Discrimination Experienced by Adults with Hidden Disabilities Who Pursue a Higher Education

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Discrimination Experienced by Adults with Hidden Disabilities Who Pursue a Higher Education

by

Elizabeth Ann Peltzer, B.S.W.

MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work
St. Catherine University and the University of St Thomas
St. Paul, Minnesota
In Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members
Karen Carlson, Ph.D., (Chair)
Dennis M. Chlebeck, LICSW
Patricia L. Wallway, MAEd

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St Thomas School of Social Work in St. Paul, Minnesota and is conducted in a nine- month time frame to demonstrate facility with basic social work research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

Discrimination Experienced by Adults with Hidden Disabilities
Who Pursue a Higher Education

By Elizabeth Ann Peltzer, B.S.W

Research Chair: Karen Carlson, Ph.D.
Committee Members: Dennis M. Chlebeck, LICSW, Patricia L. Wallway, MAEd

The perpetual and on-going nature of all types of disabilities on the human condition can have multiple effects and long-lasting consequences on a person’s life and their perception of personal and professional successes. This is especially true of adult students with hidden disabilities pursuing a higher education enrolled in colleges and universities around the world.

Living with a disability or disabilities can present additional challenges and adds limitations to a person’s life. The complication of issues and realities of discrimination that continue to exist today create the belief that disabled people need to learn to adapt to society, instead of society adapting to the disabled.
Acknowledgments

This research project is dedicated to my incredibly brilliant daughter, Rebecca Peltzer-Miller. Through Rebecca’s birth an opportunity for true meaning and real purpose in my life was created. In honor of Rebecca’s insight, knowledge and remarkable ability to teach me to see the value life has to offer, along with renewed hope, I dedicate my inspiration and learning accomplishments to her. Rebecca’s love allows me to grow, always seeking new ways to be a better and more effective person by developing meaningful and lasting relationships with people in all areas of my life. Rebecca’s confidence in me and belief in my ability to work through my limitations and any obstacles in my path allows me to hope for each new day and to be thankful for the opportunities that have been presented to me on my journey in life. And to her father, Jon Miller, for the best gift ever in my life; my Rebecca.

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Lastly, special thanks to the people I appreciate that have positively influenced my life by molding me into the person I have become. Majel Carroll, Mary Lou Clowes, Melissa Gatten, Joelle Jost, Zer Xiong, Philip Yang, Diana Yanez, Russ Byerly, Dr. Peter Tanghe, Dione Larson, Dr. Scott Callaghan & nurse Jenny, Linda Jesness, Dr. Crispen Semakula, Dr. Harold Katz, Dr. Salima Shafi, Dr. Christopher Heck, Dr. Victor Corbett, my wonderful Allina Bandana INR nurse team (Linda, Mary, Neva, and Lisa) who make me feel like I’m home away from home, the fabulous lab gals, and St. Paul Corner Drug (Owner John, Alex, and especially Barb).
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Experiencing discrimination can stunt human growth in all stages of life. As the United States continues to move more progressively towards general public inclusion “including or being included”, as stated by the Webster’s New World College Dictionary (1999), (p. 722), for people with disabilities, especially since the passage of the Americans with Disabilities Act (ADA) of 1990, and greater access to technology and the media, higher numbers of disability-related issues and incidences of discrimination are being reported and on the rise. Despite supportive and disability-friendly laws and newer disability-culture awareness, adults living with hidden disabilities and pursuing a higher education in many college and university settings continue to experience discrimination.

Examining previous centuries and the progression of defining how people with disabilities have been categorized, understanding three models of thinking enables people to identify where people with disabilities fit into society today. According to http://wordpress.com/?ref=footer_blog (2007) in the ‘Traditional Model’ people with “physical, sensory or mental impairments” were “under the spell of witchcraft, possessed by demons, or as penitent sinners, being punished by God for wrong-doing by themselves or their parents.” (No page given).

Over the previous 30 years, the ‘Medical Model’ (or ‘Individual Model’) as stated by http://wordpress.com/?ref=footer_blog (2007), was identified “with the Age of Enlightenment in the 18th century. A scientific understanding of the causes of impairment and a sense of confidence in medical science’s ability to cure, or at least rehabilitate, disabled people” was
understood. “Some disabled people (often for social or political reasons) were deemed incurable and placed in long-stay institutions and special schools… a notion of ‘normality’ was invested with great pseudo-scientific significance and was based on assessments of impairments from a deficit point of view against normality: what one cannot do, instead of what one can do” … this model argues “that disabled people should not be reduced to just their impairments.” (no page given).

In addition, http://wordpress.com/?ref=footer_blog (2007) recognizes the “medical model sees disabled people as the problem”… and “they need to be adapted to fit into the world as it is. If this isn’t possible, then they should be shut away in a specialized institution or isolated at home, where only their most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that bring out pity, fear and patronizing attitudes. Usually, the impairment is focused on, rather than the needs of the person. The power to change disabled people seems to lie with the medical and associated professions”…”their decisions affect where disabled people go to school; what support they get; where they live; what benefits they are entitled to; whether they can work…and whether they are born at all, or allowed to have children themselves.” (no page given). http://wordpress.com/?ref=footer_blog (2007) further believes “the difficulties disabled people experience as the barriers that disable them and curtail their life chances. These difficulties include in school and higher education….” (no page given).

The Medical Model Diagram, showing the effects of medical model thinking

Additionally, http://wordpress.com/?ref=footer_blog (2007) states, “Powerful and pervasive medical model views are reinforced in the media, books, films, comics, art and language. Many disabled people internalize negative views of themselves and develop feelings of low self-esteem and underachievement, which reinforce non-disabled people’s assessments of their worth. The medical model, plus the built environment and social attitudes it creates, lead to a cycle of dependency and exclusion which is difficult to break…this thinking predominates in filmmaking, leisure, work and education. In schools, for instance, special educational needs are considered the problem of the individual, who is seen as different, faulty and needing to be assessed and made as ‘normal’ as possible.” (no page given).

http://wordpress.com/?ref=footer_blog (2007) further states that the ‘Social Model’ advocate’s for “all disabled adults and children” …to have the “right to belong to and be valued in their local community.” (no page given). This current model examines and identifies strengths of the person while considering both impairment and barriers that may interfere at school, college, or other settings, as expressed by http://wordpress.com/?ref=footer_blog (2007).
According to [http://wordpress.com/?ref=footer_blog](http://wordpress.com/?ref=footer_blog) (2007), as referenced in this website by Disabled People's International (1981), “Impairment and chronic illness exist and sometimes pose real difficulties. Supporters of the disability movement believe that the discrimination against disabled people is socially created and has little to do with their impairments, and that, regardless of the type or severity of their impairment’s, disabled people are subjected to a common oppression by the non-disabled world. Disabled people are often made to feel it’s their own fault that they are different. If some part, or parts, of your body or mind are limited in their functioning, this is simply a impairment. It doesn’t make you any less human. But most people have not been brought up to accept all people as they are; in other words, to value difference. Through fear, ignorance, and prejudice, barriers and discrimination develop which disable some people. These are often reinforced by images in the media. Understanding this process allows disabled people to feel good about themselves and empowers them to fight for their human rights.” (no page given).

Diagram showing the problems as perceived by ‘social model’ thinking

“The ‘social model’ approach suggests disabled people’s disadvantage is due to a complex form of institutional discrimination…and believes the ‘cure’ to the problem of disability lies in changing society. Unlike medically-based cures, this is an achievable goal and benefits everyone” (no page given), as stated by http://wordpress.com/?ref=footer_blog (2007).

Chart comparing the attitudes of ‘medical model’ and ‘social model’ thinking


<table>
<thead>
<tr>
<th>Medical model thinking</th>
<th>Social model thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child &amp; family</td>
<td>Child is valued</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Strengths and needs defined by self and others</td>
</tr>
<tr>
<td>Labelling</td>
<td>Identify barriers and develop solutions</td>
</tr>
<tr>
<td>Requirement becomes focus of attention</td>
<td>Outcome-based programme designed</td>
</tr>
<tr>
<td>Assessment, monitoring, programmes of therapy imposed</td>
<td>Resources are made available to ordinary services</td>
</tr>
<tr>
<td>Separation and alternative services</td>
<td>Training for parents and professionals</td>
</tr>
<tr>
<td>Temporary need or medical need</td>
<td>Relationships nurtured</td>
</tr>
<tr>
<td>Re-entry if normal enough OR permanent exclusion</td>
<td>Diversity welcomed, child is included</td>
</tr>
<tr>
<td>Society remains unchanged</td>
<td>Society changes</td>
</tr>
</tbody>
</table>

(Adapted from Michelle Mason 1994, R. Reaser 2000)

Lastly, according to http://wordpress.com/?ref=footer_blog (2007), “Social model thinking has important implications for the education system…prejudiced attitudes toward disabled people and all minority groups are not innate. They are learned through contact with the prejudice and ignorance of others. Therefore, it is appropriate that the challenge to discrimination against disabled people should begin in schools. The fight for the inclusion of all disabled people, however severe their impairments, in one mainstream social system, will not make sense unless
people understand the difference between the social and medical models of disability. The social model has now been adopted by the World Health Organization.” (no page given).

Past accommodation efforts in higher education focused primarily on supporting individuals with physical limitations and/or learning disabilities. However, many adults live with other disabling but invisible disabilities such as mental illness, depression, traumatic brain injury, and chronic illnesses. All of these life conditions can interfere significantly with the individual’s ability to complete higher education successfully. Discrimination, both overt and covert, can place additional barriers to educational success as well as self-esteem. Yet relatively little research has been conducted on the experience of students with hidden disabilities. This research study examines the experiences and perceptions of adult students with hidden disabilities who are enrolled at Saint Catherine University, an institution of higher learning in Saint Paul, Minnesota, a large Metropolitan area. In addition, the ADA is explored and its impact on existing discrimination occurring in colleges and universities will be evaluated and discussed.

According to Thomas (2000), as referenced by HEATH Resource Center (1995), “Today there are more students with documented disabilities in higher education than ever before; 140,142 freshmen reported having a disability in 1996. That figure represents over 9% of all freshmen as compared with only 2.6% in 1978” (p.1). The 2010 United States Census reported that 32.5 million people in the U.S. have a severe disability, which equals about 12% of U.S. residents. Many students enrolled in colleges and universities have hidden disabilities and documented medical diagnoses that have a huge impact on their success in higher education and contribute to issues related to discrimination in the school setting. Gregg and Mather (2001) stated, “currently we are witnessing increased discrimination against bright, high-achieving children and
adults with learning disabilities.” People with hidden disabilities may be intelligent people who often have alternative ways of thinking and performing tasks. According to Gordon, Lewandowski & Kaiser (1999), “some professionals go as far as to state that …someone with truly abnormal abilities, especially in language, would not likely gain admission to competitive institutions of higher learning” (p.486). This quote provokes us to ask, ‘What sort of a mental picture comes to mind when you think of a disability or disabilities? What does that mental picture mean to you? How does one know what a disability is?’ It is important to know what the word disability means.

Definitions: A Quick Review

[This definition section has been added to ensure that the readers’ understanding of the meanings of the terminology and concepts used are consistent amongst the readers of this research paper.]

**Disability:** According to Dictionary.com (2012), a disability is defined as: 1. “the lack of adequate power, strength, or physical or mental ability; incapacity. 2. A physical or mental handicap, especially one that prevents a person from living a full, normal life or from holding a gainful job. 3. Anything that disables or puts one at a disadvantage. 4. The state or condition of being disabled. 5. Legal incapacity; legal disqualification.”

**Disability Culture:** One important aspect to consider when studying and doing research on disabilities and disability studies is the fact that a lot of people with disabilities (of all kinds) identify themselves to fit into a “Disability Culture”. According to Brown (2002), “the word ‘disability’ has different connotations to diverse cultures just as the word ‘culture’ does. The definition of disability that may have become the most known is that of someone who has a
major life impairment preventing them from participating easily in a major activity…the
existence of a disability culture is a relatively new and contested idea. Not surprising, perhaps,
for a group that has long been described with terms like “in-valid”, “impaired”, “limited”,
“crippled” and so forth. Scholars would be hard-pressed to discover terms of hope, endearment
or ability associated with people with disabilities.” (p. 2).

**Hidden Disability:** A *hidden disability* is described by the Webster’s New World
College Dictionary (1999) as one that is “hidden or concealed from visual sight; a secret”
(p.671). A hidden disability can also be seen as an invisible disability.

**Attention Deficit Hyperactivity Disorder (ADHD):** According to Barker (2003), is “a
neurobehavioral disorder that starts in infancy, childhood, or adolescence, characterized by
impulsive behavior, inattentiveness, excessive motor activity, and short attention span…” (p. 32).

**Learning Disability:** 1. According to Webster’s New World College Dictionary (1999),
a learning disability is “any of several conditions, believed to involve the nervous system, which
interfere with mastering a skill such as reading or writing” (p. 816) and math skills.  2.
According to Barker (2003), learning disability is “a descriptive term for children (or adults) of
normal or above-average intelligence who experience a specific difficulty in school…” (p. 245)
or life.

**Mental Health Disorders/Mental Illness:** According to Barker (2003), mental illness is
defined as “the relative state of emotional well-being, freedom from incapacitating conflicts, and
the consistent ability to make and carry out rational decisions and cope with environmental
stresses and internal pressures.” (p. 269). **Examples:** depression, generalized anxiety disorders,
bipolar disorder, and schizophrenia.
**Chronic Illness**: According to Merriam-Webster’s Medical Dictionary (2006) a chronic illness is a condition, disease, or ailment “marked by a long (or indefinite duration), by frequent recurrence over a long time, and often by slowly progressing seriousness...” such as “degenerative invasive diseases, some infections, psychoses, and inflammations such as heart disease, arthritis” and diabetes. (p. 154).

**SCOPE AND SIGNIFICANCE**

**Prevalence**

The Report of the Americans with Disabilities (2002) states, “there are approximately 51.2 million people with some degree of disability in the United States, of these, approximately 10% have hidden disabilities.” Hidden disabilities may include disorders such as Learning Disabilities (LD), Mental Illnesses (MI), Traumatic Brain Injuries (TBI), chronic illnesses such as arthritis, asthma, diabetes, heart disease and many more. According to the Report of the Americans with Disabilities (2002), “of these adults with disabilities, 33% are college graduates, earning degrees in higher education; such as bachelors, masters and doctoral degrees.”

**History of Discrimination (towards people with disabilities)**

**Discrimination**: According to Merriam-Webster.com Dictionary (2013), discrimination is 1. “The practice of unfairly treating a person or group of people differently from other people or groups of people. 2. The ability to recognize the difference between things that are of good quality and those that are not. 3. The ability to understand that one thing is different from another thing.” (p. 1)
The United States has a long history of discrimination against people with disabilities. According to Nielsen (2012), in 1935, people with disabilities “expressed their anger and disgust at city and federal policies that automatically rejected all people with disabilities from work relief programs- categorizing all people with disabilities as ‘unemployable’.” (p. 132). The focus in that era was primarily on people with physical disabilities and with obvious mental or developmental disabilities.

In part because of the Civil Rights Movement in the 1960s, a new awareness of the rights of people with disabilities came to the forefront of the American government and its citizens. The central focus of the Civil Rights Movement was for a new beginning that enabled society to view all people as equal. This movement was the impetus, or push, that society needed to start recognizing that people with disabilities also needed and deserved equal rights and protection from the government. This was the first time in history that society began to view people with disabilities in a different, more positive way.

There has been a new awareness of physical disabilities and hidden disabilities since the increased prevalence of people with both types of disabilities combined with the awareness of the Rehabilitation Act Of 1973, the Individuals with Disabilities Education Act (IDEA) of 1975 and the passing of the Americans with Disabilities Act (ADA) of 1990. The Americans with Disabilities Act was put into place to aid people in the disability population to become equal members of society and to enable people with disabilities the same rights and liberties that all Americans have, including access to higher forms of education (with accommodation), as well as employment and reasonable accommodations.
Rothstein (1993) states, “There was no substantial litigation in this area until 1990. There are two primary explanations for this recent emergence in litigation. First, the number of college students with disabilities has increased dramatically. [1] This increase is arguably a result of special education laws passed in the mid-1970’s. [2] Second, the passage of the Americans with Disabilities Act (ADA) [3] in 1990 has increased awareness of the availability of protections from discrimination.” (p. 1). The Americans with Disabilities Act (1990) falls under the protection of the Equal Employment Opportunities Commission (EEOC) and the United States (U.S.) Department of Justice in the Civil Rights Division.

Despite the passage of the Americans with Disabilities Act (ADA) of 1990, people living with disabilities are still experiencing discrimination in many forms. Discrimination is present in American colleges and universities today. This may be hard to believe because laws have been put into place prohibiting discrimination of people with disabilities and America prides itself with having laws protecting its disabled citizens, however, the passing of these laws has not completely stopped discrimination of people with disabilities.

**Rise of Disability Culture: A Brief Overview**

The onset of ‘disability culture’ has been another significant way for people with disabilities to feel a part of something larger than just the fact that they have a disability or medical diagnosis that they can identify with. Brown (2002) referenced Morris’ (1991) article stating, “The emergence of a disability culture is difficult but tremendously liberating. Such a culture enables us to recognize the pressure to pretend to be normal for the oppressive and impossible-to-achieve hurdle which it is. Most importantly, this culture challenges our own prejudices about ourselves, as well as those of the non-disabled culture.” (p. 187). Brown
(2003), believes that “the negative stigma that people with disabilities have experienced around the world has created a self-awareness of positive traits and characteristics and has, since the 1990’s, allowed people with disabilities to be proud of who they are as people (and in groups of people) and out of these realizations, the movement of disability culture developed and emerged.”

Brown (2003) also stated that “people with disabilities have forged a group identity. We share a common history of oppression and a common bond of resilience. We generate art, music, literature, and other expressions of our lives, our culture infused from our experience of disability. Most importantly, we are proud of ourselves as people with disabilities. We claim our disabilities with pride as part of our identity. We are who we are: we are people with disabilities” (p. 80-81).

Brown’s (2003), research cited work by Driedger (1989) and Oliver (1990), stating “for the development of disability culture, history of disabled people has an important role to play. History occupies a significant place in the formation of group identity. However, until recently, history of disabled people has been ignored, or only the medical aspect of disability has received attention. It is, therefore, encouraging to note the growing interest in history of disabled people,” (p.7).

**The Americans with Disabilities Act & Americans with Disabilities Amended Act**

**Importance and History:**

It is important to understand the significance of people with disabilities and a brief history of the Americans with Disabilities Act of 1990. According to Francis & Silvers (2000), The Americans with Disabilities Act (104 STAT. 327), was signed into place the 101st Congress
of the United States of America on July 26, 1990, during the 2nd Session, by President George Bush. Francis & Silvers (2000), state “The act is to help establish a clear and comprehensive prohibition of discrimination on the basis of disability” (p. xix). The intent of the ADA is to consider people with disabilities, who are historically seen as the poor and vulnerable of our population, as equals to their non-disabled counterparts. The intended goals of the ADA were to help to contribute to the greater social equality of all people by allowing people with disabilities a way to maintain employment and to contribute something to society. By doing so, as Karger and Stoesz (2010) state, “The ADA positively affects the redistribution of income, resources, rights, entitlements, rewards, opportunities and status among people with disabilities.” According to the Americans with Disabilities Act (1990), a disability is an “impairment that substantially limits a major life activity.”

The ADA has been very responsive to the needs of many people in the United States. The government was spending billions of dollars on people with disabilities who couldn’t work prior to the passage and enactment of the ADA. The ADA (1990) was enacted because of extreme cost to the Federal Government of supporting people with disabilities who could be productive members of the workforce. According to Goren (2006), “It has been estimated that the inability of people with disabilities to work costs the United States $ 111.6 billion dollars every year in medical costs and lost wages.” The second reason the ADA was put into place was so people with disabilities who begin working have the same opportunities and rights as non-disabled people. This is important because prior to the ADA being enacted people with disabilities were often wrongfully terminated from employment (due to their disability), denied acceptance into schools and education programs and dropped out of higher education programs.
because reasonable accommodations were not expected to be put into place to help the person maintain their employment or status as a student.

Historically, there were no laws directly related to work discrimination and many people with disabilities fell through the cracks and lost their job(s). Consequently not only the person with a disability losing their job was negatively affected, also a huge burden was placed on society and government to financially care for people and their families who could not work because of disability status and failure to receive appropriate accommodation for their disabilities. Prior to the ADA, many people with disabilities were put on state and government welfare programs to support them and their families. Ultimately the financial burden fell on the working populations, government and society.

According to the telephone automated recording overview of the ADA of 1990 (February 12, 2014), the ADA ensures equal opportunity for persons with disabilities in employment, state and local government services, Public accommodations, commercial facilities and public transportations. It also mandates public establishment of telephone relay services for people who use TTY’s, teletype writers (also known as TDD’s or telecommunications devices) for people who are deaf. Title I of the ADA prohibits discrimination against persons with disabilities in employment by businesses, or state and local governments including colleges and universities.

Employers and businesses with 15 or more employees are required to provide an equal opportunity to benefit from the full range of employment related opportunities available to others. Title I is enforced by the Equal Employment Opportunity Commission (EEOC) regulations (2012) and states that “The main role of the ADA is to prevent discrimination towards people with disabilities. When following or using the ADA, the definition of disability is
broken into three main components.” According to the EEOC (2012), “Those components include: 1. Having an impairment such as a mental or physical disorder or disability that substantially limits major life activities and/ or activities of daily living (ADL’s). 2. Has a documented or a record of an impairment that may or may not currently limit major life activities. 3. Having an impairment that is considered and perceived as such. Being ‘substantially limited’ is defined by the EEOC as an individual who is unable to perform, or is significantly limited in the ability to perform an activity an average person in the general population can perform,” as stated on the Automated Telephone Overview of ADA (2014, February 12). The ADA is expected to work by allowing people with disabilities to participate fully in all activities and aspects of life that non-disabled people participate in, including higher education programs.

If a person with a disability can perform the essential functions of a job and fulfill the requirements of a student role, then a person with a disability can request an accommodation to assist that person to successfully complete the tasks and functions required to maintain a job or specific role in an educational setting. According to Goren (2006), “When an individual requests an accommodation from his or her employer, it must be a ‘reasonable accommodation.’ A reasonable accommodation is described as “anything that does not constitute an undue hardship” (p. 29). Goren (2006), additionally states that “An undue hardship would take into consideration such things as the cost of the accommodation(s), the resources available to the employer, the number of people employed at the company, the size of the business and the impact that the accommodation would have on the facility or business.”

The ADA provides inclusion for people with disabilities in higher education, long term employment benefits and other comparable opportunities as people without disabilities have. All
people with any type of disability (as described earlier in this paper) are covered by the ADA and its enforcement of the law.

When examining the significance of the ADA and scope of the problem of hidden disabilities and higher education, understanding that the Americans with Disabilities Act of 1990 has been amended to include more people with disabilities with the continued purpose to prevent further discrimination on all levels. The ADA Amendments Act (ADA AA) of 2008, Public Law 110-325, was put into place on September 25, 2008.

According to Askjan.org (2008), the ADA Amendment Act included such changes as allowing Congress to give the Equal Employment Opportunity Commission (EEOC) the ability and authority to revise its regulations regarding the definition of disability to make them consistent with the Act’s purpose. The definition of disability was changed so that more people would fall under the definition of disabled to prevent even further discrimination. By changing the disability definition employers and agencies, such as colleges and universities, are instructed to look more at accommodations for people with disabilities as opposed to trying to figure out who has a disability. The new disability definition now includes considering peoples bodily functions as a direct relationship to the disability.

Nine new rules were put into place when looking at substantially limiting job functions. By establishing the nine rules of the ADA Amendments Act, a lot more people are now considered to be ‘substantially limited’ in their abilities to perform school or work-related requirements in comparison to most people in the general population. This allows for a quicker process in better assessing whether an individual is substantially limited and how it will affect their abilities in school or on the job. Determining disability status is based on a case-by-case
basis. This is important because disabilities that have only one major life activity that is substantially limited, if the disability occurs in specific and episodic points in time or if the disability is in remission, these disabilities will still be considered active and limitations will still apply to the specific person with the disability.

In the previous ADA of 1990, the effects of a disability lasting or expecting to last fewer than six months was not covered for protection under the act. In the amendment act these particular incidences are now covered for protection, meaning that the limitations of the disability can still require accommodations to complete the responsibilities, roles, and expectations of school or employment.

**Impact on Students and People with All Types of Disabilities**

Overall, the ADA of 1990 and the ADA AA of 2008 has resulted in many positive changes for people with disabilities. It is my belief that many ethical considerations were taken into consideration when the ADA was written and passed into law. It has not, however, completely eliminated discrimination in institutions of higher learning. There is still evidence of non-accessible buildings, inappropriate accommodations and a lack of basic understanding of hidden disabilities and reasonable ways to help students with hidden disabilities succeed in educational settings. The passage of the ADA has helped to increase better social understanding and create additional positive awareness of people with disabilities in general and has allowed increased numbers of people to work who may have been unable to work in the past, and to attend higher education programs at colleges and universities.
Issues Specific to Students with Hidden Disabilities

The ADA has helped many students’ to obtain and maintain their right to disability accommodations and disability services in colleges and universities. Yet there are students with disabilities that believe they have been discriminated against in their colleges or university settings.

Many disabled students have had to struggle their way through special education programs in grade school and work with Individualized Education Plans (IEPs). As stated by Thomas (2000), “the greater demand for accommodation can be attributed primarily to the fact that many current college students received either an IEP, as is required by the Individuals with Disabilities Education Act (1975); (IDEA) or a service plan (as required by Section 504), while in elementary and secondary schools, and have become increasingly aware of their rights to accommodation while in higher education” (p.1). These same students then face barriers again in institutions of higher learning such as colleges or universities.

Many students with hidden disabilities try to stay enrolled in higher education programs, even though they face daily challenges and their drop-out rates may be higher than non-disabled students. Coping with hidden disabilities as a college student may present additional problems that students without disabilities don’t face.

Despite some significant gains, disability-related discrimination is still prevalent today. Complications from disabilities, especially from hidden disabilities, may hold people back from doing what they want to do. For example, a person with a disability might not be able to visualize going to college or a university. Perhaps it is because of unforeseen barriers that are taken into consideration by the student, such as accessibility to buildings without elevators, no
official disability program to enroll in, few to no disability support staff, lack of tutoring or one-to-one attention, not enough disability parking at the classroom buildings, possibly not feeling supported, or lack of stamina and tenacity to tolerate and keep up with their disabilities, as well as possible discrimination and stigma that is often present.

**Sources of Discrimination:** Rothstein (1993) states that “…increased aggressiveness of applicants and students in seeking judicial redress, will likely result in a significant increase in litigation. Some advocacy groups are also seeking harsher punishments in test cases as well as publicity in order to warn other institutions.” (p.10).

As stated by Gregg and Mather (2001), “… the belief is that a person who performs at or close to grade level, could not possibly have a specific learning disability or be entitled to any special assistance or adjustments. This misperception is fueled by eligibility criteria, the limitations of standardized test scores, confusion with regard to the appropriate reference group, and a misunderstanding of professional demands and reading performance” (p.1).

Since hidden disabilities cannot be identified from plain visual view, the only way to know whether or not a person has a hidden disability is if the person discloses this information, or if someone asks the person whether he or she has a hidden disability.

According to the Disabled World (nd), “People with some kinds of invisible disabilities, such as chronic pain or some kind of sleep disorder, are often accused of faking or imagining their disabilities. These symptoms can occur due to chronic illness, chronic pain, injury, birth disorders, etc. and are not always obvious to the onlooker” (p. 1). The fact that people cannot see hidden disabilities allows for misconceptions and disbelief of the presence of disabilities and
conditions that may actually exist. This fact perpetuates the thought that if the disability cannot be seen, it must not exist. This unreasonable thought process creates additional barriers for students with hidden disabilities and makes it difficult for people without disabilities to validate the presence and reality of hidden disabilities.

Students diagnosed with hidden disabilities don’t know when to disclose their disability status once in higher education programs. When students don’t disclose their disabilities at the beginning of their educational careers, the accommodations may not apply to these students if and when troubles may arise later in classes. Additionally, coping with hidden disabilities as a college student may present additional problems and daily challenges that students without disabilities don’t face, such as trying to stay enrolled in higher education programs while dropout rates may be higher than non-disabled students. College students with hidden disabilities have to deal with negative stigma that exists, especially once the student takes the risk to disclose these hidden disabilities to others.

Students affected by their disabilities have difficulty facing retention in and completing a higher education. People with disabilities that do complete a higher education still risk being paid wages lower than their non-disabled counterparts with equal levels of education.

**Economic Impact of Disabilities**

The American Psychological Association (2013) referenced results by the American Community Survey (ACS) (2006), revealing “significant disparities in the median incomes for those with and without disabilities. Median earnings for people with no disability were over $28,000 compared to the $17,000 median income reported for individuals with a disability.” (U.S. Census Bureau, 2006).
According to the American Psychological Association (2013), “socioeconomic status (SES) is often measured as a combination of education, income and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power and control are emphasized. Furthermore, an examination of SES as a gradient or continuous variable reveals inequities in access to and distribution of resources to all realms of behavioral and social science, including research, practice, education and advocacy” (p. 1). People with disabilities may secure employment, but not have the ability to get employed in a job that gets the person out of the lower socioeconomic status. Education can be directly related to earning power, and persons with disabilities are at higher risk of poverty, even when employed. On a comparative scale, persons with disabilities face the risk of remaining impoverished and on governmental financial assistance programs for extended periods of time. These conditions impact individuals, communities and societies and contribute to negative thoughts about people with disabilities and government spending, blaming people with disabilities putting a financial drain on society by receiving financial benefits from the government.

The American Psychological Association (2013) stated that the American Association of People with Disabilities (AAPD) “estimates that two-thirds of people with disabilities are of working age and want to work. The high incidence of poverty among persons with a disability fuel doubts about the sufficiency of public assistance to these individuals.”

Reported by Chan (2008) and cited by the American Psychological Association (2013), “in an effort to investigate unemployment disparities... Human Resources and project managers were asked about their perceptions of hiring persons with disabilities. Results indicated that these professionals held negative perceptions related to the productivity, social maturity,
interpersonal skills and psychological adjustment of persons with disabilities.” (p. 1). This information confirms there are still misconceptions about people with disabilities, allowing such stereotypes to perpetuate the negative stigma about the capabilities of people with disabilities and their perceived inability to work, which has a direct relationship upon certain types of discrimination that people with disabilities experience.

**Literature Review**

Two laws can potentially help students with disabilities: the Rehabilitation Act of 1973 (an extension of the 1964 Civil Rights Act), and the Americans with Disabilities Act of 1990. The literature review explores four interrelated themes: disclosing a hidden disability in a higher education program; post-college employment discrimination; retention and completion issues among students with disabilities; and special challenges experienced by students with learning disabilities.

**Disclosure of Hidden Disabilities in Higher Education**

The issue of disclosure is particularly challenging for students and prospective students with hidden disabilities. Whether to disclose, when to disclose, and impact of disclosing or not disclosing are all very real concerns. According to Rehfuss and Quinlin (1998), “advisors can be the vital link to services such as tutoring and academic skills building workshops as well as resources offered in student life, career services and student disability services offices. However, advisors sometimes have difficulty determining the nature of resources most appropriate for a given student. This is especially true when students have hidden disabilities.”

Students always have the right to disclose or not disclose that they have learning disabilities or hidden disabilities, but by not disclosing their learning or hidden disabilities, no
legal accommodations can be expected to be made for them. While Rehfuss and Quinllin (1998) state, “some students want to try their first semester or year without accommodations”, they comment that students may also be …”embarrassed to ask for assistance.” In addition, Rehfuss & Quinllin (1998), state that “students entering colleges and universities with hidden disabilities continues to increase…the situation presents some unique challenges for academic advisors…some found that 80% of students with learning disabilities in post-secondary settings failed to graduate within 5 years of entering their respective programs… the onset of symptoms for persons with psychiatric disabilities often occurs in middle or late adolescence…the result can culminate in educational underachievement, underemployment or unemployment.”

Rehfuss and Quinllin (1998), state that “the educational process is compromised and students’ likelihood of success is jeopardized’ when students with disabilities don’t know about the resources available to help them succeed in school, and when the college staff doesn’t know that the students have a disability that could utilize the help offered in the college setting.”

Should students with hidden disabilities disclose or not disclose their disabilities? Rehfuss and Quinllin (1998) state, “if the student requires any accommodations or special considerations as a result of having a disability, he or she is required to properly disclose that information to appropriate personnel. Some students with hidden disabilities may not wish to disclose their disability for a variety of reasons.” Rehfuss & Quinllin (1998) conclude that “students with hidden disabilities can pose unique challenges to academic advisors, who cannot address issues or help remedy problems that are not readily seen nor disclosed.”
Post-college Employment Discrimination

Educational discrimination of people with disabilities in higher education may continue to be a problem, especially when a person with a disability graduates from a college or university and then transitions from school to the work place. The problem still remains that people with disabilities are supposed to have the same rights as people without disabilities. However, this is not always true. Some people with disabilities experience educational discrimination, may worry about disclosing personal disability issues and have less job satisfaction after graduating from college and gaining employment.

Gillies (2000) states that, “There still is discrimination against people with disabilities within the work place no matter how hard we try to rectify that…you know in school, how it’s kind of like everybody is equal, some people don’t use the services there...most professors are accommodating. It’s not like that in the work place; it really isn’t.”

According to Gillies (2000), “the state of the employment market does not meet the tenets of the critical disability movement. Many educated persons with disabilities will not obtain the jobs they desire upon graduation.” Gillies (2000) article references Fichten et al. (2012), stating that “discrimination...can prevent persons with a disability from obtaining meaningful employment.” The National Organization on Disability (2000a) and Wehmen, (1996) were referenced in Gillies (2000), stating that “while employers have been encouraged to remove physical barriers in the workplace, not much can be done to remove attitudinal barriers...it remains difficult to fully understand how this social problem can be remedied.” This continues to be a difficult problem in colleges and universities.
Can people with disabilities that attended college obtain meaningful employment after graduation? The answer is ‘yes’, but people with disabilities still have to put up with discrimination and attitudinal barriers as well as less pay and lack of interest in the jobs they do obtain.

Gillies (2000) research “study was undertaken in order to contribute to an understanding of the lives of university graduates with disabilities as they move through the transitional stage from post-secondary education to the workforce…all of the participants perceived university as a place that is inclusive and accepting of person’s with a disability.” The students in this study, as reported by Gillies (2000), “… discussed how their universities, and its available services, provided them a ‘level playing field’, which was not apparent to them within the workforce.”

According to the Ontario Human Rights Commission (1996), “disclosure of a disability is a personal choice, since it is illegal for an interviewer to ask candidates disability-related questions”. Gillies (2000), explained that “Most participants were unaware whether or not they should disclose their disability and were unaware of the protocol surrounding disclosure. Findings suggest that educated, university graduates with disabilities continue to face structural, attitudinal, and systemic barriers when seeking meaningful employment. Many experienced blatant discrimination because they had a disability. Most were underemployed and felt they were not living the life that they expected prior to graduation. This realization clearly impacted their sense of self and their sense of identity”.

Retention & Completion Issues Experienced by Students with Disabilities

According to Lichiello (2012), the literature review discussed the “retention of students with disabilities in higher education”, as students with disabilities are at a disadvantage in
staying in higher education programs until they actually graduate. Many of them drop out of school several times before they can finish their programs of study. According to Lichiello (2012), “Most higher education institutions…are limited in the accommodations and services they can provide to students with disabilities as a result of funding and staffing limitations”…in addition, “as students with disabilities enrolling in colleges continues to increase, so does the concern for student retention and persistence to graduation.” This study by Lichiello (2012), reported there was a population sample of participants made up of three groups; those without disabilities, those with hidden/cognitive disabilities and those with physical disabilities.

Wessel, Jones, Markle and Westfall (2009) focused on the retention and graduation rates of undergraduate students without disabilities as compared to those students with varying degrees of disabilities at one public Midwestern doctoral granting college.” (p. 3 ). Of the sample participating, 54% were females, 46% were males and 9% were of diverse populations/minorities. This longitudinal study lasted over an eight year period. The study began with their enrollment in college and lasted through graduation.

Lichiello (2012) posted the question, are there “any differences in the two groups of students with disabilities when compared to the students without disabilities in the areas in academic aptitude, retention, attrition, and graduation rates”? According to Lichiello’s (2012) report, the study used quantitative data and other statistical methods. Lichiello (2012) states that “…some universities…have taken a different approach to address needs of this special population by providing transition and/or degree programs specifically designed for students who learn differently…these programs provide an academic education but also teach students with disabilities how to advocate for themselves and thrive in postsecondary education,” as cited by Marklein (2011).
Lichiello’s (2012) conclusion states that this study “presents a limited scope of the challenges and issues facing students with disabilities in higher education institutions and the factors that influence their retention… Even though data are available on the number of students with disabilities in postsecondary education, the need for a cohesive database for retention and graduation statistics is apparent…While institutions of higher education must adhere to ADA guidelines… services and accommodations can only be provided to those students who choose to self-disclose their disability to college administrators, faculty, and/or staff. As students transition from high school to college, they are required to become self-advocates and interact directly with institutional offices of disability support services.” (p.16).

**Challenges Specific to Students with Learning Disabilities**

The United States Office of Education (1977) defined LD as “a permanent-information processing deficit (disorder) that affects the manner in which individuals with average to above average intelligence learn…learning disabilities occur regardless of gender, race, or ethnic origin, and they are not the result of a poor academic background, mental retardation, or emotional disorders” (Various Definitions of Learning Disabilities, 2005). People with disabilities can be defined as a subset of the population. And like many subsets, they are treated differently than the norm”.

What we do currently know about the problem of coping with Learning Disabilities as a college student is that according to a study found on [http://www.andrews.edu/~freed/prop/Frances.htm](http://www.andrews.edu/~freed/prop/Frances.htm), (no author or page listed), there is a problem of a growing awareness of colleges and universities that discrimination is not acceptable in these
facilities, especially since the passage of the ADA Act in 1990 and the 1973 Rehabilitation Act. Most higher education institutions receive federal funding from the government. According to Stracher (1993), a study found on http://www.andrews.edu/~freed/prop/Frances.htm, states that there is “pressure to admit virtually all students” into college and that there is a “growing awareness among students, of “the responsibility that society has in helping the learning disabled achieve their potential by requiring…qualified students with disabilities must receive ‘reasonable accommodation’ in their college program.” (p.2). According to Stage & Milne (1996), “The available research on college students with learning disabilities is still limited” and ”often referred to as ‘the invisible handicap’ because there is usually no outward indication of a learning disability.”

Longo (1988) believes that learning disabled students “struggle in a very real way and may in fact pose the greatest challenge to higher education’s ability to accept and adapt to the diversity than any population accommodated thus far.” (p.10). Stated in the website http://www.andrews.edu/~freed/prop/Frances.htm, “school continues to be a struggle for LD (learning disabled) students, even though by the time they arrive at college they have been involved in education for many years… a growing body of literature indicates that negative attitudes and perceptions exist in LD college students…” (p. 3).

According to Houck, Asselin, Troutman, & Arrington (1992), “There are many more challenges for students with LD in college.” Vogel & Adelman (1992) “indicate that, compared to non-LD students, LD college students report lower self-esteem, higher rates of failure, and lower college graduation rates.” (p. 4). In addition, Vogel & Adelman (1992) state “many LD students have significant difficulties with language processing—either written or oral, or both.” (p. 4). According to the website http://www.andrews.edu/~freed/prop/Frances.htm, “although
learning disabilities tend to be ‘invisible’, the effects are not to the student, to teachers, to parents, to employers and to friends… by emphasizing the elements of success, educators in particular can more intentionally provide the real support necessary to the growing number of LD students desiring a college education.” (p. 6). Some themes in this study may be found to be helpful to other LD students in further research studies.

Other current understandings of the problem of hidden disabilities includes the negative stigma that exists when one has learning disabilities. According to Lisle (2011), “Those with learning disabilities (LDs) can be characterized as a minority group, and like most groups of minorities, they face a distinct stigma by the larger population.” In this study, Lisle (2011), hypothesized that if she had two groups of hypothetical people, and one group of participants would have a LD, while the others would not. She believed that the group with the learning disabilities would be stigmatized by the group that did not have disabilities. The non-disabled participants would look upon the person with an LD less favorably. The hypothetical participants without disabilities perceived the individual’s with LDs as being less attractive, less successful, less emotionally stable…” than the non LD students.

Lisle (2011) stated, “It is hoped that this research will help address the goal of inclusion and equality for those with LDs and aid in ways to identify, address, and attenuate these stigmatizations within all aspects of our society.” As a result of this research, a theory has been developed to classify the components of bias. This theory states that ‘bias can encompass behavior (discrimination), attitude (prejudice), and cognition’ (stereotyping) as explained by Hewstone, Rubin, & Willis (2002); Mackie & Smith (1998); Wilder & Simon (2001). According to Lisle (2011), “Bias shown through behavior (discrimination) is arguably the most detrimental component of this three-part theory”. In addition, the purpose of this study was
explained as “another group that often experiences discrimination is those with Learning Disabilities (LDs)”. Lisle (2011) concluded that her research, “results provide clear evidence that a bias exists toward those who have learning disabilities. The mere presence of the LD label had the ability to cause a differential perception between those with LDs and those without.”

As evidenced by information studied and reported in my literature review, many issues continue to affect people with disabilities in the way of discrimination of all kinds. Although some articles discussed hidden disabilities as being Learning Disabilities, very few research articles explored or even recognized the scope of hidden disabilities beyond Learning Disabilities.

**Research Question**

This research study asked the question, “is discrimination experienced by adults with hidden disabilities who pursue a higher education?” and “How do these experiences impact the students’ perception of professional and personal success?” The research focuses on the attitudes and experiences of students attending St. Catherine University who are receiving disability services through the Student Disability Service Center. Participants will be asked whether or not they feel supported and successful in their school career and whether or not they have experienced discrimination. If students state that they have experienced discrimination, they will be asked if they believe that discrimination is because of their hidden disability or if it is a disability-related issue.
Conceptual Framework & Theoretical Lens

This research study will utilize different conceptual framework theories: the Developmental Perspective, the Humanistic Perspective, and the Social Behavioral theories. How is human behavior explained? According to Hutchison (2011), “individual difference and the search for meaning and growth” is in each person’s life and can change depending on the stage of life a person is in. One would look for individual differences and focus on strengths–based outcomes. Hutchison (2011) explains the Developmental Perspective states that “each stage has conflict that must be resolved to progress to the next stage”…this perspective “is useful in understanding life transitions.” Hutchison (2011) states that “Moving from one stage to the next involves new tasks, changes in statuses and roles” For example, a person with a newly diagnosed disability learning to accept and live with accommodating the disability into their life and modifying changes and disappointments when the disability interferes with their Activities of Daily Living (ADL’s), and requiring the person to do things in a different manner than which they originally planned. Other life transitions such as turning 18 years old and graduating from high school are momentous occasions in one’s life; just as attending a college or university. According to Hutchison (2011), “Human development is complex interaction of biological, psychological and social factors.” Developmental Perspectives are useful for social workers because they help us understand life transitions such as growing up in childhood, becoming a teenager, and finally growing into an adult. With all life stages, we are learning new things about our own development and then gain the ability to compare ourselves to others to help us form the person we want to become.

The Humanistic Perspective paints a picture of where the client is in the moment, examines strength and compliments the strengths perspective.
Maslow’s Hierarchy of Needs (1943), explains that people must have their very basic physical needs met before they can work on intellectual personal gain and self-actualization; in other words being fulfilled as a person emotionally and to that persons full potential as a human. Self-actualization cannot be achieved if the person’s basic needs aren’t first met.

Another important concept to be aware of when working with students with hidden disabilities is the term resiliency. According to Barker (2003), resiliency is defined as, “the human capacity (individual, group, and/or community) to deal with crises, stressors, and normal experiences in an emotionally and physically healthy way; an effective coping style.” (p.369). For example, resiliency is a term that explains the concept of being able to live through, deal with, and process issues and situations in life that can cause great emotional loss or trauma and that do not fall under ordinary life occurrences. Resiliency is an important trait to identify in people with hidden disabilities because living with a hidden disability can cause unusual and increased amounts of stress in the person’s life, whereas a non-disabled person in the general population does not have to deal with these things, especially on a daily basis as a person with a hidden disability does.

The fact that people with hidden disabilities in higher education are up against additional barriers such as discrimination, and coping with these situations, despite their outcomes, suggests that they have an ongoing ability to work through unexpected and unfair difficulties unlike their student counterparts without hidden disabilities.

Hutchison (2011), believes that human “strengths include being highly useful… because principles of Social Behavior can be easily applied to many people.” As stated earlier in this research article, if utilizing the ‘social model’ approach when working with students with hidden disabilities, one would realize that it is important to identify a strengths-based perspective and to recognize student diversity and abilities as personal strengths. According to Hutchison (2011) the
“Developmental Perspective draws from Freudian Concepts of ‘Attachment Theory’, Bowlby (1969), and Object Relations Theory (Eda Goldstien/others).” Sigmund Freud’s concept of ‘attachment theory’ is important to consider when looking at the behavioral development of all people. A person’s experience as a developing child is directly related to their experiences of adulthood.

Research Design and Methodology

This research study was conducted with a survey using mixed method of 18 questions consisting of both quantitative (demographic and numerical) plus closed and open-ended qualitative questions. The research questions were developed by the researcher. (See Appendix A).

A web-based software survey called Qualtrics was utilized for this study. Qualtrics is used by the University of St. Thomas for a variety of reasons in all academic departments, including the joint university master of social work program. The survey was developed with 18 questions focusing on the student respondents’ perceptions of their disabilities, successes, and experiences regarding disability status, discrimination, and pursuing a higher education.

Procedure and Participant Sample

The St. Catherine University (St. Kate’s) campus setting and students were utilized to conduct this research study. St. Kate’s is located in the large Capitol city of St. Paul, Minnesota, and is one of the few remaining universities for women in the United States. St. Kate’s “is home to more than 5200 students in a wide array of disciplines and degree levels”, according to the official school website, http://www.stkate.edu/pages/aboutstkates/history.php (2014). Prior to the dissemination of the survey, all students invited to participate were previously registered
with the university service center for students with disabilities by providing medical documentation of disability status to qualify for disability services. All research participants were enrolled at St. Kate’s University at the time the surveys were completed.

Protection of Human Subjects

Recruitment Process: After the researcher decided on a topic to research, Patty Wallway, the director of the disability service center at St. Catherine University was contacted. A research plan and ways to ensure privacy and confidentiality of the research subjects was explored and discussed. A plan was devised for the researcher to write an introduction email to the potential research participants explaining the purpose of the study, explaining voluntary consent to participate, and the possible risks associated with the study. All identifying and participant information will be kept confidential and participant’s identity will be kept anonymous from the researcher.

Measures to Assure Confidentiality & Anonymity: The introduction letter and invitation to participate in the research study was distributed over the email and internet system to Patty Wallway, Director of the Disability Service Center at St. Catherine University. The researchers email, invitation, consent form and link to the survey were then anonymously forwarded to approximately 300 students that were registered with the disability service center.

Protocol for Ensuring Informed Consent: A voluntary consent form (Appendix B) for participation was attached to the email. Prior to answering the survey questions, the consent form was available to view and print if the participant desired. The consent form stated if the participant became uncomfortable or wanted to discontinue participation they could withdraw from the study at any time with no consequences. This study posed low risk and did not intend
to harm any students participating in the research study. Student participants were offered assistance, if needed or felt stressed by the survey, by emailing the researcher, talking to the study administrator, counseling and/or disability service center staff. The study had no direct benefit for participants.

**Data Collection Instrument and Process:** The consent form stated that if the prospective participant agreed to be in the study, clicking a link that followed the consent form would indicate that the respondent was giving approval and consent to participate in the study voluntarily. Once the link was clicked, the Qualtrics website posted the 18 question survey to be completed. Upon answering the survey questions and clicking on the ‘complete’ button, the confidential responses were recorded and held on the Qualtrics website to be analyzed by the researcher.

**Agency and Institutional Support:** The consent form used was reviewed and approved by the Saint Thomas Institutional Review Board (IRB) prior to distribution and use. All procedures were reviewed by the IRB to protect human subjects, and maintain confidentiality.

**Data Analysis Plan:** This research study uses both *manifest* and *latent* content analysis to interpret and describe the data collected from the surveys. According to Berg (2012), “manifest content includes those elements that are physically present and countable or extended to make more latent content… the analysis is extended to an interpretive reading of the symbolism underlying the physical data. Manifest content is comparable to the surface structure present in the message, and the latent content is the deep structural meaning conveyed by the message” (p. 242).
Data from the surveys was collected, interpreted and then analyzed by looking at similarities, differences, and common themes and categories within the answers and statements given by the research participants. All responses from the 18 questions asked on the survey were used and analyzed to get a general picture and concept of the students overall perceptions of their experience living with hidden disabilities, whether or not they perceived having been discriminated against due to their hidden disability, whether or not they felt the issue of discrimination had been handled properly and if not why they thought that and how they thought it could have better been appropriately handled. The questions asked also investigated how the students’ hidden disability status and their experience with discrimination and those experiences influenced their perception and ideas of personal successes, especially pertaining to school education and being a student in a higher education and learning institution. The overall correlation between hidden disability status, experience of discrimination, and perceptions of school successes were the main themes and ideas pulled from the student survey responses. Not all specific responses from all questions have been posted but rather themes and perceptions have been generated into overall responses that shared commonalities and differences in personal student experiences.
Results and Findings

Demographics

Table 1: Level of Degree Seeking

<table>
<thead>
<tr>
<th>Bachelor’s Degree</th>
<th>Master’s Degree</th>
<th>Doctoral/ PhD Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>14</td>
<td>6</td>
</tr>
</tbody>
</table>

Level of Degree are you Seeking? (Table # 1)

Out of the 40 completed surveys, 18 students reported they were seeking an undergraduate level Bachelor’s Degree, an additional 14 students were seeking a graduate level Master’s Degree and the remaining six students were working toward their Doctoral or PhD Degree. Two students did not report the degree level program they were enrolled in.

The majors and interest areas been studied included in the responses were numerous. A very few number of students had undecided majors while many a listed specific majors. Some majors were reported more than once. The majors stated included elementary education, psychology, criminology, occupational, physical and respiratory therapies, journalism, social justice and pre-law, public health science, sign language interpreting, exercise and sport science, mathematics, Masters in holistic health studies, biology, pre-med and physician assistant studies, art education, communication studies, theology, history, interior design, nutrition, both bachelor and master levels of social work, and accounting. With all of these majors listed above one could conclude
that there are many levels of interest and ability levels identified by students with hidden
disabilities of all types.

Table 2: Age of Respondents

<table>
<thead>
<tr>
<th>Age Group</th>
<th>18-19 years</th>
<th>20-25</th>
<th>26-30</th>
<th>31-35</th>
<th>36-40</th>
<th>41 or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>8</td>
<td>18</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

Age of Respondents (Table 2)

Research participant’s age varied widely. Student ages ranged from age 18 to 66 years old. The
majority of the students were of traditional college-age between 20 and 25 years old. One student
stated that they were of ‘nontraditional student age’ but did not mark a specific age.

Table 3: Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Cis-gendered</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
<td>37</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Gender (Table # 3)

The gender of the research participants included 37 females, one female ‘C’ (referred to as ‘cis-
gendered’), indicating that she identified with the gender that she was born as. There was only
one male who completed the survey.
Table 4: Racial/Cultural/Ethnic/Minority

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>27</td>
</tr>
</tbody>
</table>

Do you consider yourself a Racial/Cultural/Ethnic/Minority? (Table # 4)

The research results showed that the majority of the group, 27 participants, did not consider themselves a member of a racial, cultural or ethnic minority group, while eight of the participants did. Student participants identified being members of different cultural groups, some including; an Ojibway Native American Tribe, and of mixed and bi-racial groups. A few students stated unique answers to this question. One student participant reported that she does “not consider myself a racial, cultural or ethnic minority ‘at school’.” Another participant stated, “I’m Caucasian and Christian; they are the majority at St. Kate’s.”

Table 5: Minority Status Due to Disability

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes = 16</td>
<td></td>
</tr>
<tr>
<td>No = 20</td>
<td></td>
</tr>
<tr>
<td>Other/U</td>
<td>4</td>
</tr>
<tr>
<td>decided</td>
<td></td>
</tr>
</tbody>
</table>

Survey question asked whether or not the student considered themselves to be a Minority due to their disability status? (Table # 5)

Out of the 40 respondents, 16 students reported that they did identify themselves as being included in a minority group based on their disability status. Approximately half of the student respondents, 20, said they did not identify as a member of a minority group due to their disability
status. One student commented that she “never thought about that”, while another student reported feeling like a minority (due to her disability status) only “somewhat” and “sometimes”. Some students stated, “a lot of people don’t give me a chance in the work world.” Another reported, “There are very, very few students here, including myself, that are hard of hearing and/or deaf so it’s a really small population on campus compared to those that can hear.” Other student comments included, “In high school I did consider myself a minority because I felt like no one else had my same difficulties. Now, I feel like other people need a little extra time and a quiet space. There are understanding Faculty who are more than willing to help out any way they can.” One student wrote, “I don’t let my disability run my life. I take steps to make sure I work around it: I work smarter, not harder.” Finally, one student responded that she, “Hates that word” (disability).

The different student responses and statements clearly illustrate that all participants have very different ways of interpreting their hidden disability status. Each student’s interpretation of their disability shows a clear connection to whether or not they consider themselves a member of the disability minority sub-group. The student perception of their disability defines how they view themselves; either positively or negatively.

The fact that almost half of the students identified as a minority with a disability may suggest a strong correlation between attitude and an ability to understand self-awareness. This allows a student to have a clear understanding of how their disability influences their life and relates to decision-making and choices they make, especially in considering pursuing a higher education and how their disability may negatively affect their successes in school. The students’ ability to plan ahead, identify, and foresee what accommodations may be needed in school shows they are thinking realistically and have already begun to identify what may be needed for school success.
Students that completed this research survey were currently enrolled in the University’s Disability Service Center, showing their insight to apply ahead of time for services that would benefit their learning. By taking an active role in their educational planning, students illustrated higher-level thinking skills by completing the forms required of them and gathering needed medical documentation stating their disabilities and diagnoses’ in order to qualify for and receive services.

**Student Responses & Implications of Responses**

The email and research survey was sent out to potential participants in early March, 2014. All surveys were returned within 23 days. Of the approximate 300 students that were sent surveys, 49 surveys were started and 40 were completed in entirety. The completion rate of the started surveys was 82%, while the drop-out rate was only 18%. The time frame it took for students to complete the survey was large, ranging from a few minutes to approximately two hours. The main factor for the wide time frame it took for students to complete the survey was attributed to the types of disabilities the student filling out the survey may have had. For example, one student shared she has vision impairments and stated that, “*We live in a written world, even this survey is written. Those of us who must Relay on verbal find this most difficult. I am sure most people did this survey in ¼ the time that it took me.*”

The majority of student research participants, approximately 97%, identified themselves as having hidden disabilities. The overall consensus pointed to the fact that the invisibility of the disability was a major part of the problem overall. Another part of the problem reported by students with hidden disabilities is the belief that the non-disabled public has a general lack of understanding of people with disabilities. Respondents stated that people only see a functioning person that looks normal and can’t see the disability, therefore not realizing the person has a
disability. Students with hidden disabilities identified the fact that since their disabilities can’t be seen, no one really knows that the person suffers from them. The fact they are not physical disabilities, the students with hidden disabilities think they are not taken seriously when others are told or find out about their disability status. In addition, since the disability can’t be seen, some students are told their hidden disabilities are not thought of as debilitating, whereas in reality this is not true.

Out of 40 participants, seven reported they had dropped out of a college or university because of their disability. All seven of the students experienced depression or other related mental illness and could not handle the pressures of school, one felt lack of support available to help succeed in school.

**Describing Disabilities & Medical Diagnoses**

The first survey question asked the participants to list or describe all of their disabilities and medical diagnoses’. The variety of disabilities listed were numerous and varied widely in type. Of the 40 research participants, 12 respondents listed having only one diagnosis while the majority of students identified as having two or more diagnoses’ that they listed on the survey responses. There were four major types of disability groups listed. These groups included:

1. Mental illnesses of various types
2. Learning Disabilities
3. Hidden physical disorders
4. Other Disability & medical diagnoses’ category.
Student Responses Reported

The majority of disabilities listed were mental illness of various types and mental health diagnoses’. Generalized Anxiety Disorder (GAD), and other related anxiety disorders were listed on 16 occasions representing the diagnosis identified with most often, while Major Depressive Disorder was the diagnosis listed the second most often. Learning Disabilities (LD) were the second category of disabilities listed. Major Depressive Disorder and Attention Deficit Hyperactivity Disorder (ADHD) were included in the second most prevalent diagnoses’ reported by students.

Several hidden physical disorders listed included Chronic Illnesses such as Diabetes Mellitus (DM), Cerebral Palsy (CP), Neurofibromatosis, Bell’s Palsy, Asthma, and a chronic medical condition related to immunity were listed as medical diagnoses. The other disability & medical diagnoses’ category included a wide range of miscellaneous issues such as eating disorders (several types), vision and hearing impairments, memory loss, insomnia & other sleep disorders, light sensitivity and numerous others. Some additional diagnoses’ reported by respondents included the learning disability dyslexia, disabilities involving reading and writing impairments, central auditory processing disorders, learning disabilities related to math, the inability to quickly focus and transmit information to the brain, and numerous others were also listed. (See “Appendix C” for a complete list of respondent’s reported disabilities and medical diagnoses’).

Length & Duration of Disability and Medical Diagnoses’

When reviewing how long the respondents have been disabled there was a large variation in the time frame. Many of the respondents stated their disabilities and medical conditions were present at birth, while other respondents reported having experienced problems or symptoms related to
their disabilities for many years and could identify the problems off and on during their life before official diagnosis. Despite experiencing disability related problems, several participants just recently started seeking help for it. One participant reported she has been “disabled my whole life but was only recently diagnosed at age 42”. Most research participants reported feeling very strongly that their disabilities were real and in a profound way have had very big effects on their lives.

**Student Experience with Discrimination**

The research and survey results show supporting evidence that adult students with hidden disabilities who pursue a higher education do experience discrimination directly related to their hidden disability. The relationship between students with hidden disabilities and particular sets of discrimination were reported and illustrated in the student survey responses. Out of 40 respondents, exactly half of them think there is some kind of discrimination of adults with hidden disabilities that are pursuing a higher education at St. Catherine University. Many students reported they believe there is discrimination but correcting it is nearly impossible.

The students that did identify discrimination at St. Kate’s explained different types of discrimination and what they believed the issue was about.

Discrimination experienced by students included being told by a professor that she would need to compartmentalize her illnesses if she wanted to be successful in her future career.
Yes, I have been discriminated against…” by two different professors. I felt embarrassed to turn in my accommodation letter after hearing a professor speak about possible ‘false’ disabilities.”

-quote by student

Common Themes of Discrimination

There were many common themes in the responses received from students who feel there is discrimination at St. Catherine University. The types of discrimination students identified fell into one of several categories. These categories of discrimination and the sources of the discrimination included:

1. Discrimination by professors and faculty members, which was manifested by either an unwillingness to honor accommodations and/or a lack of understanding and insensitivity towards students. This discrimination may be the result of ignorance rather than mal-intent or malice.
2. Of Discrimination by other students particularly in group work.
3. Institutional discrimination which was experienced from other college staff and from campus offices.
4. Discrimination caused by related processes and as a result of rules of school work, and school standards.
5. Discrimination related to reasonable accommodations (such as implementing and delivery of these accommodations).
When evaluating the circumstances of discrimination a student must decide whether or not the discrimination is intended or not. For example, looking through the lens of race and ‘white privilege’ and not being aware of benefits of the race in which one is born into, further illustrating that sometimes people can’t understand or educate themselves to understand. By addressing this concept students experiencing discriminatory acts may be able to identify possible solutions for help such as their awareness of their disability status and proactive behavior. An important factor in evaluating discrimination is examining the perceptions of students and how they perceive and interpret discrimination, especially when the person or event behind the discrimination is not necessarily aware of the discriminatory act.

When examining whether the University could have better handled a discrimination situation, more than half of the respondents believe that the University handles discrimination situations satisfactorily. One participant stated “when I do experience discrimination it is usually because people do not understand or not trying to discriminate against me, it just happens because you can’t physically see my disability on the time. If anything, regardless of how many students with a certain disability are on campus, there needs to be more awareness and openness to remember that everyone is different and requires different services to get the most out of the classroom.”

The respondents that did believe the University could have handled the discrimination situation better, suggestions such as better training and course structuring around the nontraditional student would be helpful. More education about disabilities will be helpful.
Issues of Disclosure

The professor stated the student may not be able to get certain jobs because of her illnesses. The student experienced frustration because she has limited control over her illnesses, and can’t make them go away, they are part of who she is. Another felt she would suffer the consequences due to her disclosure of her disability and will be discriminated against, which diminished her hope.

There is an overall sense that people without disabilities assume everything is fine and then are shocked if a student self discloses. Other respondents stated that students do not understand why some struggle so much making a person with a disability feel like some people assume that person just doesn’t try hard enough to meet the high standards even though the person believes they are doing all that they can.

Lack of Sensitivity by Professors

“I feel like a failure every day. There are classrooms on campus that I feel sick going into because I associate them with the professors who made me feel like I should have just dropped out because I couldn’t perform in the way wanted me to.”-quote from a student

Other professors showed lack of sensitivity towards students by requesting they buy costly items to aid them which the student could not afford. Such conversations made one student cry. Another student reported she was told that if she appealed or challenged the school and certain decisions, she would be asked to leave the college. Others thought some professors are quick to make decisions about people with disabilities and that they will perform below average.
Other Student Struggles Related to Disability Status

Many participants reported a connection between the concept of hidden disability and the idea that if the disability cannot be seen it must not be there. The visibility issue may explain the lack of understanding and empathy for people living with hidden disabilities. In comparison, people that have helping dogs, are in a wheelchair, or walk with a limp, illustrate to onlookers they have a physical disability. Almost always, and unconsciously, the disability is ‘seen’ and reinforces that it is perceived as being ‘real’ and is validated as such.

Seven participants reported feeling a lack of support from their University. Three students’ listed severe depression and attendance issues as the reason for not feeling supported, failing a test, the way a student perceived was being treated, lack of professors understanding of expectations of those with a disability. The two remaining students reported the school has very poor insight as to the discrimination that actually occurs from superior faculty and St. Kate’s doesn’t really understand what a struggle it is to overcome a disability and how much more an individual has to work to overcome its limitations in order to be successful.

Positive Outlooks & Support Related to Disability

The overall theme of the remaining 13 respondents included feeling very much supported by St. Kate’s University. “The O’Neill center has always been an awesome source of support. I’ve also felt tons support and openness from faculty about helping me in supporting me in my academic success.” Many of these students stated they receive disability resources regularly, resources for problems, attend counseling, receive help from the faculty, and have the ability to advocate for themselves.
“The OT Masters program is very challenging; I have to work hard to keep my emotions in check. I think to succeed as a student with a disability at St. Catherine University (SCU) is very challenging.”—quote from a student

Discussion

The research question “Is discrimination experienced by adults with hidden disabilities who pursue a higher education?” Was asked because after careful literature review the researcher did not find sufficient current evidence supporting students with hidden disabilities pursuing a higher education experiencing discrimination in the school setting. This topic was chosen because the researcher want to explore, determine, and prove that despite the Americans with disabilities act of 1990, and a common premise that all people are seeing is equal including people’s disabilities may be ideal but in reality is not close to being completely true. The researchers intentions of conducting this research survey and study was to find out firsthand from adult students with hidden disabilities pursuing a higher education whether or not they experienced discrimination based on their disability status. In addition research participants perceptions of the discrimination experienced was evaluated and the students perceptions of school successes was also examined. The researchers goals and main question was substantiated by the participants results listed on the survey. The results listed on the survey proved that the question asked was important and quantifiable. After careful examination of the results of the researcher discovered that she learn more than she had hoped to.

Unlike most of the literature reviewed, this study focused on all types of hidden disabilities, whereas the literature and research articles reviewed, focused the majority on learning disabilities. One intent of this study was to illustrate that no matter what the type of hidden disability a student may have, the effects of the disability contributed to the discrimination
experienced by the student. The issue of student disclosure of disability status was not only supported in the literature reviewed but also in this research study’s results.

**Implications for Social Work Practice:**

*Differences in Viewing People with Disabilities:*

1. Issues of Diversity: Strength Based vs. Deficit
3. Disabled students are a vulnerable population
4. Disability & Discrimination: is not ONLY a student Problem
5. University Responsibility: Entire campus must be aware, educated and active;
   viewing disabilities as part of student strength
6. Disability and Discrimination issues must be dealt with on a Macro Societal Level.

**Relevance of the Problem: Social Work Implication and Social Justice**

There are many issues that affect people who are not working. People with disabilities not working can be considered a large social problem. In addition, not being able to earn a formal education may affect the overall well-being of the person with a disability in several ways, and possibly have a negative effect on the United States society as a whole. The opportunity to be gainfully employed and have a regular, steady income is very important to human survival. There is much relevance to the problem of hidden disabilities and discrimination in higher education and important implications for social work. Social workers have the ability to work with and influence customers, clients, and patients who are experiencing problems such as discrimination and many other related issues. One of the main purposes of the social worker is to help their customers, clients, and patients get referred to specific services, resources, or agencies that can help these people deal with and possibly remedy their problems.
In addition social workers also have the ability to provide emotional support and family support, such as therapy, for people seeking services from them. In many centers, agencies, and institutions social workers are employed to help its customers and people they serve. In a specific example of colleges and universities, services such as counseling centers and disability service centers provide social workers to help facilitate the missions of these programs by supplying support, accommodations, case management, and services to their students.

Many times students with hidden disabilities who seek services are experiencing more than one problem or crisis at a time. The student’s disability status may create unintended or unforeseen problems in the education system which in turn can create personal and internal problems or conflicts that are difficult to deal with and solve on their own. Pursuing a higher education is a difficult task for anyone, but especially for those with increased complications and needs from a disability status that should be taken into consideration. Factors that affect students and other people seeking services from social workers may include: employment. If people can’t work, how do they live and sustain themselves and their families financially? How do they pay their bills, buy food, and pay for medical care? This may contribute to some families being stuck in a vicious cycle of poverty over many generations.

There are issues of self-esteem and the worth of a person; having a sense of belonging and the importance of being a contributing member of society. For many people not being able to work or attend school could cause (or at least contribute to) a lowered or lack of self-esteem, depression and mental illness, and possible increase in suicide rates. Discrimination and educational inequality may deprive people with hidden disabilities of equal opportunity education.
The ADA contributes to positive social relationships between people with disabilities and the general, non-disabled population while consistently sharing goals and values of professional social work by allowing people with disabilities to positively contribute to social roles and societal expectations in everyday life. The U.S. Conference of Catholic Bishops and the University of St. Thomas and St. Catherine University School of Social Work Ten Social Justice Principles (2006), enables the ADA to closely mirror Participation, Dignity of Work and the Rights of Workers and Priority for the Poor and Vulnerable. These Justice Principles include all humans to participate in formal education, working and employment opportunities, thus allowing the basic rights of workers and people to contribute to society.

The Justice Principles (2006), Participation, states that “All people have a right to participate in the economic, political and cultural life of society.” In Dignity of Work and the Rights of Workers, “If the dignity of work is to be protected, the basic rights of workers must be respected…” and the principle Priority for the Poor and Vulnerable, “A basic moral test of any community or society is the way in which the most vulnerable members are faring.”

**Ethical Considerations**

In any given society the government and its resident people have an ethical and moral obligation to assist each other by helping to improve the lives of people with hidden disabilities. Ethical considerations to halt unnecessary discrimination should be utilized when available and possible. These considerations should include such remedies as following the laws of the ADA by enforcing its purpose’s, paying attention to the policy and giving priority to those that need it. Identifying when legal action should be taken and consequences such as fines and prison time should be served when the ADA provisions aren’t followed as they should be. The media should
report positive and realistic press to disability-related issues by providing exposure and awareness of topics of discrimination and its impact on students in higher education systems. The realities of disability-related issues in the past and presently should be shared to illustrate appropriate disability history and culture. Disability education should be part of school curriculums on all levels and stages of education during the lifespan.

Ethical considerations should include disability advocacy on multiple-system-levels including larger schools, institutions, corporations and their need to provide good societal examples by following disability and accommodation laws and paving the way for positive change and disability acceptance in our communities. People with disabilities should be leaders in the community on all levels of society and negative stigma and stereotypes of people with disabilities shouldn’t be allowed to be perpetuated as the norm in public or our societal thinking process. All members in a communal society can offer advocating for positive change and taking action by being an educator, a good example, volunteering for the disability-cause, being passionate and empathetic, sharing related stories and no longer allowing discrimination to exist.

Implications:

**Strengths of Study**: the strengths of this research study show that hidden disabilities are not as easily accepted as physical disabilities due to the fact that hidden disabilities are not able to be visually seen. Typical human nature is to deny or not acknowledge things that can’t be seen or touched. A conscious thought process must be considered and analyzed in order to conceptualize that hidden disabilities truly exist.
Limitations of Study: during this study and carrying out the steps and processes of this research I quickly discovered that there were several areas and issues that were not addressed or discussed in the current literature available and reviewed. These are limitations of the study. No matter how much planning goes into a research study there always things that have been missed and need to be reevaluated and looked at for possible future studies and research projects. The most important factor that I found to be a limitation was the timeframe in which this research had to be completed and analyzed. The current literature available about hidden disabilities, higher education, and discrimination is very minimal. Numerous literature articles reviewed discussed hidden disabilities as being Learning disabilities, however people experience other hidden disabilities as well such as all types of mental illnesses, chronic illnesses, hidden physical disabilities, brain disorders and injuries, etc.

Conclusion

For a person living with a hidden disability, life can be difficult and completing everyday tasks and activities’ of daily living can be a challenge. The Americans with disabilities act of 1990 and the Americans with Disabilities Amendment Act of 2008 both directly and indirectly address disability and related difficulties. The Acts ensure accommodations for those that need them to maintain successful student status in a college or university setting while intending to eliminate discrimination.

While only half of the students think there is discrimination at St. Catherine University, it is still evident that more work needs to be done to decrease and preferably end all acts of
discrimination. The need for greater and further education (related directly to all types of
disabilities) pertaining to all people is needed. Sensitivity training about people living with
hidden disabilities is also necessary.

As evidenced by the results of this study and information studied and reported by the literature
review, there are currently many issues that continue to affect people with hidden disabilities in
regards to discrimination of all kinds including in higher education settings. This was proven in
my research project.

"I do not always feel I have done my best. If other students can get A’s it is obviously
attainable, but even when I work really hard I don’t always do as well as I want to.

When I speak to others their response is always ‘well you just need to try harder’.

The problem is I am already trying so hard that harder is not an option."

-quote from a student
Appendix A- Survey Questions

Questionnaire for students with disabilities at St. Catherine University in St. Paul, Minnesota

Winter, 2014

1. Please list all of your disabilities and medical diagnoses’ here:
2. Do you consider any of these disabilities to be hidden disabilities (disabilities that are present, but that can’t be seen with the naked eye)?
3. For how many years have you been disabled?
4. Do you think that there is any kind of discrimination of adults with hidden disabilities that are pursuing a higher education at St. Catherine University?
5. Do you feel like you have ever been discriminated against by your University (in any capacity)?
   If Yes, Please list here how you have been discriminated against & the circumstances.
6. Do you think the University could have better handled this situation?
7. How does this discrimination effect your perception of your success in school?
8. Do you feel like you are successful at St. Catherine University? Why or why not?
9. Please tell me what you think your successes in school are:
10. Do you feel a lack of support (in any form) from your University? Please explain your answer here:
11. Have you ever dropped out of any college or University because of any aspect of your disability or disabilities?  If so, why?
12. What is your age?
13. What is your major?
14. What gender do you identify with?
15. Do you consider yourself to be a racial, cultural, or ethnic minority? Yes or no?
16. Do you consider yourself to be a minority due to your disability status?  Yes or No?
17. What level of degree are you seeking? Bachelor’s degree? Master’s degree or doctorate degree?
18. Please list anything else that you think is important or pertinent to these questions or anything else you want to share, here:
Appendix B- Consent Form

March 2, 2014

“Dear Potential Research Participant,

You have been selected to participate in a research study because you are registered with the Disability Service Center at St. Catherine’s University.

The researcher, Elizabeth Ann Peltzer, is a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Karen Carlson, a faculty member at the school. The purpose of this study is to learn if there is discrimination of adults with hidden disabilities going to St. Catherine University pursuing a higher education.

Below this email is a link to a consent form to participate in the research study and an 18 question survey that I am inviting you to complete. Your identity and the results and records of this study will be kept anonymous and confidential. By clicking on the link to complete the survey, you are consenting to participate in the study. The completed survey will remain anonymous and no identifying information will be available to the researcher. The completed survey will be emailed to the researcher, Elizabeth Ann Peltzer. The researcher will review the data on the surveys, but will not know your name or identity.

Thank you for your interest and participation in this research study.

Sincerely,
Elizabeth Ann Peltzer, BSW

Please click on the following LINK to complete the survey:

http://stthomasbusiness.az1.qualtrics.com/SE/?SID=SV_41Ug3J55mKtBVml
Consent Form

University of St. Thomas

Research Project

“Is There Discrimination in Adults with Hidden Disabilities Pursuing a Higher Education?”

I am conducting a study about discrimination of adults with hidden disabilities that are pursuing a higher education. I invite you to participate in this research. You were selected as a possible participant because you are receiving services from the Disability Service Center at St. Catherine University. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Elizabeth Ann Peltzer, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Dr. Karen Carlson, a faculty member at the school.

Background Information:

The purpose of this study is: to learn if there is discrimination of adults with hidden disabilities going to St. Catherine University pursuing a higher education.

Procedures:

If you agree to be in this study, I will ask you to do the following things: read this consent form, take my on-line survey through Qualtrix. There are 18 questions that should take about 15 to 20 minutes to complete. By clicking on the link to close the survey, the survey results will be sent back to the researcher, without any name or identifying information. The results will be tabulated by Elizabeth Ann Peltzer and the computer survey called Qualtrix. Once the information is gathered and tabulated the results will be combined and no names or identifying information will be used. The information you supply is confidential. I will be presenting my data (without your name or any other identifying information about you) on May 19, 2014, to the public for the purpose of my clinical research project as a graduation requirement for my Masters of Social Work degree at the University of St. Thomas and St. Catherine University School of Social Work.

Risks and Benefits of Being in the Study:

The study is likely to pose minor risks to students. If completing this survey creates distress, you may discontinue survey at any time. If you experience any distress you may call the following places for support: The St. Catherine’s University Disability Service Center or the St. Kate’s Counseling Center both at 651-690-6000. The study has no direct benefits.

Confidentiality:
The records of this study will be kept confidential. Research records will be kept in a locked file in my home office. I will also keep the electronic copy of the survey in a password protected file on my computer. The principle investigator/researcher (Elizabeth A. Peltzer), a research partner and my research professor, Dr. Karen Carlson, will see and review the data found on the surveys, but will not know who you are. Patty Wallway, Director of Disability Services at St. Catherine University will delete your name and any identifying information from the survey prior to viewing the results. The survey’s identifying data will be destroyed by July 1, 2014.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the survey at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, Disability Services, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will be used to complete this study, but your name and identifying information will remain confidential.

Contacts and Questions

My name is Elizabeth Ann Peltzer. You may ask any questions you have now or email them to me prior to completing the survey. If you have questions later, you may contact me at pelt6342@stthomas.edu. Or my faculty research advisor, Dr. Karen Carlson via email: carl1307@stthomas.edu. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns.

You can print a copy of this form to keep for your records.

I have read, understood, and printed a copy of, the above consent form and desire of my own free will to participate in this study.

- Yes
- No
Appendix C

List of Respondents Disabilities & Medical Diagnoses

<table>
<thead>
<tr>
<th>Text Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texting anxiety</td>
</tr>
<tr>
<td>Diabetes, anxiety, ptsd</td>
</tr>
<tr>
<td>Attention Deficit Disorder (ADHD), Major Depression</td>
</tr>
<tr>
<td>Test anxiety and classroom distraction and note taking</td>
</tr>
<tr>
<td>bipolar depression, dyslexia</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder, Depression, and Anxiety.</td>
</tr>
<tr>
<td>Attention deficit disorder</td>
</tr>
<tr>
<td>major depressive disorder, generalized anxiety</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>ADHD</td>
</tr>
<tr>
<td>Diagnosis of Neurofibromatosis, type 2; Hearing impaired/deaf.</td>
</tr>
<tr>
<td>Depression and Anxiety</td>
</tr>
<tr>
<td>Bells Palsy, left side of face since May 25, 2013</td>
</tr>
<tr>
<td>Memory Loss</td>
</tr>
<tr>
<td>Dyslexia</td>
</tr>
<tr>
<td>ADHD, general anxiety disorder, mood instability</td>
</tr>
<tr>
<td>Post-traumatic stress disorder and generalized anxiety disorder</td>
</tr>
<tr>
<td>ADD</td>
</tr>
<tr>
<td>Medical diagnoses :dislexia, disabilities with reading and writing</td>
</tr>
<tr>
<td>hyper mobility</td>
</tr>
<tr>
<td>ADD</td>
</tr>
<tr>
<td>Attention Deficit Hyperactive Disorder</td>
</tr>
<tr>
<td>depression, ADHD at o'neil center i take my test/finals for class , sleep disorder</td>
</tr>
<tr>
<td>bulimia, depression, anxiety</td>
</tr>
<tr>
<td>Hearing loss n both ears</td>
</tr>
<tr>
<td>ADD, Test Anxiety, Depression</td>
</tr>
<tr>
<td>Depression, anxiety, and dyslexia.</td>
</tr>
<tr>
<td>depression, anxiety</td>
</tr>
<tr>
<td>Major Depressive Disorder, Generalized Anxiety Disorder, Seasonal Depressive Disorder (SAD)</td>
</tr>
<tr>
<td>Depression, anxiety, impaired learning (504B files)</td>
</tr>
<tr>
<td>Dyslexia</td>
</tr>
<tr>
<td>ADD</td>
</tr>
<tr>
<td>ADHD innattentive Type; Chronic medical condition related to immunity</td>
</tr>
<tr>
<td>Central Auditory Processing Disorder, Learning disables with math</td>
</tr>
<tr>
<td>Adhd, dyslexia, insomnia and severe asthma</td>
</tr>
<tr>
<td>I have a Vision Impairment, a combination of a lazy eye and light sensitivity. The ability to quickly focus and transmit to the brain has a delayed reaction.</td>
</tr>
<tr>
<td>mental health- generalized anxiety disorder, EDNOS, major depressive disorder, panic attacks</td>
</tr>
<tr>
<td>general anxiety disorder, ADHD, mild depression</td>
</tr>
</tbody>
</table>
International Context

The United States has been a worldwide leader in enacting a broad bill of rights for individuals with disabilities (Colker, 2005). Few other countries have put into act laws prohibiting discrimination of people with disabilities. Great Britain, Australia and Canada have laws, but they do not cover as much as the ADA does in the U.S. According to Francis and Silvers (2000), disability rights are an issue worldwide, within and beyond advanced industrialized societies. In 1975, the United Nations General Assembly first addressed disability and wrote the Declaration of the Rights of Disabled Persons. Then, in 1993, wrote the Standard Rules of the Equalization of Opportunities for people with disabilities. In 1994, the European Commission of the European Union added a section on Promoting the Social Integration of Disabled People setting ahead with policies to help people with disabilities gain equal opportunities and equal rights. Francis and Silvers (2000), noted that National and local governmental and nongovernmental organizations are exploring ways to create “nonhandicapping” social and physical environments for people with disabilities and elder people. Many countries deal with the civil rights of people with disabilities in unique ways. Laws are addressing people with disabilities and ways are being observed to find fair ways of dealing with people with disabilities in employment and other areas of life (including a higher education). The US is in the forefront and leads the way for other countries.

Historical Context and Etiology of the ADA

Prior to the ADA, people with disabilities tended to be isolated and segregated from the Main stream public. The overt discrimination of people with disabilities had continued to be a huge, serious and pervasive social problem in the United States. (U.S. History.com). There were several influences on how and why the ADA was put into law.
[The following is a Time line of historical events that paved the way for the ADA.]

1960’s: the Civil Rights Movement of the 1960’s presented the way for the ADA. The federal legislation of the Civil Rights Movement focused on preventing racial discrimination of minorities and all groups of people. Advocates for the disabled found that the protection of the people against discrimination got them thinking about protection for people with disabilities.

1973: The Rehabilitation Act was put into law and prevented discrimination of people with disabilities when receiving federal assistance. This Act, however, did not protect people with disabilities in relation to employment or public accommodations.

Early 1970’s: was the first time in America’s history that advocates believed that people with disabilities had rights and should be protected by the law against discrimination. This was the first time that congress agreed to enact disability rights legislation.

1978: The enforcement of these disability rights laws didn’t start until approximately 1978. Prior to this time people with disabilities organized ‘sit –ins’ at federal buildings to get their issues listened to.

1988: The Fair Housing Act was amended. Added to the Act that included people with disabilities be protected when securing housing.

August 11, 1988: President George W. Bush was in support of disability laws. On August 11, 1988, Bush encouraged congress to enact the ADA.

May 9, 1989: Senators Harkin and Durenberger and Representatives Coelho and Fish jointly introduced the new ADA in the 101st Congress. From that moment, the disability community mobilized, organizing a multi-layered strategy for passage. A huge coalition was assembled by the Consortium for Citizens with Disabilities (CCD), which included disability organizations, the Leadership Conference on Civil Rights (LCCR), and an array of religious, labor and civic organizations. (DREDF.org).

July 26, 1990: George W. Bush signed the ADA Act and stated that the Americans with
Disabilities Act presents us all with an historic opportunity. It signals the end to the unjustified segregation and exclusion of persons with disabilities from the mainstream of American life. As the Declaration of Independence has been a beacon for people all over the world seeking freedom, it is my hope that the Americans with Disabilities Act will likewise come to be a model for the choices and opportunities of future generations around the world. Colker (2005).
References


ADA Automated Information Line (12-6-13). Voice # 1-800-514-0301.


[http://psychology4a.com/attach%204.htm](http://psychology4a.com/attach%204.htm)