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Deconstructing Barriers

Perceptions of Students Labeled With Learning Disabilities in Higher Education

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This phenomenological study investigated barriers to higher education faced by 11 college students labeled with learning disabilities (LD) using their voice as the primary data. Data were analyzed and interpreted through a disability theory perspective revealing barriers stemmed largely from external social causes rather than individual pathology. Barriers included being misunderstood by faculty, being reluctant to request accommodations for fear of invoking stigma, and having to work considerably longer hours than nonlabeled peers. Findings indicated barriers could be overcome through raising faculty awareness about LD issues, engaging the assistance of the college LD specialist, and participation in a LD democratic empowerment community on campus.

Keywords: *self-concept/self-efficacy; postsecondary support services; sociology of disability*

Since the 1960s, intensive scientific inquiry into learning disabilities (LD) has yielded an immense body of excellent knowledge about its manifestation in the human brain, body, genome, and social structure. Medical researchers have identified physical differences in the brains of dyslexics (Habib, 2000) altering visual perception (Amitay, Yehuda, Banai, & Ahissar, 2002), phonemic processing (Richards et al., 2000), semantic understanding (Helenius, Salmelin, & Connolly, 1999), working memory (Swanson & Jerman, 2007), and muscle coordination (Nicolson et al., 1999). Brain researchers can see precisely where phonemic difficulties unfold when dyslexics wrestle the written word for meaning (Richards et al., 2000), and geneticists are tracking multiple entry points for the flow of dyslexia through the human genome (National Center for Biotechnology Information, 2007). Meanwhile, social scientists from the relatively new field of disability studies are discovering how diversity in brain structure and brain function can be misunderstood as disability (Higgins, 1992). From this perspective, LD is seen as socially created by values restricting how one's brain is permitted to function.

However, despite our vast knowledge of LD those who live with it still struggle for success. While their enrollments are up in postsecondary institutions (Henderson, 2001) the dropout rate of those labeled with LD remains high (Murray, Goldstein, Nourse, & Edgar, 2000) locking many into higher unemployment rates, more placement in lower prestige jobs, lower income from employment, and higher rates of poverty (Gerber & Brown, 1997).

Since the early 1990s an expanding stream of qualitative research has invited the voice of those labeled with LD to illuminate the barriers facing them in higher education. That voice speaks to being silenced, misunderstood, and misrepresented by others (Gerber & Reiff, 1991).

The issue of being silenced is apparent in policy and practice where the voice of those labeled with LD has gone missing. Even to the present moment it continues to be nonlabeled researchers, policy makers, and practitioners debating the issues and setting agendas regarding services and accommodations for those who are labeled. A study by Mellard, Deshler, and Barth (2004) examining LD identification used focus group discussions with *critical stakeholders* none of whom represented those labeled. Within educational policy no mechanism exists for those labeled with LD to participate in creating new LD policies or critique existing ones. Few studies in LD research seek the voice of those labeled as to the impact of scientifically based interventions imposed on them or other possible solutions yet to be recognized by researchers who do not experience the phenomenon. It is puzzling that the voice of those labeled LD is missing considering scientific research has provided them with

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adequate accommodations for equal participation, because federal civil rights law guarantees their inclusion in social and civic life, and particularly because over the past four decades they have been required to repeatedly and rigorously demonstrate intellectual capacity.

This phenomenological study, conducted as a doctoral dissertation (Black, 2005), sought the voice of those labeled with LD as to barriers they face and how best to overcome them in order to move effectively through higher education.

Theoretical Framework

This study was conducted through the lens of *disability theory* based in the emerging, interdisciplinary field of disability studies. The following interpretation of disability theory offers the reader a simple, common reference for understanding this particular study and is not given as theoretical currency or to canonize any particular elements of this dense body of literature.

Three foundational ideas form a rudimentary core of disability theory viewing disability as (a) socially constructed, (b) part of normal human variation, and (c) requiring voice to deconstruct it.

First, disability theory asserts that disability cannot be understood outside of the context where it arises because it is a *product of social interaction* (McDermott & Varenne, 1999). Indeed in the United States even the mere perception of disability is enough to disable as evidenced in the Americans with Disabilities Act (ADA) of 1990 giving federal protection to those not actually disabled according to societal norms but who are only regarded as such. Thus, one can be free of impairment and still be disabled.

Higgins, Raskind, Goldberg, and Herman (2002) illustrated the social construction of disability in *master status* (Higgins, 1992) where the label of disability spreads from a single-task incompetence across one's totality obliterating other quite sound abilities. For example, in societies where reading ability is considered a measure of intelligence, master status makes it inconceivable for a person who cannot read or write well to be regarded as an intellectual. Here, the dyslexic who cannot encode or decode print might have no difficulty comprehending an audio text or dictating into a recording device but this person will still be considered disabled or intellectually inferior because literacy through the eyes is privileged over literacy through the ears.

An example of *institutionally* held master status was found on an advertisement for a "therapeutic support group" at one university in the Pacific Northwest. A flyer posted across campus by the psychological services office depicted a large heading "A.D.H.D." with a subheading asking, "Do these describe you?" followed by a list of 18 negative attributes including "social misfit," "underachiever," and "undisciplined." Only one positive attribute, "creative," appeared near the bottom of the list. Here, the university's chief medical authority on attention-deficit/hyperactivity disorder (ADHD) publicly announced that students with an ADHD label necessarily belong to a stereotype invalidating their overall competence and capacity. Higgins et al. (2002) explained, "Individual characteristics are ignored in favor of those possessing the 'failing' and all persons with the same failing are treated similarly, regardless of their achievements or other distinguishing characteristics" (p. 14). McDermott and Varenne (1997) further argued that to dismantle socially constructed disability, scholars must expose and confront political and institutional forces driving the values, attitudes, and assumptions actively creating disability in a culture.

Second, disability studies scholars argue impairments are a natural and productive part of *normal human variation* known to all at some point in the lifespan (Scotch & Schriner, 1997).

Finally, disability scholars posit that *voice* is necessary to deconstruct disability and ~~to authentically understand it~~ in research (Higgins, 1992). Indeed the field of disability studies is characterized by action research comprised of scholars openly claiming their personal labels of disability, with the exception of scholars labeled with LD who largely remain missing from any research field.

Research on Students Labeled With LD in Higher Education

Three themes appear consistently in qualitative inquiry of students labeled with LD in higher education: (a) being misunderstood, (b) needing ~~to work harder than~~ nonlabeled others, and (c) seeking out strategies for success in education.

The theme of feeling misunderstood appears from the earliest ethnographies (Gerber & Reiff, 1991) to more recent emancipatory research conducted as political action (Roer-Strier, 2002), and within autobiographical works (Rodis, Garrod, & Boscardin, 2001). The voice of those labeled with LD speak of being regarded as intellectually inferior, incompetent, lacking effort, or attempting to cheat or use unfair advantages when requesting accommodations. The phenomenon of being misunderstood occurs both *intrapersonally* as well as interpersonally leading to devaluation and marginalization.

~~Intrapersonal (self)~~ misunderstanding appears commonly in the use of the term "stupid" (or synonyms of this) by informants as a descriptor of themselves (Ferri, Connor, Solis, Valle, & Volpitta, 2005; Gerber, Reiff, & Ginsberg, 1996; Greenbaum, Graham, & Scales, 1995; McNulty, 2003; Rodis et al., 2001; Roer-Strier, 2002). Shessel and Reiff (1999) identified internalized master status in their use of the term *imposter phenomenon* to describe informants feeling they must have presented false impressions of themselves or somehow "cheated" the system by having been admitted to college as persons with LD traits. These informants feared being exposed as "frauds." One informant said, "I still feel to this day that they're going to suddenly discover that I'm not intelligent" (p. 310). Impairment is seen transforming into disability through master status where these students believe that an impairment (e.g., print decoding with the eyes or print encoding with a pencil) should render them fully disabled intellectually and thus denied access to cultural institutions designed for the intellectually "abled" (or nonlabeled).

Interpersonal misunderstanding with others is also common in the qualitative and autobiographical literature (as well as in some quantitative) where informants speak of being mistaken as intellectually inferior (Gerber et al., 1996; Greenbaum et al., 1995; McNulty, 2003; Roer-Strier, 2002). Higgins et al. (2002) traced some issues of depression to informants' unhappy early school experiences of being bullied, teased, ridiculed, and hounded to a degree far exceeding the severity of their challenges. These qualitative findings might serve to illuminate those in clinical studies indicating high rates of loneliness, despair, depression, anxiety, and low self-esteem among LD subjects (Gregg, Hoy, King, Moreland, & Jagota, 1992).

Feelings of being misunderstood have a direct impact on requesting accommodations. Studies by Field, Sarver, and Shaw (2003) and Stodden (2000) found students labeled with LD feared they would be perceived as cheating if they tried to use accommodations. Hill's (1994) informants reported faculty members believed accommodations provided an unfair advantage. Hill's informants "were told certain modifications could not be made (e.g., extended time allowance on exams) because of the perceived 'advantage' it might give the student with a disability when compared to the non-disabled student . . ." (p. 11). In a study by Sarver (2000), one informant recalled "[some professors] have a really negative attitude towards me, even though they don't even know me" (p. 86). Elaqua, Rapaport, and Kruses's (1996) informants felt professors believed they "were trying to take advantage of the situation and attempted to 'pull a fast one' on them" (p. 6).

Abundant in the literature are tales of experiencing discrimination and even harassment after revealing LD to get accommodations. An engineering student in Barga's (1996) study was labeled a "dangerous engineer" (para. 18) by faculty after revealing her LD label to secure accommodations for an exam. Barga stated, "A meeting was held to have her removed from his class. Another meeting was held to have her removed from the department" (para. 18). Informants also speak of being advised to choose programs of study based on their disability rather than on their ability (Barga, 1996; Hill, 1994; Rodis et al., 2001; Roer-Strier, 2002). Greenbaum, Graham, and Scales (1996) found fear of discrimination was a critical barrier for success among those labeled with LD. Not surprisingly, voiced-based literature indicates a strong desire among informants for faculty and staff to undergo training about the nature of LD and how it is misunderstood (Black, 2005).

The second major theme in the perceptions of students labeled with LD in higher education comes from the heavy workload they experience well beyond the scope of nonlabeled peers. Abundant in the literature are reports of students labeled with LD working themselves into a state of exhaustion (Barga, 1996; Gerber, Ginsberg, & Reiff, 1992; Reiff, Gerber, & Ginsberg, 1997; Reis & Neu, 1994) even to the point of experiencing headaches and becoming physically ill from the workload (Rodis et al., 2001). Ironically, these individuals are often judged as lazy or not trying hard enough as indicated in Lock and Layton's (2001) findings where some professors believed students use learning disabilities as an excuse to get out of work. Fearing stigma and misunderstanding, college students labeled with LD often avoid using their legally mandated accommodations that could ease their workload, fearing they would be misunderstood as cheating. If one juxtaposes the qualitative findings regarding the workload alongside those in medicine revealing dyslexics use significantly more brain lactate when performing phonological tasks than do nondyslexics (Richards et al., 2000), one can extrapolate that dyslexics not only require more brain lactate for the same reading task but they do so for *longer periods of time*.

Finally, the third theme from the perspective of students labeled with LD in the qualitative and autobiographical literature focuses on seeking empowerment strategies for practical as well as emotional needs. Practical strategies include securing accommodations when possible such as audio texts, note takers, having exams read, demonstrating course mastery through alternative means, having extended time on exams, and receiving assistance from an LD specialist (Finn, 1998; Greenbaum et al., 1995; Reis & Neu, 1994).

However, to receive these accommodations students must first be labeled with LD. From the perspective of students labeled with LD in higher education are emergent findings indicating the assessment experience can be oppressive (Black, 2005; McNulty, 2003; Rodis et al., 2001). Most colleges implement a standard assessment process developed by the Association for Higher Education and Disability (AHEAD) for diagnosing LD in their college students. The AHEAD guidelines are based almost entirely on the original Individuals with Disabilities Education Act (IDEA) guidelines developed for children in public schools. The AHEAD guidelines call for intelligence testing as well as a battery of cognitive and psychological inventories and a complete diagnostic interview where clinicians gather from students detailed intricacies about their medical, developmental, social, and family history as well as probing into their psychological state and current social life. It is unquestionably an invasive experience. The interview is not limited to learning issues and can cover nearly any aspect of the student's being. Ferri et al. (2005) noted "Although largely unquestioned by professionals, the process of evaluation, for example, was reported by participants to be dehumanizing, traumatizing, and violating" (p. 76). The testing for labeling is also expensive (equivalent to 6-8 weeks' pay for full-time work at the minimum wage). Whereas some colleges subsidize the testing, others do not and not all colleges will accept the diagnosis granted free in K-12. Also, because current policy directs testing be repeated every 3 years, a K-12 diagnosis will expire and need to be redone before graduation with a bachelors degree.

Little is known from the perspective of college students labeled with LD as to the effectiveness and appropriateness of prescribed accommodations or what might work better. Studies by Finn (1998, 1999) indicate problems with accommodations such as recorded texts being inaudible or arriving too late—even long after the course concluded. While accommodations such as audio texts on tape will lighten the workload it cannot fully reduce it to the level of students with average reading skills. Taped texts use speech at a rate of 150 words per minute whereas the average reader reads at a rate of 300. Thus, reviewing audio texts take twice as long. Further, recorded texts cannot yet be highlighted or flagged easily as printed texts. Trying to review a passage before an exam could require sorting through hours of audio recordings to find the correct passage, complicated when readers fail to note page numbers. However, technology is advancing quickly to remedy the highlighting issue.

More common in the literature on accommodations and services are studies that do not engage the students' perspective, such as that of Rath and Royer (2002) on the effectiveness of college learning disability services. Rather than addressing problems with audio texts being inaudible, arriving late, or taking twice as long to review, Rath and Royer wrote of concerns that audio texts would prevent students from practicing reading. These authors also wrote "Students who require extensive aid to succeed at the college level may not be prepared for college work in the first place, and that the college need not make accommodations to assist them" (p. 360). However, to be labeled with LD (under the ADA and AHEAD guidelines) these students must prove their intellectual competence and demonstrate they are as capable as any non-labeled peer to succeed in college with reasonable accommodations.

In addition to attaining accommodations, students labeled with LD in higher education report seeking strategies for emotional and psychological empowerment. For example, Reiff, Gerber, and Ginsberg (1994) discovered *reframing* LD as a strategy some use to deconstruct internalized master status by drawing on *intrapersonal intelligence* (Gardner, 1983) to assess strengths as well as weaknesses. Commonly recognized strengths include unusual creativity (Reiff et al., 1994; Rodis et al., 2001), creative approaches to problem solving (Roer-Strier, 2002), a strong desire to help others (Reiff, Gerber, & Ginsberg, 1993; Shessel & Reiff, 1999), strong social skills (Reiff & Gerber, 1993), remarkable resilience (Rodis et al., 2001; Shessel & Reiff, 1999), and a keen ability to persist in the face of oppression (Greenbaum et al., 1995; Rodis et al., 2001) largely through an extraordinary capacity for hard work (Reis & Neu, 1994). After reframing LD, many informants and autobiographical authors reject the term *learning disabled* as a misrepresentation of their healthy difference, preferring instead the term *learning difference* (Gerber et al., 1996; Rodis et al., 2001).

Findings indicate that once individuals successfully reframe the LD experience, they are able to develop the requisite self-understanding to take control of their lives (Reiff et al., 1994). Gerber et al. (1992) found "control was the overriding theme of a model of success for adults with learning disabilities. It is from this need and desire for control that all else flows" (p. 482). More studies are necessary to ascertain exactly how educational practices might facilitate these individuals taking control of their own needs or promoting self-determination.

Purpose of the Study

The purpose of this phenomenological study was to identify commonly held structures of consciousness among a subset of college students labeled with LD as to their educational barriers and the ways they overcome them. Five major research questions guided this study.

RQ I: What are the similarities in the described experiences of a subset of college students labeled with LD?
RQ II: How does this subset of students view themselves based on their experiences?
RQ III: What has been the experience of this subset of college students labeled with LD in the process of assessment and accommodations?

RQ IV: What does this subset of college students labeled with LD see as barriers to their access of higher education?

RQ V: What does this subset of college students labeled with LD view as their accommodation needs?

Methodology

Where the anthropologist seeks to understand what a culture *looks* like from the position of an expert observer using an approach of "otherness," of "difference," of "not of us" (Rogers & Swadener, 2001), the phenomenologist by contrast seeks to understand how it *feels* to be in a culture using an approach of "we," of "identification" between the informants and the reader (Creswell, 1998). As a researcher labeled with LD, I was in the position of both expert and insider translating experience from the LD perspective to that of the scholarly, professional one.

Role of the Researcher

My capacity to learn remained largely invisible throughout the first quarter-century of my life when I lived in relative illiteracy with little promise of an adequate education. As a dyslexic with a visual perceptual disability I was misunderstood by those around me as being "slow," yet today I hold a doctorate in educational policy. Where my intellect was invisible to the educational institutions I encountered in my youth and young adulthood, it is now recognized and even given accolades. As a researcher I wanted to know what changed. It seemed unlikely that the neurophysiology of my brain changed that much. I am still dyslexic and struggle for the meaning of each printed word I encounter with my eyes. It seemed more likely that the dramatic change necessary for me to become literate and then to become a scholar occurred in the social environment around me. I embarked on this study seeking to understand the nature of the barriers I and others like me face and to identify the shared strategies we use to overcome them. This was a risky enterprise because education for me was oppressive, silencing, and marginalizing. This experience threatened to bias my study. The first step in addressing bias was to admit it will exist to some degree and that I cannot free myself of the strong emotion I feel at having my intellect—the most precious attribute of a human being—dismissed for the first two and a half decades of my history. It penetrates my life, saturating my every thought and move. The second step I took was to be as open as possible about my biases by telling my story to everyone concerned with this study; my doctoral committee, my informants, the gatekeepers associated with the study, and interested others watching it unfold. I sought criticism from everyone as to where I might be overlaying my story on the data. I also brought onto my committee a qualitative methods advisor, not in the education field, with whom I met frequently, who scrutinized and challenged my every step from data gathering to the final interpretation. Additionally, I guarded against personal experience by seeking informants who had very different histories from my own. I came from a working class family, achieved literacy late, did not graduate from high school with my peers, attended community college for 5 years and then a public university (with minimal admission requirements) for another 9 years before earning a bachelor's degree. I had no LD specialist and no accommodations for the first 12 years of higher education. In contrast, my informants came from middle and upper-middle class families, some attended private grade schools and high schools, 10 of 11 graduated from high school on time, and all but one were attending an exclusive, private university with stringent admission requirements. Furthermore, this university was regionally known to have the best LD services available with abundant resources and a dedicated LD specialist. In other words, I intentionally looked for informants who had the opportunity for the best possible educational experience and the most resources to attain it. However, seeking to balance my experience with my informants' comes at the price of not being able to generalize these findings to the wider LD population. Still, the findings could offer something else; as an insider I established considerable trust with my informants and reached a level of candor and depth in the interviews unlikely to be attained by outsiders.

Participants

After receiving human subjects approval from my university, I approached informants through the offices of disability services at two colleges located in the Pacific Northwest; one an exclusive, private college (PC) with stringent admission requirements and the other a public, community college (CC) with no admission requirements. Criteria for participation required informants to be native speakers of English, have a diagnosis of LD determined by the American Higher Education and Disability Association guidelines, and have no other physical or emotional impairments that could complicate the LD experience. I first contacted potential informants by giving a presentation on the study at a LD community meeting at the PC to 18 students. Fourteen of these volunteered for the study but only nine were available for the interviews. One additional student (not a member of the community group) joined after seeing a flyer advertising the study posted on campus by the LD specialist. Thus, 10 informants from the PC were included in the study. At the CC, no LD community group existed and no presentation was given. Three students at the CC contacted me after the chair of disability services posted flyers around campus. Of these three only one student met the criteria for the study (of the other two, one had a dual diagnosis with a mental disorder and the other had a LD diagnosis determined by a professional but not under the AHEAD guidelines). The 11 informants were given $35.00 each for their participation. The money was given in advance so that any participant who felt the need to stop the interview and leave could do so without feeling pressured to stay in order to "earn" the money. None stopped the interviews.

Characteristics of Participants

Three male and eight female participants represented European American ancestry from the American middle and upper-middle class. All 10 of the PC students attended regular K-12 classes completing their schooling on time with their nonlabeled peers. Only one received accommodations (extra time on tests) in high school. These informants are not representative of the *identified* LD population in K-12, which might concern some readers. However, given that medical research indicates as much as 20% of the human population carries the genes for dyslexia (Shaywitz, 1996) and only about 5.5% are identified by the schools (Lyon, 1994), one could argue that those moving through K-12 who could be identified with LD but who go unrecognized are actually more representative of the LD population than those who are identified. Some readers might also be concerned that if these informants were not identified with LD in K-12 they might be "faking" LD to seek advantage at a highly competitive school, an issue candidly discussed among professionals in the field. However, the informants in this study were labeled with LD by licensed clinical psychologists using the AHEAD guidelines for assessing LD in college students. This testing is rigorous and extensive taking about 8 hours to complete in the presence of a skilled clinician whose training is focused on screening out those who genuinely do not have the characteristics of LD. Also, considering the LD label leads to powerful and irrevocable stigma, it seems less likely that one would try to gain intellectual advantage by using a label that undermines one's intelligence. Additionally, it seems unlikely that someone would fake LD and then join a research study further exposing themselves to an expert and an insider. Because I hold a master's degree in communication and have expertise in interpersonal communication and deception, I felt confident that their verbal and nonverbal behaviors were genuine. Finally, these informants told stories of life experiences exclusive to the LD experience resonating with my own and that in the autobiographical literature.

Returning to the profile of participants, most of the K-12 educational opportunities for these informants were advantaged. For example, one man attended a private boarding school in primary and junior high school. Others attended competitive, private schools and many had tutors. Only one of the PC students was referred to special education but his mother refused the placement, hired tutors, and vigilantly maintained his position in the mainstream classroom. By contrast, the CC informant attended special education in primary (public) school, dropped out of high school and completed a GED. Informants from the PC represented an even distribution of class ranks between the freshman and senior years and ranged in age from 19 to 29 years (eight of them between 19 and 23). The CC student was 32 years old. While the CC student could not act as a negative case (Lincoln & Guba, 1985), she provided a contrasting situation from the PC students because she was older, went through special education, and attended community college.

Diagnoses for all informants were determined by licensed clinical professionals following the AHEAD guidelines. Diagnoses included dyslexia, receptive communication disorder, expressive communication disorder, and dyscalculia. Six individuals also had an additional diagnosis of attention deficit disorder. Within the WAIS-III and WISC-III IQ results, full-scale IQs ranged from 98 to 130, performance IQs ranged from 91 to 140, verbal IQ ranged from 98 to 115, working memory index ranged from 80 to 109, perceptual organization index ranged from 97 to 150, processing speed index ranged from 86 to 125, and verbal comprehension index ranged from 105 to 118. Reading composites ranged from 89 to 132 and battery composites ranged from 95 to 130. Table 1 contains demographic data of the participants.

Data Sources

Participants engaged in long, audio-taped, individual interviews ranging in length from 42 to 139 minutes with an average interview length of 1.31 hours for a total of 14.4 hours of voice tape. Participants' real names were replaced with their chosen pseudonyms in the transcription.

To build rapport and trust with informants, prior to beginning the interview protocol, I told my own story of moving through education as a person with dyslexia (Appendix A). The interview protocol (Appendix B) began with the question "What do you call it?" establishing the

Table 1
Demographic Data of the Participants

Participant	M/F	College	Age (Years)	Rank	First Diagnosis
Bering	F	PC	21	Sophomore	College freshman Accommodation granted with diagnosis
Isaac	M	PC	19	Sophomore	Fourth grade—no special education No accommodation until college
James	M	PC	19	Freshman	High school—no special education No accommodation until college
JJ	F	PC	23	Senior	11th grade—no special education No accommodation until college
Kai	F	PC	21	Junior	College freshman Accommodation granted with diagnosis
Lea	F	PC	29	Senior	College sophomore Accommodation granted with diagnosis
Mac	M	PC	26	Junior	First grade—no special education No accommodation until college
Porter	F	PC	21	5th yr senior	College sophomore Accommodation granted with diagnosis
Rocky Top	F	PC	19	Freshman	Second grade—no special education No accommodation until college
Sarah	F	PC	21	Junior	College junior Accommodation not yet granted
Beth	F	CC	32	Sophomore	Special education in K-12

Note: PC = private college; CC = community college.

informant's preferred LD label. This question was followed by "What is your story?" generally eliciting lengthy responses. The next few questions directed the conversation toward informants' perceptions of institutional attitudes with "What does the college call it?" and "How would you characterize your relationship with the college?" Questions addressing barriers asked "What things get in your way of being the best student you want to be?" and "What do you do that helps you be the best academic student you *want* to be?"

Procedure for Data Analysis

Transcribed interviews were transferred into a qualitative data coding software program (NUD*ST). I read each transcript while simultaneously listening to the audio recording to capture crucial nonverbal data. I began the first pass of analysis with in-case coding (Miles & Huberman, 1994), identifying data within each transcript among simple pre-structured categories based on the five research questions (e.g., "story," "accommodations," etc.). This provided a "shell" for the initial process which could be altered as new categories emerged (Miles & Huberman, 1994). Indeed, 20 new categories emerged in this process (e.g., "reluctance to ask for accommodations" appeared as its own category under "accommodations" and "stupid" appeared under "self perceptions"). These 25 categories represented data saturation, the point where further categories are redundant or no longer useful (Creswell, 1998). I presented these initial categories to my methods advisor and doctoral chair for review. In the second step of analysis I created 11 tables, one for each transcript, with 25 rows representing the 25 categories. Here, I distributed data vertically, revealing how much a given informant contributed to each of the 25 categories. In the third step of analysis, I then redistributed the data horizontally by merging all of the tables together into one table with 25 rows. It became clear here which rows offered weak data in light of all the informants together. Next, data were collapsed to 16 categories by shifting weak categories into other relevant ones or deleting those not strong enough to stand alone. I then presented these collapsed categories and reduced data to my methods advisor and doctoral chair for review. In the fourth step in analysis, I further reduced data by selecting the strongest and most representative quotes. In the fifth step, I aligned these quotes to the five research questions, a process further reducing categories to 13. Now I was able to identify the essential, stable structures of informants' shared experience (Moustakas, 1994). Next, I questioned under what circumstances these structures of consciousness occurred and sought out incidences when they did not or when they occurred in an unusual fashion. In other words, I sought to disconfirm my findings. I then presented the collapsed, redistributed data, and the context under which they did not occur, to my methods advisor and doctoral chair for review. Finally, I drafted an initial report of interpreted data and sent it to the participants, to the LD specialist at the PC, to my methods advisor, and to my chair for feedback. None of the participants responded before the final report was drafted. Neither the LD specialist nor any others at the PC with whom she shared the report disputed my findings or interpretations. Had anyone disputed my findings I would have either (a) changed my interpretation in light of their perspective or (b) maintained my view but offered their disagreement alongside my finding in the final report. After the final report was drafted I returned to the PC to present my findings to the LD Community. Some of the original participants were there amid mostly new faces in the group. No one at the presentation disputed the findings. In fact, there was strong emotion in their validation that these findings authentically represented their experience.

Validity and Confirmability

To evidence that the categories of human experience as I conceived them authentically represented empirical reality (LeCompte & Goetz, 1982), I guarded against bias by using peer debriefing, negative case analysis, member checks, researcher reflexivity, and a statement of my position and my assumptions as guiding tools.

Peer debriefing occurred frequently with visits to my doctoral chair and methods advisor as well as other members of my committee. Here my biases were probed, meanings challenged, and "the basis for interpretations clarified" (Lincoln & Guba, 1985, p. 308).

The negative case method (Lincoln & Guba, 1985) was used to search for evidence where informants directly refuted my developing categories and/or my interpretation of them (Luborsky, 1993). For example, my original assumption that assessment testing was an oppressive process had to be revised to reflect first time test takers who enjoyed the process.

Member checks (Lincoln & Guba, 1985) with informants occurred during the interviews as I summarized informants' statements, offered interpretations of them, identified key themes as they were developing, and summarized emerging interpretations of the overall conversation at the end of each interview. In this fashion, participants gave feedback on my developing ideas.

Researcher reflexivity (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005) was utilized via a research journal and my open disclosure of my biases with the participants—including checking in with them when I felt I might be leading their answers.

Finally, before beginning the study I drafted a statement of the researcher's position (Lincoln & Guba, 1985) on the subject, available to all interested parties, making clear my position and interests in the topic. The position statement was adapted for the initial presentation and the ice-breaker, thus informing participants of my role from their first encounter with the study.

Findings

The findings are addressed in order of the five research questions.

RQ I: What Are the Similarities in the Described Experiences of a Subset of College Students Labeled With LD?

The shared experiences of informants included (a) working harder than nonlabeled others, (b) having the workload unrecognized, (c) generating products incommensurate with the workload, (d) viewing the college LD specialist as crucial to success, and (e) experiencing rapport with others labeled with LD.

Nine of 11 informants spoke of working significantly longer hours than their nonlabeled peers on the same assignments. JJ commented, "People spent 2 or 3 hours on this paper. I spent 20 hours, easily" (JJ, f, p. 6, line 32-33). Porter observed, "I would turn in papers to my professors, papers I had spent, like, days on. And people around me were spending, like, hours" (P, f, p. 5, line 2-3).

Four informants indicated the workload went unrecognized. JJ said, "I think usually that I turn things in late and . . . they [professors] think I'm not good, that I'm just putzin' around" (JJ, f, p. 7, line 14-15). Rocky Top said, "I don't think my professors know how much, how hard I work" (RT, f, p. 10, line 20-21).

Eight informants noted the excessive workload did not produce a commensurate product and feared the mediocre quality would reflect laziness. Bering noted, "I think that they might even think that I'm lazy, and that I don't spend time" (B, f, p. 20, line 36-37). Porter commented, "I have put so much into this and you can't even tell" (P, f, p. 15, line 38-39).

Eight of the 10 PC students spoke of the crucial role of the LD specialist in their success. This appears in part from her ability to see their perspective and recognize their workload. For example, Bering said, "she understands how hard we work" (B, f, p. 16, line 43). The LD specialist also notably used the term *learning difference* rather than *learning disability* and facilitated an empowerment community, something akin to a "think tank" where participants brainstormed problems and solutions (see further on). In dealing with faculty the LD specialist facilitated students' voices. For example, one professor misjudged Mac as "arrogant" because a verbal communication challenge kept him silent in class. However, Mac noted the professor's attitude toward him "totally turned around" (M, m, p. 12, line 40) when the LD specialist intervened and explained the situation to the professor who then allowed Mac to demonstrate his course mastery privately. The professor thus came to understand Mac as a dedicated student. Some regarded the LD specialist as a transformative figure. Lea said, "Meeting her changed my life. Going to that school, it is all her" (L, f, p. 11, line 32). JJ said, "[the LD specialist] changed my life so I think I love the school for that" (JJ, f, p. 4, line 31). James said, "I don't know what I would have done if there wasn't someone like her there" (J, m, p. 16, line 42).

Finally, five of 11 informants experienced an *LD rapport* where communication flowed easily and without disability among them. Lea detailed a conversation style in the LD community at the PC, "We're all speaking in fragments at the exact same time, on top of one another . . . We are speaking this weird piece language, and everyone gets it" (L, f, p. 1, line 11-25). Porter said, "We're in the same zone, you know?" (P, f, p. 28, line 5). Beth said, "People who don't have learning disability can't understand what I'm doing," (B, f, p. 17, line 2-3).

RQ II: How Does This Subset of Students View Themselves Based on Their Experiences?

All these informants emphasized they had a healthy cognitive difference rather than a disability and 9 of 11 informants used the term learning difference at some point in the interviews to reference themselves. Only the CC informant used the term *learning disabled* to describe herself saying, "I say I have a learning disability which basically means that I learn differently than other people" (ZB, f, p. 4, line 29-31).

Ten of eleven informants spoke of being misunderstood by faculty. For example, Lea noted those labeled with LD were seen as "weird," "wacky," "not quite on the ball," and "not getting it together like they could if they really pushed the pedal to the metal" (L, f, p. 20, line 16-18). Bering noted the LD label was seen as "having connotations with stupid or not intelligent" (B, f, p. 7, line 1-2). When Sarah sought testing for dyslexia, one professor commented to her, "I think people just do it nowadays to get medicine for it" (S, f, p. 15, line 6). Beth's professor told her "Well, I don't know if you need to be taking this class if you have a learning disability" (ZB, f, p. 9, line 28-35). Mac commented he was viewed as, "a dumb-ass in her [teacher's] eyes" (M, m, p. 30, line 5). Isaac and JJ viewed themselves as ideal students (hardworking, committed to scholarship, etc.) but argued the college could not accept them as such because the labels "LD" and "ideal" were incompatible. Isaac said, "I think, how I'm seen to fit in as the ideal college student, and how they will admit I fit in . . . are two totally different facts" (I, m, p. 13, line 1-6).

RQ III: What Has Been the Experience of This Subset of College Students Labeled With LD in the Process of Assessment and Accommodations?

From a clinical viewpoint, assessment and accommodations are separate constructs; however, from the experience of those labeled with LD they can be viewed as one long process beginning with assessment and ending with receiving accommodations. The focus here fell on perceptions of the process in both testing and requesting accommodations.

Five themes emerged around RQ III: (a) positive and negative testing experiences, (b) surprise at the LD label, (c) validation of intelligence, (d) not receiving adequate information from the testing process, and (e) reluctance to use accommodations.

Three informants had positive experiences with the testing stemming from the novelty of first time testing and anticipating discovering what was "wrong." Positive experiences came with flattering remarks from the test administrator. For example, Sarah commented, "I was giving these really good stories and she [clinician] was just blown away by them" (S, f, p. 20, line 19-22). However, those who enjoyed testing indicated they would not want to repeat the process.

Five of 11 informants reported strong negative reactions to assessment testing. Negative experiences included emotional and physical pain (apparently related to cognitive exhaustion but this is not clear). Comments included, "It was so painful," (B, f, p. 21, line 21), "I felt awful and then I went home and cried," (K, f, p. 7, line 25-26), "It was horrible," (ZB, f, p. 11, line 1) and, "Oh, I hate them [assessment tests]. With a passion" (RT, f, p. 12, line 15).

Some informants were surprised to be labeled with LD. Three had previously attributed their academic difficulties to being lazy or stupid before testing. Lea commented, "Well, I've learned about it that I'm not stupid" (L, f, p. 28, line 27).

All 11 participants felt pride at having their intellects clinically validated and often reminded themselves of their IQ scores or percentile ranking in times of alienation.

Eight participants reported not receiving enough information (or were not able to recall enough information) from the assessment to clearly understand how the LD impacted their daily living. For example, Sarah said, "I know that I have dyslexia, but I don't really understand what that means" (S, f, p. 23, line 45-46). Isaac said, "They didn't tell me, they really didn't, tell me very much" (I, m, p. 20, line 37). Mac commented, "I haven't learned too much from others, actually" (M, m, p. 22, line 41).

Finally, 9 of the 10 informants who were granted accommodations (Note 1) expressed reluctance to ask for them. JJ said, "I feel like I can never ask for an extension because I feel like I don't . . . don't deserve it or something" (B, f, p. 28, line 23-26). Isaac commented, "I kind of feel like you're slacking, like you're failing in some way, which, [pause] for me, is one of the hardest things to get over . . . I'm not giving up, I'm not giving in . . . I'm just getting the help I deserve" (I, m, p. 7, line 32 to p. 8, line 1). James said, "I just try to get by in class without having to ask" (J, m, p. 12, line 16-17). JJ explained, "I just turn the paper in late. I'm too scared to ask for extensions" (JJ, f, p. 6, line 4-6). JJ added "Instead of ask for accommodations I'd get a lower grade" (JJ, f, p. 6, line 16). Kai was reluctant to ask for accommodations for fear "that they'll see me as different and not the same as the other students. Inferior almost" (K, f, p. 7, line 5-6).

In addition to their reluctance to ask for accommodations, five informants devalued the work accomplished with them. Lea said, "I feel like the less people utilize accommodations, the more valued their work is" (L, f, p. 27, line 26-37). JJ commented her mother's attempt to get her accommodations was "trying to find a way to get me [pause] cheating" (JJ, f, p. 3, line 25).

RQ IV: What Does This Subset of College Students Labeled With LD See as Barriers to Their Access of Higher Education?

In addition to facing an excessive workload and being misunderstood, other barriers facing these informants included difficulties with (a) organizing concepts for reading and writing, (b) oral and written comprehension, (c) verbal communication, and (d) having a different way of thinking than nonlabeled peers.

Six informants spoke of difficulties with organizing concepts. Mac said, "I have trouble funneling all my concepts into sentences" (M, m, p. 2, line 13) adding, "I can get it out, but it takes forever. I write paragraph-long sentences. I cannot put periods in there" (M, m, p. 30, line 5-7). Rocky Top explained when it comes to organizing concepts, "I literally can't do it . . . I've never been explained how I can improve this" (RT, f, p. 16, line 25-27). Sarah commented "I don't know how to say anything and I can't write a paper [she cries] that says what I'm saying at all" (S, f, p. 27, line 1-3). Narrowing large texts and selecting key information to write papers was another source of organizing difficulties. JJ said, "The point is, is everything's important to me, so making an outline that's only supposed to be like two pages . . . I have no idea. It's all important . . ." (JJ, f, p. 6, line 23-25). Porter said, "I had so much more information, I wanted to fit it all in. And it was like, I had too much and I couldn't communicate" (P, f, p. 5, line 44-45).

Difficulties with oral-phonological and written comprehension proved another barrier for six informants. Bering commented, "When I couldn't look at her lips, I couldn't tell the difference between some of the words she was saying" (B, f, p. 24, line 12-13). Isaac noted, "I couldn't tell d's from b's and p's from q's" (I, m, p. 4, line 8). JJ offered an interesting story of manipulating phonemes for understanding: "I spoke in a Southern Belle accent . . . and suddenly I could now understand it . . . Sometimes it would be a New York accent" (JJ, f, p. 6, line 28-30).

Four informants also spoke of verbal communication challenges (potentially related to organizing concepts). For example, Mac said, "I don't talk much at all. And I definitely don't talk under pressure, in class . . . I just like, freeze up" (M, m, p. 30, line 12-17). Sarah said, "I had these great things to say, but they just never came out right" (S, f, p. 27, line 17-18).

Finally, six informants indicated they experienced a *different way of thinking* than nonlabeled peers. Bering described thinking differently as, ". . . I feel like they expect me to come up with a square shape for a square hole and I, all I can do is . . . anything but a square. You know? A star, a circle, uh, some crazy shape" (B, f, p. 6, line 7-10). Porter explained, "My brain is just like a pomegranate and they want it to be like an orange" (P, f, p. 6, line 5). Mac's different way of thinking drove him to contextualize new knowledge. Mac said, "I need to see the process, but they wanted you to just look at the equation and just associate the number, instead of seeing why" (M, m, p. 7, line 18-24).

RQ V: What Do This Subset of College Students Labeled With LD View as Their Accommodation Needs?

Participants indicated they needed: (a) self-understanding (including their different way of thinking), (b) traditional accommodations, (c) writing assistance, (d) organization strategies, and (e) visual strategies.

Ten of 11 informants felt self-understanding was a key strategy to overcome barriers. This understanding often came through the LD community group. For example, Lea said,

> Meeting other people and seeing myself in them and seeing, "oh, my god," that's the thing we share in common and it's not a flaw in me or something

> that I need to work out. It's like a way of being in the world. And when I see [it] in other people, it's like I like it in them. (L, f, p. 28, line 27-32)

Lea added, "It's not about how we fix ourselves with that group, it's like, how do we get this system to give us what we need. What do we need?" (L, f, p. 36, line 35-36).

Four informants commented on using their different way of thinking to overcome barriers. For example, James spoke of composing music "with his hands" rather than with his thoughts, while Lea spoke of creating simple stories to grasp complex mathematical theories of economics.

Seven informants spoke of overcoming barriers with traditional accommodations, such as extra time on exams/papers, audio books, note-takers, and tutors, whereas three benefited from medication for ADD/ADHD. Mac said, "Without the medication, like, I can get to the library and [pause] who knows what happens, it's like rolling the dice" (M, m, p. 10, line 5-6).

Five informants sought writing assistance. Rocky Top commented, "I work hard, I get tutors, I get note takers, I have an editor that does all of my papers for me," (RT, f, p. 17, line 9-10). Bering noted the writing tutor at the PC writing center "understands how our brains work" (B, f, p. 17, line 3-6). Beth had no writing center but turned to her mother for editing.

Five informants overcame barriers by using systems for organization. Lea said, "I am obsessively organized about every paper" (L, f, p. 33, line 19-20). Rocky Top commented that although she cannot learn to organize concepts she is otherwise an "organizational freak" commenting, "I make lists of everything and they are everywhere" (RT, f, p. 21, line 26-7). Beth remarked, "I have to write everything down, and get everything organized, things have to be in little organized compartments" (ZB, f, p. 8, line 36-37).

Finally, five informants used visual strategies to overcome barriers such as multicolor highlighting, drawing outlines, and using visual imagery (metaphor) for organizing, learning, and remembering. Porter used the metaphor of a rug to narrow information for a paper saying, "When you write a paper you're not writing about the rug. You're writing about one, like, the cream in the rug. And pulling that out for people" (P, f, p. 30, line 43-44).

Discussion

The most striking finding of this study was the overwhelming reluctance of these informants to request or use accommodations (from RQ III), a finding tangled into most other findings.

From RQ I (shared experience) come three findings inextricably bound with the reluctance to ask for accommodations: (a) an overwhelming workload that is (b) unrecognized and (c) yields products incommensurate with the effort. The intense workload is well supported in the literature. Additionally, like Lock and Layton's (2001) informants, and authors in the autobiographical literature (Rodis et al., 2001), these informants encountered faculty who sometimes viewed them as lazy or lacking effort. This unrequited workload might have been reduced had informants asked for accommodations, yet they refused as did those in Greenbaum et al.'s (1996) study and those in the autobiographical literature who feared the stigma of the LD label would be worse than being seen as lazy or unmotivated even as they worked to the point of exhaustion and illness. Like those in the autobiographical literature, these informants also had strong *intra*-personal struggles against using accommodations as indicated in Isaac's comment about viewing the use of accommodations as a sign he was "failing in some way."

Disability theory demonstrates how social intolerance of human variation creates disability. Such disability is imposed upon these participants where *out of fear of stigma they refused to ask for the accommodations that would have eased their workload and improved their performance.* Socially constructed disability is vividly clear in JJ's comment of preferring a lower grade to facing faculty to request accommodations because, in her words, "I'm too scared to ask."

Further, disability theory also directs that socially created disability can be deconstructed through the voice of those placed in disability (Higgins, 1992). This was evident in the LD community group at the PC where participants had an open forum and experienced ease in communication, validated each other's intelligence, recognized each other's heavy workload, identified needs, and strategized how to meet those needs. Like Roer-Strier's (2002) informants, it was from each other rather than from clinical psychologists diagnosing them that these participants gained crucial information about the nature of LD and how to navigate the complex system of higher education.

Finally under RQ I, these participants identified the LD specialist as crucial for their success, as did those in studies by Finn (1998), Greenbaum et al. (1995), and Reis and Neu (1994). In this study, the LD specialist worked to dismantle disability by advancing the concept of LD as part of normal human variation in her use of terminology and by establishing forums for voice between students and among students and faculty.

Regarding RQ II, again the LD specialist appears as a key figure. When Mac's professor misunderstood his expressive language difficulty as arrogance, the LD specialist intervened *not to physically accommodate Mac's speech in class but rather to correct the professor's misjudgment of him* as being "a slacker." Here, Mac's disability appeared in the teacher's negative reaction to him which Mac explained "totally turned around" when he demonstrated course mastery and dedication to the material in a private setting.

The sense of being misunderstood appears ubiquitously in the qualitative literature and was a key theme under RQ II. This theme falls into two subcategories. First, informants spoke to being misunderstood as lazy or attempting to cheat. Bringing up the LD label helped to ameliorate this to some extent but it also gave rise to the second category: being mistaken for *disabled* rather than *different*. All of the informants in this study perceived themselves as intellectually healthy but different.

Turning to RQ III, some informants spoke of the assessment process as "painful," "horrible," and "awful" confirming findings of McNulty (2003) and Ferri et al. (2005), as well as the autobiographical writings in Rodis et al. (2001). Further, the process did not benefit them as to understanding what their LD label means or how the nature of this LD manifests in their daily living. However, the assessment process did boost their self-esteem by placing them back on the continuum of normal human variation regarding their intelligence—something they also gained in the empowerment community.

RQ IV and V addressed barriers to education and strategies for overcoming them. Many informants faced barriers in their "different way of thinking" from the mainstream which caused them to be misunderstood, but also might have contributed to a "LD rapport" wherein they gained valuable information about their unique challenges and resources. Through this rapport they did not experience disability and communicated with ease as they were "in the same zone." Thus, the different way of thinking can be a barrier or a strategy depending on how it is perceived, confirming findings of Reiff et al., (1993), Roer-Strier (2002), and the autobiographical stories (Rodis et al., 2001).

Implications for Practice and Future Research

The issue of students labeled with LD being reluctant to ask for accommodations for fear of triggering discrimination is a serious matter. Adequate studies now demonstrate those labeled with LD in higher education do fear discrimination. But the degree to which it is present is not yet known. Larger scale quantitative studies need to be conducted to confirm if the discrimination is real and to what degree it might be experienced. These should be followed by qualitative studies exploring the nature and context of the discrimination and how those who experience it believe it should be addressed.

Universities might enhance educational success of their students labeled with LD through university-wide diversity training to raise awareness of LD, emphasize the importance of accommodations, and illuminate potential discrimination. Such training should be grounded in a basic disability theory where the social cause of the disability is identified, where normal human variation is recognized, and where the voice of those labeled with LD informs the training. Socially constructed disability can also be addressed in the development of democratic LD communities (not to be confused with therapy groups) on campuses where those labeled with LD can gather as citizens, identify problems, develop strategies, and speak on their own behalf. The role of the LD specialist could also be instrumental in both community building and diversity training. Especially valuable would be engaging LD specialists who are labeled with LD to demonstrate normal human variation at the professional level as peers of faculty and administrators. Such specialists would also provide role models for students and might have better communication with the LD student body through a possible insider's rapport.

The concept of an LD rapport should also be further investigated to understand whether there are linguistic components of this interaction (as in Lea's comment of the group speaking a "weird piece language") and/or to what degree the rapport facilitates self-understanding. One might also wonder if the "different way of thinking" they experience is related to the rapport. This "different way of thinking" is another area needing investigation to identify if particular components or contexts are shared.

The issue of assessment testing also has implications. First, future studies need to investigate the psychological, emotional, and economic impact this testing might have on the population of those required to undergo it. It is not yet clear to what degree this testing has unrecognized, unintended consequences for those experiencing it especially in light of their needing to repeat it every 3 years. Second, future studies need to investigate how well those undergoing testing are given beneficial information from it and to what degree they are invited to collaborate in determining accommodations. Finally, action research studies should inquire as to the feasibility of engaging disability theory to inform new policies and revise existing ones. Such studies could also inquire as to the possibility of replacing some aspects of diagnostic assessment and special accommodations with universal access. For example, if audio texts were available to any student paying the copyright fee and duplication costs then there would be no need for expensive diagnosis, labeling, and the resulting stigma.

Limitations

A major limitation of this study comes from the inability to generalize these findings to the larger population of those labeled with LD. This self-selected group of informants differed from the general population of others labeled where women outnumbered men 8:3, private college students outnumbered public college students 10:1, and only one participant attended special education classes in K-12. Also, informants reflected no racial, ethnic, or socioeconomic diversity in a population overrepresented by racial minorities and the economically underprivileged. Yet, there is value in the findings of this marginal subgroup within the larger population of those labeled with LD as they reflect many of the same findings of traditional LD groups such as Greenbaum et al.'s (1995) informants, and minorities labeled with LD in the autobiographical writings (Rodis et al., 2001). Another limitation comes from allowing only those with official documentation to participate. This eliminated the voice of those who refused to undergo testing and therefore received no accommodations, yet who managed to succeed in college nonetheless. Likewise, the voice of those who did not succeed in education with or without accommodations is also missing and would certainly provide crucial insight. Finally, the insider status of the researcher limited the study risking bias toward the analyst's experiences. However, it also provided unusual opportunity for candid conversation to a degree of depth achieved by few outsiders. Rather than being seen as a representative of the institution, I was seen as one of them.

Conclusion

The finest accommodations based on the most sophisticated science will have no value if intolerance denies their use. I believe the most important change that can be made for students labeled with LD in education today is to grant them the agency to speak of the disabling force of discrimination. Those labeled with LD need the opportunity to gather of their own accord, share experience, discover an identity, and find a collective voice with which to turn outward and claim their place as equal citizens in the democracy. As it is for the birth of any newly recognized community this move will be a slow and arduous one. The journey to self-representation will be more complex than simply gathering into community and taking the floor for those whose intellect has gone unrecognized and whose true identity brings suspicion and stigma.

We must awaken to one another, to the essence of the phenomenon we share, and shatter the silence together.

Note

1. Sarah had been tested for LD just before this study was conducted and had not yet received accommodations.

Appendix A
Ice Breaker

I was born with severe dyslexia and a visual perceptual disability that allows me to see clearly but prevents me from understanding what I see. These challenges made it difficult for me to gain literacy as a child and young adult. Trying to read exhausted me. It also brought me a good deal of stigma and shame. I dropped out of school and married at 16 looking for a means of support that did not require reading. Then, one day in my middle twenties my life began a sharp change when I came across an algebra book for a dime at a garage sale. The book had no words in it, just letters and numbers. Each page had two columns, on one side were the problems and on the other were the answers. The idea was to cover up the answer side and try to figure it out on your own. The first problem was, "$a + 1 = 2$." I immediately knew the answer for "a" had to be "1" and this seemed unbelievably easy for something called algebra. I moved on to the next problem and conquered it as well. The book had no words in it, no instructions, no explanations, and no complication beyond the clear presentation of a problem. I finished the book with ease and with a growing excitement that I certainty must be smart after all. So, I decided to pursue an education. It proved a difficult task, taking me 14 years to earn a bachelor's degree in communication with mediocre grades. As I neared the end of that program I underwent testing for a LD. With that testing came accommodations: books on tape, note takers, enlarged print, and extended time on tasks that allowed me to finish a master's degree in three years, on time, and with honors. I'm nearly finished with my doctoral program. Again I'm on time and this time I have a 3.98 GPA.

I finally cracked the code to printed English and fell in love with learning. But learning has been, and continues to be, a long and painful struggle for me. I wrestle with the printed word for its meaning with every piece of paper I take into my hand and with every sign I pass by.

I used to believe that there was something very wrong with me. But I have come to understand that there is something very right with me—that I am an intelligent person—along with millions of other people with LD.

Unfortunately, the world at large judges each of us by our command of printed language. For me printed English is, and forever will be, a foreign tongue. Though I have an exceptional command of spoken English, the world still judges me harshly by my halting attempts at reading aloud as I struggle to understand a simple package at the market. This is a common experience for people with LD. When I can't write a check correctly, or read a menu, others assume I have poor intellect. Though lots of research has gone into understanding learning differences, few studies have focused on asking those with the difference to explain the difficulties and the rewards. I'm here today to ask you to tell me, and the scientific community, what the real picture is.

Appendix B
Interview Protocol

IQI: What do you call it?
IQIa: What is your story?
IQIb: What does the college call it?
IQIc: How would you characterize your relationship with the college?
IQII: What does your college think of as the ideal college student?
IQIIa: How do you see yourself compared to that ideal?
IQIIb: What does your college think of as the typical student with LD?
IQIIc: How do you think your college sees you?
IQIII: What was the assessment process like for you in college?
IQIIIa: Do you feel that students with LD and those without LD are treated the same by the college?
IQIIIb: What have you learned about your ____________ that has been helpful to you?
IQIIIc: What did you learn about your LD from others?
IQIIId: What have you figured out on your own?
IQIV: What things get in your way of being the best student you want to be?
IQV: What do you do that helps you be the best academic student you *want* to be?
IQVa: Does this differ from what the college offered you?
IQVb: What made you decide to join this study?
IQVc: Is there anything else you think is important about the LD experience in college that you would like to say?

References

Amitay, S., Yehuda, G., Banai, K., & Ahissar, M. (2002). Disabled readers suffer from visual and auditory impairments but not from a specific magnocellar deficit. *Brain, 125,* 2272–2285.

Barga, N. K. (1996). Students with learning disabilities in education: Managing a disability. *Journal of Learning Disabilities, 29,* 413–421.

Black, R. (2005). *The invisible intellectuals: Perceptions of students labeled with learning disabilities (learning differences) in higher education.* Unpublished doctoral dissertation, Portland State University.

Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children, 71,* 195–207.

Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Elaqua, T., Rapaport, R., & Kruse, B. (1996). *Perceptions of classroom accommodations among college students with disabilities.* Mount Pleasant: Central Michigan University.

Ferri, B. A., Connor, D. J., Solis, S., Valle, J., & Volpitta, D. (2005). Teachers with LD: Ongoing negotiations with discourses of disability. *Journal of Learning Disabilities, 38,* 62–78.

Field, S., Sarver, M. D., & Shaw, S. F. (2003). Self-determination: A key to success in postsecondary education for students with learning disabilities. *Remedial and Special Education, 24,* 339–349.

Finn, L. (1998). Students' perceptions of beneficial LD accommodations and services at the postsecondary level. *Journal of Postsecondary Education and Disability, 13,* 46–67.

Finn, L. (1999). Learning disabilities programs at community colleges and four-year colleges and universities. *Community College Journal of Research and Practice, 23,* 629–639.

Gardner, H. (1983). *Multiple intelligences: The theory in practice.* New York: Basic Books.

Gerber, P. J., & Brown, D. (1997). *Learning disabilities and employment.* Austin, TX: Pro-Ed.

Gerber, P. J., Ginsberg, R., & Reiff, H. B. (1992). Identifying alterable patterns in employment success for highly successful adults with learning disabilities. *Journal of Learning Disabilities, 25,* 475–487.

Gerber, P. J., & Reiff, H. B. (1991). *Speaking for themselves: Ethnographic interviews with adults with learning disabilities.* Ann Arbor: University of Michigan Press.

Gerber, P. J., Reiff, H. B., & Ginsberg, R. (1996). Reframing the learning disabilities experience. *Journal of Learning Disabilities, 29,* 98–101.

Greenbaum, B., Graham, S., & Scales, W. (1995). Adults with learning disabilities: Educational and social experiences during college. *Exceptional Children, 61,* 460–471.

Greenbaum, B., Graham, S., & Scales, W. (1996). Adults with learning disabilities: Occupational and social status after college. *Journal of Learning Disabilities, 29,* 167–173.

Gregg, N., Hoy, C., King, M., Moreland, C., & Jagota, M. (1992). The MMPI-2 profile of adults with learning disabilities in university and rehabilitation settings. *Journal of Learning Disabilities, 25,* 386–395.

Habib, M. (2000). The neurological basis of developmental dyslexia: An overview and working hypothesis. *Brain, 123,* 2373–2399.

Helenius, P., Salmelin, R., & Connolly, J. F. (1999). Semantic cortical activation in dyslexic readers. *Journal of Cognitive Neuroscience, 11,* 535–550.

Henderson, K. (2001). *2001 college freshmen with disabilities: A biennial statistical profile* (pp. 42). Washington, DC: Heath Resource Center.

Higgins, E. L., Raskind, M. H., Goldberg, R. J., & Herman, K. L. (2002). Stages of acceptance of a learning disability: The impact of labeling. *Learning Disability Quarterly, 25,* 3–18.

Higgins, P. C. (1992). *Making disability: Exploring the social transformation of human variation.* Springfield, MA: C. C. Thomas.

Hill, J. L. (1994). Speaking out: Perceptions of students with disabilities at Canadian universities regarding institutional policies. *Journal of Postsecondary Education and Disability, 11,* 1–14.

LeCompte, M. D., & Goetz, J. P. (1982). Problems of reliability and validity in ethnographic research. *Review of Educational Research, 51,* 31–60.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Beverly Hills, CA: Sage.

Lock, R., & Layton, C. (2001). Succeeding in postsecondary ed through self-advocacy. *Teaching Exceptional Children, 34,* 66–67.

Luborsky, M. R. (1993). The identification and analysis of themes and patterns. In J. Gubrium & A. Sankar (Eds.), *Qualitative methods in aging research* (pp. 189–210). Newbury Park, CA: Sage.

Lyon, G. R. (Ed.). (1994). *Frames of reference for the assessment of learning disabilities: New views on measurement issues.* Baltimore: Paul H. Brookes.

McDermott, R., & Varenne, H. (1999). Adam, Adam, Adam, and Adam: The cultural construction of a learning disability. In H. Varenne & R. McDermott (Eds.), *Successful failure: The school America builds* (pp. 25–44). Boulder, CO: Westview Press.

McDermott, R. P., & Varenne, H. (1997). Culture, development, disability. In R. Jessor, A. Colby, & R. A. Shweder (Eds.), *Ethnography and human development* (pp. 101–126). Chicago: University of Chicago Press.

McNulty, M. A. (2003). Dyslexia and the life course. *Journal of Learning Disabilities, 36,* 363–381.

Mellard, D. F., Deshler, D. D., & Barth, A. (2004). Learning disability identification: It's not simply a matter of building a better mousetrap. *Learning Disability Quarterly, 27,* 229–242.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis.* Thousand Oaks, CA: Sage.

Moustakas, C. A. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Murray, C., Goldstein, D. E., Nourse, S., & Edgar, E. (2000). The postsecondary school attendance and completion rates of high school graduates with learning disabilities. *Learning Disability Research and Practice, 15,* 119–127.

National Center for Biotechnology Information. (2007). Retrieved July 21, 2007, from www.ncbi.nlm.nih.gov/sites/entrez?db=gene&cmd=search&term=dyslexia

Nicolson, R. I., Fawcet, A. J., Berry, E. L., Jenkins, I. H., Dean, P., & Brooks, D. J. (1999). Association of abnormal cerebellar activations with motor learning difficulties in dyslexic adults. *Lancet, 353,* 1662–1667.

Rath, K., & Royer, J. (2002). The nature and effectiveness of learning disability services for college students. *Educational Psychology Review, 14,* 353–381.

Reiff, H. B., & Gerber, P. J. (1993). Social/emotional and daily living issues for adults with learning disabilities. In P. J. Gerber & H. B. Reiff (Eds.), *Learning disabilities in adulthood: Persisting problems and evolving issues.* Boston: Butterworth-Heinemann.

Reiff, H. B., Gerber, P. J., & Ginsberg, R. (1993). Definitions of learning disabilities from adults with learning disabilities: The insider's perspectives. *Learning Disability Quarterly, 16,* 114–125.

Reiff, H. B., Gerber, P. J., & Ginsberg, R. (1994). Instructional strategies for long-term success. *Annals of Dyslexia, 44,* 270–287.

Reiff, H. B., Gerber, P. J., & Ginsberg, R. (1997). *Exceeding expectations: Successful adults with learning disabilities.* Austin, TX: Pro-ed.

Reis, S., & Neu, T. (1994). Factors involved in the academic success of high ability university students with learning disabilities. *Journal of Secondary Gifted Education, 5*(3), 60–74.

Richards, T. L., Corina, D., Serafini, S., Steury, K., Echelard, D. R., Dager, S. R., et.al. (2000). Effects of a phonologically driven treatment for dyslexia on lactate levels measured by proton MR spectroscopic imaging. *American Journal of Neuroradiology, 21,* 916–922.

Rodis, P., Garrod, A., & Boscardin, M. L. (2001). *Learning disabilities and life stories.* New York: Allyn & Bacon.

Roer-Strier, D. (2002). University students with learning disabilities advocating for change. *Disability and Rehabilitation, 24,* 914–924.

Rogers, L. J., & Swadener, B. B. (Eds.). (2001). *Semiotics and dis/ability: Interrogating categories of difference.* Albany: State University of New York Press.

Sarver, M. D. (2000). *A study of the relationship between personal and environmental factors bearing on self-determination and the academic success of university students with learning disabilities.* Unpublished doctoral dissertation, University of Florida, Gainsville.

Scotch, R. K., & Schriner, K. (1997). Disability as human variation: Implications for policy. *Annals of the American Academy of Political and Social Science, 549,* 148–159.

Shaywitz, S. E. (1996). Dyslexia. *Scientific American, 275,* 98–104.

Shessel, I., & Reiff, H. B. (1999). Experiences of adults with learning disabilities: Positive and negative impacts and outcomes. *Learning Disability Quarterly, 22,* 305–316.

Stodden, R. A. (2000). Postsecondary education and employment for students with disabilities (Executive summary). Honolulu: National Center for the Study of Postsecondary Educational Supports, University of Hawaii.

Swanson, H. L., & Jerman, O. (2007). The influence of working memory on reading growth in subgroups of children with reading disabilities. *Journal of Experimental Child Psychology, 96,* 249–283.

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