

College Student Disclosure of Non-Apparent Disabilities to Receive Classroom Accommodations

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Abstract

College students with psychiatric (non-apparent) disabilities have a much higher dropout rate and tend to underperform academically when compared with peers who do not have non-apparent disabilities. These students are also vulnerable because their disability could delay the development of milestones critical to adulthood. Limited research examines students' perceptions and attitudes about disclosing their disability to university personnel to promote academic success in college. The goal of this exploratory study is to investigate factors associated with students' perceptions of faculty and peers that impact these students' disclosure of their non-apparent disabilities in order to access services for academic assistance. Seventeen college students were recruited at a competitive, urban, private Midwestern university to participate into a two-year qualitative study that examined their use of disability services. Findings indicate that students make the decision to disclose to request accommodations under three conditions: (1) fear that their disability will greatly limit functioning critical to academic achievement, (2) the stability of their non-apparent disability, and (3) stigma. Policy and practice implications concerning students' mental health issues with university faculty, administration, and campus service providers are discussed.

Keywords: Classroom accommodations, college students, stigma

There is serious concern about the academic performance of college students who live with non-apparent disabilities (Kadison & Digeronimo, 2004). Non-apparent disabilities can refer to psychiatric disabilities, learning disabilities, difficulties with attention, and hidden medical conditions, among others. For purposes of this article, the term "non-apparent disabilities" will apply to psychiatric disabilities and disabilities that pertain to attentional issues. One estimate from the 1990's reported that over 4 million students have withdrawn from postsecondary education, before graduating, because of a non-apparent disability (Kessler, Foster, Saunders, & Stang, 1995).

In addition, a national report estimated that "86% of individuals who have a psychiatric disorder withdraw from college prior to completion of their degree" (Collins & Mowbray, 2005, p. 304). Indeed, coping with a non-apparent disability during college can greatly impact success and completion of a degree, which can affect skills training for a satisfying job or career.

College students with non-apparent disabilities are considered a vulnerable population because of the impact of intrinsic and extrinsic stressors associated with their impairment. First, these students may experience functional limitations as their disability could inhibit or hinder the timely attainment of developmental mile-

stones critical to adulthood (Leavey, 2005). Particular milestones include: identity formation, intimacy, and independence (Kroger, 2007). Furthermore, students with non-apparent disabilities struggle with intrinsic stressors that apply to academic achievement. A national study of college and university students with psychiatric disabilities stated that this population tends to have lower grade point averages than their peers (Eisenberg, Golberstein, & Hunt, 2009). Certainly, intrinsic stressors intensify the vulnerability of this population and put them at risk for more negative outcomes than their peers.

College students with non-apparent disabilities experience extrinsic and intrinsic stressors in the form of stigma and discrimination by the public. The extant literature describes stigma in two forms. Public stigma refers to instances in which society discriminates against individuals because they have a disability. In contrast, self-stigma pertains to self-imposed behaviors and responses by the stigmatized individual, such as internalizing negative social responses, which lead to feelings of rejection (Corrigan & Kleinlein, 2005). Stigma can be interpreted as both an intrinsic and extrinsic stressor. Public stigma may be thought of as an external stressor as it refers to others' endorsement of stereotypes and rejection due to having a disability. Self-stigma could be considered intrinsic because individuals with disabilities have internalized rejection and public discrimination; it may limit functioning by impacting feelings of self-efficacy and self-esteem, thus potentially reducing individual's willingness to capitalize on life opportunities. Ultimately, the negative perceptions of society toward people with non-apparent disabilities can greatly minimize their social opportunities to have a meaningful career, intimate relationships and desirable housing (Corrigan & Kleinlein, 2005). Indeed, the intrinsic and extrinsic stressors of students with non-apparent disabilities can significantly affect their ability to integrate in society and function independently.

Although the process of receiving academic accommodations varies by institution, college students with a non-apparent disability can qualify to receive reasonable accommodation under federal law if their disability substantially limits major life activities such as thinking, reading, and concentrating (Belch, 2011). Whereas, teachers of K-12 students are required to receive disability and/or diversity training, it is important to note the absence of any formal policy requiring the

mandatory participation of college or university faculty in disability awareness training. Consequently, such professional development is often limited (Lombardi & Murray, 2011).

The barriers that impact success among college students who have non-apparent disabilities have not been fully examined. A few studies have examined attitudes and perceptions about the impact of students' interactions with campus disability services (DS) (Becker, Martin, Wajeheh, Ward, & Shern 2002; Collins & Mowbray, 2005; Marshak, Van Wieren, Ferrell, Swiss, & Dugan, 2010). One such study, the National Survey of Campus Disability Services (Collins & Mowbray, 2005), found that DS staff perceive stigma to be the biggest barrier for college students to access DS, particularly their fear of disclosure. Respondents also reported that students' lack of knowledge pertaining to their non-apparent disability and the available resources to assist them were other barriers to the use of academic accommodations. In addition, DS staff reported that faculty, administrators, and staff, had many questions about working with students with non-apparent disabilities, including whether these students could handle the course load and if they should even be in college. Furthermore, qualitative data from this study revealed that students with non-apparent disabilities encountered stigma from peers and professors because of a lack of campus-wide education. Finally, DS staff reported that "psychiatric disabilities are difficult to accommodate" (p. 311) and that they had concerns about determining suitable accommodations for non-apparent disabilities. The present study strives to identify gaps in policies and practices that need to be addressed to further promote the academic success of college students with non-apparent disabilities.

Research about classroom accommodations is even rarer (Marshak, et al., 2010; Salzer, Wick, & Rogers, 2008). Salzer et al. found that students with non-apparent disabilities who received academic support were embarrassed and/or stigmatized when they disclosed their disability to faculty and other students. In addition, some students complained that faculty members were unreceptive or uncooperative. Furthermore, students with learning disabilities (Marshak, et al.) reported somewhat similar barriers that resulted in their underutilization of classroom accommodations in postsecondary settings. Students with learning disabilities were also concerned about negative perceptions of peers and faculty, identity issues, and how integration

and acknowledgement of a disability would negatively impact their sense of self-sufficiency. Students' perspective of using accommodations is paramount, as this form of campus support can impact their ability to succeed. If students do not perceive accommodations as helpful, they will be less willing to seek them. More importantly, if accommodations are not effective, some college students with disabilities who might otherwise succeed, may drop out or fail. Further, students with non-apparent disabilities may be at greater risk for more negative outcomes than students with other disabilities because a mental illness could impair cognition and emotion regulation, or lead to student participation in risky behaviors to cope with persistent functional limitations (Kadison & Digeronimo, 2004).

Lack of knowledge regarding available services and an unsafe, potentially stigmatizing environment are two of the most common barriers for students with psychiatric disabilities to access academic accommodations (Barnard-Brak, Davis, Tate, & Sulak, 2009). There is consistency in the research on barriers that impact the utilization of classroom accommodations among college students with disabilities. Hartmann-Hall and Haaga (2002) found a correlation between students' help-seeking behavior and their impression of the climate on campus relating to disabilities. In addition, studies of college students seeking accommodations and other support services indicate that in addition to students being unfamiliar with available support services, they often lack knowledge about procedures for obtaining accommodations (Barnard-Brak, et al., 2009; Lombardi & Murray, 2011). Therefore, identifying perceptions of disclosure and accommodations among college students with non-apparent disabilities could help DS offices better customize their services to students.

Resources to Assist Students with Non-Apparent Disabilities

A supported education model was designed for adults with psychiatric disabilities to address health concerns and enrollment in postsecondary schools (Unger, 2007). This model promotes integration and success in college settings by providing DS and educational accommodations to students with psychiatric disabilities. Supported education strives to improve quality of life and independence by providing a normalizing experience and increasing self-determination for students with mental health issues (Megivern, Pellerito & Mowbray, 2003). However, this model has only

been successfully implemented in a limited number of college settings.

Those students who attend universities without a supported education model can still benefit from Section 504 of the Rehabilitation Act of 1973, which guarantees equal access for students with disabilities. Students' access to accommodations, however, does not mean that all questions have been answered about the effectiveness of those supports. Measuring the outcomes of accommodation usage is complicated by the varying nature and degree of students' disabilities and their actual use of accommodations. For example, accommodations for students with physical impairments might include the implementation of sign language, audio amplification devices, Braille, or magnification devices. Accommodations for students with non-apparent disabilities typically include extended test times, permitting frequent breaks during exams, or allowing testing in a separate room. Although the aforementioned accommodations may effectively mitigate the limitations for students with certain non-apparent disabilities, such as learning disabilities, students with psychiatric disabilities and/or disabilities pertaining to attention problems may require different types of accommodations to allow them equal access under the law. Thus, literature relating to students with disabilities in general has been found to have select relevance to students with non-apparent disabilities.

Stress-Vulnerability model

The Stress-Vulnerability model (Zubin & Spring, 1977), which was originally used to explain responses to stress among individuals with schizophrenia, can explain how other vulnerable populations deal with stress. College students with non-apparent disabilities experience a variety of stressors including academics and managing the functional limitations and symptoms of their disability. The model proposes that:

Each of us is endowed with a degree of vulnerability that under suitable circumstances will express itself in an episode The acquired component of vulnerability is due to the influence of traumas, specific diseases, perinatal complications, family experiences, adolescent peer interactions, and other life events that either enhance or inhibit the development of subsequent disorder (Zubin & Spring, 1977, p. 109).

An individual's vulnerability varies based on how he/she responds to "challengers" or triggers. Zubin and Springer (1977) classify these challengers as either endogenous or exogenous. The distinction between the two is that endogenous events pertain to neuropsychological or biological challenges, while exogenous challengers are related to life events.

If the resulting stress from a challenging life event does not exceed the threshold of vulnerability, the individual stays within the limits of normality as he/she is able to manage the stress, and will likely not experience a great deal of functional limitations. If the stress exceeds the threshold, the individual will likely experience an increase in functional limitations. When the stress subsides and returns below the vulnerability threshold, the individual returns to a similar state in his/her pre-episode level of functioning (Zubin & Spring, 1977).

Brown and Birley (1968) emphasize that the severity of an event's stressfulness is determined by the individual's own perception. Individuals can alter the stressful impact by distorting or reinterpreting the event, because the threat of the stressful life event may produce a damaging strain. In addition, coping efforts, which vary by individual, are considered defense mechanisms as they are critical to resolving or minimizing the impact of the stress. Ultimately, a person's intellectual strategies and/or social skills provide a skill set to handle life's exigencies (Zubin & Spring, 1977).

Other studies have used the Stress-Vulnerability model to explain student behavior. For instance, Koca-Atabey et al. (2011) conducted a study of Turkish university students with physical impairments, evaluating students' psychological well-being with the Stress-Vulnerability model. They examined the impact of stress-related growth and psychological distress on students' well-being, finding problem-solving coping to be the only significant variable in diminishing psychological distress and enhancing students' personal growth (p. 114). Camara (2011) sought to describe the experience and decision-making processes of college students with non-apparent disabilities in the context of seeking classroom accommodations. Pathways to seeking accommodations were identified within students' decision-making process. Either students chose not to disclose their functional limitations, forgoing the utilization of accommodations in an effort to pass as a student without a disability, or they disclosed and had

the opportunity to receive accommodations if and when the need arose. Camara (2011) described the "founding moment" or precipice, whereby participants became willing to risk the consequences of being perceived as different. This process of disclosure to receive needed accommodations is termed "outing themselves."

Purpose of Study

Previous research examining classroom accommodations among college students with non-apparent disabilities (Collins & Mowbray, 2005; Marshak et al., 2010; Salzer et al., 2008) has been based on cross-sectional data. A longitudinal study could be critical to assessing what barriers or circumstances cause college students to change their perceptions about seeking accommodations for non-apparent disabilities over time. Therefore, the goal of this exploratory study is to investigate factors associated with students' functional limitations and perceptions of faculty and peers that impact these students' disclosure of their non-apparent disabilities to access services for academic assistance. Specifically, this study addresses the following research questions: (1) What factors influence students' disclosure of a non-apparent disability to receive classroom accommodations? and (2) What factors influence their decision to delay disclosure to receive classroom accommodations? We agree with Collins and Mowbray (2005) that "study findings can inform state and federal policy and postsecondary institutional practices, with the goal of better serving psychiatrically disabled students to maximize their talents and potential" (p. 306).

Methods

Sample Recruitment

The data for this qualitative analysis come from a larger mixed method, IRB-approved study of college students' use of mental health services at a competitive, urban, private Midwestern university. Students were contacted (Fall 2008) through an online survey sent to all undergraduates. Although more than 100 undergraduate students responded, a total of 86 of these undergraduate students completely finished the online survey. The online survey contained questions pertaining to college students' perceptions of mental health services (i.e. stigma, illness perceptions, and attitudes towards medication). At the end of the survey, respondents could consent to be contacted for enroll-

ment into the qualitative portion of the study. Altogether, 17 undergraduate students were re-contacted and were qualified to take part in the study. These undergraduate students were invited to participate in the two-year exploratory study. Respondents were interviewed once per semester for four semesters. All participants were currently prescribed, and self-reported adherence to, at least one psychiatric medication. Diagnoses were self-reported by participants (see Table 1 for a list of specific diagnoses for each participant). The research participants provided written informed consent prior to study participation. The data in this study are drawn from the four interviews over the two-year period (2008-2010).

Sample Demographics

A total of 17 undergraduate college students were enrolled in the qualitative study. The average age of the college students was slightly greater than 19 years, ranging between 18-21 years. The study consisted of 76% females (n=13) and 24% males (n=4). In addition, the sample included 82% white college students (n=14) and 18% from other races (n=3). Furthermore, 88% of the sample (n=15) reported taking between one and three prescription medications for their disabling condition(s). Finally, 82% (n=14) reported a diagnosis of a mood disorder, 12% (n=2) had a diagnosis of ADHD, and 6% (n=1) reported a diagnosis of PTSD.

Instrument

The authors gathered data for the study using a modified, semi-structured interview instrument, the Subjective Experience of Medication Interview ([SEMI]; Floersch et al., 2009). The instrument was adapted from the adult SEMI, designed to obtain narrative data about medication treatment from individuals diagnosed with schizophrenia (Jenkins, 1997; Jenkins et al., 2005). The SEMI instrument in this study was adapted by eliminating or modifying questions for adults (e.g., questions that pertained to work, marriage, and recovery) and developing age-relevant questions (e.g., questions that pertained to academics, peer relationships, and career choices). The interview schedule of roughly 100 questions took approximately two hours and included seven categories: (1) treatment, illness, and medication history; (2) perceptions of medication; (3) managing, monitoring, and reporting of medication experience; (4) parent and student interaction regarding medication management; (5) illness and medication stigma; (6) medication management and university in-

teractions; and (7) peer and intimate partner interactions and medication management. See Table 2 for sample questions included in the SEMI. The authors constructed open-ended questions to elicit responses in conversational style and to minimize leading questions.

Data Collection

The intent of interviewing the students who participated in the qualitative study was to collect narrative data at four points in time (Fall 2008, Spring 2009, Fall 2009, and Spring 2010), as longitudinal data would be useful in assessing whether their attitudes toward disclosing to professors/DS for accommodations changed over time. Of the 17 participants, eight completed all four interviews, five completed three interviews, two completed two interviews, and two completed one interview. Several participants did not complete all interviews because they withdrew from the university or could not be contacted.

Data Analytic Strategy

Respondent answers to SEMI questions were recorded as audio files, transcribed, and the resulting written narratives transferred to Atlas.ti (Muhr, 1993), a software program specifically designed for qualitative data coding and management. In the first analytic step, the authors coded participants' responses to discover factors that impacted students' disclosure of their non-apparent disability. Authors coded participant narratives over the four points in time or over the length of students' involvement (for those participants who completed less than four interviews). Researchers looked for examples of a priori themes of self-stigma or public stigma, as well as new themes which emerged from the data. The significance of the themes was determined by "substantive significance" (Patton, 2002, p. 467), rather than frequency. This significance refers to increasing depth of existing knowledge about the topic of study (Floersch, Longhofer, Kranke, & Townsend, 2010).

In open coding, respondent answers were coded by attaching code names to any of the students' words that referenced: perceptions of (1) disability and mental health services and (2) accommodations. In the second step, researchers compared and contrasted coded quotations (Boeije, 2002), then grouped the codes by shared content (e.g., "I don't disclose" or "My professors don't know about my illness"). The authors compared and contrasted these latter codes and grouped them by

Table 1

List of Non-Apparent Disabilities by Participant

<u>Participant</u>	<u>Diagnoses</u>
1	Depression
2	Bipolar Disorder
3	ADHD
4	Depression; Obsessive Compulsive Disorder
5	Depression
6	ADHD
7	PTSD; Substance Abuse
8	Bipolar Disorder
9	Depression
10	Depression
11	Depression
12	Depression
13	Depression
14	Depression
15	Bipolar Disorder; ADHD
16	Depression
17	Depression

Table 2

Sample Questions from the SEMI Instrument

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1. You reported receiving mental health services. Would you describe in your own words what you receive services for?
 2. Have you ever been given a diagnosis or name for the concerns we have been talking about? (probe for history)
 3. What are your thoughts about how things will change with your concerns/diagnosis as you grow older?
 4. How long do you think you will need to take your current medication(s)?
 5. While on medication, what things in your life do you think are improving?
 6. At what point in your life did you take primary responsibility for appointments and managing your daily medication?
 7. What do you tell people about your concerns (or diagnosis) that we have been talking about?
 8. Are there things about your concerns that you prefer to keep secret from others?
 9. What at the university has been helpful with any issues related to your mental health concerns (or diagnosis) [probe for accommodations at the disabilities' office]? Are there illustrations where the university has not been helpful?
 10. There are many types of help for your concerns (illness or diagnosis), describe the types you currently receive?
 11. What circumstances have led you to talk with a professor or instructor about your mental health concerns or use of medication? (probe for with whom, how it went)
 12. What was the procedure that you went through to confide in your professors?
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themes that characterized their overall perceptions of disclosing to receive classroom accommodations. In the third analytic step, the authors used the hyperlink function in Atlas.ti software to link each participant's set of interviews to changes, if any, in the student's perceptions, or disclosure to receive accommodations. This permitted the authors to make one story, per participant, about his/her experience in deciding whether to disclose his/her disability to access academic assistance, and thus, to think about sequencing. This step led to the creation of participant pathways. The authors identified three specific pathways under which students decided if they should disclose their disability to access assistance: (1) immediate disclosure, (2) delayed disclosure, and (3) no disclosure. The pathways accounted for both positive and negative experiences associated with disclosure to receive accommodations or non-disclosure.

To establish a measure of coding reliability in the thematic analysis, the first author read and coded data from seven respondents. The fourth and fifth authors reviewed the codes, discussed differences and similarities, and, as a team, created a master codebook. The first

author used the master codebook to code the remaining ten cases and added new codes when an appropriate code was not available in the codebook.

To establish reliability in the creation of the pathway, the fourth and fifth authors examined each set of interviews and used the constant comparative method (Boeije, 2002) to confirm that the pathways developed by the first author were consistent across the narratives.

Results

Thematic Analysis

The following section reports factors that contribute to students' reluctance to disclose to receive accommodations: normality, professor perspectives, and autonomy; as well as factors that impact students' willingness to disclose to receive accommodations: vulnerability, supportive professors, and stress overload.

Table 3

Example of Thematic Coding

Participant Narrative	Relevant Content	Shared Content	Theme
Last semester I had to (disclose), because of everything that went on. I had to drop a whole bunch of classes.	Dropped classes due to problems with non-apparent disability	Stress from non-apparent disability greatly impaired students' academic performance	Stress overload
Everything is more of a challenge. Well, last semester, I was sick with my celiac disease. The cafeteria gave me food with gluten in it five times, so, I missed over 20 classes.	Missed many classes because of non-apparent disability	Stress from non-apparent disability greatly impaired students' academic performance	Stress overload
I emailed all my professors and said, "I am not a student that likes to give excuses. . . . I'm going to tell you right now, I'm going through a really aggressive form of treatment. . . . there are some days when I'm just not all there."	Missed numerous classes and has limited functioning because of non-apparent disability	Stress from non-apparent disability greatly impaired students' academic performance	Stress overload
Last semester, I wasn't doing very well either, so I had to go to a couple of my professors and kind of tell them what the deal was.	Having difficulty functioning because of non-apparent disability	Stress from non-apparent disability greatly impaired students' academic performance	Stress overload

Factors that Contribute to Students' Reluctance to Disclose to Receive Accommodations

Normality. This theme demonstrates how participants were concerned about being treated the same as peers who did not have a non-apparent disability and/or request accommodations. Further, students were apprehensive that this feeling of differentness or abnormality would attract special attention. As one student said, "I don't want to be treated differently or anything." Another student reported:

Part of the accommodations thing, it makes me feel like...I want to be able to be on the level of everybody else and I don't want to be different. I want to feel...I'm getting the A's that they're getting, too, in the same ways they're getting them...I want to be pretty normal, as normal as possible.

Professor Perspective. Responses exemplify how professor opinions were paramount to students (Salzer et al., 2008). For instance, students expressed concern that future opportunities for professor recommendations could be compromised if they needed assistance to perform academically. As one student noted, "It's just something that they don't really necessarily need to know, and since there's a stigma associated with it, I tend to avoid talking about it." Another student stated that, "I don't want them to think of me differently. If they can see me as a normal student...then that would be an ideal situation." A third student expressed a future concern that influenced current behavior by saying, "I want them to write me a rec letter. I just don't want it coming into the equation at all."

Autonomy. Participants described a developing sense of autonomy and the need to be independent as reasons to avoid receiving accommodations. One student expressed a sentiment shared by others by noting, "I just feel...I should be self-sufficient and not have to get excuses or...lean on anybody or anything."

Factors that Contribute to Students' Willingness to Disclose to Receive Classroom Accommodations

Vulnerability. Students did not want their disability to detract from their academic performance. Consequently, they informed their professors about the need for accommodations before their functional limitations could possibly disrupt their ability to perform tasks. One student stated succinctly, "That kind of stuff usually doesn't come up unless it's necessary; you know

if I've been sick for a week." Another student said:

Especially this year I've been really up front about it. I thought...once I missed a couple of classes I would email them and tell them about it, just because I felt...it was relevant and they would understand...I'm going through some issues and it's not because I'm uninterested in their class.

Supportive Professors. This theme illustrates how some professors were empathic towards the needs of students with non-apparent disabilities. One student reported, "They were pretty supportive [when I told them]. They understood." Another student reported that, "Before I kind of disclosed that I had depression, and some of my professors were...really sympathetic and they offered to extend deadlines." A third student said, "They usually are very flexible when I mention that [illness disclosure]."

Stress Overload. This theme demonstrates how stress from having non-apparent disabilities greatly impaired students' academic performance. Some students eventually confided in professors, and asked for accommodations, because their grades were so negatively impacted. One student recalled, "I have (disclosed), because I was trying to explain why I wasn't able to finish an assignment on time, because I had been having trouble with a medication and dosage and switching them up and things like that." Another student reported:

In order to switch, I had to wean off, which meant that for about four days I had no antidepressants in my system...so I basically couldn't get any work done last weekend...I told one of my professors that I was having medical problems, and he gave me an extension on my homework.

Pathways

The findings in the thematic analysis influenced the authors' development of pathways to disclosure, shedding light on students' willingness or reluctance to disclose information about their disability to access assistance. Consequently, these themes led to identifying the points in time when students made the decision to disclose. This section presents cases that exemplify three pathways that emerged from study data: (1) students disclose their disability immediately in order to raise professor awareness, (2) students delay disclosure until their disability limits

their functioning, and (3) students do not disclose at all during the course of our study. The names of the students in the following case examples are pseudonyms. See Figure 1 for an illustration of how functional limitations, stability, and stigma impact students' decisions about disclosing to professors and/or DS.

Pathway 1: Students Who Disclose Disability Immediately to Raise Professor Awareness

In the first case, Mark (male, Caucasian, depression, sophomore) disclosed in the beginning of class so that his professors would not have negative views if his academic performance suddenly declined. Although Mark did not request any specific accommodations, he communicated his situation with his professors so that they would be aware that any potential decline in his academic performance would likely be associated with the functional limitations of his non-apparent disability:

I have a professor this year and I have his class early in the morning, so I miss it sometimes, and I didn't want him to think that I'm blowing him off or anything like that, so I was just so forward with him because I wanted him to know that I was being genuine about something or putting something out on the line by saying "Yes, you know, I have depression. Yes, I have insomnia. I have trouble falling asleep and then sometimes when I can fall asleep with my medication, I can't wake up." He's pretty understanding...Yeah, I couldn't sleep on the bus, so I missed a presentation in one of my classes, and so I called my psychiatrist to say that I had to get a doctor's note to say that I have depression and insomnia, which wasn't a lie. So I guess the circumstances, I'd tell professors things when it comes down to excusing myself...it worked out last time. It worked out that one time when I was coming back on the bus, and the other professor that I have this semester, he seems very, very, very understanding. I mean he wanted to go get coffee with me some time just to like sit and talk.

Later on in the study, in an interview from semester 2, Mark discussed how a professor recognized similarities between Mark and the professor's daughter, who also has a non-apparent disability. The honest dialogue Mark was able to engage in with his professor made her empathic towards his situation and helped to create a trusting relationship.

One of my professors I guess had...a daughter who...in college had similar problems, so my professor kind of recognized it, which was really cool. . . . [She said], "You know, at first I was thinking you just...party too much...but when you're here you're really engaged, but you're not always here, so I recognize this. What's going on?" And that was really cool. That made it really easy to just kind of tell her..."Yeah, this is what the deal is."

In the second case, Jeanie (female, Asian, bipolar disorder, sophomore) indicated in her first interview that she disclosed to her professors from the beginning because she feared that her non-apparent disability would disrupt her ability to function in school.

Especially this year I've been really up front about it. I thought...once I missed a couple of classes I would email them and tell them about it, just because I felt like it was relevant and they would understand that...I'm going through some issues and it's not because I'm uninterested in their class...I want to make up the work and I want to get caught up, especially if I've had...late assignments or missed exams...I think it's important to provide a reason, and it helps them to see that you need help and that you're trying to do your best.

In the fourth interview, Jeanie demonstrated how disclosure with professors, from the beginning, had produced mixed results. Early disclosure had an overall benefit to her, however.

Before I kind of disclosed that I had depression, and some of my professors were... really sympathetic and they offered to extend deadlines. Some of them, they weren't as sympathetic...I used to be an Econ major and I took classes in other departments and those professors in the Economics Department weren't very sympathetic and that kind of like turned me off to the subject that I had already been...losing interest in...Last semester I told...one or two professors. This semester...I just said..."Oh, I have bipolar disorder. Here is a Disability Letter regarding that," and... one of my class [assignments] was to write a paper... regarding a decision you've made in your life, and mine was about whether...or not to come back to school...in the fall, and the whole thing was just

about how I got diagnosed and...my medication regarding bipolar disorder. It was very open...I gave open disclosure...it's been working out really well.

Pathway 2: Delay of Disclosure Until Disability Limits Functioning

In the following case, Rebecca (female, Caucasian, depression, junior) illustrated fear of being stigmatized if she disclosed her disability to professors; she expressed fear about losing future opportunities and acquiring a sense of differentness from peers (interview from semester 1):

Part of the accommodations thing...I want to be able to be on the level of everybody else and...I don't want to be different. I want to feel like I'm getting the A's that they're getting, too, in the same ways that they're getting them, because I guess that I've been able to experience life pretty normally...I want to feel pretty normal, as normal as possible...I don't want them to think of me differently, because you don't know people's reactions, and do you know there's...the recommendation, having one written from them, and I don't want them to have that in their mind about me. If they can see me as a normal student, see my work and just view that, then that would be an ideal situation. But you know...they don't want you to come to them halfway through and [say], "Oh, by the way, I have an accommodation."

In the interview from Semester 2, Rebecca's stance on accommodations had completely changed due in large part to her functional limitations. She had experienced a reduction in functioning, which ultimately depleted her ability to succeed in the classroom. Therefore, she disclosed to receive accommodations:

I do have academic accommodations...I talked to Dean ___ a couple of weeks ago and then actually met with her yesterday to kind of really figure out [what to do], and she's the one that suggested just dropping physics and taking it next spring, 'cause she was just really helpful [and said] "You've got to take care of yourself," and...the Dean was...very confirming to what I was already thinking. So she was very understanding of that, and she [said] ..., "You know you can take physics as a grad student next year. That'll be fine.... you can be a produc-

tive member of society if you don't..." you know 'cause I wasn't planning on going to med school after four years or after this anyways. She [said] ..., "Even if you don't become a doctor, there are so many things you can do with your life. You know, just focus on yourself right now."

In the interview from Semester 3, Rebecca discussed how she continued to disclose her disability to receive extensions on assignments because of her functional limitations:

Last semester I had to [disclose] because of everything that went on. I had to drop a whole bunch of classes, and then the two classes that I kept, I did disclose to the professors what was going on, and it was very helpful because they were very understanding 'cause I hardly did make it to class and I barely did my work...but they were understanding.

In this case, Zoe (female, Caucasian, depression, sophomore) indicated in her Semester 1 interview that she had no intentions of disclosing her non-apparent disability to professors. When asked if she had encountered a need to disclose to faculty, Zoe reported:

Not here. I had to talk to some teachers in high school...But I haven't had to tell anyone here. I hope to not have to. I hope that it's not another year where another thing goes wrong...I think they would understand.

In the interview from Semester 3, Zoe changed her approach because of her declining health, particularly how her physical health became vulnerable to the excessive stress of her functional limitations. These health problems affected her attendance in class:

I have to tell all my teachers about Celiac Disease. Sometimes I'll have to tell them about...my pain disorders or...fact that I'm always sick...In the past in high school I would have to tell them. My cousin was really sick, so I was having a hard time with that, and that was...emotionally upset[ting]. Yeah, everything is more of a challenge. Well, last semester I was sick with my Celiac Disease. The cafeteria gave me food with gluten in it five times, so I missed over 20 classes and had to drop two courses.

Pathway 3: Students Who Do Not Disclose at All During Course of Study

The following case involving Beth (female, Caucasian, ADHD, sophomore) depicts how the student had no desire to disclose her non-apparent disability because her mental health was stable, as expressed in Interview 1. However, stigma did not appear to be an overriding concern:

Really, I haven't talked... to the university or any professors about it because I feel no need to at the time. I mean, if I feel like I'm struggling in a class or something, I probably would talk to them to see if there's...anything they can do to help me, but otherwise I feel no need currently.

Beth had not changed her stance by Interview 2. She noted, "Just haven't really felt the need to. If it seemed pertinent I would, but otherwise, no." Beth's mental health remained stable. In Interview 3, she indicated that she had not yet felt a need to disclose to professors:

Not really. No. Mainly I just feel [I] ... can usually control it well enough with... meds and just trying to...control it, but I don't really see a reason... unless something...really came up where...they would benefit from the knowledge, or I would benefit from their knowing. I usually just don't bother telling them.

In her fourth interview, Beth reported the same decision-making process. She had not disclosed because she did not feel a need to do so, nor did she anticipate any benefits if she did:

If I ever felt that...it would be helpful for me, like there was something they could do to...help me out, or...if I felt...I was really being inhibited, then I would probably [disclose]. I would tell them so that they would be more aware, but otherwise I feel like there's no...real reason to, so I just don't bother usually.

In another case, Carla (female, Caucasian, bipolar disorder, freshman) stated in her first interview that she did not inform professors about her non-apparent disability because of stigmatizing perceptions:

Well, I don't disclose really to...acquaintances, professors. I mean it's only really close friends that I think need to know that I tell, because it's kind of this extraneous piece of information since it really doesn't affect how I interact with people...99% of the time. It's just something that they don't really necessarily need to know, and since there's a stigma associated with it, I tend to avoid talking about it altogether since I don't really need to.

In her second interview, Carla maintained her position on disclosure as she feared the impact it could have on future opportunities:

No. I avoid that like the plague. No disclosures to professors, and especially no disclosures to any employers, 'cause I have...an internship right now working part-time as a...data entry person...But I'm pretty sure it's still professional liability, that if you say you have bipolar disorder that it might limit you in some way in your career. Maybe it's true, maybe it's not, but in my experience, if anyone can be closed-minded, it's businesspeople, so...I want them to write me a recommendation later. I just don't want it coming into the equation at all.

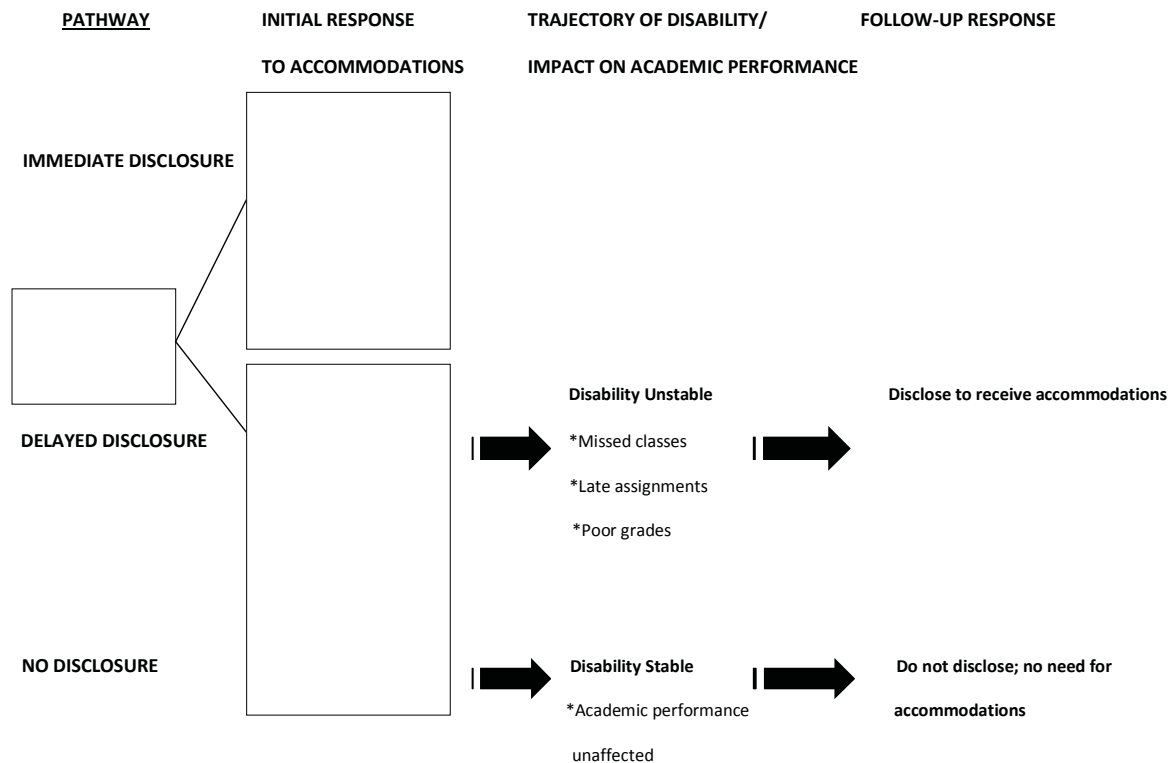
Carla indicated in her fourth interview that she did not intend to disclose her disability because it did not have an apparent effect on her performance:

If it ever really interferes with my work, if it gets to a point where you wouldn't be able to attribute it to...personal difficulties...relationships with family, or something like that, then I'd be forced to disclose and that would be...a difficult thing to do, but...I'll cross that bridge when I come [to] it... it's not something I have to disclose just yet.

Discussion

The findings exemplify three choices that students with non-apparent disabilities make regarding disclosure of their disability to professors and DS staff, two choices which can be explained by the Stress-Vulnerability model (Zubin & Spring, 1977). First, with participants such as Mark and Jeanie, students disclose their non-apparent disability to professors and DS immediately out of fear that their disability will greatly limit their academic achievement. Participants who

Figure 1. Pathways to Disclosure.



followed this pathway reported that they did not have to hide anything from their professors by disclosing early in the semester. Mark, in particular, felt his decision seemed to make his professors more empathic and aware that he was not “blowing them off” when there was a decline in academic achievement or class attendance. According to the Stress-Vulnerability model, students who followed this pathway were concerned that they would cross the threshold of the amount of stress they could handle if their non-apparent disability began to impact their academic performance. Overall, these students felt vulnerable about managing their non-apparent disability, its functional limitations, and their academic course load.

The second pathway for disclosure decisions was based on students’ perceptions about the stability of their non-apparent disability. By applying the Stress-Vulnerability model, students such as Rebecca and Zoe, whose mental health remained stable, exemplified this pathway. They did not initially disclose because they perceived the possibility of negative perceptions

by their professor as a greater potential stressor than the likelihood that their disability would become a significant impairment to their academic performance. The students were able to manage the stress of their academic load while their non-apparent disability was stable. However, when their functional limitations intensified and created stress beyond what was manageable, they were quick to inform their professors because there was a serious risk of failing or dropping out. In addition, Zoe experienced vulnerability to other illnesses because of the stress that the non-apparent disability caused. Her physical health, when combined with her mental health challenges, had a major impact on her ability to attend class.

The third pathway, which is not explained by the Stress-Vulnerability model, was the impact of self-stigma. There was some consistency with the results of previous studies (Collins & Mowbray, 2005; Marshak et al., 2010; Salzer et al., 2008), whereby stigma was internalized by students as a major barrier to disclosure. Participant Carla seemed to embody stigmatizing

characteristics of two age groups. The first group, adolescence, which is the population/developmental phase she was transitioning out of, and the second group, adulthood, the population/developmental phase she was transitioning into. The stigmatizing characteristics of adolescents that Carla embodied could be explained by the Kranke, Floersch, Kranke, and Munson (2011) Adolescent Mental Health Self-Stigma Model. This model has three components. The adolescent first *stereotypes* by becoming aware of labels associated with people with mental illness and applies the label to him/herself. Next, the adolescent *differentiates* by recognizing differentness among peers because he/she has a mental illness and takes psychiatric medication. Finally, the adolescent *protects* by concealing his/her mental illness and use of psychiatric medication in order to preserve social capital and future opportunities.

As noted in the adolescent self-stigma model, individuals can stigmatize themselves because they differentiate, or compare themselves with others who are well. They may have concerns about peer perceptions, struggle with feelings of normality/differentness, and find it difficult to manage a sense of self-efficacy. Some participants, especially students like Carla and Rebecca, spoke of being perceived as normal and not wanting to be different from their peers by receiving special treatment. In this instance, disclosing their non-apparent disability could expose these students to feeling different from their peers. Furthermore, some people with mental health issues “protect” (Kranke et al., 2011) themselves by not disclosing in order to preserve social capital. In this instance, some students were quite fearful of losing future opportunities related to career and education.

The college students’ experience of stigma can be compared to the stigmatizing experience other adults with non-apparent disabilities have described (Corrigan & Kleinlein, 2005). Their primary fear was that professors would perceive them as incompetent to complete tasks, which might then impact a recommendation for graduate school and, more importantly, future career opportunities. These fears are not unfounded, especially since research (Corrigan & Kleinlein, 2005) demonstrates how adults who experience mental health stigma encounter a reduction in employment and career opportunities. Even though the fear of being stigmatized is a driving force behind students’ decision to not disclose, a paradigm shift occurs whereby the consequences of not disclosing to receive accommodations become greater than the

fear of being stigmatized. This is the turning point at which students risk disclosure in exchange for access to informal or formal accommodations that could influence their academic success.

There were some new findings pertaining to the population studied. Specifically, college students with non-apparent disabilities did have contextual circumstances that promoted the willingness to disclose to receive classroom accommodations, such as vulnerability to illness/stress. As a result, some of these participants disclosed to receive accommodations because their functioning was limited so greatly, they were at risk for failing classes and being unable to live independently in the college setting. In addition, those students who continued to have difficulty stabilizing their functional limitations and who opted to not seek accommodations were at risk for increasingly poor academic performance and a potential withdrawal from college. Their vulnerability limited the amount of stress they could handle until they found ways to stabilize the impact of their disability.

Limitations

The qualitative nature of this study and sample limit the generalizability of the study’s outcomes. For instance, the small sample consisted mostly of Caucasian students and was restricted to a cohort of students who attended a competitive, private Midwestern university. Research should examine college students in more varied settings, such as public universities, private universities, community colleges, and technical colleges to make more comparisons that would enhance generalizations. Another limitation was that the diagnoses were self-reported; the participants may not have reported their diagnoses correctly. Also, some students had a primary diagnosis of Attention Deficit Hyperactive Disorder (ADHD), which some might consider a different type of disability than the majority of participants in this study who had mood disorders. However, it was important to include students with ADHD in the sample because of their lived experience with a non-apparent disability. It is reasonable to suspect that the consequences of disclosing ADHD may be similar to those with mood disorders. The inclusion of the two participants with ADHD did yield crucial findings. Although the findings of only one participant with ADHD (Beth) were actually reported in the results section, the pathway for both students with ADHD was the same. Both participants with ADHD chose never to disclose due to the stability of their non-apparent disability.

Implications

The Stress-Vulnerability model can be used to explain the conflicted feelings students experience in what has been described as the “founding moment,” which is the point at which the pain of choosing to not disclose becomes greater than the fear of taking the risk. It is within this profound decision-making process that extrinsic factors have the capacity to enhance students’ self-efficacy (stress-related growth) and conceivably alter the process and outcomes pertaining to perceived stigmatization. Moreover, having positive experiences with self-disclosure has the potential of strengthening students’ decision to be proactive about their disability-related needs in the future.

Based on the findings, “accommodations” could be implied as both formal and informal. As it stands, in order to receive formal accommodations, students provide documentation of their impairment to the campus DS office. DS staff then draft a letter noting the need for accommodations, which the student gives to each of his/her professors. In contrast, to receive informal accommodations, they may speak directly to their professors rather than going through the formal DS office process. While privacy laws protect students from being required to disclose specific information about the nature of their non-apparent disability to their instructors, without knowledge of a tangible benefit, the process of disclosure can still feel too risky for students.

Since the collected data reflected students’ perspectives, the findings do not shed much light on college professors’ perceptions of accommodating students with non-apparent disabilities. More research is needed to understand this topic from faculty members’ perspectives. Faculty members have different levels of expertise and awareness about students with psychiatric disabilities. Some instructors were receptive to the needs of students in this study, while other faculty members did not know how to respond. Many of those who were receptive, as with Mark, disclosed to students their own experiences with non-apparent disabilities. In addition, Rebecca’s case demonstrated how those receptive to the needs of these students were very willing to accommodate. In contrast, the faculty who did not know how to respond were not as sympathetic to these students’ needs, as in the case of Jeanie. In that example, faculty ended up “turn[ing] her off of the subject.” Therefore, a beginning step would be to provide faculty with training sessions about the academic, social, and psychological needs of this student population. In addition, efforts should be

made to encourage faculty to form relationships with administration in DS and representatives from student mental health services. These colleagues could help them work with the student population and consult on any problematic situations that may arise.

Besides faculty, DS staff can take on additional roles to make the campus environment more universally accessible and welcoming to students with non-apparent disabilities, particularly during students’ first year. First, DS should present at freshman/transfer orientation about services available for students with non-apparent disabilities. Staff can explain the formal disclosure process through which students can secure accommodations. They can educate students on the benefits of seeking support through the DS office. Having knowledge about this process could minimize students’ fears about the impact of their non-apparent disability on academic achievement. A presentation to all students by DS staff members could help create a climate that normalizes the experience of accessing DS and reduce stigma about doing so. Parents should also be made aware of the services so that they can encourage their sons/daughters to seek accommodations as needed. Another recommendation is for DS staff to refer students with non-apparent disabilities to such groups as Active Minds (www.activeminds.org), which is an organization that aims to reduce mental health stigma in the college environment. Organizations like this can help students expand their access to on-campus and online resources. Lastly, addressing students’ self-stigma about disclosure could help them respond in a positive fashion to the intrinsic stress created by disability-related barriers.

Future Research

Future studies should be conducted in multiple and diverse university settings to determine if the findings of these college students’ barriers to disclose their non-apparent disability to receive classroom accommodations are consistent. Such settings should include public and private universities; Research I, II, and III universities; as well as community colleges. In addition, these studies should include students of diverse backgrounds to facilitate a more comprehensive understanding of the college experience for students with non-apparent disabilities across multiple domains who come from different cultural backgrounds. Finally, research investigating faculty perceptions of college students who seek accommodations for a psychiatric or attentional disability is needed.

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