of participant voices in qualitative research:

> Letting readers 'hear' participant voices and presenting their 'exact words' as if they are transparent is a move that fails to consider how as researchers we are always already shaping those 'exact words' through the unequal power relationships present and by our own exploitative researcher agendas and timelines (Mazzei & Jackson, 2009, p. 2).

Thus, I recognize as the researcher that I did not merely find students' words by accident, ready to be quoted, but actively shaped the circumstances in which students spoke and then intentionally selected and edited some words instead of many others that could have been chosen.

Intersectional research should address the micro and macro contexts — an individual in relation to power structures — to analyze an issue rather than merely account for multiple identities that are analyzed separately (Torres et al., 2009). Interview protocols were constructed in a manner that allows the researcher to ask intersectional questions rather than additive questions that considered social identities as distinct (Bowleg, 2008). To be mutually beneficial, interviews were designed to be interactive and dialogic (Lather, 1991). The protocol called for self-disclosure on the part of the researcher before the interview began — an emancipatory research method — including discussion of the researcher's background, experience, and interest in the topics at hand (Lather, 1991). To encourage an atmosphere of trust and disclosure, the researcher discussed the inherent imbalance of power between the interviewer and interviewee and ways that the researcher sought to share power when possible.

Pilot study and secondary analysis. Prior to this study, a pilot study recruited 10 students to participant in one to two interviews in spring 2014, using an earlier version of the protocol for the present study. This study incorporated primary analysis of interviews with 15 new participants as well as secondary analysis of interviews with 10 pilot study participants, for a total of 25 participants. Secondary qualitative analysis offered a promising method for "exploring sensitive issues with an elusive population," helping to address concerns about gaining access to a small population (Long-Sutehall, Sque, & Addington-Hall, 2010, p. 335). To meet ethical standards, secondary analysis matched the intention and purpose of the original study (Long-Sutehall et al., 2010), a criterion met in this case as all aspects of the pilot study were nearly identical to the present study.

Upon obtaining IRB approval for the pilot study, the interview protocol was first pilot tested with a graduate student who identified as queer and with a disability, who learned about this study through a student organization. The student participated in an interview that lasted two hours and, following the interview, gave verbal and written feedback on the overall process, interview protocol, and research recruitment materials. Because he met the criteria for the overall project, the graduate student consented to have his interview data used in the study, and the student became the first of 10 participants in the pilot study. As a result of the pilot interview, a variety of changes to the protocol were made. For instance, questions were added, removed, and re-ordered to improve the focus and flow of the interview. It became apparent that some original questions were overly specific or directive (i.e. an original question about the disability with which the participant identifies was broadened to ask about participants' social identities). The protocol also unduly emphasized experiences with discrimination and harassment, which were scaled back in the revised protocol since they did not represent the primary focus of the study. Feedback on recruitment materials was incorporated so that materials would be more conversational and less formal or "clinical," in the words of the student who participated in pilot testing. Throughout the research process, the researcher continued to engage with three faculty members (in educational administration, public health, and special education) to develop and critique the interview protocol, discuss methodological concerns, and consider emerging codes and themes, as well as the dissertation chair and committee and a graduate student peer debriefer who met criteria for participating in the study but had an existing relationship with the researcher. Sharing findings with participants and the broader community also helped this research be transparent, accountable, and, hopefully, reciprocal so that the findings could potentially be used to improve students' lives and the overall campus climate.

Focus group. In addition to semi-structured, in-depth interviews, this study initially aimed to convene a graduate student focus group and undergraduate student focus group. Lather (1991) recommended sequential interviews of individuals then small groups as a means of contributing to catalytic validity and to "facilitate collaboration and a deeper probing of research issues [working] toward reciprocity" (p. 61). It was hoped that the focus group would present an opportunity to convene interested participants, who had already completed interviews as part of the study, to discuss emerging findings as a form of member checking, share additional thoughts, and build on knowledge shared by one another (Lather, 1991). Despite these potential benefits, several obstacles were encountered that precluded the convening of a focus group. All participants were contacted at the conclusion of the interview phase of the study to assess interest and schedule a focus group. Six participants expressed interest but the need to convene separate graduate and undergraduate focus groups meant that there would not be sufficient numbers to achieve the goals of such a group. A focus group stood to diminish participant confidentiality among other participants who also chose to attend, which inevitably affected some students' willingness to participate. In addition to low overall interest, several students remarked that they would like to participate but did not have time in their schedules to commit. In lieu of a focus group, the researcher offered additional follow-up conversations to participants and also offered to provide logistical and advising support to students who wished to start a periodic discussion group and online forum on topics of disability, gender, and sexuality.

Document analysis. Lastly, interviews were supplemented with document analysis that helped elucidate the context and discourses of the higher education environment (Whitt, 1992). Publically available documents produced or endorsed by the university under study, including as websites and publications related to diversity, student affairs, discrimination, disability, gender, and sexuality, were examined to give the study a firm grounding in the campus climate and context. As an iterative process, additional documents found in the course of the study were used. Document analysis made use of both official university documents, such as departmental websites, as well as material such as articles in the student newspaper and results of opinion surveys on campus that complicated the image of the institution presented in its official publications (Whitt, 1992). A total of 89 documents were collected and analyzed, including 49 university websites and publications and 40 news stories, primarily from the campus newspaper. An understanding of the campus environment as communicated through these documents aided the researcher in placing participants' experiences shared during interviews in context. Elements of the campus culture revealed through documents are noted throughout the findings. Further, document analysis helped illuminate power structures and dominant discourses on campus (Whitt, 1992).

Researcher positionality. This study initially grew out of my experience in student affairs administration and teaching at two universities, and subsequent conversations on intersectional identities with students and colleagues. My role in the study, as the research instrument in a qualitative investigation, must be considered in all phases of the research (Maxwell, 2013). It is imperative to "highlight the baggage we bring to the research enterprise" so that readers may decide whether to trust a study's conclusions (Scheurich, 1997, p. 74). As I planned and conducted this research, I carefully considered my own social identities, sources of power and privilege, and the identities of research participants (Jones et al., 2014):

> Understanding one's standpoint and position before entering into a research project is imperative so as to guard against hearing, seeing, reading, and presenting results that conform to the researcher's experiences and assumptions about self and other, rather than honoring the participants' voices in the study (p. 41).

Given my identities and experiences, I could be considered both an insider and outsider to this research process (Jones et al., 2014). However, as Bettez (2014) and Kanuha (2000) pointed out, there is a need to complicate the insider-outsider binary often referred to in research settings, including the potential limitations and benefits that such perspectives might offer. I identify as queer and have experience with LGBTQ and disability issues professionally and academically, having completed coursework in disability and queer studies and worked professionally to support the success of both populations. These experiences were advantageous to the extent that they created rapport and shared meaning with interview participants, but were also a liability to the extent that my understanding of concepts from academic study of disability or queer identity may not have resonated with participants at times. As Bettez (2014) cautions, even so-called insider knowledge is limited, and researchers "can be seduced into believing our affinities will 'naturally' create communion" (p. 10).

There were also ways in which I could be considered an outsider to this research. At present, I do not identify with a disability, though several people with whom I have close relationships do have disabilities. I also realize the temporal nature of disability and that it is a category that I can enter at any time and indeed am almost assured to enter at some point in my life. The nature of disability as a socially constructed category also means that definitions and understandings of disability can change depending on context and location; one may be considered disabled in one context, or not in another. I am cognizant that my status as an outsider to the experience of disability affected the way I conceive the study, interacted with participants, and interpreted and presented findings. This could not be altered, but I attempted to be reflexive and consciously foreground how my (mis)understandings of disability or lack of insider access and knowledge may have affected the study in complex ways. Most importantly, my status as a person without a disability was disclosed to participants so that they could determine what they felt comfortable discussing (Maxwell, 2013; Norum, 2000). My other social identities, as a White, cisgender, middle class, Christian male variously offered points of commonality or difference from the participants in this study and unquestionably affected my interaction with every participant and my lenses on data analysis (Bettez, 2014). While these dimensions of difference may have resulted in some participants holding back their true feelings or offering a more positive and coherent account of their experiences, others may have in fact revealed more about themselves for the sake of explanation if they did not believe that I had similar experiences. In addition, as Davis et al. (2004) pointed out, "naiveté regarding participants' experiences may permit even closer attention to the nuances of their narratives" (p. 425). In this way, having some experiences in common with participants but not others was potentially a strength of the study, as I may not have had extensive assumptions about the lives of participants to draw upon.

To address these concerns, I disclosed my experiences, identities, and goals to participants at several points in the research process. Recruitment materials included information about my background and goals for the study. I shared my social identities with participants at the start of the interview to give them a better sense of my positionality. Finally, in presenting emerging findings to participants, I discussed how my positionality affected my analytic processes and interpretations, positioning those conclusions as partial, unfinished, and in need of critique by participants. Throughout the process, I maintained a reflective journal to record my observations, reactions, and interpretations (Glesne, 2011). Researchers who

> actively choose the margins, who choose to study people marginalized by society, who themselves have come from the margins or who see their intellectual purpose as being scholars who will work for, with, and alongside communities who occupy the margins of society (Tuhiwai Smith, 2012, p. 205)

must conduct their studies with the highest standards of integrity and ethics. Keeping a reflective journal and debriefing with peers who have expertise in these topics helped me to keep ethical practice in the forefront of my mind as I conducted this study. Peer debriefers included individuals with diverse identities and professional/academic backgrounds, including my six dissertation committee members (five faculty members and one senior administrator with a faculty appointment), a graduate student who identified with the population of this study but who served as a peer debriefer rather than participant given our preexisting relationship, and two faculty members at the University of North Florida (one in exceptional student education and one in mental health counseling) who collaborated with me to launch a similar version of this study at another institution.

Data Collection Procedures

The pilot study upon which this study is based received approval as an expedited study through the University of Texas at Austin Institutional Review Board (IRB study number 2013-07-0046). A total of 10 students participated in the spring 2014 pilot study upon which the present study is based. As detailed previously, this study sought to supplement secondary qualitative analysis of the data collected from the initial 10 participants by recruiting 15 additional students, thus achieving a total participant pool of 25 undergraduate and graduate students. Once this study has received approval from the dissertation committee, amendments to the existing IRB protocol were submitted and approved. Subsequently, recruitment for an additional 15 participants began and concluded during the fall 2014 semester.

Students were purposefully recruited primarily by email and social media through academic centers and affiliated faculty (disability studies, women's/gender studies), student affairs offices (dean of students, disability services, LGBTQ/women's center), and student organizations (disability and LGBTQ-related student groups, student government). Faculty members, administrators, and student leaders affiliated with the groups listed above were contacted by the researcher and asked to send the recruitment message (see Appendix A) to e-mail listservs, social media networks, and individuals. The recruitment material gave interested students the option to either contact the researcher directly, by phone or email, to arrange an interview time, or to click a link that took the participant to a short online survey (see Appendix B), where they could fill in their name (first name or nickname if they preferred) and contact information (email address or phone number). The researcher then followed up with the students to share additional information and schedule an interview. Interviews took place on campus at a location of the interviewee's choosing, including library study rooms, academic conference rooms, private rooms in or near the disability and LGBTQ resource offices, and the researcher's private office.

When scheduling the interview, the researcher stated that any needed accommodations to participate in the research could be arranged directly with the researcher and/or with the disability services office. An informed consent form was signed when the researcher first met with participants in person before the interview began (see Appendix C) and participants were provided with a list of relevant campus resources. The researcher utilized the interview protocol detailed in Appendix D to conduct the interview, but gave interviewees control over the relative balance of flexibility and structure of the conversation. Given the length of the interview protocol, it was necessary in six instances to end the first interview and save additional questions for the second interview, which the researcher scheduled with the participant on an individual basis. The second interview was conducted within one to two weeks after the initial interview, to give the participant sufficient time to reflect upon the content of the first interview, but not so much time that questions or topics would be repeated during the second interview. Beyond completing the prescribed interview protocol, the second interview also offer a chance for participants to discuss any of their reflections on the topics and elaborate on or clarify their responses from the first interview. Though this study initially attempted to secure two interviews with every participant, it became clear during the course of first interviews that many participants' busy schedules would prohibit their ability or willingness to take time for a second interview. In addition, data collected during the course of the first interview generally touched upon the most significant areas of the interview protocol and did not require a second interview to be scheduled. During and after interviews, the researcher wrote field notes with observations and reflections on the experiences.

Data Analysis Procedures

Qualitative inquiry regarding the experiences of students who have a disability and identify as lesbian, gay, bisexual or transgender could be framed using a variety of theories and concepts. Few researchers have focused on this intersection of these identities in higher education (Harley et al., 2002), resulting in the lack of a clearly established or refined conceptual framework from which to build. However, there is emergent and rich analysis at the crossroads of disability studies and queer theory that was utilized. This work was further situated within the context of higher education by employing concepts of multiple identity development to better understand individuals' experiences and using concepts from campus climate research to understand the institutional and cultural context in which individuals operate. The study utilized theoretical concepts from queer theory, disability studies, and queer disability theory, also referred to as crip theory (McRuer, 2006), to complicate the predominant psychosocial and cognitive frameworks used to consider students' identity development processes. As a blending of frameworks, this study drew upon both postmodern and critical epistemologies (Tierney & Rhoads, 1993). This study's postmodern perspective implied that theory and metanarratives should be critiqued and deconstructed, so it was important for the researcher to continuously reflect on analytic choices using reflective memos in all phases of the study and to constantly seek out ways to complicate the findings rather than reduce them to simplistic categories. In short, the use of theory was tempered with a desire to let new insights emerge from the data and participants.

Overview of data analysis. This study utilized Dedoose, a secure, online data analysis software, given the large amount of data collected and analyzed (Maxwell, 2013). Audio recordings of interviews were transcribed by an external service for a fee that the researcher paid using personal funds. All interview transcripts and supporting documents, including data collected from 10 participants in the pilot study during spring 2014 and 15 participants in the fall 2014 phase of the study, were uploaded into Dedoose for coding. Students participating in the study received a transcript of their interview and the opportunity to discuss, critique, and expand the initial research findings. Edits submitted by participants were used to revise the transcripts and feedback on findings contributed to the conclusions presented in this report.

In accordance with a postmodern epistemology, this research aimed to create a "multi-voiced, multi-centered text" that would "*frame* meaning possibilities rather than *close* them in" (Lather, 1991, p. 113, emphasis in original). Given this goal for the study, situational analysis — a postmodern extension of grounded theory that incorporates discourse analysis and draws upon Foucauldian conceptions of power — guided the study's initial analytic plan (Clarke, 2005). In line with a postmodern epistemology that views "*all* knowledges … as socially and culturally produced" (Clarke, 2005, p. xxiv, emphasis in original), situational analysis expanded the study's analytic grounding from the research participants themselves to the larger situation. Even though situational analysis departs from grounded theory in that is aimed at thick analysis rather than theory generation (Clarke, 2005), this study still employed some foundational principles of grounded theory, including simultaneous involvement in data collection and analysis, constructing analytical codes and categories from data, advancing theory development during each step of data analysis, analytic and reflective memo writing throughout the study, and sampling for theoretical purposes rather than for representativeness (Charmaz, 2006).

Qualitative coding procedures. First cycle coding represented the initial process of developing codes to apply to excerpts of the data collected (Saldaña, 2009). This study utilized in vivo, process, and initial coding techniques in the first cycle of analysis. In vivo codes were developed based on the language (words and phrases) used by participants in the study, as a way to become more deeply familiar with the data collected and to honor participants' voices (Saldaña, 2009). Next, process coding identified actions, signified by the use of gerunds as codes. Finally, initial coding used an open-ended approach that enabled the researcher to identify provisional concepts, insights, and processes in the data (Charmaz, 2006).

Second cycle coding was designed to "develop a sense of categorical, thematic, conceptual, and/or theoretical organization" based on codes developed in the first cycle (Saldaña, 2009, p. 149). Coding methods for the second cycle included focused and axial coding (Charmaz, 2006). Focused coding categorized data based on themes, while axial coding considered how categories and codes related to each other (Saldaña, 2009). For the purposes of this study, in accordance with a postmodern epistemology, findings were multiple and not necessarily discrete or easily categorized; however, for the sake of presentation, analytic choices were inevitably made. Reflective memos were written to aid in analysis during both cycles of coding.

Situational analysis and mapmaking. After coding began, situational analysis called for the creation of three types of maps to aid the researcher in exploring associations and categories within the data (Clarke, 2005). In essence, the researcher became a cartographer and written data became visual. The maps created in the process were always provisional and did not represent the final products of data analysis, but rather tools to assist the researcher in exploring novel points of connection between and among codes and relationships present (or not present) in the data. In addition, the researcher (as the study's instrument) integrated personal knowledge acquired during data collection to aid in map making and in an effort to foreground the researcher's assumptions and worldviews that would typically operate unnamed in the data. This study followed Clarke's (2005) recommendation to save all drafts of maps created, as they were continually revised.

The three types of maps are situational maps, social worlds/arenas maps, and positional maps (Clarke, 2005). The maps "get the researcher moving into and then around in the data" (Clarke, 2005, p. 84). A situational map details the human and nonhuman elements in the situation under study. A first iteration of a situational map, the messy situational map, simply lists all of the elements in the situation, in no particular order or hierarchy. The messy situational map is then extended into relational analyses that plot the various relationships between elements in the map. In each relational analysis, one element is centered and lines are drawn between the center element and various other elements to represent the nature or type of relationship. These relational analyses help foreground points of connection in the data and help the researcher decide which relationships to pursue with additional data analysis.

These elements are then organized into an ordered/working version of the situational map that includes individual human elements and actors, nonhuman elements/actants, collective human elements/actors, implicated/silent actors/actants, discursive constructions of individual and/or collective human actors, discursive constructions of nonhuman actants, political/economic elements, sociocultural/symbolic elements, temporal elements, spatial elements, major issues/debates, and related discourses (Clarke, 2005).

Next, the social worlds/arenas maps attempt to "upset the binary between modernist conceptions of knowing subjects and objects as having 'essences'" (Clarke, 2005, p. 109). These maps analyze social action, the arena "where individuals become social beings again and again through their actions of commitment to social worlds and their participation in these worlds' activities, simultaneously creating and being constituted through discourses" (p. 110). The researcher maps the arenas, social worlds, and subworlds in which actors participate, indicated by dotted lines to represent porousness. The social worlds/arenas map is used for additional data analysis and a memo is written on each social world.

Lastly, the positional map illustrates relative positions that can be taken within a discourse or situation explored in the data. To create a positional map, the researcher considers which basic positions are contested in the data, and then represents possible positions in two dimensions along two axes. Positional maps may be created for any number of contested positions in the data and should be accompanied by analytic memos (Clarke, 2005).

Based on the creation of these three types of maps, the researcher continued to refine categories and themes. One aim of situational analysis is the production of "thick analysis" (p. 29) rather than theory generation, as in traditional grounded theory (Clarke, 2005). By emphasizing the consideration of all human and nonhuman elements in a given situation, “there is no such as thing as ‘context,’” but rather, elements that might be considered contextual are part of the overall situation (Clarke, 2005, p. 71). Vignettes of individual participants and their situations, experiences, and knowledge were constructed with explanation to illustrate each theme that eventually resulted from the data analysis process. Providing vignettes functioned as a means to communicate the complexity of the situation rather than reducing a participant’s experience merely to short quotes (Stake, 2010).

Postmodernism and catalytic validity. While qualitative research should be evaluated in the context of the theoretical paradigm in use — in this case, postmodernism — Morrow (2005) contended that several standards of quality cross these paradigms which this study attempted to secure, including “sufficiency of and immersion in the data, attention to subjectivity and reflexivity, adequacy of data, and issues related to interpretation and presentation” (p. 250). Williams and Morrow (2009) revised these components of trustworthiness to include “integrity of the data, balance between reflexivity and subjectivity, and clear communication of findings” (p. 577). Utilizing these components, the collection of rich data, including interview transcripts, documents from the research site, researcher memos, and observational/field notes helped to ensure the credibility of this research. Further, a thorough understanding of the literature allowed the researcher to consider whether findings were consistent with published work. The researcher may have assumed that disability, gender, and sexuality were central, or otherwise highly important, to the lives of those who participate in the study, a form of researcher subjectivity (Maxwell, 2013). Indeed, the individuals who would be inclined to participate in this study likely considered these aspects of their identities to be important. However, it was still important that the research design and analysis allowed space for participants to assert that other identities and traits were important to them.

Given this study's postmodern epistemology, it is necessary that standards of quality by which the study is judged are consistent with this outlook (Carter & Little, 2007; Morrow, 2005). Thus, this section will explore the study's use of catalytic validity (Lather, 1991), also sometimes referred to as consequential validity or catalytic authenticity (Morrow, 2005).

For research to be reflexive, a delicate balance must be maintained between conclusions drawn from prior theory and from the data generated within the study; a reciprocal relationship must be forged between the two: "Data must be allowed to generate propositions in a dialectical manner that permits use of a priori theoretical frameworks, but which keeps a particular framework from becoming the container into which the data must be poured" (Lather, 1991, p. 62). The use of queer theory, disability studies, and queer disability theory/crip theory as theoretical frameworks offered guiding concepts to explore yet the flexibility to avoid constricting the data generated in the study. Throughout the study, the researcher kept Lather's (1991) admonition in mind that "theory is too often used to protect us from the awesome complexity of the world" (p. 62). In that spirit, this study's goal was to generate complexity, not to reduce it. Though imperfect, researchers must strive for "vigorous self-reflexivity" (Lather, 1991, p. 66). Reflexive research aimed at social change must reveal how data has expanded, revised, or rejected a priori theory. It is expected and desirable that research will not result in neat, discrete categories of analysis and simple themes. In short, the temptation to simplify must be resisted.

Lather (1991) offered that triangulation should include various data collection sources, methods, and theoretical frameworks, all of which this study attempts to incorporate in order to triangulate findings. This study employed the use of multiple methods over time, including sequential interviews and document analysis. Further, the consideration of queer theory, disability studies, intersectionality, and their overlaps/contradictions added to the theoretical richness of the study and prevented findings from being oversimplified to fit one paradigm. In this study, triangulation was not utilized mechanically, in which a participant's claims during an interview were substantiated by analyzing publically available campus documents. Instead, triangulation allowed a participant's perspectives on identity and campus climate to be placed in the context of the higher education institution and the various discourses operating within it. A student's perspective may have appeared to confirm, complicate, or even contradict a dominant discourse in higher education. In response, this study's postmodern perspective demanded not a determination of which perspective was wrong or right, but a deconstruction of the situation at hand and a more complex understanding of how a discourse operates. Acker, Berry, and Essevold (1983) aptly framed this challenging task: "The question becomes how to produce an analysis which goes beyond the experience of the researched while still granting them full subjectivity. How do we explain the lives of others without violating their reality?" (p. 429, as cited in Lather, 1991, p. 74).

Face validity — the idea that participants should instantly see their own experience translated into research findings and conclusions — must be reconsidered, as participants may experience false consciousness and "identify with and/or accept ideologies which do not serve their best interests" (Lather, 1991, p. 68). For this reason, member checks were important, but would not ensure validity if used in isolation (Lather, 1991). To enhance this standard, Lather proposed catalytic validity for praxis-oriented research. Research as praxis is committed to social justice and offers a "change enhancing, interactive, contextualized approach to knowledge-building" (Lather, 1991, p. 53). Drawing upon Friere's (1974/2005) concept of conscientization, catalytic validity signifies "the degree to which the research process re-orients, focuses, and energizes participants toward knowing reality in order to transform it" (Lather, 1991, p. 68). The researcher worked toward catalytic validity by engaging in a dialogue with participants that aimed to be reciprocal and mutually beneficial. Participants were offered multiple opportunities to engage with the researcher to continually co-construct, process, and revise shared meanings of the topics at hand. In one attempt to ensure catalytic validity, the researcher offered one-on-one follow up meetings to allow interested students to discuss and critique the emerging findings of the study.

Preliminary and emergent findings were shared with participants, who were encouraged to offer feedback and help shape the direction of the study. The reflections of some students shared with me suggested that participation in the study helped students to reflect about themselves and their experiences on campus. In the words of one undergraduate student participant, "You're giving me more thought, fuel for the fire."

One participant shared by email: "Thank you for taking the time to listen to my story. I have never told anyone else." Similarly, another student thanked me and reflected that she was never asked about her identities and experiences. At the conclusion of a follow-up interview, an undergraduate student said:

> I was really appreciative of the fact that this study is even being done. It's something that is not talked about. The conversation isn't had, at all. If somebody tries to strike it up, then they're silenced. So I appreciate that, especially within the context of the university, of specifically [this university], that means a lot.

The student also shared a desire to go to graduate school and conduct similar research in the future. Another student viewed her participation in the study as a way to be a disability activist. During a follow-up interview, the same participant reflected on a question from the first interview about formative experiences — "one of those really important psychoanalytical questions that made me think" — and shared a childhood experience that she conceptualized as her "first outward, physical manifestation of depression." Lastly, several graduate students offered that participating gave them a vehicle to think more deeply about their own research topics and how their identities informed their approaches. One remarked, "Talking through this is helping form my plan of action as far as my own research path goes."

Summary

This chapter presented the study's methodological plan, including the qualitative research design consisting of interviews and document analysis. The sampling strategies and data collection instruments, including a pilot-tested interview protocol, were discussed. Finally, data collection and analysis procedures were reviewed, including discussion of this study's attempts to integrate Lather's (1991) postmodern concept of catalytic validity. Tuhiwai Smith (2012) commented that research oriented toward a goal of social justice “expands and improves the conditions for justice; it is an intellectual, cognitive and moral project, often fraught, never complete, but worthwhile” (p. 215). Continuous, critical self-reflection on choices made during conceptualization, design, data collection, analysis, and writing was necessary, as it should be to any research project but particularly in a qualitative study in which the researcher is the instrument (Maxwell, 2013).

Chapter 4: Participant Vignettes

This study's first research question is: How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality? This chapter offers vignettes from 10 of the study's 25 participants. The vignettes demonstrate the complexity of students' understandings of their multiple identities and the sites at which those identities intersect or diverge. Presenting narratives of selected participants highlights the context for their lives and identity construction experiences, thus integrating the second research question for this study: How do LGBTQ students with disabilities perceive the influence of context at a predominantly White, research-intensive university in the southern United States in shaping their identity development journeys?

The students highlighted in this chapter are not necessarily representative of the students in the study as a whole, but were chosen to maximize varied perspectives on the central topics of the study as well as to maximize diversity of graduate/undergraduate status, field of study, and self-identified race, gender, and sexuality. (See Tables 5.1 and 5.2 in the following chapter for an overview of all participants, including those featured within vignettes.) I have avoided extensive analyses of participants' words in this chapter so that their self-styled narratives may serve as the focus. Transcripts have been edited and reduced from their original length to form each vignette. The original sequence from the transcripts has been kept largely intact to the extent possible, though some sequence changes have been made to assist with flow of the vignette if overall meaning and context would be preserved. Vignettes have been edited minimally to remove identifying details.

1. Desi: *"I have a very unique perspective on the world because I've experienced all of this discrimination"*

Desi, who identified as Chinese and Mexican American, described sailing through grade school in under resourced public schools and experiencing severe culture shock arriving to the university and majoring in the hard sciences, which he described as ultra competitive. At the time the study was underway, he was in the process of changing majors but was frustrated by university bureaucracy and feared that his GPA may keep him from transferring. He also described constantly experiencing racist, sexist, and transphobic discrimination in campus contexts. In addition to difficult academic experiences, Desi spoke of feeling unwelcome on campus and alternatively invisible and hypervisible due to his multiple marginalized identities. Still, Desi appreciated the unique outlook he possessed given his identities and experiences.

> **In Desi's words.** In my grade school, my kindergarten teacher held me back a lot of times, and she was not very nice to me. She, one time, told my parents in front of me, "There's something wrong with this kid. This kid should be in the slow class." In a very derogatory way, she was very, very mean to me, and she did not want to understand me. She was not very forgiving to me.
>
> Then, I started learning how to speak a little bit more. I had a teacher who was very kind to me who finally suggested that I take the gifted and talented test, which I passed. That was when things were a lot better for me. Everything went smoothly until high school. In high school, around my junior year of high school, that was the moment where I transitioned to male. The weight of the world fell on me where I realized … the teachers were not very good to me because of my identities and that I was going to be discriminated my whole life for my identities. It fell on me, plus the weight of the work that I was doing during my junior year. I became depressed here during my junior year of high school. The teachers, most of them were very understanding of my situation, because I was failing in their classes and I wasn't one of the top students. They passed me. Thankfully, they passed me. I'm always grateful that they did that.
>
> I tried forming a gay-straight alliance, but I would never hear back from the administration. I had to bring in the local PFLAG [formerly known as Parents, Families, and Friends of Lesbians and Gays] to come in and threaten our

principal, to sue him because he was not letting me create this gay-straight alliance. It was really a very bad situation too, because I knew of a lot of students around me that were in very bad situations because they were about to be kicked out from their homes for being queer or being kicked out of their organizations for being queer. Our principal did not care. He absolutely just didn't care. He never reported any of the incidents I told him about.

I was also in a situation where, because I founded it, I was also put in as president. That was the time I was recovering from depression and I couldn't handle it. I pretty much didn't do much because I didn't know how to do it while all these other kids around me were expecting me to do it. When I graduated, nothing. Everybody forgot about it. There's no more GSA at my high school. I was a trans person in high school. Again, nobody cared, as in they ignored it. They said, "Oh, no. You're still a girl." It wasn't a very good environment. I did have some panic attacks while I was in class. Again, the teachers were very, very understanding. They sent me to the nurse, and the nurse would help me.

This does go into the part about disability where I realized that the program [at the university] is very, very, very rigorous and very extensive, and very unforgiving where I was taking 15 to 18 hours. It was just way too much for me to take. It was way too much for me to process and handle, and, effectively, for me to understand and learn something from the classes I was taking. It was taking a really big toll on my emotional health and my GPA.

It is a very competitive major. Naturally, it's going to be the very top students there. They set a standard, and these professors have adhered to the standard. Unfortunately, those of us who come from underprivileged backgrounds, especially from underprivileged high schools, will not be at the same level as those who are from privileged backgrounds. I have been struggling a lot with that for the past year because I did not know how to study. … They don't know how to help me how to learn how to study. The learning curve is so great that a person—even though privileged people are able to catch on quickly—I was not able to. Also generally, there was some basic theory and then they expected us to apply at a high level. It's not something I have experienced before.

I am a person of color. A mixed ethnicity person of color, which is absolutely different from ancestors who are both White and person of color because I am just a person of color. Within that, I identify as both Mexican and Chinese. … I'm almost always very uncomfortable here at the university because it's a White majority, or at least from my perception it's very much a White majority space. It's not always welcoming. Going with that, it's very, very unwelcoming where everyday I feel, you don't deserve to be here, you shouldn't be here because I'm the only full Hispanic girl in my major.

My ethnicity is a thing I'm almost always thinking about, because here on campus, I am very much an anomaly. There's not very many Hispanic people here. Those who are here are light skinned, privileged, and just very generally the White Hispanic people, and I'm not like that. I don't share the kind of privileges that they do, and so the label of Hispanic weighs more heavily on me for me to go out and say, “Yes. I’m Hispanic.”

I have a lot of people trying to guess my ethnicity all the time. Even on Saturday, I had a man who stops me in the middle of the street and say, “Are you Hawaiian?” It’s just generally like a guessing game with people who are trying to guess me who are like, “Are you a Filipino?” They don’t give me the chance to explain. They just want to impose their assumptions on me. It hurts, especially because I have so much pride, especially in my Mexican heritage, being a Mexican American.

I identify as queer. Within that, I identify as transsexual and demisexual. I identify as a person with Asperger’s because of the diagnosis I had when I was a child. I can’t think of anything else. As a political girl where I have to identify as a girl because I don’t feel comfortable sharing my general identity with others. I do face discrimination because I’m perceived as a girl.

I see a lot of queer-identified people who fall into depression. Again, similar to what happened to me where the weight of the world crashing upon them, or because they’re in bad situations around their family, which is why I find so many people who I feel comfortable enough to speak with them about their depression and how I can relate to them because they’re so many queer people who ended up with depression.

I feel like possibly, the Asperger’s would also have to do with being demisexual because of the inability to be close to somebody. It’s generally just hard for me to really want to be around somebody for an extended amount of time or even to reach the point where I would want to have sexual relationships with them. It’s very much a touching-feeling thing. I can’t have that kind of relationship until I know them very, very, very well, which also plays into the fact that I haven’t had a partner for at least two years and I don’t feel like I will have one in a very long time because I don’t feel like I can be close enough to somebody to be able to enter any kind of relationship.

I feel I have much more shared experiences with people because of the depression and because of the anxiety disorders. With the Asperger’s, I don’t feel that much community because I did develop so many coping mechanisms that make me seem like I don’t have Asperger’s. When I am around with people who do have Asperger’s, I see a very distinct difference between the way that we show ourselves in public.

There are certain barriers like the traits that are associated with Asperger’s that make me feel very distinct from them because I don’t quite understand when they talk to me. I don’t feel as much as a community with that. But online, when people talk about disability and how it affects their daily lives, and of course about ableism, I do understand that and I feel validated when I hear these commentaries about ableism.

I feel like I am always at a disadvantage in every place that I go to. Sometimes, I wonder if I am making all of this up in saying, “I just want to be oppressed.” For some reason, I want to be the person who’s always miserable

> because it just so happens that I have all of these identities that are marginalized. Sometimes, I wonder if I'm doing this to myself. That feels really, really bad, because when I do find community that does accept me for everything, then it's a really great feeling.
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> I have a very unique perspective on the world because I've experienced all of this discrimination. I am also much more likely to be open and listen to other people, and also try to understand them, especially with people who have certain disabilities that I've personally don't have. I'm much more likely to sit down and listen to them and talk with them about it if they need help or they would like to talk about their experiences.
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> Because I at least understand that as a marginalized person it's hard, there are very few people who want to enter those kinds of conversations when they need to be had, because keeping it inside really does hurt. I've often been told that I'm very respectful, that I always make sure that everybody feels OK, and that I just generally listen to them and make sure that everything's clear, that everything's on the table, and that everybody understands. At least, I really appreciate and the people can see that in me, which the intersection of all those identities is.

2. Carlo: ***"I do view them as being separate threads…I don't really view them as intersecting"***

For Carlo, being an "outsider" comes up again and again—as a student who has not graduated in four years as the institution expected, but has taken several more years; as a transfer student who began his studies at another campus in the same university system; as a gay man; as a person with ADHD; as an "ideas person"; and as a self-identified nerd. He expressed satisfaction with affirmative steps the university had taken to welcome LGBTQ students, but felt much more disappointed with his experiences around ADHD, describing mixed experiences with professors he asked to provide accommodations. Carlo studied a social science but did not bring up his major much during our conversation; in fact, he mentioned that he did not always regularly attend class. In his words, "I'm not one of these normal students that can get their shit done." He continued: "That's not me, so, you feel disconnected. … I just think it has more of an effect than we realize—you know, pressure to perform at a certain—a 4.0 GPA." Later in our conversation, Carlo tried to articulate why did he not feel like a "normal student."

At times, he changed the pitch and tone of his voice as if he was imitating an administrator: "No no no no no, those are for the real students, not for the mediocre…" Carlo held strong beliefs that the university's push toward corporatization and standardization are the wrong paths. He articulated an impassioned critique of the university's "climate of rigorous achievement," pointing out ways in which he (and other students) cannot satisfy the expectations placed on students to graduate in four years. He used self-deprecating humor during the interview: When I asked him which places he usually went to on campus, he said, "I don't." When asked about campus resources, he said "I've been here so long…I feel like I should have used all of them." He referred to himself as a "super duper senior."

Despite his feelings of alienation from campus life, Carlo said that registering to receive accommodations from the disability services office "lifted a psychological barrier" and made him feel a bit more connected to campus: "First registering with disability services a little over a year ago, I think that that's made me feel more like I'm okay. I don't feel like as much of an outsider anymore. I feel like, I struggle with things more, but, there's an acceptable channel. Now I can be a part of things." Despite his appreciation for the substantive and symbolic assistance that disability services provided, he still had negative experiences negotiating accommodations with professors. Disability services and the counseling center (and in particular, a group for gay and bisexual men) played pivotal roles in Carlo's campus experience. The gay men's support group represented a sense of community to him that he could not find elsewhere. He discussed his identities as a gay man and having ADHD as "separate threads." Despite initially describing identity as "a bit of a foreign conversation" and insisting that disability and queerness were separate, he later expressed surprise at some connections discussed during the interview.

> **In Carlo's words.** So I identify really openly as gay. Everybody knows, except my grandparents, but they're in their 80s and 90s. I tell people I'm close to that I have ADHD. I definitely identify as gay. That's an identity for me. But as far as being ADHD or disabled, these are different connotations of course, so I don't know if I really identify strongly with those. I think I identify more feminine in a way. I'm still male, but I identify more with women. I think that I come across as more feminine to people. And that is something I am much more comfortable with than trying to come across as a guy. Race, I'm White, but once again, my head just doesn't sit and think, oh, I'm a White person, I'm a White male, I'm supposed to do this. And then socioeconomic status, I've been everything from dirt poor food stamps to upper middle class suburban.
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> I guess I do see myself as a bit more of an outsider. I'm trying to think of something specific. I don't like getting university emails because I'm like—oh that may be kind of interesting, if there's a talk or something. To me I just feel, I don't want to say second class student, but I do feel like an alternative student. It's like, "okay, you're allowed in…" And nobody's ever said this to me, but I feel like I'm allowed in, I'm allowed to take classes here, but … I just don't go to things because I don't really feel like a student here a lot of the time. I can take classes, and I can sure as fuck pay tuition, but as far as everything else, I feel like, oh, that's for the other students.
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> I have gotten more involved. I live in a co-op, a cooperative, so I've lived there for the past three years. And I think that's been my kind of involvement in college. We kind of joke that it's kinda like the hippie frat. It's kind of the hippie sorority. So, I love co-ops. I am fascinated by them. It's kinda like a bubble honestly.
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> I've been going to the gay and bi men's group at the counseling center that meets once a week. Last week was our last meeting. I've enjoyed that. I've been going to that for like a year and a half now. It's nice to just be in a room and it's like, we're here because we're gay, and we're bi, and we're talking about those kinds of issues. It's really cathartic and I usually listen to other people and give them feedback. I definitely talk plenty but it's more that we're discussing other people's issues more so than mine but I do kind of enjoy it. I like being the therapist to people and listening and being like, oh, okay tell me what's going on. For a variety of reasons, that is helpful to me beyond being gay obviously and

being able to connect with gay men on a deeper level. You're going somewhere specifically not only to be around gay men but also to go in depth beyond a bar and I think it's wonderful for that and it does—it's definitely helped dramatically my ability to interact with gay men. I used to be shy, oh my god. It's definitely been helpful, I enjoy it. Every time when it ends every semester I'm like I don't want it to end. It is nice and I think it's honestly the only sense of gay community that I have.

I think, honestly, first registering with disability services about, a little over, a little over a year ago, I think that that's made me feel more like I'm okay. I don't feel like as much of an outsider anymore. I feel like, I'm okay, I struggle with things more, but there's an acceptable channel. Now I can be a part of things. It's a weird psychological barrier that gets lifted in a way. Even for things I don't even necessarily require that aren't even accommodations related. It's more just in general you feel more like, okay, I'm a part of this.

We get accommodations letters from the disability office and I don't always hand them into professors sometimes. Even working with professors they're sometimes just like, "Oh okay, so you want me to do what? Okay, yeah, probably not, but good try." I'm like, okay. Some can be wonderful, really receptive, I'm like, "I'm sorry I'm not trying to add to your work load. Trust me, it bothers me more than you might realize." But others are just—they just can't be bothered.

Some professors are kind of, oh, if you have accommodation letters, get them in soon because you can't do it past two weeks. There's conditions and things like that. Even if I could meet those conditions, I'm still just like oh god, I don't think I want to, because I'm just turned off by the whole thing. And I understand that they're people and they don't have unlimited time and resources to take care of everyone else. I'm just asking you to meet me a little bit of the way, that's all. And so yeah, I just know that just that little part of the syllabus, if it's worded a certain way I can feel great about it because someone has said, "We don't discriminate as an organization, and I sure as hell don't either. And if you have an issue, please come talk to me, because I would love to hear from you and love to work it out." Versus like I said, "well, get it in quick." Some will even say, "I have to put this in the syllabus so it's there." And I'm like, "You didn't say that about any other fucking part of the syllabus." They'll put the grade breakdown, everybody knows a 93 or above is a fucking A, but you make it known, "Oh, I have to put this in here cause of the disability office." That actually pisses me off.

With ADD … I realize now, but I haven't always realized this, you become demoralized after a while. You're like, well, I'm not good in class. I can have a wonderful discussion with somebody where everything feels good but then we will make entirely different grades. I don't understand what the difference is that happens. But it does, and so you get kind of demoralized and you begin to feel like: "I'm not one of these model students." They place such an emphasis on GPA, on graduating in four years. I was at an internal transfer session Friday and they were talking about, "Yeah, if you have over 75 hours, you're probably not

> going to get in because higher ups are telling us to get people out in four years." It's just little comments like that and I'm just like, "Oh." Just subconsciously, you're like, "That's not me." I can't do that in four years, I'm not like that. These accumulate over time to the point where you just feel like, I'm not one of these students. I'm not one of these normal students that can get their shit done. That's not me, so you feel disconnected. I just think it has more of an effect than we realize—you know, the pressure to perform at a certain, a 4.0 GPA.
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> It's kind of interesting because I do kind of view them as being kind of separate threads I guess. I don't really view them as intersecting. They can be in the same person, but in my head, I guess they've got their own stream of thought. I think it's still helpful to talk about the intersections but I guess to me, it's like if you're mixing colors, paint colors. You know, you mix the gay color and the ADHD color, and you're going to get yellow or something. No, you still just have different colors. I would be interested to see if there was a physiological or psychological connection, but personally, I guess I just don't really feel the overlap.
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> More so, it's gotten to the point that the university is embracing it as okay, you're a gay student, good for you, we actively acknowledge you and we're making the effort, stepping out and saying, we have LGBTQ students, good, we're glad you're here. Which is very important. I think just that alone, that affirmative step of identifying with someone first and saying you don't have to make the effort, you're coming into college, you're young, we're going to do it because we're a massive institution where people that are mostly older settled that kind of thing, so obviously we hold the power in this relationship. So we're going to step out and do that. It's getting better. I would like it to be even better still but I do think it's gotten better since I've been here in that regard. … There's nothing that I feel excluded from being gay. There's nowhere, and if it was, I'd be like, I'm going to come anyway. In my head, that is identifiably wrong. That's immoral and I think as society progresses, society is like, you can't say those things about gay people. I'm much more likely to fight against that and maybe not even see it, like I have blinders on and I don't even recognize when it happens. With the ADHD thing, it's, yeah. It is interesting, the parallels between those two because when I was younger and I'd be in high school, the gay issue was very much an issue. They do have surprising parallels. As we're talking, I'm realizing that more and more.

3. Marie: *"In some ways they're very separated—I mean very clearly demarcated"*

Marie described struggling to adjust to the large university setting, a common topic in many interviews. Some elements of the campus culture, such as an emphasis on athletics and partying, alienated her and triggered anxiety. As a result, she avoided those spaces and events. She needed to stick to a clear, organized schedule to avoid increasing her anxiety. This gave her mixed feelings, as she liked the routine but regretted avoiding some new experiences. Even with these feelings, she became involved on campus in a leadership position of a prominent student organization and as a resident assistant, an experience that she described as giving her useful structure and a readymade friend and peer group.

Within her student organization, she recalled working to overcome perceptions by others that she was ditzy thanks to her blonde hair and bubbly personality. She had discovered ways to manage the stigma that accompanied some of her identities: “I knew that the depression, my own sexual identity, any just regular problems I’m having in my day, and put forward this front that’s a very positive one and so I tend to highlight my competency as a student and a positive personality. The things I like, being happy, and silly, and jokey and sort of what—those other identities sort of fall to the background to a large extent.” Marie did not express active identification with queer and or disability communities and reflected on the complexity of her decisions related to disclosing her identities. She viewed her identities as connected in some ways but distinct in other aspects.

> **In Marie’s words.** I never had issues with the educational academic side of school. I was always sort of top of my class. Never had those issues but I had a lot of social problems. I have always been very, sort of socially awkward and don’t always read different verbal or bodily cues.
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> Which sort of made this idea of like fitting in, wasn’t really one that I was able to accomplish. Then I think, too, when I sort of realized, “Oh, God, I’m not straight,” which was around middle school, that was another one of those moments where I’m like, “Oh no! Here’s another reason why I’m not like the majority of my peers.”

I have an anxiety disorder which I developed around freshman year of high school. Then it was, "Oh god! Here's another reason why I sort of don't mesh with my peers." It's been a lot of learning for me, how to make that sort of social side of things work. I think I've gotten a lot better at it, but it still can be a struggle trying to make friends, trying to get to know people, all of that.

In my head they're very much connected especially because of the way they were handled by my parents. My parents were amazing and I adore them, [we're in] in a really good place. But when I was in my freshman year of high school, it's really when this two things started to be a big issue for me. Largely because the year before that my dad then was deployed, we're a military family, and I sort of repressed everything in order to remain grounded and unemotional because I felt like the rest of my family was falling apart so I had to keep it together.

I sort of push everything down. I said, "I'm not going to deal with this," but then he comes back and everything's fine and then my brain says, "Now you get to deal with all of these. Congrats." I think with both of these things with the anxiety, with my sexuality when I told my mom about it because I didn't really talk about emotional things with my dad. Her response sort of was, "Well you can't know right now. Everyone feels this way. Everyone goes through this," but it was so frustrating to me. I say, "No, no. Everyone doesn't. I know everyone doesn't because if everyone did, they'd be hiding under a desk every day," and I know not everyone looks at girls this way. I think from my mom's perspective she was worried that these things were going to make my life harder. I think there's some unwillingness to accept that, maybe not, she's overreacting.

In my mind, those two things are very connected in this necessity to keep them hidden because of that reaction. My mom with my sexuality, she said, "Wait until you're out of high school to think about coming out. You need to get boys before you're ever going to know." Then with my anxiety it was, "Everyone feels this way. This isn't unique to you," both of those are really in my head associated with.

These are dark little secrets that I've got to keep and I think I've gotten a lot better with the sexuality one in terms of...I'm a lot more open with it now, but with the mental health issues, those are still very firmly like in the closet when it comes to most people. Just the sense of there being such a stigma about it sort of reinforces that sense that this is some skeleton in the closet that I've got to keep down.

[Transitioning to the university] was rough. I had no idea how to meet people. I felt very isolated and alone. I was very depressed. My anxiety shot through the roof that first semester. It sucked. I just felt like I didn't know how to take this huge institution and carve out a space for myself. I tried engaging with...There is a group of students from the LGBTQ center who get together and chat, but I just never felt like I felt in socially with any of them.

Even though we had this sort of identity in common, I really didn't have anything else, so that didn't end up being the outlet that I wanted. I sort of came into college thinking...In high school, I wasn't out and I said, "When I go to college, I'm going to be out. I'm going to go meet other people. I'm going to do this." It was really disappointing, I think, to do that and that still not fill that social void, or make things any easier for me.

I'm pretty bubbly. I love politics. I'm a bit of a news junkie. I love all things pink, that's a thing. Animals are great. I'm a vegetarian. That's a big part of my life. I'm a resident assistant, a big part of my life. Then, if we want to get into some more, something I would be a little more careful with sharing, but I do identify as a lesbian, leaning toward bisexual. I've been reevaluating my sexuality within the last couple of years, and that's been an interesting experience. A big part of my life, whether I like it or not, is that that I do have anxiety and depression, and it's something that most people don't realize, and it's not very visible, but really does affect the way I interact with people, I interact with my surroundings and all that.

In some ways they're very separated. I mean very clearly demarcated. It's like, these things do not go together, but then in many other ways they all influence—there are many ways in which they influenced each other and while I may want too for them to put anxiety aside and say, "That's just for me to know, that's not a part of who I am to the world." It plays a huge part and instills how I interact.

I love learning. I love being in an academic environment. I love going to classes and getting new things out of it. I really enjoy school, and I always have. Being in college is definitely a really great place for that, because that's your job. I think, again, it's that it's really hard to find your place. It's such a huge community, and it's so easy to get lost in it. I was able to sort of figure this out, but I sometimes wonder and worry about the people who may not have figured it out, and could still be very isolated from the rest of campus.

A normal day is I wake up very early, go to class, do homework, and go to meetings. One of the things that I don't do as much that I wish I do is I don't go out too much or I don't deviate from my schedule very much, because it can be really hard for me to go do something new. Meeting with people, going to a new place, planning all of that is so super exhausting for me. It's a lot of planning and building up the energy in order to do that, so I tend to stick to a pretty clear schedule, go to bed at a pretty early time. But it also means that I'm not particularly spontaneous. I also don't like it when my plan and my schedule gets disrupted. I get tunnel vision in that I have to do these things at this time. Then, if someone's like, "Hey, you want to go do this?" I'm like, "No, that's not in the plan." Which some, again, people are like, "Why are you so uptight? Why won't you go out or do these things?" It can be difficult trying to figure out, OK, how do I deal with this?

One of the things that I've noticed that I find a big problem is that this campus really caters to extroverts. It does not cater to an introvert. You are expected to go the resources and those resources really don't go to you. That's why I never really engaged in the LGBTQ center was because you walk in and

> people are talking and you just slip in and are expected to join in on the fun but if that's not your thing, it's a really intimidating place.
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> I don't know what the exact solution is but finding a way to engage those who aren't as social or who aren't as extroverted and make them feel like these resources are available for them too. There's a lot of social spaces and they're great if that's your personality type but if it's not, they're scary and I don't want to go in them. I don't know how to get involved in this conversation and you all have established relationships and it's so intimidating.
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> And again, I talked about it before but it'll be really nice for professors to be either vocal or make it more aware of the ways in which they're allies because I think a lot of professors are but they don't in any way broadcast that. I can't divine from my professors' heads that they would be receptive to certain lines of conversation. Also, knowing who those people are on campus, because I think, as important as it is to have allies of your own peer group, I think it's really important to have people to look up to, and say, "OK, they did it," or either, "They're supportive of me being a professional." Having that more mature outlook on life is just as important as having an ally of your own age, I think. I don't think it's enough to just have one or the other.
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> I think there needs to be a lot more dialogue about what constitutes a disability, or who is eligible for those services, because coming on as a teensy-weensy freshman, I thought it was physical, or really sort of extreme behavioral spectrum, so like autism disorder. Not some of these more invisible ones. Had no idea what that was. It wasn't until I became an RA and we go through our extensive training about these things. I just wonder if my freshman year would have been a little bit easier had I known that I could reach out to SSD and maybe get some help that way.
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> While I like to sort of pretend that I can pull out my magic tricks and say, "OK. Right now, I'm just going to be this version of myself," and those other parts of me that I want to sort of put to the side are going to be put to the side. Sometimes, it's really unrealistic to expect that I can do that because all of that is always going to be outplayed when I'm interacting with someone.
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> Again, I think to some extent that also precludes me from getting close to some people or makes it even more difficult to get close to people because I can't truly act like myself because I'm trying to hide these things or I'm trying to make sure that they don't slip through. But when you're spending all your time trying to do that, you're not being honest or acting the way you normally you would in normal situations. It's this really interesting juggling act that I'm not sure I've figured out yet.

4. Diego: *"I've always looked at myself as an outsider"*

Diego grew up thinking that all gay men have HIV/AIDS and that he, too, would die of AIDS. Even in adulthood, he fears the specter of fitting the archetype of a gay man with HIV. If he received a shipment of medication, he wondered whether others will think it is medicine to treat HIV. For other reasons, he disclosed his disabilities selectively: "[I'd] rather just keep it quiet because once you're identified as having a systematic problem that might inhibit your general productivity over time there's this idea that maybe we should bring in someone that's more reliable and dependable who can perform on a consistent basis. Who doesn't need, you know, like flexible time, who has problems meeting, you know, like 7:30 am meetings."

Past disclosure experiences had backfired on Diego, leading to more anxiety: "When I told my advisor about my anxiety, that was a big mistake. And her advice was just get over it and then to ask me about, 'What about other professions that don't have the same level of stress?' And I'm just like, 'I don't think so, lady. There's absolutely nothing you can do to get rid of me.' And so then that creates that antagonistic sort of—that isn't helpful for anyone."

As a graduate student, Diego was concerned with time-consuming activities—including managing his disabilities through medical appointments and trips to the disability services office, and the time associated with continual pressure to perform the (gay) coming out ritual in every new context. He detailed the experience of navigating disability services and counseling related to disability: "That process has taken years to get to that point and so there's a whole lot of issues that this whole infrastructure of how things work here is ridiculous. It's time consuming, it's a maze, and it requires people to expend more emotional energy than they should, especially when they're suffering from anxiety of things like that. You don't want to go through and have to open up to different people." Expressing that despite trouble he was able to navigate the process, he wondered: "How many other graduate students and undergraduates are facing this? And I wonder how many other people are leaving the university because of this, or not succeeding and taking out unnecessary debt if they're not going to finish it, and that's a huge problem I think."

> **In Diego's words.** When I'm in a classroom and I get to talk about my ideas, or discuss important issues, for me that's not really work. It's actually a good time. It's like having fun. I also really like when I'm teaching a student and I work with them consistently over a few weeks and I start seeing that they are getting it, or they are improving, or that they appreciate the time or the interaction, then I actually feel like I'm doing something productive with that time.
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> What I dislike the most is the institutional culture of the university. The increasing movement to look at graduate students more as a completion rate, at time to completion, the way that students can easily fall through the cracks, the way that I see people treated by professors and administrators as cheap labor or as unqualified, or not as intelligent. So it's often times the way this university is run is by keeping people who are so displaced from their years as graduate students that they have either forgotten to understand or empathize with their own previous situation. And, so, that's the annoying part. And when I find a long-established professor that is actually really into graduate students, that's incredibly refreshing and I wish it happened more often than it does. So that's my main beef.
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> Before I'm willing to engage certain topics or areas of my identity with you, sometimes I can do it in a forward manner of to proclaim my space. And to let it be known that I am not going to stand for certain types of behavior or I might be doing it for an issue of advancing important causes. So, I was with the dean in a meeting last week and I brought up the issue of my disability when discussing a new policy. That was a moment that I felt like this had to brought to the table to the public, that a face had to be put on it. That was a strategic decision, and I didn't think about it as a strategic decision, I just felt like, you know, as the conversation was developing that I had to say something. But I didn't go into the room the first time and say, "I'm a representative from the disability services office and a graduate student."
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> I started talking about how the university was just catching up on this. … So, the dean was actually on board and she was supportive of it, she was asking how it would work, blah blah blah. And then, one of the other deans, he started talking about how this actually called for 30 something different policy changes or explanations. …So, when I started seeing this conversation turn in a way that was going to curtail or you know keep it from moving forward, that's when I

chose to say, well hold on, this was a moment when I realized that I needed to say something. Especially because, there are people in that room who don't understand the challenges that a lot of students face. Then the dean was like, well isn't the university pretty good on these disability issues? And I explained that for the traditional ones, the traditional physical ones, they know how to handle issues for the like vision impaired individuals or hearing impaired individuals. But, for invisible disabilities, and that you know I explained the different categories of disability. Not all of them are understood or explained very well. You know, I had the experience with my advisor when I talked to her about my situation, and she asked if maybe I should think about a different profession. So, that angered me to know even though she is a scholar that I immensely respect, that's how I saw a disconnect between you know people who study these individuals who are this class, who are disenfranchised, and don't have necessarily their rights protected. When they take on an administrative role, they see things in such antiquated ways. So, that was the moment that I decided to say something.

I feel almost comfortable saying a Latino, gay male, or a gay, Latino male. And I'm okay with the word gay, and I'm okay with the word queer, and Latino. I used to say Mexican-American, but I now say Latino. But when I think about it, those are the terms I chose because those are the most easily recognizable to other people. As opposed to saying queer, Mexican-American, I don't know like, non-heteronormative man. The political activist in me says to choose the word radical, queer. I believe in that activism, and I think that is important. But, yeah, when it comes down to the easiest and most basic way that I consistently identify myself, it would be those three terms because those are easily recognizable and understood by the vast majority of people.

I remember coming home and my roommates were like, how was the flight? I was like, oh it was fine, I slept, and they would start laughing. They were like you always sleep, that's kind of like always a thing. So I just attributed it to poor health in general. You know, not being physically fit, not being as strong, and you know, as well exercised as other people my age, and so I just didn't think about it. But, it was always an issue of not being able to be awake in class, like literally falling asleep. And then realizing there is something else that's wrong here. It really wasn't until I had a friend who actually has an auto-immune disorder—she's in my department and we became friends.

Learning about disability from her was what made me think, I should go to a doctor, and then going to sleep doctors, and then taking sleep tests, and finding out that I fall into REM within minutes of going to sleep. That I can do it consistently after a full night of sleep the next morning, and being able to finally put, to be diagnosed that way, wasn't possible until I talked to someone who told me about what this all meant disability wise. So it's been a five-year process and I'm only now, like only since last January have I been able to be awake a whole day from like 9 to 11 without having to sleep at some point. I guess it was about four and a half years ago and the first diagnosis that I received was generalized anxiety disorder. So I went through a series of doctors and I saw my sleep doctor

> for about a year before they actually put me on to a narcolepsy test because they were trying to help fix me. It's not the first thing that they generally look for. It's been a few years but it wouldn't have happened had someone not talked to me about these sorts of things.
>
> In practical matters, in the classroom, when we're watching an hour and a half long movie, and the film is already like an old dark film, and it's like I've been up since 8 and it's 3, and I haven't had coffee, and I didn't sleep as well as I did last night—I think about that. When I'm on busses I think about that. About being safe, and not falling asleep, and not having my bag stolen. And when I'm driving to campus, actually it's such a short drive that it's not an issue. When I'm going to see my doctors, which can happen, like in the beginning of the first week of the month I saw about four doctors in a week, because I have to see them on a three-month basis. I'm doing this because I have to, and it's taking hours. You know, going there, waiting, coming back, going to get lab work, talking about how this medication is working, and so it takes up time in that respect. You know, having to go over to disability services, and get some stuff updated, you know, that's going to take time.
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> As far as the disability community, I see myself as an advocate for disabled people. Because I know that I don't have a severe limiting disability as some other people may have who lack mobility, or have like severe psychological disabilities, or people who are visually impaired, and unable to hear, hearing impaired as well. My concern isn't as extreme as it could be on the scale. Because of that I realize that sometimes people don't think, acknowledge, or believe that I have any sort of issue. And, so I see myself as someone who has felt, who has experienced problems with disabilities, and now I feel comfortable standing up or advocating for them.

5. Madison: *"The way that I look at the world is different from the typical person"*

Madison, a graduate student in the hard sciences, was the first person in her family to go to college. Her socioeconomic background and identity as poor continually arose in the interview, often in connection to her identities as queer and navigating disabilities related to mental health, injuries, and medical issues.

Madison felt she had not experienced much discrimination, but noted this was likely due to the fact she was not very forthcoming or public about her identities and could pass as able-bodied and heterosexual if needed. At times in the past, she used a cane to help her walk, and at those times she felt unable to pass as able-bodied. Her queer identity was "on the back burner" temporarily while she was not dating or pursuing a relationship, and because she felt that managing her disabilities and schoolwork was most important at the moment. She credited her identity on the autism spectrum with her meticulous attention to detail and felt it aided her academic success. She found disability community on the Internet through blogs, though she eventually distanced herself from some online spaces.

> **In Madison's words.** I didn't become fully conscious of my gender and sexual orientation identities, really, until college. Somewhere around third grade, for some reason, people started calling me a lesbian. I didn't even know what that was, but I got isolated and no one would talk to me anymore. I dealt with that all throughout elementary school and the beginning of middle school. I skipped seventh grade, so in eighth grade I was with a totally new group of people and I still felt isolated and alienated from people. I wasn't able to make friends, and the same thing in high school. I was still with people that I never really got a chance to get to know.
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> I did a program in high school for junior and senior years where I was doing community college courses. I did full-time college, but I was still in high school, so I still had another situation where I was in with a bunch of people I didn't get a chance to know them, I didn't feel like I really fit in. After I graduated high school I went to college, and for some reason I was drawn toward the gay-straight alliance group, even though I didn't really identify as anything other than straight.
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> I went there, and over the course of the year I realized "Wait..." I always thought "Everybody's attracted to women. It's a spectrum." I just assumed that everybody was on that, but I guess not everyone is. At that point I identified as bisexual, but right now I'm more queer just because it's too nebulous and changing for me. It's easier for me to use that identity. At this point, my first university experience, I wasn't experiencing health problems to the extent that I considered myself disabled.
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> I did struggle with mental health issues quite a bit, but I was still able to get everything done. I never had a day where I couldn't get out of bed or I missed class because I was so depressed. After I graduated, I had a lot of trouble with unemployment, injury on the job, and all sorts of other stuff that by the time I had gone back to school, I was disabled. I had to come to terms with that, and it took me a while, I took advantage of the disability services. I did community college before I went to a university for prerequisites. I had a lot of trouble my first year because I hadn't applied for disability services because I didn't think I needed them. I was failing exams, and I always aced every exam I ever took. It was really

hard for me to come to terms with needing extra time for exams, and things like that.

I feel it's more difficult for me to deal with the disability identity than with the queer identity because I'm not in the closet, but I don't bring up things about myself that aren't relevant, that doesn't come up so it's not something I feel like I have to struggle with. With the disability, it affects my performance. If I'm in a group assignment it affects my ability to contribute to the group, and my classmates can't understand sometimes why I can't do a lot of the tasks that they want me to do. Or just my personal abilities to succeed in courses, like sometimes these days I can't get out of bed. Sometimes I spend all day in bed. I miss class. I can't really do anything about that. People notice things like that, but being queer is easier to hide.

It's alienating how big the university is. I feel like there are so many things going on that it's hard to pick one and meet people, especially as a grad student. I feel like the university is designed for undergrads, but grad students make up a huge portion of the population, but there's not a lot of resources for them. I feel like for the most part we're left to be on our own and fend for ourselves. Everybody makes friends within the department, but because of my unusual journey to the program, I'm older than everybody else, and so it's hard for me to relate to them on the level that I need to. That's one thing that I've struggled with.

Another thing is, a lot of the buildings are really old and need to be repaired. It's dangerous to be in them, some of them. That's a little frustrating. Some of the buildings aren't as accessible as they could be. It's really hard to find, some buildings, the entrances to get in, if I'm having trouble with my muscle strength. Like, there's a really heavy door. Where do I find the door with the power assist button? They're not always labeled, so it's hard to get around. This construction doesn't make it any easier.

Even though I have a fellowship and I make money, I still can't see myself as anything other than poor, because that's the way that I was growing up and I really feel that being from a low social economic status, has a big impact on how you see things and how you interact with people and different things like that. It's hard for me being in the graduate program, because I feel like such a minority in that regard. Everybody in my program that I know of is from an affluent family and they don't have a lot of debt from undergrad. They haven't had to work since they were teenagers, things like that. That definitely stands out.

I don't really have a cultural identity, just because my family didn't really focus on culture at all. It was a little disappointing for me, because I got interested in genealogy, so I was looking at my ancestors and I learned more about where my family is from and I would have liked to have that be more part of my experience, but my family is just, I don't know. Being poor takes your attention away from a lot of things like that. I don't really have the cultural identity, but the socioeconomic status has been one.

Socioeconomic status, I didn't realize until fairly recently how big of an impact it had on me. It's not really a big key moment, really, it's more of a slow realization. … I can't remember exactly when it happened, I think it was a few years ago, or something. I'd always known when I growing up that we didn't have a lot of money, but it wasn't until, I think, I was at a university, all the other people in the program were pretty well off. Maybe there were a few who were older and were supporting themselves, but a lot of them, their parents had PhDs or master's degrees. I think it was just the difference in realizing that they can go out for dinner every night and it doesn't matter, or they can get a new phone, they break a phone, they can get a new one. At that point in time, I couldn't work because I was busy with school and I was so sick from being disabled that I couldn't have a job, so I didn't have any money and I was very broke. It really highlighted it for me in a way that I hadn't realized it before, and I just looked back on my past and I realized how much I didn't have and I was thinking about the opportunities that I could have had if my family had money back when I was growing up, and how it's amazing that I still managed to get to college. I'd always assumed I would go to college as a kid, but there was no reason for me to think that because nobody else had ever gone. It just made me wonder how much different things would be if I'd had the types of circumstances my friends had when I was growing up. I'd probably already be done with my PhD by now. That's hard to come to terms with.

It's hard to really think about, because they are all there and I wouldn't say they are not interrelated, but it's like they are self sustaining, but at the same time they all keep me from feeling like I can't associate with the general population, in some way. I do feel like they are similar in that, they affect how people knew me and regard to the opportunities that are available for me. I definitely have noticed that there is a pretty large coalition between queer and disability within the communities that I'm a part of. I do see them come together a lot. It's interesting to me, but I don't know how they relate.

Within the queer community, there are people who are disabled who I had associated with a lot for a while. I was active on a disability forum, but I kind of distance myself from that, because I felt a lot of it was just complaining and I thought, "You know, I can understand the need for talking about problems that you are having, but I don't want to just surround myself with nothing but complaining."

I wanted to think more positively instead of complaining about how bad I feel when I can do stuff and just try to do stuff anyway. If I can't then, at least I tried. I distance myself from that a bit. I do still associate with the disabled community, in terms of autism spectrum. I haven't been diagnosed, but I'm pretty sure I'm somewhere on there and a lot of my friends are. I associate strongly with that community as well, but not necessarily with the disabled community as a whole. But that's because I don't really have a group of people that are just disability people that I can associate with.

> Right now the disability ones tend to be the most, just because they affect me more than other ones. As I said the queer identity is kind of on the back burner and I'm not really dating anyone. I'm not actively looking for relationships, so it's not as relevant. Although, I would like to have a community that I could associate with, just because I feel so strange and isolated without people that I can relate to. But on the daily basis the disability affects me more. That's what I identify more with right now.
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> I don't really see the relationship between the two like that. I think they are just both parts of me that aren't necessarily related. Just like I can't have hobbies that are complete and related to each other, but there are things that I'm interested in. They are related in how they affect my interactions with the world, but not how they affect me. If that makes sense? … And to some people it would be, but for me, I'm not disabled right now as I have been in the past and I'm not as active in the queer community as I have been in the past. Those two are just not as strong for me right now and so they are not related, but I can see someone who is very disabled and very, very queer would see the relationship more than I do.

6. Christopher: *"I wonder if I didn't have my mind always racing with what is—now I know is—ADHD, if I would be able to do those sorts of things"*

Christopher, a graduate student in the humanities/arts and a gay man, described his process of completing his undergraduate degree without any disability testing or diagnoses, but then seeking out services as a graduate student that required documentation. He thought he was dyslexic but was surprised to also receive an additional diagnosis of ADHD. To his surprise, medication changed his academic life in positive ways. He viewed having ADHD as beneficial to his studies and career in the arts. Christopher viewed ADHD as important to his understanding of self and reflected that he would not be the same person without it.

> **In Christopher's words.** It's a little difficult returning to school in your thirties. It's a little tricky even within my program, I think there's four of us that are over 28. You have different life experiences, you don't do the partying anymore, so the peer group is limited. My problem has been the peer group is also people who are married with kids. So you're in this limbo—am I in this group, or this group? And I don't know where to fit in. So it's been a little tricky.

The disability service office has been very helpful, extremely helpful, especially as I get further in. I went crazy and took two history courses this term where I'm having to read six to 12 articles a week, and when you're dyslexic and trying to read that much material, then trying to write papers on it, it was just bombarding. That office has been very helpful especially on the test-taking side of things as well, preparing for exams, all of the services they can offer, have been really a lifesaver.

Again, this is something I did not have the advantage of when I was in school before. Especially my undergrad, dyslexia was something that was—maybe I didn't have a big picture on it, but I felt like it was something that needed to be hid, so this is the first time that I've actually been able to say, hey, I've got a problem, can you help me with it? The school's been very helpful with that. As well as the professors, too.

I went to some resources as an undergrad and never took any official tests and I was told I was dyslexic. When I came here knowing that I was going to have to be doing a lot of writing and reading, I had official tests done, and it came back as ADHD, which knocked me out of the water because I had never would have thought.

I told my parents and my mother just laughed at me because I am the most docile person. It's just my concept of ADHD was not what I thought it was. Then after having several professionals explain it to me and the disability services office here explaining, oh, this is why this happens, what the diagnosis then was dyslexia because of ADHD. One led to the other one. So that's where that one pops in.

I remember a professor I have right now who's just a brilliant man and I love him to death. Very typical, bow tie, gray hair, jacket, talks and looks at the wall the whole time. Brilliant man. Taking my accommodations letter to take a test was—whew, like do this—and he had never seen one of these in all of his time here, which was really strange.

He said, "I'm not familiar with this." Either that or he didn't want to do it. It might have been another thing. That was a very scary moment. But, it's not something I talk about with everyone. I just took a midterm and he handed them back out. One of my accommodations is to type things because the handwriting—I can't process at the speed that I can here so I won't get the information out that I want to get out. A friend of mine, he saw that my paper was typed, and he was like, "Why is your paper typed?" and I was like, "Oh, don't worry about it." And I was like, "Why I didn't tell him that?" He's a good friend of mine I've known for years.

Going in between the multiple identities—I would say even between the three, being gay, I would go with now that I understand what my disability is with ADHD, and being in the arts, I do seek connections between the three. For example, when it comes time to—I often times am given something and say, here, make something out of this. And that, for some people, the ability to see and create something—to have something in your brain and then create it, is a huge disconnect. Which is great, because that keeps me employed.

However, one of the first things when I spoke to a psychologist here when I had all these tests done—no, when I actually started medication for the first time two years ago—I said, “I don’t want my creative side to go away.” Because what makes my creative side work is that I am constantly thinking about—that’s one of the things people actually value about me. They’ll say, “Have you thought about this?” And I’m like, yeah, I thought about that, 12 steps ago. Because of that non-stop, racing mind that we have as people with ADHD, that has kind of fueled what I do. Always several steps ahead. It’s something that’s there.

That’s one of the things that I thought was interesting when I read the email that came out about this—what portion of that is connected to the gay male side of me, which maybe is the reason that so many people go into the field that I’m in? It’s a little bit of a stereotype, gay men are always obsessed with fashion. I obviously have never been like that. But I do think about when it comes to what I do for a career.

I’m a very detailed person. When I think of stereotypes of gay men. We have our—how everything should be, we get out the ruler, we decide how many inches apart that’s going to go, we think about all of those kind of detail-oriented things. Especially when it comes to something we really care about.

You know, if it was our friend’s house, we probably wouldn’t get out the ruler and measure what we’re going to hang. But if it’s our own house, it’s got to be right in the middle, it’s gotta be exactly Pythagorean as to where it’s going to go on the wall. … And I think of other careers that, sorry, are stereotypically gay male careers, like even hairdressing, you’re constantly busy with your hands, you’re always talking to people, it’s very detailed, very people pleasing. Wedding planning? You know, all those sorts of things.

That’s what I think is interesting about what you’re doing—that idea of how these two are coming together and that’s what was so surprising about me, now that I understand it, all that’s going on here [points to forehead] and none of it is going on obviously in my body. When I think of ADHD, I think of that kid that I used to teach that couldn’t sit in his chair the whole time. His hyperactivity was on the outside of his body. Mine is on the inside of my body and it’s become helpful for parts of my career.

Now if I’m reading the history of something, that’s a different mindset. That’s where the drugs are very helpful to me—to be able to sit down. … The other thing is driving a car. This is a scary thing to say especially here but I could get in a car and go 30 miles and not remember any of it, but taking Ritalin it’s like I see everything, everything is there and I feel very focused on it. However, getting in a car, driving 30 miles, and not remembering it is when I could come up with the most amazing things you’ve ever heard in your life and I can tell when I’m on that drug that I’m not thinking in that same way. So it’s this balance of when do I take this, and when I do not? And it’d be great to get out of school and stop having to read stuff, so I don’t have to take it so much.

> Something I think the creatives on this campus maybe need to talk about, particularly with people who are ADHD, is how we do monitor that? Because I really feel that if I'm in a situation where I'm needing to be creative and I'm needing to be scholarly at the same time, I can't be at the same time. … That was a big concern for me. I guess it's a part of the disease, we didn't talk about, he said you can take this when you want to and you can not take it when you don't want to. You're never not going to have ADHD but this will make it go away for four to five hours. We're still figuring out the dose. It will go away for that long. It's just…to be able to sit down and take a test and not be thinking about, oh my god, if I don't get this right—you're thinking about everything you shouldn't be thinking about. … That's where the drugs are very helpful to me—to be able to sit down. I remember because it was only two years ago the first time I took Ritalin, I almost cried because I could sit and read a page and not be thinking about the laundry that I need to do or 12 other things that I need to do or if I forgot to set the DVR or something.
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> It's a very liberating kind of feel. Similar to that kind of feel of when I was 21 to be able to go into a gay bar on Friday night, there was this country line dancing bar, it was fun to go to, but you felt differently when you were there. There was this part of you that was always kind of watching and observing as compared to at the gay bar it doesn't matter what you act like. You can be who you are. It's really a similar kind of feeling to be able to trust yourself, that you don't have to think about other things. That your mind will do what you want it to do.
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> When it's something I care about, and it's something that I've thought about in my mind and made, I'm going to put a lot of—I've already put a lot of thought in and I'm going to keep putting thought in and I'm going to try to address every little detail. That also has helped me as far as the ability to always be prepared for things. … I wonder if I didn't have my mind always racing with what is—now I know is—ADHD, if I would be able to do those sorts of things.

7. Maria: *"I didn't have words or a vocabulary to express what I was feeling or what I was experiencing"*

Maria arrived for her interview with a list of questions about my background, identities, and goals as a researcher. As the interview proceeded, she expressed that she would have severely limited her responses and disclosures if she was not comfortable with the answers I provided and the information I shared on the study and myself. She described her identities as shifting greatly depending on context, using different labels and gender pronouns depending on whether she was with her family, friends on campus, groups in the community, or in the classroom. Depending on the context, she might describe herself as Latina, or Chicana if she felt especially politicized. Indeed, language was central to Maria's identities: "I didn't have words or a vocabulary to express what I was feeling or what I was experiencing." Thus, learning about new terms that might describe her experiences was seen as liberating.

Maria identified as queer and though she never truly embraced the term *lesbian*, she recalled experiences of others accusing her of not being a "real lesbian" in the past. Though she mostly used female pronouns, she identified as genderqueer and sometimes used third-gender pronouns and presented a more masculine gender expression. She did not identify as disabled but rather said she "struggles with mental health," viewing disability as a "conversation" to be had with those in her life rather than simply a label.

She expressed frustration over the racism and other forms of exclusion she had experienced on the university campus. She reflected that diversity on a campus level did not necessarily translate to racial diversity in each classroom or professors who were sensitive or aware of social justice and equity issues. Maria continued to describe exclusion she experienced when accessing campus resources such as academic advisors and counselors, with one advisor even suggesting that she was not college material.

Maria collaborated with several other students to lead a group for those who identified outside of identity binaries. Despite the group itself not having a rigid structure or routine activities, Maria felt the connections created initially through the group helped others feel comfortable on campus.

In Maria's words. I actually didn't know I really wanted to go to college. Nobody in my family has gone to college. I was a former foster care kid. I wanted to go up north, I wanted to go out, but ultimately ended up coming here for financial reasons. My family fought really hard for me. They weren't really supportive of the college endeavor, and I don't think they know what that meant. It was close, and my family knew that I would be close to them, so if they needed anything.

I always had at least one or two jobs. I'm also reevaluating that for the coming year because if grad school is something that I really want to consider, I've heard it's a lot of just knowing people and networking, and I don't know anything about that. I would have no recommendations and then there's the GRE—so, I'm trying to find a job on campus. Because most of my jobs also have been really late nights and labor-intensive. It's not like I can sit and do anything like homework.

I don't know if I have words for it, but there is still a lot of racism on this campus, classism. Finding the right classes, with the right type of makeup that are diverse enough and professors who are willing to listen to other students' experiences, that's not from their own perspective, is actually...Once you're aware of it then you can see it, so it's not as safe for a lot of students in classes. It's not super dangerous, but I can see how it's not now. I can see our campus is really diverse, and other people say our campus is really diverse, but it doesn't always feel that way, as far as in classrooms, I think.

I love the diversity of the faculty and staff, but I wish there was more training or awareness among our staff on how to deal with different intersections. There are definitely things that TAs have said that have been really problematic to students. I don't think they are even aware of the beliefs that they hold and how they can impact their students. So TAs and professors, and the ways in which professors continue to support oppression within the classrooms.

Even within counseling, when I first went in there and looked for a counselor who was culturally competent, the person they gave me may have presented himself that way and he might have had some qualifications, but when I sat with him in there for the first time, it was not a safe environment. I'm sure they'd read the textbooks, but they didn't really understand where I was coming from.

Another time, my adviser basically was like, "College isn't for everybody. You should go back to a community college," in a very polite way. So there were always times that I kept running into walls, and I didn't really know why.

So I'm queer, and that was a process. I am culturally Latina, and then I think like I said depending on like my settings or how particularly passionate or politically I'm feeling, Chicana. Then most of the time in spaces I would say female but, in very few spaces I do say I would manage under queer, and that can be extended to pronouns but that's not really a normalized thing. Also that's trans, and gender queer, and what's what and how people perceive those things or what they expect from those labels.

It's a super-long process. I think it's still like a process that, again like I didn't have words or a vocabulary to express what I was feeling or what I was experiencing. So in middle school, I knew something was weird, not weird but like different.

So then I learned about the identity of pansexual. That's more like it because I was interested in one of my friends who is trans and I didn't know that was a thing. Then I was like, "How am I included in this, and what does that mean?" So am I pan? People think I am straight, if I am with this person, and so then there's bi, and then to be more inclusive, I just identified as pan, and then within last year I think queer is the most fitting for me, and it still fits.

So I sort of never identified as lesbian though, because I dated a girl last year who was a gold-star lesbian and all that, it was really problematic. Because like that's a whole another story, but essentially my identity, was it compromising her purity or whatever. So I am like, what? I never actually liked it when I did hang out with my lesbian friends, those groups that are exclusive to lesbians, I was never really a part of it. Even my roommates were at one point, they were bad roommates, but they were like, "You are not lesbian, you are not a real lesbian." I was like, "Well, yeah, but I still, I am." "Well, no you don't." I was like, "OK." So that was weird.

It was still a lot of navigating. I think I'm just really happy with the word queer. I didn't learn about that until...it's not something I would use. I use it with part of my family, but there's just a lot of things we don't talk about.

My goal for me, and for other people, eventually, I don't think I'm in a place to do it right now, is to create communities for people who don't feel like they have those communities. On campus, it might look like the non-binary group. Really simple things like that, which feels simple, but for a few handful of people can be really revolutionary. In those types of ways, I can still consider some work that I do radical.

I don't really like identifying with—I don't like the word disabled. Recently it's more of I have a disability or I struggle with mental health would be a more appropriate thing I think I would use. Even then that's like really weird, it's more like a conversation.

Being formally diagnosed by somebody I trust is way different too. Having a practitioner that I feel is competent and really can care in all aspects of my identity is really important. I'll take that. One of the things has been PTSD, I was diagnosed with PTSD. I've had anxiety for a long time, but I think that is going up to that. Realizing that that is something that I needed to deal with and accepting that is now, "Well, I do have this. I don't know it's forever." Again, it's like you go in and out.

Do I need to label myself this? Yes, for which system am I in? Who am I working with? How do I get what I need to get? You have to label it before you can get help for it, all of that type of stuff. I think again, this year I have all these things I want to try to do, and one of them is trying to get more involved in that student group, whatever that looks like. It might not be that student group, but that might mean another student group, because throughout my time on campus I've constantly been drawn with smaller groups of kids who maybe do struggle with the effects of depression, and does that affect their classes, and they happen to be queer.

They don't have any place to go, so we end up talking to each other. All these other things, so it's how do we just help each other get to class? Especially then on top of whatever home is going on, whatever how a job, whether you don't have a place to live, and sleep, and you're poor and for some reason you didn't get your financial aid. All of this stuff, trying to get to class, and then going into an environment where they're misgendering you all the time, and they're saying really homophobic things. Then your TA says something homophobic, and then someone says something really racist.

For whatever reasons, but I know them, and so now it's like that you see them on campus and you're just like acknowledging it: "Hey, I'm going to tell you that you look really beautiful today because I know that all you really want to do is wear makeup today and you feel like you can't." [Or] "I'm going to tell you that you look really handsome today because right now you're not in a place where you could ever consider transitioning."

Again, I'm building these smaller communities. If I had learned about that three years ago, I would be in a very different place. I learned about that last year, last semester maybe. Was it last semester? Yeah. So, a few of us have connected on Facebook and we're talking about making that a student group. We don't know what that's going to look like. Also that wouldn't be something that I'd be in charge of because I'm trying to go a direction that's like a long run.

It's a conversation that's happening. Right now that's looking like even just having unspoken connections, so seeing someone on campus, acknowledging them. Then if you know somebody who isn't part of a community or doesn't feel like they have a community, just introducing them. So picnics outside. It feels organic but they're secretly trying to connect people and be like, "you're not alone on this campus." A lot of the work is being really underdone. I don't think it's even conscious. For me, I see it as work. I don't think that some of these students see it as work. Also, they're a lot younger so it's also different. This would have been really cool had I been a freshmen or sophomore, not like a second year senior who took three years off.

We always talk about safe spaces. What does that actually mean? There's safe, and there's welcoming, and there's both. First, I think we want to turn into a student group. I can see how it seems really scary, and for me two years ago that would have been super scary, because I would have not wanted anybody to know that I would identify as genderqueer. Well, I didn't really identify as genderqueer then. I was really confused. It's hard because it's like how do we keep it safe and as students, how do you keep that anonymous but still want to advocate for it? How do you actually advocate if you aren't being seen? It's always way more dangerous to be in the position of the oppressed than being the oppressor fighting for the oppressed. I'm really lucky because we have staff in the LGBTQ center

> who totally support it, but I don't know. The university should give you a safe space, because that is a place that happens because we realize that, "This might be the only place that people have to be safe."

8. Miranda: *"I feel like my voice is definitely strongest in online communities, both disabled and queer"*

Miranda pursued a graduate degree in the social sciences because of the opportunity to advocate for disability and use what she had learned in her own academic experiences to help others. Miranda is attentive to the use of language, preferring to identify as autistic rather than with Asperger's, a label she views as reinforcing a hierarchy within the autism spectrum. She also identifies as queer and has evolved in labeling herself bisexual to asexual to gray asexual (e.g. occasionally experiencing sexual attraction), panromantic, and part of a polyqueer family with two partners.

Online queer and disability communities were important to Miranda and where she felt she found her strongest voice. Reading blogs and joining online communities were pivotal in her own identity development and she now enjoys going online to provide resources and recommendations to others who are struggling. Miranda hoped to parlay her experiences online into her future work as a scholar, helping to challenge misinformation about autism and disability. Miranda also articulated an intersectional view of her identities and possible connections between autism and asexuality.

> **In Miranda's words.** I went to huge schools that were primarily very wealthy White schools with a lot of resources, which was a great privilege of course, but at the same time also a little othering as a child who was a chronically ill child. I am mixed race so I have some things working against me and I was closeted queer throughout my entire academic life, K-12.
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> There were some factors that kind of worked against me in that environment. While I got a really excellent education and entered my undergrad with almost enough credits to be a sophomore because of all the resources I had, I

did have kind of an oppressive environment to some extent. We had kind of a liberal school environment. There were a lot of out queer kids. It was either you were a gay kid or a lesbian kid, but you could not be a bisexual kid, or a pansexual kid, or an asexual kid. That is not going to happen.

If you were any of those things you were being trendy or you were just wanting attention. I just pulled it back and tried not to stand out too much even though my personal identity at the time was bisexual. That was the thing that was really difficult.

We also had a big focus on academic achievement. I was in all AP classes, very heavy on academics, very centered on what kind of scores you could get, getting national merit scholar. That was focused on me with me personally to the exclusion of my mental health and other disabilities, so I never got the services that I needed, even though administration was very aware of them.

I was pulled out of school twice for suicide attempts, and they never gave me IDEA mandated services. I never got any sort of special ed accommodations, nothing, even though I was definitely a kid who needed them. It was slipped under the rug. I was one of the AP golden kids. Even though my actual grades were technically not going to be that good I had teachers pass me or give me A's or B's, because when it came time for a test I would score really high, or I would get very high scores on all the standardized tests.

The other thing that was interesting growing up in that environment was being an undiagnosed child with Autism or Asperger's. I recently went back and watched all my baby videos from when I was two, three, four, five, and I would have diagnosed me really quickly. Really quickly! I'm 25 now, and in the early '90s they didn't diagnose girls very often.

They certainly didn't diagnose girls who were incredibly intelligent. It was just something that never manifested itself as being a huge problem. It was just, "Wow, what a weird kid." It was just, "Wow, she stacks all of her blocks and lines up all of her dolls the same way. We can't get her to walk flat-footed, she only walks on her tip toes."

They had to push my head down so I would walk flat-footed. I was going through all my old teacher report cards from first, second and third grade, all described as, "She's a little professor." It was literally textbook. I've seen that in textbooks. It's just things that nobody ever looked at even though I had a really severe speech impairment, and I was tested for that, and had speech services for two years. Nobody ever picked up on it, and I didn't get my diagnosis until a few years ago. There were more services that could have beneficial, but at the same time could have been harmful given some of the not so great types of services that were offered at the time.

Undergrad was in a way easier, because I had more freedom and I could study the things I wanted to study. But also slightly more difficult in that I no longer had the responsibility to go do things, I was on my own. Being disabled with certain conditions like chronic migraines, which are very severe and at the time I was an undergrad I had probably two or so a week, would keep me out of class.

I never got services for that. I didn't go get any accommodations from disability services. I didn't really know they were available to me, and the medications I was on weren't effective. That would keep me out of class. I didn't have the accountability of a family to send me to class, so I missed a lot of school. At the same time, looking at a different side of a disability and looking at the Autism thing, I could pick the classes I wanted and I was interested in those classes. So the material was much easier for me because I could focus on doing the things I wanted to do.

Another thing looking towards the sexuality side of it is that I got to open up more and that's when I started expanding my feminism, which was really strong with me in high school especially, but wasn't necessarily intersectional. I didn't have a lot of resources to make it that way. I started reading everything and discovering all these amazing blogs that people were writing, and it just opened up new doors and new worlds. I took a lot of different classes like feminisms of color and all sorts of things.

I was with a guy who was super abusive. I moved away from that, and ended up with having these great relationships and coming to terms with my own sexuality, which I now define as generally queer. I feel like it's so complex that I don't like to label things. Otherwise I just stack labels on top of labels on top of labels. It gets to be too much and it looks ridiculous. I tend to just go with queer overall. Moving towards undergrad, and my master's even, the more I learned and the more stuff I was exposed to, not just academically, but also that circle of people, the more I came to terms with that sort of identity. I'm now totally comfortable in it and I live with my two partners. One of them is my kind of sexual partner. I am not exactly a sexual person. He's great and I love him, and then my non-sexual partner whom I also love. We've all got our thing. It's our little polyqueer family. We've been together for years now.

I think in the last two or three years I considered myself to be a little more...I never used to consider myself asexual, I just thought I was damaged. Now I'm like, "Oh, I guess I consider myself asexual. I guess I'm not broken. I thought I was broken." Which I think is a really common narrative with people who are asexual who think, "I don't enjoy this. I don't really seek it out. Sometimes I like to have sex, but it's few and far between. It's something that I like to do because my partner likes to do it sometimes and I like to make them happy." I think that's the experience of a lot of people who are asexual. I never really realized that before a couple years ago. I'm like, light bulb moment.

Before that, I think I was identifying as pansexual, moving away from the bisexual label that I thought I was in high school after I realized hey, there's more than two genders. Cool. Now I guess I consider myself, if I want to get technical, more asexual or maybe gray asexual and panromantic but just generally queer overall. I've got a little polyqueer family set up that's pretty cool. As far as gender goes, I usually just identify myself as female and cisgender, even though I don't always present in a traditionally feminine way. I change it up a lot. It just depends how I'm feeling.

Some days I dress very feminine and some days I'm dressed very, very masculine. It just depends. I like to play around with gender presentation a lot. I've never felt like the label "woman" applies to me ever, and I get kind of touchy when people say that, but I still identify as female. I think that covers everything.

I am mixed race. I am half Mexican and then my mother is White and Native American. I'm a quarter White, a quarter Native American. I'm fully mixed race, I guess. Kind of a jumble of things, which I think is really cool now that I've gotten into it. I had a lot of super internalized racism until I was probably in my very early 20s that I didn't start to unpack until, I think, the end of my undergrad.

I started really reading lots of Chicana feminist literature. I started really unpacking all of that. Now, a lot of times I just identify myself as Chicana or mixed Chicana and trying to get back that connection with my father's family and pick up a lot of that language that I didn't get.

I always do identify myself as disabled. When I go more into detail with it, what I typically tell people is that I have a neuromuscular condition, because otherwise it's a 10-minute talk on Lyme disease. That can also lead into, "Have you tried this, have you tried this, when are you going to get cured?" I'm like, "I don't know, I don't know, I don't know." I don't know if I'll ever actually get cured. This could be a lifelong thing. It also says it all in the one word, neuromuscular. It's all my joint pain and full body pain, nerve damage, all sorts of cool stuff.

I do also usually identify myself as autistic. A lot of people like aspie or Asperger's. I don't necessarily care for that because within the autistic community a lot of people feel like that's a hierarchical term, which I don't care for, especially because there's a lot of media representation about autistic people are either nonverbal and low cognitive ability or super genius type. I don't really want to keep creating that sort of division so I just go with the general thing, which is what's in the DSM now anyways. It's just autistic.

I usually go with that, even though I have other things that I go with. Sometimes I say neuroatypical because it keeps some of my other mental things in the term. I also have OCD so that's something that also gets into that label and anxiety. Those things often occur with autism.

On the other hand, I don't like neuroatypical. I don't know. It depends because I don't ever really describe or identify one particular way all the time, but I do always identify as disabled and I do always identify as queer. The queer changes, and I think, especially, as I still continue to navigate my identity and read more and learn more about like, "Oh, I didn't know there was a name for that." Or, "I didn't know that was this."

There's a perception that autistic individuals lack...first of all, there's a perception that they lack intelligence, which is incorrect, and that we also lack agency, autonomy, and that we know what's right for us. Or, what happens a lot of times is that people will say, “Well, you are high functioning.” “Functioning” labels are not necessarily the best thing to use.

But they’ll say, “You don’t look like my child. My child doesn’t speak and my child does this and that.” The way we look at, is that a person with autism, no matter what degree or what their capabilities are, is still going to know autism better than somebody who doesn’t have it at all. That’s something that I really want to work with. But it’s hard, because people get that in their minds that autistic individuals are not capable of doing a lot of things, or that autistic individuals who are very capable of doing a lot aren’t really autistic.

Those perceptions keep a lot of professionals from claiming that identity, and specifically in this area. Because it is a mental health thing, it might be looked on as something that affects competency and judgment. Which is totally incorrect, because, again, I’m going to say that, as an autistic person, my ability to assess autism is better than someone who doesn’t have autism.

There’s a lot of stuff that I’m fighting internally about how much do I want to put out there? How much do I want to let it influence what I’m doing research wise, because my research is autism as well. Because I don’t know how that’s going to be looked on in the community or the academic community. But if I can’t use the research that I’m doing to help the autistic community, then I don’t know why I’m doing it.

The more into my work I get, the more likely I am to rock back and forth while I read, or while I type. It’s really not that noticeable if I haven’t really gotten into what I’m doing, but, the more I get into it, the more it looks like I’m about to take flight. It’s bizarre looking to a lot of people. In my last program, I would have really been conscious of that. Here, I’m still conscious of it, but if I start doing it, I don’t feel like I’m going to cry because somebody has probably noticed that, and they’re going to tell everybody, and people are going to watch me.

I’m like, “OK, no big deal. Maybe let’s not go to the extreme.” It’s not a huge deal. I don’t worry about eye contact with people here, because I figured out after a month or so, nobody cares. They really don’t. They don’t care, and nobody is trying to diagnose me here, and nobody thinks any less of me for whatever characteristic I’m showing at the time that they happen to know about. So that’s nice. I figured out after a while that I could do whatever symptomatic behavior, and people would still talk to me the next day. Which is not something I’m used to, even from elementary school. I’m like, “Wow, somebody’s talking to me a second time. That doesn’t normally happen.”

It’s been a really nice transition here. I’ve even felt comfortable talking about some of my advocacy work or talking about things in a way that I’m not necessarily hiding my diagnosis. I used to hide it and not say anything about it. Now, I say things where, if you’re paying attention, it’s hard to miss. You’d have to really, really be zoning out on conversations to not pick it up. But I’m not putting it out there.

> I don’t know, I feel like they are all interconnected really. I guess they do kind of play off of each other, but sometimes one will push the other to the background and so forth. It’s interesting because I’ve been thinking a lot about, based on mostly anecdotal evidence, the number of people who are on the autism spectrum and who also are on the asexual spectrum. It seems to be pretty significantly...There are a lot of people who’ve fallen in that area.
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> It’s not necessarily...A lot of people assume it’s a sensory thing, but I’m hearing from a lot of people that it’s not necessarily a sensory thing. It’s something interesting that’s come up. I wonder about that because for me it’s not about connection. I’m certainly connected to a few people at least. It’s definitely very interesting and I feel like those identities are very connected.
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> They can’t be pulled away from each other. Also layering some of these identities on top of each other sometimes makes things that much harder. I do have a lot of passing privilege so it doesn’t affect me the way it affects a lot of people. I can pass White. I can pass straight. Depending on the day, I can pass able-bodied.
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> With advance notice, for about two and a half hours, I can pass neurotypical. I always tell people, “That’s how I got into this school; I had to interview somehow.” I think they definitely stack onto each other. Sometimes it’s a good thing and sometimes it makes life a lot harder.

9. Haley: *“I have a way of looking at the world that nobody else does”*

Haley viewed participation in this study as one way to be a disability activist. She entered a professional school at age 20 while most students would still be undergraduates. Legitimacy and the usefulness and limits of identity politics came up over and over—for Haley being multiracial Thai and White, but sometimes passing as White; queer identified and married to a straight, cisgender man; having mental disabilities and considering herself disabled when pregnant (she has one child and another one on the way), yet uncomfortable entirely claiming disability as an identity.

Haley described difficult experiences transitioning to the professional school and a climate that varied widely from that of her undergraduate department in ethnic studies. She noted that publically proclaiming a disability within the context of her professional school would leave one open to a variety of negative consequences. She speculated that disability would be viewed as fundamentally incompatible with the ethos of the school. Haley also expressed trouble navigating the disability accommodations process at the university.

> **In Haley's words.** I identify myself as a young, queer, mother of color and I have never identified myself to others as a person of disabilities, but I have them. I read as very White. But I'm not White. I'm so not. I am biologically half White and half Thai. I identify as a person of color, because it's really complicated. But at least whatever I am, I know I'm not White. When I say this to people, I also feel like I am minimizing or somehow trying to mitigate my White privilege. I've taken to say that I am a light-skinned person of color. Or, a person of color with a lot of White privilege. Because I feel like those two things are both true. If I were just to say I am a person of color...let's say, online or something where people can't see me. If I were just to say that, then people would have this image in their head of me that doesn't really match. It's not fair, it's not fair for me to claim being a person of color, without also recognizing how everyone thinks I'm White. Because there's an aspect of identity that is internal, yes.
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> I can't really break them apart. Every time someone asks me what my identities are, I want to give them this really long list. Because the more I think about my life, the more I realize that people who have one of my things but not the others would so not see the world the same way. My identities together make up a person that I have never met before, besides myself. I feel like I have a particular combination of identities that no one else does, which may or may not be true, but I feel it's true, and that's a little lonely. I feel I can only ever relate to people on one or two or three axes, but there's always something else that they don't have. I'm sure that's true for other people, I don't have everything that they do either.
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> I think, honestly, that identity politics is what makes me feel lonely, because we've built up this idea that if you share the same identity, then, you share the same experience and you all can be best friends. But when that's not exactly true, I feel I'm missing something. I guess I really just need to stop checking off all the boxes with someone and see it some way else. But it's hard because whenever I talk to someone who shares, let's say three out of five, identities with me then we're really close.
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> Being broke, I think that's probably number one. Because you can't really do much, because you have to eat every day, three times a day. I would say that queerness is on my mind everyday because of how suffocating school is, but if it wasn't for that it would probably be on the back burner because of my current relationships and how I'm monogamous and not really thinking about sexuality really.
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> I think that everyday someone says something that is, I wouldn't say necessarily hateful towards people with other identities, but I would say that

someone says something that shows their privilege really badly, and it grates on my nerves. When they talk about how they're so sick of their professors, because they always call on them. What students are not being called on? I'd say that everything else happens intermittently throughout the day. But I would say that being broke is what happens constantly, being queer happens randomly and everything else all the time. As far as depression goes it is...I guess the reason why I don't really label it as very salient is because it's purring in the background. I don't consciously structure my life around it, but I'm sure I do subconsciously. If I were pregnant right now, I would tell you that that would be number one.

I like that the fact that I have so many [identities] that are weird is nice. There's the isolating sense on the one hand that no one is exactly like me, but on the other, no one is like me! I'm unique, I guess. I'm special. I have a way of looking at the world that nobody else does, at least, not exactly the same, and I feel very entitled whenever I hear people talk about their White privilege or show through their actions and their words that they really just don't get it, because I do. I'm part of a group that gets it, and that's cool. I like being able to look at my friends and share a glance whenever someone says something really dumb, because we see it, and we recognize it, and we feel it personally. I feel like if I didn't have all of my identities, then, I would be way less cool. I would be way less of a compassionate person, and I would not fully see the world and all of its crap the way I already do. There's that.

If there were a community at the school for students with disabilities … I think it would be seen as a huge weakness. A huge detriment. You don't want to join that club, because then, it would be obvious that you don't fit. That you shouldn't be in school, right? The amount of, I guess, the rigorousness of the application means you have to be the best of the best. Which means, you have to be the evilest of the evil. Otherwise, you're not going to make it in the real world. I was told that actually. That I shouldn't complain about when people say hate speech, because that's just how the real world is and so you have to deal with it now. If we coddle you now basically, then, you're not going to have a thick enough skin to deal with the profession. OK, that attitude makes it worse.

If there were a community of students with disabilities on campus, then, we would have to be very secretive about it. I think it would be like being outed, honestly, especially, with mental and emotional disabilities on campus, because your intellect and its objectivity are the highest priority. At the school, let's say, you have some kind of mobility impairment, they don't see that in the same way as an intellectual impairment, because you can still think through all the exercises or whatever. But let's say, someone has depression or anxiety or a learning disorder, they don't belong, because they can't take it. No, and I think it would be dangerous if there was one.

I knew about disability services because every syllabus says to go see them. I thought about that a lot because the syllabus always says, "If you have a disability, go talk to this office." But I wasn't really sure if I did. So I don't know if I'm supposed to be talking to the office and I know that the office is supposed to determine if you do have a disability, so it seems like there's a gray area where if you're not sure that you have a disability, do you have a right to bring it to this services for students with disabilities, because they're going to expect you to have proof already.

So what kinds of disabilities qualify and how is information I was never given, and I guess I could have been given it if I had walked over to the office and asked them for it, but at the same time, it just seemed like the little note in this syllabus was for students who already knew. Also the thing about the syllabus is that it says, "You have to tell the professor within two weeks," or something? You have to tell the professor at the beginning of the semester, but if something happens in the middle of semester, and then you go to the disabilities office and you get a letter and then you come back to the professor, does the professor have the right to say "It's a month before our final. I'm sorry, it's a little late now." Which is what happened to me, because I didn't really feel that bad in the beginning of the semester, but towards the end it was terrible.

Anyway these questions were...I know that not every office has to publish flyers and make the public aware of all their policies. I know that I have the responsibility to go and ask them about all these policies, but I was intimidated by the proof requirement. I was intimidated because I don't really have faith in administrative offices to accept my difficulties.

Disability services has told me that pregnancy is not a disability, but I disagree. At least in my case, because it was very disabling to be pregnant, and I was very frustrated about it because...oh, this campus is really hilly, and I couldn't really walk that well. I couldn't eat, but I was always hungry. I don't know. It was just very frustrating, because my body was telling me stuff that it probably wasn't telling other people. I know that politically it's probably dicey to call a pregnant person a disabled person, but I'm not saying that pregnancy in general necessarily is a disability, but I know that I was disabled by it.

That and I have come to realize that emotional illnesses I guess count. That there are such things as mental illness that can disable you, and I've had depression my whole life. I guess I got to the point, where I assumed that suicidal thoughts everyday is normal. I don't know, and so, I didn't really think of it as a disability, because I just lived with it. I don't think other people think about that every day. I don't know if I should identify as someone with a disability or disabilities. I know that when I'm pregnant I definitely do. I haven't decided yet. I haven't decided if it's bad for me to identify as disabled, because I don't know enough to know if I deserve it. I do know that, based on my experiences, I at least have something to say about it.

It's hard for me to imagine a way that the university system can really accommodate people with disabilities. I think what I wish for is a system that accommodates gradation of ability, that allows people to be honest about what they can and can't do, and that is happy to have different people with different abilities in the same room. These are images that have been proposed and enacted

> upon by my ethnic studies professors, who have always really listened to everyone's individual needs.
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> I don't know how this can be enacted in a larger scale. What you need are people who are not only compassionate, but also willing to accept that other people's frustrations are true. There's a certain amount of, "We don't believe you," that comes with an office like disability services. There's a certain amount of skepticism, formalized by the fact that you have to have a proof on a piece of paper to even go. Then, the professor needs proof on a piece of paper from the office before they will accommodate to you.
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> It's that hurdle that you have to jump that proves to you what you're saying is probably not going to be believed. It's like they're assuming from the outset that you're not really that disabled and so you probably don't really need our services, but in case you're really disabled, fine. We'll deal with you. I know that no professor really wants to think about it, because they want to teach the way they've always taught their whole lives, and the way that other people have always taught them. If you can't hang, you can't hang.
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> I feel in an ideal system, there also wouldn't be so much pressure to standardize. There would also not be so much pressure to standardize the way that people learn. If we were not so competitive, then it wouldn't matter so much. If we were not so driven by grades, then it wouldn't matter so much. If we were not so attached to our old methods of teaching, then it wouldn't matter so much. Because all we would have to do is make some adjustments based on whatever students come in.

10. Aurora: *"There's not a single aspect of me that I would like to fix, or change, or make adhere to the norm"*

The youngest participant in the study, Aurora started college as a teenager. Aurora used gender-neutral pronouns, they/them/their. Having struggled with ableism and transphobia, they viewed a degree in the helping professions as a way to "help others figure out how to navigate the world." Elaborating on their identities, Aurora said they found themselves "at the intersection of a lot of different descriptions." Multiple disabilities shaped Aurora's experience, though they still questioned whether they could identify politically as disabled. Aurora articulated a sharp critique of the traditional notion of allies.

In Aurora's words. I've had a really non-traditional educational path. I started college at 15 and I was dual enrolled with an online charter school and actually did high school at the community college. I did that for a while until I graduated and took some more classes at community college until I graduated. Well, until I got enough credit hours to transfer, and transferred over. It was a pretty seamless transition considering, all the classes and credits are easy to transfer.

I have struggled with being neurodivergent in a lot of different ways and struggle with the effects that has on my life. I have chronic anxiety and depression and also specific sensory things. That also intersects a lot with my identity as a queer and trans person. It's a lot of stress to go through the world like that, because the world is not built for people like me, and so I want to help other people figure out how to navigate the world when there are all these obstacles that other people can't see. … Part of my disability is I'm just really, utterly, empathetic, sensitive, over thinking and over analyzing. Especially considering the field that I'm going into, I think that can be a real asset if I learn how to use it right.

Both of my parents worked their way from the ground up, so I call myself middle class. But the reality is my family has a very high standard of living with no financial backing. If either of my parents lose anything, we're all screwed. There's no family money or anything. I am disabled. I suffer from well, sometimes suffer, sometimes delight in, a lot of different neurodivergent kind of diagnosed and self-diagnosed conditions. I am also a veteran of mental hospitals and all the ableism that's going on in the world right now and always, forever.

I am Jewish, but from a mixed religious background. I'm queer. I'm polyamorous, kinky, and trans. Specifically nonbinary. … I am mostly White but I come from a mixed race background. I benefit from all the White privilege. From the outside, there's nothing about me that isn't as White as Mrs. Baird's bread. I also have the history and the burdens of history that come with being the descendant of fairly recent immigrants. Being Jewish as well is like a weight on your shoulders because there's always the crisis that's going to come. My parents, especially my dad thinks that way a lot, preparing for the crisis that almost never comes. I come from people at the edge of their seats.

I always feel like that there's this kind of pressure if you're going to identify with the community to continuously be struggling. I feel like I'm on the boundaries of a lot of it because I don't have physical disabilities well up into the point where my invisible conditions impact me physically. There are days I can't get out of bed and that's OK, but is that physical disability? I don't know. I have my good days. On the good days, I wonder, am I invading this space? But on the bad days, I can't even get to the space. If I could, I'd be like, yeah, hi, I'm disabled. It's really hard to pin down I think, but I do identify with the community in terms of working for accessibility and taking care of one another and learning to accept pluralisms in the world.

You don’t have the luxury of having a good day when you’re disabled because the world kicks you out all over the place. You’re trying to find the community, but then the community that you find has its own single story that you really have trouble fitting in sometimes. It’s a lot of pressure to be who you say you are, I think. I’ve always had trouble with that even before I figured it out who I was, with making sure that I really am who I say I am and I really mean what I say I mean. That’s hard. … I guess working your way through the world and especially through a big campus takes a lot of courage. If you don’t have that courage then nobody is going to help you. It’s the student’s burden to prove that they need special accommodation. It’s not the university’s burden to make things accessible to everyone.

I am continuously misgendered by both, strangers and people I know and love. I was actually thinking about this today about how much it feels like I have an earthquake inside of me every time someone misgenders me and how it’s really hard to convey that. Because to other people who don’t really think about it, it’s just a word. There is that and there’s the fact that we’ll always hear men and women always use the male and female restrooms. There is just no room for people who don’t identify as either one of those things.

I mean, being queer and being disabled also intersects with a lot of those because I’m continuously doubting that I am who I say I am, which I think is a huge part of my anxieties. Being authentic and being honest. I feel like I’m lying even when I’m not and so it’s always on my mind. Disability not so much as a topic, although it is that too, but like as a method of thinking. My method of thinking is continuously shaped by my being disabled.

I feel like it is kind of the snowball effect for me. I came out as queer at the age of 15 after I had been in a long-term psychiatric facility or residential treatment center for two months. I came out and I kind of feel like some part of me died, and now I’m this new person. One thing got uncovered, then all these things start popping up. It’s still a continuous evolution, continuous self-creation of mine where I’m trying to figure out who I am, what groups I belong to. I’m always changing to become more and more complex, more open and more pluralistic, but I’m finally getting used to that. The fact I’ve changed.

I always feel like it’s a gradual evolution of mine. I don’t really have the light bulb moments for the most part because I first came out as queer in the fifth grade at a sleep over. I was like, “I think I might be bisexual.” And then, we just moved onto the next topic. For some reason, I was just really scared and I kind of pushed that down or stopped it maybe.

I was straight until I was 15. Or kind of straight, who knows? I don’t know. I was walking down the street and holding hands with two of my friends. One was a guy, the other one was a girl. Obviously, I have no conception of other genders at this point. I was like, “Oh, oh fuck. Nope. Nope. Yeah. OK. Fine.” I came out as queer that night to the first person. And ever since then I have slowly been transforming, becoming I feel like the person that I have inside. Like a piece of rock and you start chiseling away. You could see more and more of the features. I'm really wondering what's on the inside of that piece of rock.

I feel there are a lot of settings that are inclusive, not necessarily places because place involves continuity, where settings means specific time as well. It really depends on the people who are in those settings, the time of day, what's going on, the mood of all the people in the room. … Most of the people that call themselves allies I find are invaders of space and demanders of energy. Really, with the world like this, why do we need any more of those? I feel like ally is a label that you can't self-apply. You have to put into practice and hope that other people consider you one. You're always working to overcome the fact that you've been taught that you have this privilege that is innate and the fact that you've exercised that privilege all your life. Someone who's an ally is someone who steps back and listens to marginalize voices, but also speaks out when marginalized voices can't, I think.

Listen to the students and what they're saying and take it at face value because even if someone may not be who they say they are, that's who you need to treat them as. Think in terms of space, like is this space is my classroom accessible? Or are the lights too bright, or is there too much noise? Am I going to have to warn someone about there being rape related content or violence related content in a text? Think about people's comfort and it's not comfort as in a luxury, but comfort as in the same kind of comfort you get from having three meals a day and a roof over your head.

Also, make it really easy for people to express their different identities and their needs. For example, when you take attendance ask for everybody's pronouns. I mean, even if there are some obvious cis frat boy just be like "what pronouns do you use?" Which has the dual purpose of education and also accessibility. If you have any needs for accommodation or specific things that you would like me to do to teach you or to keep this classroom accessible for you just, come and let me know. Yeah, mostly just listening and being receptive.

I love being who I am. I love waking up in the morning and being who I am. I love being queer and I love being trans. Sometimes, often, I even love being disabled because there's a flipside to all the oppression and the sadness. I really think that there's kind of a beauty in being able to see the world the way I do.

Being queer and trans has taught me so many things. How to appreciate intersectionality and through the different ways that people become who they say they are and say who they're becoming. There's not a single aspect of me that I would like to fix, or change, or make adhere to the norm or the abnormal as it may be. I really like who I am. Most of the things I struggle with are just getting other people to like who I am too.

Chapter 5: Analysis and Findings for Research Question 1

The previous chapter offered vignettes of 10 participants that reveal their complex journeys of constructing and managing disability and queer identities in the higher education context. Drawing upon data collected from all 25 participants, this chapter presents an overview of the study's participants, along with analysis and findings based on the study's first research question: How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality? The chapter first provides an overview of analytic processes and situational maps created during analysis, followed by a description of the study participants. A context-setting section describes students' college and major/program decisions. Then, findings are presented in three parts: (1) developing queer/disability identities; (2) complicating intersectionality; and (3) forming community.

Synopsis of Analytic Procedures

Coding procedures. Applying Clarke's (2005) situational analysis framework, this study followed many of the foundational techniques of grounded theory, though I aimed for the explicit goal of thick analysis rather than theory generation, as recommended by Clarke. The first cycle coding procedure consisted of initial coding during the first read of interview transcripts to identify broad categories present in the data, within and across interview transcripts. Given the large volume of data, I used Dedoose, an online data analysis package. See Appendix E for the 87 initial codes identified. Next, I analyzed each interview transcript separately, identifying both in vivo and process codes. In vivo codes are short verbatim quotations from transcripts, while process codes represent gerund words that highlight the actions that participants described undertaking (Saldaña, 2009). Identification of in vivo and process codes deepened my analysis and kept me familiar with the words of participants. In vivo codes were used in identifying the short quotations that appear at the beginning of each thematic section in this and the following chapter. For an example of in vivo and process coding, see Appendix F for the codes generated from the transcript of Zachary's interview.

During first cycle coding, 87 initial codes and hundreds of in vivo and process codes were generated. To move analysis forward toward identification of themes and findings, I coded in the second cycle using focused and axial coding techniques (Saldaña, 2009). Focused coding entailed working with the list of 87 initial codes, grouping and regrouping them to consider relationships among the codes and condense the initial list to a more manageable list of focused codes. Eventually, six focused codes gave way to the themes presented in this chapter and the next chapter. Finally, axial coding called for condensing the data further. Two axial codes were identified: complicating intersectionality (aligned with Research Question #1 in this chapter) and creating change in a mixed climate (aligned with Research Question #2 in the following chapter).

Situational mapmaking. Situational analysis is designed to highlight broader the situation in which the topic under study is occurring (Clarke, 2005). Several of the situational maps created during analysis are reviewed in this section. Following Clarke's (2005) advice, I created multiple versions of each map during the analysis process (both first and second cycle coding), of which a single version of each is presented here. I moved back and forth among coding, memo writing, and situational mapmaking during analysis. To better understand the various environments and contexts that students navigate within higher education in general, and the university in this study in particular, I created an ordered situational map (see Appendix G) and a social worlds/arenas map (see Figure 5.1). The ordered situational map foregrounds the wide variety of human elements, non-human elements, and discourses affecting the topic of this research. Creation of this map provided an opportunity to consider the array of issues under the study and to begin thinking about their potential relationships and conflicts.

The social worlds/arenas map (Clarke, 2005) demonstrates a variety of competing and overlapping groups of people, activities, and concepts with which participants in this study contended, both inside and outside of the higher education arena. The arenas chosen for inclusion on the map were each described by at least one participant in this study, though each participant did not discuss interaction with every arena in depth or at all. Some arenas, such as coursework, faculty, and campus resources, were discussed in nearly every participant interview. Others, such as student organizations, the local community, and romantic/sexual partners, were discussed less frequently.

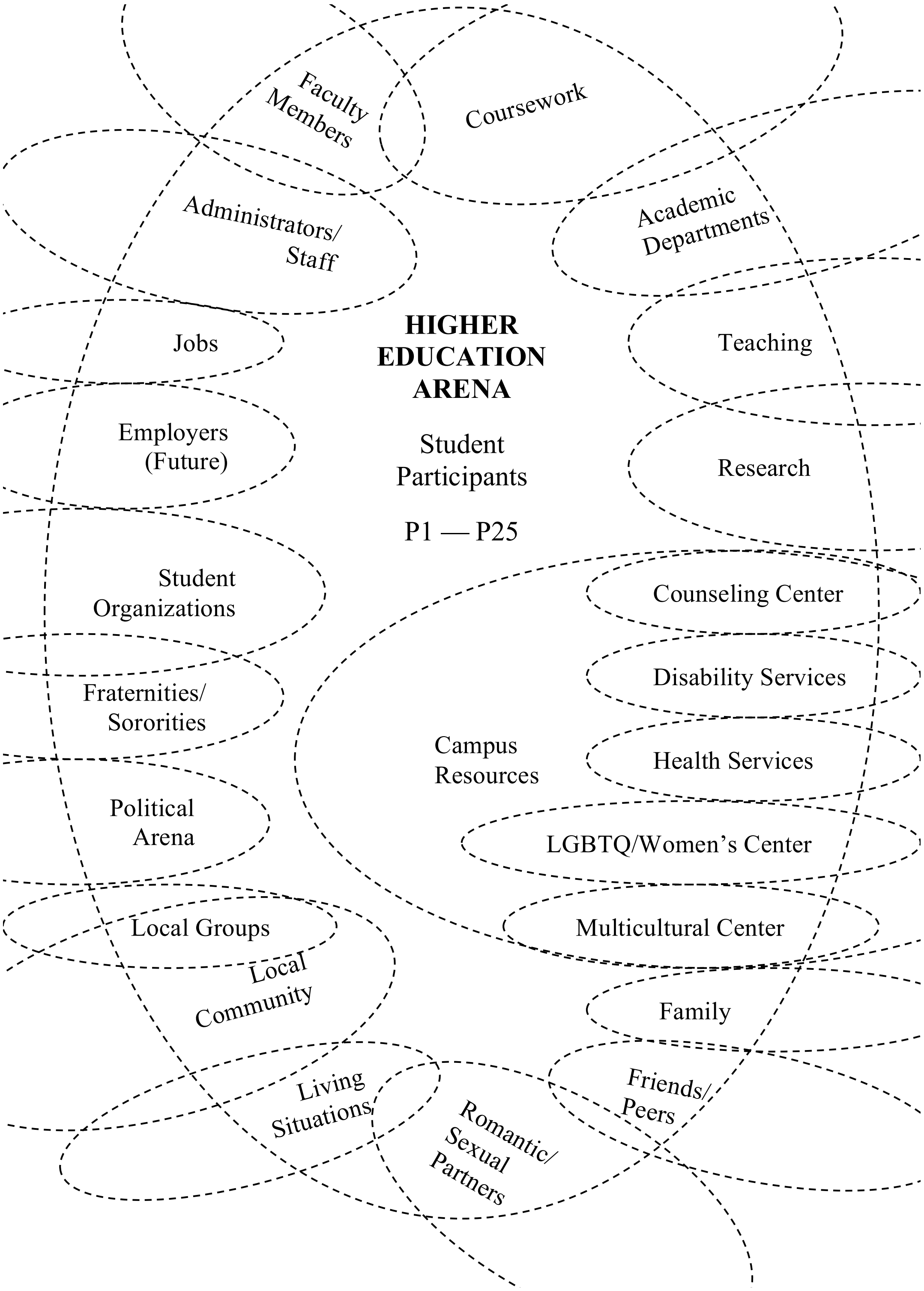


Figure 5.1. Social Worlds/Arenas Map: LGBTQ Students with Disabilities in the Higher Education arena

I also created several versions of positional maps (Clarke, 2005) as thought exercises to conceptualize how participants might view the relationships (or lack thereof) among disability/queer identities (see Appendix H). The purpose of positional maps is to foreground the relationships among contested positions in a research endeavor. The positional maps created attempt to represent five issues explored within this study:

1) identification with disability and/or queer communities;
2) queer/disability intersectionality in theory and practice;
3) identification with queer/disability in public/private contexts;
4) political/apolitical orientation to queer/disability identification; and
5) perceived visibility of queer/disability identities.

These maps are considered thought exercises rather than products on which participant positions should be mapped.

Study Participants

A non-traditional path led many students who participated in this study to pursue undergraduate and graduate degrees, as they took into account financial, health, and relational/familial concerns in deciding to attend the university. Once on campus, they uncovered the unwritten rules of a competitive institutional culture and its accompanying expectations related to energy and productivity as students/scholars. This section provides a context for students' experiences that are discussed within the thematic findings that follow.

Participant overview. See Tables 5.1 and 5.2 for an overview of participants and social identities they disclosed during interviews. Participants included 13 undergraduate students and 12 graduate/professional school students. Ten participants studied in the humanities/arts, while others majored in the hard sciences (five), social sciences (five), and communications (two), and three participants were enrolled in professional schools. Specific majors and classifications were anonymized to protect participant confidentiality. In this sample, graduate students and those studying the humanities/arts were overrepresented compared to the overall university population.

Five participants identified as biracial/multiracial and two explicitly identified as people of color. Most participants identified as White (18 participants) and/or with European ethnic backgrounds. People of color and individuals identifying with African American, Asian American, Latina/o, and indigenous ethnic/racial identities were underrepresented compared to the university population. While most participants used female pronouns (she/her; 14 participants) or male pronouns (he/him; 9 participants), two interviewees used alternative gender pronouns (they/them) to signify a non-binary gender identity. Interviewees named a wide range of sexual and gender identities. In terms of sexuality, though the labels queer (14 participants) and gay (10 participants) predominated, students also identified with terms such as asexual, demisexual, panromantic, pansexual, polyamorous, and quoiromantic. Only two participants identified themselves as lesbians.

Table 5.1. Participant overview

#	*Pseudonym*	*Gender pronouns*	*Classification*	*Field of study*
P1	Diego*	he/him	Graduate	Humanities/arts
P2	Kristen	she/her	Graduate	Professional school
P3	Will	he/him	Undergraduate	Sciences
P4	Christopher*	he/him	Graduate	Humanities/arts
P5	Sandy	she/her	Undergraduate	Social sciences
P6	Zachary	he/him	Undergraduate	Communications
P7	Ella	she/her	Undergraduate	Humanities/arts
P8	Taylor	they/them	Undergraduate	Humanities/arts
P9	Carlo*	he/him	Undergraduate	Social sciences
P10	Maria*	she/her	Undergraduate	Humanities/arts
P11	Haley*	she/her	Graduate	Professional school
P12	Aurora*	they/them	Undergraduate	Humanities/arts
P13	Abby	she/her	Graduate	Social sciences
P14	Sebastian	he/him	Graduate	Social sciences
P15	Desi*	he/him	Undergraduate	Sciences
P16	Jackie	she/her	Undergraduate	Humanities/arts
P17	Dani	she/her	Graduate	Professional school
P18	Adrianna	she/her	Graduate	Humanities/arts
P19	Eva	she/her	Undergraduate	Sciences
P20	Marie*	she/her	Undergraduate	Humanities/arts
P21	Madison*	she/her	Graduate	Sciences
P22	Elijah	he/him	Graduate	Communications
P23	Shannon	she/her	Undergraduate	Sciences
P24	Rodney	he/him	Graduate	Humanities/arts
P25	Miranda*	she/her	Graduate	Social sciences

*Indicates participants featured in vignettes within Chapter 4.

Table 5.2. Participant overview—identities disclosed during interviews

Participant identities (n=25)		**%**[a]	**n**
Classification	Undergraduate student	52%	13
	Graduate/professional student	48%	12
Area of study	Humanities/arts	40%	10
	Sciences	20%	5
	Social sciences	20%	5
	Professional school	12%	3
	Communications	8%	2
Self-identified (dis)abilities	Depression	56%	14
	Anxiety	52%	13
	Attention deficit/hyperactivity disorder	16%	4
	Mental health issues/struggles	16%	4
	Post-traumatic stress disorder	16%	4
	Asperger’s	12%	3
	Obsessive compulsive disorder	12%	3
	Autism spectrum/autistic	8%	2
	Eating disorder	8%	2
	Health problems	8%	2
	Injuries	8%	2
	Lyme disease	8%	2
	Narcolepsy	8%	2
	Addiction	4%	1
	Auditory processing disorder	4%	1
	Autoimmune disease	4%	1
	Bipolar disorder	4%	1
	Brain malformation	4%	1
	Brittle bones	4%	1
	Dyslexia	4%	1
	Epilepsy	4%	1
	Hard of hearing	4%	1
	Heart condition	4%	1
	Neurodivergent	4%	1
	Neuromuscular condition	4%	1
	Panic disorder	4%	1
	Pregnancy	4%	1
	Questioning/undiagnosed	4%	1
	Sensory processing disorder	4%	1
	Temporarily able-bodied	4%	1
	Tourette syndrome	4%	1
	Unspecified mood disorder	4%	1
	Visual disabilities	4%	1

Table 5.2 continued

Participant identities (n=25)		**%**[a]	**n**
Gender pronouns	She/her	56%	14
	He/him	36%	9
	They/them	8%	2
Self-identified gender	Woman and/or female	48%	12
	Man and/or male	32%	8
	Cisgender	16%	4
	Trans	12%	3
	Non-binary	8%	2
	Genderqueer	4%	1
	Trans woman	4%	1
Self-identified race/ethnicity	White	72%	18
	Biracial/multiracial	20%	5
	Mexican American	16%	4
	Chicana/o	12%	3
	Jewish	12%	3
	Native American	12%	3
	Latina/o	8%	2
	Person of color	8%	2
	Polish	8%	2
	Black	4%	1
	Chinese	4%	1
	French	4%	1
	Irish	4%	1
	Italian	4%	1
	Multicultural	4%	1
Self-identified sexuality	Queer	56%	14
	Gay	40%	10
	Bisexual	16%	4
	Asexual	8%	2
	Lesbian	8%	2
	Polyamorous	8%	2
	Demisexual	4%	1
	Panromantic	4%	1
	Pansexual	4%	1
	Quoiromantic	4%	1
	Straight	4%	1

[a] Participants often disclosed more than one identity in each category (particularly in disability, gender, race/ethnicity, sexuality); therefore, percentages will add to more than 100%.

Most participants (19) identified with more than one disability label. In general, participants tended to describe experiences with psychological/psychiatric disabilities (19 participants, or 76%), though a variety of medical (9), physical (2), temporary (4), learning (3), visual (1), and auditory (1) disabilities were also named. Depression (14 participants) and anxiety (13) were by far the most common disabilities disclosed by participants, two labels with significant overlap among participants. Additional disabilities identified by more than two participants included attention deficit/hyperactivity disorder (four participants), autism spectrum disorder (four), mental health issues/struggles (four), and obsessive compulsive disorder (three).

Choosing a university. Students named several reasons for selecting the university in this study for their education, as detailed in Table 5.3.

Table 5.3. Free-lists of the most frequently elicited terms:
Why did you choose to attend this university?

Undergraduate students (n=13)		Graduate students (n=12)	
Term	Frequency	Term	Frequency
Low cost	8	Location/city	6
Location/city	7	Funding/scholarships	5
Major offered	4	Prestige	5
Admitted	3	Fit of program	4
Ease of transfer process	3	Personal/professional network	4
Prestige	3	Program/field of study offered	4
Family decision	2	Admitted	2
Fit of university	2	Ability to be an advocate/activist	1
Diversity	1	Disability/health considerations	1
Large size of university	1		
Liberal/progressive environment	1		
Personal/professional network	1		

Undergraduate students in the study primarily selected the university based on low cost of in-state tuition (eight participants), the university's location (seven), and specific major offered (four). Graduate students, on the other hand, most often mentioned the location of the university (six), funding and scholarships they received (five), and prestige of the university (five). Several undergraduates and graduate students decided to attend the university based on the fact they were admitted, the fit of the university or program, and the benefit to their personal and professional networks.

Maria identified as a queer Latina and as a first generation college student. Like many of the undergraduates in this study, Maria actively considered both the financial and familial impact of attending college:

> I really wanted to go to college. Nobody in my family has gone to college. I was a former foster care kid. I wanted to go up north, I wanted to go out [of state], but ultimately ended up coming here for financial reasons. My family fought really hard for me. They weren't really supportive of the college endeavor, and I don't think they know what that meant. It was close, and my family knew that I would be close to them, if they needed anything.

Experiences with families of origin ran the gamut for students, from families being supportive of higher education pursuits and queer/disabled identities to incredibly hostile. Several undergraduate students spoke of pressure from their family to attend a particular university or to major in a certain field.

Taylor contended with family influence in dictating their choice of college and major. Though they defied their parents by going out of state, they agreed to try a major in the hard sciences before eventually transferring into a major in the humanities. Unexpectedly, Taylor's queer and non-binary identities flourished on campus, where they "found this great queer community":

> For the first time in my life, I was surrounded by people who were out, who were really welcoming, who embraced their identity, embraced other people. There were still some terrible people around, but there is an actual queer community. I'd only met two other queer people before. I was finally able to talk about it. I was finally able to have it be part of my life.

Though students offered a variety of reasons for selecting the university, once they became students, they not only appreciated positive aspects of their experiences but also offered criticisms of the campus culture. Carlo, an undergraduate, claimed that achievement was measured "as a number from zero to four," describing "a climate of competitiveness, climate of performance. … It feels more like a business, like an operation at times, like we're a Fortune 500 company." Sandy, also an undergraduate, had similar thoughts on the importance of grades: "Everything works on a standardized grading system, which is really great for some people, and isn't for others. I feel like it does a real disservice to a lot of people to base their worth and merit on how well they perform on tests and essays and letter grades."

Ella, who identified as a trans woman with depression and anxiety, began to feel the strain of dealing with high expectations, minoritized identities, and a sense of being outside of the mainstream on campus.

> I always wonder who gets to come to the university and have this awesome experience, and only has to think about school and nothing else. I think about school and the work I have to do in my classes, but then I also think about my safety and comfort and where can I go on this campus and how long can I stay on this campus? I don't do nights here. I don't come up here on weekends unless I absolutely have to. I don't particularly feel safe a lot of times. Why spend so much time here unless I have to? I don't know. It's such a different experience from some people I have known who come here and go to school and they go to the clubs. They might or might not work, but they have so much fun. They don't have to think about anything else. They think about school and what their social life is like and where they're going that night for fun and drinks. I feel like there's a lot of us who have to think about other things, too.

Ella captured the mixed feelings many participants shared in relation to their choice of university. Though students pointed out the advantages of attending a rigorous, well-resourced institution, they also contended with pressure from families and a campus culture that could be inhospitable.

Finding a major. Choosing to attend the university represented one choice among many. As presented in Table 5.4, participants in this study named a variety of reasons for selecting their major/field of study. Graduate students tended to reference the freedom to research topics of interest (seven students), a desire to create social change (six), and a desire to help people (five). Meanwhile, undergraduate students spoke of their passion for the subject matter (six students) and five students each discussed the desire to create change, developing an interest after taking a class on a whim, and a wish to use their strengths and talents.

Dani, a professional student with visual disabilities, spoke of wanting to pursue a challenge:

> Part of the reason I'm in [professional school] is because I knew it would be challenging, but I thought it would also be fun and rewarding. I didn't want to let my eyes stop me. I think that was a good choice. But I don't know if I would be as motivated as I am if things had come a little more easily to me. I think that's a good thing. I think life would be easier if I didn't have a disability, and most of the time I think life would be easier if I was straight, but that's OK.

A graduate student in humanities, Rodney, thought he found a program that would match his interests, but discovered after enrolling that it was not necessarily the best fit: "I definitely think I would be a little happier in a different department. … Overall I'd say I'm pretty happy with the people and the general situation, but frustrated by all the red tape that it requires. There's a lot of figuring things out on my own." Will, an undergraduate student in the sciences, described his department and, in particular, the major's student organization as "probably one of the most inclusive and accepting places that I've ever been to." Yet, he described the students on a prestigious scholarship in the department as "invested in 'bro' culture," and he felt he would not be in a fit in such a heteronormative, stereotypically masculine group.

Table 5.4. Free-lists of the most frequently elicited terms:
What factors influenced your choice of major/field of study?

Undergraduate students (n=13)		Graduate students (n=12)	
Term	Frequency	Term	Frequency
Passion for the subject matter	6	Freedom to research topics of interest	7
Desire to create social change	5	Desire to create social change	6
Developed interest after taking a class	5	Desire to help people	5
Utilize strengths/talents	5	Passion for the subject matter	2
Desire to help people	3	Path to teaching in the future	2
Family influence	2	Personally identifies with the field	2
Opportunity to be creative	2	Wanted a challenge	2
Preparation for graduate school	2	Career advancement	1
Validate identities/background	2	Desire to become a role model	1
Wanted a challenge	2	Develop a backup career plan	1
Desire to defy expectations	1	Expected to enjoy the program	1
Desire to have a moral career	1	Fulfill childhood aspiration	1
Desire to solve problems	1	Interdisciplinary approach	1
Future earning potential/job security	1	Opportunity to be creative	1
Need to finish degree	1	Rewarding career	1
Opportunity to work independently	1	Short program	1
Turn a hobby into a career	1		

Learning institutional culture. Tables 5.5 and 5.6 summarizes participants' stated likes and dislikes about being a student on the university campus. Opinions were decidedly mixed as no single response was named by more than 5 participants among either undergraduates or graduates, and many items on the free-list of terms were mentioned by only one participant. Faculty members and the large size of the university campus were polarizing, appearing as both likes and dislikes for undergraduates and graduate students. Students also noted the people they met on campus, physical attractiveness of the campus, overall campus environment, and location in a well-regarded city as plusses. Forms of oppression and discrimination such as racism, sexism, and homophobia were notable dislikes that students mentioned. The campus was also viewed as physically inaccessible both in terms of natural geography (a hilly terrain) and older buildings designed without accessibility in mind.

Table 5.5. Free-lists of the most frequently elicited terms:
What do you like about being a student on this campus?

Undergraduate students (n=13)		Graduate students (n=12)	
Term	Frequency	Term	Frequency
People	4	Faculty	5
Attractive campus	3	Classes	4
City	3	City	3
Institutional pride/culture	3	People	3
Learning	3	Museums/libraries/cultural resources	2
Field of study/major	3	Opportunities	2
Services/campus resources	3	Overall campus environment	2
Size of the university	3	Size of the university	2
Classes	2	Teaching	2
Diversity	2	Transportation options	2
Events	2	Ability to be anonymous	1
Overall campus environment	2	Athletics	1
Ability to be anonymous	1	Field of study/major	1
Ability to disclose identities	1	Hidden gems	1
Admissions policies	1	Organizations/groups	1
Museums/libraries/cultural resources	1	Prestige	1
Opportunities	1	Receiving mentorship	1
Organizations/groups	1	Sense of community	1
Receiving mentorship	1	Services/campus resources	1
Research	1	Small communities	1
Small communities	1	Staff	1
Social justice education	1	Students	1
Transportation options	1		

Table 5.6. Free-lists of the most frequently elicited terms:
What do you dislike about being a student on this campus?

Undergraduate students (n=13)		Graduate students (n=12)	
Term	Frequency	Term	Frequency
Faculty	4	Faculty	4
Racism	4	Lack of accessibility	3
Bureaucracy/procedures	3	Size of the university	3
Lack of accessibility	3	Transportation options	3
Lack of diversity	3	Bureaucracy/procedures	2
Size of the university	3	Discrimination	2
Alcohol culture	2	Physical terrain	2
Difficulty accessing resources	2	Time-to-graduation emphasis	2
Fraternities/sororities	2	Undergraduates	2
Homophobia	2	Younger age of peers	2
Physical terrain	2	Accommodations not provided	1
Privileged people	2	Administrators	1
Queer community politics/drama	2	Campus construction	1
Sexism	2	Changing degree requirements	1
Transportation options	2	City	1
Whiteness	2	Excessive workload	1
Classism	1	Expectations/pressure to perform	1
Classroom-level diversity	1	Funding for graduate students	1
Conformity	1	Graduate students	1
Corporatization	1	Graduate/undergraduate separation	1
Discrimination	1	Institutional culture	1
Expectations/pressure to perform	1	Lack of diversity	1
High tuition	1	Lack of graduate student resources	1
Isolation	1	Politics	1
Isolation	1	Prestige	1
Lack of diversity training	1	Privileged people	1
Lack of student organizing/activity	1	Racism	1
Living situation	1	Retention efforts	1
Research	1	State	1
Retention efforts	1	Stress triggers	1
Segregated student neighborhoods	1	Teaching	1
Staff	1	Treatment of graduate students	1
Time-to-graduation emphasis	1	Weather	1

Students' additional dislikes included a lack of diversity on campus, poor transportation options, excessive bureaucracy, and a campus culture dominated by athletics, alcohol, and fraternities/sororities. Several participants offered stinging critiques of the university and its programs, such as Aurora: "I don't think that the resources on campus are conducive to keeping people in school. I think it's a very tooth-and-nail, you have to fight your way through the bureaucracy especially if you don't have parents that are used to that." Also on the topic of retention, Maria lamented that some of her friends who had been activists on campus did not end up completing their degrees. In Maria's view, the work of engaging and retaining underrepresented populations was often left up to students themselves rather than being addressed by the university administration:

> We have each other to support each other, but there are points where we're not capable of giving each other help that we really need. You do what you can. Doing that, and then it's really helpful, but I think if that continues that can become harmful because people aren't getting what they need. I've had a lot of friends who, at the time, I didn't know there were things to help us. … Then they're no longer here, and they don't graduate. The work that they're doing on campus is really important. Those are the people I felt needed to stay here.

As a tangible way to support her peers, Maria worked with others to form a group for students who identified outside of traditional gender and sexual binaries. Though helpful, she recognized such a group was not enough: "I think I've always tried creating little communities and being supportive. … We're just finding ways of creating a more open, accepting community where it's OK to be, 'Yes, I deal with X, Y, and Z.' Because chances are somebody is as well." Maria's poignant words highlight the necessity of exposing the hidden curriculum of higher education, a curriculum that often excludes underrepresented groups (Margolis, 2001).

Finding 1 (Research Question 1): Developing Queer/Disability Identities

"My method of thinking is continuously shaped by my being disabled." -Aurora
"I always put queerness first." -Zachary
"I just feel—I don't want to say second-class student—but I do feel like an alternative student." -Carlo
"I absolutely am an advocate for people with disabilities. I'm an activist. I work in the community. I'm part of the community, but don't describe me as a disabled person. There is so much more to me." -Sandy
"I grew up as an outsider; that was always my identity." -Elijah

Participants actively embraced LGBTQ identities, often viewing queerness positively as a salient, political identity that placed them in community with others. Students adopted multiple labels contextually; most commonly *queer* and other labels for sexuality that fluctuated in space and time. In contrast, disability was constructed by students primarily as a medical phenomenon to be managed, though most participants also expressed awareness—if not an outright endorsement—of a social or political understanding of disability that would open possibilities for community building. Tensions and overlaps between medical and social understandings of disability were highlighted. Several students considered themselves disability activists.

Claiming a queer identity. When asked to describe their social identities, most participants named their LGBTQ identities first and elaborated that being LGBTQ was one of their primary and most salient social identities, and often held very positive meanings in their lives. Sandy talked about the need to identify as gay first and to convey that it is a "fantastic" identity because she was "in that militantly out lesbian, 'You're going to pay attention to me,'" mindset. Carlo said he identified "really openly as gay."

Zachary stated he "always put queerness first" out of salience and necessity: "It's what I'm reminded of. Like I said, I have to think about it all the time."

Exploring gender. Students in this study described a range of gender identities and expressions. Abby shared the salience of her gender and queer identities: "Usually when I am using descriptors of myself, queer female or woman and feminist are the ones that I'm usually super upfront about." Haley discussed gender norms within the context of her professional school setting, particularly around clothing. Eva felt that as a feminine-presenting woman in the sciences, she was not taken as seriously by professors.

Maria described vacillating between a female and genderqueer identity and using alternate gender pronouns depending on context. Learning new language around identity was transformative for Maria, who said that prior to learning terms such as queer and genderqueer, "I didn't have words or a vocabulary to express what I was feeling or what I was experiencing." For Ella, identifying as a trans woman and changing her name with the university were significant, but the campus climate was difficult to navigate: "It is very difficult to be a trans person on this campus because obviously not everyone knows what that even means, let alone how to be respectful and how to treat people."

Two participants who identified as gay men discussed an ambivalence toward gender. Carlo said he was more feminine but that he was "lacking in a strong gender orientation." Similarly, Will said that "there have been times that I've thought I may be, like, a-gender. I might not even have a gender. But, for the most part, I'm too, too lazy to express that. Too lazy to just like, change my appearance to reflect that, so I'm comfortable identifying as male." Identifying as male became a less salient identity to him, for which he was not willing to invest significant time or energy in exploration.

Taylor spoke at length about adopting a nonbinary trans identity (and using the gender pronouns they/them), an experience for which they "didn't really have the words to explain how I felt about my identity" until being introduced to the term. They felt that others, including those in the queer community, rarely recognized or understood their nonbinary identity:

> I also identify as nonbinary, as trans, which a lot of people don't realize and some people don't respect because, well some people don't respect because they don't respect trans identity period. Some people don't respect it because they don't respect nonbinary identity and some people don't respect my identity as a nonbinary trans person because I don't look like a nonbinary trans person.

Taylor repeatedly addressed the issue of not necessarily being read as nonbinary, as a female-bodied person who tended to express gender in a feminine way but who experimented with a variety of gender expressions: "Unfortunately even within the queer community, the general expectation for nonbinary trans people is to look vaguely masculine, I guess is the best way I can put it." Taylor felt that people within and outside of the queer community questioned their gender identity. They described experiencing discrimination in multiple settings.

Labeling sexuality. Embracing queer sexuality — and, more broadly, queerness — was viewed as an ongoing process by students who participated in this research. Students often adopted more than one label to describe sexuality. Complicating a simplistic gay/straight binary, many participants stated that they identified both as queer and as another term: asexual, bisexual, gay, lesbian, pansexual, or straight. Unlike most participants, Ella, who identified as a queer straight trans woman, said that sexual orientation was less salient to her on a routine basis because she was not sexually active.

Most often, participants revealed that context dictated whether they labeled themselves as queer or as another identity. Kristen discussed identifying as queer for those who understood what she meant by the term and as bisexual in more normative spaces. Similarly, Diego said he identified himself as a gay Latino male because "those are most easily recognizable to other people," but that he might otherwise call himself a "queer, Mexican-American, I don't know—like, non-heteronormative man."

Queer also carried a political connotation to Diego and other participants. He reflected that "the political activist in me says to choose the word—radical—queer." Taylor said they most often identified their sexuality as queer, and "if they ask more about it and they are nice people, I'll clarify and say I identify as pansexual." They noted that they also identified as polyamorous. For Taylor, a political divide existed between queer and LGB people, with queer people exploring intersectional identities and LGB people often becoming "very immersed in a very narrow culture."

Aurora described thinking they might be bisexual, then identifying as queer and eventually also as polyamorous and kinky:

> I don't really have the light bulb moments for the most part because I first came out as queer in the fifth grade at a sleep over. I was like, "I think I might be bisexual." And then, we just moved onto the next topic. For some reason, I was just really scared and I kind of pushed that down or stopped it maybe. I was straight until I was 15. Or kind of straight, who knows? I don't know. I was walking down the street and holding hands with two of my friends. One was a guy, the other one was a girl. Obviously, I have no conception of other genders at this point. I was like, "Oh, oh fuck. Nope. Nope. Yeah. OK. Fine." I came out as queer that night to the first person. And ever since then I have slowly been transforming, becoming, I feel like, the person that I have inside. Like a piece of

> rock and you start chiseling away. You could see more and more of the features. I'm really wondering what's on the inside of that piece of rock.

Aurora's process of exploring multiple gender and sexual identities was reflected by other participants as well. Queer was not merely shorthand for LGB sexuality, but represented a non-normative outlook on the world. For Zachary, queer represented

> something about being eccentric…because I value weirdness which I've learned that goes along with the queerness. Queerness doesn't just apply to just your sexuality. It applies to a lot of things I feel like. Not wanting to go with all the socialization that you're getting when you come into the world.

Similarly, Abby viewed queerness as a political project that could be desirable and desired: "I think that queers are just more interesting because of their lived experiences in general, and I love being a part of that. I find joy in being politically disruptive, too. To me, the whole argument like if you could take a pill that would make you straight, I would never do that." Though queerness held different meanings for participants in this study, most attachments to the term were generally positive and seen as politically progressive.

Only two participants identified as lesbian out of 13 who identified as women and 14 who used female gender pronouns. Marie identified as "lesbian, leaning toward bisexual" and recalled her first realization that she was not heterosexual:

> I can actually very distinctly remember the moment when I went "Oh my god. I like girls." I was walking in the hallway in middle school. I can remember the lighting. I can remember the exact spot I was standing. It was during a transition period and I just had this moment where I said, "Oh my God, I'm not looking at the guys when I'm walking around. I'm looking at the girls."

Abby explained the complexity of identifying her sexuality with a label and her reasons for not identifying as a lesbian:

> I associate lesbian with the whole ‘60s and ‘70s, like women loving women. It’s all about girl power. I know that that’s not what it necessarily is, but to me, because I’ve had friends and people I’ve dated that have been pretty gender fluid or gender non-conforming, that identity never felt like it fit. If anything, if I was forced to pick an LGBT identity, I often will say gay. Really bisexual would probably be a more accurate one, but I like queer. Because it allows a lot more room for whatever and also for thinking about gender and sexuality as being intertwined and that whole idea. The binary part of that comes up with LGB, I always felt it doesn’t quite fit right.

Despite not identifying as a lesbian, others still assumed Abby identified as such. Similarly, Maria described learning new language and embracing labels such as pansexual and queer, yet occasionally being identified as lesbian by others and, alternately, being rejected by lesbians: “Those groups that are exclusive to lesbians, I was never really a part of it. Even my roommates were at one point, they were bad roommates, but they were like, ‘You are not lesbian, you are not a real lesbian.’” Eventually, Maria said, she found herself being happy with the term queer.

Shannon wholeheartedly embraced identifying as bisexual and worked to promote bisexual visibility. As with other participants, learning new words expanded Shannon’s possibilities for self-identification. Shannon knew that she was bisexual from a young age, even though she did not have the words to describe it.

> I realized that I was bisexual, but I didn’t really own that identity until I started coming here. One day, I was just walking by the [LGBTQ/women’s center] and I thought, “What is this place?” I went inside and I just didn’t really know what it was. … At first, I almost felt like I didn’t belong there, because I wasn’t a lesbian. I didn’t necessarily identify as queer. It was just very new to me, and I felt like an outsider trying to squeeze in. But the more time that I spent there and the more I tried to reach out to people and be outgoing, the more I found that there were a lot of other people that were bisexual, too, or people that were if not bisexual, liked that I was there and cared about me. I made friends, and I felt like it was a welcoming place to me. Then I got to meet people on staff, and formed a really good relationship with those people.

Finding the LGBTQ/women's center as a welcoming space on campus, Shannon ultimately worked with others to create a bisexual student group: "Eventually, I decided that through talking with the staff that, 'Hey, is there a bisexual student organization? Because I see there are lots of gay and lesbian, or trans student organizations. There's got to be a bisexual one, right?'" Shannon described the group as focusing on bisexuality, pansexuality, and sexual fluidity, but being open to allies as well. Starting the group helped her to refine and own her identity.

Two participants identified as asexual. For Jackie, a close friend's self-discovery process opened up the possibility that she could be asexual as well: "At first, I didn't have any ties to asexuality. I didn't see it in myself and it was like, 'Oh.' My lack of wanting any kind of relationship or this fear of intimacy or like disgust of thinking about when it came to myself—I thought it was just me being depressed or busy." A friend who began identifying as asexual inspired Jackie to explore the identity, describing herself as "following in her discovery footsteps." Miranda also identified as asexual and lived with two partners, whom she labeled her "little polyqueer family."

Identifying with a disability. While all participants understood their disabilities to be, at least in part, medical, most also acknowledged the socially constructed, cultural, and political aspects of disability as an identity—even those who did not often embrace the identity. Ella explained that after several years of therapy, she realized how much "they [disabilities] also inform my life and how I never thought of that it's like—oh my god—but in terms of community." Kristen conveyed a similar process of her evolving understanding of disability identification: "This has been a more recent thing for me. I hadn't really thought of my mental health issues as more of a disability until I came to [the university] and realized that was something I could get accommodations for and…kind work with in the academic setting." Kristen explained that she identified "somewhat strongly" with disability, but was "still getting used to it."

Students adopted a variety of labels and language to describe their disabilities. Carlo referred to ADHD as a trait; Maria and Kristen said they struggled with mental health issues, while Taylor used the term mental disabilities. Maria believed that disability often necessitated a conversation rather than simply a brief label or term. To Christopher, having ADHD could be viewed as a flaw within the context of fine arts, as competitors sought any advantage that they could. Ella discussed her "mental health issues or conditions or whatever you want to call them" that had long been part of her life. Typically, participants described a stronger identification with specific disabilities rather than with a broad label, such as "person with a disability." In fact, several participants described themselves as temporarily able-bodied and that they felt a need to be allies to other people with disabilities, complicating a simple able/disabled binary and revealing a more group-oriented understanding of disability, as Sandy said: "If I think you're talking about the disability community, you're lumping together a whole lot of very different people. Within the disability community, we've got invisible disabilities, we've got mobility impairment. You've got deafness, which is not really a disability."

Most participants expressed that disability was not considered their most important identity and often explicitly mentioned particular identities that were more central to their understandings of self. Sandy, who worked with disability-related groups in the community and saw value in being a person with a disability on the board of one organization, summed up her thoughts on her multifaceted relationship to disability:

> Disability is not a defining characteristic of me. It’s not something that I want to be identified for first. I absolutely am an advocate for people with disabilities. I’m an activist. I work in the community. I’m part of the community, but don’t describe me as a disabled person. There is so much more to me, and quite honestly, I can run circles around most people.

The desire to be seen as “so much more” than disability alone was shared by other participants in the study. Sandy also mentioned her understanding of disability as permanent: “It’s not something that’s defining, which I think is an important distinction to make, but it’s also not something that’s ever going to go away. It’s a part of me. It’s going to be there. It’s something I have to manage. Sometimes, it really sucks.”

Reproducing disability hierarchy. Several participants compared themselves to people with other disabilities, positioning themselves as not severely or profoundly disabled. Diego said that his

> concern isn’t as extreme as it could be on the scale. Because of that I realize that sometimes people don’t think, acknowledge, or believe that I have any sort of issue. And, so I see myself as someone who has felt, who has experience problems with disabilities, and now I feel comfortable standing up or advocating for them.

While such an attitude may lead Diego to see himself as part of a disability community and give him confidence to “advocate for them,” in his words, it might also cause him to distance himself from other people with more “extreme” disabilities on whose behalf he is advocating.

Miranda, on the other hand, intentionally sought to place herself in community with other people with disabilities through the linguistic choices she made abut her identities:

> I do also usually identify myself as autistic. A lot of people say aspie or Asperger's. I don't necessarily care for that because within the autistic community a lot of people feel like that's a hierarchical term, which I don't care for, especially because there's a lot of media representation about autistic people as either nonverbal and low cognitive ability or super genius type. I don't really want to keep creating that sort of division so I just go with the general thing, which is what's in the DSM [Diagnostic and Statistical Manual of Mental Disorders] now anyways. It's just autistic.

Miranda's view of a more inclusive autistic identity stood in contrast to Will, who identified with Asperger's and described the efforts he had made "to be able to function normally in society, to dress well, to present myself well—I mostly identify with the general community, not the disabled." To Will, the perception of the word Asperger's caused people "to think they're talking to a unicorn. They treat me like I'm retarded or something. Or, in other cases they treat me like it's a super power." This experience illustrates the seemingly contradictory nature of having a disability labeled as invisible, on the one hand, and simultaneously being hypervisible and subjected to others' questions. Despite the efforts Will had made to be conventionally social and outgoing after observing others, he lamented that at times he felt as though he was erasing his identity by learning to cover up traits often associated with Asperger's.

One manifestation of disability hierarchy operated in the distinctions among physical, psychological/psychiatric, and learning disabilities, each of which may be (de)valued to a certain degree in relation to other types of disabilities depending on the context. In a competitive academic context, classifying a disability as physical rather than neurological or psychological might have its benefits. Dani, a professional student diagnosed with visual disabilities in early childhood, described initially being labeled with a learning disability, then eventually understanding it as a physical disability:

> They called it a learning disability through elementary, middle, and high school. When I got to college, they realized that my paperwork did not say I had a learning disability. It said I had a physical disability, which I think, in some ways, makes me more comfortable because it matches more my experience. I don't have trouble learning. I have trouble reading. … It did not change how I was accommodated. It didn't change how I learned, but it was a much more comfortable identity because it fit more with my experience.

Understanding herself with a physical disability, rather than a learning disability — though the nature of her visual disabilities had not changed — put Dani at ease.

Abby described the confusion of classifying narcolepsy when completing paperwork at the university, which highlighted the difficulty of finding a place in a disability community.

> Disability services has one set of forms that you fill out if it's physical disability and one set of forms you fill out if it's neurological, like a learning disability type of thing. I was like, I don't know which set of forms I was supposed to fill out. I called and talked to somebody: "I don't know which forms I'm supposed to fill out." It's a medical diagnosis. The effects of it are very physical on me. It's not like ADD or that thing, but technically it's neurological. I don't know what to do. They didn't know what to do either. They were like, "Just fill out whichever. As long as your doctor has the stuff, and send whatever they need to send, that's what matters the most." I never know what it counts as.

Abby said she sometimes questioned where her disability fit and whether she should identify as a person with a disability, but felt that a social model of disability — which entails recognizing "certain ways in which society is not built for somebody like me," she said — accurately described her overall experience.

Desiring disability. While all participants considered disability to have influenced their lives, several approached describing disability as desirable (Kafer, 2013). Zachary welcomed the opportunity to explore his disability as a learning process from which he could benefit. He also discussed the importance of building alliances with other people with disabilities, particular around disabilities with which he did not identify: "I'm starting to notice more things with physical ability. I've heard a lot that the campus is not extremely accessible. That's something I've thought more about, but still don't think about on a daily basis, probably." Christopher viewed having ADHD as beneficial to his studies and career in fine arts:

> When it's something I care about, and it's something that I've thought about in my mind and made, I'm going to put a lot of—I've already put a lot of thought in and I'm going to keep putting thought in and I'm going to try to address every little detail. That also has helped me as far as the ability to always be prepared for things. … I wonder if I didn't have my mind always racing with what is—now I know is—ADHD, if I would be able to do those sorts of things.

Christopher viewed ADHD as important to his understanding of self and reflected that he would not be the same person without it. Madison, a graduate student in the hard sciences, positively described a similar orientation to detail:

> Another thing is the autism spectrum thing is, it's basically you see things in a different way, and I feel like that has really benefited me a lot. I'm very attentive to details in a way that I think a lot of other people aren't necessarily, and that helps me think about problems in a different way and that has really helped me succeed in my research and with writing papers and getting coursework done.

Madison added that living with a disability forced her to organize her time efficiently because she knew she would need to take breaks and to realize the extent of her abilities.

Similarly, Shannon said that while she did not enjoy the experience of depression and anxiety, it still shaped who she was:

> So I guess I have perseverance. Even though I might have a lot of occasions to feel bad, if I can remember to, I try to look at, "Well, what's something good that's come out of this?" If I think back about, "Would I? If I had the chance, go back and erase depression and anxiety from my life?" I know it sounds weird, but I don't know that I would. Because it really has shaped who I am, and a lot of the experiences that I've had in my life to help me realize what's important to me.

This experience led Shannon to share advice and resources with others experiencing depression and anxiety.

Processing diagnosis. Students often named and labeled their disabilities in medicalized ways. All but one participant described receiving a diagnosis of at least one disability from a doctor, while several participants also shared their experience of self-diagnosed conditions. Most students discussed the process of managing medications, receiving academic accommodations from the disability services office, and living with variable physical and mental energy. This section presents students' meaning making about receiving disability diagnoses. The stories revealed that receiving a diagnosis can be a long, complex process. Ultimately, the process functioned as a gatekeeper toward establishing a medical understanding of disability and receiving adequate options for treatment and medication. While diagnosis could expand options and offer legitimacy and relief for some, it also served to stigmatize many and enshrine a binary between able and disabled.

Diagnoses and medication were acknowledged as helpful to an extent, even among participants who contested a purely medical understanding of disability. Diego said that learning about disability diagnoses from a friend in his program prompted him to see a doctor, which set in motion a process of receiving multiple diagnoses. Prior to receiving a diagnosis, Taylor and Marie said that their parents did not believe depression or anxiety were “real” disabilities. Taylor struggled with not knowing “what was wrong” with their mental health:

> Before I realized that I had a mental disability, I didn’t know what was wrong with me. And that’s how I thought of it, that something was wrong with me. I know now that’s not the case but it certainly feels that way some times. I would have teachers who—I would have really great days, like a really great semester, and the next semester I just wouldn’t be functioning as well. I wouldn’t be as participatory, I wouldn’t want to work with people. I’d need to turn things in late. And then they’d look at me like something is wrong with me. They’d be like, why are you doing this? You’re clearly capable, why are you slacking off? On the surface, they’d be like, oh, what’s the matter, is something wrong?

To Taylor, these questions from faculty members made them feel as though their legitimacy was being questioned. Professors and peers viewed disability and depression as matters of self-control that could be overcome if one really tried, according to Taylor: “It’s having people think, ‘Just snap out of it. You’ve been laying in bed for days just get up and go outside.’ Oh, why didn’t I think of that!? It’s not that easy. It doesn’t work like that.” Though not a panacea, receiving a diagnosis functioned to help legitimize Taylor’s experience.

Christopher described completing his undergraduate degree without disability testing or diagnoses, but then seeking out services as a graduate student that required documentation. He thought he was dyslexic but was surprised to also receive an additional diagnosis of ADHD. To his surprise, medication changed his academic life in positive ways:

> It’s just…to be able to sit down and take a test and not be thinking about, oh my god, if I don’t get this right—you’re thinking about everything you shouldn’t be thinking about. … That’s where the drugs are very helpful to me—to be able to sit down. I remember because it was only two years ago the first time I took Ritalin, I almost cried because I could sit and read a page and not be thinking about the

> laundry that I need to do or 12 other things that I need to do or if I forgot to set the DVR or something.

For Desi, a parent withholding a diagnosis became a point of contention. He recalled his mother

> finally telling me that I actually was diagnosed with Asperger's when I was a child. Because the past few years, I have been researching it and saying, "Maybe this is me, but I don't look like it." It was until she finally told me, "You didn't know you were diagnosed with Asperger's?" That was finally the moment where I started crying and saying, "This is actually me. I'm not making this up." It was a very liberating moment for me to finally say, "I'm not just a bad person. I'm not just lazy. I'm not just a terrible, horrible person who doesn't want to do anything or be with people. This is something that is not wrong. It's just who I am."

Finding out about the diagnosis that had been withheld from him validated Desi. Miranda's autism diagnosis made sense to her in retrospect thinking back on her childhood.

> I recently went back and watched all my baby videos from when I was two, three, four, five, and I would have diagnosed me really quickly. Really quickly! I'm 25 now, and in the early '90s they didn't diagnose girls very often. They certainly didn't diagnose girls who were incredibly intelligent. It was just something that never manifested itself as being a huge problem. It was just, "Wow, what a weird kid." … Nobody ever picked up on it, and I didn't get my diagnosis until a few years ago.

Miranda's and Desi's stories illustrate that finally receiving a diagnosis could be liberating.

While receiving a diagnosis could offer relief for some, an inaccurate or incomplete diagnosis could wreak havoc for years. Maria described receiving a misdiagnosis of borderline personality disorder as a child, which still caused her to question herself as a college student. Maria also highlighted the importance of mental health practitioners' cultural competence and reflected on the gatekeeping function of diagnoses: “Being formally diagnosed by somebody I trust is way different, too. Having a practitioner that I feel is competent and really can care in all aspects of my identity is really important. … You have to label it before you can get help for it.” Maria’s experience illustrates a complicated relationship to the medical establishment and the necessity of receiving a diagnosis to seek treatment, if desired. Sebastian felt some relief in being able to name Lyme disease after many failed attempts to receive an accurate diagnosis.

> I did not have a name for what was happening to me. I would go in and I would tell them things to the point of trying to be as specific as possible, because I knew that they couldn’t figure out what was wrong with me. I would use Magic Markers to literally map out where on my shoulder so that when he took my shirt off I could say these are the areas that I can almost no longer move. … I just lost all faith in the medical community. They wrote it off as anxiety, and that’s the thing like the diagnoses where it would almost be if I came in, it was “My God, this really hurts.” Something like, “I think you have a broken foot.” That’s not even remotely—you’re just losing me by the day because they said it was anxiety. They thought it was something hysterical and made up. They thought it was irritable bowel syndrome. I don’t know how they’re putting these pieces together. It was just enough to get something written on the paper because they didn’t know what was happening.

Other participants echoed Sebastian’s experience of having a difficult time navigating the medical system.

Not all such interactions were negative, however. Abby’s eventual narcolepsy diagnosis, though it entailed a lengthy process, meant expanded options for medication and treating her symptoms. During her master’s program at another university, one doctor ran tests but refused to diagnosis her with narcolepsy.

> Then when I moved here, one of the first things I did when I arrived was start looking around for a sleep specialist and establishing care with that. The doctor was like, “I read the readouts from your tests. I read all your charts, and you’ve got narcolepsy.” I don’t know why that other doctor was so hesitant to do that. …

> The great thing about that diagnosis was that it opened up other options for medications and treatments that insurance wouldn't have covered otherwise.

Abby's experience revealed the circuitous path that receiving a diagnosis can entail.

> When I got the diagnosis of narcolepsy, that was a huge turning point for me because I felt like I had a tool that I could use to explain to other people what was going on that I didn't have before. It was like a way of making sense of my experience, and I know that that's something that people say about diagnosis and all of that too. It's not like I'm trying to be defined by it, but it actually was quite helpful in helping me make sense of this. … I think part of that was being able to Google the word and find these things as opposed to just being like "I'm really tired. What's wrong with me?" Then being able to find people.

Abby described how she integrated the diagnosis with her sense of self, thinking of narcolepsy as "part of who I am" and learning to talk about it with other people as "not this big scary huge deal."

Allocating physical and mental energy. At the university, students encountered a large bureaucracy and a competitive ethos, replete with high expectations to perform well academically. The institutional culture, many participants pointed out, could be unwelcoming and alienating for those outside of the mainstream, particularly those who might have trouble maintaining a consistently high level of energy and stamina. Students viewed disability not just in terms of diagnosis and medication, but in the daily toll it could take on their physical and mental energy.

Several participants portrayed their experience of having limited energy using the spoon theory (Miserandino, 2003). According to the spoon theory, those who live with a chronic illness or another disability that limits one's energy have a limited number of "spoons" to allocate for daily tasks, while those without chronic illness or disability have an unlimited number or otherwise do not consider the number of spoons they use on a daily basis. Explaining how limited energy shaped her daily campus experience, Jackie revealed a series of choices she made in allocating her spoons: mapping out the energy required to complete major assignments for class; deciding whether to stay late on campus and take the bus or risk walking home at night and being vulnerable to harassment; if she stayed late to work, being exhausted or unable to get up the next day; and if she depleted her energy, needing to take additional medication in the following days, with side effects that would prevent her from being productive. Taylor criticized these normative expectations for productivity:

> You're expected to show up, participate, which is always defined vaguely let alone for someone who is disabled, you're expected to be outgoing, you're expected to be consistently intellectual, you're expected to show up on time, to remember every single thing you're supposed to do, you're supposed to know how to organize and be able to consistently do so, but what about students who can't do that for whatever reason? It doesn't mean that they're less capable students or that they're students who are just less excellent than able bodied or able minded students, it just means that they're differently abled and they have to tackle these things differently.

Meeting each expectation on a daily basis required significant energy. Aurora said that deciding whether to visit the LGBTQ center on campus depended upon the number of spoons they had available, as they would need to interact with others socially if they entered the space. Employing a different usage than Jackie and Aurora, Desi explained that some transgender people "might not have the spoons to be able to transition," pointing out that medical transitions not only require financial resources but also substantial energy to navigate resources that are often unwelcoming if not downright hostile.

Stories of limited energy pervaded participants' narratives across experiences of various disabilities, including for those who did not explicitly name the spoon theory. Worse than having limited energy, students suggested that being unable to consistently predict how they would experience impairment aggravated them. Sandy talked through this uncertainty:

> I don't know from day to day. I don't know [whether] I'm going to wake up and be so crippled with anxiety that I can't get out of my bed. I don't know if I'm going to have a seizure that is going to render me completely useless for the next three days. That possibility is always looming, and the challenges that I have because of various neurological issues. … Fun fact, you have epilepsy, you have enough seizures … then you end up in a sort of long lasting nightmarish hell. I can't walk down the stairs without having to stop look at my feet because I'm dizzy all the time, or I've got sensory issues, and now I have to pay attention to, how are the lights in the room? Are they going to be flickering? Can I hear them? Can I understand what you're saying to me? This stuff is always present, even if it's not something that I'm talking about because it is just how I have to live. It's not like, "Oh, poor you. Life's so hard." It's just, this is my existence, and I have to survive in it somehow.

Likewise, living with Lyme disease heavily influenced Sebastian's daily experience:

> From the moment I fucking open my eyes, already, just laying in the bed, it's pain right away. Then, as the day goes on, it gets more painful, and then at some point in the afternoon, this foggy brain. I have it right now. It'll happen around three or four, this weird foggy brain thing will happen. After a couple of years of having it I think I've decided that there's only a certain threshold of long-term pain the body can have and at some point it needs to check out. … With Lyme disease, brushing your teeth, this will hurt. It's like every activity you do, you're always in this vague pain. It shapes a lot, maybe that's why I don't talk about it. Maybe I'm totally suppressing or back burnering it. I don't know.

Despite thinking often about experiencing near-constant pain, Sebastian considered the seemingly contradictory notion that he downplayed his experience in conversation with others.

Questioning legitimacy. Even after receiving a medical diagnosis or reflecting on long-standing mental health issues, students in this study expressed reluctance to identify as people with disabilities. Participants often gravitated toward understanding themselves as sharing a similar impairment with others (e.g., on the autism spectrum, living with depression and anxiety, having ADHD) prior to begin to see oneself as part of a broader disability community, if at all, as several participants rejected the notion outright.

Many students expressed hesitance to identify as disabled due to a sense they were somehow cheating or not truly, sufficiently, or severely disabled. Several students constructed a comparison to people with physical/mobility impairments, invoking a person who used a wheelchair as the primary image for what it meant to be disabled. To claim disability, students wondered whether anyone would believe that they had disabilities or whether those with more "profound" disabilities would view them as interlopers, seeking to claim the supposed benefits of such a status without legitimacy.

Students in this study generally defined themselves as having invisible or hidden disabilities that would not be permanently evident through the presence of a wheelchair or white cane. Though particular signifiers, actions, or affiliations might make their disabilities visible, students generally acknowledged an ability to pass as non-disabled in certain contexts, with various degrees of ease. This understanding of disability as primarily invisible and potentially hidden undoubtedly contributed to students' understandings that they were somehow barred from claiming disability. For many students who received diagnoses during adolescence and young adulthood, the recollection that they did not previously need assistance or accommodations reinforced a sense of cheating. Disability — often associated with deficiency in dominant cultural images — also loomed as a potential spoiler of one's identity as a high-achieving student at a rigorous, selective university.

A graduate student in the social sciences who had narcolepsy, Abby captured the sentiments of multiple participants wavering about a disability identifier:

> I struggled for a while and still do to some degree with the disability identity label. Not necessarily for stigma's sake as much as I feel like, "Am I allowed to claim that? Do I really have a disability or does illness count?" I never feel sure if it counts, if other people would think it counted. That probably shouldn't matter to me on a personal level, but on a social level it does. I don't want to be seen as somebody who's co-opting something. Sometimes I don't know what to do with that one.

Another graduate student, Madison, had a hard time accepting disability as an identifier.

> It was after a couple terms [as an undergraduate] getting disability accommodations before I really came to terms with being disabled and what that meant. I don't struggle with it as much now, but I felt almost guilty for getting the accommodations because I didn't need them before. I got my first degree, fine, no problems, I didn't need any help. Now I did need them, and it's strange when you don't really feel any different but you have a hard time thinking. I was in enough pain that it was affecting my ability to think. I couldn't solve problems as easily as I used to be able to.

Madison's experience highlighted temporality as a fundamental element of disability expressed by students in the study. Participants' understandings of themselves as disabled (or not), and their ability to think clearly, keep a normative schedule, and perform to high expectations at the university wavered depending on the year, week, or hour. This experience, which had not always been present in the lives of most students in the study, threatened to alter one's self-image.

A sense of disability illegitimacy also revealed itself in the treatment of mental health, both in the larger society and in the higher education context. Ella explained that "mental health is not considered important. It's not something that you're taught in society in general, but it's also something that is not taken seriously. … Apparently you're supposed to be able to do anything and everything and not have any struggles." Ella shared stories of peers she knew who had difficulty attending class consistently due to mental health struggles and who subsequently left the university.

Integrating medical and social understandings. As students' understandings changed, some began considering both the medical and relational implications of disability. Abby struck a balance between a social understanding of disability and the realities of her bodily experience living with disability.

> I understand the social disability model, the social model of understanding it, and that society is not set up for people and all of that. That I can get behind, and behind saying, "Look, these structures need to change, because it's not like we're defective." At the same time, my body is defective. There's something wrong with it that causes me problems and it causes me pain and a lot of discomfort. If I could take a pill to make narcolepsy go away, I would do it in a heartbeat. Not because of stigma, shame, or anything like that, just because of the fact it's physically exhausting dealing with it.

Abby's comments illustrate the necessity of changing structures to account for the presence of a wide variety of abilities and disabilities, yet an understanding that a social model of disability alone would not be enough to change her experience of pain and exhaustion.

Both medical and social experiences — processing a diagnosis and finding blogs online — fueled Miranda's development of a disability identity and eventually an activist consciousness.

> I think I really started to identify as disabled when I started reading, there used to be a blog, called "Feminists With Disabilities For a Way Forward." … I never thought of myself as disabled before reading that, even though effectively I was.

> I’ve always been autistic. I’ve always had the OCD and the anxiety that I’ve been in therapy for years and years and years. At the time, I still had really bad chronic migraines and really debilitating back pain a lot of the time. I started reading that blog. I remember just driving with my partner in the car one day, and being like, “I think I really feel like I’m actually disabled.” She’s like, “Well, you are disabled.” I’m like, “Yeah, but I actually identify this way. This is interesting for me.”

While all participants spoke of disability from a medical standpoint, some participants such as Abby and Miranda traced the development of their understanding disability to also have a social, group-oriented component.

Signifying disability. Most participants in this study identified with disabilities that would traditionally be labeled as hidden or invisible, but they also pointed out that particular signifiers would make their disabilities visible. Typically, a medical aspect of disability such as fatigue, pain, or a panic attack might prompt students to use or display a signifier. The signifier then heightened students’ awareness of how they presented themselves and were in turn perceived by others, at times leading students to engage in or avoid conversation about disability. Though students often expressed avoidance of or fatigue with such conversations, some also expressed relief that their disabilities would be perceived as legitimate with the aid of a signifier.

At times, Sandy used a service dog on campus, and she realized that she typically lost her ability to pass as non-disabled when she did. She weighed the risks of daily life on campus without her service dog against the benefits of not “having people look at you all day long.” Side effects from medication, such as trembling while teaching in Elijah’s case, could also make a disability visible. Jackie said she knew that scars from cutting herself could prompt questions or stares from others. Similarly, Miranda and Madison used canes to walk when they needed them and no longer passed as non-disabled. Miranda, who prided herself on dressing fashionably, became frustrated with the appearance of a cane:

> When I put together a certain look, I like to look a certain way sometimes. I will get very upset if I've got my cane, and I'm like, "No, it throws off my whole look. I hate this." I'm not necessarily trying to pass as nondisabled. I just don't want it to mess with my look. I'm like, this does not go. … A lot of times people who haven't noticed it before, are like, "Oh my God, did you hurt yourself?" and I have to go ahead and explain, no no no. This happens.

Miranda also shared that she tended to rock back and forth while intently reading or typing — "the more I get into it, the more it looks like I'm about to take flight" — which she believed others noticed. She noted happily that peers still talked with her and included her, a feeling of belonging that she did not experience in previous schooling experiences.

For Eva, a calorie-counting application on her phone made her conscious about whether others thought she had an eating disorder. Assistive technology revealed Dani's visual disabilities, as she used a program on her laptop to read textbooks that she felt classmates knew was out of the ordinary. She noticed that while studying on campus, she preferred to position herself and her computer screen so the program might be less visible to others.

> The other people in my study group have been very observant of the fact that I have a learning disability. It is visible to them in a way that I don't think it's ever been visible to people in my life. I read slowly. I miss words. They can see it, so I don't feel as self-conscious about it because it validates the accommodations I receive. I also think just people being older, there's an understanding that I wouldn't be using this very slow computer program compared to how everyone else reads if it wasn't a real thing.

Dani had mixed feelings about her disabilities becoming visible. The visibility gave her the sense that accommodations were justified and her disabilities were legitimate.

Disability could become visible in interpersonal settings. For almost all participants, particularly undergraduates, securing and navigating disability accommodations in class served as a process that could make disability apparent. Students who lived with depression and anxiety and faced occasional days when they could not get out of bed struggled with how to explain their absences to professors without appearing to be lazy. Abby, Diego, and Sebastian all described wanting to avoid the impression that they might fall asleep when energy waned or pain occurred. All three were graduate students and discussed the impact of long classes and days. Sebastian said, "if you know me, you can tell. The eyelids start drooping. You can tell when I'm having a not-great day." A coffee cup in Diego's hands became ubiquitous, while Abby grudgingly accepted a daily medication regimen. Abby noted that she always had to turn down evening and late-night social invitations from peers, as having narcolepsy dictated her sleep schedule. Marie also found herself turning down invitations from friends, as deviating from her routine increased her anxiety. Will, who had Asperger's, discussed needing to leave early from social situations or group meetings if he became overwhelmed and needed alone time. If they were going to be sick, Adrianna and Jackie said they left classes abruptly and knew others wondered why.

Managing stigma. Students knew the negative connotations that disability could carry, particularly in the high-pressure academic environment of a selective university. They developed strategies to proactively and reactively manage stigma as they interacted with their environments. Strategies included downplaying disability and highlighting competence, formulating real or hypothetical responses to stigmatizing statements, and sharing metaphors that helped to communicate the lived experience of disability and mental health.

Dani remembered vividly a teacher in middle school who singled her out and pushed her to work harder because she had visual disabilities:

> I got a C on something, which is not a normal grade for me. I spoke with her after class. I don't remember if she required me to or if I chose to. But I spoke with her after class, and she looked at me and she said, "Look, you can't spell. I know you can't spell. I'm not going to grade you down for not spelling. But you can learn, and I will make you learn. If you don't learn, you will keep getting Cs." No one had ever spoken to me like that. No one had ever been that blunt about, "You can do this. I am not cutting you any slack over it, so figure out how to do it." I did. That was all I needed to work really, really hard in that class. It was not an easy class for me. It was not just, "Start doing your homework and you'll be fine." It was hard work. But having her tell me that basically I needed to suck it up and do the hard work and that my disability was not an excuse, was really a big deal in shaping how I perceived my disability.

Dani recalled her reactions to the teacher at the time their conversation occurred.

> I felt terrible. I felt pretty defensive. I didn't react defensively, because that was not appropriate in talking to a teacher. But I felt pretty defensive, because I felt like everything was harder for me. … But I think that, as I processed it, I realized that it wasn't fair for me to produce a less adequate product. What she said was right, I could do it. I just needed to work harder than everyone else, and so I did.

Dani seemed to experience mixed feelings recalling the instance that clearly had an impact on her. To some degree, she had internalized the teacher's message and put into action in her life, achieving academic and career success.

Madison bristled at students around her believing that a disability diagnosis was an easy route toward receiving beneficial accommodations.

> I know I have been around people, in undergrad, who were complaining about how people get extra time on exams. “You should just go to the doctor and get diagnosed with ADD, so you can get the extra time, too.” I was in the room. They didn’t know that I was the only person in the class that got those kinds of accommodations. I couldn’t say anything, because it just affected me so personally. I knew that I would have had an emotional reaction to it. Now, I would have been someone who would have known that I got that extra time, and would have said, “Actually, that’s really not cool that you said that, because of people that really need that extra time. You don’t need the extra time. You can function without it. There’s people who can’t hold a pencil for long enough to write a full exam. They need the extra time. There’s people who need to take breaks, because they’re in so much pain.” Someone who could do that would definitely be an ally.

Reframing a past experience with stigma and considering how she—or an ally—could react in the future helped Madison.

Reflecting on the stigma that often accompanies mental health, Eva drew upon a blog post she found online that contrasted the experience of mental health issues with injuries and accidents:

> I saw a really amazing...post online being like, “Why can’t having a mental disorder be like when you break a leg in the hospital? When you’re ill in the hospital, everyone surrounds you. Your family comes and visits you, says that they love you, and gives you supporting care, instead of awkward conversations and lots of tears and crying in the lobby room.”

Jackie recalled another image for disability that she communicated with others:

> Depression is like having a broken leg but nobody can see it. It’s an invisible broken leg. You’re walking down the street and everybody sees you and you look totally normal. But really you have an invisible broken leg that you’re dragging behind you. You’re still moving but it’s so much harder for you. When I’m trying to explain it to other people, sometimes I’ll say that, or feeling like you’re on a down escalator but you’re trying to walk up it. When you’re doing good, you usually walk faster than the escalator is going down so you make some headway, but then sometimes you get tired or depressed and you just slide down. You’re just struggling to get up to the top of that escalator.

In addition to depression, Jackie also lived with several medical conditions and illnesses that became more pronounced during her college career. She expressed frustration with a close friend who told her not to let disability and health concerns dominate her life: "I don't talk to her about it anymore because I was like, 'OK, this is how you feel.' Like it's just going to be a constant fight, I'm just going to drop it. I don't tell her anything anymore." Finally, Taylor described the impact of stigma and desire to hide the manifestations of disability

> I still feel like, regardless, I'm going through the world with my subtle mark on my back that says less than human, less than capable, takes more time, so don't hire this person, don't work with this person. Even though I just want to scratch it out sometimes, like physically, and be like, no, I am capable, I just do things in a different way and I have to in order to get them done, but I do get them done.

Taylor developed a method for explaining depression to others:

> I feel like depression is more like a fog. It's a fog that sometimes it'll lift, or be on the very edge on the horizon. You can kind of see it and you know it's there, but for the moment, everything's clear. You can clearly see your goals, you can see your friends, you can see their expressions, you know how people are feeling, you understand these things. Other times, it starts to descend, you started to feel kind of weighed down, like the air is getting a bit heavier. It becomes a bit hard to see things further off. You know that they're there, you know that these things are a possibility, but you can't see them. They're no longer so real. Sometimes the fog is there. It's pressing at you. You can't see something two steps ahead of you let alone in the distance.

The images that participants constructed — an invisible broken leg, going up a down escalator, living in a fog — all helped them explain the nature of their disability to others and, at times, helped to manage stigma.

Finding 2 (Research Question 1): Complicating Intersectionality

"In my head, they're very much connected." -Marie
"It's this constant clash of the two different identities." -Will

"They all intersect to me. You can't really deal with one without dealing with all of them." -Ella
"I can't really break them apart." -Haley
"I feel like they are all interconnected really." -Miranda
"I think it can be kind of like a negative feedback loop." -Elijah

Most participants utilized the language of intersectionality and social justice education (i.e. privilege, oppression) to describe the meanings of their multiple identities, even as they acknowledged a sometimes uneasy tension among queer and disabled identities.

Reconciling multiple identities. Maria described the relationships among her multiple identities:

> Internally, it makes me whole. But outside of myself, it's complicated. I don't know if it has to be complicated. And there are times where it does. But my hope is, if I can get to the point where I am OK with it being complicated, it makes it less complicated for other people.

Participants tended to discuss their identities in discrete ways and only a few participants explicitly articulated an intersectional queer/disabled understanding of their identities. Students tended to describe their identities and the relationships among them as complex and fluid.

Most participants shared that they identified as LGBTQ prior to receiving a disability diagnosis and/or understanding themselves as disabled. When asked how they identified themselves to others, students often shared sexuality and gender first. Only a few participants stated that disability was a central or primary identity, but many spoke of the centrality of identifying as queer. During interviews, many participants discussed similarities and differences between queerness and disability, both conceptually and in terms of their own identities and affiliations. For example, Maria invoked the medicalized history of trans and queer identities, a sense that they were (and are) viewed as disabilities: “Can we start with the fact being gay is pathologized itself?” Several participants had considered the topic deeply and mentioned crip theory and connections to queer theory. For others, the conversation was new; for some, the existence of conceptual or tangible links between the two identities and communities appeared tenuous at best.

Several participants shared that they did not typically think and talk about their identities in ways that the interview process encouraged. Carlo said, “this is a bit of a foreign conversation to me,” before discussing his social identities, while Will said that situation of identifying himself, “doesn’t really come up. I’m a person.” When asked her typically day and how her identities influenced her experiences, Dani, a professional school student, responded:

> I’m not sure how much they impact or shape my experience. I think it’s hard because they’re the only identities I know. It’s hard for me to say how my life would be different, or how they change my daily interactions. I think I’m fortunate to be in kind of a setting right now where I am very comfortable just being who I am, so I don’t know.

The remainder of this section will highlight some of the various ways that participants conceptualized the experience of both disability and queer identities, as summarized in Table 5.7. Students described the relationship among their identities as: intersectional, interactive, overlapping, parallel, and/or oppositional. It should be noted that the categories constructed here are porous and not mutually exclusive. Several of the quotes presented in this section illustrate that a single participant could articulate seemingly contradictory positions on identity that might place their sentiments in multiple categories.

Table 5.7. Intersectional queer/disabled identity perspectives utilized by participants

Perspective	*Definition*	*Example participant quotes*
Intersectional	Identities explicitly interconnected; participants utilized social justice discourses	"I can't really break them apart." (Haley) "They all intersect to me. You can't really deal with one of them without dealing with all of them. They're all tied together and not always in really linear ways." (Ella)
Interactive	Identities distinct but mutually reinforcing, in positive and/or negative ways	"Perhaps being closeted twice, it's clearly detrimental because it creates increased psychological stress." (Elijah) "The Asperger's would also have to do with being demisexual because of the inability to be close to somebody." (Desi)
Overlapping	Identities overlapped in experiences and/or in the population	"The queer communities that I'm in have a lot of disabled people. It's pretty normal." (Madison) "I think there's an acknowledgment among the LGBTQ community that the rates of mental health issues are much higher than in the general community." (Marie)
Parallel	Identities compared, analogized	"In both my disability and my sexuality, I have to come out over and over and over again, or people won't know." (Dani) "My queerness was also something I was scared of touching—I do want to figure [disability] out. I think it would help me." (Zachary)
Oppositional	Identities conflicted, disconnected	"It's just this constant clash of the two different identities." (Will) "I don't really think of them in conversation with each other." (Adrianna)

Identities as intersectional. Some participants articulated explicitly intersectional understandings of their queer/disabled identities. Haley offered:

> I can't really break them apart. Every time someone asks me what my identities are, I want to give them this really long list. Because the more I think about my life, the more I realize that people who have one of my things but not the others

> would so not see the world the same way. My identities together make up a person that I have never met before, besides myself. I feel like I have a particular combination of identities that no one else does, which may or may not be true, but I feel it's true, and that's a little lonely.

Haley's words demonstrate an intersectional philosophy on identities that some participants echoed. They viewed queer and disability identities as inseparable in some ways and part of their overall concept of self.

When it came to multiple identities, Ella stated that, "everything is connected and everything is important to me at some point," sharing that she had explored various identities—gender, religion, ethnicity—during her time as an undergraduate. She described the intersectional nature of both her privileged and oppressed identities and the need to foreground identities left out of the conversation:

> From the gender studies, feminist perspective, they all intersect to me. You can't really deal with one without dealing with all of them. … They're all tied together and not always in really linear ways. So it's always a struggle. Because sometimes I'm in a space, and I'm [thinking], "These are the identities I'm bringing to the room." And you forget other ones that you hold until someone brings them up and then you're, "Oh my god, that is me. I need to be thinking about that too. Why am I not thinking about that, too?"

Acknowledging the convergence of multiple identities did not negate the inevitable need to focus on one or two identities at a time. Several other participants voiced this nuanced understanding of queer and disabled identities—sometimes complementary, sometimes at odds.

Abby, a graduate student in social sciences, expressed awareness of the conceptual links between queer theory and disability studies, affecting her view of queer and disability identities as primarily theoretical:

> I see the links between the disruptive potential of queerness and the disruptive potential of disability and how they're really both about calling out the structures for their assumptions about heteronormativity and ablebodiedness and all these things. But in terms of for me personally in my life, it's not that simple.

In online spaces, she saw the most potential for discussing the intersections of queerness and disability. Abby described the impact of narcolepsy on her daily life, resulting in a strict sleeping schedule and precluding late-night social life that made her and her partner look "a lot more like the domestic gay stereotype" than queer rabble-rousers who took to the bars and the streets. However, Abby sought to push the boundaries of intersections between queerness and disability by acknowledging that her activism may differ from that of others due to the daily experience of disability.

Identities as interactive. Several participants described queer/disabled identities as distinct, but mutually reinforcing; that is, having an interactive effect on each other. Introspective about his identities and imaginative and the relationship among them, Christopher described an intense connection among his sexuality, disability, and field/profession in the fine arts, which required creativity. For him, being gay, having ADHD, and being an artist all connected: Being detail-oriented as a gay man and having the "racing mind" associated with ADHD helped him excel in his craft—traits that he feared medication might diminish:

> When I actually started medication for the first time two years ago—I said, "I don't want my creative side to go away." Because what makes my creative side work is that I am constantly thinking about—that's one of the things people actually value about me. They'll say, "Have you thought about this?" And I'm like, yeah, I thought about that, 12 steps ago. Because of that non-stop, racing mind that we have as people with ADHD, that has kind of fueled what I do.

While Christopher viewed his identities as mutually reinforcing in a generally positive way, Elijah found the relationship to be negative. For Elijah, having bipolar disorder and being gay meant being closeted twice. He said that after receiving the research announcement,

> I started meditating on this. I really didn't think about it too much, but I think I was just as closeted being bipolar and having a psychiatric disability as I was with my sexual identity. It was not until last year that I felt comfortable putting bipolar things on my Facebook, for fear that somebody would judge me because of that. Being perhaps closeted twice, it's clearly detrimental because it creates increased psychological stress, and increased psychological stress makes the bipolar worse.

Elijah describing dealing with bipolar disorder fading to the background and "no longer dominating my psychological landscape," allowing him time and space to think about being gay. Keeping both identities hidden created a "negative feedback loop" for Elijah:

> Then, you don't have one thing you're hiding from people. You have two things you're hiding from people. The amount of emotional distress that that creates. That's not only detrimental, it's potentially dangerous.

To Elijah, having a psychological disability and a non-normative sexuality would stretch a person's coping mechanisms and create a "loop of psychological distress."

Three participants described an interactive link between disability and queer (a)sexualities. In particular, these participants identified their sexuality with terms often outside of the mainstream of LGBT communities, including asexual (Miranda), demisexual (Desi), and quioromantic (Jackie). Jackie viewed her identities as

> pretty cohesive, I think. Pretty much hand-in-hand, I guess. It's weird that I was thinking about how things like work together and interlock, and just with my specific disabilities and like all the things that come with depression, and like my crashed libido, and like I don't have the energy or will to like form a lot of relationships in the first place, even if it's just friendship, especially like on the romantic spectrum. I mean aromantic. If I had to pick one for now, it'll probably be a quoiromantic. Like I don't have the energy in the first place to form

> relationships, any kind of them, unless it comes along really naturally, just slow, but that works really well with the aromantic and asexual side.

Desi also felt that disability—in his case, Asperger's—influenced his demisexual identity:

> I feel like possibly, the Asperger's would also have to do with being demisexual because of the inability to be close to somebody. It's generally just hard for me to really want to be around somebody for an extended amount of time or even to reach the point where I would want to have sexual relationships with them. It's very much a touching, feeling thing. I can't have that kind of relationship until I know them very, very, very well.

Lastly, Miranda considered the links between the autism spectrum and asexuality, a link that she felt in her own life and identities:

> I guess they do kind of play off of each other, but sometimes one will push the other to the background and so forth. It's interesting because I've been thinking a lot about, based on mostly anecdotal evidence, the number of people who are on the autism spectrum and who also are on the asexual spectrum. It seems to be pretty significantly...There are a lot of people who've fallen in that area. It's not necessarily...A lot of people assume it's a sensory thing, but I'm hearing from a lot of people that it's not necessarily a sensory thing. It's something interesting that's come up. I wonder about that because for me it's not about connection. I'm certainly connected to a few people at least. It's definitely very interesting and I feel like those identities are very connected.

For Miranda, and other participants, disability and sexuality mutually reinforced one another in some respects.

Identities as overlapping. Seeking to explain the link between the identities, several students described a significant overlap in the population that identifies both as queer and disabled and/or an overlap in queer/disability experiences, but without heavy theorizing of intersectionality on a personal level. Madison also saw an overlap in experiences of disability and queerness, fueled in part by what she viewed as a queer community hospitable to disability:

> They've all been really accepting, and I think that's because the queer communities that I'm in have a lot of disabled people. It's pretty normal. There's nothing unusual and, actually, I feel like the queer community's probably more accommodating for people with different physical abilities than any other community that I've been in, and I think that's just because they're aware of how important being accommodating can be, and so they do that for everyone.

Conversely, Miranda found disability communities particularly inclusive of queer identities:

> I almost feel like there's a higher than normal proportion of queer people in the disabled community. I think maybe it's because there's a higher level of comfort there, because there's an openness to it. I think that could be because a lot of people who are disabled and who have made community for themselves have so often been marginalized that it's an open setting. I feel it is really open and accepting and that in the past, when I've been in a disabled space, it's more likely to have a higher percentage of queer people than non. I feel comfortable there.

Frequent experiences of marginalization might bring together queer and disability communities and lead overlapping communities to be more attuned to such marginalization, according to Miranda.

Many participants discussed heightened levels of depression and anxiety in queer communities as an area of overlap, due in large part to systemic oppression. Desi explained:

> I see a lot of queer-identified people who fall into depression. Again, similar to what happened to me where the weight of the world crashing upon them, or because they're in bad situations around their family, which is why I find so many people who I feel comfortable enough to speak with them about their depression and how I can relate to them because they're so many queer people who ended up with depression.

Likewise, Marie discussed the prevalence of mental health issues in the queer community.

> I think there's an acknowledgment among the LGBTQ community that the rates of mental health issues are much higher than in the general community. I think

> there's been a lot of conversation about that in recent years. So I've always gotten really great response when I've talked to a friend who identities as part of the community when I talk about my mental health problems.

Finally, Haley not only saw an overlap in population, but speculated that the political power of intersectional organizing could be greater than imagined.

> I've just realized today that all of my depressed friends are queer. Anyway, there's definitely parallels and intersections, but I think that there is something to the fact that, it's not just me. It's not just that I have this weird thought that queer and disabled people are a small segment of society. I think that's intentional. I think that the fact that it's hard to imagine queer, disabled people organizing is intentional. I don't think I've ever come across, in my life or on campus or anything, that kind of intersection, except my friends.

Identities as parallel. Several participants drew comparisons between experiences of understanding themselves as queer and disabled. In other words, students conceptualized the identities by drawing parallels or constructing analogies between them. Zachary said he had a mild form of Tourette's Syndrome, reflecting that he wanted to explore a possible disability identity, an exploration process he utilized when coming to understand himself as queer:

> My queerness was also something I was scared of touching and figuring out as well. … I do want to figure it out. I think it would help me, probably. Same with my queerness. For a long time, I didn't want to think about it. I think it helped in the end to figure it out. I don't know. I'm exploring that right now.

He shared that he thought about disability frequently, "but I haven't really had the chance to think critically about it," and participated in this study as one way to explore the identity. Zachary's comparison between queerness and disability was that both identities needed "figuring out" — sustained exploration — on his part.

Another student, Carlo, understood his development of identities sequentially, reflecting that he explored identifying as gay before college, but then in college, disability needed to be addressed: “Being gay—I’ve dealt with that most of my life. But it kinda flipped when I got to college, so now it’s like the ADHD part.” Later in the interview, he elaborated:

> There’s nothing that I feel excluded from being gay. There’s nowhere, and if I was, I’d be like I’m going to come anyway. In my head that is identifiably wrong. That’s immoral and I think as society progresses, society is like, you can’t say those things about gay people. I’m much more likely to fight against that and maybe not even see it, like I have blinders on and I don’t even recognize when it happens. With the ADHD thing, it’s, yeah. It is interesting, the parallels between those two because when I was younger and I’d be in high school, the gay issue was very much an issue. They do have surprising parallels. As we’re talking, I’m realizing that more and more. There’s just things that you kind of squirm, oh no, okay. An accumulation of punishment or whatever or damage done that eventually kind of causes you to withdraw a little bit.

Carlo viewed both disability and sexuality as stigmatized character flaws, but considered attitudes around being gay to have evolved more quickly than attitudes toward ADHD:

> Gay was always…it’s the devil or you need to stop masturbating or whatever, we can fix this. It’s a character flaw. And ADHD, you’re lazy, you’re not focused, you’re a slacker, it’s a character flaw once again. And gay has become at least in circles I run in I guess not that anymore obviously since the American Psychological Association took it out of the DSM whatever decades ago. It’s like, it’s just who you are, it’s normal, no big deal. But I think ADHD is still very—even at the counseling center they make you go through hoops. I don’t get my medication through the counseling center, I go through a different doctor because stimulant medication by just about everybody is really frowned on. They have results of a test in front of them and they’re like you know what I’m still not going to prescribe this because I don’t prescribe it. And I’m like, you don’t prescribe it? Really, wow. If you said you don’t vaccinate people I would walk out of your office right now. I think that is interesting the parallels between those two and I think ADHD might be more recently a phenomenon that gets discussed at least.

Likewise, Adrianna described addiction as a character flaw rather than a disability.

Others compared identities based on undertaking similar experiences, particularly around disclosure of identities. Sandy used attitudes on LGBTQ identities as a guide to determine whether to disclose disabilities: “By and large, if I can trust someone with my gay issues, I can usually talk to them about disability,” and she elaborated that, “Getting over the disability hump is easier than getting over the orientation hump.” Also thinking about identity disclosure, Dani grew frustrated by the constant need to come out:

> I think the biggest way I see them both influencing my life in the same way is that in both my disability and my sexuality, I have to come out over and over and over again, or people won’t know. That’s a plus, in the sense that I can also choose not to. I would say I take that route with my disability more often than not. I think that for both, I feel like there’s just going to be this assumption that I am straight and that I am normally able. I have to keep informing people.

Despite an ongoing need for disclosure, Dani appreciated having the choice to come out or not.

Marie associated the two identities in part because of the ways in which her parents invalidated both identities initially after she disclosed them, explaining, “In my head they’re very much connected especially because of the way they were handled by my parents.” Marie felt she repressed her sexuality and anxiety due to family circumstances growing up. Once she began to disclose both to her parents, she was met with skepticism that either experience was legitimate:

> I think from my mom’s perspective she was worried that these things were going to make my life harder. I think there’s some unwillingness to accept that, maybe not, she’s overreacting. In my mind those two things are very connected in this necessity to keep them hidden because of that reaction. My mom, with my sexuality, she said, “Wait until you’re out of high school to think about coming out. You need to get boys before you’re ever going to know.” Then with my anxiety it was, “Everyone feels this way. This isn’t unique to you,” both of those are really in my head associated with. These are dark little secrets that I’ve got to keep and I think I’ve gotten a lot better with the sexuality one in terms of...I’m a lot more opened with it now, but with the mental health issues, those are still very firmly like in the closet when it comes to most people. Just the sense of their being such a stigma about it sort of reinforces that sense that this is some skeleton in the closet that I’ve got to keep down.

Marie's experiences with her parents reinforced the need to keep disability and sexuality identities hidden. She spoke about her approach of "putting up a front" so that disability and sexuality would fade to the background in others' perceptions of her.

Identities as oppositional. In contrast, other participants highlighted differences between the identities and their own experiences of both. Adrianna did not see her queer and disabled identities "in conversation with each other," but viewed a link between identifying as queer and claiming psychological disabilities.

> I feel like it's so clichéd to be like, I'm queer and I have PTSD. PTSD is the dog ate my homework thing, it's so clichéd but happens to be the case. I don't really think of them in conversation with each other. … I do feel like the people who I know who are queer tend to be quicker to claim other mental disabilities. Like if I talk to a straight friend they might be like, "I have ADD," but you're not going to get like "I have trauma" as often. The statistics show that queer people tend to run into more violence, so I think that has something to do with it but I don't really think about it so much.

Though Adrianna acknowledged both disability and sexuality, her overall stance was that the two were substantially unrelated.

Unlike most participants, Will understood his sexuality and disability as oppositional—"this constant clash of the two different identities." Will viewed being gay as pulling him in an extroverted direction, while having Asperger's meant he was naturally introverted. This "clash" led Will to work on changing how he expressed both identities. He described learning to "tone down" traits associated with Asperger's in order to have give-and-take conversations with others, and to push himself to be more social and outgoing in queer-identified spaces, even though he admitted sometimes becoming overwhelmed in the campus LGBTQ center or at student organization meetings and leaving early. He lamented that, “it’s easier to just like stay inside and shut the world out than it is to like try to interact with other gay people sometimes, but it is hard to pretend you’re extroverted in a world designed for extroverts, but you’re an introvert.” Will described an affinity for the queer community on campus—despite its emphasis on being “social”—and expressed doubt that he would want to engage in a disability-identified community or space: “If I did know of any [disability community] would I even go there? I probably wouldn’t.”

Though not to the extent of Will’s understanding of his queer/disabled identities as distinct and oppositional, several other participants reflected on the difficulty of holding both identities and what the association of the two might represent to others. Kristen shared the difficulty and emotional labor of “trying to keep these lives separate in certain regards” and the demands of keeping up with disclosure and active identification in contexts such as school, work, and personal settings. She thought that identity could be understood and expressed intersectionally, but that it can “waiver” depending on context: “It can be really marginalizing to identify in an already marginalized population—to farther be kind of pushed out of, that you are not really a part of that, and you’re not really a part of this population.” Diego acknowledged an association of gay men with HIV/AIDS and said that he felt compelled to name his disabilities (narcolepsy, depression, and anxiety) so that others would know that he is not HIV-positive: “I usually don’t say ‘disabled’ unless I explain my disability.”

Madison saw conceptual links between the two identities, but did not feel that describing them in an intersectional relationship would capture her experiences.

> It’s hard to really think about that, because they are all there and I wouldn’t say they are not interrelated, but it’s like they are self sustaining, but at the same time they all keep me from feeling like I can’t associate with the general population, in some way. I do feel like they are similar in that, they affect how people knew me and regard to the opportunities that are available for me. I definitely have noticed that there is a pretty large coalition between queer and disability within the communities that I’m a part of. I do see them come together a lot. It’s interesting to me, but I don’t know how they relate. I don’t really see the relationship between the two like that. I think they are just both parts of me that aren’t necessarily related.

Despite acknowledging some links between the two identities, Madison viewed them primarily as unrelated. Shannon viewed the salience of her own identities changing, explaining: “I think I’m much more passionate about the LGBT stuff than I am about the disability stuff, but my body forces the awareness of the disability stuff, moment to moment, in a way that LGBT does not.” For Shannon, queerness was the basis for much of her political organizing, but disability came through in her body on a constant basis. She also acknowledged that her own gender presentation likely contributed to the way she experienced both identities.

While some participants viewed queer communities as accepting of disability, Desi perceived sharp fissures:

> Within the mainstream queer movement, there’s a lot of privileging of able-bodied people, especially when it comes to trans people, or non-binary people. Because a lot of these individuals don’t have the ability to transition medically. … They are always put down over this, and there is no real help, at least what I see right now, for people who are disabled and queer. They’re always left out, and there’s a certain kind of prejudice where they are always erased. It’s like having tunnel vision, because they will never turn around to actually look and say, “What do you need? Do you have any problems? Do you need anything?” which is strange because there’s a lot of people who are disabled within the queer community.

Despite what Desi viewed as a large disabled population within queer communities, he considered the mainstream LGBTQ (or gay men's) movement out of touch with and hostile to disability issues.

Navigating race and class. This study focused on disability, gender, and sexuality, but participants were encouraged to discuss their multiple identities in totality. Many participants brought race and socioeconomic status to the forefront, particularly those who identified as people of color, biracial/multiracial, and/or poor/working class. However, several participants who identified as White and/or middle class/class privileged also discussed these aspects of their identities. Layering experiences navigating race and class on top of experiences with disability, gender, and sexuality served to further enrich and complicate students' narrative descriptions of themselves.

As a queer/genderqueer Latina/Chicana, Maria sought a space that would validate her multiple identities:

> Being queer is super important to me, because I want to find community. I want to find places that I can be fully queer and most importantly talk about things that I wonder about that you wouldn't be able to talk to anybody else. Being Latina is really important to me, but unfortunately, I can't always be queer and Latina in the same place.

Particular identities were relegated to certain spaces and times for Maria. In a similar manner, Rodney, a graduate student who identified as biracial, Black, and White, revealed race and sexuality as the "most significant of the intersections" of his identities. In college, he felt pressure "to really choose one or the other," finding few gay students involved with the Black student organization. He also faced racism from other gay men:

> I found that being gay and Black is much harder than I thought it would be, in the sense of I thought that gay people will be really inclusive in that they're used to

> being around any group. But, I can't tell you how many times I've been talking to someone online and then as soon as I tell them I'm Black they just like stop talking to me. As if I were some sort of actual pariah. It's like, that's like been the most overt racism I've ever experienced has definitely been from gay people. … Before I met [my husband], I definitely did the dating scene and stuff and just did a number of people who would explicitly say, "White people only." That wasn't something that ever crossed my mind, but it always like, when I did confront it, it like really did bother me in the sense of—I felt frustrated and I also felt doubly frustrated because I was like, ''Don't you realize that because I'm like half way Black, there are a lot of Black people who don't like me either, they're like, who is going to like me? No one is going to like me.'' I definitely got super insecure about that.

Rodney conducted an "experiment" on a phone application for gay men to include a picture or not with his profile, finding that fewer people would talk to him when he posted a picture.

Eva also told of a balancing act with multiple identities and the need to actively consider her identities in all spaces:

> I can find communities, but it's going to be very separate. It's going to be very... "Which identity are you appealing most to today?" Like one day maybe, I'll attend a cultural community meeting, so I'll be Mexican American. The next day, or that afternoon maybe, I'll go to a bisexual meeting, and I'll be bisexual in that time. Even if you find an inclusive community, it may not be an understandable or relatable community.

Eva and other students described a sense of needing to choose particular identities and associations rather than being able to identify with and express all aspects of themselves consistently. Desi identified as Mexican, Chinese, and multiracial, and strangers routinely asked about or guessed his ethnicity, an exhausting and triggering experience:

> Even on Saturday, I had a man who stops me in the middle street and says, "Are you Hawaiian?" It's just generally like a guessing game with people who are trying to guess who are like, "Are you a Filipino?" They don't give me the chance to explain. They just want to impose their assumptions on me. It hurts, especially because I have so much pride, especially in my Mexican heritage, being a Mexican American.

Desi felt the burden of needing to actively identify his ethnicity and correct others' assumptions.

Miranda described her journey from internalized racism to beginning to reflect upon her Mexican heritage:

> I had a lot of super internalized racism until I was probably in my very early 20s that I didn't start to unpack until, I think, the end of my undergrad. I started really reading lots of Chicana feminist literature. I started really unpacking all of that. Now, a lot of times I just identify myself as Chicana or mixed Chicana and trying to get back that connection with my father's family and pick up a lot of that language that I didn't get. My mother very much did not want me to have any of that Mexican heritage or anything. There's a lot of racism in my family. … Passing White used to be my primary concern in my life which is so horrible, but that was one of my biggest concerns, if not the biggest concern, was that I look like my mom. Even though a lot of my mom's family is on the darker side, and my mom, very, very, very White skin, bright blue eyes. Dark hair, very striking look. When I was a kid, I would go out and play in the sun and all that. I tan very easily, and I tan very dark. She used to make fun of me for it and just really berate me for being dark, but still let me go outside and still encourage me to go outside. Then I'd come back very dark, and I'd hear all sorts of horrible slurs about my father and his race and my race.

Miranda acknowledged that she could pass for White in many situations, but as she learned more about race and her background, she felt guilty for erasing those aspects of herself.

Some White students in this study also sought to develop an enhanced awareness of their racial identity. About half of the White participants mentioned the concept of White privilege, with some elaborating on the dynamics of being White in the LGBTQ community and other spaces. Zachary spoke about his privileged identities, sharing an awareness that his "status as a White man definitely impacts my status as a gay man. … We have a lot more visibility than so many other LGBTQ identities. I've had to definitely check my privilege a lot of the time." Abby, a graduate student in the social sciences, articulated her understanding of the privilege afforded by whiteness.

> I'll be like, "White people are awful." I don't mean it really ironically, I mean it for real. As a group, White people have done some pretty terrible, awful, and horrible things, and continue to do so. Any time that I'm not actively challenging that, I am cosigning it. I feel like I have to be really super aware of that, which I think, interestingly, comes in part from my religious upbringing. I'm not super religious anymore. I don't identify as...I don't know. I'm not not Christian. I definitely don't identify as Catholic, but I'm never really quite sure what I identify as. A lot of my beliefs are informed by my reading of Jesus and of Christianity, like the idea of the body of Christ we're all connected. If one person is doing something wrong and you know about it, you're complicit in it.

Ella, who identified as White, Irish, and Chicana, described the salience of race and privilege in the classroom setting, explaining: "I've tried to always keep in my mind is how White this campus is. Whenever I'm in a class, I always look. And see how many White people there are and how many people of color there are and try to realize how much space I'm taking up and trying not to take up that much space." Ella sometimes tried to contest whiteness in the classroom by not speaking up and answering every question asked the professor, as a way to make space for others.

Along with race, some participants described the salience and importance of socioeconomic status to their identities. A few participants spoke of the complexity of coming from a working class or poor background, yet pursuing higher education that supposedly ensured a middle-class future. Several others spoke less about their backgrounds and more about the current realities of life as students without money or additional support from family. Haley described "being broke" as her most salient identity because of the profound impact it had on all areas of her life. She said she liked "the word 'poor,' because it is not very politically correct. It means that people can't ignore it. It's different from being broke," which she understood as temporary.

Kristen resented the assumption that all White people have money, describing "interesting situations" she lived in growing up and receiving food stamps. Haley talked of difficulty navigating the process of being recognized as independent from her parents through the financial aid office. Also encountering difficulties navigating finances, Maria described "a fight to get tax information from my parents," which she felt would not occur in a family with a college-going history. She said that she consistently held at least one off-campus job to help support herself.

For Diego, growing up working class meant he could not legitimately be disabled: "To say that you are disabled in any way is like a cop out and it just doesn't exist—that you just don't want to work." He recalled telling his brother about his disabilities: "He laughs and he's like, you really worked the doctors on that one," Diego explained. He talked about "backsliding" as something always on his mind:

> There was a student who talked about growing up with food stamps in one of these discussions that I was in earlier this semester. And he was very proud of that, and it's like I remember my mother using food stamps, but I didn't bring it up. I know that's always a possibility that my family could backslide. That could happen if someone gets cancer or if tragedy strikes.

Diego's concern highlights the seemingly temporary and fleeting nature of class status and relative class privilege in particular. Madison remembered struggling with her socioeconomic status while working on her undergraduate degree:

> I didn't have enough time to devote to the homework because I did eventually good job and so I would be working, and then I'd come home and I'd be exhausted. It was a combination of being disabled and not having money that

> made it hard for me to succeed in classes, and I couldn't participate in group study sessions because it would be during the times that I need to be working.

As a graduate student, Madison said she received a fellowship that eased her worries about money. Despite her newfound economic security, she remarked that, "I still can't see myself as anything other poor, because that's the way that I was growing up and I really feel that … has a big impact on how you see things and how you interact with people." Growing up, Madison explained that she did not have any sense of a cultural identity, because "being poor takes your attention away from a lot of things like that." Madison perceived her classmates in graduate school as affluent and without significant debt from their bachelor's degrees.

Adrianna spoke of struggling with money, despite receiving what initially seemed like a generous fellowship package from the university, which she said actually "came down to like $10 an hour" in light of teaching responsibilities. Medical bills added to Adrianna's financial strain. She took on a job off campus to the dismay of her faculty advisors but felt she had no other choice. Adrianna hoped faculty would "stop assuming that there is some kind of stable support base that students have," as evidenced through off-handed suggestions that students buy new books or borrow money from family. Though socioeconomic status was most often discussed by students who identified their backgrounds as poor or working class, several students who identified as middle class acknowledged their class privilege. For example, Abby acknowledged that if she ran into financial trouble during a particular month, she could reach out to family for temporary support, which she felt was an example of class privilege.

Disclosing identities. Participants decided to disclose their identities to others by analyzing several factors. Almost all students described their disabilities as hidden or invisible and remarked that they could occasionally pass as non-disabled. Some participants also claimed that they did not consistently present or read as queer to others, also enabling them to pass as cisgender and/or heterosexual. Students' relationships to passing and being visibly queer/disabled undoubtedly affected the way they approached disclosure decisions—and whether they viewed disclosure as a decision to be made at all or a foregone conclusion due to a disability signifier or their gender presentation.

This section address participants' goals for and decisions about disclosing identities. Students described disclosing identities contextually, strategically, and for others and self. Several participants also discussed avoiding disclosure as well as comparisons between disclosing a disability and disclosing queerness.

Disclosing contextually. Most participants described their disclosure decisions as dependent on context; for example, assessing whether they had formed a close relationship with someone. Sebastian described trying to come out as gay in a "natural way": "What I mean by that is if someone says, 'Do you have a girlfriend or something?' I'll just correct them and be like, 'I don't date girls, but no, I'm single.'" Kristen acknowledged that relationships could change substantially depending upon disclosure decisions and that it was thus necessary to evaluate likely reactions from others ahead of time. Similarly, Marie went through a process of deciding whether a relationship was important:

> I need to have a relationship with that person. If this is someone I'm only going to see in class twice every week and not going to have much of a relationship with,

> there's no point for me in taking that risk and bringing it up. But if it's someone I'm seeing a lot that I have a friendship with, to some extent I do want them to know, because it impacts so much of the way I interact with people, both of these things. I want to be able to say, "Hey, I'm going on a date," and be able to have a conversation about that, or, "Hey, I had a really shitty day yesterday," and have a conversation about that.

Marie placed a significant value on building trust within the context of a relationship before she would be willing to disclose her identities.

Though many participants based disclosure decisions on context, some participants generally preferred to disclose their identities. Jackie skewed toward disclosing when possible:

> I guess the people that I'm friends with that I start a relationship with, then I immediately give up the information. … But I think just the way I was raised, I don't see a fault in myself. Like I don't see that it's a bad thing that I should hide. It's a shitty thing that I have to deal with, but I'm dealing with it and it's affecting who I am. I'm like, "Yeah, I got an autoimmune disease and a brain malformation."

By contrast, Madison felt no need to disclose if the situation did not arise or she did not see it as relevant: "Basically, the way I work for all things is if it comes up, I'll talk about it, but a lot of things just don't come up." Madison offered the example of sharing an office with another graduate student who wondered why she received exam accommodations. Explaining that such conversations did not always go well, she tended not to disclose if she did not find it relevant.

Likewise, Diego considered disability disclosure on a "need-to-know" basis. He gave an example of wanting his roommate to know why he took medication. A relationship needed to be in place, Diego explained: "You either have to get to know me or I have to feel comfortable around you before I'm willing to engage certain topics or areas of my identity with you." Miranda described the degrees of disclosure she considered: "I kind of share queer identity indiscriminately. I think the environment that I'm in and the fact that the city general is pretty accepting, I don't really keep anything closed." While willing to share her queer identity, she was more hesitant to go into depth about her living situation with two partners. "I usually do still call us a polyqueer family no matter what, but some people take it better if I say my best friend and my boyfriend," she explained. Around disability, she similarly said she was open overall:

> I disclose my physical or medical disabilities almost immediately, or I guess as soon as it becomes something that comes up in the conversation or I have my cane or whatever. I'm just hey, neuromuscular condition, and people are like OK. I have yet to disclose being on the autism spectrum to anybody here outwardly, but as far as what I'm going to share with them about it, because like I said, you'd have to not be paying attention at all to not pick up on it, I have to see what their views on autism in general are.

Though she was willing to disclose disabilities, Miranda found that speaking about particular disabilities in generalities helped the conversation go smoothly from her perspective. Students carefully considered context in their decisions to disclose their identities to others.

Disclosing strategically. Contextual disclosures of identities could also become strategic disclosures that participants used to accomplish certain goals. Ella described her approach in class as one of "strategic outness" in sharing her trans identity and going through a number of questions about the utility of coming out in the moment to achieve goals of advocacy and visibility. Diego also shared that when leading a student group or meeting with administrators, he carefully considered when he needed to "put a face" on an identity such as disability or queerness so that he could advocate most effectively.

Passing also figured into strategic disclosure. For example, Abby described herself as "not visibly disabled, so I am lot more selective about who I talk to about that." The notion of disclosing strategically depending, in large part, on one's ability to either pass or not feel the need to disclose.

Everyday disclosures of being queer were important to Kristen for political reasons:

> I think being a member of the LGBT community is very important to me. I try to make a point, depending on the circumstances or who I am talking to, of self-identifying, just telling people about my sexual orientation and my identities. Mostly because I want people to be aware that this isn't just a heteronormative society. Not everyone walking around is obviously attracted to the opposite sex and it's not all cookie-cutter.

Strategic disclosure applied not only to goals related to visibility and awareness, but also related to personal risks and benefits. In trying to assess others' reactions ahead of time, Marie weighed the costs and benefits of disclosure:

> For me, it's always trying to judge beforehand, "What is this person's reaction going to be?" The anxiety can make it really hard to share that with people, because running through your head you're like, "Oh, no! What if they freak out? What if they say something really nasty?" All of these things. But it's just trying to suss out, "Have they said things before that make it sound like they'd be OK with this?" Obviously, it's a lot easier to talk about these things with someone who is also affected by them.

Marie sought to assure herself there would be a positive reaction if she came out or avoiding disclosure if she anticipated hostility.

Disclosing for self and others. Participants shared examples of disclosing strategically and contextually in ways that would benefits others and/or themselves. Benefits to disclosing for themselves might be connecting with others and being able to focus on other topics by getting disclosure out of the way. Miranda summed up this position, pointing out that she was better able to concentrate when she avoided eye contact in conversation with others:

> I have had an easier time because I don't have to hide things that I had to hide in my master's program, which makes it easier to focus on my work and get stuff done. It's not a huge deal. I don't worry about eye contact with people here, because I figured out after a month or so, nobody cares. They really don't. They don't care, and nobody is trying to diagnose me here, and nobody thinks any less of me for whatever characteristic I'm showing at the time that they happen to know about. So that's nice.

When she was able to clear her mind from worrying about disclosure (whether intentionally or unintentionally through signifiers), she could focus more of her work. Will, on the other hand, described a decision to come out as gay: "I guess at a certain point I realized, like, if I don't come out before I go to college, then I'm going to have a really shitty time at college," he explained.

Abby outlined a balancing act between being out for the benefit of others and ensuring her own safety.

> I think that's where like with figuring out the disability stuff where the queer stuff is an advantage is that I decided really early on that part of the reason I think that I struggled so much with my sexuality was not having people that I couldn't relate to. … To me, it's just like being out is, in part, a way of being there for people. I try and make it a point of being out whenever possible, whenever it's safe and makes sense to do so. That sort of practice of doing it, not just doing it for myself, but also for other people, I think, factors in somewhat with disclosure about the disability stuff. I think that one is just a lot more dicey still, especially when thinking about applying to jobs and stuff. It could be like a very meaningful thing in people's decision making about hiring in a way that the LGBT thing I don't think would be as...I mean, it's probably still there, but it's not going to be like "OK, lets talk about the fact that, can she really do this job because she's queer?"

Abby's process involved weighing factors such as safety for herself and how her disclosure could benefit others.

The job search, which came up for Abby, came up for other participants, particularly graduate students. Students seemed to wonder how disclosure might benefit them, if a hiring committee wanted to recruit queer or disabled individuals, or harm them, even in light of a non-discrimination policy. Elijah wondered whether and when to disclose disability during an academic job search:

> Some companies, they have that new form, you must have probably seen this form for you to check whether you are disabled or you are veteran? I just received one of those the other day, I printed it out, and I was staring at it like, "OK, now what do I do?" Is this going to help me or is this going to hurt me? Some of the more progressive universities, they'll ask the whole thing, whether you're LGBT or not because, for some universities, they see it as a boon, others not so much. You've got to sit around a conference table, and you've got to deal with those people. Those people become your life for the next 5 to 10 years. What do you tell them? I've consistently asked for advice from people. I don't remember a single instance where somebody says something useful.

Miranda also wondered how much to disclose about her disability in academia, particularly since she also researched disability: "There's a lot of stuff that I'm fighting internally about how much do I want to put out there? How much do I want to let it influence what I'm doing research-wise, because my research is autism as well." Despite the potential risks, Miranda reflected on the importance of autism research to her, explaining, "if I can't use the research that I'm doing to help the autistic community, then I don't know why I'm doing it."

Other participants described occasionally disclosing identities expressly for the benefit of others. Sebastian said: "If someone comes out and tells me that they have a disability, I'll generally tell them that I have one as a form of solidarity or something. I am a good guy, and I try to be supportive." Marie said she might wait to find out if someone was in the community and then disclose: "If someone tells me that they're in the community, I have no problem saying, 'Hey, me too.'" Several participants talked about participating in panel discussions or public events on disability and sexuality, which necessitated disclosure but benefitted others. Though Madison usually only disclosed identities if she considered it relevant, she approached these events differently, sharing that she disclosed disability while serving on a panel in a course promoting diversity in science fields.

Similarly, Haley said that talking about disability in a class could "out" her as a person with disabilities. She explained: "I don't enjoy letting everyone know my vulnerabilities about disability issues. As soon as I do, I'm that person, so I did, because by letting people know that these issues around disability affect me, I'm effectively coming out as a disabled person." Haley described a willingness to speak about disability publically if it could prevent another person from facing a negative reaction: "I've always been the magnet for discrimination and hate on purpose, because I have this arrogant idea that I can take it. I would rather it be me than someone else." Haley desired to take on hostile reactions to her disclosure so that others might not have to do so.

Dani discussed disclosing her sexuality in front of a class in her professional program, based on a question about the ring she was wearing.

> I realized it was the first time I have come out to a group of people all at once. That was actually kind of scary for me. I wasn't expecting it to be. I absolutely would have come out to anyone of them one on one. Just standing in front of a full classroom of students and the professor and everyone and talking about my fiancé, who is a she, as I always do.

Clearly, Dani felt some anxiety approaching the moment of disclosure in front of a large group of people, but preferred to disclose that she was with a woman rather than having others wonder or mistakenly assume she was with a man. For Dani, being a person who did not “look gay” resulted in the need to “come out over and over” so that she could avoid assumptions of heterosexuality that made her uncomfortable and marginalized. She also shared how she navigated disclosure of her visual disabilities (which she sometimes referred to as a learning disability) with her study group:

> The other people in my study group have been very observant of the fact that I have a learning disability. It is visible to them in a way that I don’t think it’s ever been visible to people in my life. I read slowly. I miss words. They can see it, so I don’t feel as self-conscious about it because it validates the accommodations I receive.

Thus, disability disclosure also became one way to legitimatize the presence of impairment. Dani also discussed disclosing her sexuality to avoid awkward situations with those who might assume she is heterosexual. Thus, Dani and other participants offered examples of disclosing disability and/or sexuality that would benefit both themselves and others.

Avoiding disclosure. A few participants said they sought to avoid disclosure whenever possible. Ella talked about being outed as trans against her will or inadvertently. For example, the university used Ella’s legal name when she first became a student, but she eventually was able to correct it, which she appreciated. Rodney’s unintentional disclosure came as a result of using Facebook as an undergraduate when it was new and marking that he preferred men on his profile without the understanding that family might find out. He still avoided disclosure when he thought it was unnecessary, such as in conversation if someone saw his ring and assumed he was married to a woman.

For Rodney, seeking to avoid unnecessary disclosure characterized not only his queer identity, but also his multiracial identity.

Diego also avoided what he referred to as the "coming out ritual," but eventually discovered that opting out of the process could lead to unanticipated consequences.

> [Refusing to come out as gay] led to confusion with one of my very best friends, who thought that I was like horribly in the closet and needed to go see a therapist. It's like, no, I just don't want to share that. I thought when I came here, very deliberately that I was just going to keep a professional identity. Then I realized, probably my second of third year, that that's only possible to an extent unless I want to be happy and normal—to not think of this place as hell.

Adrianna preferred to avoid disclosure unless necessary and had in mind a particular image from which she wanted to distance herself, saying, "I don't want to be the political queer. … I don't want to be 'the gay student,' I don't want that identity. I don't mind it. But I'd rather be the intellectual who has interesting things to say." For some students, avoiding active disclosure of sexuality and disability was preferred.

Comparing queer/disability disclosure. Lastly, participants compared processes and circumstances for coming out as queer or disabled. Sebastian humorously compared the ritualized queer coming out story with disability:

> It always comes up in a moment. It's never this thing, or I need to sit them down and like, "Tonight's the night." I make a special dinner and hope it goes really smoothly. I'm going to tell them I have Lyme disease. It's always contextual. It's always what should be said in the moment.

This comparison seemed to illustrate Sebastian's preferred approach for disclosure to be an ordinary, everyday act, around both having Lyme disease and being gay. Desi described both disclosure processes as contextual: "With individuals that I don't really know, I don't really mention it. I don't feel like it's something that they need to know unless it's in the context of doing something for a student organization or it's in the context of talking about social justice with them." Desi often linked disclosure decisions to opportunities to educate others about marginalized communities and he found it important to share his identities in those situations.

Jackie disclosed her sexuality less readily than disability because she viewed her asexual identity as operating in the background and being less salient overall, explaining that she had "other stuff to worry about." Similarly, Madison described disclosures of sexuality as less prominent since she was not looking for a relationship. Disability disclosures, on the other hand, became more important: "Right now the disability ones tend to be the most, just because they affect me more than other ones. As I said, the queer identity is kind of on the back burner and I'm not really dating anyone. I'm not actively looking for relationships, so it's not as relevant." Madison felt disability more actively shaped her daily experience and thus she disclosed disability more often.

Eva contrasted her experience of going through mental health struggles with disclosing her sexuality:

> In our family, all you need is more familial support. Therapy is like a way to trap you, something like that. It just wasn't a super positive view. Even though, some people needed it. Stuff like that. That stigma still scares me and freaks me out sometimes, which is why I'm more hesitant to tell people that I'm struggling emotionally or something like that, versus being open about my sexuality because apparently, now it's somewhat cool to be gay, which is true to an extent.

The stigma around mental health loomed large for Eva, but being gay was perceived as a non-issue or even as positive. Similarly, Adrianna was forthcoming about her sexuality but private about her experiences with addiction and eating disorders due to stigma. Dani contrasted her experiences of disclosing sexuality readily with being more cautious around disability.

> I normally only talk about my disability if I trust someone. I would say that is not necessarily true with my sexuality. I don't know how much that is because of my current context, where I feel like in school in general I will not get a negative reaction to having a same-sex partner. I don't know what kind of reaction I'll get to having a disability. But I find that for the most part people already know. If they don't, they're not paying attention. I think disability is harder. Partially because, it's funny, I don't want to be seen as different. I don't want to be seen as less able in an academic way. I think that there are few people who would see my sexuality as making me less academically able. They're just not related in the same way.

Dani viewed potential reactions to disclosure of disability and sexuality as fundamentally different. Sexuality could often be disclosed readily, while disability required a more cautious evaluation of context and relationships.

Gaining perspective. Though students shared their complex and often difficult journeys toward developing and making sense of their identities, they also pointed out positive perceptions of themselves as well. For many participants, experiencing marginalization and reconciling multiple minoritized identities offered perspective and a level of introspection that they grew to appreciate. For instance, Dani connected her work ethic to trials she had overcome:

> Part of the reason I'm in school is because I knew it would be challenging, but I thought it would also be fun and rewarding. I didn't want to let my eyes stop me. I think that was a good choice. But I don't know if I would be as motivated as I am if things had come a little more easily to me. I think that's a good thing. I think life would be easier if I didn't have a disability, and most of the time I think life would be easier if I was straight, but that's OK. … I think for me, each of my identities has more kind of molded my personality than any other relationship. They've each contributed to kind of...I think especially to the things that I am most proud of in my work ethic, my diligence.

Disability in particular became a motivating factor in Dani's academic endeavors. Likewise, Marie reframed anxiety as a quality that made her "very good in a crisis," sharing that, "as soon as we have a major problem, I'm able to click in and take care of it. … I guess that's the positive that I could tell you—not the thing itself, but maybe what I've learned from it and the ways I've grown because of it."

Several participants discussed the benefits of possessing multiple identities. Rodney found the experience gave him a sense that he could relate to a variety of people: "I like that I have various facets to [my identities], in that I feel able to move within circles that some people can't, otherwise, move in, right? … I like that my identity's plural." Likewise, Aurora appreciated their unique vantage point on life:

> I really think that there's kind of a beauty in being able to see the world the way I do. Being queer and trans has taught me so many things. How to appreciate intersectionality and through the different ways that people become who they say they are and say who they're becoming.

Other students remarked on being able to share what they had learned with others who might find themselves in similar situations. Miranda shared that she enjoyed "being able to take the things that I know from my identities and the experiences that I've had along my journey so far and use those things to help other people."

Finding 3 (Research Question 1): Forming Community

"On my good days, I wonder, am I invading the space? On the bad days, I can't even get to the space." -Aurora
"The queer community here is so huge…it's really hard to find your place in it." -Will
"I don't have a community of people I can relate to." -Madison
"I'm lucky to have been able to find that community here." -Zachary

Students offered critical perspectives on the tasks of finding and forming community based on their identities. They weighed the benefits and risks of joining particular communities, seeking to promote visibility and reduce stigma. Participants most often considered themselves part of queer communities, typically structured around friend groups, student organizations, and social activities. Students identified less often with disability community, but those who did often found it online through blogs and social media. Finally, students viewed an integrated queer/disability community primarily as hypothetical.

Finding queer community. Identifying with the queer community held diverse meanings for various participants. Community, as an abstract concept, was left open to participant interpretation. Some spoke of identifiable spaces and events, while others considered their peer groups and relationships. A majority stated that they identified with the queer community, while several more participants qualified their identification with the community by pointing out segments with which they did not identify. Several more participants, primarily graduate students, described no longer identifying with the queer community. In general, undergraduates considered finding and building queer community more crucial than graduate and professional students, who were more often in long-term relationships and involved in fewer social activities on and off campus. Yet, some graduate students mourned the loss of the sense of community they felt in previous cities in which they lived and/or as undergraduates. However, Elijah, who was beginning to disclose being gay in his late 30s as a graduate student, spoke of struggling to find community.

Most participants affirmed at least some identification with the queer community. Ella described the strong meaning that the community held for her, stating that she identifies in the community “as strongly as can be. I definitely think that it’s been one of the major lenses of thinking about my life, what community means to me and like who is community.” Similarly, Abby said, “I prefer to be around queer people. Most of my friends, like my closer friends in the program and stuff, are queer. I go out of my way to hang out with queer people. I joke, half-jokingly, that I believe in queer superiority.”

Several participants noted partial or conditional affiliation with queer communities. One participant, Aurora, made it clear that a particular mainstream segment of the community did not appeal to them: “I do not identify in any way shape or form with the suburban, white picket fence, gay marriage touting, kind of Log Cabin Republican gay community,” they explained. Similarly, Desi viewed many queer spaces as predominantly White. He said: “I do identify with it, but the association of being queer with being White is something that bothers me when identifying with it, which is why I try not to step into White-dominated queer spaces.” As a result, Desi distanced himself from some queer spaces. Marie, an undergraduate student actively involved in student life activities, said she identified with the queer community “on a more abstract level. It’s not anything I really engage with on campus, but within my group of friends I do have friends who are also LGBTQ, and we do talk about issues that affect us and talk current events and all of that.”

Some participants — mostly graduate students — described distance from the queer community. Haley spoke of her relationship to the queer community as

> a source of contention for me, because I am married to a straight cis man. But I still identify as queer. At first, I had this really big hang-up over doing that. Because again, when I talk about my husband it’s not really challenging anything. I know that I read as queer, that makes me feel a little bit better.

Though Haley's description implies that some queer people might have a problem with accepting a woman who is married to a straight, cisgender man, her words also imply that she might have preemptively created distance from the queer community so that she would not face the alienation or negative reaction she anticipated.

Participants had other reasons for not identifying with the queer community. For Miranda, strongly identifying as an introvert on the autism spectrum meant that she did not desire to be part of an overwhelmingly social and extroverted community. She elaborated: "I don't really like being in a community because I'm not terribly social. I'd like to be because I'd like the connections and whatnot and being able to do more activist type work, but I'm not really interested in social communities at all." Miranda often found queer spaces difficult to navigate for people with disabilities because "there's a real expectation to be outgoing and to be exuberant and to seek out people to talk to. That is very uncomfortable for me." Miranda associated many queer spaces with expectations to be outgoing, dance, and drink, activities she did not usually enjoy. While Miranda conceived of the queer community as social and outgoing, Sebastian recalled formerly identifying with the queer community, which he conceived as revolving around clubs and bars. He explained that he identified with it

> when I was younger. I was very big in the gay scene. I worked in a gay club. I was a go go dancer. It was very lovely. I wouldn't trade all that, but at some point, when I got older...it's not like I'm out of touch, I totally know what's going on. I read. I'm very up on everything. It just amused me less, or fulfilled me less. Instead of going to the gay clubs now, I would much rather just go drinking at a pub and pick up some dude and go home or something. I feel like they're not my people.

Another graduate student, Adrianna, thought of others in her department and lamented that the small number of her peers "who are queer are intolerable … always insisting on policing people's language and have to theorize everything and always talking about being queer."

Seeking disability community. Stigma and individualized notions of disability translated, for many students, into a reluctance to find and form disability community. Participants expressed hesitance and skepticism about entering into a disability community. Many students discussed disability community as theoretical, sharing that they did not know whether a disability-identified space or group existed. This feeling was summarized by Taylor: "I don't know if there isn't a [disability] community or I haven't found it. I don't feel like I'm a part of a disability community. … There's not really a place." Taylor said that disability was often made invisible and "shoved under the carpet—so that even I don't usually want to publically talk at all. I'll talk about it with people I'm close to." Many participants echoed this sentiment, opting to share disability identification with others after establishing a close relationship. Taylor also wondered what it would mean for people of different disabilities to be in community with each other: "I know being depressed, or dealing with depression and anxiety is very different from someone who lives through autism, or through Down Syndrome, or other forms of mental disabilities." She wondered "how you would bring together a community like that," but added that she would like to see it.

Similarly, Haley theorized that a disability group in her competitive professional school setting would mark students with disabilities as weak:

> You don’t want to join that club, because then, it would be obvious that you don’t fit. That you shouldn’t be in school, right? The amount of, I guess, the rigorousness of the application means you have to be the best of the best. … If there were a community of students with disabilities on campus, then, we would have to be very secretive about it. I think it would be like being outed, honestly, especially, with mental and emotional disabilities, because your intellect and its objectivity are the highest priority.

Thus, pervasive stigma—or even danger, in Haley’s words—could prevent the formation of community.

Picking up on the same theme, Marie explained that she did not wish to be part of a disability community due to stigma toward mental health issues. In the past, she trusted people and disclosed her disabilities, but received insensitive reactions. Thus, Marie did not “have much of a sense of community with that, because it is such an internal, private thing.” Likewise, Dani did not identify with the community, in part because she could avoid stigma as a person with a largely invisible disability.

> I spent a lot of my early years kind of through undergrad trying very hard to hide that I had a disability. I didn’t want to be labeled. I think, mostly, I didn’t want because I had a learning disability—or I thought I had a learning disability—there was kind of a stigma associated with learning disabilities of maybe you didn’t really have one because it’s not visible. It’s not something other people could perceive. I think there was kind of an impression that got an unfair advantage because you got extra time or because you got whatever you accommodations were. To anyone else, it seemed like an unfair advantage.

Dani’s experience illustrated that she sought to avoid stigma but, paradoxically, invisible disabilities were not viewed as legitimate disabilities by some and thus carried a unique stigma. In a similar fashion, Aurora felt the need to be “continuously struggling” to legitimately participate in a disability community:

> I always feel like that they’re the kind of pressure if you’re going to identify with the community to continuously be struggling. I feel like I’m on the boundaries of a lot of it because I don’t have physical disabilities well up into the point where

> my invisible conditions impact me physically. There are days I can't get out of bed and that's OK, but is that physical disability? I don't know. I have my good days. On the good days, I wonder, am I invading this space? But on the bad days, I can't even get to the space. If I could, I'd be like, yeah, hi, I'm disabled.

Aurora's description implied that a consistent experience with disability translated into legitimacy and therefore access and being welcomed in the community.

Quite a few participants did not seek to engage a disability community. More intensely than most students in this study, Sebastian opposed the idea of entering a disability community, typified by the image of a disability support group:

> I have a very high work ethic. These are my caveats. I'm a bit of a go-getter. I'm a bit of a type-A because it's just important to me to be. … People really rally around disabilities in an unhealthy way. I'm not saying everybody. I'm just saying some people get really invested in their disability. Those are not my people. I don't want to say that nothing is wrong because something is really wrong with them. What I mean is just because someone is super invested in their diabetes or something. The diabetes is real. It's a thing. It's them. What they're doing with it is a little rough for me. I actually avoid anything social. I would never go into disability support group. I'd rather hang out with my friends and have some laughs.

To Sebastian, finding community around disability meant seeing oneself as a victim; his primary image was a support group. Though most participants did not consider disability community to be negative, per se, they expressed uncertainty that such community existed or that they could be part of it.

Connecting online. For those who did seek to find disability community, connecting with a community often occurred online rather than in person. Many participants outlined a process of gradually engaging with blogs and social media related both to specific disabilities with which they identified and occasionally with broader disability and sexuality communities on the Internet. Many factors seemed to promote the development of virtual rather than physical connections, such as the stigma associated with disability, perceived provision of anonymity, many students' identities as introverts who avoided social situations, and the tendency to seek out others who had similar impairments rather than a broad disability community. For those who lived with impairments that were not common in the campus community, finding others online with shared experience offered a sense of validation that may be difficult to achieve on the physical campus. Joining with others online provided a low-risk outlet to share experiences and form relationships, minimizing the possibility for stigma and negative reactions, or at least providing a quick escape route—signing off or blocking another user—in case of such experiences. Though several students demonstrated a progression from connecting with others online to seeking out disability spaces and groups in person, it remained to be seen whether some would ever consider engaging in person. The path to engagement with disability community was not linear or formulaic.

Zachary said that he "usually leaves disability out" when thinking about his identities. Still, the idea of a disability community was appealing to Zachary since his primary interaction with others with Tourette's occurred online: "It wasn't even in person; it was just over Facebook chat. I'm glad that I have at least that—like at least one person to talk to about it." Desi, who did not often connect in person with other people with Asperger's, found a sense of community online: "I don't feel as much as a community with [Asperger's], but online, when people talk about disability and how it affects their daily lives, and of course about ableism, I do understand that and I feel validated when I hear these commentaries about ableism." For Desi, going online functioned as a way not only to connect with others who shared his identity but also to raise political consciousness and to validate his experiences with stigma and discrimination.

Becoming part of online narcolepsy communities allowed Abby to claim a disability identity more actively and to connect with others. She valued "using the Internet as a tool to raise awareness and to build people's knowledge and understanding about narcolepsy specifically, about sleep disorders, about invisible disabilities, things like that." Abby challenged the assertion that online activism was invalid or inauthentic.

> In terms of disability communities, a lot of what I do is on the Internet, like Twitter activism, which some people think is not real. I could argue to the death about that. A lot of organizing, awareness raising, that thing. I think of where my community is and it's mostly online. … The people who I find and surround myself in those spaces are people who are thinking from very intersectional standpoints. A lot of the people I interact with are disabled queer people of color.

Connecting online around narcolepsy and disability in general promoted a sense of support and community for Abby and several other participants.

Unlike most students in this study who recounted positive experiences engaging in online communities, Madison saw some online communities primarily as places to complain and spread negativity:

> I was active on a disability forum, but I kind of distance myself from that, because I felt a lot of it was just complaining and I thought, "You know, I can understand the need for talking about problems that you are having, but I don't want to just surround myself with nothing but complaining." I wanted to think more positively instead of complaining about how bad I feel when I can do stuff and just try to do stuff anyway.

Madison felt the need to distance herself from online disability communities because of what she saw as negative attitudes.

Several students mentioned engaging with disability, queer, and intersectional disability/queer communities online. Miranda described a passion for engaging in online communities for a variety of reasons that benefited others and herself. She explained, "I feel like my voice is definitely strongest in online communities, both disabled and queer. I think anything that I do there I usually feel a little more confident doing it because of the anonymity, but, also, I'm like, 'I wish I could get the recognition for this.'" Miranda mentioned occasionally posting about disability on Facebook, where she was friends with other students in her program. Most often online, Miranda enjoyed sharing advice and insights based on her experience: "I give a lot of recommendations, and that's where I've really found my voice, in online communities both anonymous and not. … So, I've really put myself out there as that kind of voice, coming from an autistic perspective, but also just trying to help."

For Jackie, who sought out online communities around asexuality and disability, finding others in similar situations served as a way to validate her experience and have an outlet. Most often interacting as an "anonymous browser" on disability sites, Jackie looked for others who shared her specific disabilities but often came up short. She began following the writing another woman with an autoimmune disease and found comfort in similarities they said. Jackie revealed that she followed blogs of people with similar identities to own as well as blogs of those with other queer and disabled identities so that she could learn more.

> I follow a bunch of other disabled people. I follow just to get a better grasp of other disabilities. I follow a couple of autistic people just to see how they're doing. I follow a couple of other major depressives and it's comforting to see a thought process that's similar to mine. It's hard to see them go through rough

> times because they're all online. It could be a little helpful just to have a little boost from someone anonymous but there's not much I could do for them, so it sucks at the same time. But it's also I guess it's nice that we both know that each other are out there.

Exploring blogs became comforting for Jackie, as she explored new labels and language. She knew she could find a blogger who identified with her experience. After being introduced to the concept of asexuality by a friend, Jackie learned much more online by engaging with blogs on the topic, and at the conclusion of two interviews for this project, she considered starting a blog herself: "I guess it wouldn't be bad. I would like to find someone like myself. It's not like it takes much effort to blog. It might be a good idea. Here's an aromantic, asexual with depression." Connecting with disability online, either with specific disability communities or broad, intersectional categories, offered a source of support for students often lacking on campus.

Conceptualizing queer/disability community. While many participants engaged in disability or queer community, either through technology or in person, the notion of an intersectional queer/disability community remained hypothetical for most and difficult to imagine for some students. Broadly speaking, students believed that such a community, if it existed, would be accessible. Accessibility held literal meanings, in terms of people being able to access the space or community. Aurora remarked that "if people are wearing a ton of perfume, or if there's loud music blaring, or if there are a ton of people talking at once, it's not accessible." However, Aurora also felt accessibility meant using inclusive language. Haley envisioned a place "where you can say what you are out loud," without fear of reprisal. Marie also expanded on the idea of accessibility:

> I think it would be one that's not so focused on this one type of person. I think the LGBTQ center, and really the disability centers, the people who are attracted to those and thrive in those spaces are ones who are really passionate about these spaces. Who really want to make some change, are really courageous and outgoing and all these things. There's not a lot of room for the students who maybe just want to find some friends, but aren't as into going out on a limb and trying to make waves, or the people who aren't as outgoing. I feel like, at least from where I stand, there's not a lot of space for those students.

Recognizing that existing queer and/or disability spaces catered to those with particular goals, Marie found it important that an inclusive community would appeal equally to those who were less interested in politics and activism. For Desi, a queer/disability community would be an affirming one that actively worked toward social justice:

> It wouldn't keep drawing on dominant privileges. Like I said, the trans community still uses a lot of cissexism when they look at other trans people and say, "You're not read as the gender you want to be, so you're transgender." For some reason, even though they themselves have experienced discrimination, they use the same discrimination to hurt others within the community, which just doesn't make sense. It would always be a community that wants to listen, always wants to learn, is always open to having others talk about their experiences and is not essentialist about their conditions or their experiences or their identities as in gender essentialist or biological sex essentialist. Overall, being open to education and to other peoples' voices.

The notion of an integrated queer/disability community remained hypothetical for most students in this study, yet students placed a high value on inclusion and accessibility for such a space, drawing upon their mixed experiences in disability and/or queer-identified spaces.

Summary

This chapter presented the key findings from the study associated with the first research question: How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality? The chapter began with an overview of the coding and analytic procedures applied in this study, followed by a descriptive overview of the 25 study participants. Findings were presented in three parts: (1) developing queer/disability identities; (2) complicating intersectionality; and (3) forming community. Students constructed generally positive and salient queer identities and utilized a variety of contextual labels for their gender and sexuality. Most participants understood disability primarily as a medical phenomenon, including receiving a diagnosis, but some participants also began to attach relational and political meanings to their disabilities. Though participants acknowledged the presence of multiple social identities, their expressed multifaceted views on intersectionality. Several viewed their identities as explicitly intersectional, while others saw them as interactive, overlapping, parallel, and/or oppositional. In addition to disability and queer identities, race and class were highly salient for many students. Students described complex processes for disclosing their identities and forming community. The next chapter will address findings associated with the second research question, concerning students' perceptions of context in shaping their identity development journeys.

Chapter 6: Analysis and Findings for Research Question 2

The previous chapter presented data analysis and findings for the first research question, concerning how LGBTQ students with disabilities conceptualized their multiple, interesting social identities, specifically the intersections of disability, gender, and sexuality. Findings for the first research question included: (1) developing queer/disability identities; (2) complicating intersectionality; and (3) forming community. This chapter presents findings from the study's second research question: How do LGBTQ students with disabilities perceive the influence of context at a predominantly White, research-intensive university in the southern United States in shaping their identity development journeys? Findings are presented in three parts: (4) performing identities contextually; (5) persisting academically and seeking validation; and (6) creating change in a mixed climate. Collectively, these findings relate both the higher education experiences of and social identity development journeys of 25 lesbian, gay, bisexual, transgender, and queer students with disabilities.

Finding 4 (Research Question 2): Performing Identities Contextually

"I'm not going to connect the dots for their benefit." -Diego
"I couldn't get out of bed, let alone come to school." -Ella
"I don't want to be 'the gay student'." -Adrianna
"I'm trying to survive today, trying to get through my day the best way I can." -Maria
"There are waves of these things; you're not always at a constant level." -Taylor
"This campus really caters to extroverts." -Marie

This section offers several lenses for analyzing students' descriptions of their identity development journeys in higher education. Participants highlighted the ways in which they performed particular social identities contextually and managed the perceptions of others at various times and spaces. In so doing, queer/disabled students transgressed traditional notions of time and space in academia. Participants described their interactions with and views of the tempo of university life and the time needed to perform queer/disabled in various campus spaces. In short, students in this study described a temporal and spatial existence at odds with the normative temporalities of academia. Participants implicitly and explicitly challenged the notion that identities must be performed and communicated in consistent ways across contexts.

Performativity: Identifying contextually. Students in the study discussed their multiple, intersecting identities as contextual. Participants noted the importance of understanding how their identities mattered in various spaces and how they were being read, seen, or interpreted by others. For some, even declaring an identity became contextual, as Diego explained: “Typically, I don’t outwardly proclaim an identity. And, it’s something that I feel you have to—you either have to get to know me or you have to—I have to feel comfortable around you.” He made decisions about identity expression that might vary from person to person and setting to setting. Reducing these navigations to a binary of in the closet/out of the closet would fail to capture the complexity of the students’ lived experiences. For participants, sometimes the contexts which they believed would be safe or comfortable could become oppressive. Diego elaborated:

> I had the experience with my advisor when I talked to her about my [disability], and she asked if maybe I should think about a different profession. So, that angered me to know even though she is a scholar that I immensely respect—that’s how I saw a disconnect between people who study these individuals who are this class, who are disenfranchised, and don’t have necessarily their rights protected. When they take on an administrative role, they see things in such antiquated ways.

For a graduate student who has invested years of study, the suggestion that he should think about a different line of work after disclosing his disability prompted anger and disillusionment.

Participants discussed their identities as fluid, continually changing, context-driven, and situational. Maria said that her self-identification “definitely depends on the setting”:

> So just any like normal work setting, [I am a] student, like Latina student, keep it really broad. Then depending on where I go, like that can be expanded. I’m a queer Latina, sometimes I identify as Chicana depending on which settings I am in. Then if I feel particularly...very few times I would like identify myself as genderqueer, probably. I’m starting to use queer way more openly now. So I am a queer Latina college student activist.

Maria understood her social identities as complex and shifting over time. Her decisions related to disclosure and particular descriptors depended on context. She continued:

> So [I identify as] queer, and that was a process. So I am culturally Latina, and then I think like I said depending on like my settings or how particularly passionate or politically I’m feeling, Chicana. Then most of the time in spaces I would say female but in very few spaces I do say I would manage under queer, and that can be extended to pronouns but that’s not really a normalized thing. Also that’s trans, and gender queer, and what’s what and how people perceive those things or what they expect from those labels.

Depending on context, Maria might identify as a queer Latina college student and use female pronouns (she/her), or as a genderqueer Chicana activist, rejecting the use of conventionally gendered pronouns. In relation to disability, Maria contested the use of the term “disabled” and instead preferred to say, “I have a disability or ‘I struggle with mental health’ would be a more appropriate thing I would use. Even then that’s like really a weird—it’s more like a conversation.” Maria described beginning identifying as queer as a “process,” while disability was a “struggle” and a “conversation.”

Another undergraduate student, Marie, described a variety of identity performances she undertook contextually:

> I'm a pretty private person when it comes to sort of emotional matters so I tend to keep this sort of things to myself to things. I knew that the depression, my own sexual identity, any just regular problems I'm having in my day, and put forward this front that's a very positive one and so I tend to highlight my competency as a student and a positive personality. The things I like, being happy, and silly, and jokey and … those other identities sort of fall to the background to a large extent.

Thus, competency became an important performance to Marie that might push depression and sexuality to the background. She continued:

> There are many ways in which they influenced each other and while I may want to put anxiety aside and say, "That's just for me to know, that's not a part of who I am to the world," it plays a huge part and instills how I interact. While I like to sort of pretend that I can pull out my magic tricks and say, "OK. Right now, I'm just going to be this version of myself," and those other parts of me that I want to sort of put to the side are going to be put to the side. Sometimes, it's really unrealistic to expect that I can do that because all of that is always going to be outplayed when I'm interacting with someone. Again, I think to some extent that also precludes me from getting close to some people or makes it even more difficult to get close to people because I can't truly act like myself because I'm trying to hide these things or I'm trying to make sure that they don't slip through. But when you're spending all your time trying to do that, you're not being honest or acting the way you normally you would in normal situations. It's this really interesting juggling act that I'm not sure I've figured out yet.

Ultimately, Marie recognized that performance — "pulling out [her] magic tricks" — had its limits. Such a performance also demanded significant time and energy.

The remainder of this section highlights three aspects central to students' identity performances: passing for other identities, performing strategically, and experiencing performance fatigue.

Questioning passing. Students in this study reflected on the notion of passing for another social identity, particularly on passing as non-disabled, heterosexual, and/or cisgender. Several participants voiced awareness that the potential to pass as another identity could be regarded as a privilege in some instances. Zachary viewed his ability to pass at most times as not having a disability or being queer as a privilege, but with its own drawbacks:

> I can pass as straight if I need to. It's something that I have learned as a survival instinct when I was younger. Because of that, people interpreted me as not being in people's faces, is what they like to use as far as the words. It can be kind of bittersweet. I don't want to annoy people with my identity, but at the same time I do want to have space to explore my identity if I want to. I don't like the idea that people look down upon those who are more flamboyant or in your face or whatever.

Madison referred to herself as an expert at passing for non-disabled, particularly at times when she had more physical energy to participate in activities:

> Right now, I don't need a cane to walk, and because I ride my bike every day, it's helped me be better in general. I can go for walks with people, I can do activities with people, and for the most part, even if I get exhausted, I can push through it. I can evade the disability identity here pretty well, and I think most people have no idea that I'm queer, so I definitely can pass that way. In terms of the autism spectrum stuff, I've been dealing with it long enough that I feel like I can pass, for the most part. There are still some things that will happen. I know people think I'm weird, but I don't think they think anything of it more than that. I'm an expert at passing.

For Madison, passing functioned as a way to make a positive impression on others and as a way to maintain social relationships that she felt might otherwise diminish. She would rather "pass and have people not have any idea that there's anything wrong" with her. As an undergraduate, peers eventually stopped asking her to participate in group activities because she often had to refuse. Because of that experience, Madison valued passing so that she would still be asked to participate: "If they stop asking you, then you don't even have the chance. Passing means that people just keep asking you to be involved in things, and that's important for me."

Likewise, Kristen said that she sometimes found it easier "just to pretend you're straight and not have to out yourself if you don't have to," particularly in an employment context, as she noted employment discrimination was still legal in the state. Rodney recalled "times when people have seen my wedding ring and said something about my wife" rather than husband, and he did not correct them. He used that approach for "one-shot interactions" rather than ongoing relationships with people. The orientation toward passing as needed was not shared by other students in the study who perceived themselves as less able to convincingly pass, often depending on their gender expression, disability signifiers, and whether they were viewed as fulfilling particular stereotypes of LGBTQ people or people with disabilities.

While acknowledging that being able to pass for a non-marginalized identity was beneficial at times, participants noted that it also enacted a burden to continually manage the appearance and disclosure associated with an identity—which both Marie and Taylor labeled a "double edged sword." This burden could lead to the perception that one's identities were erased at times, as Taylor elaborated: "It's hurting me because my identities are being erased. Because I'm with a man doesn't mean that I'm not queer and all this other stuff, and because I dress like a woman doesn't mean I'm a woman, these sorts of things." Likewise, while Marie acknowledged benefits of passing, she also noted that she did not feel as connected to LGBTQ communities:

> I know I'm not a target a lot of the times for...slurs and violence, but also, working my way into these communities can be really hard. You know, I walk

> into these LGBTQ spaces and I sometimes feel like people assume I'm like the gay guy's best friend and I'm the straight girl. You know, dating's been really hard because people assume that I'm straight.

Another student, Miranda, noted that passing—variously for White, straight, and non-disabled—came with a price. She said that passing as White used to be her "primary concern" and she stayed out of the sun so she would not tan. "I kept my mother's family's name, and I think that was a conscious choice on her part, and she asked me later, do you want to change it to your father's name, and I said no, because I think I'll probably get more opportunities if I don't have a Latino last name." Even though Miranda thought she had escaped some discrimination, she felt she had done so "at the expense of my identity," and felt guilty.

Performing strategically. Students in this study realized that performances of queer, disabled, and intersecting social identities could help them accomplish goals such as providing visibility to disability and queer communities and reassuring others struggling with their identities. These benefits did not erase the downsides of repeated performances, but perhaps helped temper the drawbacks. Sandy said: "My sexual orientation is always there. It's always there because I make it be there and whatever I'm doing you're going to know that I'm gay. You're going to know it and you're going to be OK with it or you're going to have a problem with me." In the politically conservative context of the region, Sandy felt it was important to talk about being gay and show others that it was acceptable.

For Diego, his performance of identities in various contexts was strategic and offered a way for him to be an activist. Diego described the strategic desire to become the "face" of disability in a meeting with administrators when the topic was addressed:

> I was with the dean in a meeting last week and I brought up the issue of my disability. … That was a moment that I felt like this had to be brought to the table to be public, that a face had to be put on it. That was a strategic decision, and I didn't think about it as a strategic decision, I just felt like, you know, as the conversation was developing that I had to say something. But I didn't go into the room the first time and say, "I'm a representative from [disability services] and a graduate student." … When I started seeing this conversation turn in a way that was going to curtail or you know keep it from moving forward that's when I chose you say, well hold on, this was a moment when I realized that I needed to say something. Especially because there are people in that room who don't understand the challenges that a lot of students face.

He used the opportunity to educate the dean on the treatment of disability at the university and contrasted the university's approach to physical/mobility impairments with engagement of "invisible" disabilities. As a performance, Diego decided when he wanted to perform as a person with a disability and, more so, as an advocate for people with disabilities. It also offered a way for Diego to be true to his passions an activist using tempered strategies: "Even though … I'm not like in front of a tower with a sign, I'm still doing constructively."

Performance fatigue. Several participants articulated fatigue associated with continually performing queer, disabled, and other intersecting social identities. Agreeing to appear in the media led to Sandy receiving repeated inquiries over time: "Despite the fact that it's been two years, people still come to find me as a poster child for lesbian issues or gay issues … which I am OK with because somebody has to do it. Why not me?" Even though Sandy expressed a willingness to educate others, the performance took time and energy. Ella shared that frequently being the only transgender person in a classroom or other campus context, she questioned whether she constantly needed to point out problematic language. She elaborated: "I have this extraordinary ability to be oblivious to things when I need to be. Defense mechanism. Coping has happened. … I've also never really put myself in a position where that would be more likely to happen." To address the fatigue of managing others' identity perceptions, Ella relied on coping mechanisms and decided, at times, not to reveal her identities explicitly or speak out against offensive language.

Diego questioned the expectation that queer people need to come out in every new space and context, which made him weary and burned out:

> I still dislike the idea of having to come out to people. … They can perhaps make inferences [that I'm gay], if they want to, but I'm not going to connect the dots for their benefit, because I don't have time to, and it's like I got tired of having to do that in college, of having to perform as a gay man. And like being the stereotypical gay when I was younger. It was just like a lot of work, and so I got tired of it. I was like now that I'm in my professional life, it's like I study queer people.

Diego understood himself in the past a performing a gay identity, which he has rejected in favor of studying the performance of others as a graduate student.

Spatiality: Needing a refuge. Students encountered normative expectations of space and began to unpack and critique spatial assumptions at work in academia. Spatial expectations became visible as students negotiated the terrain of a physically and often socially inaccessible campus; sought "safe spaces" only to find such a guarantee impossible; spent time and energy navigating multiple university resources; and constructed and disclosed their identities contextually in various campus environs.

Contentious roommate situations, on and off campus, characterized many of the undergraduate students' living experiences. Those who lived off campus in the student neighborhood that housed most of the White fraternities and sororities also complained about aspects of the neighborhood such as discrimination and excessive parties awash with alcohol. Carlo, an exception to this pattern, embraced living in cooperative housing off campus and considered his co-op queer friendly. "It's like living in a small town," he explained. "Everyone has different roles. … The entire time I have lived there, I haven't heard a homophobic comment, ever."

Maria described the salience of her identities shifting in various spaces.

> I can identify [as both queer and Latina] but I can't express them in the same space. I'm now becoming too White and I am no longer Latina enough for my family, because I use certain words or I don't use certain words or I express myself a certain way. And then in Latino spaces, or like QPOC [queer people of color] spaces, because I don't speak Spanish fluently I am suddenly now not credible. So it's like that, but in those QPOC spaces I can be queer and I can have a conversation about everything, but at home, it's just like, when are you going to bring home another guy?

Similarly, Abby spoke of the importance of placing herself in spaces that would validate her identities and provide a modicum of safety: "I try to be conscious of being in places where my people who are my allies and who I know we have each other's backs, that we're together." To Aurora, "people make the place" and dictate whether a setting is inclusive, rather than geography alone:

> It really depends on the people who are in those settings, the time of day, what's going on, the mood of all the people in the room. If there, like today, is a suicide prevention training in the LGBTQ center, then I want to get out of there as quickly as possible because I really don't want to deal with that. It really depends on what's going on and who's in there. … On the flipside, if I had a group of socially aware queer and trans friends and we all go to this, say, Starbucks. Then

> it automatically becomes a much safer space than it would've been. The people make the place and the place makes the people.

Aurora pointed out that seemingly neutral or unfriendly spaces could become welcoming and safe depending on time and the presence and intentions of others in the space.

Undergraduates in the study tended to have stronger opinions about the overall geography of campus and spaces they embraced or avoided. Graduate students, by virtue of often spending most of their time on campus in a single department or building, tended to have less to say about the spatial dimensions of the campus. A graduate student, Sebastian, said that Lyme disease shaped the way he navigated the campus: "In a weird way, in the most rudimentary, it actually shapes the way I move about the campus because I'll choose the shorter route."

Seeking accessibility. Many students in the study remarked on the physical (in)accessibility of the university, attributed to both the hilly terrain of the campus geography but also to the difficulty of navigating aging buildings and a physical infrastructure perpetually under construction. Inaccessibility represented a major barrier to students, who often felt restricted to particular areas of campus. Haley discussed the difficulty of traveling between classes and arriving on time, particularly when she was pregnant and had limited mobility. Haley also discussed needing to eat frequently while she was pregnant to avoid nausea, but many professors did not allow eating in class.

Adrianna, who frequently breaks bones, found the campus inaccessible when she needed to use crutches to walk. Miranda also complained about the physical inaccessibility of many parts of campus. Broken elevators and automatic doors were also physical obstacles for her. Madison echoed Miranda's sentiments and found the accessibility of particular buildings and locations on campus to be somewhat random and unreliable.

> Some of the buildings aren't as accessible as they could be. It's really hard to find, some buildings, the entrances to get in, if I'm having trouble with my muscle strength. Like, there's a really heavy door. Where do I find the door with the power assist button? They're not always labeled, so it's hard to get around. This construction doesn't make it any easier.

Limited physical energy and strength, which was not always readily visible to others, made travels through campus difficult for many of the students in this study. Inaccessible buildings, elevators, and classroom policies often functioned to limit students' engagement and activity.

Introverts on an extroverted campus. Many students identified as introverts and expressed the need for time alone to recharge. Constant social situations left students feeling drained. This introverted persona clashed with the overall ethos of the university, a large institution with constant activity. Students felt they needed more spaces to be alone or where they would at least not feel pressure to socialize and interact with others. These desires were often connected to disability, as students described anxiety in social situations or that being on the autism spectrum shaped their identification with introversion. Desi described himself as "in a social situation pretty much the entire time I'm awake":

> I have to deal with my roommate. I have to go to office hours. I have to ask for help from either tutors or TAs. I have to go to study groups. I have to be in class. They're all really, really, really draining. Once I do have time to myself, I have to devote hours and hours to studying or doing homework. It's all incredibly draining. This all contributes to me having panic attacks and anxiety attacks from fearing the stress from being social, and then the stress from school because of my low GPA, because I have assignments due.

A lack of time alone clearly caused immense stress for Desi and affected his mental health.

Will reflected: “Sometimes I just feel that the world is more designed for someone who is extroverted.” Marie said that the extroverted nature of the campus left her contending with the expectation that seeking out resources was solely up to students: “One of the things that I’ve noticed that I find a big problem is that this campus really caters to extroverts. It does not cater to an introvert. You are expected to go the resources and those resources really don’t go to you.” Madison explained her avoidance of events, especially athletic events, a prominent feature of the campus culture: “I don’t tend to go to a lot of events. I don’t do sports, that’s just because I’m not interested in them. I tend not to do things that are really crowded, just because I get sensory overload, and I don’t like being around lots of noise and lots of people.”

Miranda also avoided large campus events for a variety of reasons, including her physical energy and the potential for sexist harassment in particular spaces:

> I don’t like to go anywhere where there is going to be a ton of people or there’s a lot of activity going on, because if I’m not especially mobile that day, it can be physically dangerous for me to be around a lot of people. People will knock into you sometimes, or there might not be a place for me to sit down if I need to sit down. I tend to stay away from the areas that are really busy with undergrads because I do have a history of getting catcalled around those areas, which I don’t care for, obviously.

In addition to seeking quiet spaces on campus, Miranda half-joked that when she saw colleagues or acquaintances on campus, she tended to turn the other way and avoid the interaction.

Shannon also prized alone time, sharing that "sometimes there are just too many people" on campus:

> Sometimes you're walking around and you just feel like overwhelmed and anxious and I just need to like find the spot and I'm like, okay, well, I'm in this building. I know there's a gender-neutral bathroom here. I can lock the door and just go in there and just take a moment, breathe and splash water on my face, and just be me again, right? Then I can compose myself and go throughout the rest of my day. So that's really important to me.

Finding hidden spots in libraries or out-of-the-way gender-inclusive restrooms offered a respite for Shannon on a busy and crowded campus. Likewise, Ella described needing to take a day away from campus to have space, which promoted her mental health but entailed eventual negative consequences if she missed classes with attendance policies. She was left with the choice to take care of herself or receive a lower grade. Ella deeply desired a space on campus to rest by herself without social interaction:

> There's not enough space on this campus for people who don't want to be around people all of the time. Like, I love people, but I can't be around people for eight, nine, ten hours a day without feeling so drained when I go home. And it's like—what I wouldn't give to have space on this campus where I can be by myself and not have to feel like I'm rushing or like taking space for someone else to use, like space I could have where I could sit and be by myself and not have to deal with school or anyone else. Not to have a time limit. Breathe and be OK because that's what I have to do when I get home, like, after being on campus for eight hours.

For Ella and many of the other participants in this study, constant social interaction on campus drained their energy and left them feeling exhausted and anxious.

Temporality: Resisting normative timelines. Participants in this study communicated an awareness and orientation toward time and the past, present, and future, articulating an awareness that they transgressed traditional boundaries of time. In the higher education environment, time is often conceived as normative: contact hours her course, credit hours per semester, time to graduation, preparing for a future in the "real world." Standardized timetables reflected dominant notions of what an individual should accomplish and assumed a standard amount of energy to be productive individuals possessed. Participants described the ways in which they operated on their own timelines and rejected standard expectations of the time it took to complete a project, organize an activist agenda, or graduate. This section offers examples of participants' encounters with normative notions of time on campus.

The tempo of life on the campus in this study appeared to be picking up, evidenced by the particular *chronopolitics* of the university (Sharma, 2014, p. 6). The university began a coordinated effort to increase the four-year graduation rates of undergraduates. The timeline for doctoral students also began to compress, with the implementation of six-year funding limits. These trends, though increasingly common in higher education, profoundly affected campus discourse at this particular university. Seemingly overnight, first-year students at orientation were greeted with t-shirts and banners proclaiming their pre-determined graduation year (i.e., Class of 2016). This push to move in lockstep with peers to graduation had troubling implications for those students usually labeled as underprepared for higher education. Implied was that those who graduate in four years have an identity and are part of the collective; those who do not, represent failure — a failure of the individual for running out of time and failing to organize their time in a responsible way, ignoring structural inequalities that come with temporal demands (Sharma, 2014). This individualized account of time, in which the institution is absolved of blame for individuals' failure, aligned with a medical model of disability.

Time to graduation. The university's campaign for undergraduates to complete their degrees in four years, and for graduate students to reduce their timelines to graduation, came up repeatedly during interviews. Overall, students felt that the pressure to graduate in a shorter time ignored the differing experiences and backgrounds of a diverse student body, particularly the obstacles that might prevent students with disabilities and LGBTQ students from finishing "on time." Ella spoke passionately about the four-year graduation push and its impact on students.

> Apparently, you're supposed to come to the university knowing what you're wanting to do. Day one, you come in and what your major is and you start chipping away at it in the beginning and that nothing will ever happen to you in these four years because, as if everything exists in a vacuum and we can detach ourselves form the world and be here. It doesn't work that way. … I wouldn't know how, I don't know if I could have done it in four years, because I did have struggled and I did have times when I couldn't come to school. And what about disabled people who like deal with struggles, who can't do it every day, like five days a week, always on campus.

As a first-generation college student, Ella said she did not know what to expect at the university or how important it would be to declare a major early on in her time as a student. Even with such knowledge, Ella speculated, "some of us can't do four years. That's the reality of it. And I don't think we should be punished for not doing four years."

A sixth-year senior, Carlo, described his journey through college with ADHD and depression as having "contributed to my longevity in college." As a transfer student, he also described feeling separated from the institution and that he was out of sync with the timeline followed by most of the student body. Carlo echoed Ella’s words, while acknowledging the rationale for the university to create a four-year graduation campaign.

> For the majority, I think it can be kind of you know helpful and constructive to say, okay, this is the natural time frame I have to get things done. But if you don’t fall under that umbrella, for whatever reason—I know some of the people I know are some of the smartest people are in their early thirties getting their undergrad. These people are brilliant. I think they are wonderful people and yet they’re not out in four years.

The four-year graduation push weighed heavily on Carlo and functioned as another signal that he was out of sync with the mainstream on campus:

> I’m not one of these model students. They place such an emphasis on GPA, on graduating in four years. I was at an internal transfer session, and they were talking about, “yeah, if you have over 75 hours you’re probably not going to get in because higher ups are telling us to get people out in four years” and it’s just little comments like that and I’m just like, “oh.” Just like subconsciously you’re like, “that’s not me.” I can’t do that in four years, I’m not like that and it’s just these, that they build, they accumulate over time to the point where you just feel like, I’m not one of these students.

The pressure to finish also affected graduate students. Rodney remembered the mixed messages of finishing quickly juxtaposed with changing degree requirements when he began his degree.

Resisting temporal expectations. Diego saw his university life as overscheduled, recounting days when meetings and class would begin in the morning and stretch through to the evening. Though this experience is not at all unusual in higher education, it placed a particular strain on students who needed to consider energy levels, waking hours, and medication in relation to the experience of disability. To add to the strain, Diego felt compelled to advocate for LGBTQ students and students with disabilities in various spaces on campus, resulting in additional commitments that he knew drained his energy but which he saw as politically important. A schedule that might simply be bothersome or tiring to some trying to live up to able-bodied norms of energy and productivity in academia can be disabling to those with particular impairments.

For some, medication allowed a finite time to focus on tasks they otherwise found difficult, but medication had its downsides as well. Working with a doctor to take medication related to ADHD, Christopher appreciated the benefits of being able to focus:

> You're never not going to have ADHD but this will make it go away for four to five hours. We're still figuring out the dose. It will go away for that long. It's just…to be able to sit down and take a test and not be thinking about, oh my god, if I don't get this right—you're thinking about everything you shouldn't be thinking about.

Conversely, Christopher also felt that medication dulled the creativity he brought to his work in the fine arts, requiring him to carefully plan and consider when he could devote his energy to particular projects required of him. Abby, a graduate student with narcolepsy, detailed her process of making decisions about scheduling for her days: staying in bed an hour longer or risking not being able to function; trying to avoid meetings and commitments in the early afternoon when she hits a low point, but often being unable to control what is scheduled; and adjusting to taking medication at set intervals to help control the low points:

> I'm freaked out about the idea of either becoming dependent on them or them losing their effectiveness form overuse. I've really resisted the idea of taking it two times a day at set times for a while. But last semester my doctor finally convinced me that I needed to try it and see how that worked. He was right, it definitely helps having those times in the afternoon where I start off into space for an hour or I have to put my head down and nap for a little bit.

Abby said flexibility on the part of others in scheduling commitments made the biggest difference in her daily experience.

Desi, an undergraduate student in the hard sciences who identified with Asperger's, recounted his daily experience as one of stress and deadlines. Living on campus with a roommate offered Desi little respite after a stressful day. He elaborated:

> Sleeping less just takes a really big, on everybody, takes such a toll on your well-being. As a person who still experiences panic attacks, it's even worse. I've had days where, especially on test days, especially when tests are at night, where all day I'm about to have a panic attack and I'm sleep deprived. I have no idea what's going on anymore because I'm so withdrawn. I still have to go to class. I still have to study. It's just a never-ending cycle. It's so draining. I don't have a disability that seeps energy away. I can't even imagine what they feel like because I already am stuck in this never-ending cycle of not sleeping, plus the anxiety, plus the draining of energy.

Another student on the autism spectrum, Miranda, discussed the importance of routine, but also limitations dictated by Lyme disease and other disabilities. "I like to have as much routine as possible, but I'm only on campus certain days. I can only do certain things certain days because of my pain levels so sometimes I have plans to do one thing and I can't because I can't get out of bed that day or whatever." Miranda described increasing pain after sitting for several hours and being nearly unable to function by the end of a long day. Miranda developed strategies to navigate her daily experiences on campus, such as developing checklists: "I get cognitive fog and memory impairment from my condition so I keep a list of everything I'm going to do every day, and I check everything off."

Other students in the study spoke of the need to set a regular schedule. Marie, an undergraduate student with depression and anxiety, spoke to the importance of routine in maintaining her mental health on a daily basis.

> A normal day is I wake up very early, go to class, do homework, and go to meetings. One of the things that I don't do as much that I wish I do is I don't go

> out too much or I don't deviate from my schedule very much, because it can be really hard for me to go do something new. Meeting with people, going to a new place, planning all of that is so super exhausting for me. It's a lot of planning and building up the energy in order to do that, so I tend to stick to a pretty clear schedule, go to bed at a pretty early time.

Marie lamented that sticking to a regular schedule limited her spontaneity, but that she would rather adhere to her daily plan.

Lacking energy, lacking time. Disability often operated on an unpredictable timeline, a problem compounded by a rigid schedule and time requirements within the university. One participant, Sandy, reflected on having "off days or months or weeks." Being outed as lesbian to a parent triggered episodes of anxiety and depression. Multiple participants in the study shared the experience of being occasionally unable to get out of bed. The ability to show up to class was taken for granted by faculty members and peers, according to Kristen:

> I am pretty open with mental health struggles and concerns of that regard, mostly because I want people to know that sometimes it's really hard for people to get out of bed. It's not just like, I showed up, I'm here, great. No, there's no motivation, there's no energy, I feel like crap.

Madison echoed Kristen's words, describing being overwhelmed by the prospect of a new day.

> My day starts with me not wanting to get out of bed, because either I'm still tired, like I woke up and, even though I got a full night's rest, I'm not refreshed and I'm still tired or I just look at the rest of the day, feeling completely overwhelmed and not wanting to have to start it. Once I get out of bed, I come to campus and either go to class or go to my office. I'm not as productive as I want to be, I have a hard time working without external deadlines and my adviser is very hands off, so it's hard for me to set my own goals and actually to get them done. [In the evening] I go home and eat dinner. Text some friends, but mostly just sit by myself and feel lonely. It's hard for me to go out and do things and make friends, because I'm so exhausted even if I'm not doing a lot, but it's tough to do everything that I need to

> do. … Sometimes I spend all day in bed. I miss class. I can't really do anything about that. People notice things like that.

According to Madison, a lack of energy and continuous expectations of normative productivity affected not only her university life but also her personal and social life.

Taylor shared that depression and anxiety "can be very debilitating at times," as they expressed frustration about being unable to get out of bed on some days and the university's lack of openness to flexible schedules that would recognize the realities of living with particular impairments. In addition to negative impact on their studies, Taylor reflected on the limited time and energy brought on by their disabilities:

> It's hard for me, sometimes, to go up and keep giving all this energy whenever I need to take more energy than most people to take care of myself. … I have mental disabilities that limit how much I can do. It's very frustrating because I want to do more. I want to help more. I reach this threshold where if I push myself too far, I'm going to hurt myself more than is easy to come back to.

For Taylor, disability became a limit to fully investing in activist and political work on campus.

Ella, an undergraduate student who identified as transgender and lived with depression and anxiety critiqued the notion of a four-year graduation standard, explaining why she had been enrolled for six years. An older sibling was the only person in her family who had gone to college. She described a need for understanding that her temporality could not always match the tempo of the university:

> I feel like one thing that really would have helped me is a basic understanding … as someone who lives with mental disabilities, there were times when I couldn't come to school. I couldn't get out of bed, let alone come to school. … Attendance is such a huge thing. … There are only a few excuses, like there's been a death in the family or you have been injured, all these things. I'm like, "Well, I have not been injured but I can't function in the way that you require me to function

> today," and it's like, that's not okay. I know, for me, because I did have semesters where I couldn't go to class and I had to withdraw.

Ella displayed determination to continue with her education, on her own timeline. Not being able to get out of bed due to depression or trauma was not accounted for in university policies and class attendance was perhaps unduly privileged. These sentiments were echoed in Aurora's experience: "I missed a lot of class last semester because I just could not go in. I was just either panicked or sleeping. That's a really hard thing to explain to someone. So I usually didn't, and paid the price for it."

Coming out as queer/disabled required not only energy, but time. As a functional matter, managing disability could require excessive time. Diego described a recent experience of seeing four doctors in one week and the periodic need to see each of the four doctors then update his information with the disability services office:

> I'm doing this because I have to, and it's taking hours. You know, going there, waiting, coming back, going to get lab work, talking about how this medication is working, and so it takes up time in that respect. You know, having to go over to the [disability services] office, and get some stuff updated, you know, that's going to take time. So it's often a matter of functionality.

Time spent on disability represented time not spent on other tasks. Diego also described difficulty with over-scheduled days and classes, illustrating an orientation to time that differs from the able-bodied norm expected in the academy:

> I think that people who have certain limitations themselves don't want to be identified and would rather just keep it quiet because once you're identified as having a systematic problem that might inhibit your general productivity, over time there's this idea that maybe we should bring in someone that's more reliable and dependable who can perform on a consistent basis. Who doesn't need, you know, like flexible time, who has problems … [with] 7:30 a.m. meetings.

According to Diego, those identified as having a disability ran the risk of being seen in ways that run counter to the expectations of academic settings: being less productive, having a queer orientation to time. Temporal experiences also related to sexuality. Diego, who identified as a gay Latino male, described coming out as a time-consuming performance:

> I get upset with the idea of coming out. … And I realize that it's more of like a Western, White male practice and, you know, there's some cultures where that just isn't seen, sort of practiced. So it's belaboring and it's ridiculous to have to assume that I have to come out, constantly. Because it's not something that I either want to do or feel like I have to do. Or it's like, it's annoying. It's time consuming. I consciously decided, you know I'm not going to tell anyone that I'm gay. I'm not going to perform that coming out for them.

As a practical matter, the coming out process required time and effort; a performance for others, but not benefitting self. He opted out of this performance.

Age as a marker of difference. Students who found themselves in programs or departments in which they were older or younger than most of their peers commented on age. Dani, who estimated she was a few years older than the other students in her professional program, described the experience as "like being in high school" and that having work experience outside of school separated her from peers. Shannon described the impact of a wider age gap between herself: "I'm 30 and I'm an undergrad. … It's a very different feeling. Not that I don't get along with people. I totally do and I can see things from their perspective but, I feel like they don't always see things from my perspective. I'm at a different point in my life than they are." Transferring to the university from a community college also affected Shannon's experience and widened the gap with her peers.

For Sebastian, leaving college and then acquiring Lyme disease altered his educational path. After enrolling in college after high school, he said he little direction and left school, during which time he acquired Lyme disease:

> took a chunk of 10, 11 years out of my life, first of all figuring out...this was way back. It was when it was new so, first of all figuring out what was going on with it, then figuring out how to treat it. By the time they were done, I was like 28 years old. I went back to school, because by that time I had enough time to think about it.

As a graduate student, Sebastian was still older than his peers. Another graduate student, Christopher, explained that being older meant being out of sync with others in his program:

> It's also a little difficult returning to school in your thirties. It's a little tricky even within my program, I think there's four of us that are over 28. You have different life experiences, you don't do the partying anymore, so the peer group is limited. My problem has been the peer group is also people who are married with kids. So you're in this limbo—am I in this group, or this group? And I don't know where to fit in. So it's been a little tricky.

For some participants in this study, age functioned as another temporal marker of difference in addition to disability and sexuality.

Finding 5 (Research Question 2): Persisting Academically, Seeking Validation

"My advisor basically was like, 'College isn't for everybody. You should go back to a community college.'" -Maria
"I always feel like I'm at a disadvantage at all times, because professors are always more willing to listen to somebody who is White or is male." -Desi
"Students can easily fall through the cracks." -Diego

Campus resource offices functioned as pivotal lifelines for students who began to engage with the university community. Students critiqued inaccessible resources and information, and not all students found what they considered "their place" on campus. Students faced a unique set of circumstances in university classrooms, as they considered how to construct and manage their multiple identities, often actively considering the perceptions of faculty members and peers. Students described processes of disclosing identities in the classroom, managing perceptions of professors and peers, and educating others as a token representative of queer/disabled identity group(s).

Finding resources. Table 6.1 displays the campus resources that participants reported utilizing. Most undergraduates visited the LGBTQ/women's center, counseling center, and disability services at some point during their collegiate careers. Fewer used the multicultural center, emergency services, health services, bias response team, and financial aid office. Nearly all graduate students discussed using disability services, while less than half visited the counseling center. While 10 of 13 undergraduates utilized the LGBTQ/women's center, only 2 of 12 graduate students did so.

Table 6.1. Free-lists of the most frequently elicited terms:
Campus resources utilized by participants

Undergraduate students (n=13)		Graduate students (n=12)	
Term	Frequency	Term	Frequency
LGBTQ/women's center	10	Disability services	11
Counseling center	9	Counseling center	5
Disability services	8	Career services	3
Multicultural center	6	Health services	2
Emergency services	4	LGBTQ/women's center	2
Health services	3	Bias response team	1
Bias response team	2	Campus recreation	1
Financial aid	2	Financial aid	1
Campus recreation	1	Multicultural center	1
Career services	1		
Legal services	1		
Veteran services	1		

This section focuses on the three primary resources that students described during interviews: the counseling center, disability services, and the LGBTQ/women's center. Participants mentioned a variety of other campus resources, including the bias incident response team, health services, and the multicultural center. Taylor expressed skepticism that reporting a bias incident would lead to any meaningful changes: "If I did contact the bias response team, especially if it was a tenured professor, what are you going to do? Unless it's one of those cases where they were doing something really bad and really obvious like sexual assault and generally multiple cases of it unfortunately." In addition, health services was mentioned by several participants but not in great depth. Two students described negative experiences seeking health services. Abby described assumptions made about her sexual orientation:

> I've had some negative experiences with health services around sexuality, particularly I had a really horribly awkward encounter with the doctor here who did like, "Is your hubby a grad student, too?" I hadn't said I was married, so I don't know if he just saw my ring and assumed or if it was somewhere in my chart or whatever. But I was like, "Actually, I don't have a husband. I have a wife." He's like, "Oh, well, I think that's great. There are a lot of lesbians who are having babies now, and I think that's wonderful." It was so awkward.

Sandy also shared her negative experiences and decided that she would not return to health services. She thought that the services were "not individualized enough … to do a lot of good for ongoing issues." In a crisis or one-time situation, Sandy viewed the services as helpful.

Counseling center. Of the 25 participants in this study, 9 of 13 (69%) undergraduates and 5 of 12 (42%) of graduate students reported visiting the counseling center on campus at least once, making it the second-most reported resource utilized among both groups of students. Opinions on the center’s services were mixed, as some found the counselors helpful and others noted a lack of cultural competence and a feeling that the center was eager to refer students out to off-campus resources. Though five students thought highly of the center’s staff and described positive overall experiences, others offered more negative recollections. Four students talked about frustration with the center’s maximum number of appointments and the need to seek off-campus providers, while two students described initial difficulty in the scheduling and intake process. Lastly, three students detailed negative experiences with the center’s staff. Even the students frustrated with the center tended to acknowledge possible structural limitations, such as understaffing.

Taylor began visiting the counseling center on advice from concerned friends. They spoke positively about appointments with therapists, crisis counseling, and the center’s quiet room. Likewise, Ella described the center as “really helpful … especially when I was younger and dealing with a lot of issues I didn’t know to deal with.” Madison said her therapist at the center was “quite good.” Eva and Carlo talked about extremely positive experiences joining support groups offered by the counseling center. Uncertain at first about using counseling and fearing stigma from her family, Eva started going to the center and started to talk about being depressed and possibly having an eating disorder: “They essentially made me realize that it was more serious than I was taking it. If you’re thinking with a mental illness, you just don’t always see things clearly.” Carlo’s participation in a gay and bisexual men’s group “definitely helped dramatically my ability to interact with gay men,” he explained, and he looked to the staff facilitator as a mentor to the men in the group. “Every time when it ends every semester, I’m like, I don’t want it to end. It is nice and I think it’s honestly the only sense of gay community that I have.”

Haley spoke of making an appointment during a stressful time. Not yet familiar with the building that housed the center, she spent time trying to find it and then find parking, which led to her being 16 minutes late to her appointment. She was told the policy called for rescheduling any appointments over 15 minutes late, but that she never returned to the center because she felt like she was in her “crisis moment” at the time and felt like a failure for not making it in to see a counselor. “I felt like I had wasted a lot of time, but mostly that I had wasted a lot of mental effort, which sometimes is worse,” she explained. “I wish that I had gone back at some point to talk to them, but I never have. Since that point, I never used their services for anything.” Transferring documentation of records and diagnoses from one university to another proved difficult for Rodney, who entered the university for graduate school. He ended up seeing a practitioner in the community, which involved less bureaucracy. Before he sought community resources, he completed one telephone counseling appointment with a therapist who made him “feel worse” and “was so unhelpful … he had nothing to offer.”

Several students who discussed needing long-term, ongoing care felt frustrated by the center’s policy of referring out after a certain length of time or number of visits. Aurora felt the pressure to find a provider in the community that would accept their insurance and be able to work competently with a queer/transgender client before their allotted time with the counseling center expired. Similarly, Diego shared that “it’s getting in that's the challenge," which included navigating several intake processes which frustrated him because he knew he would be referred out anyway. Shannon appreciated the referral resources provided to her and described a positive experience with the center, particularly crisis counseling: "I felt really cared about in those process. I felt like that is definitely a good program to have in place, knowing that if you are in crisis you can literally walk in and talk to somebody in two minutes." Sandy discussed her preference to see a therapist off campus but said she used the counseling center when necessary.

After asking for a culturally competent counselor, Maria saw a counselor who likely had "read the textbooks" on race and diversity, but did not create a safe environment or "really understand where I was coming from." Another counselor at the center made assumptions about her sexuality that Maria found inappropriate. In addition, she said the center was unable to provide a counselor who was culturally competent in the areas of race, gender, and sexuality; instead, a counselor might be proficient in one area but not the others. Adrianna spoke of the counseling center as "so overwhelmingly useless it was actually harmful," in part because she was referred off campus after seeing several "utterly terrible" therapists. She contrasted feeling "outsourced" by the center with her positive time in counseling as an undergraduate at another large university. Marie talked about the counseling center referring her to off-campus providers almost immediately:

> I couldn't find anyone outside of campus, because everyone was booked up. Trying to find people with my insurance was hard. I ended up just giving up and going it on my own. Then I tried a second time and the counselor was horrible, couldn't stand her, ended up saying, "Nope, not doing this either." I guess my issue with the counseling center is that, I think it's great if you have some minor issue or like you're stressed about tests.

Part of the problem, Marie felt, had to do with understaffing in the center and the inability to address major issues students faced.

Disability services. Nearly every graduate student in this study (11 of 12; 92%), and most undergraduates (8 of 13; 62%) described utilizing disability services on campus, most often in the context of receiving accommodations for classes. Many students voiced satisfaction with the office, staff, and services provided, but several critiqued the transactional, documentation-based model upon which services were based.

Registering to receive accommodations from the disability services office "lifted a psychological barrier" and made Carlo feel a bit more connected to campus. He said, "I think that that's made me feel more like I'm okay. I don't feel like as much of an outsider anymore. I feel like, I struggle with things more, but, there's an acceptable channel. Now I can be a part of things." Christopher also praised the office:

> The disability service office has been very helpful, extremely helpful, especially as I get further in. I went crazy and took two courses this term where I'm having to read six to 12 articles a week, and when you're dyslexic and trying to read that much material, then trying to write papers on it, it was just bombarding. That office has been very helpful especially on the test-taking side of things as well, preparing for exams, all of the services they can offer, have been really a lifesaver.

Sandy went to disability services early in her college career and encountered difficulties with documentation, having been homeschooled, and thus "came in expecting to have a fight. I didn't, and that was great." Occasionally using a service dog, Sandy asked disability services to help navigate conversations with faculty members. Likewise, Elijah remembered a smooth process when he transferred to the university of bringing his documentation from his previous institution and then receiving accommodations. Beyond accommodations, Elijah felt that disability services could do more to help students, such as helping to navigate career concerns, such as disability disclosure: “I asked them, at what point do I say something? They’ve never had an answer for me. They have always dodged the question because there isn’t a good answer.”

Not all interactions went smoothly. Rodney spoke about trying to coordinate among disability services, health services, and the graduate school for a medical course withdrawal, a bureaucratic process that frustrated him. Diego felt the disability services office primarily targeted “people who are disabled in very traditional ways.” He viewed the office as transactional rather than as a space for community building and identity development: “It’s a place to go to for service, so it doesn’t have any element of a community. The most they do is a week of awareness and a student was very big in building that.” While he felt the office was short-staffed, he also found it puzzling that they could not provide any specific resources for graduate students with disabilities, an experience he felt was different from that of undergraduates. Haley also found disability services excessively bureaucratic, but acknowledged that systemic limitations likely dictated the office’s approach.

> Because of the burden of paperwork, it’s more like the welfare office. I have to go to the welfare office and tell them that I’m poor enough to deserve this or that. The welfare office decides if they want to give me food stamps or not. It’s the same thing. Just in the form of a piece of paper that tells your professor what you get or don’t get. Administratively, they have a different role. It’s not so much being your advocate as it is granting you benefits.

Adding that the office still did important work, Haley expressed frustration that so many faculty members were unaware or uncaring in their approach to working with students with disabilities, which she viewed as necessitating the office's presence in the first place.

Other students offered suggestions for improvement. Several participants, including Kristen and Marie, brought up that they did not initially know what constituted a disability and which types of disabilities could be accommodated in the classroom, information that could help future students. Marie suggested: "I think there needs to be a lot more dialogue about what constitutes a disability, or who is eligible for those services, because coming on as an teensy-weensy freshman, I thought it was physical, or really sort of extreme behavioral spectrum, so like autism disorder." Marie thought in retrospect that her first year in college might have been easier if she had known that services were available based on mental health and psychological disabilities.

LGBTQ/women's center. Most of the undergraduate students in this study (10 of 13; 77%) described visiting the combined LGBTQ and women's center, making it the most often mentioned resourced used by undergraduates, while only 2 of 12 (17%) graduate students utilized the center, even though all stated that they knew it existed on campus. Participants' descriptions of the center were positive overall, though several students critiqued the space as catering primarily to, or being populated at times mostly by, gay White men. Indeed, two gay White male undergraduates in this study noted a positive overall experience engaging with the center, yet some participants in this study who identified as women, transgender, bisexual, and people of color did as well.

Ella spent a great deal of time in the center, affectionately calling it "my place on campus," a vital resource that provided her with a sense of belonging:

> I came to this campus a very young, not quite out to people yet, trans person, queer youngling, who had no notions about social justice or what being queer even meant. The center was the one place where I felt most accepted and was like people weren't going to ask me about stuff like that and I wouldn't have to explain everything, so that's been really great. That has been my home on campus that I always go to. There have been many years I was there every day.

Likewise, Sandy spent much of her time outside of class in the center, preferring quiet places such as the conference room. After being outed, Sandy said that, "this place saved my life" and became the place she spent as much free time as possible. The center played a pivotal role in Shannon's adjustment to campus and development of her leadership skills, as she played an active role in a new bisexual and pansexual student organization. Shannon developed relationships with staff and used the center to help launch the organization, propelling her forward into promoting bisexual visibility and activism.

Sandy acknowledged that the center could be a contentious space for discussion of intersecting identities and proving one's legitimacy as LGBTQ. Sandy described the back-and-forth as: "Are you gay enough? Are you too queer? Are you not queer enough?" Will, who frequently visited the center and enjoyed talking to the staff about "life issues," shared that occasionally, "there's some little fight going on over there, about privilege, or somebody said something racist and somebody overreacted or underreacted or whatever. There's just a whole lot of drama that creates tension between the communities that it's supposed to help." Will admitted that he often left early from meetings and events because he was overwhelmed by the social experience, which he attributed to Asperger's. For Zachary, taking part in the center's programs and events played "a large part of me becoming comfortable with my queer identity, because I've had so many resources and [a] community also.” Through the center, he connected with student groups and with LGBTQ studies courses.

Several students did not actively use the center but remarked that its mere presence validated their identities and made them feel more included on campus. Describing herself as “not yet settled [with] sexuality,” Jackie visited the space and appreciated that others asked what gender pronouns she used. She ultimately decided not to visit on an ongoing basis due to a lack of time. As a new graduate student on campus, Miranda visited the center and appreciated the library and programming, but felt overall it was geared toward undergraduates, a sentiment shared by other graduate students. Abby agreed: “I know where it is. I know what resources it offers and I know that that’s something I can use. I’ve taken advantage of online things they’ve sent out.” Another graduate student, Rodney, had nothing against the center but preferred queer gatherings and events rather than visiting a designated space, which he felt could become a site for cliques to form.

Taylor conveyed mixed feelings about the space, noting that they visited frequently but viewed it as oppressive depending on who else entered in the space. Taylor saw it primarily as a space for White LGB people but felt there was still a presence for trans people and people of color. Lately, though, they perceived the space as becoming “very White and very cis and very closed off,” and a site for problematic conversations around intersectionality. Conversely, Maria viewed the space as becoming more diverse and welcoming over time, despite still being a very extroverted space. She frequently sought out staff members as resources.

Desi found the LGBTQ/women's center to be cliquey and "White dominated." He viewed the center as being aligned with a majority White LGBTQ organization rather than with the queer people of color group. Desi said, "I have never felt welcome in there, not like in the multicultural center," where he had a better experience. Similarly, Aurora described the LGBTQ/women's center as operating from a "cis gay man" model, but thought it was improving, as evidenced by a diverse student staff. Despite critiques and finding the center socially draining, Aurora frequented the center because it's their "pocket of space where I know that a lot of people will use my right pronouns." Other students who expressed anxiety in crowds and with unstructured social interaction similarly found that the center could be an awkward or tiring space for them to visit. Marie, who was unaware "how to take this huge institution and carve out a space for myself," did not find much in common with a social group she tried out through the center. Still, she found the center's staff helpful when she wanted to discuss and report a bias incident she witnessed.

Encountering academic obstacles. Students described their identities and processes of disclosure and perception management as shifting depending upon the campus context, and in relation to academics, as contingent upon particular faculty members, peers, and classroom spaces. In relation to courses, students in the study described processes of encountering able-bodied/heteronormative assumptions, managing perceptions of and educating professors and peers as token representatives of identity groups, and experiencing microaggressions and exclusions.

Able-bodied/heteronormative assumptions. Students talked about encountering assumptions of ablebodiedness, particularly those embedded within the classroom setting. Several students also described heteronormative assumptions, but felt that compulsory able-bodiedness was especially enforced within the classroom.

Multiple students commented on the design of traditional classrooms and recognized that they learn best with other teaching styles. Shannon told the story of doing poorly in a large high school setting and the impact of being depressed and diagnosed with a learning disability. She transferred to a small private high school where she thrived, then later went on to community college after high school before transferring to the university.

> I think like, through having depression, it made me realize like what type of environments I learn best in and knowing like those limitation has made me like understand myself more and also know when I need to ask for help and what things help me and what things don't. Even here, knowing that, there are some subjects that I cannot take in class of 300 to 500 people. I just can't. That's just not how I learn. It really made me reestablish or regain my faith in my love of learning, that I wasn't just falling apart or I wasn't stupid or whatever. I was an intelligent person capable of learning and functioning, and I just needed a different environment of people that actually cared about me and a smaller environment where I could actually ask questions and stuff.

Taylor, another undergraduate, described facing challenges in class. "It's very difficult, you're nervous to bring it up in the first place, but you get to a point where you're not going to class or you can't speak up in class, you can't turn things in on time, you can't show up on time, all these things that are expected of students." Taylor believed that traditionally able-bodied and able-minded assumptions came into play within the classroom space.

Abby developed strategies to mitigate the symptoms of narcolepsy while she was in three-hour seminar classes:

> I usually have to get up and walk at some point to keep myself from falling asleep. I always have snacks and drinks with me because eating can keep you awake. It's like similar to things with chronic pain or any of those kinds of things that there are good days and there are bad days. Some days are not that different from what a normal day is. Obviously I get tired. I get whatever, but that's part of being a grad student. Then there are other days where I'm lucky to get anything really done because it's so hard to...only energy is spent keeping myself awake.

Despite using adaptive strategies, Abby could not always predict when she might have to disengage with coursework to manage her narcolepsy. As a graduate student, Abby spoke of navigating able-bodied assumptions built into expectations of energy and productivity:

> I think that the academic life is built on the assumption of able-bodiedness. Even more to the degree that...I mean, it's build on the assumption of heterosexuality and stuff too, but the hours we're expected to be able to keep, the stress we're expected to be able to put up with, juggling so many different things at once, being available at all times to work on stuff.

Abby contested the notion that disability prevented her from doing good work, arguing instead that her experiences have made her perform better, even though she sometimes takes a longer time than others.

Managing perceptions and tokenization. Students described a complex process of determining whether, when, and how to disclose particular social identities in the classroom space. Ella reflected on "being out strategically" in class: "Who knows and who doesn't, and do I bother coming out at all, ever, to someone or in a class where I am the only trans person? Do I really want to come out to these people? Do I really want to deal with that, should anything happen?" Ella's words reflect a complex process of considering the utility of "coming out" about multiple identities in each new classroom context. Likewise, Desi constantly considered the stigma that accompanied mental health issues:

> In terms of academics, because at least depression and anxiety disorders are still really stigmatized, it's harder for me to bring that up in an academic context with my teachers, because they're less likely to understand and they're usually going to be in the mindset of, "You need to come to class anyway, because this is a grade. No matter what your feelings are, you need to come." I don't bring it up, because I often feel like they put the lazy label on me or just overly emotional label on me, which feels really terrible. It adds to feeling stigmatized.

To Desi, some faculty members perceived depression and anxiety merely as bad feelings and insufficiently severe to provide any flexibility or understanding. In turn, Desi became less likely to bring issues up to faculty members, which likely contributed to the ongoing academic difficulties he described.

Disclosure of identities was also linked to strategic and political notions of educating others and serving as an embodied representative of a particular identity group. Identity performance in the classroom, particularly educating others, came with consequences, such as burnout and disengagement. Sandy outlined the circumstances in which she was more likely to self-disclose:

> I feel like I have to act my identities more when I am in situations where I know I'm going to be the only vocal representative. Because, if I exist and I'm willing to talk, I know that there is someone else who has the same identity or a similar identity to me, who isn't willing to talk, or doesn't feel comfortable speaking up. Or I'm in a room with people that don't know anything and I want to make sure that the information that they're getting is correct.

By these standards, Sandy decided she would often speak up in classes, though she sometimes became frustrated and left class. Another "vocal representative," Maria described the seemingly contradictory experience of being invisible and hyper visible:

> In academic settings you can't always be that voice in a class, because then again your credibility is taken away, and nobody wants to listen to what you have to say. When you raise your hand what is that going to look like? It's going to be like, "Oh, there's Maria talking again, about her whatever."

Maria was concerned that if she did not speak out on issues of identity and social justice, no one in class would. However, she felt marginalized after speaking up and often felt dismissed by classmates who viewed her as ranting on a soapbox.

Taylor discussed navigating similar assumptions:

> I do have professors who are very kind, totally open, they don't care how you identify as long as you more or less show up to class and you respect them as the teacher and you do your work. As a queer person I feel like I can't talk about—hardly ever—even in … classes fairly full of mostly forward thinking kind of people, again there's the assumption of heteronormativity, that you're probably straight, and if you're not, then you're bringing it up out of context and these sorts of things. I don't feel comfortable expressing my gender identity or sharing it because people will either ask too many questions or be confused or would not respect it—and then I would have come out for nothing and more anxiety and that kind of thing. And then of course there's always the problem of guy students hitting on you but that's the thing for any sort of female-bodied person.

As evidenced by Taylor's experience, students maintained a balancing act of deciding whether to disclose their identities and speak up for disability, queer, or interrelated social justice issues, and then how to manage the perceptions of peers and faculty members who might be more likely to ignore or dismiss them.

Microaggressions in the classroom. Students also commented on microaggressions and discrimination in the classroom context, from peers, faculty, and teaching assistants. Haley described a confrontation over the use of ableist language in a class; Jackie told of a professor and teaching assistant who gave her a nickname based on her disability and proceeded to call her that name throughout the semester. Maria recalled an uncomfortable encounter with a teaching assistant who referred to her as lesbian after she explained that she identified as queer. The teaching assistant also implied a connection between being sexually assaulted and identifying as lesbian.

Eva, an undergraduate student in a science field, noticed gender and racial dynamics play out:

> It can be very challenging. Sometimes you feel invisible. Diversity isn't something that we talk about, and I know already that although gender wise there's not too much of an imbalance, there's is a very clear imbalance of who does well in the class. A lot of the time I see men asking questions. I see men getting their questions answered and taken seriously and noticed more often by professors. A lot of the time I find it difficult to ask questions because I don't feel validated enough or that they're important enough or that I'm perhaps not caught up as like some of my peers.

Desi described similar feelings as a transgender person of color in the sciences:

> I always feel like I'm at a disadvantage at all times, because professors are always more willing to listen to somebody who is White or is male, especially in these classes, which is a very conservative environment. … It's usually when professors ask questions, they're more likely to chose a male or somebody that's White over me. When I say the correct answer, maybe my White friend heard me and then they say it louder and they're like oh yeah. It feels like erasure in that I can't get the proper credit. Obviously, in some classes at least, it contributes to my grade, participation grade.

Madison, a graduate student, also described feeling discriminated against in the sciences. During an internship when she was an undergraduate, an older male professional at the internship site, having just met her, told her it was not too late to switch to a less difficult major.

Lastly, a few participants described not only their experiences with microaggressions in the classroom, but also a lack of inclusion of disability and/or queer content in courses. Outside of courses specifically marked as queer-related, participants described a lack of inclusion in the curriculum. Abby, a graduate student in a social science, remembered several classes whose syllabi include “99% works written by White straight men.” Likewise, Carlo explained that an undergraduate English course featured content from various diverse groups, but not about LGBTQ people — “no gay book, though,” he said: “It didn’t seem like an oversight. That to me seemed more deliberate. I never got to talk to my professor about it. Nothing was ever said, there was nothing, it was no comment, just a total lack of discussion.” Inclusion of queer course content would have validated Carlo’s identity.

Negotiating accommodations. Students portrayed mixed experiences navigating accommodations with faculty members: Some professors provided support and encouragement, while others were dismissive. Kristen was new to the process of receiving accommodations and did not know that accommodations could be provided for mental health issues such as depression:

> I never thought it was something I could get accommodations for until it was brought up in a really casual way by a professor. That was how I got on board with understanding this is something I can get more support for whether or not I actually need to use the accommodation, it’s really not nice, but I am trying to think of the word. It’s just a comfortable thing to have in the back of your head. If I need this, I can use it. Not that I have to use it, but as an option. It’s nice to have that conversation initiated with the professor by saying, “I have this letter to give you.” It’s starts off a conversation really openly and sets that up for the semester and your relationship with them.

For Kristen, a professor could normalize discussion of disability accommodations and thus make the environment more conducive for using accommodations.

Madison had a positive experience navigating accommodations, despite warnings from peers: “I have heard that some people can get professors that are very curmudgeonly and don’t want to help because, ‘You shouldn’t get extra anything,’ but I haven’t had that experience." Miranda also shared positive experiences navigating accommodations: "I've got a lot of services through the disability services here, and people have been extremely understanding about that. All of my professors have been great. They check in with me. Whatever I need, it's there." Dani found support overall from her professors, but occasionally saw the need to ask for particular adjustments to a teaching style or approach given her visual disabilities that affected the speed at which she read material.

Rodney voiced trepidation about using accommodations in his classes, thereby disclosing disability to his professors: "I don't want to disclose too much, especially since it's like my first year and it's such a small department. Not that they can tell anybody, but there's only 10 professors in the department." Other students described mixed and negative experiences with individual faculty members. Carlo reflected on the unpredictability of approaching each professor:

> As I said, being disabled, especially a disability that directly affects your academic performance, that's a big one. That's just a general, anywhere I go, sometimes it'll be more direct when I'm dealing with professors. I never know how that's going to go. Sometimes they can be wonderful and other times they can just be like, "I don't care." And I'm like, "Okay, thanks."

Sandy found irony in the counterproductive experience of receiving accommodations for reduced distractions during tests and then having professors place her in cramped offices or conference rooms with other students who have accommodations.

> Getting accommodations can be hard. Getting people to respect you as an individual can be hard in a setting like this because it is such a large school. Professors don't see individuals, professors see classes. "Oh, you're just a person from that class, and you're probably just like everyone else." It is really frustrating, you know. Professors aren't trained to deal with disabilities. They get those letters, I've read the letters: "You have to do this for your student, and don't ask him any questions about it."

She lamented that professors tend to treat students alike, despite students' individual accommodations.

Taylor described the waves of energy and uneven temporality of disability that the accommodations policy did not take into account:

> Professors talk to you in the beginning of the semester and are like, if you already have accommodations, you have this, whatever, and then they don't understand that things change. There are waves of these things. You're not always at a constant level. And then I feel guilty cause some days I can participate a lot, or some days I'm happier, more into classes, into talking, whatever, and then it could be the next day, it could be in a few weeks I just won't be able to—I'll barely make it to class, I won't participate. I can't, it just happens like that and a lot of people don't understand that.

After having a bad experience with a professor, Taylor worried whether other professors would react similarly and described the process of approaching faculty members as "flipping a coin." After receiving a negative reaction from a faculty member, "then you just feel bad, you feel guilty, like you've done something wrong by existing the way you exist and that's constantly how I'm feeling in classes, which sucks." Despite using accommodations, Taylor felt the sting of stigma, believing that faculty and students thought, "oh, you're slacking off, you're constantly showing up late, you're not a good student," without understanding how mental health could affect tasks such as getting out of bed and leaving the house.

Similarly, Shannon concluded that the process is "more than just handing them a letter": "Every semester, it's different, and it's more than just handing them a letter, it's definitely about having an ongoing conversation with them throughout the semester and letting them know where I'm at." Shannon appreciated that she was not required to share her specific disability with professors, a policy she had to explain to one professor who asked. She also appreciated the choice to be able to utilize particular accommodations in some classes but not others. Starting out in graduate school, Abby often explained her disability to professors, but eventually decided to selectively disclose specific information beyond what was contained in accommodations letters:

> I didn't tell my classmates about it. At first I got the letters from disability services, and I gave them to my instructors. I did tell them. I said, "Look. I have a sleep disorder. My brain does have difficulty regulating the sleep/wake cycle." The biggest thing for classes was I need to be able to have permission to get up, walk out, and walk around the halls for a few minutes if needed and to know that I'll probably be eating in class and whatever. If I do fall asleep, it's not because I'm bored or disinterested. I know you don't have to tell your professors what your disability is, but I feel like it doesn't make sense not to in the sense of I might fall asleep in class. It happens extremely rarely that I can't keep myself awake, but it does happen sometimes. "You need to know that I'm not disinterested. I'm not checking out and have this issue."

After her first year, Abby became more selective about sharing details of her disability with faculty members depending on whether she might need to use accommodations in a particular class.

Receiving accommodations for multiple disabilities, Adrianna described giving her accommodations letters to professors and that "they all have the same exact, 'I'm so sorry' kind of response which I find kind of odd because they don't cut me slack for shit later." She voiced her frustration with the inconsistency of the process: "Shouldn't it be assumed that you treat these people with respect and dignity regardless of if they have a letter?" She also felt that faculty members reacted more sympathetically when she presented a visible disability to be accommodated, but even then, professors even behaved inconsistently: "They were better when [I was] on crutches, they're usually nicer about it, but even then they don't understand the pain medicine I'm probably on is going to make it difficult for me to do work." Adrianna felt she was perceived as whining when she needed to explain the logistics of medical appointments or ask for flexible deadlines.

Several students appreciated being in classes with anonymous exams and grading, but realized that system could not be applied to many disciplines. Haley considered what an improved system for providing accommodations might look like: "What I wish for is a system that accommodates gradation of ability, that allows people to be honest about what they can and can't do, and that is happy to have different people with different abilities in the same room." Haley struggled to conceive how such a system might be possible, particularly when the system relied so heavily on formal documentation:

> There's a certain amount of skepticism, formalized by the fact that you have to have a proof on a piece of paper to even go. Then, the professor needs proof on a piece of paper from the office before they will accommodate to you. It's that hurdle that you have to jump that proves to you what you're saying is probably not going to be believed.

The need for documentation, according to Haley, relied on the assumption that some students were not really disabled, but still seeking services as an advantage.

Becoming a scholar. Many of the graduate students who participated in this study developed research interests that connected with their identities and goals for social change and considered whether and how to integrate these interests in their teaching. Miranda placed importance on researching disability:

> I really think it's important to get our voices out there. I think it's important to highlight what a struggle it is to do that, to put disabled voices, especially people with mental or neurodevelopmental disabilities, to put those voices out in academia. There's so much stigma out there as far as competency goes. I think that this helps a little bit, and I want to say that talking through this is helping form my plan of action as far as my own research path goes. I do have some conflicts about how much to disclose, how much to put myself out there as an

> autistic person and an autistic researcher who does work with autism, knowing that I've got responsibilities to two communities.

Participating in this study became an opportunity for Miranda to consider her own future research and it how resonated with her own identities.

Diego, also a graduate student, described a similar process of viewing himself as an outsider and exploring the pros and cons of such a label. To Diego, being an outsider meant not "doing the politics of identity so hard," as he did during his undergraduate studies, but it also meant studying the "people being marginalized within marginalized groups":

> Like on a daily basis, it's not something that—I've just decided that I'm going to be, that I'm not going to work so hard at proclaiming an identity. That I am just going to do my stuff and if people want to interact with me then they get to know me, but I'm not going to do the politics of identity so hard.

As a self-proclaimed outsider, Diego looked to study those who were marginalized.

Abby's relationship to her research in the social sciences not only touched upon her own identities but also a pivotal experience as a nanny interacting with a young gender non-confirming child who experienced bullying at a very early age. She also shared that research interests were often discussed in classes, which became a way to also disclose certain identities: "Your little speech on your first day of class is your name, your year, where you're from, and what my research is. Since my research is very much queer oriented, it's out there from day one." Abby recalled telling her advisor about her narcolepsy and the impact of that decision since.

> I have not yet decided if that was smart or not, to be honest. I needed it at the moment, but now my advisor worries about me more and checks in with me. "Maybe you shouldn't be doing X, Y, and Z because you need to concentrate on this. I know you only have a finite amount of energy," which I get it. It comes

> from a genuine place of concern, but it can be annoying because I know she's not doing that to other students. I'm thinking about hopefully I'll be going on the job market next year. I'm not going to obviously be disclosing that to employers because it could only hurt, and it wouldn't help. It interferes somewhat with my day-to-day functioning but not to the point that I can't do the job.

Abby disclosed her disability to her advisor when it became necessary, but she revealed regret given that she was treated differently since the conversation occurred. She also wondered how disability might affect her academic job search as she resolved not to disclose it before being hired. She elaborated:

> I still feel really unsure about whether I handled that the right way. She has taken to strongly encouraging me to go on periodic social media hiatuses so I can really focus on my work. She's told me that, really, she wishes I would stop using social media altogether because she think it's a distraction. She uses the narcolepsy as leverage. "Everybody only has so many hours in a day. Yours is even more restricted and so you really need to be using those hours and maximizing them. Any time you're not doing that it's..." Which, on the one hand, is true, but on the other hand I feel like it's not her place to be able to say that to me.

Navigating academic spaces, particularly around teaching and professionalism, mattered to participants in the study. Abby constantly negotiated norms for being a woman on campus: "I think gender's super salient to me a lot of the time in academia. When I'm thinking about what I'm going to wear to teach. You know, how I'm getting my hair cut, how, I'm thinking about that all the time. Like, how are people interpreting me?" Abby also wondered how much she should disclose to undergraduate students in classes she taught or was a teaching assistant, given students' often conservative and religious backgrounds. She also wondered about disability disclosure: "I haven't even considered coming out in that sense." Though not readily disclosing disability, Abby did discuss the process of working with disability services if she thought a student might benefit from it.

Elijah, a graduate student, described how he came to identify as an outsider early in life, a label that stuck with him and informed his development as a graduate student and scholar:

> The outsider rule was something that I learned very young. … If you are an outsider, the rules don't apply to you. They're going to attempt to apply the rules to you, but the rules don't apply to you, which means when you are a creative person like I am, you have much greater latitude when you're on the periphery of the establishment than when you are in the middle. I have done just remarkable projects because even in my own department, I was on the periphery of the department. I went off and did my own shit for three years. I didn't ask twice. I didn't ask period. I just went and did it.

Clearly, for Elijah, categorizing oneself as an outsider could have its benefits. Elijah worried that bipolar disorder may become visible in his teaching either through trembling (a side effect of certain medication) or being unable to control his mood:

> The classes were night classes, so I was teaching … and the trembling would just come on really terribly. I would try to hold the desk or something. Then I would try to write on the board, and it was very obvious that something was wrong. Eventually some of the kids started asking me about it, and I just said, well you know, I have a neurological condition. That's part of that, but it's not the first time that they noticed. Luckily, as I changed my medications, and this happens much less frequently.

Elijah also shared that he used to be afraid of being unable to control his moods during teaching. He looked forward to a career in academia, but wondered whether and when he might be able to disclose his disability during the job search or as a new employee.

Finding 6 (Research Question 2): Creating Change in a Mixed Climate

"I'm not like in front of a tower with a sign; I'm still doing it constructively." -Diego
"Yell as loud as we do when something happens." -Carlo
"There's beauty in being able to see the world the way I do." -Aurora

The campus climate was variously perceived as progressive and welcoming in pockets, and alternatively hostile and discriminatory in other areas. Student organizing, activist, and leadership opportunities became ways for students to transform their experiences with microaggressions and discrimination into productive outlets. Students took account of their lessons learned during their time on campus, with an emphasis on improving the campus environment for future students. An ally in the campus context meant far more to students than a label, as they articulated a critique of traditional tenets of allyship and set a higher bar for those seeking to become allies.

Avoiding dangerous territory. Most students talked about encountering microaggressions and other instances of discrimination in their lives as students, whether in the classroom, living situations, or elsewhere on campus. Participants pointed out exclusionary policies, street harassment, and misgendering, among other types of discrimination. In addition, most students discussed a hostile student neighborhood they avoided.

Multiple participants mentioned the university's lack of same-sex partner benefits, one of the few discriminatory policies named by participants. More often, students in this study discussed marginalization in interpersonal settings. For example, Will shared the experience of walking home through a student neighborhood with his boyfriend and being shouted at from people in a passing car:

> At that point we were holding hands and everything and this SUV pulls up next to us and, like, I was wondering why they stopped right there because the stop sign was maybe 50 feet away. I was like, "They're not going to do anything to us, oh God, oh God, oh God." Bu, they ended up just yelling, "Faggots," at us and then immediately driving away and blowing through the stop sign.

Will easily recalled the event and the fear it inspired in him, but he diminished its importance slightly by offering, "It could have been worse." Aurora, who identified as trans and non-binary, explained the emotional weight of others mislabeling or failing to recognize their gender identity:

> I am continuously misgendered by both, strangers and people I know and love. I was actually thinking about this today about how much it feels like I have an earthquake inside of me every time someone misgenders me and how it's really hard to convey that. Because to other people who don't really think about it, it's just a word.

Aurora's experience highlighted the harm of being misgendered on a regular basis.

Most participants mentioned avoidance of a student neighborhood adjacent to campus that housed many of the predominantly White fraternities and sororities and became known for undergraduate parties, excessive alcohol consumption, and repeated instances of racist, sexist, and homophobic discrimination. Some participants mentioned avoiding athletic events due to both alcohol culture and triggers for anxiety, such as large crowds, but the most often mentioned space that students avoided was the neighborhood next to campus. Undergraduate students in particular tended to mention their dislike of the alcohol culture associated with White fraternities and sororities and the neighborhood overall. Students mentioned steering clear of the neighborhood at particular times, such as football game days and fraternity recruitment weekends. Some graduate students expressed an awareness of the culture of the student neighborhood but generally lived in neighborhoods further from campus. Will, an undergraduate who lived near fraternity houses in the student neighborhood, said that "regardless of how accepting they say they are of gay people, they don't act like it when they're drunk."

Taylor described their decision to avoid fraternity and sorority events:

> Whenever there's a bunch of fraternities and sororities involved, I get very nervous because of the culture surrounding it, because it's very real, the danger

> posed by people in fraternities. I know that's—I don't want to say I know that's not the fault of the fraternity because it is partially. They don't take responsibility for the things that happen so the things their members do, they deny it, don't talk about it, or they say that, oh, we can't do anything about that. And they maybe get a slap on the wrist.

For Taylor, who identified as non-binary and female-bodied, fraternity events represented a risk to their safety and they felt little recourse would exist if a fraternity member broke a university rule or the law. So evident was the need to avoid the neighborhood that Ella remarked,

> of course I avoid the [student neighborhood] at all costs. I don't go over there ever, unless I have to. … It is the seat of a lot of White privilege and a lot of wealth and upper class privilege. That was one of the places that I was warned of when I came here because my older brother. He came here and he's gay. He was like, "Avoid [student neighborhood]. You don't want to live there. Go there only if you have to because it isn't particularly a safe space for people who aren't White, cis-het [cisgender, heterosexual], rich people."

Few participants mentioned culturally based fraternities and sororities on campus, which did not own houses in student neighborhoods. Maria mentioned joining a Latina sorority early in her college experience but later resigning from the organization because of its "very hyper-hetero setting." Though undergraduates tended to say the most about student neighborhoods, several graduate students also mentioned avoiding the same neighborhood. Abby captured this perspective: "I definitely would avoid any really undergrad heavy socializing times. I wouldn't want to be around a little bit off campus towards [the student neighborhood] on a party night."

Participants also brought up avoiding some religious and politically conservative groups on campus. Religious proselytizing sometimes occurred on campus in the form of Christian groups passing out bibles and other religious material, and in occasional on-campus displays related to Christianity and abortion. Sandy recalled steering clear of one event:

> This is where all of the really Christian students get together and have 24-hour prayer-a-thons with big posters about why Jesus is important. That's nice. I'm a lesbian and a pagan. I'm not super comfortable with that. Not the individual people, but by and large, your group of people likes to oppress my groups of people. You stay on that side of the street, and I'll go over here, and we'll all be real happy.

Frustrated that the event went on for a week, Sandy remarked that she doubted a queer group could hold a similar weeklong event on campus.

Becoming involved. Table 6.2 summarizes students' on- and off-campus organizations and jobs. Only one participant, an undergraduate student, reported not having a job or being involved with an organization. Undergraduate students most commonly worked at an on-campus job and joined LGBTQ, intersectional, and/or departmental student organizations. By contrast, graduate students primarily focused on research and teaching assistant appointments within their departments. Several graduate students mentioned involvement with departmental, LGBTQ, and service-oriented organizations. Unsurprisingly, undergraduates reported more involvement with on-campus organizations. Across the entire participant pool, involvement in organizations both on and off campus tended to focus on identity-based groups, as students joined organizations focusing on LGBTQ communities (10 students), women (6), race/ethnicity (4), and intersectional identities (i.e., queer people of color; 4).

Table 6.2. Free-lists of the most frequently elicited terms:
Participants' on- and off-campus organizations and jobs

Undergraduate students (n=13)		Graduate students (n=12)	
Term	Frequency	Term	Frequency
On-campus job	7	Research/teaching assistant, instructor	8
On-campus LGBTQ organization	7	Department/program organization	3
Department/major organization	4	On-campus LGBTQ organization	3
On-campus intersectional organization	4	Community service/volunteering	2
On-campus women's organization	3	Off-campus job	2
Student life/governance organization	3	On-campus cultural/racial/ethnic organization	2
Off-campus job	2	On-campus women's organization	2
On-campus cultural/racial/ethnic organization	2	Off-campus disability organization	1
Community service/volunteering	1	Off-campus women's organization	1
Not involved	1	On-campus advocacy/activist organization	1
Off-campus disability organization	1	On-campus disability organization	1
Off-campus religious organization	1	Student life/governance organization	1
On-campus advocacy/activist organization	1		

Experiencing microaggressions and discrimination often fueled students' desire to become involved in identity-based organizations. Student participants not only joined organizations, but assumed leadership positions and, in several cases, founded a new group to fill a void they identified. Desi's activism began before college, as he fought to establish a gay-straight alliance within his high school, over the objections of school administrators. He explained: "I knew a lot of students around me that were in very bad situations because they were about to kicked out from their homes for being queer. Our principal did not care. He absolutely just didn't care." Though he successfully founded the organization, he lamented that the group disappeared after he graduated from high school.

Diego and Marie became leaders in student life/governance organizations on campus. Dani led the LGBTQ organization within her professional school, while Miranda and Sandy became leaders in disability organizations off campus within the local/state community. Miranda's work with a mental health organization allowed her to discover that she excelled at leading educational workshops. This surprised her, as she remarked that in everyday situations she felt "uncomfortable with one or two people, [but] if I get in front of a big group of people, I love to talk." Sandy led a support group and served on the board of a disability organization, which she highly valued as the only person with a disability on the board. She eventually stepped back partially due to "compassion fatigue," in her words: "So much of my life was…I am dealing with disability and with seeing other people struggle and trying to help them."

Several students participated in the founding of new organizations. Haley founded a feminist organization in the community. On campus, Linda worked with other students to start a student group that would offer support and advocacy for students who identify outside of gender and sexuality binaries. Her goal to "create communities for people who don't feel like they have those communities" stemmed in part from her own struggles with mental health and identifying as queer/genderqueer, and seeing other students in similar situations eventually leave the university without graduating. She viewed "really simple things" such as building relationships, acknowledging each other on campus, and supporting peers when they encountered difficulties as potentially revolutionary. Linda admitted she struggled with putting pressure on herself to be active and help the group, and that at times when she could not devote energy to the group or other activist causes, she would say, "'No, I'm trying to survive today. I'm trying to get through my day the best way I can.'" Likewise, Shannon collaborated with peers to start a bisexual-focused student organization after finding out that no such groups existed on campus. She described connecting with another student in the group and discovering that they shared several identities and experiences in common:

> I think she looked like something was wrong, so I started talking with her. I think I let out a little that I have been having some difficulties this semester with depression and anxiety. I ended up having to go see a therapist and blah, blah, blah. That allowed her to open up, too, and she vented a lot of information from me. We started to realize that we are both in the same boat. Maybe we didn't have the exact same things, but we were both dealing with a lot of the same symptoms. I felt it was a relief, at least for me, and I'm hoping it was for her, too.

The bisexual student organization offered Shannon not only an outlet to promote bisexual visibility, but also became a way to explore mental health, a concern that multiple members of the group wanted to discuss.

While students in this study often sought to join or create groups specifically focused on disability or queer identities, others attempted to create change within existing structures and organizations considered to be in the mainstream of campus life. Aurora became involved in what they called "bathroom activism," an opportunity to advocate for accessible, gender-inclusive restrooms and build coalitions among disabled, fat, queer, and transgender activists. Students espoused realistic views of their leadership and activist experiences, noting the benefits of joining a cause but also considering the drawbacks of depleting limited time and energy. Graduate students tended to focus primarily on coursework, research, and teaching, which left little time for joining groups on or off campus. Abby, for one, discontinued involvement with an on-campus student organization as comprehensive exams approached.

Critiquing allyship. Nearly every participant set a high bar for allyship and questioned whether others claimed the "ally" label simply as a title or if it could have more substance when enacted in practice. Exceptions included a few participants who did not use the term (though they were still familiar with it) and several who embraced the term relatively uncritically. Students' views on the qualities that allies possess are summarized in Table 6.3. The most commonly voiced qualities were to listen and learn (mentioned by 10 students), self-educate (six), and speak out for change (six).

Students named family members, friends, partners, and faculty and staff members as allies. Marie viewed an ally as "someone to talk to":

> I think the problem that comes from these sorts of things when you bottle them up and you don't have an outlet and you're just sort of mired in these feelings of being isolated or having something to hide or never being able to release it. For me, it's really important that I have someone who is willing to say "Hey, I'm here, I get it, come talk to me."

Ella recalled a particular academic advisor who made her feel valued and welcomed, a tone the advisor set by first asking what gender pronouns she used:

> She asked me about [gender pronouns]. I was like, "Thank you." Every time I went to go see her, it never felt like I was seeing an advisor to talk about the classes I needed to take. We talked about that, but there was also the time to listen to me, talk about my life and my experiences. Dealing with those times when I was so severely depressed that I couldn't stay in school. Those semesters I couldn't go to class. It was like, "Oh, my God. What do I do, because I don't know what to do?" She helped me through those things, asking those questions and being respectful.

Table 6.3. Free-lists of the most frequently elicited terms:
What qualities distinguish an ally/supporter?

Undergraduate and graduate students (n=25)	
Term	Frequency
Listen and learn	10
Self-educate	6
Speak out/use voice for change	6
Be a decent human being	3
Be available/accessible	3
Build community and make space for others	3
Do not assume/respect others' identities/relationships	3
Validate the experiences of marginalized groups	3
Admit mistakes and that you do not know everything	2
Ask and use gender pronouns	2
Learn about LGBTQ and disability identities	2
Pay attention to others' safety and microaggressions	2
Volunteer for social justice causes	2
Advocate for others when they need it	1
Ask questions	1
Be a role model	1
Be an ally to all LGBTQ people, not just gay men/lesbians	1
Be aware of campus resources	1
Be consistent	1
Be empathetic	1
Be open to critique	1
Bring disability up in conversation	1
Check in with students periodically	1
Confront discriminatory remarks	1
Do not call attention to yourself	1
Do not disclose someone else's identities	1
Do not give advice	1
Do not hurt others	1
Do not pass as heterosexual	1
Do not take up too much space	1
Donate money to social justice causes	1
Give advice	1
Notice missing voices/groups	1
Respect diverse learning/social styles	1
Risk something to make change	1
Thank those who speak up for social justice	1
Understand that being an ally is an ongoing process	1
Work with other people in dominant/privileged groups to be allies	1

Empathy and action defined an ally for Carlo: “I think that’s the difference: that an ally would step out and take action on their own behalf. I would just be like, ‘you know what, yell as loud as we do when something happens,’” he implored. Several participants described their partners and spouses as their allies. Haley described her husband as an ally: “I like being able to rant to him about things. Mostly, I think he really appreciates the work I do for its own sake and not just because it’s me doing it, which I appreciate. He is always very proud of me.” Aurora spoke of both of her partners as allies, explaining: “One of my partners is cis, and when we met and I described myself as nonbinary, she says that she instantly knew it, and she always uses the right pronouns.” Aurora also described an unexpected ally among her family—her grandmother:

> When I came out as nonbinary, she was the only member of my family who just accepted it and said that, “Oh, so you’re my grand person now.” I was just like…it was really great. I probably laughed for like 30 seconds. I would not, by any stretch of the imagination, call her educated about the subject at all. But she listens. If that’s not an ally, then who is? It’s important to me. I haven’t seen her yet misgender me.

Aurora found an unexpected ally in her grandmother.

In addition to sharing experiences about those they considered allies, students offered their critiques and expansions of mainstream understandings of allyship. Students criticized the allies they viewed as simply self-applying a title without meaning and action behind it, assuming the label “ally as an identity, rather than as a practice,” in Abby’s words. Jackie concurred: “It’s more about themselves than the people they’re trying to be supportive of.” Likewise, Desi disliked the use of the term as a title, sharing that, “it’s always a sense of entitlement to be able to say, ‘Yes. I know everything. I can do this.’” He preferred the term “decent human being” instead of ally, reflecting that the qualities asked of allies should be widespread and not necessarily unique or extraordinary. Another participant, Miranda, most often found allies not outside of her communities, but within:

> I think there's a lot of people who are allies in name only and not in action. I think that I know a lot of people who are and who mean it and who are there to support these things that happen in my life and who I am. I find that my truest allies are not allies who are outside of any of these communities. They are other people who are queer, who are disabled, and those are the people who are always going to stand by me the strongest, because they've experienced this. Those are the people I can really count on. The truest allies are already in the fight.

Several students voiced the perspective that misguided allies could actually do harm to communities they purported to help. Aurora perceived many self-styled allies as "invaders of space and demanders of energy," unable to recognize their own privileges.

Improving the climate. Participants were asked during interviews to share ideas that student leaders, faculty members, and administrators could use to improve the climate for diversity on campus. Table 6.4 summarizes the results of these responses. No single suggestion was named by more than a third of the study participants. The most frequently mentioned improvements included expanded diversity training (eight participants), ensuring accountability when discrimination occurs (six), expanding ally training (five), and sponsoring LGBTQ events (four). Recommendations touched on the areas of curriculum, policies, programming, accessibility, student recruitment and retention, and faculty and staff hiring. Several innovative pieces of advice included de-emphasizing four-year graduation for undergraduates, deconstructing binaries, and providing flexible attendance policies.

Table 6.4. Free-lists of the most frequently elicited terms:
How would you advise administrators to improve the campus climate?

Undergraduate and graduate students (n=25)	
Term	Frequency
Expand diversity training	8
Ensure accountability when discrimination occurs	6
Expand ally training/program	5
Sponsor LGBTQ events	4
Confidentially ask students about identities/specific needs in classes	3
Provide opportunities for student feedback to administrators	3
Create gender-inclusive restrooms	2
De-emphasize four-year graduation	2
Hire diverse faculty	2
Promote accessibility	2
Promote available disability accommodations	2
Promote dialogue-based/experiential educational opportunities	2
Promote/encourage mentorship	2
Provide flexible attendance policies	2
Provide more resources and visibility for diverse student groups	2
Provide training on disability to faculty	2
Recruit LGBTQ students	2
Consider the needs of introverts	1
Deconstruct binaries	1
Diversify teaching methods/styles	1
Educate members of dominant/privileged groups	1
Eliminate discriminatory policies	1
Expand counseling center staff	1
Hire LGBTQ faculty/staff	1
Improve diversity courses for students	1
Include LGBTQ and disability material in course content	1
Offer space for unofficial student gatherings	1
Positively affirm LGBTQ students	1
Positively engage with HBCUs/other institutions	1
Promote avenues for student expression	1
Promote non-discrimination policy in course syllabi	1
Provide domestic partner benefits	1
Provide explicit instruction in classes	1
Provide space for marginalized groups	1
Recruit students with disabilities	1
Sponsor disability events	1
Support student activism	1
Teach about structural inequality	1

To Marie, a resident assistant on campus, making the university community a bit smaller for new students would make a difference.

> When you come in as a freshman, you give students this laundry list of resources and you say, “OK, I’ve done my job. I told you where the LGBTQ center is. Now, you go find that place.” It’s not making room for students, and trying to bring them in, and creating smaller spaces. I think I, as a freshman, would’ve been more encouraged to go to the LGBTQ/women’s center, if I had been hooked up with one student, and been told, “Hey, here’s this person, your new best friend, if you ever need to hang out.” Having a mentor, having that person who’s able to reach out to me, and say, “Hey, let’s go get coffee.”

Marie believed that bringing resources to new students—rather than vice versa—would improve students’ experiences on campus.

Summary

This chapter presented key findings from the study concerned with the second research question: How do LGBTQ students with disabilities perceive the influence of context at a predominantly White, research-intensive university in the southern United States in shaping their identity development journeys? Findings were presented in three parts: (4) performing identities contextually; (5) persisting academically and seeking validation; and (6) creating change in a mixed climate. Students described complex performative approaches to navigating normative temporal and spatial expectations of the university environment. Students also spoke of their journeys finding campus resources, encountering able-bodied/heteronormative assumptions in the classroom, and joining and leading groups in order to create social change. The next chapter will conclude this report with interpretation of the study’s findings and implications for research and practice.

Chapter 7: Discussion and Recommendations

The preceding chapter presented key findings based on the study's two research questions: How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality? And, how do LGBTQ students with disabilities perceive the influence of context at a predominantly White, research-intensive university in the southern United States in shaping their identity development journeys? This chapter provides a discussion of the study's key findings. In addition, I offer reflections on my positionality as a researcher. The chapter concludes with an overview of the study's limitations, significance, and implications for research and practice.

Summary of Findings

This study took place at a large, public, research-intensive university in the Southern United States that offered both academic and co-curricular programming related to disability, gender, and sexuality. Twenty-five undergraduate and graduate students who self-identified as lesbian, gay, bisexual, and transgender, and who self-identified with at least one disability, took part in one to two semi-structured interviews. These interviews made up the primary data analyzed in this study, supplemented by data from document analysis. This section summarizes the major findings of the study.

Research question 1: Conceptualization of multiple identities. The first research question considered how LGBTQ students with disabilities conceptualized their multiple, intersecting social identities, with a focus on disability, gender, and sexuality. Participants actively embraced LGBTQ identities, often viewing queerness positively as a salient, political identity that placed them in community with others. Students adopted multiple labels contextually; most commonly ‘queer’ and other labels for sexuality that fluctuated in space and time. Disability was constructed by students primarily as a medical phenomenon to be managed, though most participants also expressed awareness—if not an outright endorsement—of a social or political understanding of disability that would open possibilities for community building. Tensions and overlaps between medical and social understandings of disability were highlighted. Several students considered themselves disability activists.

Most participants utilized the language of intersectionality and social justice education (i.e. privilege, oppression) to describe the meanings of their multiple identities, even as they acknowledged a sometimes uneasy tension among queer and disabled identities. While some students described their identities explicitly as intersectional, they also communicated a variety of views on the relationships among their multiple identities that did not neatly conform to this perspective. Various students also saw the relationship of their queer/disabled identities as: intersectional, interactive, overlapping, parallel, and/or oppositional.

Students offered critical perspectives on the tasks of finding and forming community based on their identities. They weighed the benefits and risks of joining particular communities, seeking to promote visibility and reduce stigma. Participants most often considered themselves part of queer communities, often organized around friend groups, student organizations, and social activities. Students identified less often with disability community, but most often found disability community online through blogs and social media. Finally, students viewed queer/disability community primarily as hypothetical.

Research question 2: Contextual influences. The second research question concerned students' perceptions of contextual influences that shaped their identity development journeys at a predominantly White, research-intensive university in the southern United States. A non-traditional path led many students to pursue undergraduate and graduate degrees, as they took into account financial, health, and relational/familial concerns in deciding to attend the university. Once on campus, they uncovered the unwritten rules of a competitive institutional culture and its accompanying expectations related to energy and productivity as students/scholars.

Participants highlighted the ways in which they performed particular social identities contextually. Queer/disabled students transgressed traditional notions of time and space in academia. They described their interactions with and views of the tempo of university life and the time needed to perform queer/disabled in various campus spaces. Students spoke of a temporal and spatial existence at odds with the normative temporalities of academia.

Campus resource offices functioned as pivotal lifelines for students who began to engage with the campus community. Students critiqued inaccessible resources and information, and not all students found what they considered "their place" on campus. Students faced a unique set of circumstances in university classrooms, as they considered how to construct and manage their multiple identities, often actively considering the perceptions of faculty members and peers. Students described processes of disclosing identities in the classroom, managing perceptions of professors and peers, and educating others as a token representative of queer/disabled identity group(s).

The campus climate was variously perceived as progressive and welcoming in pockets, and alternatively hostile and discriminatory in other areas. Student organizing, activist, and leadership opportunities functioned as opportunities for students to transform their experiences with microaggressions and discrimination into productive outlets. Students took account of their lessons learned during their time on campus, with an emphasis on improving the campus environment for future students. An ally in the campus context meant far more to students than a label, as they articulated a critique of traditional tenets of allyship and set a higher bar for those seeking to become allies.

Discussion of Findings

Finding 1 (research question 1): Developing queer/disability identities. Students often described a tentative relationship to disability as an identity, instead describing disability as a trait or attribute, but not a primary one (Troiano, 2003). Disability was understood both medically, particularly around issues of diagnosis and medication, and politically, as students often described wanting to advocate for (other) people with disabilities. Receiving a diagnosis could be liberating and offer legitimacy for some students, but it also set many on a rocky path of navigating a difficult medical system and sustaining the accompanying stigma. Misdiagnosis or an incomplete diagnosis could cause turmoil internally and set in motion a chain reaction of seemingly endless medical appointments.

Students often identified more with a particular impairment/disability than with disability as an umbrella term, at least initially. Many students felt hesitant that they could legitimately identify as people with disabilities, concerned that they might co-opt the struggle of others or be perceived as insufficiently disabled due to their disabilities being hidden or invisible at times. They also contended with the signifiers that could make a hidden disability suddenly visible, such as an accommodations letter, cane, service dog, medication, side effects of medication, assistive technology, a coffee cup, or leaving partway through social events or group meetings. An ability to (sometimes) pass as non-disabled caused students to question where they fit within an able/disabled binary system. Highlighting competency and creating well-rehearsed scripts for explaining the nature of an impairment became strategies for students to downplay disability and manage stigma. Students also noted that the presence of one or several disabilities did not negate their other mental/physical abilities, disrupting a simplistic able/disabled binary.

In addition, students in this study pointed out that they identified with one or more disabilities, but would be considered able-bodied in relation to other types of disabilities. While this notion of disability as an umbrella term helped many students see themselves as advocates for other people with disabilities, it may also reinforce a hierarchy of disability (Thomas, 2000; Tringo, 1970), contributing to students creating real or perceived distance between themselves and those who they view as more severely or visibly disabled.

These findings suggest that the medical and social models of disability both operated in participants' lives, and that experiences of mental/physical impairment must be considered alongside the social nature of disability oppression (Cvetkovich, 2012; Kafer, 2013). This affirms the need to consider the interactions and tensions between medical and social understandings of disability. A majority of students in this study described experiences of living with mental health and psychological disabilities, often suggesting that disability is located within the mind or hidden/invisible, a view at odds with the frequent representation of disability in the body. For some students, explaining disability and limited energy using the spoon theory became a useful technique (Miserandino, 2003). Several participants broached the notion of disability as desirable (Kafer, 2013), for example, Christopher describing ADHD as fueling his creativity and Zachary celebrating the idea of connecting with others with disabilities. Some students also described experiencing disability as providing perspective and the chance to be a resource to others negotiating a similar experience.

In contrast to this individualized understanding of disability, students often described identifying as LGBTQ as social/group-oriented and, often, as a political commitment, particularly for those who identified as queer. Claiming a queer identity was often regarded positively, despite adverse reactions from family members. Thinking and talking about gender was seen as central for trans/non-binary students, and often for women/female-identified students; it was less central, and even avoided, by some gay men.

Labeling of sexuality occurred contextually. Many students said that they called themselves queer in some settings and used other labels elsewhere. Contextual use of particular labels did not necessarily signal that students were “in the closet” or hiding their “true” identities from others; instead, one reading of this phenomenon might suggest that an essentialist “true” identity, stable and unchanging, does not exist. Students used different labels for themselves, as a process to reflect changing understandings, and for others, so that they could use words that would be understandable given their context. The range of participants’ identities beyond common LGBT labels — asexual, demisexual, genderqueer, non-binary, panromantic, pansexual — affirmed students’ use of language and discovery of new terms which they might identify as liberating. Previous research supports the notion that young people are utilizing an expanding set of sexual identity labels and that such labels may not necessarily reflect sexual behavior (Savin-Williams, 2005; Savin-Williams, Joyner, & Rieger, 2012; Vrangalova & Savin-Williams, 2012).

Finding 2 (research question 1): Complicating intersectionality. This study revealed the complexity of students’ identity development journeys. While most students in this study drew upon the discourses of intersectionality, social justice, and privilege/oppression to describe their understandings of self, they also communicated portraits of identities that were variously complementary and integrated, segmented and “clashing,” as one participant noted. In addition to queer/disability identities, many participants described race and/or socioeconomic status as central to their lives, with one participant, a queer biracial man, describing race and sexual orientation as the “most significant of the intersections” of his identities. Results of this study challenge the notion that identity can and should ideally be synthesized, and consistently performed, supporting recent research on student development (Abes & Jones, 2013; Torres et al., 2009). The boundaries of students' identities are porous and fluid. The meaning students made of their identities depended heavily on context and their understandings of identity in one time or space shifted, expanded, and contracted as they navigated other environments. In short, students understood their identities to be transitory, malleable, and evolving, rather than fixed or static.

Findings from this study position intersectionality as experienced contextually and temporally. In the words of one participant, "It's complicated." This study proposed that students approached the relationship (or lack thereof) among disability/queer identities in one or more of the following ways:

1. *Intersectional:* Students explicitly understood their identities as intersecting and interconnected, drawing upon the language of intersectionality and social justice discourses.
    a. Example: "Everything is connected and everything is important to me at some point. … You can't really deal with one without dealing with all of them." -Ella
2. *Interactive:* Students who saw queer/disability identities as distinct but as mutually reinforcing in positive or negative ways. In other words, one identity affected or interacted with the other.
    a. Example: "I think I was just as closeted being bipolar and having a psychiatric disability as I was with my sexual identity. … Being perhaps closeted twice, it's clearly detrimental because it creates

    increased psychological stress, and increased psychological stress makes the bipolar worse." -Elijah

3. *Overlapping:* The link between queerness/disability is considered in light of an overlapping population and/or overlapping experiences of both identities.
    a. Example: "I see a lot of queer-identified people who fall into depression. Again, similar to what happened to me where the weight of the world crashing upon them, or because they're in bad situations around their family." -Desi
4. *Parallel:* Students constructed comparisons and analogies between their experiences of queer/disability identities. They might see both identities as prompting continual disclosure or as developing sequentially (i.e., understanding queerness first, then exploring a disability, or vice versa).
    a. Example: "I think the biggest way I see them both influencing my life in the same way is that in both my disability and my sexuality, I have to come out over and over and over again, or people won't know. … I think that for both, I feel like there's just going to be this assumption that I am straight and that I am normally able. I have to keep informing people." -Dani
5. *Oppositional:* Students rejected an intersectional view and saw disability/queer identities as conflicting, disconnected, or pulling them in

different directions, which one participant referred to as "this constant clash of the two different identities."

    a. Example: "I don't really see the relationship between the two like that. I think they are just both parts of me that aren't necessarily related." -Madison

The five categories above overlap and are not mutually exclusive. In fact, evidence of students subscribing to two or more of the approaches described could be seen in the same interview and occasionally in response to the same question. These competing conceptualizations of the relationship among multiple identities illustrates that students had not completely embraced the intersectionality discourse with which many were familiar and whose language they sometimes used to describe their identities.

Students' descriptions of their decisions to disclose their identities contextually further illustrate the complexity. Disclosure decisions needed to be made in large part because most students identified with disabilities considered invisible or hidden. Likewise, some participants judged themselves as able to pass for cisgender/heterosexual and thus not always assumed to identify as LGBTQ. Contextual disclosure decisions balanced students' goals such as benefiting themselves or others, or disclosing strategically to accomplish activist or political ends. Many discussed the importance of having a relationship with someone, such as a friend or family member, or having a potential relationship, such as a department advisor or research colleague, before disclosing. Comparisons were made between disclosing queer and disability identities, with students generally exhibiting a less involved process in deciding disclose queerness as opposed to disability, which sometimes warranted careful calculations, particularly in contexts such as employment and teaching. Some students tended to avoid disclosure altogether when possible or lamented that at times they were inadvertently outed. This finding on disclosure affirms and extends Orne's (2011, 2013) work on strategic (LGBTQ) outness and identity management to incorporate disability and intersectional queer/disabled experiences. For example, Orne (2013) highlighted that "queer people can use alternative identifications to fine-tune the management of their identity," a concept that this study extends to disability and queer/disability identity intersections, as participants in this study employed various identity labels contextually. Further, an uncritical celebration of a linear process of "coming out" regardless of context or circumstances should continue to be reconsidered (Klein, Holtby, Cook, & Travers, 2015). In addition, students who spent significant time in online spaces such as blogs and social networking sites also labeled their identities contextually and "came out" (or not) in these spaces, employing some of the strategies for managing context collapse in online spaces as explored by Duguay (2014).

Many participants described identifying as somehow alternative or outside of the mainstream, with many expressing such a view started early in life, even if not initially associated with disability, sexuality, or gender norms. Three participants in the study, all men, named themselves using the term "outsider." Yet, students also noted that their experiences of multiple identities and contending with exclusion and discrimination offered them valuable perspective and placed them in a position to potentially help others. It should also be noted that several participants tended to resist the type of identity talk encouraged by the interview process, with one participant calling it a "foreign conversation," and another referring to himself simply as a person rather than a set of identities.

This research simultaneously functioned to make use of identity categories while contesting those very categories. Learning new possibilities and terms for identities was a liberating process for some students in this study. While language could be liberating, it could also be restrictive, as students navigated others' (mis)understandings or lack of understanding around the identity labels they adopted. Supporting McRuer's (2006) concept of crip theory, students' stories demonstrated that heteronormativity and ablebodiedness demanded consistent performances that are impossible for any person to deliver. The binaries that are typically employed to think about disabled/queer identities — such as able/disabled, visible/invisible, gay/straight, male/female, and out/closeted — would not do justice to the intricate nature of students' communicated realities (Halberstam, 1998). A student using one set of gender pronouns in the classroom space and another set with friends or off campus provides one example. Another example is a student who makes deliberate decisions about whether and how to disclose a disability or to utilize academic accommodations in every class, rather than uniformly deciding to use or not use accommodations.

Finding 3 (research question 1): Forming community. All students talked about finding their place(s) within LGBTQ communities, often in positive terms, but many questioned the existence of disability communities and some doubted the efficacy of finding and forming such communities. Students' contrasting views of community were stark.

Most students in this study reported identifying with LGBTQ communities, a particularly significant identification for undergraduate students. Queer communities participants discussed took the form of student and local organizations, social groups, and informal networks. Though some students mentioned connecting with queer communities online via blogs and phone applications, community was often conceptualized as in-person interaction. Several students pointed out that they felt at home in particular subsets of the queer community (for example, around other bisexuals), but did not feel like part of a broader LGBTQ community that encompassed a variety of gender and sexual identities. Further, strong identification with queer communities existed side-by-side with many critiques of the community, such as the privileging of men, White people, and cisgender people within the community. Exceptions included several participants who mentioned not identifying with queer communities or identifying in the abstract.

Disability, often framed individually or medically, was not thought of by many students in this study as the basis for forming community. Participants often found and developed a sense of disability community online through blogs, websites, and social media. Some of the reasons participants described for finding community online included awareness of disability stigma, perceived anonymity online, and students' identities as introverts who avoided social situations. This online identification with community was more prevalent among participants than notions of disability-identified spaces, settings, or events. Further, even some participants who did identify with disability communities often aligned themselves primarily with others who shared a similar disability. Despite these general patterns, several participants explicitly identified as disability activists and viewed themselves in community with other people with a variety of disabilities.

Students rarely discussed an integrated queer/disabled space or community, but envisioned what such a community might be like: accessible; comfortable; “wouldn’t keep drawing on dominant privileges,” according to Desi; welcoming to introverts and those not interested in politicizing their identities; a space where disclosure of and dialogue about multiple identities could happen safely; and a site for organizing politically around queer/disability “points of convergence,” in Abby’s words.

Finding 4 (research question 2): Performing identities contextually. Students in this study offered testimony that they often engaged in strategic decisions about managing how they expressed their identities in various contexts. Students performed their identities in particular ways to push back against the idea of “passing” for another identity and to accomplish various personal and political goals. Yet, they also described fatigue associated with continually managing perceptions of stigmatized identities, building upon previous work on disability identity management among college students (Olney & Brockelman, 2003). In this study, participants acknowledged the privileges that they sometimes received for passing as non-disabled, heterosexual, and/or cisgender, but argued that such experiences erased their identities and left them feeling the need to constantly disclose their identities.

As performers, students decided when they wanted to perform as queer/disabled and, more so, as advocates for LGBTQ and disabled people—a form of strategic (in)visibility (Brayboy, 2004). Pivotal moments became opportunities to put a face on queerness and/or disability and an attempt to personalize the argument. Students often wanted to improve the visibility of marginalized groups by becoming activists in everyday situations, for example, by educating peers in a class on identity and social justice. Yet, sometimes the passing performance as heterosexual/able-bodied enabled one to escape discrimination. Students engaged in an assessment process of new situations, contexts, and relationships to determine how they might enact and express their identities. These decision points contributed to performance fatigue; in other words, the emotional labor of managing the perceptions of others and expended time and energy that could go toward other tasks. This finding affirms Goode's (2007) work that revealed the emotional labor of managing disability for oneself and on behalf of others.

That students were able to think about disability performances as strategic and selective perhaps reflected that most participants in this study identified with disabilities often considered *hidden* or *invisible*. The visible/invisible dichotomy needs to be complicated and deconstructed, as students noted that in performing their disabilities, they were no longer invisible. In addition, disabilities are not often hidden or invisible to the person who experiences them, and such terms may imply the perspective or gaze of others and not of self. However, students with more readily apparent hearing, mobility, and visual disabilities may not consistently have the same set of options to (not) deploy their identities in the strategic ways described by students in this study.

Identity disclosure and performance were not stable, as students were in a "constant and unpredictable process of becoming" (Valentine, 2007, p. 18). This finding affirms previous work that calls for a rethinking of linear, stage-based models of student identity development (Abes & Jones, 2013; Bilodeau & Renn, 2005; Torres et al., 2009). Students' descriptions of being selectively and strategically "out" about an identity and using different labels contextually does not necessarily signal an incomplete or unhealthy understanding of self, supporting other research on LGBTQ students' identity intersections, such as Patton's (2011) study on African American gay and bisexual men in college.

Students also transgressed traditional notions of time and space in higher education, drawing upon Kafer's (2013) queer/crip reading of time that critiques normative notions of futurity. Students in this study came to higher education from a variety of paths: Several students were younger than average and had amassed substantial college credit during high school, while others were older than most of their peers and had returned to higher education after being away for years. Thus, students chafed at the notion that time to graduation should be standard for the entire campus, especially pointing out the variety of reasons they make take longer than average to finish their degrees. The push to timely graduation was symptomatic of a quickening tempo of university life. The emphasis on timely graduation especially took its toll on several students who described feeling disconnected and disengaged from the university, as if they were seen as deficient.

On an everyday level, students found it difficult to keep up with an expectation of an overscheduled university life, with meetings and commitments stretching from early morning to late night at times. Medication and side effects often added to the strain for some students. In addition, continual management of queer/disabled identities and others' perceptions required time and energy. The stress of dealing with the ebb and flow of good days and bad days was compounded by a lack of flexibility and understanding on the part of faculty and administrators. Students readily acknowledged the impossibility of all deadlines or bureaucratic procedures being flexible, but argued that some beneficial changes could be made.

Finding 5 (research question 2): Persisting academically, seeking validation. The stories of students in this study provide evidence that some pockets of higher education appear to (partially, ephemerally) make space for queerness and non-normative expressions of gender and sexuality. While disability is often more formally accommodated by an institution, accommodations may be made with the goal of erasing disability. Disability may be seen as fundamentally at odds with the academic sphere, particularly at a selective, research-intensive university with a competitive ethos.

Students relied upon several campus resource offices in particular. Most undergraduates described utilizing the LGBTQ/women's center, counseling center, and disability services, while graduate students most frequently used disability services. Each of these three resources earned praise and critique, sometimes by the same students: Disability services provided necessary accommodations in an efficient way, yet was viewed by some as excessively transactional rather than affirming of disability identities. Students viewed some counseling center offerings such as support groups and crisis counseling as beneficial, though perceptions that some counselors lacked cultural competence and that the center quickly referred students to off-campus mental health providers troubled some participants. The LGBTQ/women's center was variously viewed as a site for activism and community building and as a space that sometimes reaffirmed White and male privilege. Bureaucracy and scheduling frustrated students and sometimes led them to turn away from resources, particularly in relation to counseling and disability services. Students also acknowledged that the resource offices they encountered were likely understaffed and underfunded.

Within the classroom, students confronted able-bodied/heteronormative assumptions embedded in pedagogical practices and the curriculum. Students spoke of anxiety in approaching instructors about disability accommodations, an experience akin to "flipping a coin," in the words of one participant, as some faculty were supportive and others seemed to doubt the veracity of disabilities or their effects on students. The accommodations process also failed to take into account that disability might affect students differently from one day, week, or month to the next. Students weighed the benefits of disclosing queer/disability identities in the classroom, describing a conflict between wanting to educate others and raise awareness, and potentially facing tokenization and backlash in the form of microaggressions from peers and professors.

Many of the graduate students sought out their fields of study with some desire to create social change. Beyond being students in classes, they navigated becoming instructors and researchers. In the teaching space, graduate students wondered how much to disclose about their identities and how it might affect their future employment prospects. Doctoral students described embracing and excelling in research and the freedom to pursue to topics of interest. The close personal relationships that developed between graduate students and faculty/advisers offered a chance for strong mentorship as well as the risk that students might be treated differently or denied opportunities. Absorbed in the life of their own department or school, graduate students noted less interaction with the overall campus community, which served to amplify their positive or negative experiences with their closest colleagues.

Finding 6 (research question 2): Creating change in a mixed climate. No single portrait of the campus climate emerged in this study. Indeed, students moved in and out of various microclimates such as academic departments, student groups, and campus resources that were variously welcoming, hostile, or somewhere in between. This work supports Vaccaro's (2012) use of the term microclimates in higher education, calling attention to the notion that students do not experience a single, unified climate on campus but face specific circumstances that change over time in smaller pockets of the university environment.

Though opinions on campus climate varied, virtually all students in the study mentioned particular groups or places on campus they viewed as unwelcoming or even discriminatory. By avoiding spaces, groups, events that were potentially hostile, students built their lives on campus to actively avoid stigma. To some extent, each new setting involved an active negotiation and monitoring of one's safety, both physical and psychological. In this view, it is evident why some students discussed wanting a space of their own and wanting to know who their allies were. These moves to avoid potential harm and discrimination, and resultant harms to overall mental health, make up part of Meyer's (2003) conception of minority stress among LGB people.

Finally, students offered critiques of the notion of allyship, as traditionally conceived within mainstream LGBTQ movements. Students also considered what qualities might inform a disability ally's approach. To most students, proclaiming oneself as an "ally" was, at best, just a label without action behind it, and at worse, a ploy for calling attention to oneself that damaged the people to which one is supposedly allied.

Reflections on Researcher Positionality

The twists and turns this study took often surprised and delighted me. The study sometimes kept me up at night, frustrated or wondering how I might, in some small way, do justice to participants' words. How would I represent students not as heroes or villains, not as problems or solutions, not as risk and resiliency, but as human? What if I messed up or really got it wrong? What gave me the right to "represent" anyone in the first place? Each participant interview added to the complexity of the study's topics and pushed my thinking beyond previous boundaries. I expected, rather naïvely, to hear more or less the same intersectional story from participants about the ways in which they constructed and managed their multiple identities. Instead, the students in this study generously taught me about the contextual, temporal, and spatial dimensions of their identities and identity performances. Their descriptions and stories were difficult to categorize and condense. As I analyzed interview transcripts, I was reminded of Professor Ann Cvetkovich's advice not to smooth over differences for the sake of a cohesive narrative, and I hope this report serves as evidence that no single narrative emerged.

Multiple committee members advised me, using various words, to get out of the way and let participants tell their stories. Given my excitement and nervousness at the beginning of this study, I hewed closer to the interview protocol than I would have liked, making sure each and every question was asked and answered. My comfort increased as interviews went on. As much as possible, I tried to give participants control over how they told their stories. Some elected to simply start talking about themselves and their identities, often with the prompt of only a single question. Others preferred a more structured, question-and-answer format for guidance. With each interview, I silently critiqued the protocol, and became more aware of the questions I did *not* ask: questions about diagnosis, medication, accommodations, living situations, partners and significant others, families of origin and of choice, activism, and leadership. Despite the absence of structured protocol questions about these topics, some combination of these topics emerged in nearly interview. I hope this offers some small bit of evidence that I did get out of the way and let students decide what was important to share with me. These topics also perhaps illustrate the ubiquity and hegemony with which some cultural narratives, such as the coming out story, predominate.

Further, as interviews went on, I began to think about why students participated in this study. I explained to students at the start of the process that although I wish I had material compensation to offer, I did not, as this project was an unfunded dissertation study. I hope that for most students, participating offered an opportunity to reflect on themselves and their perspectives on their identities and higher education. Some remarked explicitly that the process had caused them to think more deeply or think about topics they had never considered. Several of us had conversations about queer theory, crip theory, and various theoretical models for considering disability. Participants often appeared to enjoy the chance to have several hours of largely uninterrupted time and space to talk about themselves with a relative stranger listening. Some had not yet disclosed particular identities to others or used the interview as a way to think through how they might go about exploring some aspect of themselves. Students laughed and sometimes cried during our conversations; I often shared in these expressions. Interviews were an emotional and intellectual experience that I was honored participants trusted me to share with them.

Though I brought my many biases and lenses to the study, I kept returning to several throughout the course of the study. My own queer identity and background as a student leader/activist often seemed to help me develop rapport with participants when we met. As I spoke briefly about myself at the start of interviews, revealing potential points of connection lent to some participants' trust in me and desire to go forward with the process. However, I still wonder: What stories were left untold? Particularly around queer identities, what experiences were not mentioned at all, or alluded to briefly with the statement, "Well, you know what I mean" (quoted in Kanuha, 2000, p. 442)? What complexity was missing?

I also asked myself many questions about my temporary status as a person without disabilities. Who did I think I was undertaking this study? How could I truly understand participants' experiences? Did my academic and professional work with disability make me an interloper? I sat across the table from some students with very different experiences from my own along dimensions of disability, sexuality, race, gender, socioeconomic status; how could I possibly understand what they were telling me? Conversely, if I did not do this study, did I believe research about disability should always fall to people with disabilities, to be the ones to take risks, ask questions, force the issue? While I expected that difference from my participants on the axis of disability would cause distance between us (and surely it did, in at least some instances), I was surprised to find that disability and mental health actually became the topics that many participants described in the most depth. By saying at the start of the process that I did not (yet) have a disability, perhaps I swept away the possibility that students could say, "Well, you know what I mean," around disability, and invited vivid stories that helped to convey to me what disability might mean.

Entering this study, I worried that my bias might mean seeing students as queer first, and as people with disabilities second. Wrapping up the study, perhaps I now run the risk of seeing disability first, and queerness in the background. Though positionality often centers on who a researcher *is*, this study caused me to think about a kind of temporal positionality: who I *will be*. (Dis)ability is often considered temporary, and my abilities will inevitably change, but this work also reminds me that my orientation to queerness has changed and undoubtedly will continue to shift. In short, completing this study has offered provocative and complex questions that I will continue to explore well into the future. I'm indebted to the students who took a chance and agree to talk with me for offering these questions, as well as some tentative answers. I am reminded of Alcoff's (2009) caution to remain accountable, responsible, and attuned to power relations when attempting to speak for others (which, after all, is a problem in every study) and to remember that "location and positionality should not be conceived as one-dimensional or static, but as multi-dimensional and with varying degrees of mobility" (p. 124). Rather than attempting to speak for others, this report offers one situated, partial interpretation of students' experiences and perspectives on their multiple identities.

Limitations

As a qualitative study, this project does not yield the generalizability to populations that quantitative work typically purports to offer. The study does not present an account of identity development experiences that will apply to all students who identify in particular ways. Instead, this study offers a situated, contextual account of the identity (de)construction and management processes as told by 25 students at one institution in higher education. Insights gleaned from this study may prove useful to researchers and practitioners working in other settings and with other populations, but such applications will be left in their hands.

Further, students self-selected into participating in this study as long as they met the study's criteria. Undoubtedly, the perspective of a self-selected sample only offers the perspectives of those willing and even enthusiastic to share their perspectives. This excludes accounts from those who may be reluctant to talk to a graduate student under the auspices of a research study, or those who may be initially navigating their experiences of disability, gender, and sexuality. The stigma that often accompanies these identity categories certainly reduces the pool of students willing to openly discuss these matters. Given all of these considerations, this study could not be replicated in a mechanical way. Even if the same researcher attempted to employ the same procedures at a different moment, or a different location, such a study would offer distinct insights.

Significance

This study offers potential significance in the related areas of educational research/theory and practice. In terms of educational research, this study contributes one of only a few examinations of the intersections of disability, gender, and sexuality as experienced by students in higher education. Prior work in this area has been largely descriptive/non-empirical (Harley et al., 2002; Underhile & Cowles, 1998). The single empirical study found in the review of the literature offered a portrayal of one gay-identified college student with disabilities (Henry et al., 2010). Beyond a focus on the intersections of disability, gender, and sexuality, this study also extends and complicates the discourse of intersectionality in higher education that has most often, but not exclusively, considered race, gender, and class. As intersectionality theorists remind us, individuals' experiences navigating multiple identities and communities are not merely additive, but offer a unique perspective and often critique of dominant discourses around identity politics (Bowleg, 2008; Crenshaw, 1989). Yet, this study offers a situated account of a complex intersectionality that some students embraced and/or rejected, often dependent upon experiences of context, space, and time. This study also demonstrates the limitations of binary categories often employed within identity politics. Disability, gender, and sexuality, among other identities and experiences, were often fragmented, incomplete, and overlapping in students' accounts. Accordingly, caution should be taken in relying upon such dichotomies in educational research and practice.

Theoretically, this study represents an attempt to introduce the emerging dialogue between queer theory and disability studies — sometimes referred to as crip theory

(McRuer, 2006) — to research on student identities in higher education. This begins to fill a gap in the use of queer theory in student development and higher education research identified by Renn (2010). As a project that draws upon postmodern and critical readings of education, identity, disability, and sexuality, this study functions to simultaneously make use of common identity categories and associated discourses, while also contesting and complicating those very categories. Contradictions and tensions in such an undertaking have emerged in this work and warrant consideration by future educational researchers and practitioners. This work also illustrates that context matters with regards to identity. A critical examination of various cultural and institutional discourses operating within students' lives must be considered. Higher education often frames disability as an individual, medical phenomenon, and sometimes presents LGBTQ identities as related to community, politics, and activism. It should then come as little surprise that these discourses profoundly affect how students view themselves and whether they seek to reject and/or conform to these messages. This study's potential significance in terms of theory and research also presents a variety of considerations for re-thinking educational practices embedded within institutional, co-curricular, administrative, and programmatic domains.

Implications for Practice

The experiences addressed by students in this study point to institutional policies in need of reform. Rhetoric and research on disability in higher education is often framed around questions of access, while work on LGBTQ identities often focuses, at least minimally, on safety. While access and safety are necessary, institutions of higher education should aspire to more. A multifaceted model of inclusion and support is needed that moves higher education beyond access (Webb, 2014) and beyond safety. Rather than asking that individuals change to adapt to oppressive structures, such a view calls for reimagining and changing *institutions*, a project that seems daunting, if not overwhelming. This will require efforts to revamp curriculum, student services, faculty and staff training, public relations, and more. It will also require recognition of the ways in which the culture, climate, and curriculum of an institution can be disabling and create needless barriers for students.

Though reliable quantitative data on students with disabilities and LGBTQ students is rare, the findings of this study suggest direct implications for recruitment and retention of students. Many students in this study, even those who reported doing well academically and being involved in campus life, discussed experiences of marginalization and unnecessary obstacles on campus that left them disengaged. Several students who were already less engaged on campus ended up leaving the university without graduating before this study concluded. Students mentioned struggles with accessibility; forms of discrimination including racism, homophobia, ableism, and sexism; and difficulty accessing resources and receiving appropriate academic accommodations. Ultimately, addressing these issues would benefit those most affected — namely, minoritized student populations including but not limited to students of color, students with disabilities, and LGBTQ students — but would also enhance the campus climate and culture as a whole.

This study also offers implications for colleges' efforts to recruit, admit, retain, and graduate students. Efforts to offer a more equitable environment around disability, gender, and sexuality must be made in tandem with those efforts that seek to rectify inequities based on race and socioeconomic status. Indeed, in any population that a university wishes to recruit or retain, there will inevitably be members who do not identify with a heterosexual, cisgender, and/or conventionally able-bodied norm. Disability and sexuality have not traditionally been associated with recruitment and admission efforts, as most colleges and universities do not collect solid data or even ask about disability or sexuality on admissions forms. Evidence shows that quantitative work published in top-tier journals in higher education and student affairs does not usually include demographic categories related to disability, sexuality, or transgender identity (Garvey, 2014). In an era of data-driven decision making, institutions must begin finding creative ways to collect data about students with disabilities, LGBTQ students, and the intersections of these and other identities to better understand who is successful in higher education and why (Sanlo, 2004). It is difficult to track recruitment and retention efforts without data points to measure, but administrators must also recognize the inherent shortfalls that exist when trying to quantify contextual, contingent, temporal identities, such as disability and sexuality. The data collected may be imperfect, but it would be a start. To ignore the issue or protest because of a lack of data is not a sufficient rationale for inaction, if it ever was.

Addressing these issues would likely increase the graduation rate of students with disabilities and LGBTQ students, even though little is known quantitatively about the persistence and success of such students. Even so, multiple students in this study described feeling disconnected from the institutional push to speed up time to graduation, arguing that such a focus ignores the many valid reasons students might have for requiring an extra semester or year to finish their programs. The time-to-graduation discourse promoted on campus left students who already encountered marginalization feeling even less valued by the university.

Beyond shifting harmful discourses on campus and collecting better data, faculty, staff, and departments can take steps to make their practices more inclusive. Faculty and staff should be cognizant of how and why students of particular identities are placed in the educator role and expected to share their perspectives as token representatives of a group. An example of a concrete institutional policy is that students should be permitted to change their name and gender markers with the institution to reflect their identities. This study also demonstrates that gender-inclusive facilities such as restrooms and locker rooms on campus are also vital for students who transgress gender norms.

Despite critiques, students articulated making extensive use of disability and LGBTQ resource centers on campus. For some, the presence of these spaces — even if students did not actually utilize the services offered — validated their identities and functioned to improve their perceptions of the campus climate. They realized a space would be available if they desired using it. Such resource centers are lacking in higher education, although they have proliferated in recent years. Disability services offices on large campuses and designated administrators who address academic accommodations on smaller campuses have become ubiquitous. However, some students described a sense that these offices focused on disability as transactional or service-oriented (certainly owing in part to limited resources, in many cases), and they desired to see a space where disability could be understood as social, cultural, and political. Such centers and spaces are very rare in higher education but ought to be considered and expanded.

It seems difficult to imagine how the academic accommodations process might be reformed to rely less on a medically based model of disability. The cornerstone of the current process is documentation of a disability, typically from medical professionals and/or based on testing. One way to think differently about this issue is to promote universal design within higher education, the notion that spaces and classrooms ought to be initially designed with the needs of the entire population in mind (Higbee, 2003; Higbee & Goff, 2008; Pliner & Johnson, 2004). Just as curb cuts, wide hallways, and power-assisted door openers promote physical accessibility, curricular elements such as the use of multiple instructional and assessment modes will promote a more universally designed classroom. As more courses and programs are universally designed, the need for specific accommodations will decrease but not diminish. Indeed, accommodations will rarely be sufficient if the overall ethos of the institution is hostile to disability.

Though a growing presence in higher education, LGBTQ resource centers are numerically few, yet may be understood as offering a space for students to explore identity, community, privilege, and oppression — interestingly, what the more numerous disability services offices may be lacking. While disability and LGBTQ resource offices perform vital functions on campus, universities must guard against the tokenization of such efforts. Merely having such an office should not allow administrators to “check the box” and assume that the work of making the institution equitable is complete. Care must also be taken to promote such spaces as intersectional identity spaces, not merely as “safe spaces” for the most privileged members of each group. In addition, institutions might consider ways to bridge the divide between academic life and student services, perhaps by creating centers that would intentionally combine such elements.

Implications for Research

This study offers a situated account of the intersectional identity conceptualization and management processes as told by one set of students who identify as lesbian, gay, bisexual, transgender, queer, or questioning and with one or more disabilities. This work examines not only the intersections of particular social identities but also the intersection of identity with contexts and environments. The context of the campus environment — a predominantly White, research-intensive university in the Southern United States — as well as the broader, conservative political environment of the region undoubtedly shaped the identity journeys of the students who participated in this study.

Conceptually, this study presents possibilities for integrating crip theory/disability studies and queer theory into the realm of student development in higher education. A queer/crip approach to understanding students’ identities challenges the binaries of able/disabled, gay/straight, out/closeted, and integrated/segmented, to name a few. On a practical level, the study offers a greater understanding of students living with multiple, intersecting social identities that are stigmatized. The study also imagines a future for queer students with disabilities (Kafer, 2013), abandoning deficit views of disability and sexuality and instead centering the activist, political, and strategic notions of identity and community offered by participants. By relating these experiences, we might better critique the design of institutions and systems that privilege heterosexuality and able-bodiedness, among other identities. The students in this study present not only possibilities for others who share their identities, but a greater understanding of the obstacles faced by marginalized groups in navigating the academy and how they might be addressed and transformed.

Scholars must rethink how disability and queerness have been constructed as individualized, need-to-know identities, constructions that demand the creation of a "closet" and disclosure process that must be repeated ad nauseum. Language of *safety* and *accommodations* implies a low bar and locates disability and sexuality as problems within the individual and not within the institution or society. This logic implies that individuals need to fit themselves to the dominant culture, if they can. Providing safety and accommodations may allow the institution (and society) to continue functioning as it always has with minor tweaks around the edges. A more fundamental shift is needed.

Future Research

Future research on these topics and identities within varying campus, geographic, and sociopolitical environments will yield new findings. This study utilized broad and unwieldy categories such as "LGBTQ" and "people with disabilities." Such labels group together incredibly diverse groups and individuals. Much future work could be dedicated to exploring the experiences of those within these broad groups. Additional perspectives from students in the hard sciences and in professional school settings could enhance future findings. In addition, students in this study tended to identify primarily with psychological/psychiatric, learning, and attention-deficit/hyperactivity disabilities. Future research might explore the experiences of queer students with visual, hearing, medical, physical, and speech/language disabilities. Lastly, though the participants in this study identified with a variety of racial and ethnic backgrounds, the study primarily consisted of White and Latina/o-identified students, which will necessitate future work to intentionally recruit African American, Asian American, and multiracial students to participate in related research.

This study yields several methodological implications for similar research. Complicating traditional binaries and understandings of identity categories necessitates a rethinking of the notion of insider/outsider research and expands notions of positionality (Kanuha, 2000). Given my own positionality, one goal of this research is to contribute to and/or open up a conversation, but not to dominate it. I am non-disabled because my body/mind are socially constructed as such. At a time in the recent past, and still present in some places, my sexuality is constructed and viewed as a disability.

Researchers must consider how studies are designed and whether they will be fully accessible to and inclusive of people with a variety of disabilities. In this study, I made it a point to discuss the flexibility of the interview process and ask participants what they required to make the experience both accessible and comfortable. To that end, interviews took place in various campus locations. I explicitly took into account and asked participants about sensory needs (e.g., lighting, temperature, ambient sound). The expectation was set with participants that they could skip questions, answer questions out of order, and take a break at any time. These issues should be considered in all studies, which should (and will) inevitably include people with disabilities, even when the primary subject matter is not disability. It is not necessary to think of these practices as accommodations, per se, but as ways to make the research process more inclusive and welcoming.

Summary

This chapter offered a discussion of the study's key findings as well as the study's limitations, significance, and implications for research and practice. The first research question for this study was: How do LGBTQ students with disabilities conceptualize their multiple, intersecting social identities, specifically the intersections of disability, gender, and sexuality? This question was taken up in discussion of study's findings on students' development of queer/disability identities, complex views on intersectionality, and methods for finding and forming community. The second research question was: How do LGBTQ students with disabilities perceive the influence of context at a predominantly White, research-intensive university in the southern United States in shaping their identity development journeys? Discussion of findings related to the second research question revealed that students performed identities contextually, encountered obstacles while persisting academically, and sought to create change in a mixed climate.

Appendix A: Recruitment Letter

LGBTQ Students with Disabilities: Opportunity to Participate in a Research Study

Intersections of Disability, Gender, and Sexuality in Higher Education:
Exploring Students' Social Identities and Campus Experiences

Dear Student:

My name is Ryan Miller and I am a doctoral student in the Department of Educational Administration at UT-Austin, with a portfolio in Disability Studies. I also work at UT-Austin in the Division of Diversity and Community Engagement. I'm interested in ways to create more welcoming, inclusive, and accessible campus cultures in higher education. For my doctoral dissertation, I am conducting a research study on the intersections of disability, gender, and sexuality among students (undergraduate and graduate). I am looking for participants who meet all of the following criteria:

(1) are at least 18 years old; and
(2) are presently enrolled as an undergraduate or graduate student; and
(3) self-identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ); and
(4) self-identify as a person with a disability of any kind. Disabilities can include, but are not limited to, attention-deficit/hyperactivity, blindness or low vision, brain injuries, Deaf/hard of hearing, learning disabilities, medical disabilities, physical disabilities, psychiatric disabilities, and speech and language disabilities.

Participants will take part in two confidential interviews, lasting approximately an hour and a half each, and an optional focus group lasting approximately an hour and a half. Your personal knowledge and experiences are very important to me. I want to assure you that your responses are confidential.

The goal of this study is to better understand the intersectional experiences of students with disabilities who identify as LGBTQ. Specifically, this study aims to explore the social identities, academic experiences, and campus experiences of students. My hope is that the findings of this project will help students, faculty, and staff contribute to a more inclusive campus climate. Participants will receive a summary of the study results. This study has been reviewed and approved by the University of Texas at Austin Office of Research Support (Institutional Review Board study number 2013-07-0046).

If you are interested in participating in this study, please contact me by telephone or e-mail, or visit the following link to leave your contact information: <insert link here>. Our first interview will be scheduled and I will ask you to complete a consent form, which you must sign prior to the first interview. A second interview will be conducted to complete the first set of interview questions and to allow for elaboration and clarification. Then, all interview participants will be invited to participate in a focus group to discuss preliminary findings that will be presented and to discuss the topics of the study with each other. All interview and focus group sessions will be audio-taped and transcribed.

Your participation in the study will be very helpful to others. Your input will help students, student affairs personnel, and university faculty and staff better understand college students with multiple identities. This study will also allow others to understand the perceptions of college students who have disabilities and who are LGBTQ. Your participation is completely voluntary, and you are free to terminate your participation in the study at any time. Again, your responses are confidential.

If you are interested in participating in the study, please contact me using the following information (email or phone):

Ryan Miller
Email address: rmiller@austin.utexas.edu
Phone: 512-471-7295

I appreciate your consideration of this opportunity. Please let me know if you have any questions.

Sincerely,
Ryan Miller

Appendix B: Recruitment Survey

LGBTQ Students with Disabilities: Opportunity to Participate in a Research Study

Intersections of Disability, Gender, and Sexuality in Higher Education:
Exploring Students' Social Identities and Campus Experiences

For my doctoral dissertation, I am conducting a study on the intersections of disability, gender, and sexuality among students (undergraduate and graduate). Participants will take part in two confidential interviews, lasting approximately an hour and a half each, and an optional focus group lasting approximately an hour and a half. I would like to invite you to participate in this study if you:

(1) are at least 18 years old; and
(2) are presently enrolled as an undergraduate or graduate student; and
(3) self-identify as lesbian, gay, bisexual, transgender, or queer; and
(4) self-identify as a person with a disability of any kind. Disabilities can include, but are not limited to, attention-deficit/hyperactivity, blindness or low vision, brain injuries, Deaf/hard of hearing, learning disabilities, medical disabilities, physical disabilities, psychiatric disabilities, and speech and language disabilities.

The goal of this study is to better understand the intersectional experiences of students with disabilities who identify as LGBTQ. Specifically, this study aims to explore the social identities, academic experiences, and campus experiences of students. My hope is that the findings of this project will help students, faculty, and staff contribute to a more inclusive campus climate. Participants will receive a summary of the study results. This study has been reviewed and approved by the University of Texas at Austin Office of Research Support (Institutional Review Board study number 2013-07-0046).

Your participation in this study is confidential.

About me and the study: My name is Ryan Miller and I am a doctoral student in the Department of Educational Administration at UT-Austin, with a portfolio in Disability Studies. I also work at UT-Austin in the Division of Diversity and Community Engagement. I'm interested in ways to promote more welcoming, inclusive, and accessible campus cultures in higher education. If you'd like to know more about me or to talk about this project before you decide to participate, please contact me by email: rmiller@austin.utexas.edu or by phone: 512-471-7295.

Please forward this invitation to any students who may be interested. Thank you for your time and attention.

Interested in participating or finding out more? Please fill in your name below (your first name or a nickname only is fine).

____

What is your email address? I will contact you with more information.

____

If you would like to be contacted by phone, please list your phone number here. This is optional.

____

If you would rather contact me directly for more information or to sign up for this study, please do:
Ryan Miller
By email: rmiller@austin.utexas.edu
By telephone: 512-471-7295

Thank you! Please click the arrows below to submit your information and I will contact you shortly.

Appendix C: Consent for Participation in Research

Title: Intersections of Disability, Gender, and Sexuality in Higher Education: Exploring Students' Social Identities and Campus Experiences

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. The person performing the research will answer any of your questions. Read the information below and ask any questions you might have before deciding whether or not to take part. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about students who self-identify with a disability and as lesbian, gay, bisexual, transgender, or queer (LGBTQ). The purpose of this study is to better understand students' descriptions of their social identities, academic experiences, and campus experiences.

What will you to be asked to do?

If you agree to participate in this study, you will be asked to participate in two interviews, lasting approximately an hour and a half each. You will be interviewed one-on-one by the principal investigator. At the conclusion of the two interviews, you will also be invited to participate in a focus group with other study participants, which will last approximately and an hour and a half. This study will take approximately four and a half hours total of participation. Your participation in interviews and the focus group will be audio recorded. The full study will include approximately 20 study participants.

What are the risks involved in this study?

There are minimal foreseeable physical, psychological, social, or other risks associated with being a participant in this study. There is a small chance that some participants may become upset from responding to questions about their experiences with harassment or discrimination due to disability, gender, and/or sexuality. Because participants may discuss issues of a sensitive and/or emotional nature during the interviews, there is a potential for distress. All participants will be provided will referral information for on-campus resources including the Counseling and Mental Health Center, Gender and Sexuality Center, and Services for Students with Disabilities.

In addition, if you participate in the focus group portion of the study, your participation in this study will become known to other participants who also choose to participate in the focus group.

What are the possible benefits of this study?
The possible benefits of participation are a greater understanding of yourself and your multiple social identities. In addition to any benefits you may experience, anticipated benefits from this research include an increased awareness and understanding of the concerns facing LGBTQ students with disabilities. Increased awareness would benefit college/university faculty, administrators and student affairs professionals and allow them to make appropriate adjustments to classes, services, and programs in order to better serve students.

Do you have to participate?
No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with The University in any way.

If you would like to participate, return this signed form to the principal investigator (Ryan Miller). You will receive a copy of this form.

Will there be any compensation?
You will not receive any type of payment for participating in this study.

How will your privacy and confidentiality be protected if you participate in this research study?
Your privacy and the confidentiality of your data will be protected by securely storing all data associated with the study and by attaching pseudonyms (rather than your real name) to your interview transcripts. Your real name will not be used on any information that is shared or published. When analyzing, sharing, and publishing any data related to the study, only pseudonyms and identity categories will be used to refer to participants to protect confidentiality. Responses will not be linked to respondents' identities unless required by law.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, your real name, or with your participation in any study.

If you choose to participate in this study, you will be audio recorded. Any audio recordings will be stored securely and only the researcher will have access to the recordings. Once all recordings for the study are transcribed, the audio recordings will be destroyed and only transcripts identified by pseudonyms will be retained by the researcher.

Whom to contact with questions about the study?
Prior, during or after your participation you can contact the researcher, Ryan Miller, at 512-471- 7295 or send an email to rmiller@austin.utexas.edu for any questions or if you feel that you have been harmed.

This study has been reviewed and approved by The University Institutional Review Board and the study number is **2013070046.**

Whom to contact with questions concerning your rights as a research participant?
For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

Participation
If you agree to participate, return this signed form to the principal investigator (Ryan Miller). You will receive a copy of this form. You will be contacted to arrange a convenient time for the first interview.

Signature
You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

____
Printed Name

___________________________________ ________________
Signature Date

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this research study.

____
Print Name of Person obtaining consent

___________________________________ ________________
Signature of Person obtaining consent Date

Appendix D: Interview Protocol

Thank you for agreeing to participate in this interview. Before we get started, I want to tell you a little bit about this research project and about myself. I also want to talk to you about my approach in this study to research methods and how my view of the world as a researcher influences the ways this study is conceived. Then I have some general information about the interview to share with you and a few questions to ask you:

- I have talked to you about the consent form. Do you have any questions about it? Would you sign the consent form at this time?

- I am going to give you a copy of the consent form, study invitation, and a list of resources on campus in case you'd ever like to use them.

- This interview will take up to two hours. What time do you need to leave today? If you want to take a break at some point, just let me know.

- After this interview, if you agree, we may have one follow-up interview to complete any questions that we were not able to discuss today and to reflect a bit more on the topic of this study.

- I'd like to audio record this interview so I can make sure to capture your words accurately. Your name and identifying information will not be included on the interview transcript or in any data analysis. Do I have your permission to audio record?

- I have several sets of questions we can talk through about your life as a student here, how you identify yourself, your experiences on campus, and your allies. There are four sections with about seven questions each. I'll let you know as we move from one section to the next.

- Your privacy and confidentiality are very important to me. Please keep in mind that you can skip any question if you like. If you'd like to elaborate on any of your answers, please do. Do you have any questions before we get started?

First, please tell me about your life as a student, past and present.

1. Why did you choose to attend this university?

2. Tell me a little bit about your experience in schools growing up and (for graduate students) your undergraduate experience.

3. What are you now studying and how did you choose it?

4. Are you involved in any organizations and out-of-class activities? What are they?

5. What are some campus resources that you tend to use?

    a. *If examples are needed:* Library, career services, campus recreation, disability services, LGBT resources

6. What do you like about being a student on this campus?

7. What do you dislike about being a student here?

Next, please tell me about how you identify yourself.

8. How do you describe or identify yourself to others?

9. What are some of your social and cultural identities that you'd be willing to share with me?

    a. *If examples are needed:* Gender, gender identity, race, ethnicity, sexual orientation, disability or ability, religion, socioeconomic status, age

    b. *If not answered above:* How do you describe your sexual orientation?

    c. *If not answered above:* How do you describe gender, gender identity, and/or gender expression?

    d. *If not answered above:* How do you describe any disabilities that you identify with?

10. Please tell me about a typical day and how your identities shape your daily experiences.

11. Do you identify with the lesbian, gay, bisexual, or transgender communities? If so, to what degree and/or in which contexts?

    a. *If needed:* Tell me about a time when you felt part of the LGBT communities.

12. Do you identify with the disability and/or Deaf communities? If so, to what degree and/or in which contexts?

    a. *If needed:* Tell me about a time when you felt part of disability communities.

13. Of the social and cultural identities you have shared, which are significant or important to you (that is, are salient to you on a routine basis)?

14. Which social and cultural identities are <u>not</u> usually significant or important to you (that is, not salient on a routine basis)?

15. How would you describe the relationship among your multiple identities?

    a. *If not answered above:* How would you describe the relationship between your disability identity and your other identities?

    b. *If not answered above:* How would you describe the relationship between your LGBT identity and your other identities?

    c. *If not answered above:* How would you describe the relationship between your disability and LGBT identity?

16. Thinking about what we have discussed with regard to your identities, what are some key moment(s) that you would say led to how you currently identify yourself?

17. Tell me about how you decide whether and how to disclose or share your identities with others.

    a. *If needed:* Can you tell me about a time when you decided to disclose or not disclose your identities to others? What was your thought process?

18. What aspects of your identities do you particularly enjoy?

Now, let's talk about your experiences on campus, including places you visit and any discrimination you may have experienced.

19. What are your experiences in classes?

20. How would you describe your interactions with faculty?

21. What places on campus do you tend to visit or go to at least once a week?

    a. *If not answered above:* Are there any (other) LGBT-identified or disability-identified spaces that you visit every now and then?

22. What places on campus do you think are friendly, inclusive, and supportive?

23. Are there any settings on campus in which are your social identities particularly important or significant to you?

    a. *If examples are needed:* In classes, student organizations, social events, interactions with faculty, informal time on campus

    b. *If not answered above:* In what settings on campus is your disability particularly important or significant to you?
    c. *If not answered above:* In what settings on campus is your LGBT identity particularly important or significant to you?

24. Are there any places, settings, or events on campus that you try to avoid?
25. In your interactions with other people with disabilities, what do you see as their responses to your LGBTQ identity?
26. In your interactions with other LGBTQ people, what do you see as their responses to your disability identity?
27. Could you describe any discrimination or prejudice you have experienced?
    a. *If not answered above:* Could you describe any discrimination you have experienced because of your disability?
    b. *If not answered above:* Could you describe any discrimination experienced because of your LGBT identity?
    c. *If not answered above:* Have you experienced any discrimination in a disability-identified or LGBT-identified space?
28. Have you experienced any discrimination where you were uncertain why you were being discriminated against?

I'd like to wrap up the interview now with a few concluding questions about your allies and moving forward.

29. Who would you say are some allies in your life—people who support you and work to end discrimination? Tell me about them and why you consider them to be allies.
30. If someone on campus wanted to be an ally to you, what you say that they should do?
    a. What (else) would your ideal LGBT ally do and say?
    b. What (else) would your ideal disability ally do and say?
31. What advice would you give to faculty members and administrators about improving the campus climate and experience for LGBT people with disabilities and other students with multiple identities?

32. What would an inclusive queer/disability community look, sound, feel like?
33. What do you consider to be the most important topics we talked about today?
34. Is there anything you would like to add?
35. Would you be interested in potentially participating in a focus group on this topic with others who have been interviewed? Why or why not?

Thank you again for your participation. I will be in touch again with you regarding the focus group and to share a transcript of this interview so you may verify your comments. If you know any other students who might fit the criteria for this study, please pass the word along and have them contact me.

Appendix E: Initial Code List

INITIAL CODES

1. "Can't get out of bed"
2. "My place on campus"
3. Academic/Classroom/Faculty
4. Accessibility
5. Accommodations
6. Activism
7. Advice
8. Affirmation
9. Ally/Supporter
10. Belonging/Engagement
11. Campus Dislikes
12. Campus Likes
13. Catalytic Validity
14. Climate
15. College Choice
16. Community Disability
17. Community Queer/Disability
18. Community Queer
19. Competition/Pressure
20. Conformity
21. Context
22. Counseling Center
23. Daily Experience
24. Diagnosis
25. Disability Hierarchy
26. Disability Services
27. Disability Signifier
28. Disclosure
29. Discrimination
30. Energy
31. Expectations
32. Family
33. Finances/Jobs
34. First Generation
35. Focus Group
36. Four Year Graduation
37. Fraternities-Sororities
38. Friends
39. Futures
40. Hot Quotes
41. Identities Shifting

42. Identity
43. Identity - Disability
44. Identity - Enjoy
45. Identity - Gender
46. Identity - Moments
47. Intersectionality
48. Introversion
49. K-12/Formative Experiences
50. Language
51. Leadership
52. Legitimacy
53. LGBT Center
54. Living Situations
55. Local Community/Off Campus
56. Major/Field of Study
57. Medical
58. Methodology
59. Microaggressions
60. Misidentification
61. Non-binary
62. Online community
63. Organizations
64. Outsider
65. Partners
66. Passing
67. Performativity
68. Politics
69. Queer/Disability Overlap
70. Race
71. Research
72. Resources
73. Retention
74. Salience
75. Sexuality
76. Socioeconomic Status
77. Spaces Avoided
78. Spaces Triggering
79. Spatiality
80. Spoons
81. Staff/Administrators
82. Stigma
83. Student Neighborhood
84. Survival
85. Teaching

86. Temporality
87. Transfer/Non-Traditional

Appendix F: Sample In Vivo and Process Codes (Zachary's Interview)

IN VIVO CODES (95)

1. "Came in as undeclared"
2. "I wasn't sure what to do"
3. "I was really into theater"
4. "I wanted to stay in a large city"
5. "Film is like a fusion of all these different art forms"
6. "Scared and excited about [program in Los Angeles]"
7. "I know I want to do some kind of activist work if I can with film"
8. "I'm going to get a grasp on where I fit in all this"
9. "I still have quite a bit of time at this campus"
10. "I was very active in the theater scene"
11. "Did a show almost every semester"
12. "Looking for some community service"
13. "Joined an acapella group"
14. "I was really scared"
15. "But I was really glad I did it"
16. "Interning right now"
17. "I love stuff like this, having conversations"
18. "I was having heart palpitations last year"
19. "I study on my own time"
20. "I don't always feel productive [at the library]"
21. "There are so many opportunities all the time for everything"
22. "I entered a film festival"
23. "Who knows what I would have done?"
24. "I like the general environment"
25. "People have been really kind and interesting"
26. "It's not really reflective of the real world"
27. "I live in west campus"
28. "I just want to be close to campus"
29. "I am not a fan of drinking culture"
30. "I've been very particular about where I've lived"
31. "It smelled like alcohol everywhere"
32. "I've been shouted at"
33. "I've never felt too unsafe"
34. "I've talked to women who have felt unsafe"
35. "It's so White"
36. "I've heard a lot about gentrification"
37. "I haven't been to the gender and sexuality center a lot"
38. "I've had so many resources here and community also"
39. "There are a lot of great people I've met here"
40. "I'm in Introduction to LGBTQ studies"
41. "It's been really awesome"

42. “I’m not sure I would have gotten that opportunity elsewhere”
43. “We can still have things like this”
44. “I wanted to go somewhere that’s big”
45. “You can be in such a low place”
46. “You’re really privileged to be here in the first place”
47. “I identify as queer and gay”
48. “I identify as a White person, a man, a cisgender man, temporarily able bodied”
49. “Disability is something I’m still discovering about myself”
50. “I think it’s a mental disability”
51. “I’m sure there’s more that I’m leaving out because of my privilege”
52. “I think a lot about queerness”
53. “It’s something I like to see all the time”
54. “I value weirdness which I’ve learned goes along with the queerness”
55. “Queerness doesn’t just apply to your sexuality”
56. “Not wanting to go with all of the socialization you’re getting”
57. “I identify culturally as Jewish”
58. “I have to monitor what I do”
59. “I really strongly identify with the community”
60. “It’s been really nice, to just explore it”
61. “There’s a lot to explore”
62. “I like that queerness embraces that”
63. “I live with someone who is basically closeted”
64. “Can we have a conversation about this please?”
65. “I’m lucky to have been able to find that here”
66. “I don’t know much about the community here”
67. “I don’t really know what to do around that”
68. “I used to think I had obsessive compulsive disorder”
69. “I would clear my throat a lot”
70. “I didn’t really think much of it”
71. “I noticed I kept doing it a lot”
72. “I thought it would go away, but it didn’t”
73. “I think I have anxiety”
74. “I just don’t have a word for it”
75. “I have a mild form of it”
76. “It would affect my relationships with roommates”
77. “At certain times in my life, it’s more and less strong”
78. “I do want to figure it out”
79. “At least one person to talk to about it”
80. “I’m glad I have at least that”
81. “It was just over Facebook chat”
82. “I have the privilege of being able to pass as not having a disability”
83. “I always put queerness first”
84. “I do think about queerness a lot”
85. “I want to think more about my identities”

86. “I do think about it a lot but not critically”
87. “Hiding it, not hiding it”
88. “I’m starting to notice more things with physical ability”
89. “My Jewishness impacted my queerness”
90. “My status as a White man definitely impacts my status as a gay man”
91. “I usually do leave disability out”
92. “Avoiding round up weekend”
93. “Most places I go, I feel welcome”
94. “I do want to have space to explore my identity”
95. “I live on egg shells”

PROCESS CODES (44)

1. Deciding (between universities)
2. Deciding (on major)
3. Choosing
4. Wanting to stay (in a big city)
5. Realizing theater was difficult
6. Taking film classes
7. Staying for two more years
8. Grasping what to do in the future
9. Deciding
10. Becoming a filmmaker
11. Looking for community service
12. Winning admission to comm school
13. Singing acapella for fun
14. Working at the university
15. Working for orientation
16. Interning
17. Using resources
18. Studying independently
19. Choosing a major
20. Enjoying the environment
21. Living near campus
22. Doing things on campus
23. Avoiding drinking culture
24. Feeling safe/unsafe
25. Developing a queer identity
26. Acknowledging privilege
27. Appreciating the university
28. Discovering disability
29. Understanding queerness
30. Valuing weirdness
31. Identifying with LGBT community

32. Navigating roommate conflict
33. Confronting closeted roommate
34. Learning about disability
35. Interacting with disability
36. Noticing throat clearing
37. Lacking vocabulary
38. Figuring out disability
39. Touching queerness
40. Touching disability
41. Walking on campus
42. Interrupting sexist jokes
43. Confronting group leader
44. Living on egg shells

Appendix G: Ordered Situational Map

Individual human elements/actors
Students who identify/are labeled as queer/disabled
Faculty members
Administrators and staff members
Parents and family members
Romantic partners/significant others
Friends

Nonhuman elements/actants
The institution
Technology (assistive technology)
Disability accommodation letters
Medications
Disability testing
Diagnosis
Language
Nonverbal interactions
Identity confusion/uncertainty
Gender pronouns
Gender norms
Gender expression
Extroverted norms at the university
Performativity
Heteronormativity

Collective human elements/actors
“The” faculty
“The” administration
Bias incident response team
Disability services staff
LGBT/women’s center staff

Implicated/silent actors/actants
Allies
Fraternity/sorority members

Discursive constructions of individual and/or collective human actors
Students viewed as problems
Disabled people as incapable
Queer people as deviant
Faculty as uncaring
Romantic partners as allies
Stereotypes
Scripts
Individualism vs. collectivism

Discursive constructions of nonhuman actants
Diagnosis as liberating/necessary
Incorrect diagnosis
Surprising diagnosis

Political/economic elements
University’s four-year graduation campaign
Conservative political climate
Tuition rates (rising)
In-state tuition rates

Sociocultural/symbolic elements
Class/socioeconomic status
Race, ethnicity, and nationality
Age
Religion

Temporal elements
Queer/crip time
Ability/disability as temporary
Past gender/sexuality identifications
Attendance requirements
Free time
University temporalities as arbitrary
Cyclical/seasonal disabling experiences
Time as commodity/limited resource
Time as individual commodity
Time as within one’s control
University’s four-year graduation campaign
“Class of 2015”
“Knowing your major on day one”
Time needed to secure disability accommodation letters
Time needed to perform queer/disabled
Time required to be an activist
Time spent navigating university resources
Timed exams and class assignments
Expectations of daily activity on campus
Tempo of campus life
“Some days I can’t get out of bed”
Bodily needs at times considered inappropriate
Identities constructed on non-normative timetables
“It gets better”
Waking hours/sleep
Age appropriate expectations
Time in college as limited/running out

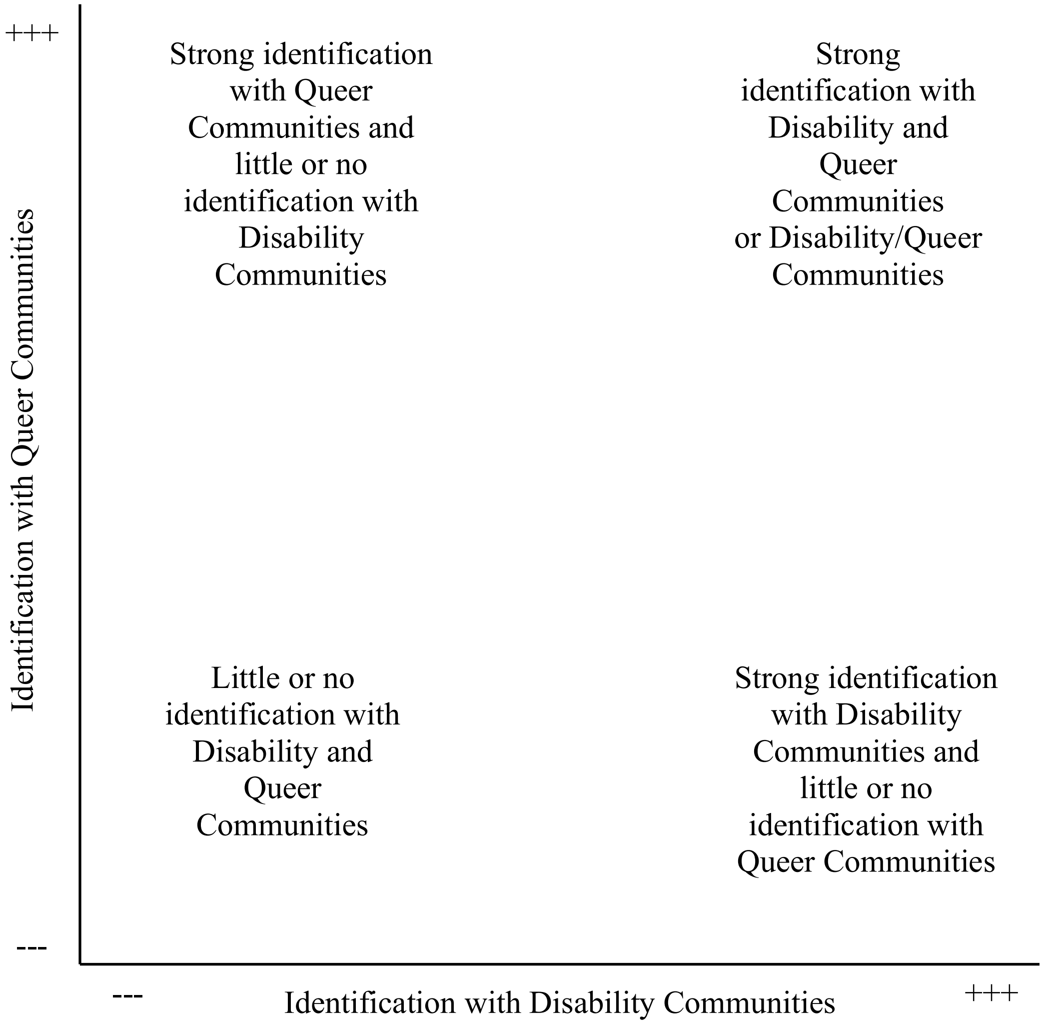
Spatial elements
Queer/crip space
Safe space
Quiet spaces
Avoided spaces
Spaces that trigger anxiety
Gay White men’s space
“My place on campus”
Medical/service provider space
Campus buildings
Space between classes/buildings
Space for introverts
Community space
Gay bars
Straight bars
Hills and inclines on campus
Student neighborhood near campus
Library
LGBTQ/women’s center
Disability services
Multicultural center
Universal design
Campus athletic spaces
Light
Temperature

Major issues/debates (usually contested)
Liberal reputation of university
Disability as incompatible with university life
Hierarchy of disability
Rejecting binaries
Accessibility
Tokenism
Overt vs. covert discrimination
Homonormativity vs. queerness
Medical model of disability
Social model of disability
Radical model of disability
Disability as identity vs. experience/phenomenon
Identity as pride vs. need-to-know basis
Queerness as public/political
Disability as personal/private/apolitical
Identity for personal reasons vs. understandable for others
Identity as contextual
Code switching

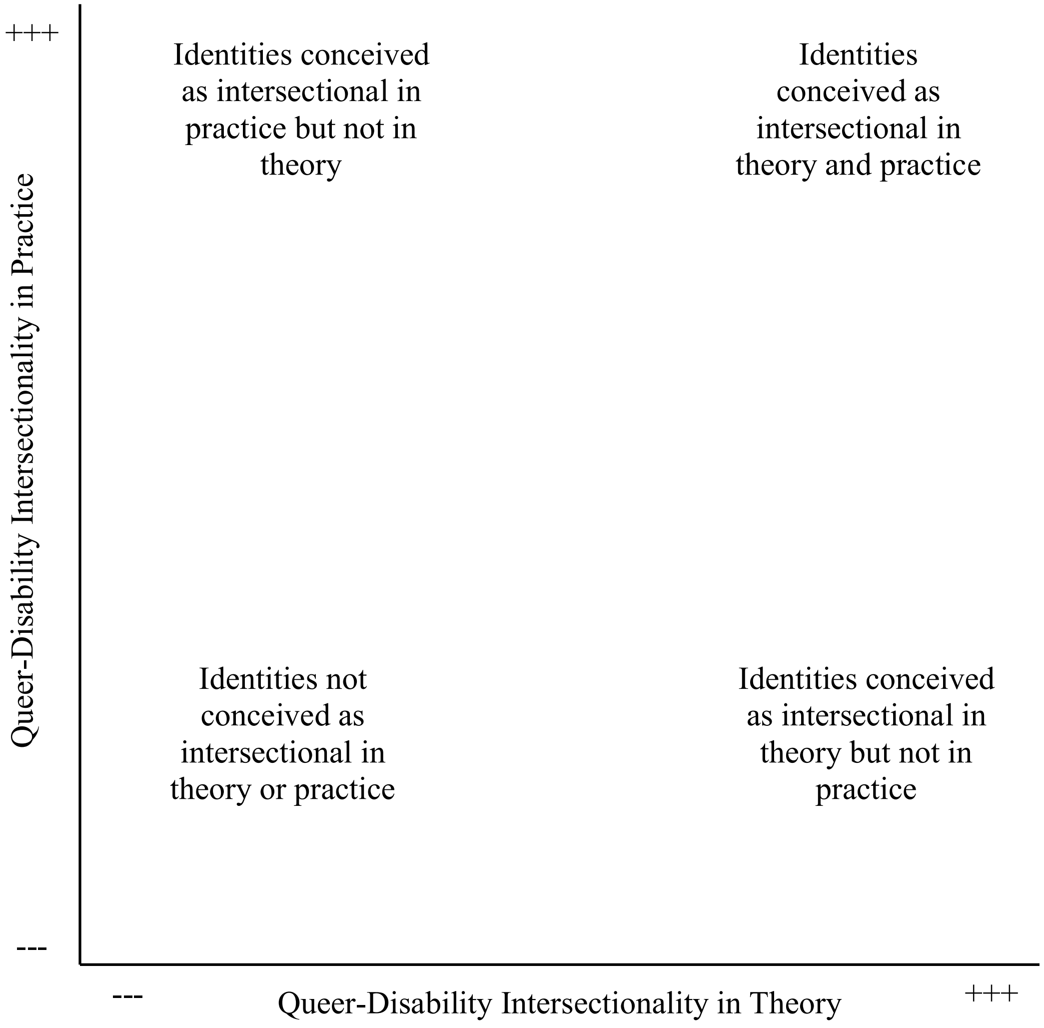
Related discourses (historical, narrative, and/or visual)
Campus climate
Intersectionality
Binaries/dualisms/dichotomies
Race/racism
The closet
Marriage/engagement
Coming out
Passing
Visibility
Disclosure
Accommodations
Universal design
Allies/allyship

Appendix H: Positional Maps 1-5

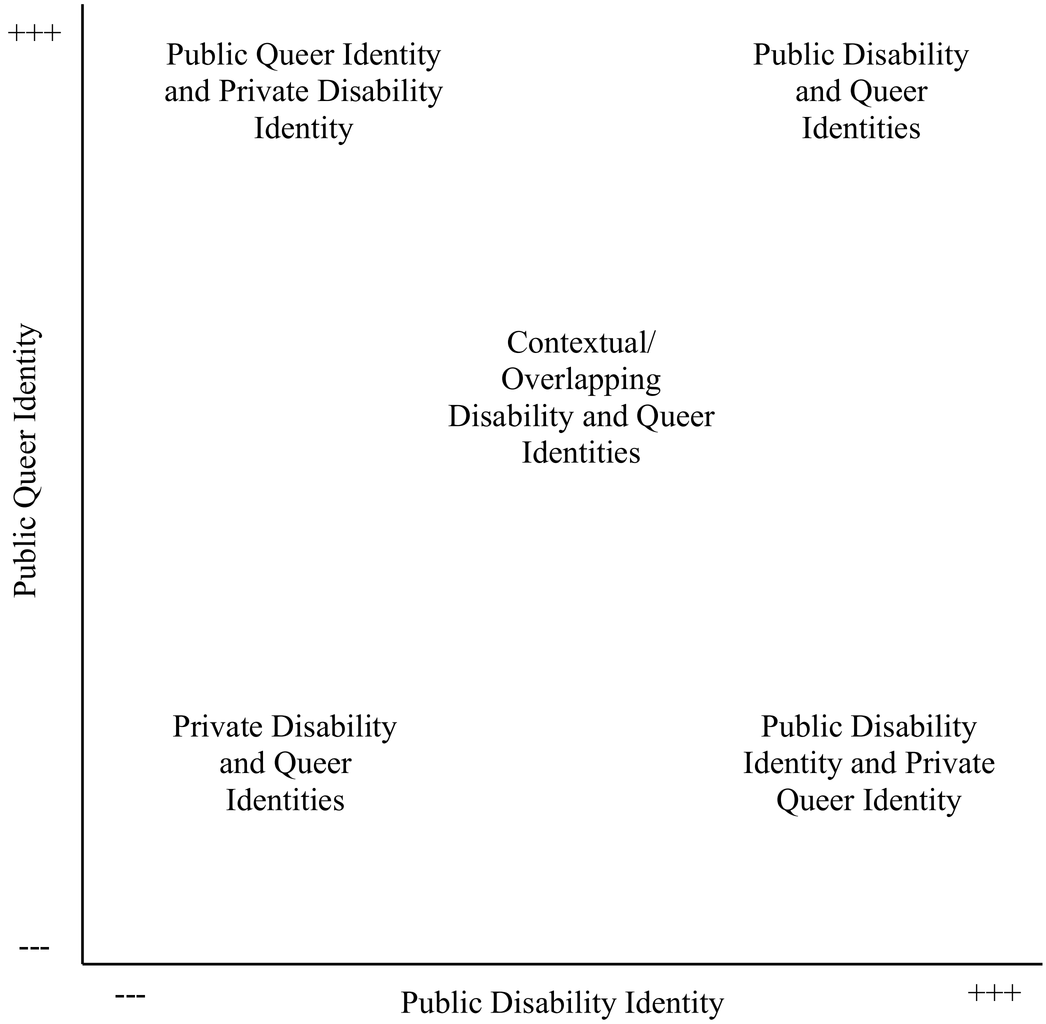
Positional map 1: Participant Identification with Disability and/or Queer Communities



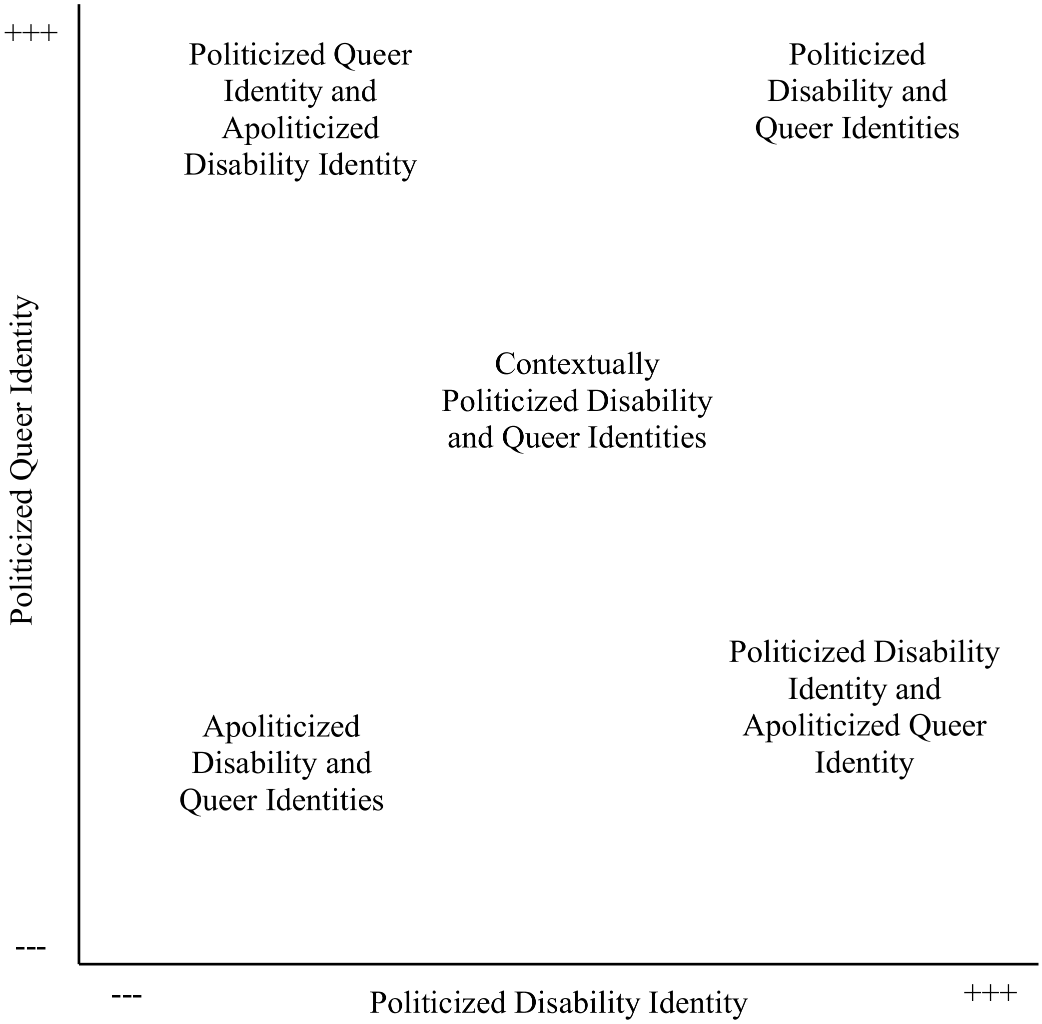
Positional map 2: Queer/Disability Intersectionality in Theory and Practice



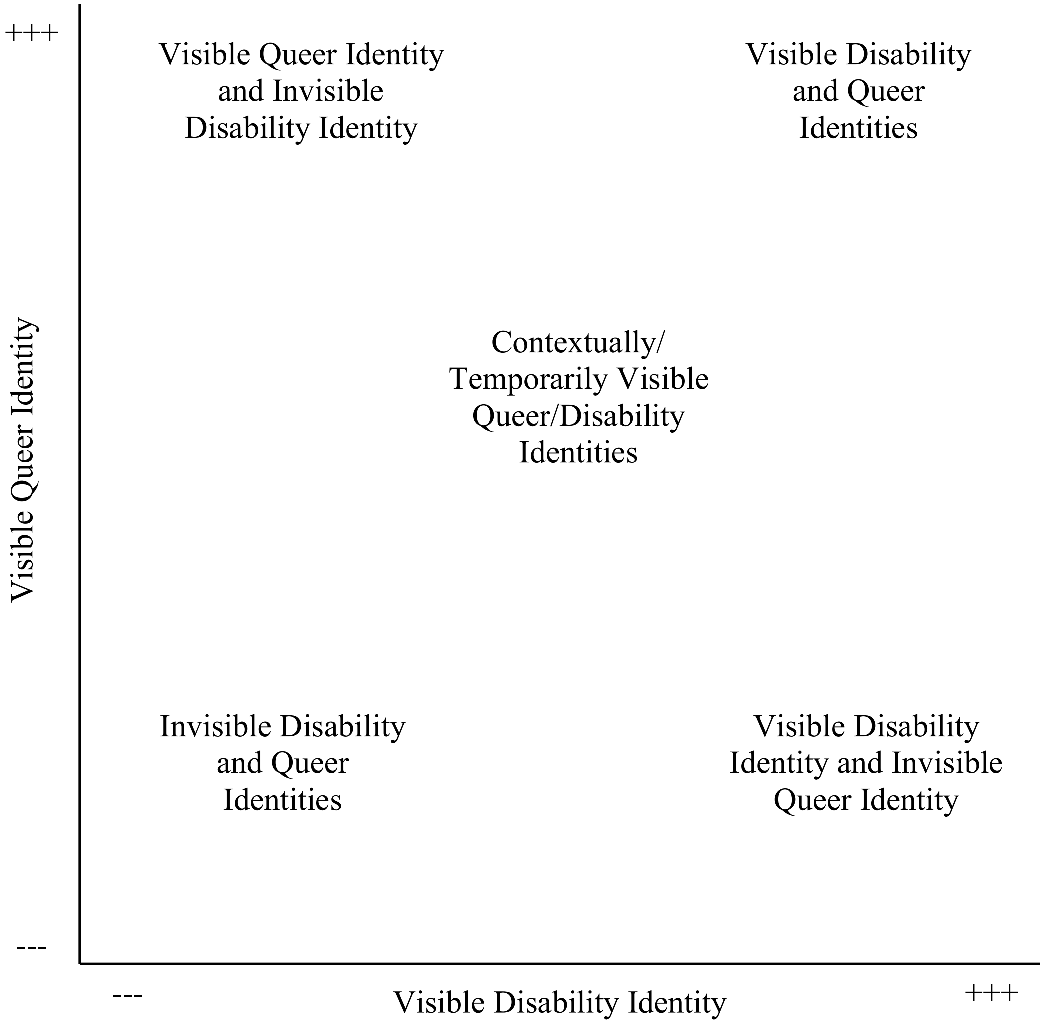
Positional map 3: Public/Private Queer/Disability Identification



Positional map 4: Political/Apolitical Queer/Disability Identification



Positional map 5: Perceived Visibility of Queer/Disability Identities



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