Coastal Carolina University

CCU Digital Commons

Electronic Theses and Dissertations

College of Graduate and Continuing Studies

5-1-2023

Ableism, Ableist Microaggressions, and Psychological Thriving: A Mixed-Methods Study of College Students with Physical **Disabilities**

Tonya Barnhill Dawsey Coastal Carolina University

Follow this and additional works at: https://digitalcommons.coastal.edu/etd



Part of the Disability Studies Commons, and the Education Commons

Recommended Citation

Dawsey, Tonya Barnhill, "Ableism, Ableist Microaggressions, and Psychological Thriving: A Mixed-Methods Study of College Students with Physical Disabilities" (2023). Electronic Theses and Dissertations. 162.

https://digitalcommons.coastal.edu/etd/162

This Dissertation is brought to you for free and open access by the College of Graduate and Continuing Studies at CCU Digital Commons. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of CCU Digital Commons. For more information, please contact commons@coastal.edu.

Ableism, Ableist Microaggressions, and Psychological Thriving:

A Mixed-Methods Study of College Students with Physical Disabilities

by

Tonya Barnhill Dawsey

A dissertation submitted to the faculty of

Coastal Carolina University

in partial fulfillment of the requirements for the degree of

Doctorate of Philosophy

In

Education

Spadoni College of Education and Social Sciences

Coastal Carolina University

April, 2022

Copyright © Tonya Barnhill Dawsey 2022

All Rights Reserved

Coastal Carolina University Graduate School

STATEMENT OF DISSERTATION APPROVAL

Tonya Barnhill Dav	wsey		
has been approved by the following supervisory committee members:			
, Chair	April 12, 2022		
	Date Approved		
, Member	April 12, 2022		
	Date Approved		
, Member	April 12, 2022		
	Date Approved		
ey, PH. D.	, Chair/Dean of		
College of Education	 and Social Sciences		
	, Chair , Member , Member		

and by J. Lee Brown III, PH. D., Dean of The Graduate School.

Abstract

Microaggressions are daily insults to individuals that communicate messages of exclusion, inferiority, and abnormality. The term microaggression was originally used to explain the experiences of racial minorities. This term has also been used to explain the experiences of other individuals with oppressed identities. More recently, the term ableist microaggression has been used to describe these types of experiences for individuals with disabilities. Like other oppressed groups, individuals with disabilities experience ableism through interpersonal discrimination which is often delivered in a subtle, ambiguous, and unintentional manner that is difficult to address. Qualitative studies in the field of education and disability studies echoed voices of individuals with disabilities who express anger, resentment, and frustration over such interactions. Keller and Galgay showcased the likelihood of psychological impacts as a result of ableist microaggressions. Building on studies of the psychological impact of racial microaggressions, this explanatory mixed methods two-phase study seeks to explore the implications of ableist microaggressions in the lives of college students with disabilities and the impacts of such experiences on psychological thriving. Additionally, this study seeks to investigate the factors, including those of personality that may contribute to thriving. **Keywords:** microaggressions, people with disabilities, ableism, disability, ableist microaggressions, microaggressions measures, disabled students, psychological thriving, college students, explanatory study, mixed-methods research, outsider privilege, intersectionality, crip theory, critical race theory, resilience, perceptions, personality, critical disability theory

Table of Contents

Abstractiv
List of Tablesx
List of Figuresxi
Acknowledgementiii
Chapter One: Introduction
Background of the Problem
Statement of the Problem6
Purpose of the Study7
Research Questions
Significance of the Study
Definition of Terms
Assumptions, Limitations, and Delimitations
Conclusion
Chapter 2: Literature Review
Review of the Literature
Invisibility Even in Research
Invisibility, Erasure, and Marginalization
Experiences of College Students with Disabilities
Ableism31

	Microaggression	. 37	
	Types of Microaggressions	. 38	
	Psychological Impacts of Microaggressions	. 46	
	Theoretical Foundations	. 52	
	Critical Disability Theory	. 52	
	Previous Methodological Approaches	. 55	
Ch	napter 3: Methodology	58	8
	Overview	. 58	
	Design Rationale	. 61	
	Data Collection and Analysis	. 62	
	Population, Sample, and Research Setting	. 62	
	Quantitative Data Collection and Analysis	. 63	
	Survey Instruments	. 64	
	Data Collection Procedure	. 64	
	Qualitative Data Collection and Analysis	. 65	
	Data Collection Procedure	. 66	
	Data Analysis	. 67	
	Researcher Positionality	. 67	
	Ethical Considerations	. 68	
	Summary of the Chapter	. 69	

Chapter 4: Presentation of Research and Results	70
Overview of Quantitative Findings	70
Descriptive Analyses Findings	70
Demographic Information	70
Ableist Microaggression Findings	71
The Thriving Scale	72
Conclusion of Quantitative Findings	73
Overview of Qualitative Findings	73
Profile of Interview Participants	74
Semi-Structured Interview Questions	74
Themes Revealed Through Participant Interviews	75
Tenant 1 of Critical Disability Theory	76
Tenant 2 of Critical Disability Theory	81
Tenant 3 of Critical Disability Theory	87
Tenant 4 of Critical Disability Theory	90
Tenant 5 of Critical Disability Theory	95
Tenant 6 of Critical Disability Theory	101
Tenant 7 of Critical Disability Theory	106
Conclusion of Qualitative Findings	111
Summary of the Chapter	112

- A D.I C. S.I. S.I. I. WILL RUJALITUTE - C. S.I. S.I. S.I. S.I. S.I. S.I. S.I. S	ARLESIST N	MICROAGGRESSIONS	AND THRIVING
---	------------	------------------	--------------

Chapter 5: Discussion of Summary, Implications, and Conclusions	113
Overview	
Summary of the Study	
Interpretation of Findings	
Limitations	
Implications	
Recommendations for Further Research	
Conclusion	
References	125
Appendix A: Informed Consent for Human Subject Research Participation	144
Appendix B. IRB Approval Letter	146
Appendix C: Ableist Microaggression Impact Questionnaire Variables and Scale	148
Appendix D: The Thriving Scale and Variables in the Study	150
Appendix E: Demographic Variables and Response Options	151
Appendix F: Ten Item Personality Inventory (TIPI)	152
Appendix G: Semi-Structured Interview Protocol	153
Appendix H: Frequency for Demographic Variables of Survey Participants (N=7)	154
Appendix I: Ableist Microaggression Variables of Survey Participants (N=7)	156
Appendix J: The Thriving Scale of Survey Participants (N=7)	159
Appendix K: Profile of Interview Participants	161

ABLESIST MICROAGGRESSIONS AND THRIVING	ix
Appendix L: Themes Revealed Through Participant Interviews	63

List of Tables

Table C1. Ableist Microaggression Impact Questionnaire Variables and Scale	. 148
Table D1. Psychological Thriving Variables and Scales in the Survey	. 150
Table E1. Demographic Variables and Response Options	. 151
Table F1. Ten-Item Personality Inventory (TIPI)	. 152
Table H1 Frequency for Demographic Variables of Survey Participants (N=7)	. 154
Table I1. Ableist Microaggression Variables of Survey Participants (N=7)	. 156
Table J1. The Thriving Scale of Survey Participants (N=7)	. 159
Table K1. Profile of Interview Participants	. 161
Table L1. Themes Revealed through Participant Interviews	. 163

List of Figures

Figure 1.	Procedural Design	Diagram: Tw	o Phase Mixed	Methods Design	60

Acknowledgments

"There is no such thing as a "self-made" man. We are made up of thousands of others. Everyone who has ever done a kind deed for us, or spoken a word of encouragement for us, has entered into the make-up of our character, and of our thoughts, as well as our success." –George

Matthew Adams

To all the people who poured into me, who did a kind deed for me, believed in me, encouraged me, molded me, befriend me, challenged me, mentored me, taught me, trusted me, lead me, and followed me, I am made of you. You have contributed to my character and taught me of faith. You have inspired my ideas and positioned me so that this accomplishment was just within reach. I am forever grateful. I share this success with you, as it is our accomplishment. Ours together.

To my fantastic Dissertation Committee, Dr. Deborah Conner, Dr. Catherina Middleton, and Dr. Sheri Restauri thank you for your confidence and your constant support. Through your expertise, you helped me take big, passionate ideas and shape them into deliberate, thoughtful actions. Proverbs 27:17 says, "As iron sharpens iron, so a man sharpens the countenance of his friend." To Meaghan Isgett Avery, Amanda Darden, Cynthia Johnston, and Kendrick Reed, the members of my cohort, you helped make me. Your intelligence, the quality of your work, the integrity of your character, and your wisdom sharpened me and I am a better person because of all of you. The unique gifts of friendship and support among many others that you brought to my life during this difficult journey are numerous and immensely treasured.

J. K. Rowling said that "family is a life jacket in the stormy sea of life." To my family, especially my mom, dad, aunt, uncle, husband, and children you have secured me, covered, held

me and saved me during this process. To my mom, who never says no and loves me unconditionally, I am eternally grateful for the sacrifices you have made in life to help me get where I am. I am also grateful for the many games of checkers and UNO you played with Camden while I hid away to write. To my dear daddy, I miss you so. As you watched from Heaven, I hope you know that I attribute my work ethic to you- the hardest working man I have ever known. To my aunt, Jayne Simpkins, my relationship with you is one of my greatest blessings in life, thank you for always being my biggest fan. To my uncle, Darrell Simpkins, a real-life superman, your interest in my success helped make this happen. There is no one else like you.

To Joey, my oldest and the inspiration for my passion for this topic, I am in awe of you every day. To Haydn, my middle son, and the most driven young man I know, I appreciate your independence and help. To my youngest, Camden, my snuggle bunny and the best part of every day, the joy you bring sustains me. To my husband, Heath, you are my rock, my soulmate, my sweetheart, my everything. We are a team. Your teamwork helped make this dream work. I am grateful beyond words to be living the dream with you.

To each of the individuals who took the time to be a part of this study, thank you for trusting me to amplify your voice and tell the world how much you have to offer. Collectively, you are the shoulders on which the future of this research stands. Individually, you have and will make incredible contributions to this world. I sincerely thank you.

Chapter One: Introduction

Qualitative studies in the field of education and disability studies have given substance to the voices of individuals with disabilities. Like other oppressed groups, these individuals echo experiences of interpersonal discrimination delivered in a subtle, ambiguous, and sometimes unintentional manner (Abes & Wallace, 2018; Akin & Huang, 2019; Bagci et al., 2020; Bell, 2015; Calder-Dawe et al., 2020; Dávila, 2015; Stapleton & Croom, 2017; Thorneycroft, 2019). These daily insults that communicate messages of exclusion, inferiority, and abnormality are termed microaggressions (Pierce, 1978). Individuals with disabilities often express feelings of invisibility (McRuer, 2006), erasure (Abes & Wallace, 2018), invalidation, anger, rage, frustration, embarrassment, and rejection over such interactions (Keller & Galgay, 2010). Keller and Galgay (2010) and Sue (2010) showcased the strong evidence of psychological pain and the likelihood of psychological impacts that endure as a result.

People with disabilities are the largest minority group in the United States (Bell, 2015; Olkin, 1999) and yet they are described as the invisible minority group (Dunn, 2019). As a minority group, their needs, experiences, and aspirations remain relatively unrecognized and underestimated in research (American Psychological Association [APA], 2009; Keller & Galgay, 2010) further perpetuating the concept of invisibility (Bogart & Dunn, 2019; Olkin & Pledger, 2003). Gelbar et al. (2015) showcased that while students with physical disabilities are very common on college campuses, the representation of these students in research literature has been much less common. Given the familiar human experience of ableist microaggressions for individuals with disabilities and the likelihood of enduring psychological impacts, this topic should be central to both psychological and post-secondary educational scholarship and policy.

College life tends to be glorified in popular entertainment and culture. Yet, the stressors of college can pose a challenge for any individual. College students often report feeling overwhelmed and anxious as they balance their newly forged autonomy with complex academic demands (Bialka et al., 2017; Misra & McKean, 2000). To capture a glimpse of the overall college experience, it is necessary to understand the unique interactions that both individuals and groups of individuals encounter on campus (Abes & Wallace, 2018). Of particular interest for this study is how college students with physical disabilities experience the fluid interpersonal interactions with others and the systems of the institution many of which may be influenced by the hidden assumptions of ableism. Of equal interest in this study, is how this population of students thrive or fails to thrive after those interactions and the factors that contribute.

Background of the Problem

Ableism and ableist microaggressions are documented experiences by large numbers of individuals with disabilities. While there is extensive literature on diversity and issues of racism, sexism, and heterosexism and the corresponding privileges, much less attention has been given to ableism and the inherent advantages of those who do not have a disability (Kattari, 2015). Ableism is defined as the act of prejudice or discrimination against people with disabilities and the devaluation of disability (Hehir, 2009; Kattari, 2015). Issues of unearned privileges held by those without disabilities are connected to systems that maintain stratification around disability (Kattari, 2015) and cover a variety of structural and cultural norms that are discriminatory and harmful to individuals with disabilities (Pease, 2010).

Ableism and the assumptions inherent within this belief system are often reflected in the interpersonal interactions between able-bodied individuals and individuals with disabilities (Keller & Galgay, 2010; Sue, 2010). Abled-bodied individuals often communicate negative

messages to persons with disabilities through verbal, nonverbal, and environmental slights or snubs, or insults (Sue, 2010). These negative messages are known as ableist microaggressions. Some microaggressions are delivered with intention as a means to communicate hostile, derogatory, or negative messages. Interestingly, however, most microaggressions are not launched with intent. Many microaggressions are the result of unintentional and even well-intentioned interactions that invalidate, threaten, or demean the recipient. (Prieto et al., 2016; Sue, 2010). The power of microaggressions lies in their invisibility to the perpetrator who is often completely unaware they are engaging in demeaning and offensive behavior. (Prieto et al., 2016) Regardless of intent, microaggressions perpetuate inequalities and stereotypes (Kattari, 2020).

Ableism and ableist microaggressions are just two of the many barriers facing the approximately 56.7 million people in the United States who are considered disabled (Brault, 2012; Robb, 2015). Some experiences of this large, yet marginalized group are documented in the data. For example, people with disabilities are more likely to be unemployed (Bureau of Labor Force Statistics, 2015; Robb, 2015) and are twice as likely to live in poverty (Annual Disability Statistics Compendium, 2014; Robb, 2015). They are also half as likely to obtain a post-secondary degree as people without disabilities (Bureau of Labor Statistics, 2014; Robb, 2015). These statistics about the future are daunting for young adults with disabilities. As with individuals from other disadvantaged groups, a post-secondary education could be a means to overcome these barriers.

The post-secondary sector is a key tool for social mobility for individuals. Social mobility refers to the movement of individuals, families, and groups from one social position to another (Abrahamson et al., 1976; Shin et al., 2010). This represents a change in social space and the

evaluation of an individual's ranking in the stratification hierarchy (Abrahamson et al., 1976; Shin et al., 2010). Despite the circumstance in which an individual with a disability begins their life along the socioeconomic hierarchy, they will likely experience a loss in social status due to the disparities in employment opportunities and poverty rates associated with those who have disabilities. Post-secondary education may be one of the few tools available to individuals with disabilities to overcome these barriers and obtain upward social mobility. Unfortunately, even in the post-secondary setting, ableism is "invisibly threaded" through universities even when there are clear inclusion policies (Merchant et al., 2020, p. 274). Since the post-secondary sector is a key societal tool where knowledge is both generated and disseminated (Merchant et al., 2020), the happenings in this realm inform the greater society and help define the experience of individuals with disabilities.

The diversity of students making their way to college campuses is more noticeable and increasingly more expressive of humanity with student populations starting to reflect more ethnic groups, nationalities, abilities, and genders. Higher education institutions in the United States have seen an increase in overall enrollment for individuals with disabilities over the past few decades as larger numbers of young adults with disabilities are attending and living on college campuses (Francis et al., 2018; Smith, 2007). Even though individuals with physical disabilities are common on college campuses, Gelbar et al. (2015) and colleagues indicate that these individuals are not equally represented in current literature.

Within the literature, there are qualitative accounts of the experiences of individuals with physical disabilities on college campuses. Hong (2015) described barriers that students with disabilities experience on campus including negative faculty perceptions, ill-prepared advisors, and stigma (Abes & Wallace, 2018; Hong, 2015). Abes and Wallace (2018) extended the

documentation of experiences of individuals with disabilities by researching the intersectionality of identities of persons with multiple oppressed identities. Their research documented experiences of intersectional erasure that could attribute to being objectified, being viewed through an accommodation lens, and experiencing the need to downplay their disability (Abes & Wallace, 2018). Participants in this study indicated the experience of social erasure on campus noting both hypervisibility (visibly standing out) and invisibility (being treated as if others did not see them in a meaningful way) (Abes & Wallace, 2018). Additionally, participants discussed their experiences of "being objectified as sources of inspiration, being seen as additive identities, being devalued, being perceived as less capable with lower expectations, and having their bodies and stories controlled by others" (Abes & Wallace, 2018, p.557). These experiences in conjunction with ableist microaggressions are reported to have negative effects on the health and psychological well-being of these individuals with disabilities (Kattari, 2020).

Group-based discrimination, such as that experienced by individuals with disabilities, has harmful consequences for the health and well-being of individuals belonging to a disadvantaged group (Branco et al., 2019). Kattari (2020) noted that ongoing experiences of identity-related microaggressions can negatively impact mental health outcomes, increase somatic symptoms, and increase negative affect. While the discussion of disability and mental health outcomes can be complicated given that mental health diagnosis can be considered a stand-alone disability, there have been several studies that investigated the correlation between disability of all types and mental health (Crichton et al., 2016; Einfeld et al., 2011; Kattari, 2020; Scott et al., 2009; Smiley, 2005; Weise et al., 2019). Andrews et al. (2001) found that the number of days an individual was impacted by their disability correlated with affective and anxiety disorders (Kattari, 2020). Kattari (2020) found a significant negative correlation between scores on the

Ableist Microaggression Scale (AMS-65) and the Mental Health Inventory (MHI-18) which indicated a relationship between experiences of microaggressions and less positive mental health outcomes. Kattari (2020) also found a significant negative correlation between ableist microaggressions and depression, anxiety, and behavior control.

Despite the barriers individuals with disabilities experience in daily interpersonal interactions, on college campuses, and in maintaining their mental health, some of these individuals are still actively persisting and eventually obtaining post-secondary degrees. This indicates that despite the negative experiences that many individuals with disabilities face they have been resilient and able to psychologically thrive. Psychological thriving refers to the ability to grow and be better off after an adverse experience. When an individual can psychologically thrive, the individual exhibits the ability to surpass the previous level of functioning before the adverse event and flourish (Torres et al., 2019). To date, a study examining the relationship between ablest microaggressions, and psychological thriving cannot be easily found in the literature.

Statement of the Problem

College students with disabilities, as do other individuals with disabilities, give accounts of interpersonal exchanges that are demeaning and invalidating. These subtle yet abrasive messages are communicated in both verbal and nonverbal ways and can be delivered with or without intent. In seminal work by Sue (2010) and Keller and Galgay (2010), the concept of microaggression was expanded to include interactions targeted toward individuals with disabilities as ableist microaggression. Ableist microaggressions stem from ableist beliefs and assumptions much like racial microaggressions stem from racist beliefs and assumptions. Based on studies examining similar experiences from other oppressed groups, researchers have

documented that there is a correlation between the experience of microaggressions and psychological impacts such as the diagnosis of mental health conditions like anxiety, depression, and suicidality (Conover & Israel, 2019; Scott et al., 2009).

The existing research base does not include a study that looks specifically at the impact of ableist microaggressions on college students with physical disabilities and the ability of those students to psychologically thrive. However, there have been studies that have examined racial discrimination, racial microaggressions, and the psychological thriving of other subgroups. Gathering empirical data about the impacts of ableist microaggressions and the psychological thriving of college students is a step toward improving persistence and graduation rates for these individuals. Additionally, gathering qualitative data about how these individuals identify and perceive the factors that contribute to their ability to psychologically thrive will contribute to a gap of knowledge in the field.

Purpose of the Study

The purpose of this study is to utilize an explanatory mixed-methods two-phased design to add to the existing literature regarding the experience of individuals with physical disabilities who have chosen to attend a post-secondary institution. More specifically, the purpose of the quantitative component of this study is to add to the existing literature about the impact of ableism and ableist microaggression experienced by this population and the ability to psychologically thrive. The purpose of the qualitative portion of this study will be to identify themes related to factors, including personality, that contribute to an individual's ability to psychologically thrive with the presence of a high occurrence of ableist microaggressions and to do so against statistical odds. Furthermore, this study attempts to add to the existing literature by building on previous research detailing the experiences of other marginalized groups regarding

topics of microaggression and psychological thriving and on previous qualitative research of individuals with physical disabilities and their experiences on a college campus.

Rationale for the study. Cosier (2012) indicated that disability studies scholars have conducted progressive qualitative research related to individuals with substantial disabilities. As a result, there have been limited research studies regarding this population that are quantitative, and even fewer using medium to large data sets. Cosier (2012) notes that studies with medium to large data sets have significant power and can contribute extensively to implications for policy and practice changes. Thus, researchers in the field should consider adding more quantitative studies to the field.

One reason researchers in the field have traditionally gravitated toward qualitative research is that historically statistics have often been used by researchers, scholars, and politicians as "a vehicle to justify and maintain the oppression of groups of people" (Cosier, 2012, p.83). It is no secret that statistics and scientific research have had a long, politically connected, and often politically motivated position (Cosier, 2012; Hughes, 1995). One of the many examples includes the work of Francis Galton who manipulated many statistical procedures to further the eugenics movement (Cosier, 2012; Renwick, 2011). Eugenics refers to the study of how to arrange reproduction within a human population to increase the occurrence of heritable characteristics regarded as desirable. Given the prevalence of ableism, this ideology is a threat to marginalized groups leading many scholars to critique the use of statistics and quantitative techniques as a continued means of oppression (Cosier, 2012; Davis, 2010).

While there is cause for hesitation, there is power in quantitative research. It is the dominant belief among many researchers that quantitative data is a means to change policy and procedures (Cosier, 2012; Wiseman, 2010). Therefore, given the qualitative data that exists, it is

important to recognize that quantitative data can support the empowerment of marginalized and oppressed groups, especially if it is utilized in a manner that promotes social and political change (Cosier, 2012).

Given that institutions of higher education have significant influence in both social and political realms and that the post-secondary sector is key in generating and disseminating knowledge (Merchant et al., 2020), it is logical to connect this study to the experiences of individuals who are directly on those campuses. Students with disabilities are interacting with the policies and procedures of institutions but perhaps more powerfully with the interpersonal spaces within the institution. The experiences of this population on college campus greatly informs how those institutions are influencing the greater society on such topics.

Finally, the interpersonal spaces within the institution and the interpersonal exchanges that happen between individuals associated with the institution have bearing on both the mental health of individuals on the campus and their desire and ability to persist, be resilient, and psychologically thrive. This is especially important to consider given the documented personal experiences of individuals with disabilities and their daily intake of invalidating and demeaning messages that occur through subtle, brief microaggressions (Sue, 2010). Kattari's (2020) study showcased that the more visible an individual's disability or impairment, the greater the likelihood that individual will experience increased microaggressions.

How a person of a marginalized and oppressed identity psychologically adapts to these everyday events informs researchers and clinicians that there is an idiographic (or within-person) phenomenon taking place (Ong & Burrow, 2017). The curiosity to discover what factors influence the psychological adaptation within an individual that allows them to psychologically thrive drives the qualitative component of this study. While it is hypothesized that there will be a

correlation between high ableist microaggressions and low psychological thriving for many participants, it is also hypothesized that there will be participants who score high on both the ableist microaggression impact questionnaire and the thriving scale. Delving into the insights of this particular subgroup could make notable contributions to the current research as to date, there are no studies that have examined this phenomenon.

Research Questions

An explanatory mixed-methods two-phase design approach will be used for this study. Research questions one and two will guide the quantitative component of the study. Research question three will guide the qualitative component of the study.

- RQ1: Is there a correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?
- RQ2: What is the correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?
- RQ3: What role does personality play in the perceptions of ableist microaggressions and psychological thriving?

Significance of the Study

While there is an extensive amount of research on ableism as a form of discrimination against individuals with disabilities, the concept of ablest microaggression first appear in the literature in 2010 (Keller & Galgay, 2010; Sue, 2010). Pierce (1978) first used the term microaggression to describe the experience of racial minorities. Since the introduction of the concept, it has also been used to describe the experience of other minority or oppressed groups such as women and the LGBTQ community. Keller and Galgay (2010) expanded the field of study surrounding microaggressions to include the experiences of such a phenomenon for

individuals with disabilities. The seminal work by these two researchers just over a decade ago has prompted interest in the field and has led to the qualitative work of researchers. This area of study is relatively new and literature on the topic is scarce.

Additionally, Gelbar et al. (2015) and colleagues conducted a secondary analysis of data culled from a systematic review of the literature on college students with disabilities. The researchers concluded that while students with physical disabilities were a major impetus for the field of post-secondary disability services, the literature highlighted a dearth of studies related to these students. Among the studies that exist, few provide evaluative data related to practice. The researchers went on to note that the research base related specifically to college students with physical disabilities is fragmented as many of the studies contributing to the research base did not focus specifically on this type of disability (Gelbar et al., 2015).

Few studies have focused on its mental health impacts related to ableist microaggressions. This topic is complicated by the fact that a mental health diagnosis is also classified as a disability. Some of the current literature and knowledge base in the area of microaggression and its mental health impacts is constructed from the studies of similar experiences of other individuals. Researchers are beginning to contribute to the area of mental health and the microaggression experiences of individuals from other oppressed groups with much of the research focused on racial microaggressions and mental health outcomes. Critiques of the current microaggression research program surfaced in 2017 when Lilienfield noted several weaknesses in the assumptions, claims, and methods used by researchers asserting that the existing research lacks evidence (Lilienfield, 2017a). Lilienfield proposed eighteen recommendations for the microaggression research program. The qualitative component of this

study will address one component of those recommendations by looking at the behaviors and personality characteristics of microaggression recipients.

Finally, it is important to note that the current research base indicates a focus on highlighting the negative effects of ableism and ableist microaggressions. To date, no research examines the possibility that an individual could experience microaggressions and be able to benefit from that experience by growing and becoming better as a result of such an adverse event. Additionally, to date, no research examines the sample population of those who can psychologically thrive despite the experience of ableist microaggressions, nor is there research that examines the idiographic nature of factors that may contribute to their ability to psychologically thrive such as personality traits.

Considering these factors, this study has the potential to make several significant contributions to the current literature and research base surrounding topics of ableism, ableist microaggressions, psychological thriving, and college students with disabilities. This study has the potential to contribute to the research in the area of ableist microaggressions which is a relatively new area with a relatively scarce research base. Furthermore, this study will contribute to the gaps in literature surrounding college students with physical disabilities who are quite common on college campuses but not adequately represented in the literature. Likewise, the study has the potential to address some of Lilienfield's critiques by including the qualitative component that will provide experiential data about factors that affect an individual's perception such as personality traits. Finally, and perhaps most importantly, this study has the potential to charter new territory as it will seek to gain insight from a population of college students who can psychologically thrive despite their physical challenges, the barriers of an ableist society, the

onslaught of ableist microaggressions, and the negative impacts they are likely to experience as a result of each.

Definition of Terms

To provide clarity regarding the conceptualization or operational description of key terms related to this study, the following definitions have been included:

Ableism. Ableism is defined as the act of prejudice or discrimination against people with disabilities and the devaluation of disability (Hehir, 2009; Kattari, 2015). Issues of able-bodied privilege, unearned privileges held by those without disabilities, are connected to systems that maintain stratification around disability (Kattari, 2015) and cover a variety of structural and cultural norms that are discriminatory and harmful to individuals with disabilities (Kattari, 2015; Pease, 2010)

Ableist microaggressions. Microaggressions are communicated toward an individual based on their disability status and are rooted in ableist ideologies or assumptions (Keller & Galgay., 2010).

College student. For this study, a college student will be defined as a student enrolled in a degree-seeking program at either a two-year or four-year higher education institution and who attends classes on the campus of the institution.

Disability. The term disability is an umbrella term, covering impairments that affect the activity and create limitations or participation restrictions in the greater environment or society. Disability is a complex phenomenon. It reflects an interaction between features of a person's body and features of the society in which he or she lives. (World Health Organization, 2021). There are 13 categories of disabilities that include autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic

impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment (including blindness). Disability includes a vast variability with a fluid status as some members of the group may become disabled later in life.

Microaggressions. Microaggressions refer to subtle verbal, behavioral, or environmental slights and insults that communicate a negative message based on an individual's social status (Sue et al., 2008). Perpetrators are often unaware that they have committed a microaggression, as these acts can be either intentional or unintentional (Sue et al., 2008). Some microaggressions are delivered with intention as a means to communicate hostile, derogatory, or negative messages. Many are unintentional and even well-intentioned interactions that invalidate, threaten, and demean the recipient. (Prieto et al., 2016; Sue, 2010). These are often invisible to the perpetrator unaware of their engagement in demeaning behavior. (Prieto et al., 2016).

Psychological thriving. Psychological thriving is defined as "the ability to grow and be better off after an experience of adversity, connoting heightened development. Thriving includes more than recovering or returning to the level of functioning before the adverse event but surpassing the previous baseline" (Torres et al., 2019).

Racial microaggressions. Microaggressions are communicated toward an individual based on their racial status and are rooted in racist ideologies or assumptions.

Visible physical disability. For this study, visible physical disability will include the categories of disability that relate to orthopedic impairments, visual impairments, and hearing impairments which are visibly detectable by others.

Assumptions, Limitations, and Delimitations

In the design and implementation of the study, certain assumptions have been made. The first assumption is that there exists a participant subgroup that scores high on both ablest microaggressions and psychological thriving. Although a considerable amount of research about microaggression indicates a correlation with negative mental health outcomes, the assumption that this is not always the case may lead to advances in the understanding of thriving. To support this assumption is the evidence that students with disabilities find a way to persist, be resilient, and reach their post-secondary educational goals despite the challenges and barriers. Therefore, it is assumed that these individuals must possess a level of psychological thriving. Another assumption of the study is that individuals within this subgroup are willing to engage in both the quantitative and the qualitative components of the study. The qualitative component of the study will require individuals to be quite open and honest about their personal experiences and the factors to which they contribute their ability to psychologically thrive to overcome the adverse effects of microaggressions.

Just as there are assumptions, there are also limitations that arise as part of the research.

One limitation is that the scope of this study is limited to individuals that were identified through the institutions' accessibility offices at four colleges in the southeastern part of the United States. It is unknown if the factors that affect an individual with a physical disability's decision to attend college and thus become part of this study are affected by the abundance or lack of resources in a given geographical area.

Another limitation to consider is that individuals with physical disabilities would have had to self-advocate and disclose their identities to the institution's office that handles accessibility. Higher education institutions use a medical model that focuses on the impairment

as something that needs to be cured or fixed. Given the stigma often associated with educational accommodations and the tendency for individuals with a disability to avoid forms of ableism by attempting to pass or cover their disability, individuals who could have participated in this study and offered valuable insight may be unintentionally omitted from the study.

Conclusion

This study attempts to add to the research base regarding ableism, ableist microaggressions, experiences of individuals with physical disabilities on college campuses, the ability to psychologically thrive, and the factors that may positively influence that ability. The study builds on the existing knowledge base generated by studies of other oppressed and marginalized communities such as racial minorities and LGBTQ individuals. The review of the literature indicates that the area of ableist microaggressions is relatively new and the research available on the topic is relatively sparse. Similarly, the literature on college students with physical disabilities is fragmented and lacks a holistic consensus on the experiences of these students. To date, there is not readily available research regarding ableist microaggressions and psychological thriving. Likewise, there is not readily available research regarding individuals with physical disabilities who can experience the adverse effects of ableist microaggressions and also psychologically thrive or the factors that contribute to this ability. This study will seek to fill gaps in the literature on each of the topics.

The remainder of this study is organized into four additional chapters, a bibliography, and appendixes. Chapter 2 showcases a review of the literature detailing what is known about ableism, ableist microaggressions, impacts of ableist microaggressions, psychologically thriving, and college students with disabilities. Chapter 3 describes the research design and methodology utilized in the study. This chapter will also include details about the instruments used to gather

the qualitative data, the interview protocol for the collection of the qualitative data, the procedures followed, and specifics about the sample selected for the study. Chapter 4 presents the analysis of the data and the discussion of the findings. Chapter 5 offers the summary, conclusions, and recommendations for further research. The study concludes with the bibliography and the appendices.

Chapter 2: Literature Review

Review of the Literature

"Critical occupational science reveals mechanisms of social inequality and differences between humans. One category of human difference is the ability and the social norm of being able" (Gappmayer, 2021, p.102). The social inequality created by the differences in ability between humans and the social norms related to such is explored in this chapter. Many individuals with disability experience invisibility, erasure, and marginality as a result of ableist belief systems. Ableist beliefs are frequently manifested through ableist microaggressions which are often related to negative outcomes for receipts.

Invisibility Even in Research

Disability statistics. Individuals with disabilities comprise the largest minority group in the United States of America (Bell, 2015; Olkin, 1999). Unlike other identities of oppression such as race, individuals with a disability are a minority group that persons may become part of either at birth or later in life. In 2018, almost 26% of the adults in the United States identified as having one or more disabilities or impairments (Kattari, 2020; Okoro et al., 2018).

Approximately 15% of the United States population experiences disability in middle age and that number continues to double as individuals reach the age of 65 (Brown et al., 2017; Namkung & Carr, 2020). According to the World Report on Disability (World Health Organization, 2011), 1 billion people live with a disability equating to one out of every seven people. Of those living with a disability 150 million are children under the age of 18 (United Nations Children's Fund (UNICEF), 2005).

Given that disability affects so many individuals worldwide, researchers must attempt to document their plight through both experiential and empirical data. The data that does exist

shows that these individuals are socially devalued as they are often viewed as subhuman (Friedman, 2019; Gill, 1997) and are represented in society as such. According to the United Nations Enable (2016), having a disability increases an individual's cost of living by roughly one-third of the average income. Yet, the unemployment rate for disabled individuals in the United States of America has been 70% or higher since before the Civil War (Friedman, 2018; Russell, 2000). These factors leave approximately 50% of disabled individuals in poverty (Friedman, 2018).

Further insults to this population come in the form of discrimination and oppression on societal, institutional, and interpersonal levels (Kattari, 2020). One example of such discrimination and oppression is the forced sterilization of disabled people for eugenic reasons (Cosier, 2012). Eugenics is the study of how to manipulate reproduction to increase the occurrence of heritable characteristics regarded as desirable in the human population. This institutionalized practice reflects the societal attitudes and interpersonal interactions toward individuals who possess these "less desirable" traits.

Many of the overtly discriminatory policies and laws have been changed and replaced with laws such as the Americans with Disability Act (ADA) of 1990. However, much of the discrimination faced by individuals with disabilities today includes more subtle discrimination. Although laws such as ADA can force compliance with architectural accessibility, appropriate learning environments, nondiscriminatory hiring practices, and the like, legislators cannot be present to mediate the other forms of discrimination experienced by individuals with disabilities, nor can legislators force attitudinal change (Robb, 2015). These more subtle discriminations are embedded in societal structures and social systems and are often manifested in everyday

interpersonal interactions that highlight the more implicit, or unconscious, prejudices (Friedman & Awsumn, 2019; Keller & Galgay, 2010).

The barriers, invalidations, and insults many disabled individuals face are not the only complications that must be overcome. Conover and Israel (2019) indicated that statistics highlight many significant vulnerabilities of individuals with disabilities in terms of physical health and mental health. For example, researchers have noted that chronic stressors may lead to health disparities. (Conover & Israel, 2019). Although rates of disparities may vary by disability status, individuals with physical disabilities experience higher rates of diagnosable anxiety disorder, depressive disorders, and suicidality (Conover & Israel, 2019; Scott et al., 2009). In general, people with disabilities are more likely to face problems with substance abuse (Conover & Israel). These statistics highlight areas in which individuals with disabilities are particularly vulnerable.

Even with the barriers, discriminations, and vulnerabilities faced by individuals with disabilities, post-secondary institutions are experiencing increased enrollment in this student population (Harris, 2017). It has been shown that 45% of young adults with disabilities report having been enrolled in post-secondary school following high school graduation while only 34% of students with disabilities who enroll in a 4-year program graduate (Harris, 2017; Newman et al., 2011). Statistical disparities also exist among higher education staff with and without disabilities. According to figures from the Higher Education Statistics Agency (2018) only 4.1% of academic staff and 5.8% of non-academic staff at universities self-identified as having a disability during the 2016-2017 school year. This indicates a stark underrepresentation of individuals with disabilities serving in roles within the higher education setting (Brown & Leigh,

2018; Merchant et al., 2020). Underrepresentation of staff with disabilities contributes to concepts of invisibility and marginalization.

Invisibility, Erasure, and Marginalization

Individuals with disabilities have been described as an invisible minority group who frequently encounter ableism throughout their daily lives (Dunn, 2019). In the limited studies available in the current literature, Stapleton and Croom (2017), Abes and Wallace (2018, 2020), Olkin et al. (2019), and Toft (2020) document the experience of individuals with disabilities by examining intersectionality. A common theme highlighted in each of these studies is the experience of invisibility. Abes and Wallace (2018) discussed the phenomenon of social erasure. "Erasure manifested through the invisibility of hypervisibility. As one of few students with physical disabilities on their campuses, many participants, regardless of whether their disabilities were visible or invisible, simultaneously stood out on campus yet were not truly seen" (Abes & Wallace, 2018, p.551). Participants in this study indicated that the experience of visibly standing out and yet being treated as if others did not see them in a meaningful way, made them feel as if they were completely erased from the social environment (Abes & Wallace, 2018). This highlights the critical role that prejudice, and stereotypes play in further disabling these individuals in the area of social relations (Friedman, 2019).

Olkin et al. (2019) also noted that an individual's membership in two stigmatized groups reduces the ability to identify fully with either and hinders acceptance by either group. This phenomenon is known as intersectional invisibility (Purdie-Vaughns & Eibach, 2008). Abes and Wallace (2018) explored an intersectional approach to ableism noting that the privilege of having an able body and mind renders others without those traits less worthy. The interconnectedness of a disabled identity and that of other marginalized groups based on race, gender, class, or

sexuality describes the phenomenon of multiple oppressed identities, which results in intersectional erasure (Abes & Wallace, 2018).

Similarly, Stapleton and Croom (2017) found that intersectional individuals with hearing impairments experienced both invisibility and trivialization. These researchers noted that the experiences, bodies, thoughts, voices, or cultures were either intentionally or unintentionally ignored, unnoticed, excluded, or neglected (Stapleton & Croom, 2017). This experience rendered the individual socially unimportant. Individuals were ignored and belittled in their daily lives. Their plights were minimized and considered irrelevant in everyday society. Toft (2020) examined the consequence and impacts of identity erasure on an individual's well-being and sense of self (Toft, 2020) and noted two important considerations regarding individuals with disabilities and their intersectionality. First, both identities are erased as neither are seen as valid identities. Secondly, both identities are positioned as not being fully developed.

Thorneycroft (2019) documented an encounter to describe both the abjection (or downcasting of) and invisible nature of the disability and how each affects disabled people differently. Thorneycroft noted that disabled bodies and lives are simultaneously visible and invisible, both in the center and margin of society, and describes their presence as being both everywhere and nowhere. "The in/visibility of disabled people speaks volumes on the social state of disability— they are only made intelligible on the margins" (Thorneycroft, 2019, p. 872). The experience of being in the margin or marginalized can lead individuals to feel like they do not fit in with others causing more serious feelings of insecurity, depression, and extreme self-consciousness (ASHE Higher Education Report, 2013).

Considering the experiences of erasure, invisibility, and marginalization of individuals with disabilities, it is necessary to explore the theory of marginality and mattering (Schlossberg,

1989). Schlossberg highlights the importance of mattering and the impact of marginality in the college experience which is especially notable for students with disabilities. Many students with disabilities who are marginalized may also feel as if they do not matter. Mattering occurs when there is recognition and impact. Recognition refers to the signals we receive from the world that our presence matters. This can occur by being acknowledged in the room, as an important part of a family or work environment, and in the community or society. Recognition rests along a continuum with entitlement at one end and invisibility at the other. Neither extreme is healthy for personal or collective well-being. Many individuals with disabilities detail experiences of not being fully acknowledged or seen. Many of these individuals describe feeling as though they are perceived as unimportant or even burdensome. These experiences place many individuals on the invisibility end of the continuum and thus affect their psychological well-being. "Feeling ignored, neglected, and forgotten is a terrible violation of a psychological human right" (Prilleltensky, 2014, p.151). As individuals with disabilities experience invisibility, erasure, and marginality, it is necessary to consider the ability to psychologically thrive through this adversity. To date, research on this topic is not readily available in the literature.

College students with disability: uncommon in research. The nature of students with disabilities attending higher education institutions varies. Some individuals with disabilities take a traditional degree-seeking route while other young adults attend specially designed post-secondary education programs that allow these students to gain academic, social, employment, self-determination, and independent living skills (Francis et al., 2018). Despite the benefits for young adults to attend a post-secondary institution, individuals with disabilities fail to do so at a rate commensurate with their peers (Francis et al., 2018). For those individuals who do, there is a noticeable lack of research on disability in terms of the stigma within higher education (Akin &

Huang, 2019). There is also a scarcity of research on the effectiveness of the educational practices frequently used to support these learners (Gelbar et al., 2015).

Likewise, there is a lack of research in the post-secondary field regarding students with disabilities in general and even less that focuses specifically on those individuals with physical disabilities (Gelbar et al., 2015). Branco et al. (2019) wrote of the curious paradox that remains in the field of research noting that while individuals with disabilities are one of the largest social minorities, the group has received much less societal and academic attention than other disadvantaged groups. The lack of data and statistics on disability contributes to the phenomenon of invisibility and the societal neglect many individuals with disabilities experience (United Nations Enable, 2016).

Experiences of College Students with Disabilities

Students with disabilities experience unique challenges in the college setting (Harris, 2017). The type of challenges and barriers vary by disability type. For example, students with learning disabilities report having higher levels of academic-related stress and lower levels of perceived social support compared to peers without a disability (Harris, 2017; Heiman, 2006). Meanwhile, those with physical disabilities convey experiences of erasure and exclusion (Abes & Wallace, 2018, p. 546). Little is known about the pervasiveness and potential impact these experiences have on students in the post-secondary setting—particularly in the academic context (Harris, 2017).

Perceptions and experiences of college students on campus. Abes and Wallace's (2018) article provides a critical addition to the literature regarding the perceptions and experiences of students with physical disabilities. It analyzes the relationship between intersectional ableism and the experiences of college students with physical disabilities. The

researchers documented accounts of the "chilly campus climate" experienced by students with disabilities (Abes & Wallace, 2018 p 546). Abes and Wallace (2018) conducted a narrative inquiry of 13 students ages 18-30 who had a physical disability for two or more years. The participants attended seven different geographical campuses of which one was physically accessible and had a well-staffed disability resource office. The study found participants experienced intersectional erasure as a result of disability being objectified; perceptions of being viewed through an accommodation lens and the subsequent perceived additively; and a need to downplay their disability. The study also exposed the experience of erasure and invisibility by hypervisibility along with feelings of being objectified as sources of inspiration, being seen as additive identities, devalued, perceived as less capable, experiencing lower expectations, and experiencing having their bodies and stories controlled by others (Abes & Wallace, 2018).

Other researchers highlighted the phenomenon of self-limiting behavior of some teenagers and young adults as a result of exposure to negative reactions from others (Feldman, 2004). These experiences and personal interpretations of worth are affected by how others perceive students with physical disabilities. Not only do the perceptions of others affect the personal experiences and self-esteem of students with disabilities, but these perceptions can also change how others interact with these students. Young adults with physical disabilities need higher-than-average levels of global self-esteem to counteract the physical and attitudinal barriers they face throughout their lives. (Antel, 2004).

Many of these perceptions are tainted with the assumptions that individuals with disabilities are emotionally unstable and socially and functionally incompetent. Likewise, individuals with disabilities are seen as deserving of pity because of the perceived suffering. As a result of these perceptions and the feelings they create, research has found that individuals

without disabilities may be reluctant to interact with an individual with disabilities. Personal insecurity and feelings of uncertainty as to how to behave or what to say to the person with disabilities attributes to this reluctance. Many discuss feelings of personal vulnerability about also becoming disabled (Carlson & Witschey, 2018). These perceptions and feelings contributed to the disability stigma in higher education.

Disability stigma in higher education. While much of the current research on disability stigma focuses on school-aged children or adults in non-educational settings, disability stigma is also a relevant phenomenon in higher education. At the post-secondary level, students with disabilities experience a variety of social interactions that stem from negative perceptions and ableist ideas (Akin & Huang, 2019; West et al., 1993). Students with disabilities often experience instructors and professors who do not understand what it is like to have a physical disability (Fichten, 1995).

Some studies have found that while most faculty have positive attitudes toward the individual with a disability as a person, some still hold negative beliefs. For example, some faculty believe that a student may fake their condition or are less academically competent than other students without disabilities (Lyman et al., 2016). Likewise, many faculty report perceptions that academic accommodations dilute the curriculum (Gelbar et al., 2015). As result students with disabilities have reported that higher education faculty often make them feel "slow" or "lazy" (Lyman et al., 2016; Stein, 2014). Students without disabilities tend to doubt the fairness of academic accommodations needed by students with disabilities (Houck et al., 1992) and report concerns about students with disabilities getting special treatment. Students without disabilities report that classmates with disabilities are perceived as burdensome or fragile (Lyman et al., 2016; Stein, 2014).

Negative perceptions of students with disabilities are problematic as disability stigma in higher education uniquely impacts a student's experience on campus. The impacts are carried later into life as these negative perceptions of others influence the confidence and selfperceptions of individuals with disabilities (Akin & Huang, 2019). Individuals with disabilities are dependent on the institution to ensure their ability to access the structures and curriculum. They are also dependent on the institution to provide a social climate that is accepting of diversity in policy but more importantly in practice. When the institution fails to do so, the individual may experience feelings of institutional betrayal (Lett, 2018; Smith & Freyd, 2013). Institutional betrayal results when, in addition to the wrongdoing of another, the institution's response or lack of response exacerbates the impact of the original insult, assault, or trauma. Several studies found that feelings of institutional betrayal resulted in greater psychological harm and impacts on mental health (Gonez, 2015; Lett, 2018; Smith & Freyd, 2013). Upon enrollment, students and their institution enter into a relationship with the hope that the experience will be mutually beneficial, productive, and favorable. For students with disabilities, a breach of trust through this kind of betrayal only deepens the disappointment and adds insult to the already hurtful or damaging situations.

Physical, academic, and social access. The passing of the Americans with Disability Act (ADA) of 1990 issued groundbreaking efforts to reiterate equitable access to higher education for all students with disabilities. Along with requiring compliance with structural access to the buildings on campus, ADA demanded an emphasis on disability support services. The legal mandates of ADA persuaded institutions to undergo the necessary growth to eliminate the physical and curriculum-based access barriers. While ADA attempted to remove barriers to achieving higher education access, other barriers remained. These include barriers that cannot be

resolved through mandates in law such as attitudinal barriers of the institutional leadership, faculty, staff, and other students.

Each member of the institution brings with them a system of beliefs, assumptions, and attitudes. These beliefs, assumptions, and attitudes are woven together in a manner that reflects the attitudes of the greater society. The attitudes help define the higher educational experience of individuals with disabilities (ASHE Higher Education Report, 2013). Attitudes towards people with disabilities on campus range from perspectives of inclusion and acceptance to discrimination and prejudice. The attitudes can be present in the structural systems of the institution or the individual interactions among the people within the institution (ASHE Higher Education Report, 2013). While some individuals still hold overtly discriminatory attitudes toward individuals with disabilities, those most difficult to address are more covert attitudes that arise in the context of the classroom around the concept of fairness (ASHE Higher Education Report, 2013).

The growth in disability support services was notable. Yet, for individuals with disabilities who attempt to gain accessibility and receive accommodations the experience remains tainted by ableism and attitudinal barriers. ASHE Higher Education Report (2013) highlights that for people with disabilities, the accepted use of separate accommodations often results in an experience that the individual finds damaging. While many believe that separate is accommodating and helpful to individuals with disabilities, implications of forced brandings such as special education, special considerations, and special needs intensify the negative connotations and carry with it implications of deeper exclusion. Often the attitudinal assumptions are that the student is less than normal and incapable of meeting regular requirements (ASHE Higher Education Report, 2013).

Furthermore, self-advocacy is a necessity in higher education for students with disabilities. While intended to develop a stronger sense of self-reliance, self-advocacy, and self-efficacy (ASHE Higher Education Report, 2013) individuals with disabilities sometimes choose not to disclose the need for accommodations to avoid bias and ableist attitudes. These individuals may seek to conceal their disability or even reject accommodations as a means to avoid and survive the ableist views in the higher education setting. This is known as covering or passing. For those who do disclose the need for accommodations, students find that the office providing disability support services struggles to ensure the needed assistance through appropriate access and accommodations. The office providing support services also indicated that it is difficult to get others on campus to take ownership of the inclusion of students (ASHE Higher Education Report, 2013).

Another unintended barrier created by attempts to provide equitable access is that it often results in a dichotomous system of students with disabilities and those without. Discussions of fairness and appropriateness add to the divide (ASHE Higher Education Report, 2013). The standard model of equal access through blanket accommodations perceived as standard or reasonable only further excludes the student from genuine access. The call for universal learning designs in educational settings could help to alleviate some of these barriers and related tensions.

Mental health of college students with disabilities. Given the challenges to access (physical, academic, and social), the stigma associated with their presence, the perceptions of others that shape interpersonal interactions, and the interpersonal interactions that shape self-perceptions, it is necessary to consider how all of these dynamics affect well-being. The attitudes, assumptions, and perceptions of others can be quite debilitating to these individuals. The climate can feel cold and the attempts for academic and social engagement can feel futile.

These experiences only serve to amplify the typical stressors that accompany life on college campuses.

Research has indicated that mental health concerns for all students on college campuses have steadily increased in recent years (Center for Collegiate Mental Health, 2019; Minotti et al., 2021). A longitudinal study by Duffey et al. (2019) analyzed data from the Healthy Minds study and found that the reports of severe depression among college students in the United States increased by 127% between the academic years of 2012-13 and 2017-2018. Additionally, the reports of suicide attempts that occurred on college campuses increased by 157%. Researchers are currently studying how the COVID-19 global pandemic and the disruptions in academic, social, and financial life along with the grief that has accompanied the loss of life have attributed to even higher rates of severe depression and suicide among all college students. The typical stressors of college life and the added stressors of a global pandemic coupled with the barriers, outsider perceptions, experiences, and self-perceptions of individuals with disabilities create a greater concern for the mental health of college students with disabilities.

College students with disabilities who received counseling at university counseling centers, report depression, anxiety, and self-harm as reasons for seeking mental health treatment (Minotti et al., 2021). Documented rates of anxiety, suicidal ideation, and suicide attempts are higher for college students with disabilities than their nondisabled peers (McLeod et al., 2019; Minotti et al., 2021). Furthermore, Minotti et al. (2021) and colleagues noted that college students with physical disabilities are often at an even higher risk for mental health problems. Meanwhile, the Center for Collegiate Mental Health (2019) found that the utilization of university mental health centers has increased significantly and many of these centers are struggling to provide services to all of the students who seek support. As counseling centers seek

to manage student needs, it is important to question how the invisibility, marginalization, and attitudinal assumptions related to the stigma that many students with disabilities report experiencing serve as an additional barrier to receiving mental health support.

Ableism

The perceptions, assumptions, and attitudes that attribute to the experiences of college students with disabilities are founded in ableism which is the valuing of certain types of abilities over others (Kattari, 2109) which results in stereotyping, prejudice, discrimination, and societal oppression (Bogart & Dunn, 2019). Although, the literature on diversity indicates there is extensive discussion and scholarly work on topics of discriminatory belief systems such as racism, sexism, and heterosexism, much less attention has been given to discussions about belief systems related to those with disabilities (Kattari, 2015). Rauscher and McClintock (1996) explain how ableism covers a wide range of behaviors and structural and cultural norms indicating that it is a pervasive system of discrimination and exclusion that oppresses people who have disabilities. Ableism is deeply rooted in beliefs about health, productivity, beauty, and the value of human life (Kattari, 2015; Rauscher & McClintock., 1996). Many of these beliefs are perpetuated by how individuals with disabilities are portrayed in the media (Kattari, 2015; Rauscher & McClintock., 1996) and how they have been portrayed in history.

The societal perspective of people with disabilities has shifted through the years from beliefs of disability being caused by sin or devil possession and individuals with disabilities viewed as genetically defective or inferior beings that pollute the human race to unfortunate objects that deserve charity or pity. However, in the 1980s a rise of self-determination and a call for independence, access, and rights gave many individuals with disabilities the first chance at independent living and mainstream education. Today some are beginning to view disability as

diversity and hold the assumption that access is a right. However, the residue of many of these historical perspectives persists (Kraus, 2015).

One of the most pervasive assumptions as a result of these historical views is that individuals with disabilities generally have a low quality of life. Shea (2019) refers to this as the "Common View" which acknowledges that in virtually all cases others see disability as a bad thing that significantly reduces the quality of life and leaves the person worse off as a result. Unfortunately, this view only takes into account the impairment as individuals who hold this assumption do not consider the adverse social factors imposed by others (Shea, 2019, p. 333). This kind of societal-level oppression is where ableism is most often applied.

Bogart and Dunn (2019) showcase that the main findings of disability attitude research in the fields of social psychology and rehabilitation psychology indicate a direct connection between attitudes held by other individuals and the disregard and neglect individuals with disabilities experience. Nondisabled people tend to have implicit and explicit attitudes about people with disabilities (Bogart & Dunn, 2019; Vilchinsky et al., 2010) which affect the quality and nature of interactions between nondisabled individuals and those with disabilities. While nondisabled people tend to perceive individuals with disabilities with a level of warmth, they also perceive them as incompetent leading to disregard and neglect (Bogart & Dunn, 2019; Cuddy et al., 2007). This cyclical nature of systems and attitudes toward individuals with disabilities has proven quite difficult to disrupt (ASHE Higher Education Report, 2013).

Helpless to heroic. There are many types of reported ableism. Among the most pervasive is paternalistic prejudice (Nario-Redmond et al., 2019). With paternalistic prejudice, one presumes the need for help and in turn, imposes helping actions on the individual without invitation or consent. While individuals with varying types of disabilities often report these types

of interactions, those with visible disabilities are more likely to be the target of privacy invasion without consent and further internalize the message of perceived helplessness (Nario-Redmond et al., 2019). Another form of pervasive prejudice experienced by individuals with visible disabilities is objectification which manifests as inspiration porn, a term coined by comedian Stella Young in 2012 (Dunn, 2019). Inspiration porn is often displayed through images, videos, and feel-good articles in which individuals are sensationalized and reduced to objects of inspiration for nondisabled counterparts. As with the erasure that individuals with intersectional identities experience, it is likely that being defined by the impairment as the first form of identity (such as being defined as helpless or heroic) further perpetuates the erasure as the individual is not first seen, and rarely completely seen, as a person first.

Between these two extremes lies a type of prejudice that often occurs in public and is frequently initiated by strangers. This type of prejudice is reflective of genuine interest and benevolent admiration (Nario-Redmond et al., 2019). Unfortunately, many nondisabled people are unaware of the negative messages their interactions imply. These negative messages and their implications are at the heart of this study and will be explored further as ableist microaggressions.

Four theories that explain Ableism. Dunn (2019) outlined four theories believed to account for the ableist views of others. These include just world theory, theory of mourning, suffering, and meaning, and fundamental negative bias. The first just world theory (JWT) was hypothesized by Lerner in 1980 and theorizes that good things happen to good people and that negative things happen to individuals who display poor or bad charter. Thus, holding the belief that the world is just thus virtuosity is rewarded while justice will be served for those who are not. After all, as the cliché goes, what goes around comes around. In terms of understanding

interpersonal relationships for those with disabilities, some individuals hold the belief that the individual must somehow deserve their fate because of their poor choices. This is especially true for those who experience non-congenial disabilities. As outsiders extend empathy or sympathy and yet project blame or hold the belief that the disability was in some way deserved.

Dunn (2019) asserts that another theory that applies to the understanding of ableism is the theory of mourning as proposed by Dembo et al. (1956). Since many hold the view that those with a disability are unfortunate and must be diminished to a fate of suffering, others require the individual to mourn their loss. When individuals with disabilities do not do so, others presume and imply that the individual with a disability must be pretending, in denial, or oblivious to their reality. When the discrepancy between what others perceive as the reality of the individual with a disability and what the individual portrays, some are quick to point out the flaws in logic which pose an even greater psychological threat (Dunn, 2019).

A third theory, suffering and meaning, posits that the suffering of individuals with disabilities should compel them to find meaning in the circumstance as a means to become better human beings. This search for meaning through suffering is viewed as a means to gain insight into humanity or to become enlightened. Thus, those with disabilities become objects that should be respected or even honored for simply bearing their conditions. While this portrayal may be viewed as positive, it is, at the core, ableist objectification.

Finally, Dunn (2019) notes the importance of fundamental negative bias theory (Wright, 1983). This theory asserts that the negative quality that is most salient, noticeable, or memorable magnifies the perceived negativity and overshadows whatever good qualities exist. For example, if there is a noticeable variant in gait, appearance, or speech, these qualities are magnified to the point that other more appealing qualities are overlooked. The result is interactions that radiate

social bias. These four theories help to explain how others approach the concepts around disability and further assert their privilege in the presence of those with disabilities.

Manifestations and consequences of abled privilege. There are ways in which those without disabilities manifest their privilege. First, they continue to rely on stereotypes and stigmatization that maintain ableist attitudes and practices. As a result, those without disabilities expect that individuals with disabilities must explain the origin and nature of their condition.

Those without disabilities presume that the individual should desire to have their condition "fixed or repaired" and should do so when possible as a means to reflect the ableist ideal.

Additionally, perpetuating the use of labels, like those needed for the medical model of disability for example, as a means to refer to or categorize individual disabilities and overlooking the ableist messages tied to those often fade the essence of the individual in the process. Finally, the continued use of insensitive language (such as "spastic", "retard", and "crazy") as means of description or in slang context exemplifies ways in which those without disabilities exert their privilege (Dunn, 2019).

Among the consequences associated with the exertion of privilege in which ableism is manifest, are two that will be discussed related to this study. The first is deindividuation and the other is the risk individuals with disabilities face of internalizing ableist beliefs. Deindividuation refers to the state of being in which a person has lost both the sense of individuality and personal responsibility (Dunn, 2019). For example, when a person's disability is labeled and then the label becomes the categorizing description of that person ("he is a quadriplegic"), the person may be seen as indistinguishable from the label or the larger group it identifies and explicitly more distinguishable from the able-bodied group. This process of labeling creates a psychological

distance and further reinforces the bias that leads to stigmatization and stereotyping (Dunn, 2019; Dunn & Andrews., 2015).

Another consequence of ableist ideals and exertions of ableist privilege is the risk for some people with disabilities to internalize ableist belief and also exert and perpetuate the ableist belief on disability. Thus, leads some individuals with disabilities to view their condition as one that must be ignored, hidden, or overcome as a means to become more like the ideal abled image valued by society. This view hinders the individual's ability to accept their identity, establish a sense of pride, or create solidarity with other individuals with disabilities (Gill, 1997). As a result, some people with disabilities avoid opportunities to socialize with other people with disabilities for fear of being exposed by their presence or of being further discriminated against (Dunn, 2019; Dunn & Andrews, 2015; Olkin, 1999). Accepting these nondisabled norms as a better state of being as compared to being disabled while also emulating the socially desired identity by hiding or transforming their own identity, places individuals with disabilities at a greater risk of adopting and internalizing ableist norms.

The current literature is sparse regarding the impact of internalized ableism. As a result, examining what the literature reflects regarding the impact of the internalization of other discriminatory belief systems, similar to that of racism, may be helpful. A poignant quote from Joey Kovel explains the overwhelming choice facing those with oppressed identities. "The accumulation of negative images...presents [racial minorities] with one massive and destructive choice; either to hate oneself, as a culture so systematically demands, or to have no self at all, to be nothing" (Kovel, 1970, p. 195; Kumari Campbell, 2008). Similarly, Rosenwasser (2000) describes this internalized "oppression" in response to racial discriminatory beliefs as an involuntary reaction that results in self-loathing, dislike of others in the group, and self-blaming

(Kumari Campbell, 2008). Individuals who experience this phenomenon find it difficult to realize their beliefs are constructed as a result of an oppressive socio-economic-political system (Kumari Campbell, 2008; Rosenwasser, 2000).

The experience of both phenomena, deindividuation, and internalized ableism is a result of the perpetual and discriminatory beliefs of ableism. These beliefs are manifest through ableist privilege. In each case, individuals experience oppressive systems that are shown to create psychologically challenging circumstances in which individuals with disabilities face loss of identity, loss of personal responsibility, and the challenging task of controlling the involuntary reaction toward self-loathing. The experiences coupled with the reality that affronts individuals with disabilities in daily life create an erosion of identity that likely has psychological consequences.

Microaggression

As part of daily life, many individuals with oppressed identities detail common occurrences of invalidating interactions with strangers, well-intentioned friends and family members, co-workers, educators, employers, and classmates. Pierce (1978) coined the term microaggression as a means of defining these subtle yet stunning verbal and nonverbal exchanges that tend to be almost instinctive on the part of the perpetrator (Ong & Burrow, 2017). The term was first used to describe these exchanges as related to the experience of racial minorities. Sue (2010) and colleagues expanded the definition to include commonplace, daily exchanges that send members of marginalized groups messages of a condescending nature. Three years later, Keller and Galgay (2010) showcased seminal research that expanded the use of the term microaggression to describe these types of exchanges as related to the experiences of individuals with a disability, known as ableist microaggressions.

Sue (2010) called for more research on these "every day, verbal, nonverbal, and environmental slights, snubs, or insults whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership" (p. 3). While many of these actions and reactions appear benign or even helpful on the surface, once an individual receives and internalizes the message sent, it can become a profound experience (Thorneycroft, 2019). In time, the accumulation of these exchanges leads to the internalization of derogatory messages that can result in self-loathing and accumulation of harm. The experience of multiple microaggressions can be likened to "death by a thousand paper cuts" indicating that the sum of the experiences in totality is both profound and severe (Kattari, 2019, 2020).

Research supports the connection between multiple identity-related microaggression experiences and impacts on mental health outcomes. These outcomes include somatic symptoms and increase negative affect (Kattari, 2019). One reason microaggressions are reportedly so damaging is that they "impair performance in a multitude of settings by sapping the psychic and spiritual energy of recipients" (Sue et al., 2008, p. 274). It is important to note that while many of these subtle and covert expressions exist outside the level of awareness of the well-intentioned perpetrator their impacts are no less harmful. Furthermore, the ambiguous nature of microaggressions often leads individuals to feel uncertain whether they really experienced prejudice and what to do about it (Lee et al., 2019; Sue et al., 2008).

Types of Microaggressions

The foundational, scholarly literature by Sue (2010) expanded the understanding of microaggressions to include three distinct types. These include microassults, microinsults, and microinvalidations. Microassults are considered direct and conscious statements that are

delivered with hurtful intent such as name-calling. Microinsults, on the other hand, can be either intentional or unintentional and often unconsciously expresses ideas that are rude or insensitive such as jokes based on stereotypes. The third type of microaggression is microinvalidations.

These are most often unconscious comments or displays of behavior that are delivered without the intention of harm but nevertheless, discount, exclude, and contradict an individual's thoughts, feelings, or lived experience. This framework serves to assist in understanding the more covert manner in which discrimination is perpetuated in today's society.

Parallels of microaggression experiences between marginalized groups. Since the inception of the concept of microaggression as a means to describe the discriminatory experience of racial minorities, it has expanded and is now applied to other forms of discrimination including transphobia, xenophobia, homophobia, sexism, and ableism (Kattari, 2020). Young et al. (2015) also expanded the concept to include hierarchical microaggressions which serve as a way to understand the discrimination that can be experienced in occupational roles and other components of socioeconomic status. There are experiential parallels that exist between these oppressed groups including their subtly which leads to dismissal and the harm which befalls the recipient. Friedlaender (2018) asserts that microaggressions now constitute a "new moral category of harms" (p. 5) which fills both a conceptual and lexical gap in moral language as many of these harms are dismissed as if they do not constitute morally significant harm.

Friedlaender (2018) argues that microaggressions do indeed represent morally significant harm and we are, without question, responsible for those harms.

As expected, most research that has focused on the experiences of individuals who are recipients of prejudice and discrimination exchanges has supported the belief that these individuals experience both psychological (Conover & Israel, 2019; Dihn et al., 2014) and

physical health problems (Dihn et al., 2014). Research indicates that experiences of microaggression harm have been associated with poor mental health outcomes for oppressed groups (Conover & Israel, 2019). Research on racial discrimination has supported a significant relationship between prejudicial attitudes and negative well-being, particularly in the areas of depression, social support, and general physical health, as well as intergroup anxiety (Dihn et al., 2014). Likewise, studies that examined the correlation between sexism and negative well-being found that there was a relationship between sexism and depression. Interestingly, the study indicated that the area of psychological health may be a more relevant area than the other areas of social or physical health (Dihn et al., 2014). As Sue (2010) indicated there is a need for additional research in the field of microaggressions. Additionally, studies such as these that explore psychological health in relationship to systems of discrimination and oppression are needed.

Systems of oppression, like sexism and racism, and other isms are prevalent in many interactions. However, Wolbring (2008) highlights that one of the most accepted and widespread isms in our society is ableism, as ableism often works in conjunction with other isms. It is argued that the experience of individuals with disabilities and the discrimination many of these individuals face is not only more prevalent but also more socially acceptable than other forms of prejudice (Ford, 2009). This point is exemplified in the lack of conversation about issues like ableism, able-bodied privilege, and ableist microaggressions (Kattari, 2015). While decades of research highlight the impact of ableism on individuals with disabilities, few studies have empirically explored ableist microaggressions (Conover et al., 2021).

Ableist microaggressions. Keller and Galgay (2010) published the results of their research on the micro-aggressive experiences of people with disabilities. This research made

foundational connections between the experiences of individuals with disabilities to similar experiences of many other marginalized groups who also faced violence, oppression, and discrimination. This seminal research has informed all subsequent research on the topic and has served as the foundation for each of the three scales that have been developed to measure ableist microaggression (Aydemir-Dőke & Herbert, 2021; Conover et al., 2017b; Kattari, 2019). This study sought to discover patterns in the manifestations of microaggressions toward individuals with disabilities and to investigate the impact of these experiences on the recipients. After closely examining the data gathered from the 12 participants who were self-identified as having a disability, the researchers were able to detect eight domains of microaggressions that would serve as a framework for interpreting the experiences of individuals with disabilities.

This research highlighted that many of the common messages received by individuals with disabilities during micro-aggressive exchanges were representative of ableist ideals that led to both the denial of identity and denial of privacy. Participants reported that it is quite common for others to expect them to be helpless and incapable of many regular, daily tasks. In return for the perpetrator's willingness to be helpful, perpetrators often expect attention or praise for their actions. Perpetrators may seek out specific interactions with individuals to perpetuate their sense of self-worth and to make themselves "feel better." This was categorized as secondary gaunt. This research also showcased that perpetrator's often assumed that a limitation of functioning in one area leads to a limitation in functioning in another area, known as spread effect. For example, a perpetrator may assume that an individual with an impairment in motor functioning must also be affected in the area of cognitive functioning. These assumptions often lead perpetrators to speak to and treat the individual with a disability in a patronizing manner as if the individual is a child and thus less capable. Perpetrators frequently fail to respect the rights of

individuals with disabilities as if they are second-class citizens. Recipients reported experiencing the avoidance of others, enduring the perception of being a burden, and being forced to accept the toleration of others for physical structures that still do not allow proper access. Lastly, individuals with disabilities find that others desexualize them by either ignoring or denying all aspects of their sexuality and sexual identity. These daily barrages of negative messages leave an ableist residue on the recipient that remains harmful long after the exchange.

The study conducted by Keller and Galgay (2010) provided strong evidence that disability microaggressions not only exist but that they are indeed harmful to the recipients and cause psychological pain that, in some cases, is enduring. Initially, the recipient's psychological wear begins when the individual must exert processing energy to work through the dubious event to reconcile the perceived "good intention" of the perpetrator and the negative message implied. The often unconscious and automatic nature of the exchange further highlights the extent to which ableist views are ingrained into society's collective subconscious, which only serves to add to the psychological discomfort. The recipient then begins to internalize the lack of respect from both individuals and implied disrespect of the greater society. In some cases, the individual is left to grapple with their self-worth and experiential reality. Recipients may start to internalize the imposed ableist view and begin to struggle with their own identity. The complexity of the process that occurs after one of those "innocent" exchanges amplifies the psychological and emotional energy that is expended. This all occurs before the recipient, who is now emotionally aroused and vulnerable, even has an opportunity to formulate a response. This author suggests that the search for and formation of response only deepens the psychological and emotional experience as the recipient decides how to respond in a manner reflective of their character.

Consequences of ableist microaggression. Ableist microaggressions and their perceived stigma can have a variety of consequences for individuals with disabilities (Bell, 2015; Robb, 2015). Individuals with disabilities develop a growing sense of fear of being discriminated against (Robb, 2015). This fear may interrupt their daily activities as a means to avoid possible discriminatory situations. Individuals with disabilities may also begin to internalize stigma which causes the individual to measure their self-worth and identity by ableist standards. The internalizing stigma has reportedly been linked to declines in mental health (Norman et al., 2011), poor self-esteem, and poor self-efficacy (Robb, 2015), as well as lower quality of life (Robb, 2015).

As a means to minimize negativity and uncomfortable experiences, individuals with disabilities may attempt to project a different identity than that which is most reflective of self in an attempt to benefit from the privileges of the nondisabled group (Robb, 2015). For example, individuals may attempt to hide or compensate for their disability (Robb, 2015). Other strategies that individuals with disabilities may use as an attempt to benefit from the privileges of the nondisabled group may include choosing not to disclose the diagnosis, passing on needed accommodations, and overemphasizing another trait to draw attention away from the impairment (Johnson, 2006). Individuals may also use humor (Berger, 2013) or select fashion styles (Kaiser et al., 1985; Robb, 2015) as a means of distraction from the disability. Using the lens of an ableist worldview, individuals with disabilities may attempt to bridge the social gap between themselves and others by engaging in these behaviors as a means of avoiding psychological discomfort. In addition to the psychological and social impacts of ableist microaggression, there are also academic impacts.

Ableist microaggressions on college campuses. Sue (2010) asserted that the recruitment, retention, and promotion of students are all tainted by the microaggressions that exist in educational settings. Specifically, ableist microaggressions in higher education can be categorized in three forms: institutional, interpersonal, and environmental (Bell, 2015; Ryan & Scura, 2011). Institutional ableism may arise when institutions deter students from engaging in programs or exploring research on disability issues or fail to utilize multicultural curriculums that include the disability community (the largest minority group in the United States). These actions on the part of institutions send the message that individuals with disabilities and the issues they face are either dismissible or unworthy of academic study further (Bell, 2015; Ryan & Scura, 2011) both of which attribute to the ongoing invisibility that these individuals experience.

Furthermore, the underrepresentation of faculty and administrators with disabilities in the higher education setting suggests to individuals with disabilities that there is no place for individuals like them in these positions of prestige and power (Bell, 2015; Ryan & Scura, 2011). The insults continue when nondisabled faculty and administrators in higher education do not recognize ableism and how it affects their students with disabilities. Ryan and Scura (2011) went as far as to suggest that this lack of acknowledgment and lack of effort to understand the needs of their students with disabilities contributes to the "hostile learning environment" that these students face. To add to this dynamic, many in academia hold the misguided belief that the accommodations needed by the student are burdensome and in providing accommodations they are diluting the curriculum for a less capable student. These biases contribute to the category of interpersonal disability microaggressions that are perpetrated by the faculty and staff of higher education institutions toward individuals with disabilities.

Environmental disability microaggressions also occur on college campuses. These occur when there is either intentional or unintentional denial of access to physical areas that are available to other students or when the time and effort involved to provide accommodations prevents a student from participating in a campus event (Ryan & Scura, 2011). While these barriers to participation may be unintentional on the part of the individual who represents the institution, they nonetheless reinforce that students with disabilities are burdensome. These students are left to internalize the message that their institution of choice does not value. If the institution does value its population of students with disabilities, it certainly does not do so in a way that makes them feel worthy of the institution's time, effort, or money to rectify the problem (Ryan & Scura, 2011).

In addition to the institutional, interpersonal, and environmental microaggressions found on college campuses, Ryan and Scura (2011) closely examined five of the eight domains as identified by Keller and Galgay (2010). This study concluded that in the academic environment on a college campus, students with disabilities are denied their privacy repeatedly by nondisabled others. In some cases, others elicit information about their disability. In other cases, students must repeatedly explain the nature of their disability and must continually advocate for their needed accommodations. It appears that higher education institutions are oblivious to the amount of distress, embarrassment, and psychological harm created for students when they are continuously denied their privacy and continue to have to "fight" to get what they need in an environment that is riddled with ableists views.

Moreover, the voices of the participants in this study amplified the existence of ablest microaggressions on college campuses in the areas of patronization, spread effect, secondary gaunt, and second-class citizenship (Keller & Galgay, 2010; Ryan & Scura, 2011). Participants

detailed events in which others repeatedly held negative assumptions about their intelligence as a direct result of their disability. The participants also detailed being the object of the inauthentic admiration of non-disabled peers for successes or accomplishments. While access to all physical structures should be provided after three decades of the passing of ADA, students still reported either no access to some structures or the requirement to use a separate entrance from their peers. The accumulation of each of these negative messages and the processing energy needed to reconcile them imposes psychological wear on students with disabilities who attend higher education institutions.

Psychological Impacts of Microaggressions

This psychological wear underscores the growing concern that there is the possibility of enduring psychological and physical effects in response to this subtle, yet powerful, form of discrimination. Given that disability affects so much of the population, that the lived experiences of these individuals are tainted by ableism, and that microaggressions are such a common human experience for so many individuals, this topic should be central to psychological scholarship and policy work (Olkin & Pledger, 2003). Bogart and Dunn (2019) highlight that ableism is a social psychological problem that is supported by Kurt Lewin's (1935) theory of person-environment relation. The seminal scholarship on ableist microaggression provided strong evidence that the constant stream of microaggressions from family, friends, acquaintances, and strangers are harmful to recipients and do indeed cause psychological pain that can have long endurance (Keller & Galgay, 2010).

Expected negative outcomes. The growing research in this area has begun to examine the actual impacts of microaggression on the well-being of individuals, which highlights how important it is to gain a clearer understanding of these events and their implications for all

oppressed groups. It is hypothesized by many researchers in the field that if these direct psychological reactions are left unaddressed, they could lead to more significant negative outcomes. Research supports that the negative outcomes as a result of microaggressions are similar among oppressed groups.

Some of the current research highlights these negative outcomes. For example, racial microaggressions have been associated with poorer mental health outcomes for targets as well as increased anxiety and depressive symptoms in Black women (Donovan et al., 2013; Harris, 2017) and increased incidences of depression in Asian Americans and Latino adolescents. A study of both Latino and Asian adolescent students found the increased frequency of microaggressions was associated with somatic and depressive symptoms (Huynh, 2012). The participants of the study also reported increased levels of anxiety, anger, and stress as a result of these events (Huynh, 2012). Specifically for college students, Blume et al. (2012) found that culturally diverse students in a university setting who reported higher frequencies of racial microaggression experiences also reported higher anxiety and higher incidences of binge drinking. Likewise, a study of undergraduate students found that racial microaggressions in the educational environment negatively impacted self-esteem (Harris, 2017; Nadal et al., 2011).

In other oppressed groups, such as the LGBT community, research has revealed similar negative effects on psychological health. Many of the participants in a studyin 2011 reported a direct connection between symptoms of depression or post-traumatic stress disorder as a result of the continuous experiences with discrimination in the form of microaggressions (Nadal et al., 2011). There exists a gap, however, in examining the mental health outcomes for people with disabilities who have experienced microaggression events (Harris, 2017). Researchers such as Kattari (2020) are attempting to address the gap in research. In a study examining ableist

microaggressions and mental health outcomes, Kattari (2020) found a significant negative correlation specifically in the areas of depression, anxiety, and behavior control. The high levels of ableist microaggressions reported by individuals with all types of disabilities and impairments and the impact on mental health indicate that there is a concern for individuals with disabilities and the psychological impacts they are experiencing.

It is clear both in logic and in the available research that there are negative psychological impacts as a result of microaggressions. Many individuals are experiencing psychological pain.

This concept has been established well in the research. However, little has been done to examine if there could be the possibility of unexpected positive outcomes as a result of adverse experiences such as microaggressions. Furthermore, if there is the possibility of positive outcomes for some individuals, little has been done to examine what could be learned from them.

Unexpected positive outcome: psychological thriving. The psychological research on microaggressions, other negative life events, and trauma has focused-on pathology and the negative consequences (Norlander et al., 2005). Nevertheless, such experiences may elicit positive effects for the individual, as well. In fact, in some cases, individuals may experience a positive effect such as growth in personal development accompanied by a better quality of life (Norlander et al., 2005) as a result of an adverse event or a series of adverse events. Some individuals who experience trauma or other adverse events do not appear to be tarnished by the experience (Norlander et al., 2005; Park, 1998). Instead, it appears that these individuals instead were able to grapple with the pain and crisis and were able to experience some form of self-growth as a result (Tedeschi et al., 1993). This leads researchers to wonder what factors allow for a positive outcome. Perhaps exploring a thriving paradigm (Abraido-Lanza et al., 1998; O'Leary

& Ickovics, 1995) may help uncover strengths that promote positive adjustment and positive outcomes.

Framework for understanding thriving. Though unexpected, experiences of adversity can sometimes yield benefits for individuals who faced adverse events or a series of events.

Carver (1998) examined issues, models, and linkages to establish a conceptual framework to understand resilience and thriving and the differences between the two. Carver showcases that there are four possible outcomes to an adverse event. These include succumbing to the adverse event entirely, surviving the adverse event with some impairment, resilience which is recovering to the previous state of functioning or thriving or surpassing the previous state of functioning.

Another way to refer to thriving is the term "posttraumatic growth" coined by Tedeschi and Calhoun (1995). The term is used to refer to the ability to emerge from a negative life event stronger than before. Posttraumatic growth is considered a positive, revolutionary transformation. The concepts of posttraumatic growth and thriving, specifically, psychological thriving, is central to the interest of this study.

O'Leary and Ickovics (1995) used the term thriving to explain the fourth possible outcome of adversity in which the individual is somehow able to surpass the previous state of functioning and come to function at a higher level. These scholars argued that theorists, researchers, and practitioners need to recognize that adversity can, in some cases, eventually bring about benefits that promote the emergence of a quality that supports growth in areas of psychological and physical wellbeing. While many adverse events that individuals are forced to confront include highly stressful situations, and often pose the possibility of harm, there could also be the possibility that there is potential for gain (Carver, 1998). Lazarus and Folkman (1984) categorized the highly stressful situation and the potential for harm as a threat and the potential

for gain as a challenge. By definition, then, thriving is a direct response to the challenge not to the threat. (Carver, 1998).

While individuals may become desensitized, learn to bounce back faster, or lower their expectations to expect less from the world as a result of adverse events, these conditions typically only result in a return to the previous level or homeostasis of the level of functioning which we term resilience. For an individual to psychologically thrive, there must be a gain that results in functioning that is greater than previously experienced. Carver (1998) showcases that these areas may include a gain in skills and knowledge that can be applied to future events, confidence or a sense of mastery that can be summoned in future situations, and strengthened personal relationships resulting from the security of knowing that there are individuals in their life that can be counted on in adversity. It is the gains in these three areas that create the circumstances for and perpetuates the ability of an individual to psychologically thrive.

To further conceptualize thriving, Carver (1998) compared thriving to other forms of growth experiences. Growth, in this context, can be defined as an unexpected circumstance that pushes the individual in an opposite direction than that which is expected. It may also be argued that growth is a stress response. For example, consider muscle growth. Muscle growth occurs when the muscle is systematically worked past its ability to respond well, and it is this stress that promotes growth and the development of strength. Carver argues that psychological growth can occur similarly. Piaget notes that it takes a disequilibrium between the person and the world to force growth. Yet, it is important to note that the situation must be malleable enough to permit gain as a result of the challenge. To reflect on the muscle growth example used earlier, in addition to the stress that causes growth the muscle must also be provided nourishment and recovery time. Without these conditions, the situation would not be malleable enough to permit

muscle growth. Carver notes that this process is a bit more extreme in terms of psychological growth. "It is extreme in the sense that it occurs in circumstances that are at the outer limits of tolerability for threat and have just enough flexibility to permit the experience of a challenge" (Carver, 1998, p. 253). If circumstances, however, are even more extreme, growth and thriving may be prevented (Carver, 1998).

In addition to the malleability of the circumstance and the presence of a challenge, there may also be differences in the individual that contribute to an individual's ability to thrive or the failure to thrive. Carver (1998) notes that the twin perspectives of personality psychology and social psychology could help enhance understanding of these individual differences. In the context of this study specifically, it is important to note that theorists have proposed a wide range of personality qualities that exemplify these differences. For example, scholars have examined the role of an individual's tendency toward optimism (expectation of the best occurring in one's future) or pessimism (expectation of the worse occurring in one's), along with constructs of self-mastery, hardiness, hope, hopelessness, and self-efficacy. Evidence supports that an individual's tendency to engage in problem-focused coping, positive reframing, and even acceptance of the reality of a problem can foster better outcomes leading to either resilience or thriving (Carver, 1998). The role personality plays in how an individual either subconsciously react or consciously chooses to react could be linked to personality type.

Role of personality in resilience and thriving. It is believed that the study of personality can help enhance the understanding of thriving. It is unclear why some individuals succumb or survive with impairments when faced with adverse events, such as continued microaggressive experiences. It is also unclear why other individuals can exhibit resilience or surpass resilience to thrive. Perhaps there are patterns of behavior, thought, or emotional reactions

(Funder & Fast, 2010; Jabeen et al., 2016) related to an individual's personality that either hinder or facilitate growth in these circumstances.

Larsen and Bus (2005) defined personality as a set of enduring psychological mechanisms and traits within an individual that influence an individual's interaction (Jabeen et al., 2016). These interactions include those that occur within the individual, within social situations, and within the physical environment. Personality incorporates elements of emotional stability along with nuances of interpersonal, experiential, attitudinal, and motivational styles (Jabeen et al., 2016). These tendencies (cognitive, emotional, and behavioral) are tools to help describe and predict individual differences in behavior (Jabeen et al., 2016; Revelle, 1995). Personality, as manifested in the interactions of an individual with various situations, is an incredibly complex phenomenon that is difficult to describe (Jabeen et al., 2016). The context of specific personality traits, however, may offer predictive abilities in the context of psychological thriving for individuals who experience ableist microaggressions.

Theoretical Foundations

Critical Disability Theory

The Black Civil Rights movement and the Women's Liberation movements gave rise to identity politics that asked pertinently and pressing questions of a western, male-dominated society about identity, repression, inequality, and injustice (Ingham, 2018). As the movement spread, it served to empower the voices of other marginalized groups including those of other ethnicities and those of other sexual orientations. However, disability groups were noticeably slow to engage in identity politics (Ingham, 2018). As critical theory developed in other areas such as critical race theory, it has finally birthed a relatively recent study of critical disability theory (Hosking, 2008).

Critical disability theory examines issues of power pertaining to disability as an essential component of addressing oppression and marginalization as directly embodied in the experiences of individuals with disabilities. Social phenomena, like those of ableist micro-aggressive interactions, can be examined through the critical disability lens. There are seven key elements or tenants of critical disability theory.

The first element involves understanding how models of disability affect how individuals with disabilities are treated and perceived. Historically the dominant paradigms for understanding disability included the medical and tragedy models. Both models seek to objectively identify the source of "disadvantage" by noting inherent characteristics of impairment. The medical model, which is used in higher education to determine access to accommodations presumes abled bodies to be the desired norm and with it comes privileges. It also characterizes disability as a pathology. A second tenant of critical disability theory involves embracing the idea that individuals are intersectional beings and that all individuals are multidimensional. Crenshaw (1989) used intersectionality as a term to explain how oppressive forms can be seen as intersecting axes as a means of noting the nature and implication of the disadvantaged position. Intersectionality and multidimensionality exemplify how oppression is not just a layering of oppressive forces but more of an intersection of the forces with the individual at the center of those oppressive forces.

A third tenant of critical disability theory is valuing the diversity found in disability instead of perceiving it through a tragedy-based lens. This means rejecting ideas of normal and abnormal and embracing a more "dilemma of difference" (Ingham, 2018; Minow, 1990). The concept of the dilemma of difference highlights the fact that disabled people represent a population that is varied and dynamically different in ways contingent on the context of their

own experience with disability and in such context there is a dilemma about when to acknowledge or ignore that difference. A fourth tenant of critical disability theory is that the voice of individuals with a disability is lacking in the construction of the understanding of the experience. Much of the construction of what we understand about disability is based on an ablebodied perspective. As a result, when individuals with disabilities attempt to challenge or protest the mainstream portrayals of their experience, they are often suppressed, silenced, or dismissed as an inappropriate response from an individual who has an issue with their own disability (Ingham, 2018; Titchkosky, 2008).

Another tenant of critical disability theory has to do with language. Critical disability theory recognizes the power of both the written and spoken word and how the imagery of those chosen words carries "Ideological implications that influence the conceptualization and status of groups of people" (Ingham, 2018, p. 8). Individuals with a disability have historically been portrayed as evil, pitiful, and valueless burdens (Ingham, 2018). While there has recently been a more positive portrayal of individuals with disabilities known as "supercrips". The underrepresentation of positive portrayals of individuals with disabilities is problematic as it perpetuates negative, stereotypical connotations. A sixth tenant of critical disability theory asserts that the rights, needs, and interests of an individual with a disability should be individualized based on the individual's experience and personal circumstance. Whereas full participation in society needs to be upheld as a means to address societal and institutional inequality which is the seventh tenant.

Specific to the qualitative component of this study, a critical disability lens will be used to examine the seven tenants of critical disability theory in the context of college students with physical disabilities. Furthermore, the theory will be used to examine how these individuals

experience societal, institutional, and interpersonal levels of discrimination and oppression in the context of microaggressions on college campuses (Kattari, 2020). Critical disability theory will also further examine the multidimensionality of individuals by exploring elements of personality and how those elements either contribute to or hinder the individual's ability to psychologically thrive.

Previous Methodological Approaches

There are currently no studies easily found in the literature that examine ableist microaggressions and psychological thriving. However, there is literature that explores racial microaggressions and psychology. Two pieces of such literature were used to inform this study. First, Torres et al. (2010) explored racial microaggressions and the psychological functioning of high achieving African Americans doctoral students or recent graduates of a doctoral program. This study used a mixed-methods design beginning with the qualitative component in which 97 participants were interviewed. The qualitative findings revealed three categories of racial microaggressions that included the assumption of criminality/second-class citizen, underestimation of personal ability, and cultural/racial isolation. These findings are very similar to the findings of qualitative studies exploring ableist microaggression themes. The quantitative study found that underestimation of personal ability was associated with greater perceived stress and in turn greater depressive symptoms. Additionally, the findings indicated that those individuals with active coping skills reported lower perceived stress than those individuals without. This suggests that active coping strategies could be a factor in mitigating the effects of micro-aggressive experiences.

A second mixed-method study also conducted by Torres et al. (2019) made a unique contribution to the literature by examining ethnic discrimination, including microaggressions,

and the psychological thriving of Latino adults and suggesting the possibility that thriving could occur after such adverse events. The study concluded that ethnic microaggressions occurred for the participants in about 19 incidences in the past 6 months. The study also found that strengthening one's ethnic identity and maintaining cultural customs facilitated a benefit to overcoming adversity and contributing to thriving. Further findings indicated that individuals who identified more closely with the American mainstream indicated less thriving.

Two additional pieces of literature, one on microaggressions and another specifically on ableist microaggressions, were used to inform the methodology of this study. The first is an article by Lilienfield (2017a) who constructed a critique of the microaggression research program that was not well-received by many in the field. Despite the somewhat harsh nature of the critique, it does have the potential to move the program forward and push toward a more holistic approach. The article offered 18 recommendations for the microaggression research program including the need to "examine the behaviors and personality characteristics of microaggression deliverers as well as microaggression recipients" (Lilienfield, 2017a, p. 161). The current study seeks to address the latter part of this recommendation.

The final piece of literature that shaped the methodology for this study focused on the development and validation of the Ableist Microaggression Impact Questionnaire (AMIQ) (Aydemir-Dőke & Herbert, 2021). According to the scholars who created the Ableist Microaggression Impact Questionnaire (AMIQ), individuals with disabilities tend to experience microaggressions in three dimensions. The first is the conscious or unconscious communication of messages that tend to devalue, disrespect, or exclude the individual with disabilities from engaging in the same social roles expected of individuals like themselves without a disability. A second dimension is false admiration or patronizing behaviors that imply lower expectations of

the individual with disabilities' actual abilities. The third dimension is the minimization of the disability experience by denying its existence (Aydemir-Dőke & Herbert, 2021). The results indicated that the latter of the three dimensions tended to be the most egregious of all.

Likewise, research holds that several demographic factors place an individual at greater risk for experiencing ableist microaggressions. For example, results from the study conducted by Aydemir-Dőke and Herbert (2021) supported the findings of Conover et al. (2017b) that the visibility of the disability is a significant predictor of the risk factor for being bothered by overall ableist microaggressions. Gender was also found to be a significant predictor of overall ableist microaggression experiences submitting that women with disabilities tend to be more vulnerable to micro-aggressive experiences (Aydemir-Dőke & Herbert, 2021; Olkin et al., 2019). Aydemir-Dőke and Herbert (2021) propose that this could be due to the intersectionality of two disadvantaged identities as these individuals are more likely to experience greater invalidations. A third predictor of being bothered by ableist microaggression experiences related to education with those individuals who have achieved higher levels of education to be especially bothered by patronizing and low expectations of ability (Aydemir-Dőke & Herbert, 2021).

Aydemir-Dőke and Herbert (2021) propose that there is a need to further investigate the factors that could predict an individual's risk for experiencing microaggressions. In addition, these scholars advocate for investigating the factors that could mitigate the experience. Perhaps a strong family or social support structure could be a factor that contributes to an individual's ability to be resilient (Ong & Burrow, 2017). Research also suggests that there is also a need to explore the role of personality traits, especially those related to openness and extroversion (Aydemir-Dőke & Herbert, 2021; Ong & Burrow, 2017).

Chapter 3: Methodology

Overview

The purpose of this study was to investigate the impact of ableist microaggressions on college students with physical disabilities and to determine if these individuals can psychologically thrive either in spite of or because of those adverse experiences. The study also sought to identify whether there are individual differences such as demographics, personality traits, or other factors that may either facilitate or hinder thriving. Utilizing a combination of both quantitative and qualitative methods, this study sought to better understand how college students with physical disabilities experience ableist microaggressions and how those individuals can recover.

An explanatory mixed-methods two-phase design approach was used for this study.

Research questions one and two were used to guide the quantitative component of the study.

Research question three was used to guide the qualitative component of the study.

- RQ1: Is there a correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?
- RQ2: What is the correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?
- RQ3: What role does personality play in the perceptions of ableist microaggressions and psychological thriving?

Data were collected from individuals who attend one of three public higher education institutions in the southeastern United States. The collection method for the quantitative component was an online survey using the software platform SNAP. The collection method for the qualitative component was a semi-structured interview. If a participant chose to take part in

the qualitative data collection, the participant was given a choice of a face-to-face or virtual interview. Both the online surveys and the interviews were designed to examine ableist microaggressive experiences targeting college students with physical disabilities.

This chapter provides detailed descriptions of the methodological approach utilized in the study. Research questions, research design, and a rationale for using an explanatory mixed-methods approach are explained in detail. In addition, data collection and analysis, ethical considerations, and author positionality are also detailed in this chapter. A procedural design is presented in Figure 1. The visual map details how the research questions match specific research goals. The visual map also displays the connections between the data collection procedure, the research goals, and questions. Finally, the visual demonstrates how the quantitative component is connected to the qualitative components.

Figure 1.

Procedural Design Diagram: Two Phase Mixed Methods Design

Research Questions 1 and 2

RQ1: Is there a correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?

RQ2: What is the correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?

Aims of Phase 1

- 1. Examine the relationship between abliest microaggression scores and psychological thriving
- 2. Examine relationship between ableist microaggressive experiences and personality traits
- 3. Examine relationship between psychological thriving and personality traits
- 3. Examine impact of demographics, ableist microaggressions,, and personality on the psychological thriving

Quantitative Data Collection

- Survey Instruments
- College students with physical disabilities
- Descriptive analysis, group comparisons, analysis
- Tables and graphs

Research Question 3

RQ3: What role does personality play in the perceptions of ableist microaggressions and psychological thriving?

Aims of Phase 2

- **1.** Explore the ableist mircoraggressive experiences and reactions of participants
- 2, Explore participants perceptions of how they overcame the experience and factor contributing to resilience or thriving
- 3. Explore the self-perceived personality traits of the participants that contribute to resilience or thriving

Oualitative Data Collection

- Follow-up semi-structured interviews
- Approximately 5 participants
- Transcriptions themes and quotes



Design Rationale

An explanatory sequential mixed-methods two-phase design was chosen for this study as a means to provide a comprehensive and deeper understanding of the impacts of ableist microaggressive experiences on college students with disabilities, their ability to psychologically thrive as a result, and the possible factors, including personality traits, that may facilitate or hinder the ability to thrive. This design incorporates the strengths of each research approach by providing both empirical data and experiential data drawn from the voices and experiences of participants. The qualitative component was implemented to explain in greater detail the initial results of the quantitative component. The rationale for this approach includes several important points. First, the researcher wants to investigate the impact of ableist micro-aggressive experiences of college students with physical disabilities via multiple approaches. The complex nature of ableist microaggressions calls for a deeper understanding of what individuals have experienced and how those experiences have affected psychological thriving.

The current literature does not specifically address the likelihood of an individual who has faced ableist micro-aggressive experiences to continue to psychologically thrive. Thus, this study sought to establish and explore this correlation during the quantitative component.

Additionally, the current literature does not specifically address how factors such as personality may contribute to the thriving of individuals who have experienced ableist microaggression. This study sought to explore this possibility during the quantitative component, as well. Furthermore, there is an abundance of information on ableism and, since 2010 (Keller & Galgay, 2010), a growing interest in the negative impacts of ableist microaggressions. Yet, the literature is void of information about the potential positive impacts of ableist micro-aggressive experiences and the factors that may contribute to this positive outcome. By using a quantitative approach to identify

these individuals, the research can then seek to amplify the voices of those individuals who are thriving and explore their perceptions of contributing factors.

Data Collection and Analysis

To gain an understanding of the ableist micro-aggressive experiences of college students with disabilities, an online study was conducted based on a summary of the current literature. Follow-up interviews of selected survey respondents were conducted to gain a clearer understanding of the survey findings. The data collection within each component of the two-phase design is explained in detail herein.

Population, Sample, and Research Setting

This study sought to understand the ableist micro-aggressive experiences of college students with disabilities. The current research was conducted at three public institutions in the southeastern United States which were assigned a random letter to ensure anonymity and for easy reference throughout this study. One medium-sized four-year institution (Institution A), a smaller public liberal arts college (Institution B), and a smaller private liberal arts college (Institution C). The National Center for Education Statistics reports that 11% of undergraduate students at institution A identify as having a disability. The Office of Accessibility at institution A currently serves approximately 4% of the student population. Data regarding the number of students with disabilities and the number of students served through their Offices of Accessibility for institutions B and C are not readily available.

The study included participants who self-identify as having a physical disability and are registered with the office of accessibility at their respective institutions. A letter detailing the purpose of the study, the methodology of the study, and the potential implications of the study was sent to the office of accessibility at each institution. Upon approval, all of the individuals

with physical disabilities were invited to participate in the study via email sent through the office that supports disability services and accessibility at each institution. The email to potential participants explained the purpose, goals, and procedures of the study and asked students about their willingness to participate. A hyperlink to the survey was also included in the email. The screening question for participants asked if the individual is over the age of 18. Confirmation of age under the age of 18 will force the discontinuation of the survey. A second screening question for participants asked if the individual has a physical disability. Confirmation of not having a physical disability will force the discontinuation of the survey. Two subsequent reminder emails were sent to potential participants. At the end of the survey, participants were asked about their willingness to participate in a follow-up interview. Five individuals were chosen to participate in the follow-up interviews based on their willingness to participate and on the results of the quantitative data.

Quantitative Data Collection and Analysis

An online survey was developed based on an extensive review of previous literature. The author designed the survey to explore responses regarding demographics, ableist microaggressions, psychological thriving, and personality. The information collected in this phase of the research study sought to address the first two research questions.

- RQ1: Is there a correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?
- RQ2: What is the correlation between ableist microaggressions and the psychological thriving of college students with physical disabilities?

Survey Instruments

The survey consisted of four sections: demographic information, ableist microaggression impact questionnaire, psychological thriving, and a personality inventory. To gain an overall picture of the background information for all participants, demographic questions included age, gender identity, race and ethnicity, disability type, disability onset, disability visibility, disability severity, sexual identity, relationship status, living environment, employment status, employment support, employment satisfaction, and financial independence, educational institution, and education level (Appendix E). The second section included 25 items from the Ableist Microaggression Impact Questionnaire (AMIQ) (Aydemir-Dőke & Herbert, 2021), which assessed the ableist microaggression experiences of people with disabilities (Appendix C). The third section included 20 questions from The Thriving Scale (Abraido-Lanza et al., 1998) (Appendix D). The fourth and final section included questions from the Personality Measure: Personality: The Ten-Item Personality Inventory (Gosling et al., 2003) (Appendix F).

Data Collection Procedure

Upon the Institutions Review Board's approval, an invitation email was sent to all of the students with physical disabilities at each of the three institutions to recruit participants. At the end of the survey, a question asked participants if they were willing to participate in a follow-up interview. The online survey was built using SNAP, an online survey platform. All students meeting the criteria for participation from each of the three institutions were invited to participate in the research via email with a link to the online survey. Consent elements including the purpose of the study, the time needed for completing the survey, confidentiality and voluntary policies, and the researcher's contact information were provided on the first page of the survey.

Participants were also informed that participation was voluntary. Should an individual choose

not to participate there were two options available. The first is that the individual could either choose not to click the survey link at all or choose "no" on the consent form page. In addition to the initial email, two reminder emails were sent to students in an attempt to increase response rates. Each email was sent one week apart. The researcher asked each office that provides disability and accessibility services to send reminder emails to potential participants.

Quantitative data from the survey were analyzed using descriptive and correlational analyses to gain a better understanding of ableist microaggressions and the psychological thriving of college students with physical disabilities. To prepare for data analysis, all responses were recorded and exported to SPSS from SNAP. SPSS software was utilized to conduct the data analysis.

Qualitative Data Collection and Analysis

The primary goal of the interviews was to provide an in-depth explanation regarding the micro-aggressive experiences of college students with disabilities and their psychological thriving. An additional goal for the interviews was to provide an in-depth understanding of the participants' perceptions of factors, including personality traits, which may hinder or facilitate psychological thriving. The information collected in this phase of the research study sought to address the third research question.

RQ3: What role does personality play in the perceptions of ableist microaggressions and psychological thriving?

Interview protocol. Interview questions were drafted based on the existing literature in the field and underwent peer review to verify validity. Semi-structured interviews were scheduled based on the interviewees' preferences. Considering the extenuating factors of a global pandemic, participants were given the option of face-to-face meetings or virtual meetings.

Electronic informed consent forms were presented via email to the interviewees before each interview started. For participants who wish to meet face-to-face, a paper version of the consent form was provided. Accessible options of the survey were available so that all the participants could thoroughly read the consent forms. The researcher asked the interviewee to carefully attend to the information, including issues related to their rights, before choosing to sign and continue.

In this study, two approaches were utilized to validate the interview protocol. First, an expert panel review was used. Three faculty members with extensive research experience and relevant knowledge were invited to review the interview protocol. Secondly, the interview protocol was revised based on their recommendations. The ability to establish validity in qualitative studies is used to provide evidence of whether the findings are accurate from the perspectives of the researchers, the participants, and the readers (Creswell & Clark, 2018).

Data Collection Procedure

The last question of the survey asked about the participants' willingness to take part in a follow-up interview. Participants who answered "yes" were notified that their responses to the online survey would be confidential and the preferred method of contact was requested. Only students who provided contact information were included as potential individuals to be chosen for the follow-up interview. Out of the respondents on the survey, five individuals were chosen to be included in the interview process.

Once participants were chosen for the qualitative component of the study, the informed consent documents were present and a discussion of the participant's rights along with opportunities for the participant to ask questions regarding the research will be conducted.

Participants were encouraged once more to provide verbal consent after the discussion and any

questions are answered. A semi-structured interview allows for the interview to progress naturally. Probing questions were used as needed to collect in-depth data regarding students' experiences with personality, microaggressions, and psychological thriving. Each interview was audio-recorded and transcribed into a word processing software program. The researcher transcribed the interviews and secured the data.

Data Analysis

The qualitative component of this study aims to understand the perspectives of college students with physical disabilities who have experienced ableist microaggressions and to understand their ability to psychologically thrive either despite, or as a result of the adversity these experiences present. Furthermore, the qualitative component seeks to determine which factors, including those related to personality, are perceived by the participants as contributing to this higher level of functioning. The researcher started with open coding which enables the theory to emerge. The researcher used DeDoose software as a tool for the transcription and analysis of qualitative data. The researcher first read through the transcriptions, notes, and initial codes, and then develop themes representing the essential meaning of how participants experienced ableist microaggressions, their perceptions of psychological thriving, and the factors to which they attribute this growth including those of personality. After the themes emerged, descriptions of the coding and supporting quotations were reported in the study.

Researcher Positionality

The identities of the researcher and participants have potential influences on the research process (Bourke, 2014; Pei, 2019). As a parent of a young adult with a physical disability, I have witnessed his receipt of many ableist microaggressions and have been given a second-hand account of many more for which I was not present during the occurrence. I can recollect some

experiences as early as when he was age five. I have often attempted to offer understanding and empathy from a perspective which I now understand to be tainted by my own unexplored ableist beliefs. Though there have been concerns about anxiety and depression as represented in the literature (Kattari, 2020), I have witnessed his ability to be resilient. I have often wondered what attributed to that resilience. It is my hope that findings from this study will help to inform other scholars that while negative impacts from ableist microaggressions are possible, and perhaps even likely, there could also be value in acknowledging that there could be, under the right circumstances, the potential for a positive impact—thriving (Torres et al., 2019). I hope that this study will help to identify factors, including but not limited to personality traits, that contribute to resilience and thriving for individuals who have faced ableist micro-aggressive experiences. It is also my hope that identifying these factors may help to mediate the expected negative impacts.

Ethical Considerations

Approval from the Institutional Review Board (IRB) at the university was granted before the data collection process began. A digital version of the online survey was conducted using the secure online survey data collection platform SNAP. A digital version of the consent form with explanations of the research purpose and procedures was included. As part of the online survey, participants were informed of their right to skip any uncomfortable questions. Additionally, the invitation for follow-up interviews informed individuals who wished to participate in the follow-up interview that their responses would remain anonymous. Interview respondents were assigned pseudonyms during the data analysis.

To maintain the security of the qualitative data, electronic copies of the audio files were stored on a secure cloud provided by the institution, utilizing a password-protected login accessible only to the researcher. Additionally, the interview scripts were coded using DeDoose

and an online software program that is also password protected and available only to the researcher. A master list of information regarding the participants, such as the pseudonyms, times, and locations of the interviews was created and stored electronically by the researcher in a secure drive accessible only to the researcher.

Summary of the Chapter

In Chapter 3, the research design and methodology were presented. This chapter included specific details of the purpose of the study, research questions, a description of the research methodology, a description of the participants, and an explanation of the quantitative and quantitative data collection and analysis procedures. Chapter 3 concluded with the researcher's positionality and ethical and confidentiality standards of the study.

Chapter 4: Presentation of Research and Results

Overview of Quantitative Findings

This section of the chapter presents the results of the online surveys which measured ableist microaggressions, psychological thriving, personality, and demographics. The results are presented using tables and figures. First, the results of the descriptive analyses of the demographic characteristics are presented to gain a general understanding of the background information of the college students with physical disabilities who chose to participate in the study. Next, the result of the Person's *r* is reported to establish if there is an existence of a correlation between ableist microaggression and psychological thriving and to further establish the strength of the correlation.

Descriptive Analyses Findings

Descriptive analyses were conducted for all the variables. The descriptive analysis allows for an overall understanding of the background characteristics of the college students with disabilities who participated in the study. Demographic characteristics, frequency, and stress scales of ableist microaggressions, psychological thriving, and personality are presented in the following tables.

Demographic Information

The names and scales of demographic variables and their frequency are presented in Appendix H. In summary, individuals who participated in the online survey were between the ages of 18 and 62 with most of the participants in the 18-25 age bracket (71.4%). Most of the participants were either at the freshman or sophomore educational level (42.9% respectively) with one participant currently pursuing a doctorate. Most of the participants were white (85.8%)

with equal numbers of male and female participants (42.9% respectively) and one transgender participant.

All participants identified as having a physical disability and had registered with their respective accessibility and disability offices. The disability types of participants included mobility impairment only (14.3%), medical disability only (42.9%), or a combination of two or more disability types (mobility, medical, or blindness/low vision) known as multiple disabilities (42.9%). Most often, the disability onset was either at birth (28.6%) or occurred later in life between the ages of 1-18 (42.9%) with all participants experiencing the disability at either the moderate (57.1%) or severe (42.9%) levels. Most participants lived with others either oncampus, off-campus or with parental figures (85.7%). Nearly equal numbers were in a committed relationship (42.9%) as not in a committed relationship (57.1%). None of the participants were employed full-time though some were employed part-time (42.9%) of which one received employment support through an agency such as Vocational Rehabilitation. Most of the participants relied on others for financial support either completely (14.3%) or partially (71.4%). Only one participant reported being financially independent (14.3%). Most of the participants (71.4%) were agreeable to participating in the follow-up interview, which occurred during the qualitative component of the study.

Ableist Microaggression Findings

The variables and scales of the Ableist Microaggression Impact Questionnaire (AMIQ) and their frequency are presented in Appendix I. The scores on the Ableist Microaggression Impact Questionnaire ranged from 25-71 with an average score of 45. Additionally, two of the items that were most frequently bothersome to participants included *It has been implied or told to me directly that I need to get over my disability and get on with life* (57.1%) and *I have encountered*

situations where people without disabilities claim to know more about my disability needs than me (57.1%). These variables were followed closely by two additional items that were also frequently bothersome which include *People without disabilities have said to me that they know what I am going through* (42.9%), and *People have pitied me because of my disability* (42.9%). Most of the participants had not had any experiences in which accomplishments had been devalued by others because of my disability (71.4%). Likewise, most participants had not experienced the suggestion that their partner was also a caregiver (57.1%) nor received the message from others that it is not worthwhile to live with a disability (57.1%). All participants had experienced through either implication or direct statement that given their disability, being perceived as remarkable for all the things they can do. However, every participant indicated either that they were not bothered at all (42.9%) or only bothered a little (57.1%) by this perception.

The Thriving Scale

The variables and scales of The Thriving Scale and their frequency are presented in Appendix J. The scores on The Thriving Scale ranged from 38-59 with the average score being 43.7. Additionally, most participants indicated that as a result of their disability, they had learned to live for today because they never know what tomorrow will bring (85.8%), had learned to work through problems without giving up (71.4%), and had learned they are stronger than they originally thought (57.1%). Most participants did not indicate an increase in either faith (57.1%) or confidence (57.1%) in God as a result of their disability. No participants had experienced a great deal of or an increased amount of meaning or satisfaction in their life as a result of having a physical disability.

Conclusion of Quantitative Findings

This study sought to answer research questions one and two using a quantitative approach. The analysis examined the relationship between scores on the Ableist Microaggression Impact Questionnaire (M=45.1, SD=17.78) and The Thriving Scale (M=43.71, SD=7.25). The result of the bivariate correlation indicated there was no statistically significant relationship between Ableist Microaggression Impact Questionnaire scores and The Thriving Scale scores r(5) = -.206, p=.657.

Overview of Qualitative Findings

The qualitative findings previously presented provide a general understanding of the frequency and intensity of ableist microaggressions and the relationship to psychological thriving in college students with physical disabilities. However, in an attempt to better understand and amplify the voices and experiences of the individuals who participated in the study and to better answer research question 3, five participants were chosen to participate in a semi-structured follow-up interview. The interviews were conducted to provide a more in-depth analysis of college students with physical disabilities in terms of their personality and perceptions. A semi-structured interview of this nature allows participants to reflect, process, and articulate personal experiences and perceptions of personality, previous experience with ableist microaggressions, and current self-assessment of psychologically thriving. The qualitative component of this research, through the semi-structured interview process, provides a more in-depth view of the salient types of ableist microaggressions experienced by college students with physical disabilities. It also examined how the individual has been able to overcome such experiences and achieve a higher level of psychological functioning. The qualitative findings below were based

on the data collected through four semi-structured interviews conducted as a follow-up to participation in the online surveys used for the quantitative data collection.

Profile of Interview Participants

The profile of interview participants is presented in Appendix K. The participants' responses to the Ten Item Personality Inventory are included in the profile data. In summary, interview participants included individuals between the ages of 19 and 62. The disability onset for all participants occurred after age 1 and all participants have disability severity levels between the moderate and severe range. Most of the participants were not in a committed relationship and all live with others. Every participant in the semi-structured interview indicated a personal assessment of being anxious and easily upset either at the strongly agree level (75%) or the moderately agree level (25%).

Semi-Structured Interview Questions

In preparation for the semi-structured interview, the participants were given the option of an online virtual setting for the interview or an interview at a public location of the participant's choice. Two participants chose an online setting, and two participants chose an in-person setting. Interview participants were thanked for their willingness to participate and for the value their participation would bring to the research. Informed consent was reviewed by all participants. The semi-structured interview protocol (Appendix G) was followed.

The interview protocol consisted of four sections: Personality, Ableist Microaggressions, Thriving, and Closing. The first section, Personality, asked participants to think back to when they first began to notice the way others would sometimes treat them. This was followed by questions related to self-description, personality, what they wish others knew, misconceptions and which parts of their personality helped them deal with those interactions. The second section,

Ableist Microaggressions, asked participants to think about how others had sometimes treated them. This was followed by questions related to frequency, experiences and the effects of such experiences. The third section, Thriving, asked participants to think about how they first reacted and how they currently react when they are treated differently. This was followed by initial reactions and current reactions to interactions that could be viewed as microaggressive, how they frame the way they think now, factors that influence who they are now, and how the hardships or challenges have impacted them in a possible positive way. The fourth section, Closing, asked participants if there was anything else they would like to share or add that may be of importance.

Themes Revealed Through Participant Interviews

The themes related to ableist microaggressions and psychological thriving were constructed through the tenants of critical disability theory and are presented in Appendix L. Each of the seven tenants of critical disability theory is explored. Additionally, key outcomes aligned with each tenant are established indicating both the negative experiences related to microaggression and the more positive experiences related to psychological thriving. Each key outcome is supported by data collected during the semi-structured interviews. To help answer research question 3, personality descriptors of the participants are included with each set of direct quotes used to support the key concept. The personality descriptors were established using various data sources. Some descriptors were established based on self-reporting on the Ten Item Personality Inventory. Other descriptors were established through the semi-structured interview as participants described themselves or how they relayed the way others described them. Less often, descriptors were established through researcher observation during the semi-structured interviews. Synonyms and antonyms of established descriptors were also utilized.

Tenant 1 of Critical Disability Theory

Historically the dominant paradigms for understanding disability included the medical and tragedy models. Both models seek to objectively identify the source of "disadvantage" by noting inherent characteristics of impairment. The medical model, which is used in higher education to determine access to accommodations presumes abled bodies to be the desired norm and with it comes privileges. It also characterizes disability as a pathology.

Key Concept Related to Ableist Microaggression. As an individual who has experienced a permanent physical change (due to a traumatic event, illness, or condition at birth) begins to interact with a society that perpetuates a medical and tragedy model, the individual may experience a great sense of loss that is reinforced by a change in treatment by others. To establish this key concept, it is important to note that every interview participant addressed both loss and a change in treatment by familiar and unfamiliar individuals. For some participants, it was the physical loss of ability that triggered a change in treatment by others. For some participants, it was both the physical loss and a sense of an emotional loss resulting from the change of treatment.

For Alex, a young man who had endured a traumatic accident, succumbed to his injuries and was revived at the age of 12, it was the physical loss and the emotional loss resulting from a change in how others treated him.

"I guess it was that. Like, I knew. I knew from the beginning that I was different, you know. Like, I limp when I walk now. I have to focus more on what I do. I had to relearn to read, speak, write. I had to learn to see with one eye for a while and try to regain partial vision. I guess, I just I had to relearn to live my entire life."

"Like, now, when I was growing up, everything I wanted to be in the future when I was younger, I cannot be any more. I cannot be a marine. I cannot be any sort of. I guess, I can't be a firefighter"

"I noticed that when I got back to school, when I finally got back to school, and started going full time again, at first they were like 'Oh my gosh, he's so cool! He literally died and was brought back to life. And had to relearn everything. That's the coolest (explicative) thing I've ever seen in my life.' But, later as it goes on, the new people coming to school the next year, and everything. People don't know what happened."

"Like, the first year and a half or two years everyone wanted to be around me. Everyone clapped and cheered like, 'Oh what's up, Alex, you're the coolest dude ever!' And now people are like 'You're retarded. I don't want to be anywhere near you.""

For Scott, a 63-year-old male who began having noticeable health issues in his forties and was wheelchair-bound for seven years, it was also both. His wife insisted he go to Disney with her and the children. She forced him to use a motor cart to be with the family.

"The whole thing was about Disney. I said, that's when I started learning humility. Humility. Everything I had within me, I just wanted to, as you say, just swallow it up. I had to."

"When I started losing my abilities, I just left society. I admit it. I just pulled out and pulled away."

"When I was treated different by lot of close friends it was hurtful, traumatic."

"Oh, first off shock. And I mean we can talk about the pity, but shock. They look down and see you in a wheelchair, coming across the Walmart. And they recognize you. And I know you come to talk you start making your way over to see the shock on the face. You

can see them think, 'Do I run, or do I stay?' Forget about what to say. I have to say the first thing, because they don't know what to say, at that particular point. (They think) 'Oh am I gonna reach over and hug? Am I gonna reach over and shake hands and reach over or what?' They want that barrier. They wanted distance between you and them. I don't care who they are." "And the friends and stuff like that, they're very, very few who can pick it up as it was. I can probably count on one hand, five people since I've had it, that I didn't have to worry about it."

Key Concept Related to Psychological Thriving. Regardless of the loss, permanent physical change, and change of treatment by others, the individual can begin to assume responsibility and control over their own life given a motivating catalyst or allowing conditions. To establish this key concept, it is important to note that every interview participant has taken measures to assume some responsibility and control over their own life when circumstances related to their physical disability have made some variables uncontrollable. For the participants in this study, those conditions included a pre-schedule stay-away choir camp, a methodical and organized mindset, a realization based on a conversation with a loved one that social connections and intellectual abilities were still viable, and an awareness and acceptance of physical and mental needs.

For Brenda, a studious, self-described type A personality, the motivating catalyst was a stay-away camp that was already scheduled before she knew her life would be different following her diagnosis of type 1 diabetes. As a result, she forced herself to assume responsibility for managing her condition and to gain control over the variables she could. The camp was a motivating catalyst for her. She also attributes the ability to manage responsibility for her health to characteristics of her personality.

"So, I went, and I packed a bag. And we all got in the car. And it's like a 45-minute, hour or 45-minute drive to the hospital. And we dropped him off. And I'm sitting there reading through scholarly articles on my phone figuring everything out. By the time I got to the emergency room at A.I. duPont hospital, I knew more than my nurses did. I, I was an expert. Usually, you stay in the hospital for 5 days to weeks. You have to see a social worker and two different doctors and this, that, and the other thing. I stayed for one night and two days. The first insulin shot and the second finger prick, I was doing everything myself."

"My mom actually told my doctor, 'She will be more devastated if she doesn't get to go to this camp than being diagnosed.' So, I was up and out of there. We grabbed all my stuff from CVS, and I was dropped off at summer camp. So, and since then, I have just kind of rolled with the punches, sort of."

"I am very type A, but I am organized and methodical with everything I do. Everything has a method and that has also helped my blood sugar, because if I have a method to the way that I eat things. If I eat my protein and my fats first, then my carbs last and it hits my blood sugar, it digests so that the blood sugar gets in my blood slower, so my insulin has more time to work. So just being able to mathematically and scientifically think through that is also something that has benefited me."

For Scott, who admits he had withdrawn from both society and life, the conditions that he needed to begin to assume greater responsibility for his health and his participation in life came from his wife who helped him acknowledge his choices and reminded him of the connections and abilities he still had.

"At that time my wife said, 'Why don't you just go do something? And, I thought, what am I going to do you? ...But, with the disabilities I've got, what can you do? (She replied) 'Well, I would say use your brain but obviously you don't know how.' I said, "Oh, oh, oh, wait a minute. Now you are going to take me on IQ? Now you've got a fight.' And, she said, 'That's the person I want.' I said, 'What do you mean?' She said, 'Well, you can still use your brain. You still have contact with all those people you worked with before. You still have abilities, like rescue, you still have the Health Right system then, helping the people who didn't have insurance, and stuff like that. You were able to construct all that and do all that stuff. And why can't you do it now?'...So, I got in with the rescue group first, got in with them. Then, I got asked to do the weather pieces. So, I learned how to do the weather and go through all those pieces. I think those two things are ultimately what lead me back to college."

Lauren, an intelligent, articulate post-graduate student who has had the support of a therapist since the onset of her illness is now grateful that her daily schedule is not as full as it was when she was younger. She learned to embrace her limitations as a means of self-care. She recalled examining an old document that her parents had left for her grandparents with information to care for her in their absence. The document listed all of the extracurricular activities in which she was involved and what times she would be at each.

"And I was like, I was looking at this and I was thinking, I remember those days when I would not get home at all. So, those days that I had an overnight thing or something. I was so happy that that was not my life anymore... I've HAD to learn how to take care of myself, both mentally as well as physically take care of myself."

"I use to do everything. I use to go to school, you know, early in the morning and have 500 extra-curriculars and not get home until 9:00 at night. And now, I'm like, I've been out here for two hours, and now I am tired. And I need to sit down and I, you know...I want them to know I am doing my best. I want them to know that if I say I can't do something, or I need to stop, or I need to whatever, I am saying that because I have learned my limitations. And I am preventing myself and from taking it too far and hurting myself."

Tenant 2 of Critical Disability Theory

A second tenant of critical disability theory involves embracing the idea that individuals are intersectional beings and that all individuals are multidimensional. Crenshaw (1989) used intersectionality as a term to explain how oppressive forms can be seen as intersecting axes as a means of noting the nature and implication of the disadvantaged position. Intersectionality and multidimensionality exemplify how oppression is not just a layering of oppressive forces but more of an intersection of the forces with the individual at the center of those oppressive forces.

Key Concept Related to Ableist Microaggression. The complexity of existing as an intersectional being contributes to an internal conflict for the individual with a physical disability as they begin to rationalize ableist microaggressions. The emotional toll of which often leads to social caution. To establish this key concept, it is important to note that every interview participant addressed the internal conflict they have felt and the emotional toll it has taken on them. In every case, participants shared examples of how they have become more socially cautious.

Brenda, who describes herself as warm, sympathetic, and dependable, her social caution can manifest as nervousness accompanied by emotional exhaustion.

"It's exhausting, quite frankly. It makes me nervous to meet new people. Me, I was a very outgoing child. I was the kid at the beach who would run up to other kids and ask them if they wanted to be my friend. To the point where my parents had to, like, stop me. I had a kid running away screaming at one point. I was a very social child and then towards, through my high school career it lessened, because meeting new people comes with explaining all those things again, with teaching them how to give me a glucagon shot if I pass out somewhere. Because if they are with me for long periods of time, and they are the only ones, they have to know. And, seeing the fear on their face when I say that sucks. So, meeting new people is kind of become a negative experience and it shouldn't be. I mean making new friends should be something that is good. However, explaining my, the way, that I work differently, has created this negative association with meeting new people, because I have to go through all of that again." "Which is why coming to college was also even more difficult. Because I have to come here. And, I don't have my parents who know anymore. I have to explain to a new roommate how to take care of me if bad things happen. I have to talk to all of my teachers by myself because I don't have a 504 plan anymore. I had to go to the student help and disability center and make a new one without my parents there to support me. And it just takes so much more effort. And I spend less time with people than I did. Because it's less that I have to burden others than if I am by myself or with the same two people every day."

For Lauren, who describes herself as sympathetic, warm, and quiet, her physical limitations make it even more difficult for her to be social.

"I have always been shy. And, I have always been, kind of preferred to be alone or to play alone or to play in small groups. But this definitely made it so that I, it feels difficult to reach out to people in person. Or, to do as many things with other people socially because I feel like I can't. Just because of the limitations."

Alex, who describes himself as quiet, reserved, and moderately anxious, has become quite perceptive of the body language, tone, and subtle social cues of others. His distrust of others is rooted in his experiences with both intended verbal ableist assaults and more subtle ableist microaggressions. He exercises social caution around others, especially those in his age demographic.

"I definitely don't trust people as much anymore. And I, I don't know, and I guess I relate more with people who are much, much older than me because they have had much more of a life than people my age, you know. Someone who's like 40 years old, I could have a better conversation with them than I could with someone who is 20 years old, my age, you know."

"I can associate myself with somebody that -I don't want to say don't trust- but I guess I don't know enough to trust. I can do that fine, you know, like, I guess, a class project. I don't know them, but I can talk to them like a friend. But to be friends and to continue to be friends? I guess I just have to trust them. I notice different stuff about them, you know, like conversation. I notice the way they respond, or the kind of questions they ask, or the way they look at me, or something."

Key Concept Related to Psychological Thriving. Regardless of the frequency of ableist microaggressions and the extra social caution that the individual with a physical disability exerts, there exists an urge and determination to engage in positive social connections when available.

To establish this key concept, it is important to note that each participant indicated a need for social connections and appreciation for those connections that are socially positive. For the participants in this study, the conditions for social connection included both in-person and online communities with individuals of similar ability and interests regardless of age, a family and friend support system that offered praise and protection, and a university staff that was kind and inclusive.

Lauren, who has an introspective, creative, and self-reflective personality, often engages in various artistic hobbies and has joined social communities both at a local church and online with other individuals who share similar creative interests. She also spoke about the confidence she has gained from her family's support.

"I definitively, sort of, drawn in a bit more because of my physical limitations, but at the same time, I have been able to discover communities of people with the same limitations who have been able to thrive with their hobbies and the things they love. And to be a part of a community that is not just in person, or just not with people own age."

"I was telling them about a friend of mine in like the art community online was having some issues with self-esteem and their artwork and stuff, and my grandparents are like 'How is it that you're not? You're so confident with everything.' And I'm like not 10 minutes ago we were talking about how you are constantly telling your friends about how great I am. I think that's the reason. I have a cheerleading squad always."

Scott, a former paratrooper in his twenties, who comes from a family he describes with "metal in our hearts," speaks of the human need for belonging and social connection. He describes how he has struggled to find that on campus with other students and faculty but finds comfort in the

treatment he receives from the staff on the campus of the university he attends. He welcomes both their questions and concerns.

"I think that loss of camaraderie and friendship and stuff that we as human beings always do strive for and need and needed to nurture us and that went away. And we're still trying to, as a society build, I hate you use the business wording for it all. But reality is we're still trying to learn to network, socially, whether it's going to be there virtually, on social media with people, the right people to get us the effect and we can just thrive off the bat, the way we thrived off of the neighborhood kids."

"I don't want to say if the students don't want me to be included in their 20-year-old staff. I'm the same as a faculty. Everybody stands off from me. Not to deal with me. Because I am a student the faculty doesn't want to have anything to do with me. So, you have no crowd or peers to come up on except for the staff. Staff come up to me every single time. ... They will go out of their way."

Brenda, a talented young lady who just two days after receiving the unexpected type 1 diabetes diagnosis as a preteen, confidently insisted she could manage her diagnosis and hastily packed her bags for a spend the night choir camp hours from her home and family. She was able to face that particular challenge in part because of the social group that supported her. She finds that her family, along with her boyfriend, provides positive social connections and constant support that allows her to thrive.

"I built a friend group of girls and one that really wanted to be a doctor one day and she would just like, she was the keeper of all of my stuff, and I didn't even have to ask. But it was a very positive type of environment."

"I mentioned that my family makes the comment that out of all of my siblings that I was the one, that it was lucky that I was the one that got this. And that makes me feel like I, I am strong enough. They make me feel like I am strong enough. And, then they are there to support me...and my boyfriend is there to defend me when someone gets all antsy about my diagnosis or starts being picky at me. They are there to support me and protect and be there for me. And that, that support system is really what has helped me keep a positive attitude, keep pushing. ... they are the ones who kind of when that, when that negative thought or that negative emotion or those negative things that people say rears its head, they are the ones to kind of chop it off and bring me back down to reality." "And I make a point to talk to my sibling every week and make sure that I am caught up on what they are doing because I care about them so much. And leaving them hurts so bad and, and, and people at college thinks that's crazy for missing home with my parents and my siblings. I just want to be and I'm like no my life is with them. They are part of me. They make me who I am. And that's something that I don't, I don't see in other people a lot. It's just that familial connection."

Alex, who had always hoped to follow in his military father's footsteps, finds the relationship with his father, and the trust they share empowers him to face life with a little less fear and with less burden.

"Definitely my father. He is the only person I can relate to the most. He is a combat veteran. He is the reason I wanted to be a marine. He's obviously been hurt in action.

And. had not per say as bad as traumatic brain injury as I have... He had to relearn to do some things. So, like I can trust my dad a lot more than I can trust anyone else...He's told me like, the only person stopping me from doing anything is myself. You know, like

100% of the sort of the chances, 100% of what you miss in life are the chances you don't take. You know. He's like, yeah, I'm different, and people view me different but that shouldn't stop me from being able to live my life normally. You know. It's shouldn't put a burden on my life...Tells me that um that I shouldn't be afraid, you know."

Tenant 3 of Critical Disability Theory

A third tenant of critical disability theory is valuing the diversity found in disability instead of perceiving it through a tragedy-based lens. This means rejecting ideas of normal and abnormal and embracing a more "dilemma of difference" (Ingham, 2018; Minow, 1990). The concept of the dilemma of difference highlights the fact that disabled people represent a population that is varied and dynamically different in ways contingent on the context of their own experience with disability and in such context there is a dilemma about when to acknowledge or ignore that difference.

Key Concept Related to Ableist Microaggression. There are many human differences including intersectional identity and personality, yet the misconceptions and assumptions of individuals with physical disabilities are seemingly projected universally. To establish this concept, it is important to note that every interview participant addressed the misconceptions and assumptions others have about individuals with their conditions and individuals with disabilities in general.

Lauren who is studious, driven, and intelligent speaks to the misconceptions and assumptions that are most bothersome to her. She states, "There's always a fear of being seen as lazy."

Brenda who is both mathematically and scientifically logical and quite ambitious speaks to the misconceptions that she finds most bothersome. These misconceptions include an assumption of

the blame for her condition along with the assumption that all individuals, and animals, with diabetes are the same.

"When I tell people that I am diabetic, usually their first response is that "My cat has diabetes" or "Why aren't you fat?" and like those are two very, very different weird intrusive comments. I'm like "great, your cat has diabetes, but this is not the same as the way I live." Ah, and like when and the assumption that all diabetics are overweight. It comes from their being type 1 and type 2 diabetes. So, the, the 'Did you eat too much sugar as a kid?' or 'Did, why aren't you fat?' or 'Were you fat?' Those questions come from that misconception that because I have diabetes it's immediately s lifestyle disorder like I did this to myself."

"Realistically, my immune system attacked my pancreas. I have no control over that. It's not because of anything I did. It just happened. And there is a misconception out there that all diabetics did it to themselves. Ah, which is the case for some type 2 diabetics, but they are also just genetically predisposed. And I was genetically predisposed because my dad is a celiac and grandfather had Leukemia so that sort of autoimmune deficiency came down to me and that increased my chances. However, none of my other siblings have anything of the sort. So, it is nothing that was my fault."

"And a lot of people they are like. Oh, my grandparents are like that or like dah dah and it's the assumption that all of us are the same. Which is completely not true.... So, it's also the assumption that we are all the same which is not true. Everyone's body looks different, and everybody runs different and the assumption that mine works the same way as someone else's because we both have diabetes is incorrect."

Scott, who described himself as once daring and courageous and currently exhibits a sense of social responsibility, describes misconceptions that he finds most bothersome. These include the misconceptions that his disability is in some way contagious and often keeps others at a distance, that only visible disabilities are real disabilities, and that the issue of disability will never affect "my life."

"First, and foremost, they can't catch it. Whether it's airborne or whatever they think. Second of all, just because they see it. It is as though there's more handicapped. Even mobility handicap that has even more so than what's visible."

"I think their biggest misconception is one, they think they can't get, that it can't happen in their lifetime. I'm afraid to tell you if it's not you, it's gonna be your mother and your father or your children. Guarantee you. One of those, guarantee it. Whether it's medically induced, whether it's accidental, or whether it's self-induced. Some way, somehow there is gonna be a disability."

Alex who is observant, socially cautious, reflective, and a former extrovert has experienced a number of openly unkind ableist assaults most of which were rooted in misconceptions that a physical disability also implies an intellectual disability that he finds intensely bothersome.

"You know, there is still stuff I can do that people can't do. You know. And, then they are going to instantly say I am retarded because I walk different. When I first got back to school. I had, I guess I had a really bad T-Rex arm problem. You know, I would hold my hand like this without knowing. It took me like two years to stop doing that. It would be an automatic from someone, 'He's retarded.' and I wore the helmet, you know, so people would call me retarded."

Key Concept Related to Psychological Thriving. Although there is a seemingly universal projection of assumptions and misconceptions related to those with physical disabilities, the need to be seen as and understood as a unique person can propel an individual with disability to exert the energy to assert their individuality. To establish this key concept, it is important to note that either through direct quotes or inferences, every participant is actively seeking to assert their individuality. For the participants in this study, the attempts to be understood as a unique person includes creating, writing, acting, singing, learning, contributing to social communities and other organizations, and sharing their stories.

Brenda is a creator, actress, and singer who is discovering a real possibility of a lifetime of involvement in the theater which provides her an ideal platform to assert her individuality. Lauren is a creator, artist, writer, and scholar who is pursuing her doctorate and actively contributes her time and talent through the social networks she has created. Alex has yet to determine a major but is in college seeking to better define his interests and the ways in which he can make unique and individual contributions.

Scott, who is talkative and thorough, takes pride in the ability to share his own story. "Like I said, I mean I was taught by my parents, and I taught by my dad, especially and then I was taught by groups that I worked with not to go out and recreate stories and stuff like that. Tell your own because you know it. And I've done to half a dozen times, half a dozen times at Congress."

Tenant 4 of Critical Disability Theory

A fourth tenant of critical disability theory is that the voice of individuals with a disability is lacking in the construction of the understanding of the experience. Much of the construction of what we understand about disability is based on an able-bodied perspective. As a

result, when individuals with disabilities attempt to challenge or protest the mainstream portrayals of their experience, they are often suppressed, silenced, or dismissed as an inappropriate response from an individual who has an issue with their own disability (Ingham, 2018; Titchkosky, 2008).

Key Concept Related to Ableist Microaggression. Fueled by misconceptions and assumptions, others tend to suppress the voice of individuals with physical disabilities either as a means to control the story or control the disclosure of their stories. To establish this concept, it is important to note that all participants indicated an issue with the disclosure of their diagnosis or condition. Alex particularly struggled with the loss of control over his own story and how it was disclosed and discussed by others.

Alex, who had defied death and was determined to regain his mobility finds a particular hardship in managing the content and context of his own personal story. He spoke about several different occasions in which either the story of his experience or the disclosure of that the story was controlled by others.

"They just see me and notice that I'm different and they automatic like there's lots of people who just assumed what happened, or they make up their own story about what happened. You know, nobody knows that I lost left side mobility so when they see me. They don't know that I also learned to move my hand differently. They just notice that I limp and so they are like 'Oh is that helping your leg?' or they just think that I did something with my leg. They don't know that I can use my hands, but I literally could not move the left side of my body at all, Like I couldn't wiggle my finger. I couldn't open I hand, make a fist. I couldn't do anything, you know. They don't know I had to literally

relearn everything. They just assumed something happened. Or the people who do know what happened, they recreate their own story off me you know."

"Obviously the fire department was there. The police were there. The ambulance was there. The news was there. Everyone was there. You know, and my parents told the news that they didn't want them to take the story. I was obviously underage. I was 12. They didn't really want my name out there. They didn't want anything out there. And they didn't want anyone to know yet. So, people just automatically assumed their own story that got out on the internet, you know. Just a random reporter writing what they believe happened just because they were told they can't. Not allowed to, you know, ask questions."

"There are other people like this other girl. I was talking with her, and I told her I didn't want her to know yet, and then she texted me one day, you know, and saying she knew and everything. Cause there are people when I tell them I don't want them to know, I tell them that I don't want to know for a reason. I want them to know me and to be friends with me and get to know me and trust me as a person before they know that about me. But I'll tell them eventually when I feel comfortable. There are people when I tell them that I don't want them to know they look me up on the internet and they read what the news has to say instead of what I have to say."

Key Concept Related to Psychological Thriving. Regardless of the need for control by others, individuals with physical disabilities seek opportunities to voice their truth and given the right conditions will disclose their stories and become an advocate for themselves and others. To establish this key concept, it is important to note that every interview participant indicated there is not a reluctance to share their stories and in the right conditions there is a genuine desire to

share their experiences with others through their stories. For the participants in this study, those conditions included participation in the interviews conducted as part of this research, sharing their stories through writing assignments, authoring a book, and wearing an insulin pump visibly.

Although he has expressed resentment at the loss of control of his own story, Alex was the first of all participants to respond to the invitation to be interviewed. He found the opportunity to participate in the research a more comfortable and manageable outlet to share his own story.

"Last semester I was in a writing class... I had to write a paper, a book, a kind of extensive essay and I decided to write on the topic of my accident. So, I don't know when someone said they wanted to interview me, I guess, I just, I don't know, I thought it would be a nice change."

"I guess like I said I am very to myself. I'm must more independent person. I want to do everything on my own now 'cause I know I can't depend on another person. You know, I don't really ask for anything, you know. But yeah, I mean I definitely notice the little things in life, everything you know, every little thing. Ah I just the room, like I can definitely read the room as soon as someone sees me or something and I guess that's why I want people to know what happened. You know I don't want people to look at me like a hero, but I want them to know."

Brenda, who describes herself as being moderately extraverted and enthusiastic, wears her insulin pump visibility on her pant line. She does not hide it and waits to speak of it until she is asked, She also recalls being described as fashionable and pretty by the mother of another young girl in a bookstore while openly displaying her insulin pump. Brenda also recalls that experience as the only random kind interaction someone has ever said to her related to her diagnosis.

"I, I tend not to talk about it if I don't have to. I, it's a visible. Like when I'm eating and I have to dose or my pump buzzes and I wear my pump, I don't hide it."

"It is visible and when people meet me, they can see my insulin pump. And I tend to just wait until they ask because they always do. Like 'Oh, is that an iPod? Do you have a pager? Is that a mic pack?' 'Cause, I am in theater. And I usually wait for that to happen. And, then I explain 'No, I'm a type 1 diabetic. This is my insulin pump. His name is Jeffery. Makes them laugh. So, it eases the situation a little bit."

"I had dressed up that day and I felt really good about my outfit. And, my insulin pump was on the side of my skirt, because I don't hide it. And this woman had come up to me with her daughter and said my daughter always hides hers. And I can see. I see her take it out of her pocket, out of her hoodie pocket, and she said, 'I just wanted her to see that someone can have an insulin pump and still be fashionable and still be pretty.' And I wanted to cry right there."

Scott has advocated for the need for research related to Parkinson's disease and has spoken on Capitol Hill to Congressmen on several occasions. He recognizes the importance of telling his story in advocating for a future cure.

"I do know that I have a story that needs to be told. And, the kind of story I have, I don't need to make up stuff from other people. I don't need to try to explain my diseases. I don't need to try to explain what I went through in each piece. I did just what I just did today. I thought, I sit down, I go back to the beginning, who I am, what made me, and what I was. What I was? Listen to me, was. What I am. And, how the bits and pieces of it all as affected me, changed me, directed me."

Tenant 5 of Critical Disability Theory

Another tenant of critical disability theory has to do with language. Critical disability theory recognizes the power of both the written and spoken word and how the imagery of those chosen words carries "Ideological implications that influence the conceptualization and status of groups of people" (Ingham, 2018, p. 8). Individuals with a disability have historically been portrayed as evil, pitiful, and valueless burdens (Ingham, 2018). While there has recently been a more positive portrayal of individuals with disabilities known as "supercrips". The underrepresentation of positive portrayals of individuals with disabilities is problematic as it perpetuates negative, stereotypical connotations.

Key Concept Related to Ableist Microaggression. The imagery created through perceptions, misconceptions, and assumptions perpetuated through ableist microaggressions can leave individuals with physical disabilities with a negative self-image. To establish this key concept, it is important to note every interview participant indicated that microaggressive interactions with others have changed negatively affected their self-image and changed how they perceive their personality.

Though independent and self-sufficient, Brenda shares her reality of not only being seen as a burden but accepting herself as the burden. She describes how the perceptions of others affected her self-image.

"Yeah, it's becoming a point where I would rather be by myself than to burden others. I will take it upon myself, I guess. It is my diagnosis, and I will handle it. Which it negatively impacts the way that I feel about myself. I AM the burden and I feel like I am when I had never felt that way before."

"But I remember she would grab it off my pants and she would look at it first and she would freak out about it every single time. It made me feel really bad. Like, I know I can take care of myself, you know. I know I don't need to worry anybody, but she would take it upon herself to take extra care of me. And I didn't need that. And it made me feel like I couldn't take care of myself or that people thought I couldn't take care of myself. Or, that I was an extra and, and it was something that negatively impacted the way I thought about myself and my diagnosis. I thought I was like too much for some people to handle to the point I started dating my boyfriend of now two and a half years, and I was convinced that I was going to be a more difficult to handle, high maintenance type of girlfriend simply because I, my body doesn't just keep up correctly."

"I remember the fear that my parents had when we were transitioning from that first CGF over to this pump because they don't get my blood sugar anymore and they had a big fear about that. Would I wake up? Would I be, okay? What happens when they couldn't see it anymore? And I remember feeling bad. Like, bad that I would worry them that much. Bad that they thought I couldn't figure it out. And guilty that maybe I couldn't and what would happen if I did."

"And when I tell people that they are like 'Oh, I would just rather die.' No, No, please don't say that. I, It's really not that bad. I mean, I'm okay. There's, there's alternatives I can have. And I mean just hearing that constantly just kind of sucks."

"And they see that like, 'Wow, I would just rather die. Like, ah, like is there anything you can eat??' Like those kinds of comments just, you know. And, I am a teenage girl, I have a rough relationship with food. And, just hearing that kind of pounds it in there a little more. I'm like, I'm okay. I will be fine. But it sucks to hear if anybody else was in my

place they'd would rather die. Like, (laugh) it's just not something someone wants to hear every day. And it's something I hear, I wouldn't say every day or every week but, it's something that I hear in increasing frequency when I meet new people or like go out to eat with people. And something that probably doesn't get said to someone who doesn't have my condition."

Lauren, who is introspective and contemplating, uses the imagery of her parents' dog to describe herself and the apologetic nature that she assumes when her illness affects her ability to meet the expectations of others.

"It comes across, I think, especially when I perceive that the person is angry. They may not actually be angry, but if I perceive that there's a lot of me kind of almost begging for forgiveness. Or, saying, 'I should have told you this and this before, and this is how it is. And I didn't and that's my fault for not telling you this. And, and I, you know, will do this and this to make up for it. And I will, you know, um...' and feeling like saying 'I, I, you know, this is what's going on with me. You know, this is why I can't do this. And I don't want to use this as an excuse. I will do whatever, you know.' Begging for forgiveness or bargaining or something like that... My first reaction was always like, I want to say it's akin to like my, my parents have a little dog that he likes to run around and bark at other dogs and as soon as they turn around, he will like flip on his back and like, he, you know, he will be like 'I'm sorry, I'm sorry, I didn't mean it.' So that. I feel like it's akin to that."

Alex who describes himself as moderately self-disciplined has had to use that self-control as he has endured experiences of both microaggressions and misconceptions.

"At first people see me in a situation like this and people say hey and they talk. And, then see me walk away and they never speak to me again. And they avoid me, or they don't go near me. Or they look at me differently. And there are times when I know people talk about me behind my back about me and stuff like that. So, it's just like every day there is stuff where people don't want to be around because I'm different."

"Obviously when I got out of my accident, I, at first, going through everything was, I was very suicidal. You know. I thought you know, I thought this happened to me and I feel like I shouldn't be alive anymore. I am glad I am, but I have to relearn everything. And it's very struggling and I don't want to live through this. And then the way people treated me, I didn't want to live through that."

"Yeah, 'cause I, before the accident I was, I was the one who would be in trouble for being talkative and disruptive in class and now I am quiet. And, some people honestly don't know I am in class, because I just, I just stay to myself. And I, I guess, I don't ask questions a lot. I talk to teacher privately, I don't really, I guess, when there are questions asked in class, I don't raise my hand to answer it."

Scott, the father of four daughters and views himself as the provider for his family, recalls having to swallow humility.

"I went to Disney, my wife forced me to get in the motorcar to get to everywhere, so I could do it with family. That's the first trip where I started to swallow humility."

Key Concept Related to Psychological Thriving. Although individuals with disabilities often deal with the internal conflict created by these types of ableist microaggressions, they still exert the energy to rationalize and understand why others must think or feel this way. They often do so as a means to forgive others for the behavior and in turn, establish a more positive self-

image. means to forgive others for the behavior and in turn establish a more positive self-image. To establish this key concept, it is important to note every interview participant speaks of rationalizing the actions and intent of others and filtering their hurt through those rationalizations. For the participants in this study, these included rationalizing to forgive a former friend who could not deal with the loss of control that diabetes presented for her, a teacher for assuming a different food was always needed, peers who were blatantly verbally abusive, and well-meaning family members even when their actions or words were hurtful.

Brenda who describes herself as methodical, organized, and reflective rationalizes the behavior of the first person who made her feel negatively about her diagnosis. She also describes rationalizing away the hurt she felt from the well-meaning actions of a beloved teacher. She continues to explain how exhausting she finds balancing the need for people to do better and the weight of being the one to teach them to do better.

"Well, I've had a lot of time to think about her and her actions, because she did a lot of things that were intrusive. And I was friends with her for two years. I've reflected on sort of her need to be able to control her surroundings. And, my diabetes isn't under MY control, let alone anyone else's...And I think that she just couldn't cope with that and the fear of the unknown. Which is, I think, a lot of what people get uncomfortable around. They get uncomfortable around things they don't understand."

"I love that teacher and I know she was doing her best, but like it still hurt. And, I had to deal with that alone. It's nothing or something I could voice because I didn't feel it was worth it because she didn't intend it that way. So, why start an argument when I don't need to. Or why confront someone on saying those things when they don't know any better. And it kind of sucks. because I wish people knew better. And the only way for

people to know better is for me to say something or someone else to say something, but it gets exhausting being the someone to say something all the time. And it gets to the point that you just kind of take it. And you have to be the one to take what they say and put it through a filter so that you're getting what they're trying to say rather than how you perceive it originally or rather than how it feels when you hear it."

Alex, who is perceptive and observant, rationalizes the actions of those who openly mock him and call him names.

"I notice a lot about them and how their could be something in their life, like their parents, the way that they raise them, or the people they were raised around are not the best people or the childhood they went through or their parent could have been their bully and they behave like this because they want to feel like they want to project their dominance in life they want to try and fit in just cause someone treated them different so it's a whole cycle. You know."

Lauren whose family are her constant supporters and cheerleaders and who attributes some of her confidence to their constant praise and affirmations still finds the need to rationalize interactions from those family members.

"Definitely, my family, support from my family. Like I said, I do feel pressure coming from a family that is high achieving. Both of my parents are very highly educated, and my grandparents are all very highly educated. And, they have been very involved in my life. But they are supportive, and they are genuinely doing, you know, what they are showing, affection in their own way. Even if I have to go to my therapist and go 'AH that's really messed up that that's how they handled that."

"It's definitely easier with my family members who I know, and I know their personality, and I know that oh, this how my grandmother connects with people. Or this is just the way they communicate, or whatever. When it's like employers or coworkers or you know, it's harder for me to do that. And, so, sometimes I don't try to do that as much with people that I don't know as well. Um I mean I do. I do try, yes."

Tenant 6 of Critical Disability Theory

A sixth tenant of critical disability explores the uniqueness of individuals with disabilities. The theory asserts that each individual has rights, needs, and interests. For an individual with a disability, these should be individualized based on personal experience and circumstance.

Key Concept Related to Ableist Microaggression. The misconceptions and assumptions of individuals a with physical disabilities are seemingly projected universally and resultantly discount the individual rights, needs, and interests of individuals with a physical disability. To establish this concept, it is important to note that every participant spoke about how misconceptions and assumptions created a need to often explain themselves to others. The explanation was the participants' attempt to acknowledge their presence and the presence of their needs. Likewise, two participants also spoke about how the notice the individual rights, needs, and interests of other individuals with disabilities are discounted.

Lauren, who speaks of how she has always enjoyed being along or a part of small social groups, notes with certainty that she is not at all lonely. She shared that the lack of visibility of her diagnosis often leads to the misconception that the disability does not exist. She describes situations in which she is unable to meet the initial expectation of others and how that complicates and confuses the disclosure of her diagnosis to others.

"Um, it's tough because it's not really visible or it's immediately visible. And, so there, I think the difference comes in when I don't hit those expectations because they see me and don't see someone who, don't see someone who is disabled. So, when I hit my limit and can't do anymore, I have to stop and suddenly there's like there's a flip. And, you know, on the one hand, I don't want that to be like the first thing I say when I meet somebody. Like, 'Hey, I can't wait to work with you. By the way, I may have to stop and crawl under my desk for a few minutes."

Scott, on the other hand, feels more self-assured about mitigating the effects of misconceptions and assumptions of others concerning himself. However, his social awareness has caused him to reflect on the plight of others who have disabilities.

"I guess. Everything that my dad prepared me for in life, I can deal with what they did to me, or say to me, or look at me, or how they act with me. I really have a problem though with how they treat every other handicapped person. Because I don't have to say, we don't really flock together, anything like that. But we are aware of what's going on with each person once you know about us. What I see happen is just an atrocity."

Scott's social awareness is reflected in this discussion of the demographics of people, in his view, who are either dismissive or attentive to those with disabilities and suggest a better option.

"I am clumsy. When I get something out of my backpack something is going to drop. It's going to happen. I try my best not to make it happen...Anyway, white males in all the classes, forget it they ain't gonna touch it. One of the handicapped people will get up and do it to help only if they see that you need the help. They want to do it themselves. They just want to do it. Females in class, they'll let it sit. They can't last for about 30 seconds and then after that they will get it."

"I think most handicapped people want to do it themselves. But I think in almost every set of circumstances, if the person who would just jump up and help with the question being, 'Do you need any more help?' or 'Did you want me to help you with that?' If they, did it right at that point, they would feel more comfortable with the situation and the help that they would get. But, people stop, waiting and it becomes more of an embarrassment."

Alex, who is keenly aware of the assumptions and misconceptions others have of him has also become a buddy to and an advocate for individuals with Down Syndrome through an organization called Best Buddies. He discussed how others speak to him about individuals with Down Syndrome.

"And they say, like, what would I do in a situation if I was with someone with Downs

Syndrome? I would answer I would treat them no differently than I would treat someone who doesn't have Down Syndrome. I would just talk to them like a normal person and be friends with them like a normal person. And then they would say, 'You can't do that with retarded people." Stuff like that. And it just really pisses me off."

"And, yeah, I mean I do as much as I can. Right now, I am in a club at the (institution) called Best Buddies. It is a club where people, I guess there's a lot of Downs Syndrome people in there, and we just kind of help them. Or. I guess we just hang out with them. We don't treat them any differently, you know. They are a person first that's all I see them as. I don't even consider them as having Down Syndrome. I don't even know what that word means. Just because, I mean you can search the definition of it and it means

one thing, but then you meet someone with Downs Syndrome and there's nothing

different about them than some other person. I can have a normal conversation with them,

that."

and they can think about it all on their own. They don't need somebody there reminding them of something or telling them what to say. You know there's nothing different about a person."

Key Concept Related to Psychological Thriving. Regardless of the suppression of their individuality, individuals with disabilities seek opportunities to assert their unique need for grace, their unique challenges and hardships, and their unique contributions through their interests. To establish this key concept, it is important to note that every interview participant spoke about this theme in varying ways. For the participants in this study, these conditions included the need to be appreciated for the effort it takes to exist, grace when the physical body does not work normally, acceptance that one can learn to live with other people's objections, appreciation of and an emotional connection to everything, acceptance of the fragility of life, and acknowledgment of effort to persist.

Brenda, as enthusiastic and energetic as she describes herself to be, expresses the need for both appreciation and grace.

"Like, just to be appreciated for the extra effort that simply existing takes."

"But also, when my blood sugars are really annoying and my pump's constantly buzzing all day, it's exhausting. Like, just existing takes so much more work for me than it would for someone whose body works normally, and sometimes I just need a little grace for

"It's something I am going to have to live with. And I learned how to live with diabetes, and I can learn to live with other people's objections even if I shouldn't have to."

"I think that being diabetic and like having to work so much harder to exist makes me appreciate the things that I do more. That like Broadway show that I saw, I just I can

remember it clear as day. I really, really focused double time, because that was an experience that I wanted to remember. That, like, not a lot of people get, and I might not get again. Who knows? Like, that life, life, it made me. It kind of sucked to realize the fragility of your own life at like thirteen years old, but the benefit of that is that everything means so much more and so much more emotionally connected with everything. Because, who knows, maybe I'll get a low blood sugar and I won't be here tomorrow. So, I must enjoy today.'

Alex, a once talkative and outgoing child, expresses his fear and the need for others to understand what a huge change he had undergone both physically and emotionally.

"I had just had a huge traumatizing change to my entire life moment. And like I said I am an introverted person, I know I'm different, I don't want to be around people... everyone wanting to be around me was scary."

"I don't want people to look at me like a hero, but I want them to know like yeah, I am different, but I don't want you to view me like a retard. I want you to know that I had to redo everything."

Scott, who doesn't see himself as a superman, discusses his awareness of others with disabilities and how he sees those individuals persist.

"But, in the world of disability, I think the people who had the disability really are the supermen. I mean, I don't really consider myself as such, but I think they really wanted to, because they're the ones who've been waking up every morning and say, 'This is what I can't do like everybody else, but I'm gonna go out in the world and do it. Might have to be, I need more time. I might need a tool or something to help me. I'm gonna get out

there and do this.' Well, as you are, and that the mind is not gone. The mind is not wasted."

Tenant 7 of Critical Disability Theory

The seventh tenant of critical disability theory asserts that individuals with disabilities should fully participate in society. Full participation in society needs to be upheld as a means to address societal and institutional inequality.

Key Concept Related to Ableist Microaggression. Ableist microaggressions and the ableist beliefs that fuel them tend to dehumanize individuals with disabilities. To establish this key concept, it is important to note that three of the four interview participants spoke either of their dehumanization or in ways another individual with a disability needed someone to establish their humanity.

Brenda, a vibrant and warm human being, speaks of sometimes feeling like a scary entity and less than human because of the interactions others have with her related to her diagnosis and the management of her diagnosis.

"And that was a variable that she couldn't control, and it scared her. And, well I don't enjoy being the thing that scares people. That's not the way that you have to view it. I am not some unpredictable, scary entity. I am a human. Everyone is unpredictable. I am just unpredictable in a little bit of a different way."

"When I tell people that I am diabetic, usually their first response is that "My cat has diabetes" I'm like "great, your cat has diabetes, but this is not the same as the way I live."

Alex has the most visible disability of the interview participants and has reportedly experienced more ableist microaggressions than other participants.

"That pisses me off, you know, like sure I have brain damage. That doesn't make me a retard. Someone could have brain damage that doesn't make them brain dead. I am not a vegetable. I, I can do everything they can do. And, yeah just different and sometimes better because I have practiced for seven years now how to do things completely differently."

Scott who describes himself as moderately sympathetic and warm did not speak of a dehumanizing experience of his own. He did speak, however, of how his daughter brought dignity and humanity to another individual on campus who Scott described as handicapped.

"In my daughter's class, there is a handicapped student. They make fun of him during it. He had a jerk where his notebook and pencils and pens scattered all over the room... My daughter took all her stuff, piled it up on her desk, got up and went over, and automatically started picking stuff up for the gentlemen. And, he said, 'No, no, I'll get it up after class. I'll just give it up after." because he's already embarrassed. My daughter said, No, we are going to get you fixed up so you can join in class like the rest of us.' She took the moment... By doing such, she could set the example for the rest. She also knew that she could make just one person in the universe know that someone is aware that he is there and that they cared. Generally, cared. Not to love her, she just cared for him as a human being."

Key Concept Related to Psychological Thriving. Regardless of their sometimesdehumanizing treatment, individuals with physical disabilities have a desire to contribute to the humanity of others through creativity or involvement and will do so when the conditions allow. To establish this, it is important to note that every interview participant spoke about the need to contribute to the humanity of others through either creativity or involvement. For the participants

in this study, those contributions include singing, sewing, creating, building, writing, acting, serving, defending, advocating, speaking, and sharing,

Brenda, who is talented and artistic, is enrolled as a theater major at her institution. She describes her excitement as she realizes the contributions, she can make to humanity that are free from the reaches of her diagnosis.

"And I make costumes. I make sets and being diabetic doesn't affect that. It doesn't affect the art that I create. I am still an artist who creates things that make other people feel things... being diabetic doesn't have to affect that. I can. Being diabetic doesn't affect the way that I sing, or I sew, or I build, or I create. And I can sustainably do that for the rest of my life. And that has been an incredible revelation over the last semester and a half."

Alex, who is courageous and determined, struggles with the loss of his capability to join the Marine Corp as he had dreamed of doing as a child to follow in his father's footsteps. Yet, he spoke of welcoming an opportunity to defend our nation and its citizens, even those who had demeaned him. He spoke of writing a book as a means of advocating for others with disabilities through the sharing of his own story. He also spoke about his internal conflict about whether or not he would go back in time to change his circumstances if given the opportunity. On one hand, he would have his abilities and the capability of fulfilling his childhood dream of joining the military with his buddies. On the other, he recognizes that he is a kinder human being because of his experience.

"You know, cause people say I can't join the marine corps right now because they say I am a liability. If World War Three does happen, with everything that is happening right now, and I do get drafted, I wouldn't be scared to stand for my country. And I guess if I

die, I die. I don't care. I would just want it to be known that I still. as the person I am, everything that I went through, I didn't stop. I still defended our nation and people that did me wrong, even though they treat me differently and they are huge (explicative). I still defended them—them and their rights... I am different, but I still stood up for those people who were (explicative) to me and treated me differently, and called me names. I still stand up for them and help them on their weakest times."

"I'm writing a book about my life story and how it happened and stuff... I don't want it to be one of those books where all the famous people are like, you know, they write the book and they are like 'Oh, you have to take chances in life, or you'll never get it unless you try and I'm famous and I'm an actress because I took a change.' I want people to know like yes, take the chance, but I don't want people to do that just because they can do that. I want people to know that there's stuff they, like other people go through in life, and that and that these people do take chances. I don't want people to be viewed differently. And I want other people to know just because they went through something, and people do view them differently that nothing should stop them from doing what they want."

"I want to go back in time and tell myself don't do this. Don't go to this specific place and do this thing at this time, you know. Just don't. Save yourself, you know. But then if I do that, there's stuff that I have learned in life now that I probably wouldn't learn. I would be the person that I hate in life now. If I were to go back, let's say if they did build a time machine I might would go back in time and stop that from happening. It would be great because I could do in life now that I can't do. But, if I did that, I wouldn't know

what I know now. I wouldn't be the person that I am now. I wouldn't be able to tell the stories that I can tell now."

Lauren who has filled her life with creative hobbies, studies, and the sharing of her interests through social communities speaks of how personally valuable she finds being able to share advice or suggestions with others.

"So, I definitely I like to sing. I like music. And, I have an, I guess, I do have definitely a spiritual component. I find a lot of my spirituality alone, but I like the community of a church for social and for the music. Definitely. I sing in the choir, and I play instruments, so I will always want to reach out and have a church community for that... I have some people that I play Dungeons and Dragons with, and I have some people that I am in art and writing community. So, we have a small group of about 10 or 15 of us I think... We will meet up weekly and have like a book club type thing where we are reading and discussing things and sharing our artwork and stuff. And, these really have become really, really good really close friends."

"It makes me feel good when I can offer advice, too, to friends and people. And to be able to say, 'Oh I've had this problem, as well, and here's what I, and this is something that's worked for me.' So, to be able to both give and receive advice on issues that are really important to my life is big. It is, it's something that I think is really valuable to me personally."

Scott who is a father, student, and the oldest of the interview participants, spoke of the current ways he continues to contribute to society. He also spoke of his desire to create a support system for younger adults with disabilities in the future.

"I carry my rescue pack in case I come across something, or someone and they need me because I've got a team that I worked with called True Rescue. I have weather maps and weather call-ups, I do that. I lend my expertise and where I've done rescues. I've got laptops and tablets that have worked in programs, I can communicate and get information and transcribe it over the Zello, walkie talkie, I communicate with them." "I'm hoping my dual bachelor's degree happens and hopefully the master's degree right behind that... I really hope I can go for it. I can get it done. But, as I go through each one of those phases, I'm hoping that I'm able to attract a group of younger handicapped people in a world that's not gonna be nice to them, that is not gonna give them opportunities, not gonna think that they're prepared for. Because at their ages, in their younger twenties and stuff like that, if they could go in and already had the right mindset, and already have all the right attitudes, they will be so far ahead of all their other classmates. And one, they will be more, for number one, professional and get ahead of the game much earlier, which in turn will help get them better medical care at much earlier in their careers. But they're gonna touch so many more people in their lives."

Conclusion of Qualitative Findings

This section of the chapter presented findings derived from the qualitative semi-structured interviews conducted to provide in-depth explanations of personality, ableist microaggression experiences, and psychological thriving of college students with physical disabilities. Specifically, this section of the chapter first explained the interviewee profiles and interview questions. A total of fourteen key concepts, 7 related to ableist microaggression and 7 related to psychological thriving, were aligned with tenants of critical disability theory. Each of the key concepts was derived from the semi-structured interviews which are presented with

quotes from participants. The processing of microaggression and psychological thriving were also explained using the lens of personality.

Summary of the Chapter

This chapter presented results from quantitative data analyses. Descriptive analysis of the survey provides a clear picture of college students with physical disabilities regarding their demographic information, ableist microaggression experiences, psychological thriving, and personality. This chapter also presented the existence of a correlation between ableist microaggression experiences and psychological thriving and the strength of that correlations. Furthermore, differences between student groups based on demographic characteristics and personality were examined.

This chapter also presented findings derived from the qualitative semi-structured interviews conducted provide in-depth explanations of personality, ableist microaggression experiences, and psychological thriving of college students with physical disabilities.

Specifically, this section of the chapter first explained the interviewee profiles and interview questions. Fourteen key concepts (seven related to microaggressions and seven related to psychological thriving) were derived from the interviews which were presented with quotes from participants. The processing of microaggression incidents was also explained using the lens of personality.

Chapter 5: Discussion of Summary, Implications, and Conclusions

Overview

The first part of this chapter begins with a summary of the study. The second part presents the interpretation of both quantitative and qualitative findings of ableist microaggression, psychological thriving, and personality as they pertain to college students with physical disabilities. The chapter then provides practical implications for society as a whole and the institutions that serve college students with disabilities. This chapter concludes with recommendations for future research.

Summary of the Study

Chapter 1 provided an overview of the interpersonal exchanges that are demeaning and invalidating to individuals with disabilities known as microaggressions and the correlation to negative psychological impacts. Chapter 2 reviewed previous literature and explored topics such as invisibility, experiences of college students with disabilities, ableism, ableist microaggressions, negative psychological effects, psychological thriving, personality, and critical disability theory. Chapter 3 provided an overview of the methodology used for this explanatory sequential two-phase mixed-methods study. Chapter 4 included the presentation of the research including a descriptive analysis of demographics and personality and results of the correlation measures for ableist microaggressions and psychological thriving. A detailed description of the key concepts that emerged was discussed using a critical disability theory framework. Chapter 5 includes a discussion of the findings, implications, and make recommendations for future research.

Interpretation of Findings

The findings of this study align with what is known about ableist micoraggressions and the microaggression experiences of other marginalized groups. Keller and Galgay (2010) first showcased the likelihood of psychological impacts as a result of ableist microaggressions. The current literature highlights the correlation between microaggressions and negative psychological outcomes such as depression, anxiety, and substance abuse among others. The participants of this study reported experiencing daily interactions with able-bodied individuals in which messages of exclusion, inferiority, and abnormality were communicated. The findings of this study are also consistent with current research in that participants reported that often the individual was oblivious to their own ableist beliefs and unaware of the discomfort and possible psychological harm caused to the recipient.

The psychological research on microaggressions, other negative life events, and trauma all focus on pathology and the negative consequences (Norlander et al., 2005). This study, however, sought to explore if there could be a possible unexpected positive outcome. While it is not anticipated, some individuals can grapple with the pain and crisis and are able to experience some form of self-growth as a result (Tedeschi et al., 1993). Carver showcases four possible outcomes of an adverse event. These include succumbing to the adverse event entirely, surviving the adverse event with some impairment, recovering to the previous state of functioning or thriving, or surpassing the previous state of functioning. The latter is known as psychological thriving.

Building on studies of the psychological impact of racial microaggressions, this explanatory mixed methods two-phase study sought to explore for the first time if there is a correlation between ableist microaggressions and psychological thriving. Additionally, this study

sought to determine what the correlation is between these two variables. The findings of this study indicate that there is not a significant correlation between ableist microaggressions and psychological thriving. While this finding is not generalizable, it does provide hope that there could be an unexpected positive outcome and that individuals with disabilities can experience daily microaggressions and yet find ways to psychologically thrive.

The second phase of the explanatory mix-methods study provides data to better explain the reasoning for the qualitative findings. It also answers the third research question that explores the role of personality in the perceptions of ableist microaggressions and psychological thriving. Larsen and Bus (2005) defined personality as a set of enduring psychological mechanisms and traits within an individual that influence an individual's actions. Personality incorporates elements of emotional stability along with nuances of interpersonal, experiential, attitudinal, and motivational styles (Jabeen et al., 2016). These cognitive, emotional, and behavioral tendencies are tools to help describe and predict individual differences in behavior (Jabeen et al., 2016; Revelle, 1995).

Personality has many cognitive, emotional, and behavioral nuances. The unique circumstance of each individual with disabilities also has many nuances related to disability type, onset, visibility, and severity. The findings of this study indicated that regardless of the personality profile and demographics of participants, each individual reported experiencing ableist microaggressions and finding them bothersome.

This study also finds that participants were able to report with more ease the personality characteristics that contribute to their own ability to psychologically thrive. Through the development of these key components utilizing a critical disability theory lens, this study showcased the conditions in which college students with physical disabilities can

psychologically thrive which serves to explain the lack of a significant correlation between ableist microaggression and psychological thriving. These seven key concepts provide a framework to identify personality traits that contribute to the perception of thriving.

In summary, this study finds regardless of the loss, permanent physical change, and change of treatment by others, the individual can begin to assume responsibility and control over their own life given a motivating catalyst or allowing conditions. For the participants in this study, those conditions included a pre-scheduled stay away choir camp, a methodical and organized mindset, a realization based on a conversation with a loved one that social connections and intellectual abilities were still viable, and an awareness and acceptance of physical and mental needs. Participants exhibit the following personality traits that contribute to their ability to psychologically thrive in the context of this key concept: mathematical and scientifically minded, organized, methodical, self-aware, and self-disciplined

Secondly, regardless of the frequency of ableist microaggressions and the extra social caution that the individual with a physical disability exerts, there exists an urge and determination to engage in positive social connections when available. For the participants in this study, the conditions for social connection included both in-person and online communities with individuals of similar ability and interests regardless of age, a family and friend support system that offered praise and protection, and a university staff that was kind and inclusive. Participants exhibit the following personality traits that contribute to their ability to psychologically thrive in the context of this key concept: enthusiastic, open to new experiences, sympathetic, and warm.

Thirdly, although there is a seemingly universal projection of assumptions and misconceptions related to those with physical disabilities, the need to be seen as and understood as a unique person who can propel an individual with a disability to exert the energy to assert

their individuality. For the participants in this study, the attempts to be understood as a unique person includes creating, writing, acting, singing, learning, contributing to social communities and other organizations, and sharing their stories. Participants exhibit the following personality traits that contribute to the ability to psychologically thrive: creativity, attitude of service, and being open to new experiences.

This study also finds regardless of the need for control by others, individuals with physical disabilities seek opportunities to voice their truth and given the right conditions will disclose their stories and become an advocate for themselves and others. For the participants in this study, those conditions included participation in the interviews conducted as part of this research, sharing their stories through writing assignments, authoring a book, and wearing an insulin pump visibly. Participants exhibit the following personality traits that contribute to the ability to psychologically thrive: creativity, openness to new experiences, and confidence.

A fifth finding is that although individuals with disabilities often deal with the internal conflict created by these types of ableist microaggressions, they still exert the energy to rationalize and understand why others must think or feel this way. They often do so as a means to forgive others for the behavior and in turn establish a more positive self-image. For the participants in this study, these included rationalizing to forgive a former friend who could not deal with the loss of control that diabetes presented for her, rationalizing to forgive a teacher for assuming a different food was always needed, rationalizing to forgive peers who were blatantly verbally abusive, and forgiving well-meaning family members even when their actions or words were hurtful. Participants exhibit the following personality traits that contribute to the ability to psychologically thrive: sympathetic, warm, understanding, and empathetic.

A sixth finding is that regardless of the suppression of their individuality, individuals with disabilities seek opportunities to assert their unique need for grace, their unique challenges and hardships, and their unique contributions through their own interests. For the participants in this study, these included the need to be appreciated for the effort it takes to exist, grace when the physical body does not work normally, acceptance that one can learn to live with other people's objections, appreciation of and an emotional connection to everything, acceptance of the fragility of life, and acknowledgment of effort to persist. Participants exhibit the following personality traits that contribute to the ability to psychologically thrive: appreciative, accepting, persistent, and being self-aware.

Lastly, regardless of their sometimes-dehumanizing treatment, individuals with physical disabilities have a desire to contribute to the humanity of others through creativity or involvement and will do so when the conditions allow. This study found that every participant seeks to contribute to the humanity of those who dehumanize them. For the participants in this study, those contributions include singing, sewing, creating, building, writing, acting, serving, defending, advocating, speaking, and sharing. For one participant the contribution could be the most powerful all. If he were given the choice to travel back in time to prevent his accident and save his own future, he is not sure that he would. He recognizes that his contribution to humanity is that he is now a kinder, more empathetic, and more thoughtful human being to his fellow man. Participants exhibit the following personality traits that contribute to the ability to psychologically thrive: creativity, openness to new experiences, bravery, attitude of service, sympathetic, warm, and self-aware.

In summary, the findings of this study indicated that while current research supports the likelihood of negative psychological outcomes there exists the possibility of the unexpected

outcome of psychological thriving. This study finds individuals with disabilities are driven by the same needs as other humans including the need to belong, exert their own unique identity, and contribute to society. When conditionals are allowable, individuals with disabilities will access their unique set of cognitive, emotional, and behavioral characteristics related to their personality to psychologically thrive.

Limitations

There are two significant limitations to this study to consider which include sample size and limited institution participation. The study was designed to include college students over the age of 18 from six universities in the southeastern United States. At the onset of this study, the COVID-19 global pandemic and its implications placed a noticeable strain on higher education institutions' support systems, including the accessibility and disability service offices. Four of the six institutions were either currently undergoing a leadership change or had just experienced a leadership change. Of the six accessibility and disability service office directors, only three were available to discuss participation in the study. Of the three directors who committed to disseminating information to potential participants on their campus, only two adhered to the designated timeline for distributing information about the online survey during the quantitative phase of the study. As a result, the study was unable to obtain the goal of thirty-fifty participants. The study (n-7) contributed from only two campuses. Based on conversations related to this study with personnel in offices of accessibility and disability services at each of the nonparticipating institutions, it is likely that the increased demand for services along with the increased needs of students is greater than the resources available. Given the sample size and the limited intuition participation, it is important to note that the findings discussed in this study are not generalizable.

Implications

The findings of this study have important implications for advancing the trajectory of research in the areas of microaggression research and research related to ableist microaggression outcomes. Likewise, this study has implications for the field of post-secondary educational scholarship and policy as it relates to college students with physical disabilities. Lastly, but certainly not less importantly, this study has implications for research related to the overall psychological well-being of individuals with physical disabilities and outlines come conditions needed for a positive psychological outcome.

In terms of microaggression research, one contribution of this study is that it considered the ideographic variable of personality and framed the development of key concepts using the personality characteristics of participants. Lilienfield (2017b) critiqued the current microaggression research program asserting a lack of evidence and proposed eighteen recommendations for future research including ideographic variables such as personality. The qualitative component of this study addressed this critique and examined the role personality plays in perceptions of ableist microaggression and psychological thriving. While the items that individuals experienced and to what degree to which each were bothersome varied by the participant, this study found that regardless of the personality profile of participants, each participant reported experiencing ableist microaggression and found the interactions bothersome. The role of personality is more easily evident when identifying ways in which individuals coped with their physical or medical condition and found ways to psychologically thrive. The findings of this study contribute information to the microaggression research program by addressing critiques of the current scope of study and expanding the scope to include the role of personality.

The second contribution of this study is that for the participants in this study there was not a significant correlation between ableist microaggression and psychological thriving. The current research field and the focus on the more likely negative psychological outcomes suggest that as ableist microaggressions become more frequent and bothersome one may expect that the ability to psychologically thrive would decrease. The finding that there is not a significant correlation between those two variables is in itself significant. This finding offers a new avenue to explore in regards to ableist microaggression outcomes.

This study also offers contributions in terms of post-secondary education and the well-being of the students, faculty, and staff with disabilities on campus. Abes and Wallace (2018) brought attention to the chilly campus climate that many individuals with physical disabilities experience on campus in regards to intersectional identity, hypervisibility, and the phenomenon of feeling invisible. The current literature also highlights how ableism is invisibly threaded in post-secondary education (Merchant et al., 2020). The findings of this study offer the specific conditions the participants needed to engage in activities that contribute to their own psychological thriving. These conditions include authentic engagement in social communities, opportunities to exert individuality, authentic and safe outlets to share experiences related to disability, and opportunities to time, talent, and skills to contribute to the humanity of others. These specific conditions can inform post-secondary scholarship, student support systems, and policies in ways that benefit this marginalized demographic on college campuses.

Finally, this study has implications for research related to the overall psychological well-being of individuals with physical disabilities. The qualitative outcomes of this study outline the specific ways in which individuals with disabilities experience ableist microaggressions and how those microaggression experiences lead to phenomena like social caution and negative self-

image. The qualitative outcomes also outline the specific way in which individuals with disabilities attempt to overcome the challenges presented by ableist microaggressions and exert energy to solidify their own unique needs, contributions, and sense of belonging. By outlining specific conditions and personality traits that participants in this study contribute to psychological thriving, this study can begin to provide preliminary information for the field to continue to build a clearer framework for understanding the role personality plays in psychological thriving.

Recommendations for Further Research

This study serves to inform researchers about new perspectives to consider in ableist microaggression research. This study highlights variables in which more information is needed to fill in the gaps in current research. Variables to explore include psychological thriving and personality. This study also highlights the need to examine differences among sample populations when exploring the variables of ableist microaggressions and psychological thriving. Such research should include comparisons between individuals with a disability onset at birth versus those who had an onset at a later time in life, comparisons between individuals with visible disabilities and individuals with disabilities that are not as easily identifiable, and comparisons of college students between the ages of 18-25 and those who in an older age range.

Additionally, future research should include a methodology similar to that of this study using a larger sample size of at least 30-50 for the quantitative data collection and approximately 10 for the qualitative data collection. One suggestion for change would be to explore other avenues to access the potential participants that do not require commitments on the part of offices that support the accessibility and provide disability services at higher education institutions. While the personnel in the offices of institutions considered for this study expressed

interest and support for this research, the resources of the offices were quite limited and in high demand.

Future research could also build on the findings of this study to explore the key concepts related to psychological thriving and seek to develop a psychological thriving scale to be used specifically for individuals with disabilities. The Thriving Scale adapted for use in this study was designed more than two decades ago and was not intended specifically for this population. A future study may include the creation and validation of a thriving scale to assess items related specifically psychological thriving of individuals with disabilities which takes into account variables such as type, onset, visibility, and severity.

A final recommendation of the study, which is of particular interest to this researcher, is the role of marginality and mattering in an individual with disability's ability to psychologically thrive. Considering the experiences of erasure, invisibility, and marginalization of individuals with disabilities, it is necessary to revisit the theory of marginality and mattering (Schlossberg, 1989). Schlossberg highlights the importance of mattering and the impact of marginality in the college experience, which is especially notable for students with disabilities. Many students with disabilities who are marginalized may also feel as if they do not matter. Mattering occurs when there is recognition and impact in which we receive messages from the world that our presence matters. The findings of this study indicated in several key concepts the importance expressed by participants in which they exerted energy to produce products or participate in services that contribute to society and humanity. The connection between the experience of being marginalized and the desire to contribute to society in meaningful ways could lead to more discoveries related to psychological thriving. A study of this type might specifically examine the role mattering plays in the psychological thriving of college students with physical disabilities.

Conclusion

The current literature base supports that a correlation between microaggressions and negative psychological outcomes exists. This study sought to find the possible positive aspect, or ray of sunshine, in what seems to be a gloomy outcome for individuals with disabilities in a society that still, either intentionally or unintentionally, perpetuates ableist beliefs. While the results are not generalizable, for the participants in this study there is a possible positive outcome. When conditions are allowable and when opportunities exist, individuals who have experienced ableist microaggressions can psychologically thrive. This study provides a glimpse at how individuals can face loss or hardship, experience a change of treatment, combat generalizations and misguided perceptions, tolerate dehumanization, and be able to thrive and contribute to society and humanity in meaningful ways if opportunities exist. Until we have a society that no longer perpetuates the idea that individuals with disabilities are helpless, inferior, unable, or in some ways less valuable than their able-bodied peers, we must find conditions in which thriving is possible. Brenda, an intelligent, creative, and scientifically-minded young lady shared her thoughts regarding her experiences of ableist microaggression, "It's something I am going to have to live with. And I learned how to live with diabetes, and I can learn to live with other people's objections even if I shouldn't have to." Brenda's words highlight both the injustice of an ableist society and the incredible determination of the human spirit to find ways to psychologically thrive.

References

- Abes, E. S., & Wallace, M. M. (2018). "People see me, but they don't see me": An intersectional study of college students with physical disabilities. *Journal of College Student Development*, 59(5), 545–562. https://doi.org/10.1353/csd.2018.0052
- Abes, E. S., & Wallace, M. M. (2020). Using crip theory to reimagine student development theory as disability justice. *Journal of College Student Development*, 61(5), 574–592. http://doi.org/10.1353/csd.2020.0056
- Abrahamson, M., Mizurchi, E. H., & Hornung, C. A. (1976). *Stratification and Mobility*.

 Macmillan Publishing Co., Inc., New York.
- Abraido-Lanza, A. F., Guier, C., & Colón, R. M. (1998). Psychological thriving among latinas with chronic illness. *Journal of Social Issues*, *54*(2), 405–424. https://doi.org/10.1111/j.1540-4560.1998.tb01227.x
- Akin, D., & Huang, L. M. (2019). Perceptions of college students with disabilities. *Journal of Postsecondary Education & Disability*, 32(1), 21–33.
- American Psychological Association (APA). (2009). APA Task Force on guidelines for assessment and treatment of persons with disabilities: Draft guidelines for assessment of and intervention with individuals who have disabilities. Retrieved June 23, 2009, from http://forms/apa/org/pi/disability
- Andrews, G., Henderson, S., & Hall, W. (2001). Prevalence, comorbidity, disability, and service utilization: Overview of the Australian National Mental Health Survey. *The British Journal of Psychiatry*, 178(2) 145-153. http://doi.org/10.1192/bjp.178.2.145

- Annual Disability Statistics Compendium. (2014). 2014 Annual disability statistics compendium- Tables by topic overview. Retrieved from http://disabilitycompendium.org/compendium-statistics
- Antel, B. J. (2004). Factors associated with self-worth in young people with physical disabilities. *Health and Social Work*, 29(3), 167-175. http://doi.org/10.1093/hsw/29/3.167
- ASHE Higher Education Report. (2013). 39(5), 49-67.
- Aydemir-Dőke, D., & Herbert, J. T. (2021). Development and validation of the ableist microaggression impact questionnaire. *Rehabilitation Counseling Bulletin*, 1–10. https://doi.org/10.1177/00343552211014259
- Bagci, S. C., Verkuyten, M., Kroc, Y., Turnukle, A., Piyale, Z. E., & Bekmezci, E. (2020). Being tolerated and being discriminated against: Links to psychological well-being through threatened social identity needs. *European Journal of Social Psychology*, 50(7), 1463–1477. http://doi.org/10/1002/ejsp.2699
- Bell, A. K. (2015). Nothing about us without us: A qualitative investigation of the experiences of being a target of ableist microaggresions [John F. Kennedy University].
- Berger, R. J. (2013). Introducing disability studies. Boulder: Lynne Rienner Publishers.
- Bialka, C. S., Morro, D., Brown, K., & Hannah, G. (2017). Breaking Barriers and Building Bridges: Understanding How a Student Organization Attends to the Social Integration of College Students with Disabilities. *Journal of Postsecondary Education and Disability*, 30(2), 157-172.
- Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in

- ABLESIST MICROAGGRESSIONS AND THRIVING
 - a historically white institution. *Cultural Diversity & Ethnic Minority Psychology*, *18*(1), 45–54. https://doi.org/10.1037/a0025457
- Bogart, K. R., & Dunn, D. S. (2019). Ableism special issue introduction. *Journal of Social Issues*, 75(3) 650-664. https://doi.org/10.1111/josi.12354
- Bourke, B. (2014). Positionality: Reflecting on the research process. *The Qualitative Report*, 19(33), 1-9. http://doi.org/10.46743/2160-3715/2014.1026
- Branco, C., Ramons, M. R., & Hewstone, M. (2019). The association of group-based discrimination with health and well-being: A comparison of ableism with other "isms." *The Journal of Social Issues*, 75(3), 814–846. http://doi.org/10.1111/josi.12340
- Brault, M. W. (2012). Americans with Disabilities: 2010. Current population reports, P70-131.
 U. S. Census Bureau, Washington, D. C. Retrieved from http://census.gov/prod/2012pubs/p701131.pdf.
- Brown, N., & Leigh, J. (2018). Ableism in academia: Where are the disabled and ill academics. *Disability & Society*, *33*(6), 985–989 https://doi.org/10.1080/09687599.2018.1455627
- Brown, R., Grisell Diaz-Ramirez, W., Boscardin, S. J., Lee, S. J., & Steinman, M. A. (2017). Functional impairment and discline in middle age: A cohort study. *Annals of Internal Medicine*, 167(11), 761-768. https://doi.org/10.7326/M17-0496
- Bureau of Labor Force Statistics. (2015). U. S. Department of Labor. *Persons with a disability; Labor force characteristics* 2014. Retrieved from

 http://www.bls.gove/news.release/pdf/disabl.pdf
- Bureau of Labor Statistics. (2014). U. S. Department of Labor. Almost 60% of people with a disability age 25 and older had a high school education or less in 2013. *The Economics Daily*. Retrieved from http://bls.gov/opub/ted/2014/ted_20141010.htm.

- Calder-Dawe, O., Witten, K., & Carroll, P. (2020). Being the body in question: Young people's accounts of everyday ableism, visibility, and disability. *Disability & Society*, *35*(1), 132–155. https://doi.org/10.1080/09687599.2019.1621742
- Carlson, W., & Witschey, H. (2018). Undergraduate students' attitudes toward individuals with disabilities: Integrating psychology disability curriculum and service-learning. *Teaching of Psychology*, 45(2), 189–192. https://doi.org/10.1177/0098628318762929
- Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues*, *54*(2), 245–266.
- Center for Collegiate Mental Health. (2019). 2018 annual report (Publication No. STA 19-180).

 Cener for Collegiate Mental Health.
- Conover, K. J., Acosta, V. M., & Bokoch, R. (2021). Perceptions of ableist microaggressions among target and nontarget groups. *Rehabilitation Psychology, advanced online publication*. http://dx.doi.org/10.1037/rep0000404
- Conover, K. J., & Israel, T. (2019). Microaggressions and social support among sexual minorities with physical disabilities. *American Psychological Association/Rehabilitation*Psychology, 64(2), 167–178. https://psycnet.apa.org/doi/10.1037/rep0000250
- Conover, K. J., Isreal, T., & Nylund-Gibson, K. (2017b). Development and validation of the ableist microaggressions scale. *The Counseling Psychologist*, 45(4), 570–599. https://doi.org/10.1177%2F0011000017715317
- Cosier, M. (2012). "The road less traveled": Combining disability studies and quantitative analysis with medium and large data sets. *Research and Practice for Persons with Severe Disabilities*, *37*(2), 81–88. https://doi.org/10.1177%2F154079691203700203

- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 140, 139-167.
- Creswell, J. W., & Clark, V. L. (2018). Designing and Conducting Mixed Methods Research (3rd ed.) Sage Publications, Inc.
- Crichton, S. L., Bray, B. D., McKevitt, C., Rudd, A. G., & Wolfe, C. D. A. (2016). Patient outcomes up to 15 years after stroke: Survival, disability, quality of life, cognition, and mental health. *Journal of Neurology, Neurosurgery, and Psychiatry*, 87(10), 1091–1098. https://doi.org/10.1136/jnnp-2016-313361
- Cuddy, A. J., Fiske, S. T., & Glick, P. (2007). The BIAS map: Behaviors from intergroup affect and stereotypes. *Journal of Personality and Social Psychology*, 92, 631-648. http://doi.org/10.1037/022-2514.92.4.631
- Dávila, B. (2015). Critical race theory, disability microaggressions and Latina/o student experiences in secial education. *Race Ethnicity and Education*, 18(4), 443-468. https://doi.org/10.1080/13613324.2014.885422
- Davis, L. (2010). Constructing normalcy. In L. Davis (ed). *The disability studies reader (pp4-19)*New York, Y; Routledge.
- Dembo, T., Leviton, G., & Wright, B. A. (1956). Adjustment to misfortune— a problem of social psychological rehabilitation. *Artificial Limbs*. *32*, *4-62*. https://psycnet.apa.org/doi/10.1037/h0090832
- Dihn, K. T., Holmberg, M. D., Ho, I. K., & Haynes, M. C. (2014). The relationship of prejudicial attitudes to psychological, social, and physical well-being within a sample of college students in the united states. *Journal of Cultural Diversity*, 21(2), 56–66.

- Donovan, R. A., Galban, D. J., Grace, R. K., Bennett, J. K., & Felicié, S. Z. (2013). Impact of racial macro-and microaggressions in Black women's lives: A preliminary analysis.
 Journal of Black Psychology, 39(2), 185-196.
 https://doi.org/10.1177%2F0095798412443259
- Duffey, M. E., Twenge, J. M., & Joiner, T. E. (2019). Trends in mood and anxiety symptoms and suicide-related outcomes among U. S. undergraduates 2007-1018: Evidence from two national surveys. *The Journal of Adolescent Health*, 65(5) 590-598.

 https://doi.org/10.1016/j.jadohealth.2019.04.033
- Dunn, D. S. (2019). Outsider privileges can lead to insider disadvantages: Some psychosocial aspects of ableism. *Journal of Social Issues*, 75(3), 665–682.

 https://doi.org/10.1111/josi.12331
- Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *The American Psychologist*, 70(3), 255–264. https://doi.org/10.1037/a0038636
- Einfeld, S. L., Ellis, L. A., & Emerson, E. (2011). Comorbidity of intellectual disability and mental disorder in children and adolescents: A systematic review. *Journal of Intellectual & Developmental Disability*, *36*(2), 137–143.

 https://doi.org/10.1080/13668250.2011.572548
- Feldman, D. C. (2004). The role of physical disabilities in early career: Vocational choice, the school-to-work transition, and becoming established. *Human Resource Management Review*, *14*, 247-274. https://doi.org/10.1016/j.hrmr.2004.06.002
- Fichten, C. S. (1995). Paradigms, partnerships, and the next generation of movers and shakers: College students with disabilities. *Canadian Journal of Rehabilitation*, *9*(1), 3–16.

- Ford, A. (2009). It's not just about racism, but ableism. *Diverse: Issues in Higher Education*, 26(4), 16.
- Francis, G. L., Stride, A., & Reed, S. (2018). Transition strategies and recommendations:

 Perspectives of parents of young adults with disabilities. *British Journal of Special Education*, 45(3), 277–301. https://doi.org/10.1111/1467-8578.12232
- Friedlaender, C. (2018). On microaggressions: Cumulative harm and individual responsibility.

 Hypartia, 33(1), 5–21. https://doi.org/10.1111/hypa.12390
- Friedman, C. (2018). Aversive ableism: Modern prejudice towards disabled people. *Review of Disability Studies: An International Journal*, 14(4), 1–21. https://doi.org/10.15353/cjds.v8i3.509
- Friedman, C. (2019). Mapping ableism: A two-dimensional model of explicit and implicit disability attitudes. *Canadian Journal of Disability Studies*, 8(3), 95–120. https://doi.org/10.15353/cjds.v8i3.509
- Friedman, C., & Awsumn, J. M. (2019). The symbolic ableism scale. *Review of Disability*. *Studies: An International Journal*, 15(1), 1–20.
- Funder, D. C., & Fast, L. A. (2010). Personality in social psychology. Handbook of Social Psychology (5th ed.) New York: Wiley; 668-697.

 https://psycnet.apa.org/doi/10.1002/9780470561119.socpsy001018
- Gappmayer, G. (2021). Disentangling disablism and ableism: The social norm of being able and its influence on social interactions with people with intellectual disabilities. *Journal of Occupational Science*, 28(1), 102–113. doi=10.1080/14427591.2020.1814394
- Gelbar, N. W., Madaus, J. W., Lombarid, A., Faggella-Luby, M., & Dukes, L. (2015). College students with physical disabilities: Common on campus, uncommon in the literature.

- *Physical Disabilities: Education and Related Services*, *34*(2), 14–31. https://doi.org/doi:10.14434/pders.v34i2.19224
- Gill, C. J. (1997). Four types of integration in disability identity development. *Journal of Vocational Rehabilitation*, 9(1), 39–46. https://doi.org/10.1016/S1052-2263(97)00020-2
- Gonez, J. M. (2015). Microaggressions and the enduring mental health disparity: Black

 Americans at risk for institutional betrayal. *Journal of Black Psychology*, 41(2), 121–143.

 https://doi.org/10.1177%2F0095798413514608
- Gosling, S. D., Rentfrow, P. J., & Swann, W. B., Jr. (2003). A very brief measure of the Big-Five personality domains. *The Journal of Research in Personality*, 37, 504-528. https://doi.org/10.1016/S0092-6566(03)00046-1
- Harris, L. (2017). Exploring the effect of disability microaggressions on sense of belonging and participation in college classrooms [Utah State University].

 https://digitalcommons.usu.edu/etd/6712
- Hehir, T. (2009). Eliminating ableism in education. *Harvard Educational Review*, 72(1), 1–33. https://doi.org/10.17763/haer.72.1.03866528702g2105
- Heiman, T. (2006). Social support networks, stress, sense of coherence and academic success of university students with learning disabilities. *Social Psychology of Education: An International Journal*, 9(4), 461–478. https://doi.org/10.1007/s11218-006-9007-6
- Higher Education Statistics Agency. (2018). *Higher Education Staff Statistics: UK*, 2016/17. https://www.hesa.ac.uk/news/18-01-2018/sfr248-higher-education-staff-statistics.
- Hong, B. S. S. (2015). Qualitative analysis of the barriers college students with disabilities experience in higher education. *Journal of College Student Development*, 56(3), 209–226.

- Hosking, D. L. (2008). Critical Disability Theory: A paper presented at the 4th Biennial Disability Studies Conference. www.lancaster.ac.uk.
- Houck, C. K., Asselin, S. B., Troutman, G. C., & Arrington, J. M. (1992). Students with learning disabilities in the university environment: A study of faculty and student perceptions.
 Journal of Learning Disabilities, 25(10), 678–684.
 https://doi.org/10.1177/002221949202501008
- Hughes, D. (1995). Significant differences: The construction of knowledge, objectivity, and dominance. *Women's Studies International Forum*, 71, 15-179. http://doi.org/https://doi.org/10.1353/csd.2015.0032
- Huynh, V. (2012). Ethnic microaggressions and the depressive and somatic symptoms of Latino and Asian American adolescents. *Journal of Youth & Adolescence*, 41(7), 831–846. https://doi.org/10.1007/s10964-012-9756-9
- Ingham, E. (2018). Attitudes towards disability in society viewed through the lens of critical disability theory: An analysis of me before you. *Counselling Psychology Review*, *33*(1), 2–12.
- Jabeen, T., Kazmi, S. F., Rehman, A., & Ahmed, S. (2016). Upper and lower limbs disability and personality traits. *Journal of Ayub Medical College*, 28(2), 348–352.
- Johnson, A. G. (2006). Privilege, power, and difference. (2nd ed.) New York, NY: McGraw Hill
- Kaiser, S. B., Freeman, C. M., & Wingate, S. B. (1985). Stigmata and negotiated outcomes:

 Management of appearance by persons with physical disabilities. *Deviant Behavior*, 6(2),
 205–224. https://doi.org/10.1080/01639625.1985.9967670

Kattari, S. (2015). Examining ableism in higher education through social dominance theory and social learning theory. *Innovative Higher Education*, 40(5), 375–386. http://doi.org/10.1007/s10755-015-9320-0

Kattari, S. K. (2019). The development and validation of the ableist microaggression scale. *Journal of Social Service Research*, 45(3), 400–417.

https://doi.org/10.1080/01488376.2018.1480565

- Kattari, S. K. (2020). Ableist microaggressions and the mental health of disabled adults.

 *Community Mental Health Journal, 56, 1170–1179. http://doi.org/10.1007/s10597-020-00615-6
- Keller, R. M., & Galgay, C. E. (2010). Chapter 1 Microaggressive experiences of people with disabilities: Microaggressions and marginality manifestation, dynamics, and impact. In D. W. Sue (Ed.), *Microaggressions and Marginality Manifestation, Dynamics, and Impact* (pp. 241–267). John Wiley & Sons, Inc.
- Kovel, J. (1970). White racism, a psychohistory. New York: Columbia University.
- Kraus, A. (2015). From helpless to heroic: Exploring disability-related bias and microaggressions.
- Kumari Campbell, F. A. (2008). Exploring internalized ableism using critical race theory.

 *Disability & Society, 23(2), 151–162. https://doi.org/10.1080/09687590701841190
- Larsen, R. J., & Bus, D. M. (2005). Personality psychology; domains of knowledge and human nature (2nd ed.) Boston: McGraw-Hill.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal, and coping. New York: Springer.
- Lee, E.-J., Ditchman, N., Thomas, J., & Tsen, J. (2019). Microaggressions experienced by people with multiple sclerosis in the workplace: An exploratory study using Sue's taxonomy.

- ABLESIST MICROAGGRESSIONS AND THRIVING
 - Rehabilitation Psychology, 64(2), 179–193.
 - https://psycnet.apa.org/doi/10.1037/rep0000269
- Lett, R. (2018). Impact of ableist microaggressions on university students with self-identified disabilities [University of Regina]. https://doi.org/10.1080/09687599.2019.1680344
- Lewin, K. (1935). A dynamic theory of personality. New York, NY: McGraw-Hill.
- Lilienfield, S. O. (2017a). Microaggressions: Strong claims, inadequate evidence. *Perspectives on Psychological Science*, *12*(1), 138–169. https://doi.org/DOI:10.1177/1745691616659391
- Lilienfield, S. O. (2017b). Through a glass, darkly: Microaggressions and psychological science.

 *Perspectives on Psychological Science, 12(1), 178–180.

 https://doi.org/10.1177%2F1745691616669098
- Lyman, M., Beecher, M. E., Griner, D., Brooks, M., Call, J., & Jackson, A. (2016). What keeps students with disabilities from using accommodations in postsecondary education: A qualitative review. *Journal of Postsecondary Education and Disability*, 29(2), 123–140.
- McLeod, J. D., Meanwell, E., & Hawbaker, A. (2019). The experiences of college students on the autism spectrum: A comparison to their neurotypica peers. *Journal of Autism and Developmental Disorders*, 49, 2320–2336. http://doi.org/10.1007/s10803-019-03910-8
- McRuer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. New York, NY: New York University Press.
- Merchant, W., Read, S., D'Evelyn, S., Miles, C., & Williams, V. (2020). The insider view:

 Tackling disabling practices in higher education institutions. *Higher Education*, 80, 273–287. http://doi.org/10.1007/s10734-019-00479-0

- Minotti, B. J., Ingram, K. M., Forber-Pratt, A. J., & Espelage, D. L. (2021). Disability community and mental health among college students with physical disabilities. *Rehabilitation Psychology*, 66(2), 192–201.

 https://psycnet.apa.org/doi/10.1037/rep0000377
- Minow, M. (1990). *Making all the difference: inclusion, exclusion, and American law*. Ithaca, New York; Cornell University Press.
- Misra, R., & McKean, M. (2000). College students' academic stress and its relation to their anxiety, time management, and leisure satisfaction. *American Journal of Health Studies*, 16, 41-51.
- Nadal, K., Issa, M., Leon, J., Meterko, V., Widerman, M., & Wong, Y. (2011). Sexual orientation microaggressions: "Death by a thousand cuts" for lesbian, gay, and bisexual youth. *Journal of LGBT Youth*, 8(3) 234-259.

 https://doi.org/10.1080/19361653.2011.584204
- Namkung, E. H., & Carr, D. (2020). The psychological consequences of disability over the life course: Assessing the mediating role of perceived interpersonal discrimination. *Journal of Health and Social Behavior*, 61(2), 190–207. https://doi.org/10.1177%2F0022146520921371
- Nario-Redmond, M. R., Kemerling, A. A., & Silverman, A. (2019). Hostile, benevolent, and ambivalent ableism: Contemporary manifestations. *Journal of Social Issues*, 75(3), 726–756. https://doi.org/10.1111/josi.12337
- Newman, L., Wagner, M., Knokey, A.-M., Marder, C., Nagle, K., Shaver, D., & Wei, X. (2011).

 The post-high school outcomes of young adults with disabilities up to 8 years after high school: A report from the national longitudinal transition study 2, 2011-3005. *National*

Center for Special Education Research.

https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=eric&AN=ED5
24044&site=ehost-live&custid=s8462687

- Norlander, T., Von Schedvin, H., & Archer, T. (2005). Thriving as a function of affective personality: Relation to personality factors, coping strategies and stress. *Anxiety, Stress, and Coping*, 18(2), 105–116. https://doi.org/10.1080/10615800500093777
- Norman, R. M., Windell, D., Lynch, J., Manchanda, R., Norman, R. M. G., Windell, D., Lynch, J., & Manchanda, R. (2011). Parsing the relationship of stigma and insight to psychological well-being in psychotic disorders. *Schizophrenia Research*, *133*(1–3), 3–7. https://doi.org/10.1016/j.schres.2011.09.002
- Okoro, C. A., Holis, N. D., Cyrus, A. C., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults- United States, 2016.

 US Department of Health and Human Services/Centers for Disease Control and Prevention, 67(32), 882–887. http://doi.org/10.15585/mmwr.mm6732a3
- O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's Health: Research on Gender, Behavior, and Policy*, 1, 121-142.
- Olkin, R. (1999). What psychotherapists should know about disabilities. In *What* psychotherapists should know about disabilities. Guilford Press.
- Olkin, R., Hayward, H. S., Abbene, M. S., & VanHeel, G. (2019). The experiences of microaggressions against women with visible and invisible disabilities. Journal of Social Issues, 75(3), 757-785. http://doi.org/10.1111/josi.12342

- Olkin, R., & Pledger, C. (2003). Can disability studies and psychology join hands. *American Psychologist*, 58(4), 296–304. https://doi.org/10.1037/0003-066X.58.4.296
- Ong, A. D., & Burrow, A. L. (2017). *Microaggressions and daily experience: Depicting life as it is lived 12*(1), 173–175. https://doi.org/10.1177%2F1745691616664505
- Park, C. L. (1998). Stress-related growth and thriving through coping: The roles of personality and cognitive processes. *Journal of Social Issues*, *54*(2), 267-277.
- Pease, B. (2010). Undoing privilege: Unearned advantage in a divided world. Zed Books
- Pei, S. (2019). An investigation of microaggression frequency and stress among chinese international university students and the impacts [Ph.D., Iowa State University].
- Pierce, C. M. (1978). Entitlement dysfunctions. *The Australian and New Zealand Journal of Psychiatry*, 21(4), 215-219.
- Prieto, L., Norman, M. V., Phipps, S. T. A., & Chenault, E. B. S. (2016). Tackling microaggressions in organizations: A broken windows approach. *Journal of Leadership*, *13*(3), 36–49.
- Prilleltensky, I. (2014). Meaning-making, mattering, and thriving in community psychology: From co-optation to amelioration and transformation. *Psychosocial Intervention*, 23, 151–154.
- Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate-group indentities. *Sex Roles*, *59*, 377-391. https://doi.org/10.1007/s11199-008-9424-4
- Rauscher, J., & McClintock, J. (1996). Ableism curriculum design. In M. Adams, L. A. Bell & P. Griffen (Eds.) *Teaching for Diversity and Social Justice* (pp. 198-231). New York, NY; Routledge.

- Renwick, C. (2011). From political economy to sociology: Francis Galton and the social-scientific origins of eugenics. *British Journal for the History of Science*, *44*(162 Pt 3), 343–369. https://doi.org/10.1017/s0007087410001524
- Revelle, W. (1995). Personality process. *Ann Rev Psychology*, 46, 295-328. https://doi.org/10.1146/annurev.ps.46.020195.001455
- Robb, J. L. (2015). Attitudinal ableism: A three-study exploration into attitudinal barriers encountered by people with mental illness, substance use, and physical disabilities [The University of Arizona]. http://hdl.handle.net/10150/595795
- Rosenwasser, P. (2000). Tool for transformation: Co-operative inquiry as a process for healing from internalized oppression, Paper presented at the Adult Education Research Conference (AERC), June 2-4, in British Columbia.

 http://www.edst.edu.ubc.ca/aerc/2000/rosenwasserpl-final.PDF.
- Russell, M. (2000). The political economy of disablement. *Dollars & Sense*, 231, 13-15, 48-49.
- Ryan, D., & Scura, A. (2011). Disability microaggressions in higher education. American

 College Personnel Association (ACPA) Standing Committee on Disability Newsletter, 2
 9.
- Schlossberg, N. (1989). Marginality and mattering: key issues in building community. *New Directions for Student Services*. 48, 5-15.
- Scott, K. M., Von Korff, M., Alonso, J., Angermeyer, M. C., Bromet, E., Fayyad, J., de
 Girolamo, G., Demyttenaere, K., Gasquet, I., Gureje, O., Haro, J. M., He, Y., Kessler, R.
 C., Levinson, D., Mora, M. E. M., Browne, M. O., Ormel, J., Posada-Villa, J., Watanabe,
 M., & Williams, D. (2009). Mental-physical co-morbidity and its relationship with

- ABLESIST MICROAGGRESSIONS AND THRIVING
 - disability: Results from the world mental health surveys. *Psychological Medicine*, *39*(1), 33–43. https://doi.org/10.1017/S0033291708003188
- Shea, M. (2019). The quality of life is not strained: Disability, human nature, well-being, and relationships. *Kennedy Institute of Ethics Journal*, 29(4), 336–366. https://doi.org/10.1353/ken.2019.0029
- Shin, H., Han, C., & Kohzuki, M. (2010). Social mobility and psychiatric disabilities: An assessment of the social causation and social selection hypotheses. *Tohoku Journal of Experimental Medicine*, 222, 23-31. https://doi.org/10.1620/tjem.222.23
- Smiley, E. (2005). Epidemiology of mental health problems in adults with learning disability: An update. *Advances in Psychiatric Treatment*, 11(3), 214-222. https://doi.org/10.1192/apt.11.3.214
- Smith, C. P. (2007). Support services for students with asperger's syndrome in higher education.

 *College Student Journal, 41(3), 515–531.
- Smith, C. P., & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma: *Journal of Traumatic Stress*, 26, 119–124.

 https://doi.org/10.1002/jts.21778
- Stapleton, L., & Croom, N. (2017). Narratives of black d/deaf college alum: Reflecting on intersecting microaggressions in college. *Journal of Student Affairs Research and Practice*, 54(1), 15–27. https://doi.org/10.1080/19496591.2016.1204308
- Stein, K. F. (2014). Experiences of college students with psychological disabilities: The impact of perceptions of faculty characteristics on academic achievement. *International Journal of Teaching and Learning in Higher Education*, 26(1), 55–65.
- Sue, D. W. (2010). Microaggresions, Marginality, and Oppression, An Introduction.

- Sue, D. W., Capodilupo, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of black americans. *Professional Psychology: Research and Practice*, *39*(3), 329–336. https://doi.org/10.1037/0735-7028.39.3.329
- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma and transformation*. Thousand Oaks, CA: Sage.
- Tedeschi, R. G., Calhoun, L. G., & Goss, B. (1993). Construing benefits from negative events:

 An examination of personality variables. Poster presented at the annual convention of the American Psychological Association, Toronto, August
- Thorneycroft, R. (2019). Walking to the train station with amal: Dis/ability and in/visibility.

 Disability & Society, 35(6), 861–875. https://doi.org/10.1080/09687599.2019.1650720
- Titchkosky, T. (2008). "To pee or not to pee" Ordinary talk about extraordinary exclusions in a university environment. *Canadian Journal of Sociology*, *33*(1), 37–60. https://doi.org/10.29173/cjs1526
- Toft, A. (2020). Parallels and alliances: The lived experiences of young, disabled bisexual people. *Journal of Bisexuality*, 20(2), 183–201. https://doi.org/10.1080/15299716.2020.1774460
- Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and psychological functioning among high achieving african-americans: A mixed-methods approach.
 Journal of Social and Clinical Psychology, 29(10), 1074–1099.
 https://doi.org/10.1521/jscp.2010.29.10.1074
- Torres, L., Morgan Consoli, M. L., Unzueta, E., Meza, D., Sanchez, A., & Najar, N. (2019).

 Thriving and ethnic discrimination: A mixed-methods study.

 https://doi.org/10.1002/jmcd.12157

- United Nations Children's Fund (UNICEF). (2005). *The State of the World's Children 2006*; The Root Causes of Exclusion. UNICEF, New York.
- United Nations Enable. (2016). The invisibility of disability: why disability statistics matter.

 https://www.un.org/disabilities/documents/sdgs/infographic_statistics_2016.pdf
- Vilchinsky, N., Findler, L., & Werner, S. (2010). Attitudes toward people with disabilities: The perspective of attachment theory. *Rehabilitation Psychology*, *55*(3), 298–306. https://doi.org/10.1037/a0020491
- Weise, J., Fisher, K. R., Turner, B., & Trollor, J. N. (2019). What is the capability of the Australian mental health workforce to meet the needs of people with an intellectual disability and co-occurring mental health? *Journal of Intellectual & Developmental Disability*, 43, 1-10. https://doi.org/10.3109/13668250.2019.1622659
- West, M., Kregel, J., Getzel, E. E., Zhu, M., Ipsen, S. M., & Martin, E. D. (1993). Beyond section 504: Satisfaction and empowerment of students with disabilities in higher education. *Exceptional Children*, *59*(5), 456–467.

 https://doi.org/10.1177/001440299305900508
- Wiseman, A. W. (2010). The uses of evidence for educational policymaking: Global contexts and international trends. *Review of Research in Education*, *34*(1), 1–24. https://doi.org/10.3102%2F0091732X09350472
- Wolbring, G. (2008). The politics of ableism. *Development*, *51*(2), 252–258. http://doi.org/10.1057/dev.2008.17
- World Health Organization. (2021). Disability. Retrieved from https://www.who.int/health-topics/disability#tab=tab_1

- World Health Organization. (2011, December 14). World report on disability. Retrieved from <a href="https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability#:~:text=World%20Report%20on%20Disability%202011,a%20figure%20of%20around%2010%25.
- Wright, B. A. (1983). *physical disability: A psychosocial approach*. New York, NY: Harper & Row. http://doi.org.10.1037/10589-000
- Young, K., Anderson, M., & Stewart, S. (2015). Hierarchical microaggressions in higher education. *Journal of Diversity in Higher Education*, 8(1), 61–71. https://psycnet.apa.org/doi/10.1037/a0038464

Appendix A: Informed Consent for Human Subject Research Participation

Introduction

This study is being conducted by a researcher named Tonya Dawsey, who is a doctoral student at Coastal Carolina University. You are invited to participate in a doctoral research study about ableist microaggressions and psychological thriving. You are free to talk to someone you trust about your participation in this research and may take time to reflect on whether you wish to participate or not.

Purpose:

The purpose of this study is to examine the ableist micro-aggressive experiences of college students with physical disabilities and to determine if those experiences relate to psychological thriving. Additionally, the purpose of this study is to determine which factors contribute to an individual's ability to psychologically thrive despite such adverse events.

Procedures & Duration:

If you agree to be in this study, you will be asked to:

- 1. complete a brief demographic questionnaire that includes 15 questions that will take approximately 10 minutes to complete.
- 2. complete a survey (Ableist Microaggression Impact Questionnaire) that includes 25 questions that will take approximately 10 minutes to complete.
- 3. complete a survey (The Thriving Scale) that includes 20 questions that will take approximately 10 minutes to complete.
- 4. complete a survey (Ten Item Personality Inventory) that includes 10 questions that will take approximately 5 minutes to complete.
- 5. indicate your willingness to participate in a follow-up interview with your choice of a face-to-face or virtual format and
- 6. some participants will be selected to take part in a semi-structured interview with the researcher that will take approximately 30-45 minutes to complete.

Rights

You do not have to agree to participate in this research study. If you do choose to participate, you may choose not to at any time once the study begins. There is no penalty for not participating or withdrawing from the study at any time. The surveys are anonymous, no one will know if you participated or not. You will not be treated differently based on your choice.

Risks & Benefits

Participating in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, and concerns related to your previous experiences. Being in this study would not pose risk to your safety or wellbeing. The benefits of the study include voicing your thoughts and concerns regarding your experiences with individuals who have participated in ableist micro-aggressive behaviors. Additional benefits

include voicing your thoughts about your personality, psychological thriving, and factors that may contribute to your ability to psychologically thrive.

Incentives

There will be no reimbursement or payment for your participation in this study.

Confidentiality

Unless you provide consent to the contrary, the confidentiality of your participation in this research study, your responses or any individual results will be maintained by the researcher. The researcher will not use your personal information for any purposes outside of this research project.

Note that confidentiality will only be violated when required by law or the ethical guidelines of the American Psychological Association. This usually includes but may not be limited to, situations when your responses indicate that you, or another clearly identified individual, is at risk of imminent harm or situations in which faculty are mandated reporters, such as instances of child abuse or issues covered under Title IX regulations. For more information about Title IX, please see the University's webpage at https://www.coastal.edu/titleix/.

Contacts

If you have questions, you may contact the researcher, Tonya Dawsey, via email at tbdawsey@coastal.edu.

The Institutional Review Board (IRB) under the Office of Sponsored Programs and Research Services is responsible for the oversight of all human subject research conducted at Coastal Carolina University. If you have any questions about your rights as a research participant before, during or after the research study, you may contact this office by calling (843) 349-2978 or emailing OSPRS@coastal.edu.

This research study has been approved by the IRB on 2/14/2022. This approval will expire on 2/13/2023 unless the IRB renews the approval prior to this date.

Please print or save this consent form for your records.

Statement of Consent:

I have read this document and have been able to ask questions of the researcher and/or discuss my participation with someone I trust. I understand that I can ask additional questions at any time during this research study and am free to withdraw from participation at any time. By clicking the link or scanning the QR code below, I understand that I am consenting to participation in this study.

Appendix B. IRB Approval Letter

February 14, 2022
Tonya Dawsey
Coastal Carolina University
Conway, SC 29528

RE: Ableism, Ableist Microaggressions and Psychological Thriving: A Mixed Methods Study of College Students with Physical Disabilities

Tonya,

It has been determined that your protocol **#2022.75** is approved as **EXPEDITED** by the Coastal Carolina University Institutional Review Board (IRB) under the Federal Policy for the Protection of **Human Research Subjects Categories #6 & 7**,

- 7. #6 Collection of data from voice, video, digital, or image recordings made for research purposes.
- 8. #7 Research on individual or group characteristics, behavior, or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

This approval is good for one calendar year commencing with the date of approval and concludes on 2/13/2023. If your work continues beyond this date, it will be necessary to seek a continuation from the IRB. If your work concludes prior to this date, please inform the IRB.

Approval of this protocol does not provide permission or consent for faculty, staff, or students to use university communication channels for contacting or obtaining information from research subjects or participants. Faculty, staff, and students are responsible for obtaining appropriate permission to use university communications to contact research participants. For use of university email to groups such as all faculty/staff or all students, requests should be made to the Provost's Office after the research protocol has been approved by the IRB. Please allow at least one week to receive approval.

Please note, it is the responsibility of the Principal Investigator to report immediately to the IRB any changes in procedures involving human subjects and any unexpected risks to human subjects, any detrimental effects to the rights or welfare of any human subjects participating in the project, giving names of persons, dates of occurrences, details of harmful effects, and any remedial actions. Such changes may affect the status of your approved research.

Be advised that study materials and documentation, including signed informed consent documents, must be retained for at least three (3) years after termination of the research and shall be accessible for purposes of audit.

If you have any questions concerning this review, please contact Patty Carter, IRB Coordinator, at pcarter@coastal.edu or extension 2978.

Thank you,

Stephanie Cassavaugh

Steppie arout

Director, Office of Sponsored Programs and Research Services

IRB Administrator

cc: Debbie Conner

Appendix C: Ableist Microaggression Impact Questionnaire Variables and Scale

Table C1.

Ableist Microaggression Impact Questionnaire Variables and Scale

Frequency Scale	Survey Items
0= This situation never happened to me.	People ignore me because of my disability.
1= It happened to me, but it did not bother me at all.	People are uncomfortable being around me because of my disability
2=It happened to me, and it bothered me a little.	I have received the message that people with disabilities are not as desirable as romantic
3= It happened to me, and it bothered me moderately. partners.	I do not feel that I get the same respect as others because of my disability.
4= It happened to me, and it was very bothersome.	People do not treat me like other adults of my gender.
	My accomplishments have been devalued by others because of my disability.
	One message that I have received from other is that I do not have much to offer them.
	Others have made me feel that I am not sexually attractive because of my disability.
	One message that I have received from others is that it is not worthwhile to live with a disability.
	People make decisions for me without valuing my input.
	I have been excluded from things that people without disabilities have access to.
	There have been times when others do not believe I have a disability.
	It has been implied or told to me directly that I need to get over my disability and get on with life.
	I have encountered situations where people without disabilities claim to know more about my disability needs than me.
	I have received the message from others that I should receive treatment to cure my disability.
	People without disabilities have said to me that they know what I am going through.
	It has been implied or told to me that everybody, to some extent, has a disability.
	People assume that those who have the same disability as I do are alike.
	I have received the message from others that people with disabilities no longer face discrimination.
	People have expressed amazement that even though I have a disability, I am happy.
	People have implied or said to me, "Given your disability, you are remarkable for all the things you can do.

I have received praise for doing simple daily things.

People have admired me just because I am someone with a disability.

Someone has suggested that my partner was also my caregiver as well.

People have pitied me because of my disability.

Note. Adapted from "Development and Validation of the Ableist Microaggression Impact Questionnaire" by D.

Aydemir-Dőke and J. T. Herbert, 2021, Rehabilitation Counseling Bulletin, p.1-10.

Appendix D: The Thriving Scale and Variables in the Study

Table D1.

Psychological Thriving Variables and Scales in the Survey

Survey Items
Because of my disability
I learned to look at things in a more positive way.
I learned that I am stronger than I thought I was.
I learned to be a more optimistic person.
I realized how much my family cares about me.
I learned to be more confident in myself.
I learned to approach life more calmly.
I have more compassion for others.
Now I know I can handle difficulties.
My relationship with my family became more important.
I learned to work through my problems and not give up.
I learned to find more meaning in life.
My faith in God increased.
My relationship with my family became more meaningful.
My life now has more meaning and satisfaction.
I learned to appreciate the strength of others who have more difficult lives.
My confidence in God increased.
I learned to live for today because you never know what tomorrow will bring.
Now I know that I can count on my friend in difficult times.
I learned to deal better with uncertainty.
I learned to be more patient.

Note. Adapted from "Psychological Thriving Among Latinas With Chronic Illness" by A. F. Abraído-Lanza, C.

Guier, and R. M. Colón, 1998, Journal of Social Issues 54(2), p. 414.

Appendix E: Demographic Variables and Response Options

Table E1.

Demographic Variables and Response Options

Demographic Variable	Response Options
Age	Continuous
Gender Identity	0=Male, 1=Female, 3=Transgender, 4= Other (please specify), 5=Prefer Not to Disclose
Race and Ethnicity	0=White, 1= Black/African American, 2=Multiracial, 4=Latino, 5-American Indian/Native Alaskan, 6=Asian
Disability Type	0=Mobility impairment or physical disability, 1=Medical Disability (e.g., diabetes, epilepsy), 2=Deaf/hard-of-hearing, 3=blindness/low vision, 4=Speech or Language disability
Disability Onset	0= Birth-Age 1, 1= Age 1-18, 2=Age 18-25, 3=Age 25-55, 4=Over Age 55
Disability Visibility	0=Depending on the situation, 1=visible, 2=non-visible
Disability Severity	0= No Disability, 1=Mild, 2=Moderate, 3=Severe, 4=Profound
Relationship Status	0=Currently in a Committed Relationship, 1= In a Casual relationship, 2= Not Currently in a Relationship
Living Environment	0= Live Independently Alone, 1= Live Independently with Other(s) On Campus, 2=Live Independently with
	Other(s) Off-Campus, 3=Live with Parents or Other Parental Figure, 4= Live in a Group Setting
Employment Status	0=Employed Full-time 1=Employed Part-time 2= Not Currently Employed
Employment Support	0=Employment Support Through an Agency (e. g. Vocational Rehab.), 1= No Support
Employment Satisfaction	0=Highly Satisfied, 1=Satisfied, 2=Neutral, 3= Dissatisfied, 4= Highly Dissatisfied
Financial Dependency	0=Financially Independent, 1= Partially Dependent on Another for Financial Needs, 2=Completely
	Dependent on Another for Financial Needs
Education Institution	0= Coastal Carolina University, 1= College of Charleston, 3= Saint Andrews University 4= I prefer not to answer, 5= Other
Current Educational Level	1=Freshman, 2=Sophomore, 3=Junior, 4=Senior, 5=5 th or 6 th Year Senior, 6=Masters Graduate Student
	7=Doctorate, 8=Exchange Student

Appendix F: Ten Item Personality Inventory (TIPI)

Table F1.

Ten-Item Personality Inventory (TIPI)

Agreeableness Scale	Survey Items
1= Disagree strongly	I see myself as
2= Disagree moderately	Extraverted, enthusiastic.
3= Disagree a little	Critical, quarrelsome.
4= Neither agree nor disagree	Dependable, self-disciplined.
5= Agree a little	Anxious, easily upset.
6= Agree moderately	Open to new experiences, complex.
7= Agree strongly	Reserved, quiet.
	Sympathetic, warm.
	Disorganized, careless.
	Calm, emotionally stable.
	Conventional, uncreative.

Note. Adapted from "A very Brief Measure of the Big-Five Personality Domains" by S. D. Gosling, P. J. Renfrow, and W. B. Swann, 2004, *The Journal of Research in Personality* (37) p. 504-528.

Appendix G: Semi-Structured Interview Protocol

Thank you so much for your willingness to speak with me today. I appreciate the value that your experience will bring to the research but most importantly, I am honored to offer an opportunity to amplify your voice and share your experience through this research. If at any time you are uncomfortable or wish to stop, please let me know. Your wishes will be respected.

Personality

I would like for you to think back to when you first began to notice the way others would sometimes treat you. As you think back to those experiences, I wonder...

- 1. How would you describe yourself? What would you say is your personality?
- 2. What is it that you wish others knew about you?
- 3. What misconceptions have you felt others had about you? How has this changed over time?
- 4. What parts of your personality do you feel have helped you deal with the understanding that others sometimes have seen or treated you differently?
- 5. What part(s) of your personality do you feel it was most difficult to show others who do not know you very well?

Microaggressions

Now, I would like for you to think about how others have sometimes treated you. You are welcome to share some of those experiences with me or just think about them. I wonder...

- 1. How often do you think you experience situations in which others may treat you differently as a result of your physical disability?
- 2. When you think back to those experiences, what did those look like, or sound like, or feel like to you?
- 3. How did those experiences affect your views about yourself?

Thriving

Now I want you to think about how you once reacted and how you currently react in situations in which you are treated differently. I wonder...

- 1. Looking back, what was most often your initial emotions or reactions to those types of interactions? In what ways has this changed over time? Who or what has helped you frame the way in which you think, feel, and/or react now?
- 2. What do you think are the factors that have most greatly influenced who you are today?
- 3. In what ways do you think the hardships or challenges you have faced have impacted/affected you as a person? Could you share an example?

Closing Questions

Is there anything else that you would like to add or share that you feel it is important for me to know?

Appendix H: Frequency for Demographic Variables of Survey Participants (N=7)

Table H1

Frequency for Demographic Variables of Survey Participants (N=7)

	N	%
Age	7	
Age 18-25	5	71.4%
Age 25-55	1	14.3%
Over age 55	1	14.3%
Race	7	
White	6	85.8%
African American	0	0%
Multiracial	1	14.3%
American Indian/Native American	0	0%
Alaskan	0	0%
Asian	0	0%
Disability Type	7	
Mobility Impairment or physical disability	1	14.3%
Medical Disability (e.g., diabetes, epilepsy)	3	42.9%
Deaf/hard-of-hearing	0	0%
Blindness/low vision	0	0%
Speech or Language Disability	0	0%
Multiple Disabilities	3	42.9%
Disability Onset	7	
Birth	2	28.6%
Age 1-18	3	42.9%
Age 18-25	1	14.3%
Age 25-55	0	0%
Over age 55	1	14.3%
Disability Visibility	7	
Visible	1	14.3%
Visible depending on the situation	6	85.8%
Nonvisible	0	0%
Disability Severity	7	
Mild	0	0%
Moderate	4	57.1%
Severe	3	42.9%
Profound	0	0%
Relationship Status	7	
Currently in a Committed Relationship	3	42.9%
Relationship Status	7	

In a Casual relationship	0	0%
Not Currently in a Relationship	4	57.1%
Living Environment	7	
Live Independently Alone	1	14.3%
Live Independently with Other(s) On Campus	3	42.9%
Live Independently with Other(s) Off-Campus	2	28.6%
Live with Parents or Other Parental	1	14.3%
Live in a Group Setting	0	0%
Employment Status	7	
Employed Full-time	0	0%
Employed Part-time	3	42.9%
Not Currently Employed	4	57.1%
Employment Support	7	
Employment Support Through an Agency (e. g. Vocational Rehab.)	1	14.3%
No Support	6	85.8%
Financial Dependency	7	
Financially Independent	1	14.3%
Partially Dependent on Another for Financial Needs	5	71.4%
Completely Dependent on Another for Financial Needs	1	14.3%
Current Educational Level	7	
Freshman	3	42.9%
Sophomore	3	42.9%
Junior	0	0%
Senior	0	0%
5th or 6 th Year Senior	0	0%
Masters Graduate Student	0	0%
Doctoral Student	1	14.3%

Appendix I: Ableist Microaggression Variables of Survey Participants (N=7)

Table I1.

Ableist Microaggression Variables of Survey Participants (N=7)

	This situation never happed me.		to me	ppened e, but it oot er me at	to m	ppened e, and it ered me	to m	appened ne, and it nered me lerately.	to n	appened ne, and it very nersome.
	N	%	N	%	N	%	N	%	N	%
People ignore me because of my disability.	3	42.9	2	28.6	1	14.3	0	0	1	14.3
People are uncomfortable being around me because of my disability	2	28.6	1	14.3	1	14.3	2	28.6	1	14.3
I have received the message that people with disabilities are not as desirable as romantic partners.	3	42.9	0	0	1	14.3	0	0	3	42.9
I do not feel that I get the same respect as others because of my disability	2	28.6	1	14.3	2	28.6	0	0	2	28.6
People do not treat me like other adults of my gender	3	42.9	2	28.6	0	0	0	0	2	28.6
My accomplishments have been devalued by others because of my disability	5	71.4	0	0	1	14.3	0	0	1	14.3
Others have made me feel that I am not sexually attractive because of my disability	3	42.9	1	14.3	0	0	1	14.3	2	28.6
One message that I have received from others is that it is not worthwhile to live with a disability	4	57.1	0	0	0	0	0	0	3	42.9

ADLESIST MICKOA	OOKE	ODION	IS AND	IIIN	IVINO					
People make decisions for me without valuing my input	2	28.6	0	0	1	14.3	0	0	4	57.1
I have been excluded from things that people without disabilities have access to	2	28.6	1	14.3	1	14.3	1	14.3	2	28.6
There have been times when others do not believe I have a disability	2	28.6	1	14.3	1	14.3	1	14.3	2	28.6
It has been implied or told to me directly that I need to get over my disability and get on with life	1	14.3	1	14.3	1	14.3	0	0	4	57.1
I have encountered situations where people without disabilities claim to know more about my disability needs than me	0	0	1	14.3	0	0	2	28.6	4	57.1
I have received the message from others that I should receive treatment to cure my disability	3	42.9	2	28.6	0	0	1	14.3	1	14.3
People without disabilities have said to me that they know what I am going through	0	0	0	0	3	42.9	0	0	3	42.9
It has been implied or told to me that everybody, to some extent, has a disability	2	28.6	1	14.3	2	28.6	0	0	2	28.6
People assume that those who have the same disability as I do are alike	0	0	2	28.6	2	28.6	1	14.3	2	28.6
I have received messages from others that people with disabilities no longer face discrimination	3	42.9	0	0	1	14.3	2	28.6	1	14.3
People have expressed amazement that even	0	0	3	42.9	1	14.3	1	14.3	2	28.6

though I have a disability, I am happy										
People have implied or said to me "Given your disability, you are remarkable for all the things you can do."	0	0	3	42.9	4	57.1	0	0	0	0
I have received praise for doing simple daily things	3	42.9	2	28.6	1	14.3	0	0	0	0
People have admired me just because I am someone with a disability	1	14.3	1	14.3	3	42.9	1	14.3	0	0
Someone has suggested that my partner was also my caregiver as well.	4	57.1	0	0	0	0	1	14.3	1	14.3
People have pitied me because of my disability.	0	0	1	14.3	0	0	2	28.6	3	42.9

Note. The variables and scale used were adapted from "Development and Validation of the Ableist Microaggression Impact Questionnaire" by D. Aydemir-Dőke and J. T. Herbert, 2021, Rehabilitation Counseling Bulletin, p.1-10.

Appendix J: The Thriving Scale of Survey Participants (N=7)

Table J1.

The Thriving Scale of Survey Participants (N=7)

Psychological Thriving Variables		0 is didn't pen to me		1		2		3		4 xperienced reat deal of this
-	N	%	N	%	N	%	N	%	N	%
Because of my disability,										
I learned to look at things in a more positive way.	0	0	1	14.3	4	57.1	1	14.3	1	14.3
I learned that I am stronger than I thought I was.	1	14.3	0	0	2	28.6	0	0	4	57.1
I learned to be a more optimistic person.	0	0	2	28.6	4	57.1	1	14.3	0	0
I realized how much my family cares about me.	0	0	1	14.3	1	14.3	2	28.6	3	42.9
I learned to be more confident in myself.	2	28.6	2	28.6	1	14.3	2	28.6	0	0
I learned to approach life more calmly.	1	14.3	1	14.3	2	28.6	0	0	3	42.9
I have more compassion for others.	1	14.3	1	14.3	1	14.3	1	14.3	3	42.9
Now I know that I can handle difficulties.	1	14.3	0	0	1	14.3	1	14.3	4	57.1
My relationships with my family became more important.	0	0	1	14.3	2	28.6	1	14.3	3	42.9
I learned to work through my	1	14.3	0	0	1	14.3	0	0	5	71.4

problems and not give up.										
I learned to find more meaning in life.	0	0	1	14.3	2	28.6	2	28.6	2	28.6
My faith in God increased.	4	57.1	0	0	0	0	1	14.3	2	28.6
My relationship with my family became more meaningful.	0	0	0	0	2	28.6	3	42.9	2	28.6
My life now has more meaning and satisfaction	3	42.9	3	42.9	1	14.3	0	0	0	0
My confidence in God increased.	4	57.1	0	0	1	14.3	1	14.3	1	14.3
I learned to live for today because you never know what tomorrow will bring.	0	0	0	0	0	0	1	14.3	6	85.8
Now I know that I can count on my friends in difficult times.	2	28.6	1	14.3	4	57.1	0	0	0	0
I learned to deal better with uncertainty.	3	42.9	0	0	2	28.6	1	14.3	1	14.3
I learned to be more patient.	1	14.3	0	0	3	42.9	2	28.6	1	14.3

Note. Adapted from "Development and Validation of the Ableist Microaggression Impact Questionaire" by D.

Aydemir-Dőke and J. T. Herbert, 2021, Rehabilitation Counseling Bulletin, p.1-10.

Appendix K: Profile of Interview Participants

Table K1.

Profile of Interview Participants

Interview Participant	Demographic Information	AMIQ Score	Thrivng Score	Personality Traits
Lauren	Age 26 White Transgender Lives with others Post graduate degree seeking Not in a committed relationship Disability visible depending on the circumstance Onset between ages 1-18. Moderate Disability Level	37	38	I see myself as: Dependable, self-disciplined Anxious, easily upset Reserved, quiet Sympathetic, warm Disorganized, careless I do not really see myself as Extraverted, enthusiastic (a little) Open to new experiences, complex (moderately) Calm, emotionally stable (a little) I do not see myself as: Critical and Quarrelsome Conventional and uncreative
Brenda	Age 19 White Female Lives with others Freshman In a committed relationship Disability visible depending on the circumstances Onset between ages 1-18 Severe Disability Level	62	46	I see myself as: Sympathetic, warm Dependable, self-disciplined I sometimes see myself as: Open to new experiences, complex (moderately) Anxious, easily upset (moderately) Extraverted, enthusiastic (moderately) I do not often see myself as:
				Conventional, uncreative (a little) Disorganized, careless (moderately) Reserved, quiet (a little) Critical, quarrelsome (moderately)
Scott	Age 62 White Male Lives with others Sophomore Not in a committed relationship Visible Onset over age 55 Severe Disability Level	25	59	I see myself as: Anxious, easily upset I sometimes see myself as: Dependable, self-disciplined (a little) Open to new experiences, complex (moderately) Reserved, quiet (a little)

Sympathetic, warm (moderately)

I do not really see myself as:

Extraverted, enthusiastic (a little) Calm, emotionally stable (a little)

Conventional, uncreative

(moderately)

I do not see myself as:

Critical, quarrelsome

I see myself as:

Reserved, quiet

I sometimes see myself as:

Critical, quarrelsome (moderately)

Dependable, self-disciplined

(moderately)

Anxious, easily upset

(moderately)

Sympathetic, warm (a little) Disorganized, careless (a little)

I do not really see myself as:

I do not see myself as:

Extraverted, enthusiastic

Note. This table showcases an integration of quantitative data including demographic information, participants responses on the Ten Item Personality Inventory (Gosling, Renfrow, & Swann, 2003), along with scores on the Ableist Microaggression Impact Questionnaire (Aydemir-Dőke & Herbert, 2021) and The Thriving Scale (Abraido-Lanza, Guier, & Colón, 1998).

71

43

Alex

Age 19 White Male

Freshman

Not in a committed relationship Visible depending on the

circumstance

Onset between ages 1-18 Severe Disability Level

Appendix L: Themes Revealed Through Participant Interviews

Table L1.

Themes Revealed through Participant Interviews

Tenant of Critical Disability Theory	Key Outcome Related to Ableist Microaggressions	Key Outcomes Related to Psychological Thriving
Historically the dominant paradigms for understanding disability included the medical and tragedy models. Both models seek to objectively identify the source of "disadvantage" noting inherent characteristics of impairment. The medical model, which is used in higher education to determine access to accommodations presumes abled bodies to be the desired norm and with it comes privileges. It also characterizes disability as pathologies.	As an individual who has experienced a permanent physical change (due to a traumatic event, illness, or condition at birth) begins to interact with a society that perpetuates a medical and tragedy model, the individual may experience a great sense of loss that is reinforced by a change in treatment by others.	Regardless of the loss, permanent physical change, and change of treatment by others, the individual can begin to assume responsibility and control over their own life given a motivating catalyst or allowing conditions.
A second tenant of critical disability theory involves embracing the idea that individuals are intersectional beings and that all individuals are multidimensional. Crenshaw (1989) used intersectionality as a term to explain how oppressive forms can be seen as intersecting axes as a means noting the nature and implication of the disadvantaged position. Intersectionality and multidimensionality exemplify how oppressive forces but more of an intersection of the forces with the individual at the center of those oppressive forces.	The complexity of existing as an intersectional being contributes to an internal conflict for the individual with a physical disability as they begin to rationalize ableist microaggressions. The emotional toll of which often leads to social caution.	Regardless of frequency of ableist microaggressions and the extra social caution that the individual with a physical disability exerts, there exists an urge and determination to engage in positive social connections when available.

A third tenant of critical disability theory is valuing the diversity found in disability instead of perceiving it through a tragedy-based lens. This means rejecting ideas of normal and abnormal and embracing a more "dilemma of difference" (Ingham, 2018; Minow, 1990). The concept of the dilemma of difference highlights the fact that disabled people represent a population that is varied and dynamically different in ways contingent to the context of their own experience with disability and such context there is a dilemma about when to acknowledge or ignore that difference.

There are many human differences including intersectional identity and personality, yet the misconceptions and assumptions of individuals with physical disabilities are seemingly projected universally.

Although there is a seemingly universal projection of assumptions and misconceptions related to those with physical disabilities, the need to be seen as and understood as a unique person can propel an individual with disability exert the energy to assert their individuality.

A fourth tenant of critical disability theory is that the voice of individuals with a disability is lacking in the construction of the understanding of the experience. Much of the construction of what we understand about disability is based on an able-bodied perspective. As a result, when individuals with disabilities attempt to challenge or protest the mainstream portrayals of their experience, they are often suppressed, silenced, or dismissed as an inappropriate response from an individual who has an issue with their own disability (Ingham, 2018; Titchkosky, 2008).

Fueled by misconceptions and assumptions, others tend to suppress the voice of individuals with physical disabilities either as a means to control the story or control the disclosure of their stories.

Regardless of the need for control by others, individuals with physical disabilities seek opportunities to voice their truth and given the right conditions will disclose their stories and become an advocate for themselves and others.

Another tenant of critical disability theory has to do with language. Critical disability theory recognizes the power of both the written and spoken word and how the imagery of those chosen words carries "Ideological implications that influence the conceptualization and status of groups of people" (Ingham, 2018, p. 8). Individuals with a disability have historically been portrayed as evil, pitiful, and valueless burdens (Ingham, 2018). While there has recently been a more positive portrayal of individuals with disabilities known as "supercrips". The underrepresentation of positive portrayals of individuals with disabilities is problematic as it perpetuates negative, stereotypical connotations.

The imagery created through perceptions, misconceptions, and assumptions perpetuated through ableist microaggressions can leave individuals with physical disabilities with a negative self-image.

Although individuals with disabilities often deal with the internal conflict created by these types of ableist microaggressions, they still exert the energy to rationalize and understand why others must think or feel this way. They often do so as a means to forgive others for the behavior and in turn establish a more positive self-image.

and will do so when the conditions allow.

A sixth tenant of critical disability The misconceptions and Regardless of the theory asserts that the rights, needs, and assumptions of individuals suppression of their interests of an individual with a with physical disabilities are individuality, individuals disability should be individualized seemingly projected with disabilities seek universally and resultantly based on the individual's experience opportunities to assert their discount the individual rights, and personal circumstance. unique need for grace, their needs, and interest of unique challenges and individuals with physical hardships, and their unique contributions through their disability. own interests. Regardless of their Full participation in society needs to be Ableist microaggressions and upheld as a means to address societal the ableist beliefs that fuel sometimes-dehumanizing and institutional inequality which is the them tend to dehumanize treatment, individuals with seventh tenant. individuals with disabilities. physical disabilities have a desire to contribute to the humanity of others through creativity or involvement

Note. This table aligns the key components of ableist microaggressions and psychological thriving derived from the semi-structured interviews with the tenants of critical disability theory.