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Undergraduate Students with Nonapparent Disabilities Identify Factors that Contribute to Disclosure Decisions

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ABSTRACT

The purpose of this qualitative study is to explore the reasons university students with nonapparent disabilities gave for formally disclosing their disability and seeking the university's disability services or not and the consequences they associate with their decisions. Conducted in a Mid-western four-year university, nine students with self-identified nonapparent disabilities participated in the study. Qualitative semistructured interviews were conducted to gather indepth data from participants. A five-stage approach to qualitative data analysis was adapted to analyse the data. The findings indicate positive experiences with formal disability disclosure, but revealed barriers impeding students' desire to disclose. Recommendations challenge colleges and universities to create an inclusive ethos for all students with disabilities by removing barriers impeding their full participation in academia.

KEYWORDS

Academic accommodations; college/university; disability disclosure; disability support services; qualitative; students with disabilities; undergraduates

Introduction

Recent research indicates that college and university students with disabilities are successfully persisting and earning degrees (Wessel, Jones, Markle, & Westfall, 2009). For the subgroup of students with disabilities who require accommodation, their success is often correlated with their ability to submit appropriate disability documentation, self-advocate and receive the necessary support facilitated by the campus disability support services (DSS) office (Hudson, 2013).

College and university students are responsible for deciding whether or not they choose to formally disclose and verify their disability to the institution's DSS office in order to request and receive disability services or academic accommodations. Unlike K-12 schools, which are required by federal law to identify and provide accommodation for students with disabilities, colleges and universities do not have similar legal obligations (U.S. Department of Education, Office of Civil Rights, 2011). In academic settings, disability self-disclosure is defined as sharing personal information about one's disability to the campus disability support office with corresponding professional documentation of the disability and how it impacts the student (Barnard-Brak, Lechtenberger, & Lan, 2010).

Relevant Definitional Issues

Disabilities that are not immediately noticed by an observer (Valeras, 2010) are the most common types of disabilities among college and university students (Belch, 2011; Troiano, Liefeld, & Trachtenberg, 2010). These types of disabilities are given different designations by disability scholars, namely, nonapparent disabilities, hidden disabilities and invisible disabilities. There is disagreement about which and when each term is most appropriate. Olney and Brockelman (2005) pointed out that the term invisible disability suggests that individuals with a disability fully control if they reveal or conceal their disability, while a hidden disability is a less permanent state, in which the hidden disability may become visible depending on the context. While some scholars use the terms interchangeably (Goldberg, Killeen, & O'Day, 2005), others refrain from placing 'people into clear-cut categories, [in an effort to honor] the multiplicity and malleability of identity' (Valeras, 2010, para. 2). Still, some scholars argue that the semantic differences between these terms are ambiguous (Gilson, Tussler, & Gill, 1997).

For the purposes of this article, the term 'nonapparent disabilities' is used and refers to all impairments with physical and psychological characteristics that are not readily recognised by an onlooker (Santuzzi, Waltz, Finkelstein, & Rupp, 2014). Examples of nonapparent disabilities include, but are not limited to, sensory disabilities (i.e. hearing or vision impairments); cognitive disabilities (i.e. traumatic brain injuries, Autism Spectrum Disorders, attention deficit hyperactivity disorder [ADHD] and learning disabilities); psychological disorders (i.e. depression, anxiety and mood disorders, post-traumatic stress disorder); and medical conditions (i.e. cancer, diabetes, multiple scoliosis, chronic fatigue syndrome and chronic pain).

Primary Disability Legislations Impacting Higher Education in the United States

Higher education officials in the United States are obliged to comply with two primary pieces of legislation intended to prohibit discrimination on the basis of disability and provide equal access to education for college and university students with disabilities. These two core laws are, the American with Disabilities Act (ADA) of 1990, which was amended in 2008 and is known as the American with Disability Amendments Act (Americans with Disabilities Act Amendments [ADAA], 2008); and The Rehabilitation Act of, 1973 (29 U.S.C. § 701) particularly section 504 (42 U.S.C. § 12102). According to the ADA, a person with disabilities is an individual who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment (29 U.S.C. § 705(20)(B) and 42 U.S.C. § 12102). The ADA Amendments Act significantly expands the definition of disability and extends benefits to a greater number of persons with varied long-lasting health conditions or chronic illnesses, which can include limiting one or more physical activities such as walking, climbing stairs, lifting or carrying. Because these are the parameters that govern higher education in the United States, this is the contextual definition of disability that undergirds discussion in this article.

The Disability Discloser Dilemma

Research and scholarship suggest that disclosure of a disability is related to such factors as the student's need for accommodation, the student's ability to document and verify a disability, perceived and real stigma, fear of discrimination and marginalisation, quality and availability of services for students with disabilities, awareness of disability services, desire to have a new identity in college different than that in high school, negative attitude from faculty and staff, distrust of disability staff, and type of disability (Barnard-Brak, Sulak, Tate, & Lechtenberger, 2011; Hudson, 2013; Kranke, Jackson, Taylor, Anderson-Fye, & Floersch, 2013; Thompson-Ebanks, 2014). Further, while the estimated number of students with disabilities in colleges and university is approximately 13% of the student population (Pryor, Hurtado, DeAngelo, Palucki Blake, & Tran, 2010), reportedly only 1–3% of that number seek the institutions' disability services (Hartman, 1993).

It should be noted that not all students with disabilities require an accommodation. For example, a student who uses a wheelchair on a physically accessible campus, or a student whose daily functioning is not impeded by a disability, or a student who has a disability that is being managed with appropriate medication, may be eligible for but not need any form of accommodation from the institution.

There is evidence that deciding whether or not to formally disclose their disability to the institution is more complicated for college students with nonapparent disabilities. Disclosure is considered a 'risky business' in which the risks involved sometimes outweigh the benefits of disclosing (Corrigan & Matthews, 2003; Venville, Street, & National Centre for Vocational Education Research, 2012). Unlike students with apparent disabilities, students with nonapparent disabilities must intentionally disclose the disability to others. Risks associated with disability disclosure may include fear of being stigmatised and/or discriminated against, socially isolated, or treated differently; benefits may include improved academic and social support and psychological wellbeing (Corrigan & Matthews, 2003; Denhart, 2008). Trammell (2009) likened the disability disclosure process to students metaphorically putting on a 'red shirt' that immediately confers on them a label that creates a perception of 'otherness'. All students with disabilities regardless of whether or not the disability is readily recognisable by others must manage their personal information and decide when, with whom, and how much information they share about their disability (De Cesarei, 2014). However, the factors and decision-making process that students with apparent disabilities consider may be different from those with nonapparent disabilities (Hoppe, 2010), especially because many nonapparent disabilities are often misunderstood (Trammell, 2009). Kranke et al. (2013) grouped higher education students' disability disclosure decisions into three primary categories: (a) students disclose their disability immediately in order to raise professor awareness; (b) students delay disclosure until their disability limits their functioning; and (c) students do not disclose at all. Kranke et al. (2013) results support the findings of other researchers who found that many college students with nonapparent disabilities delayed disclosing and requesting disability services until they experienced academic difficulties (Getzel & Thoma, 2008).

Due to the perceived social costs associated with disability disclosure, many students with nonapparent disabilities make an effort to conceal their disability in order to 'pass' as a student without a disability (Selznick, 2014). While some students with either an apparent or nonapparent disability seem to fare well academically without formally disclosing their

disability (Trammell, 2009), other students who fail to disclose report engaging in a self-defeating process of either struggling academically or leaving the institution without completing their degree (Getzel & Thoma, 2008).

To understand the reasons for students with nonapparent disabilities to formally disclose or not disclose to an institutions' disability services remains an underexplored phenomenon in academe. This research reports on the data collected from interviews with nine undergraduate students with self-identified, nonapparent disabilities designed to explore the following research questions:

- (1) What reasons do university students with nonapparent disabilities provide for deciding to disclose their disability to DSS, and what do they perceive are the associated consequences of doing so?
- (2) What reasons do university students with nonapparent disabilities provide for deciding not to disclose their disability to DSS, and what do they perceive are the associated consequences of doing so?

Theoretical Framework

Critical disability theory provides the lens through which this study is conceptualised and analysed. Informed by the social model of disability, which recognises systematic societal barriers as disabling forces for people with disabilities rather than the impediments themselves, Hosking (2009) asserted that critical disability theory recognises:

Disability as a complex socially constructed interrelationship between impairment, individual response to impairment, and the social environment and that the social disadvantage experienced by disabled people is caused by a social environment which fails to meet the needs of people who do not match a society's expectation of 'normalcy'. (p. 16)

Critical disability theory recognises that many of the challenges people with disabilities face are not related to their impairment, but rather are imposed by societal social structures and strictures. The theory also asserts that discrimination against people with disabilities is so ordinary that it is invisible (Rocco, 2005). As such, one of the primary goals of critical disability theory is to challenge discrimination, inequalities and oppressive practices against people with disabilities (Kumari-Campbell, 2008). In order to address discrimination, this theoretical approach 'privileges the voices of people with disabilities and relies on their voices to challenge the negative attitudes toward the disability community' (Hosking, 2009, p. 17). Drawing upon critical disability theory, this research privileges the experiences of university students with nonapparent disabilities regarding their decision to disclose or not disclose their disability to DSS; further, this study pays particular attention to insights students offer about structural or attitudinal adjustments that could address social or environmental barriers they faced because of their disabilities.

Purpose of Study

Despite the growing body of research regarding the needs of students with disabilities in higher education and the barriers they face, how students with nonapparent disabilities navigate universities in terms of disability disclosure (Kranke et al., 2013) and access services remain an understudied aspect of research (Mullins & Preyde, 2013).

Given the importance of formal disability disclosure in accessing disability accommodations, this qualitative study explores the reasons university students with nonapparent disabilities provide for deciding whether or not to disclose their disability to the institutions' disability services.

Research Methodology

Students who completed an Institutional Review Board approved online survey that was distributed in summer 2014 to all 10,100 undergraduates at a Mid-western land grant university had the option to contact the researcher if they were interested in participating in a follow-up face-to-face interview. The survey was distributed to the institution's undergraduates' listserv by the university's public relations department on behalf of the researchers. The survey sought to examine and compare the characteristics of undergraduate students who reported having disabilities and formally disclosed and those who chose not to disclose. A total of 111 students completed surveys, and of that number 31 students identified as having disabilities. Remarkably, 29 of the 31 students indicated having one or more nonapparent disabilities (cognitive and learning, intellectual, psychological/psychiatric or other health impairments). Results from this survey are presented in another publication.

The interview component of this study explored reasons that participants gave regarding disclosing their disability to disability services on the campus. Interested students e-mailed the researchers and an interview was arranged. Of the 14 students who contacted the researchers, 9 students with nonapparent disabilities followed through with the interview. Those students who did not complete interviews or cancelled their appointment reported having health issues and/or other immediate eventualities requiring their attention.

Demographics

Although 10 undergraduate students agreed to participate in face-to-face interviews, only 9 students self-reported having nonapparent disabilities; the remaining student reported an apparent physical disability. This paper presents qualitative data gleaned from the nine interviews with students who reported having one or more nonapparent disability/ies. The researcher chose not to include the narrative of the one student with an apparent disability because the experiences are distinct and can be easily identified by the campus community. Researchers are ethically obligated to keep research participants' information confidential and anonymous. To safeguard confidentiality, pseudonyms are used for all participants and any identifying characteristics were removed.

Of the nine students who self-reported having nonapparent disabilities or health impairments, five were females and four were males. Five students reported having one disability; four individual students each reported having two, three, four and five disabilities, respectively (Table 1).

Types of disabilities reported by students included: cognitive and learning disabilities (n = 4); psychological or psychiatric disability (n = 9); and other health impairments (n = 5). Seven of the participants were of traditional age for college students (age 24 or younger) and two were nontraditional age students (age 25 or older). Seven participants identified as white. One student each identified as Hispanic and Asian. One of the participants is an international student who came to the United States one year prior to the research interview.

Table 1. Students disclosure choices and types of disabilities.

Participants	Disclosed to DSS and used services	Did not disclose to DSS	Specific disability classification		
			Cognitive and learning disabili- ties (LD)	Psychological or psychiatric disability	Health impair- ments
Amanda		$\sqrt{}$	Undiagnosed LD	Anxiety and Depression	
Ashley	\checkmark			PTSD, Anxiety, Military Sexual Trauma (MST)	Knee/mobility issues
Christopher	V		Attention Deficit Disorder (ADD) and Central Auditory Processing Disability (CAPD)		
Jennifer	\checkmark		Autism Spectrum Disorder (ASD)		
Jessica		\checkmark			Chronic pain
Joshua	$\sqrt{}$		Dyslexia		
Michael		$\sqrt{}$		Anxiety	Heart problems and migraine
Sarah		\checkmark		Anxiety and depression	, and the second
Steven				Depression	

Participants were enrolled in varied majors, including: Arts and Sciences (n=2), Engineering (n=3), Business (n=1), Education (n=1), and Health Sciences (n=2). All participants attended the university for at least one semester and earned at least 60 college credits, some of which could be transfer credits. Three participating students earned slightly more than 120 college credits.

Data Collection

Data for the study were collected May through August of 2014. Qualitative interviews were conducted using a semistructured interview guide approach (Patton, 2002). This approach involved the use of an interview protocol that was prepared in advance and contained broad open-ended questions to ensure that all participants responded to those core aspects of the study (Patton). Sequencing and wording of questions were determined during each interview with efforts made to tie follow-up questions to the participants' responses. Probing questions were asked to generate deeper meaning and understanding of participants' responses. Some of the prompts used related to issues of disclosure, use of disability service and other forms of supports, and participants' disability experiences on the campus. Interviews were conducted at either the primary researcher's office or the research site's library. One of the interviews was conducted via the telephone in the researcher's office as per the participant's preference. The interviews lasted from 50 to 90 min. All interviews were audio recorded and transcribed verbatim.

Data Analysis

In this exploratory study, Schmidt's (2004) five-stage approach was adapted to analyse the data. This five-stage qualitative data analysis approach is based on directed content analysis (Schreier, 2012) and promotes an interchange between a priori themes (deductive analysis) and formulating new themes (inductive analysis) developed through an immersion in the data (Patton, 2002; Ryan & Bernard, 2003).

In this study, interview transcripts were analysed using both deductive and inductive procedures. Firstly, deductive coding was conducted; the data were sorted using a priori codes (Ryan & Bernard, 2003) to categorise the experiences of students who disclosed their disability to DSS versus those who did not, to identify the reasons they gave for the choices they made, and to classify the negative and positive consequences students associate with their decision to either disclose or not disclose. During this process, transcripts were read and re-read independently at least twice by three coders (the two researchers and a research assistant). Each researcher developed a summary transcript for each participant.

Second, each researcher conducted inductive coding to develop and assign categories to unanticipated findings and patterns observed in each transcript. Following this phase of analysis, the researchers met to compare categories and organise these categories into a coding guide.

Third, the two researchers used the coding guide to organise the data into more analytic categorisation (data coding). During this stage, the data were compared to identify similarities and differences among and across all the transcripts.

Fourth, the researchers met again to review the codes and systematically organise the data. Areas of discrepancies were re-examined, re-assigned or modified with concerted effort to maintain the integrity of the data by including the perspectives and voices of participants (Creswell, 2003).

Last, the data were analysed in light of the study's research questions and interrogated for further in-depth analysis to decide which categories to collapse and which aspects of the data should be placed in the same category.

Limitations

This was a single-site study with a sample of nine students each with unique disability college experiences thus reducing the transferability of the data to other students with disabilities. Other additional limitations include the possibility that the experiences of participants may be unique to the Mid-western four-year university where the study was conducted; and that only students who were persisting towards degree completion chose to participate in the study excluding students who left the university or faced academic difficulties.

Findings

This section presents the reasons self-identified students with nonapparent disabilities gave for reportedly formally disclosing to DSS or for deciding not to disclose. The positive and negative consequences they associate with their decision to formally disclose to DSS or not are discussed. See Table 1 for the disclosure choices and the type of disability/ies reported by each participant.

Of the nine students who participated in the qualitative interviews, only four reported formally disclosing their disability to DSS and all four used DSS services. The remaining five students chose not to formally disclose their disability to DSS and were thus ineligible for formal accommodations and other DSS services. Interestingly, all the students who chose not to disclose to DSS reported that they selectively and informally disclosed to some professors, peers and friends on a case-by-case basis.

Four of the five students who did not disclose reported having psychological or psychiatric disabilities; three of the four students who did disclose reported having cognitive disabilities. All except one of the students who did not formally disclose have psychological or psychiatric disabilities (Jessica reported chronic pain.) All except one student who officially disclosed reported cognitive or learning disabilities (Ashley disclosed and reported psychiatric disabilities and used services. It should be noted that Ashley has multiple disability diagnoses).

Reasons Participants Gave for Formally Disclosing to DSS

Notably, three of the four students who disclosed to DSS had prior experience using disability services at the educational institution they attended before this current university. All four participants indicated that they disclosed their disability to DSS because they wanted to receive the necessary supports to help them have a successful college experience and reduce perceived misunderstandings regarding nonapparent disabilities.

To Receive the Necessary Supports

The participants discussed their goal to get the most out of their university experience. They highlighted the importance of receiving the support necessary for them to have a positive academic experience and a successful college experience. Supports can come in the form of adaptations, accommodations, modifications, faculty relationships, or any change that helps a student work around the disability.

For instance, Ashley said that she wanted DSS and her professors to know about her disability so that she could access the accommodations and support she required. Christopher noted that he registered with the DSS for two primary reasons upon enrollment to the university. First, he encountered severe academic difficulties during his first year at college at another institution and was asked to withdraw. He did not want to repeat this experience. Secondly, he had a very positive experience using disability services at the community college he attended immediately before enrolling at the university where this research took place. Based on his positive experience, Christopher was motivated to disclose and use DSS services at the university.

I like how they [DSS] do it, they don't disclose any details of my disability to the professors, they let me do it, and I'm perfectly fine with that, with disclosing it, um, I'm not embarrassed by it. I mean I want to get out of here with a good grade, so I want to make sure they know what I'm going through.

Jennifer also stated that she registered with DSS during the summer prior to her freshman year. The reason she provided for formally disclosing was that she had prior experience of utilising disability services at her past high school, and thought DSS would be a good support for her in college as well.

Joshua on the other hand, stated that he had a bad experience with disability services at his high school and was hoping for a better experience at the university. He too reported that he proactively registered with the university's DSS the summer before his freshman year.

I wanted to have a good experience of this in college. It was actually pretty frustrating at my high school because they kept trying to forget about my IEP [individualized education plan] and kept letting it fall into disrepair and dis-use, so about every two years or so my parents and I had to go in and fight the school and get them to renew it. I fought my high school to get accommodations. ... I don't want to fight like high school here.

All the participants who formally disclosed spoke about support they received from some professors and how that support helped them persist. One student in particular had high regard for one of her professors who openly shared personal stories about a personal struggle with a disability, which provided a 'model of hope' for her. Likewise, Christopher, who formally disclosed, shared that he felt comfortable talking to a professor who shared something about his own personal disability.

I had one faculty member who has had migraines for his entire life. He completely and totally understood, you know, what it's like to have a migraine and what that can put you in. I was talking to him about it [migraine]. And then he said, oh, you know I've had that my whole life, so I totally understand. You know as long as it doesn't affect you too much, and you know if it's missing one class period that's not a huge impact. Just let me know if I can help in anyway. I really respected him for that.

To Reduce Perceived Misunderstanding of Nonapparent Disabilities

One of the greatest barriers that students with disabilities report is encountering negative attitudes towards disabilities held by faculty, staff and peers – perceived or real – impinged on ignorance about disability issues. All four students who formally disclosed to DSS expressed concern about how others generally display a disregard for people with disabilities and lack knowledge about disability issues. Remarkably, all four participants who disclosed to DSS said that sometimes they felt compelled to 'prove' or 'convince others' that they have an invisible disability. This 'proof' was necessary they believed for three reasons: to prevent others from thinking they were faking a disability; to prevent others from questioning whether or not they were seeking an unfair advantage over other students; and to prevent others from questioning whether or not their disability warranted an accommodation. Because people generally judge others by what they see, the participants believed that some of their friends, peers, professors, and even family members do not understand the extent of the pain or distress associated with their disability.

For example, Ashley stated that some of her peers do not think her 'PTSD' associated with military sexual trauma is 'a big deal,' so she often hurts in silence. Likewise, Christopher said that both his father and his sister 'do not believe in ADD and choose not to understand how ADD affects me.' In the same vein, Joshua said that some of his family members 'do not believe in dyslexia' and choose to deny that dyslexia is a 'real' disability.

Positive Consequences of Disclosing

All four students who disclosed to DSS reportedly received the services they required and encountered no issues with accessing the required accommodations from their professors.

Ashley summed up her experience up by saying: I have not had one problem with any of my instructors.' In general, the students talked about feeling grateful to have supportive instructors who were not only compliant with facilitating their accommodation, but seemed dedicated to helping them have a good college experience.

In discussing the benefits of disclosing, Ashley stated that DSS:

Primarily helps with testing arrangements and extended testing time because I really don't know what else there is. Well, I take that back. I think another benefit is, they contact your instructors for you, which kind of opens the door ... [and] makes it easier for me to talk with my professors if I wanted to, but importantly I get the support that I need.

Christopher who has both Attention Deficit Disorder (ADD) and Central Auditory Processing Disability stated that he struggles to process and make meaning of sounds especially if there is background noise. After DSS contacted his professors, he found it much easier to speak with them. Like other participants, he believes some professors are very supportive and he feels some have gone above and beyond in their assistance. For instance, he said during a class he asked of one of his teachers:

When you're talking can you not look just at the board, I need to see your lips. This was during one of my math classes, and he said, absolutely, no problem. The good thing is that he has consistently been able to do that. Also, ah, if one of my transcribers wasn't able to make it, I would put my voice recorder right next to him on the podium and he would talk right into it, which is absolutely phenomenal.

Negative Consequences of Disclosing

The four students who disclosed their disability to DSS said they could identify little to no direct negative consequences associated with formally disclosing their disability. Only one of the disclosing students (Joshua) recounted an incident with one of his professors that he considered to be directly related to his disability disclosure. Joshua who has dyslexia reported that one of his instructors told the entire class that he received extra time on tests. He recalled:

During my freshman year I had a bad experience with a teacher, he called me out on my dyslexia in class. He pointed to me and said to the whole class, you take your tests early, why don't you come back to class and tell us how it is? After that I had the entire class asking me, why do you take your test early, so it's kind of like, that's none of your business ... and so I went to DSS and we worked it out with that professor. Well that professor is no longer at this institution because of that and several other things.

Joshua further stated that although he had the one mentioned negative experience with one professor at the university, he had no regrets disclosing his disability because most of his interactions with disability services staff, faculty and peers have been positive. He also applauded the disability services staff for intervening to address the professor's violation of his privacy.

Reasons Participants Gave For Choosing Not To Disclose To DSS

The five participants who did not disclose their disability to DSS reported seven reasons for not self-disclosing. These reasons include: (a) not aware of DSS and the services they offered, (b) not aware that they were eligible for disability services, (c) intermittent need for services, (d) not sure how DSS could help, (e) difficulty documenting disability, (f) perceived disregard

and misunderstanding of nonapparent disabilities and (g) fear of being treated differently and of being stigmatised.

Not Aware of DSS and The Services Offered

Some students with disabilities do not access the necessary accommodations and the resources available to them because they are unaware that these supports and services exist. Three of the participants (Michael, Sarah, and Steven) who did not formally disclose reported that they were not aware of DSS and the services they offered until further along in their studies.

Not Aware of Eligibility for DSS Services

Even though the ADA defines a disability as any condition that impedes ones ability to perform at least one major life activity, many individuals, especially those with psychological impairments, are not aware that their conditions qualify as a disability, and most importantly, that they may also qualify to receive an academic accommodation facilitated by DSS. Both Michael (who struggles with anxiety, migraine headaches, and heart problems) and Sarah (who struggles with anxiety and depression) reported that they did not know that their conditions were considered disabilities and that they were eligible for disability services even though their conditions sometimes substantially effected their functioning; they both thought that DSS provided support solely for students with visible mobility disabilities.

Intermittent Need for Services

Some conditions including a number of psychological disabilities are episodic in nature, with symptoms occurring in sporadic and irregular time frames. These episodes may interfere with academic functioning and the student may be eligible for accommodations. Two participants said that they did not seek disability services because the need for services and support was intermittent in nature. Michael said he did not need DSS services because his disabilities only affected him intermittently, and that he learned to self-advocate. So rather than formally using DSS, he informally sought accommodations from his instructors as the need arose. Similarly, Jessica who suffers from chronic back pain issues related to an injury she obtained at a workplace, mentioned that she did not know that she could seek DSS services given the 'inconsistency of my disability [symptoms]'. She explained that sometimes when the pain is severe, she experiences great difficulty getting around campus and has to use a cane to aid her walking, but other times (usually when the weather is warmer) she tries to walk unassisted. She talks about how difficult it has been moving from one classroom to another with only a 10-min break between one class ending and another beginning.

Jessica also reported that even though she did not formally disclose to DSS, she often discloses to individual professors at the beginning of a semester, but only does so if she feels comfortable with them. When probed about what enhanced her comfort level with each professor, she replied:

A lot of it is the connection with the instructor. If it's somebody who seems open and accepting, then I'll tell them ... hmm, accepting may not truly be the right word. It's the best word I can think of at this time. But it's a connection. I mean if its somebody, like the one instructor who said that the elderly should not be retrained or, shouldn't be in the classroom teaching little ones then I would not say a word about my condition.

Not Sure How DSS Could Help

Students with psychiatric disabilities and other types of nonapparent disabilities with symptoms that impede their ability to function are entitled to reasonable academic accommodations as provided by the ADA, which may include traditional types of accommodations in the classroom and extended time for exams and written assignments.

Amanda (who struggles with anxiety, depression and an undiagnosed learning disability) said she did not think DSS could help her with her psychological disabilities. She elaborated: I could register for anxiety, but I didn't know what they could do for that ... that's why I never registered with them, I didn't know what they could do to help me.' Jessica also indicated that she too did not know how DSS could assist her given that she had a mobility issue that made it difficult for her to move quickly and get to class on time. She further reported that now after several semesters, some of her professors asked her to provide documentation of her disability through the DSS office, but did not follow through with DSS because she could not imagine how they could be of benefit to her.

Difficulty Documenting Disability

Providing documentation from a medical provider regarding how a condition impacts the ability to function is required in formally requesting accommodation from a university's DSS. Some students experience a number of barriers in their quest to get a formal diagnosis, which may include the cost involved, long wait period to access testing services and negative attitudes towards some diagnosis.

Another reason Amanda gave for not seeking out DSS services is that she was unable to get a formal diagnosis for what she believes is a learning disability (ADHD), due to what she termed as the 'psychologist resistance to ADHD.' She elaborated by saying that she believes the psychologist was unwilling to provide her with a diagnosis of ADHD because he thought too many people were being given this diagnosis unnecessarily. The third reason Amanda gave for not formally disclosing was that the cost of getting a formal diagnosis was 'excessive'. The fourth reason she provided for not disclosing was that she also needed some paper work from her mother who disliked the use of disability labels and as such, procrastinated in signing and giving her some important papers she needed to substantiate her disability to DSS.

Perceived Disregard and Misunderstanding of Nonapparent Disabilities

One significant obstacle that some students with disabilities face is founded on lack of knowledge about and sensitivity to disability issues on the part of some faculty, staff and students. Three of the five students who did not disclose to DSS also shared their perceptions about a societal lack of recognition for and misunderstanding of invisible disabilities, which they believe hinder their ability to negotiate their environment. Jessica said she tries to disguise her disability in an attempt to 'fit in.' At other times she feels compelled to 'prove' that she has a disability and 'worries that others will think that she's faking it'. For example, if she parks in a handicapped parking space on campus and gets out of her vehicle without a limp because her pain is less intense, she believes that some people stare at her with curiosity; she 'puts on a pronounced limp while she walks' in an effort to justify why she is eligible to park in the handicapped parking space.

Michael said he believed, 'some professors appear as though they don't want to know' about students' disabilities. Some participants also lamented that they were tired of trying

to explain their disabilities only to hear people trivialise the impact of their invisible disabilities on their lives.

Treated Differently and Fear of Being Stigmatised

Many students with nonapparent disabilities often fear that if they disclose their disability they will be perceived as being different, treated differently and stigmatised. Students in this study who chose not to formally disclose hinted at stigma as a factor for their decision not to disclose to the university. Jessica, for example, did not formally disclose but uses a cane when the pain makes walking difficult. However, she said, 'using a cane is a form of disclosing' and she does not like using it because everyone stares at her. Further, Jessica said that some people have told her that they do not think she should be a teacher because of her disability. She remarked that this example is one of the reasons why she has not formally disclosed and made an effort to disguise her disability. It's that drive to be normal,' she said.

Other students shared their frustrations with people staring at them or looking at them 'weirdly'. Sarah explained that she occasionally experiences stigma when she discloses her anxiety and depression. She perceives that her peers are judgemental and ask insensitive questions that make her uncomfortable. Steven said he believed people would treat him with pity if they knew about his depression. Amanda believes other people think she is 'annoying' and do not like her due to her hyperactivity, so she has 'withdrawn socially.'

Consequences of Not Disclosing

When asked about the consequences of not formally disclosing, all five participants said that the ability to maintain what they called a 'normal identity' was very important to them. Yet, it must be noted that all the students who chose not to formally disclose to DSS, informally shared information about their disability with individual professors and discussed the value they placed on the support they received from some of them. Sarah, for example, did not formally disclose to DSS, but informally shared information about her disability with different professors on a need-to-know basis. Sarah praised one of her professors for sharing his personal story, which she found very relatable and helpful.

He was open about his own depression with the class and it just gave me a different kind of support like we are in this together, Yeah, you are in this position of leadership and authority over myself and for you to have depression, alright, and you have made it this far doing the same thing that I am doing, that's so encouraging. And for him to say that, and then say alright I am here for you too. That's definitely in my favor, and that was huge, not having him in the spring, was a little bit hard.

Three of the participants (Sarah, Michael, and Jessica) said that they probably would have been able to access more support had they disclosed their disability. Michael shared an exchange that he had with a professor. He related that he was experiencing some migraine-related symptoms (throbbing headache with fever, double vision, stiff neck, mental confusion and weakness) and went to talk with his professor about it because he had to leave the class during a break period. He elaborated:

He [professor] was like, you know I don't understand anything about that, but if that's what you need, you know just don't let it affect your schoolwork. Can you imagine, like I can control when and how it affects me? A lot of people who haven't had migraines don't understand what they're like and can't because they're hard to describe and they're so inconsistent. Every person

experiences them differently. I wished he understood how much I was hurting. I just left the classroom. I could barely make it home.

Michael wondered if documentation of his special situation may have increased the likelihood that he would have gotten support from this professor. Jessica also discussed her regrets about not formally disclosing to DSS and the anxiety she felt trying to decide which professor she would disclose her disability to and which she would not.

Summary and Implications for Practice

The findings of this study add to the limited body of literature that examines the reasons university students with nonapparent disabilities gave for formally disclosing their disability to DSS or deciding not to do so (Kranke et al., 2013). Information gleaned from this study is important given the connection between disability disclosure, the ability to seek and obtain accommodations, and academic success (Barnard-Brak et al., 2010; Getzel & Thoma, 2008). However, it must be re-emphasised that not all students with disabilities require an accommodation and even those that need an accommodation may choose not to self-disclose and request services (Cook, Rumrill, & Tankersley, 2009).

Nine students with self-identified disabilities were interviewed. Four students formally disclosed and used services and five chose not to formally disclose. Notably, most of the students who formally disclosed and used services identified having cognitive or learning disabilities, while most of the students who did not formally disclose have psychological or psychiatric disabilities. Only one student with a psychological or psychiatric disability disclosed and used services. Notably, three of the four students who disclosed used disability services at prior institutions.

All the students who formally disclosed to DSS reported that they were happy to have a DSS staff initiate the first contact with their professors regarding their disabilities, making it easier for them to have follow-up conversations with their professors regarding accommodations and support if they chose to do so. These students also thought that DSS's contact with their professors legitimised their disability and probably contributed to the 'great support' they received from them. This positive reaction from professors is promising and is consistent with the results of Sharpe, Johnson, Izzo, and Murray's (2005) research that found that the majority of the students who formally sought services were also very satisfied with the accommodations and services they received. Students who disclosed to DSS reported little to no negative consequences associated with their formal disability disclosure.

It is concerning that many of the reasons participants gave for not formally disclosing to DSS point to a lack of knowledge about disability laws and policies; individual disability rights and eligibility; DSS and other campus disability-related services; conditions that are considered disabilities, regardless of whether or not they are episodic or constant in nature; and, how DSS can provide support for students with nonapparent disabilities.

It is noteworthy though, that the participants who informally disclosed their disability to their professors and sought accommodations were generally pleased with their ability to conceal their disability and limit the number of persons they informed about their disability (Trammell, 2009). Yet, three of the five students who did not formally disclose questioned whether or not they would have received more support had they formally disclosed.

It is not surprising that five of the nine students who participated in the study chose not to formally disclose their disability. Surprising was that all the students who chose not to

formally disclose to DSS, reportedly informally told some professors about their disability and sought support from them on an 'as needed' basis. Future research on the informal disclosure of students with disabilities to faculty and peers is warranted and should include an exploration of faculty members' ability to promote safety and inclusivity in the learning environment and professors' willingness to share personal stories about their own disability experiences. These findings have serious ramifications about the critical role professors can play in cultivating either an inclusive or disabling school culture for students with disabilities (Matthews, 2009). However, engendering a campus ethos that embraces inclusivity and difference should not just be left to the leniencies of individual faculty members, but should be a systematic universal undertaking driven by institutional policies implemented by all departments (Matthews, 2009).

The results of this study suggest that students with disabilities can inform institutional/ university policy and practice. Participants suggested that an increased awareness and access to DSS could foster a culture of support such that students with disabilities are more likely to disclose to DSS and receive services. The nature of institutional supports requires additional research. Programmes that address access and inclusivity might include the following: accessibility trainings to a wide cross section of the campus community including academic advisors, new and tenured faculty, and student support services staff. Offering accessibility sessions for the entire student population would also be highly beneficial. Such sessions would introduce students to disability services and eligibility during orientation, make students aware of common accommodations, and could motivate students to explore the possibility of disclosure, and disability service utilisation.

Research should also be conducted to determine which types of accommodations and other forms of support services are most effective and accessible to students with mental health issues. Research scholars acknowledge that accommodations for students with psychiatric and psychological disabilities are not easily defined, and must often be accommodated with flexibility as individual needs unfold (Price, 2011). This regard for flexible disability accommodations is prudent in light of a culture that tends to standardise accommodations provided to students with disabilities, recognising that a one size fits all approach to providing accommodations can disadvantage or exclude some members in this heterogeneous population. At the same time, the literature indicates that students with psychiatric or psychological disabilities may benefit from traditional accommodations common for students with learning and cognitive disabilities, such as extra time to complete assignments and tests and use of a communicative device (Stein, 2015).

Research should also be conducted to identify the skills students in higher education need to learn and practice self-advocacy skills. Learning these skills may help students with disabilities develop a sense of confidence about their disability, given that 'accepting a disability enables one to reflect on capabilities and limitations so as to balance oneself between the two' (Murugami, 2009, para. 17).

Strategies to address students' fear of disability stigma, which prohibits some students from formally disclosing and requesting accommodation, (Mullins & Preyde, 2013) require future research. Evaluations of the effectiveness of efforts to increase a supportive academic environment should also be undertaken. For example, the success of a campus-wide antistigma campaign would provide data for future interventions. The promising strategy of universal design should also be evaluated to determine its effectiveness with students with disabilities and for those without disabilities. The effectiveness of the inclusivity of the

universal design strategy should enhance access for all students on campus (Broadbent, Dorow, & Fisch, 2006).

Finally, a survey of students that determines whether universities should consider using a less stigmatising term than disabilities support services could be conducted. Perhaps, integrated student services might be titled 'Accessibility, Health, and Wellness Center' or 'University Support and Accessibility Services'.

Conclusion

This study sought to learn more about the reasons university students with nonapparent disabilities gave for formally disclosing their disability and seeking disability services or deciding not to do so and the consequences they associate with their decisions. The study revealed that all nine students with self-identified disabilities were persisting towards completion of their degree regardless of whether or not they formally disclosed and sought DSS services. Reasons for accessing or not accessing disability services were described. Students also reported the consequences of their decisions. It is promising to note that all the students who formally disclosed and used DSS were pleased with the services they received. The findings challenge colleges and universities to create an inclusive ethos for all students with disabilities by removing disabling barriers impeding their full participation in academia.

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