



Disability, Race, and Origin Intersectionality in the Doctoral Program: Ableism in Higher Education

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RESEARCH



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ABSTRACT

This paper explores the experiences of a doctoral disabled student at a university to examine how ableist structures in graduate programs affect access to higher education and post-degree outcomes. Guided by the DisCrit framework and autoethnography approach, the article illuminates systems and processes that disadvantage graduate disabled students. Through intersectional analyses of disability, race, and origin, the article makes visible manifestations of disability microaggressions and systemic ableism, racism, and xenophobia. It interrogates the perpetuation and normalization of academic transgressions, including exclusionary practices that degrade and oppress graduate disabled students and hinder them from seeking success. Finally, the argument is made in favour of reforms to authenticate disability culture, validate students' rights to education, decolonize academics from ableism, and create a disability-friendly university environment.

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INTRODUCTION

Despite their popularity, American higher education institutions (HEIs) remain largely inaccessible to many national and international disabled students (International Educational Exchange [IIE] 2020) who struggle to succeed under discriminatory conditions (Dolmage 2017). A variety of forms of ableism occurs at the individual and interpersonal level (Miller 2015) within structures of institutional policy and culture (Connor, Ferri & Annamma 2016; Titchkosky 2011). Most barriers to participation are architectural, curricular, and attitudinal (Beauchamp-Pryor 2012; Connor et al. 2016; Matshediso 2007; Price 2011). Nonetheless, disabled students experience the impact directly as microaggressions, ableism, or racism that produce feelings of anger, frustration, and lasting discouragement.

Unfortunately, oppressive academic norms are difficult to challenge (Dolmage 2017). Mostly unacknowledged structures, ideologies, and practices that are deeply embedded in campus life and that invalidate disabled people prevail with such gravity and regularity that disabled students often accept their dehumanization as an inevitable product of their own identity, as something caused by their bodymind rather than by the unjust systems that surround and stifle them (Price 2011). Moreover, the cultural tropes of disability oppression are ubiquitous (Dávila 2015; Miller 2015; Ralph, Capewell & Bonnett 2016), sustained by the inattention, silence, and inaction of the university community (Connor et al. 2016).

Since American universities are privileged spaces that function as sites of inclusion-exclusion (Dolmage 2017), this study uses DisCrit and autoethnography to examine and illuminate discriminations in the multiple experiences of the first author—a physically disabled Black African man—who was an international doctoral student.

LITERATURE REVIEW

American universities have done much to address barriers to the education of racial minority students and to support the inclusion and belonging of college disabled students (Gabel & Miskovic 2014; Madriaga et al. 2011). Disabled students had to deal with substantial natural and built environmental barriers before enacting the disability rights laws prohibiting discrimination in higher education (Matshediso 2007). Still, ecological barriers hinder disabled learners' involvement in university affairs. Difficulties are caused mainly by the limited input of disabled students in the growth and development of higher education systems due to the prevalent deficit culture (Castrodale & Zingaro 2015). Beauchamp-Pryor's (2012) study on the representation and involvement of disabled students in the development of university policy in the United Kingdom found that the engagement of doctoral students, although vital for their inclusion and belonging, is influenced by the power dynamics between disabled students and the nondisabled university community who usually operate within the dominant ideologies that make it difficult for the nurturance of reciprocal relationships. Much has changed regarding the inclusion of disabled students in colleges, but they remain underrepresented or on the margin because of the ableist hegemonic normative culture (Dolmage 2017). Normalcy—the character and state of being normal—is the basis of prejudice against disabled/labelled people (Dudley-Marlin & Gurn 2010). Normalcy bias against disabled people, the genesis of oppression, happens when nondisabled people's qualities are used as the standards to socially construct disabled people as inferior because of impairment.

Microaggressions, a form of oppression, are unprovoked, everyday hostilities directed by an aggressor at a targeted person (Dávila 2015; Solórzano, Allen & Carroll 2002). They can be motivated by various perceived social differences, including race, class, gender, sexual orientation, religion, and disability (Sue 2010). Forms of microaggression include verbal (e.g., speaking harshly or in a monotone), nonverbal (e.g., dismissive gestures), and visual (e.g., subtle snubs, hostile looks). Microaggressions may also be sexually, racially, and disability motivated. Targets of dehumanizing behaviours and emotions of racial microaggression usually deal with the 'strategies utilized by Whites... to keep [people of colour or] Black people in their place by devaluing them and their experiences' (Pierce 1969: 448). Similarly, targets of dehumanizing behaviours and emotions of disability microaggression are disabled people who contend with nondisabled people's devaluing tactics (Dávila 2015; Keller & Galgay 2010). Miller (2015) found that disabled LGBTQ+ students experience microaggressions related to disability and sexuality

in addition to gender, ethnicity, and race. Dávila (2015) documented that disabled Latino students in special education programs experienced bullying, disregard, and low expectations. Disabled people also experience microaggressions in the form of denial of personal identity, disability experience or privacy, desexualisation, helplessness, infantilization, and patronization (Miller 2015; Ralph et al. 2016; Sue 2010). Besides, usually, they are treated as second-class citizens and deal with the presumption of the spread effect and the results of aggressors' secondary gain (Keller & Galgay 2010).

Microaggressions have a cumulative impact on targets and perpetrators (Sue 2010). Whether intentional or unintentional, conscious or unconscious, microaggressions hurt the dignity and self-esteem of the target (Sue 2010). Victims of racial microaggressions experience psychological and physiological pain (Smith, Allen & Danley 2007a; Smith, Yosso & Solórzano 2007b) due to dehumanization (Garland-Thomson 2009; Kim & Kim 2010). This manifests in feelings of hopelessness, anxiety (Pierce 1969; Smith et al. 2007a), weariness (Gale et al. 2020), and insecurity (Solórzano et al. 2002). Conversely, White persons exponentially benefit from racism: it 'provide[s] Whites with a nonquantifiable advantage—a psychological wage,' while their targets experience 'loss of a psychological wage, the loss of psychological strength, stability, confidence, and power' (Arnesen 1994: 1604). Likewise, victims of disability microaggressions experience invalidation. Oppressors either never realize or do not positively value the impact of psychological insults on their targets' lives or how their prejudices sustain unfair legal, educational, health, and economic systems that marginalize targets (Schweik 2009).

Disability-related microaggressions, cause of internalized oppression, are components of ableism. Internalized oppression happens when devalued groups employ their oppressors' tactics against themselves (Gale et al. 2020; Mason 1990). Internalized oppression (e.g., internalized ableism or racism) 'denotes the various ways in which members of a targeted group come to believe the messages of oppression about themselves, their capacities, their limitations, and their self-image' (Margles & Margles 2010: 140). Mason (1990) explains the mechanism by which victims of aggression are vulnerable to developing internalized oppression:

Internalized oppression is not the cause... [but] the result of our mistreatment. It would not exist without the external oppression that forms the social climate in which we exist. Once oppression has been internalized, little force is needed to keep us submissive. We harbour inside ourselves the pain and the memories, the fears and the confusions, the negative self-images, and the low expectations, turning them into weapons with which to re-injure ourselves, every day of our lives (Mason 1990: 1).

Internalized oppression is a consequence of the desire for qualities presumed superior and for joining the dominant culture; it arises for several reasons, including self-hatred and self-guilt, due to the perpetual valuation of the oppressor's culture over the victim's culture (Mason 1990).

Both dis/ability and race have been used to discriminate and invalidate individuals of colour (Connor et al. 2016), and so an understanding of the impact of racial microaggressions on people of colour (Gale et al. 2020; Sue 2010) can be extended to the intersectionality of race, disability, and origin and the impact of microaggressions on international disabled persons in America. Disability is a unique social identity that is the basis for microaggressions experienced only by disabled/labelled persons. It is the 'master trope of human disqualification' (Mitchell & Snyder 2003: 859). The interpersonal dynamics between disabled and nondisabled persons often result in disabled persons experiencing a peculiar version of the oppression faced by groups based on their origin, class, race, gender, or sexual orientation (Garland-Thomson 2009; Miller 2015; Ralph et al. 2016). Furthermore, disability-based discrimination occurs in the majority and minority populations, creating unequal, discriminatory vulnerability statuses (Connor et al. 2016). Thus, our work builds on previous studies to inform inclusive policy and practice in HEIs.

THEORETICAL FRAMEWORK

This study uses the DisCrit theory—an intersectional area that merges Disability Studies (DS) and Critical Race Theory (CRT). DisCrit theorizes the intersectionality of disability and race as embodied human contours of marginalization experienced by disabled people of colour (Connor et al. 2016). Disability Studies analyse disability as a cultural, linguistic, social, economic, and political phenomenon (Gabel & Miskovic 2014). It holds that disability is a social construct and

that individual impairments should be seen through an environmental lens to counter the ideology of ability (Freund 2001). Contrarily, CRT is a cross-disciplinary intellectual and social movement of civil-rights scholars and activists who investigates the intersection of race and societal institutions and social practices and dismantle and disrupt mainstream thinking and practices for racial justice (Delgado & Stefancic 2017).

DisCrit aims to understand the social function of deficit culture by examining political inequities based on the social constructions of disability and race. It interrogates how injustice and cruelty target bodies and minds viewed as impaired and dark-skinned. Ableism and racism are a by-product of the social co-construct of dis/ability and race, used to validate and reinforce each other in disqualifying perceived inferior beings (Dávila 2015). Using the concept of microaggressions about disability provides the platform to diagnose the intersectional oppression (i.e., ableism, racism, and xenophobia) in American universities.

METHODOLOGY

An autoethnographic research approach situates the first author as the subject and object of the study (Ellis, Adams & Bochner 2010; Ferri 2011). Autoethnography utilizes autobiographical and ethnographic research methods to study the self in experiential contexts, 'to describe and systematically analyse (graphy) personal experience (auto) to understand cultural experience (ethno)' (Ellis et al. 2010: 273). The autobiographical research approach goes beyond storytelling by engaging in critical inquiry of phenomena based on theory and practice (Ellis et al. 2010). Consequently, the autoethnographic narrative approach enables disabled individuals to engage readers about their lives in a manner that makes them vulnerable to situations but also possibly triggers individual transformations committed to institutional reformations (Castrodale & Zingaro 2015).

Parent (2016) writes that disabled people have developed new methods to counter traditional research on disability to 'enable their active participation in the research process' (523). Thus, disability life narratives are autoethnography (Mitchell & Snyder 2003) used by disabled people to challenge common cultural mythologies of dehumanization (Tarvainen 2019). They involve disabled people authoring their own stories as a counter-narrative to dominant cultural tales of deficit and pity, thereby challenging the notions of normativity and 'ideologies of difference' (Ferri 2011: 275). Therefore, using DisCrit and autoethnography methods, the first author's lived experiences in college settings reveal microaggressions and the function and impact of ableism, racism, and xenophobia and the complex interaction between international disabled students and nondisabled actors and so the illusion of diversity, equality, equity, inclusion, and access in universities (Connor et al. 2016; Gabel & Miskovic 2014).

METHODS

Couser (1997) and Ferri (2011) have recommended a multi-part methodology through which autoethnographic modes of data collection and analysis ensure authentic representation: (1) self-examination to ensure that individual experiences reflect lived realities; (2) gathering qualitative data about one's experiences and verifying the information with different sources (e.g., journal entries or emails); (3) reviewing the literature on the topic and using it to compare and analyse one's experiences to other people's experiences; (4) reanalysing the data to discern and elucidate the meanings of activities, events, behaviours, and emotions; and (5) finally, writing the autoethnography as narrative and analysis. The autoethnographic research method is particularly suited to the topic of microaggression in university settings examined here since it captures the vital insider knowledge of the first author and offers meaningful information for scholars and developers of higher education.

Self-study involves documentation of one's experiences, behaviours, and feelings to build a story that can be shared with others to inform them about the subjectivity and cultural circumstances of the writer (Ferri 2011). Through self-reflection and writing, individuals can examine and explain their experiences with investigated phenomena in the context of cultural norms, rituals, beliefs, values, and practices (Ellis et al. 2010). For disabled people, telling one's story involves examining the interactions of one's bodymind and other occupants in the spatial-temporal world to reveal relationships (Parent 2016; Price 2011). Disabled people

often deal with different gazes. Medical gaze, or what Foucault (1995) called clinical gaze, ‘is one form of person-to-person staring that is highly impersonal, scripted, and asymmetrical’ (Garland-Thomson 2009: 28). Invasive visual scrutiny of the pathological bodymind allows for differentiating normal bodies from abnormal ones. The medical gaze involves the starrer patronizing the staree; it consists of the starrer colonizing the staree’s body and mind (i.e., the colonizing gaze). Thus, having a disabled bodymind in public attracts nondisabled people’s hostile stare or ‘the eugenic stare [which is] a perverse form of recognizing human particularity in order to extirpate it’ (Garland-Thomson 2009: 177). Tarvainen (2019) mentions that ‘turning the gaze from the individual, often bio-medicalized pathologized body, to sociomaterial and narrative conditions that embed lived corporality facilitates disability narratives that disengage themselves from an ableist straitjacket’ (297).

When the first author was interested in reading about disability microaggressions, each reading opportunity yielded new information that encouraged him to document his own experiences. These were captured in journal entries, emails, formal letters, diaries, and memoirs. Also, he recorded, in a notebook, instances of external and internal aggressions, including information about the agent(s), date and time, behaviour, place, space, bystanders, and his (re)action to each (micro)aggression. These recording methods became a process of self-discovery and self-empowerment, and the artifacts provided information that allowed for a thematic analysis to establish patterns and linkages among microaggressions (Braun & Clarke 2023). The narrative analyses focused on modes of microaggressions, ableist structures, and practices in HEIs and the first author’s internalized oppression—the corresponding painful internal struggle to ward off limiting and stigmatizing experiences in the quest for inclusion, belonging, and access to quality education.

The first author’s lived experience is broad, but only microaggression-informed academic ableism, racism, and xenophobia in the doctoral program were analysed, guided by DisCrit. Coding and categorisation of information focused on unfriendly institutional practices (Schreier 2012). The themes were determined posteriori (i.e., were knowable to the first author based on his experiences) to detail the prevalence of academic oppression. An inductive thematic analysis led to the identification of microaggressions (paragraphs 2–7) and internalized oppressions (paragraphs 8–12), while deductive thematic analysis (per DisCrit) led to the identification of ableism, racism, and xenophobia.

Higher education is a site where there is a privilege to attend and participate. Thus, universities function as sites of exclusion but also represent a strategic location to unpack ableism—because, by their nature, universities function as gatekeeping institutions in particular ways (Dolmage 2017). The first author’s college student life illuminates academic ableism. Global South disabled students in Global North learning institutions have unique experiences because of their multiple identities regarding race, class, disability, gender, sex, origin, nationality, or citizenship. Through their Global South epistemologies, they expand the realm of disability life writing to counter ableism (Connor et al. 2016), while their personal accounts help dispel universalized myths and stigma (Couser 1997). Disabled people are unique, and no one is a replica of the other. So, individualization of disability experiences is essential. However, Longmore (2006) observed that impairment might be an individual experience, but it should not be individualized because ‘handicap is a sociological, cultural, and political matter’ (59). Thus, realistic conversations about disability informed by broadened disability life narratives help develop a common ground for disrupting structural ableism.

For this study, the authors use disability-first language to recognize disability as an identity and appreciate its complexities as a dis/empowering status. Pseudonyms are used for subjects’ privacy. This paper aims to illuminate conventional social processes and structures that support microaggressions and not blame individuals. Rather than subscribe to the master narrative that medicalizes and individualizes disability experiences and portrays disabled people as pitiable and inferior beings, a danger to society and academe, the first author’s personal narrative challenges the dominant knowing of disability as a personal tragedy and so exposes the socio-cultural-linguistic-economic-political forces that influence relationships between disabled students and nondisabled faculty in university settings that value and normalize ideology of ability (Siebers 2008), forces that historically have excluded disabled people from colleges and work environments (Dolmage 2017; Titchkosky 2011).

I (the first author) moved from Kenya to the United States for a graduate program. Upon completing my master's degree, I started a doctoral program as a graduate assistant (GA) under the tutelage of the second author. This role involved research, teaching, and supervision of teacher candidates during clinical and teaching experiences. The GA-ship positions are extremely competitive in top-notch US HEIs (IIE 2020). A high score on the Graduate Record Examination (GRE) (Kaplan n.d.) is required, and candidates must prove their ability to study while working.

One year into my doctorate program, my first mentor (the second author) left the university for another appointment out of state. This was the start of my academic ordeal. I dealt with unempathetic faculty and experienced decreased student-faculty interactions and support. Some faculty were frequently uncomfortable and anxious in my presence. They disingenuously avoided me while others spoke with me guardedly. I could not avoid going to the campus. So, I had to deal with mistreatment—disapproval, sternness, and nakedly hostile gazes that often repulsed sympathizers and me. Some faculty refused to provide me with academic support, claiming mismatched interests and scholarships. Others mentioned that they had never worked with a disabled student, and because disability was not their focus, they could not help me. Others advised me to seek support from special education faculty.

My disability, race, and origin were sources of confusion, dismay, aberration, and fear. I experienced infantilization and otherization. I was often expected to explain how I ended up in a wheelchair. Moreover, usually, I was called 'wheelchair' by a superior faculty member, not by my name. When media stories covered a rise in ritual killings of albinism people in Africa, some professors would frequently ask me about the subject in a manner that insinuated my cultural orientation to the brutalities. The social etiquette of opening and closing doors gave the faculty great anxiety when I was present. There were moments when particular faculty did not know whether they should open a door for me or let me do it alone. However, one faculty member repeatedly slammed his office door in my face. While exiting the door, when we met occasionally, they would rush ahead to dodge me. Another faculty member frequently avoided me altogether, obviously turning away in the hallways and walkways to take another route. I wanted to believe that these were isolated happenings. However, with time I noticed a pattern.

I had a strained relationship with another professor. I was assigned to co-teach a course with my newly assigned senior faculty (as part of my GA job). This was an area of our expertise. Besides my personal disability experiences, I already had bachelor's and master's degrees in special education and was studying disability-related courses in my doctoral program. I was knowledgeable of the subject matter. However, during the lesson, the professor treated me as less knowledgeable and excluded me from leading the class discussions in the presence of student teachers. They usually resorted to direct instruction and, during discussions, would not invite me to engage student teachers even when I raised my hand. They always seemed visibly anxious, frequently unfriendly, flustered, and jittery in my presence. This made co-teaching difficult. At the beginning of a new semester, after the faculty had received the course evaluation, I asked for a meeting to share ideas. I needed students' feedback to tailor my teaching to their learning needs. The faculty made the appointment after two weeks. We met in the professor's office. Nevertheless, throughout the meeting, the faculty was relatively distant, quite uneasy, agitated, and would put on a mournful face and exhibit a high degree of discomfort. They seemed to interact with me hastily. Our dialogue was brief and full of hesitancy.

I could not tell whether the tension with this professor was due to my identities or philosophical differences. Different beliefs about school placement abound in academia. This faculty told me severally that disabled students were better served in special schools. I wondered if the statement was directed at me. I had previously said I favoured inclusion, for it prepared disabled students for adult roles. I sought to avoid arguments because, often, the faculty would switch to a fighting mode. I was aware of the trap especially knowing the stereotypes attached to Black male African international disabled people. So, I learned to steer conversations away from disagreements. I wanted to be friendly. So, I would wheel myself out of their office after the meeting and focus on accomplishing my GA duties and coursework despite being vulnerable.

Another time I asked my immediate new advisor to recommend me for a travel grant to participate in a national conference. Instead, they begrudgingly agreed and added that I should wait until I graduate, although peers were advised to attend conferences. I unexpectedly met the professor the next day. They told me to draft one and send a reminder email, which I did. I got no response despite sending reminders. I finally received the recommendation letter two days before the deadline. I was caught in a dilemma. I depended on the GA job for my tuition and stipend, and I never wanted to do anything to aggravate the situation. I yielded to adverse situations. Though my GA-ship caged me, I also thought I did not have to be subjected to maltreatment.

I realised that the faculty was not a good fit for me. So, I embarked on a long search for a faculty member to sponsor my dissertation research. This took another semester. By then, I had completed the pre-dissertation courses and should have started my research. Instead, I took extra courses for two more semesters to maintain active studentship, a requirement for international students (IIE 2020). Between completing my courses, starting the research, and writing my dissertation, I kept the faculty abreast of my personal and academic situation, hoping someone would step in to mentor me. But the message was that I did not belong.

Some faculty, staff, and peers appeared to believe that my disability limited my intellect and ability to participate in a graduate program. As I grappled with this antagonism, I received three anonymous surveys from the Study Institute where some unsupportive faculty and peers worked. The questions that focused on my academics, disposition, and career path included: 'What kind of support do you need to succeed in your study? Who do you collaborate with within your study? What challenges are you experiencing this semester since your academic adviser left? Why did you choose this program? What are your weaknesses and strengths?' I completed the three surveys, not knowing if they were part of a genuine study or being used to spy on me. Then rumours spread among my peers about my capabilities. It was then that it occurred to me that these were intentional and targeted surveys contrived to evaluate and discredit my academic inclinations.

Dealing with prejudiced faculty—whose attitudes contradicted their scholarships on social justice—left me in a predicament. The feeling of intellectual betrayal left me in limbo. I worried about my education, career, friends, and allies who wanted to correct the situation. These experiences left me emotionally drained and academically frustrated. I began to doubt myself despite being admitted into a competitive graduate program. I struggled to understand how my disability made me less human or incapable of directing my academic destiny.

The atmosphere was gravid with the message that my identity invalidated me. I needed to belong, be appreciated, and be valued; instead, I was depersonalized. I felt objectified because of my nonnormative identity — being an African, Black, disabled, international doctoral student. These identities provided the basis for my dehumanization. I was overwhelmed by negativity and soon decided that the detractors must be right—that my disability made me inadequate and worthless. I spent considerable time questioning my position within the university community. That deep thinking about who I am stuck in my mind. It kept creeping back into my head and wrestling me. But the struggle to free myself from the invisible monster in me was equally time-consuming, distracting, and agonizing. As my life became a battlefield of internal conflict and fighting for survival in a foreign land, I was increasingly unable to concentrate on my studies. The ongoing war took place inside my head, confined to an alien world less visible to the oppressor. It made my life much worse. Still, I was resolute and resilient. Despite the horrendous experience, I finally graduated with a doctorate with the support of a compassionate community of empathetic faculty, staff, and peers who decided to go against the grain. Nevertheless, the scars of ableism and racism remain.

DISCUSSION

The personal biographical narrative of the first author's experiences in the doctoral program is used to understand acts of microaggression as external and internal phenomena rooted in ableism, racism, and xenophobia that create barriers to belonging and academic success in the disability rights movement era. Three types of microaggressions emerge from the narrative: (1) physical discomfort and distance, (2) denial of mentorship, and (3) surveillance via surveys.

The first author dealt with racial, disability, and origin aggressions perpetrated by faculty and peers. They often exhibited high levels of anxiety and discomfort when near a Black African physically disabled body mobilized in an electric wheelchair. Their intentional and unintentional behaviours included solemn and nervous facial expressions, bodily postures of evident distress, harsh words, and outright acts of complete avoidance. The comprehensive message across situations and events was social rejection (Garland-Thomson 2009; Kim & Kim 2010). Being a Black African international student and a wheelchair is considered tragic (Parent 2016). This resulted in enduring hostilities and deprivation as the deficit culture constructed him as a burden (Dolmage 2017; Price 2011). Instead of empathy, he experienced bias and rejection as the university norms disqualified him (Castrodale et al. 2015). Normalcy causes a mismatch of expectations and non-reciprocal relationships between disabled students and faculty (Beauchamp-Pryor 2012; Delgado & Stefancic 2017; Gabel & Miskovic 2014). Consequently, faculty have little incentive to interact, understand, and value disabled students. Alienation of disabled students within the university fabric sediments the ideology of ability that hinders the nurturance of mutual relationships (Castrodale & Zingaro 2015; Madriaga et al. 2011; Matshediso 2007).

Dis/ability, racial microaggressions, and internalized oppression have a deleterious effect on the victim's physical and mental wellbeing (Delgado & Stefancic 2017; Gale et al. 2020). Regardless of the form of delivery—verbal, nonverbal, or visual—dis/ability and racial microaggressions can cause physical and psychological injuries that can be irreparable when the duration, intensity, and frequency are high and continuous (Gale et al. 2020; Keller & Galgay 2010; Miller 2015; Ralph et al. 2016; Smith et al. 2007a; Smith et al. 2007b). Targets experience invisibility, powerlessness, dehumanization, fear, frustration, anger, disbelief, hopelessness, anxiety (Pierce 1969; Smith et al. 2007a), physical and mental exhaustion (Gale et al. 2020), disorientation, low self-esteem, insecure race relations (Solórzano et al. 2002), and self-doubt (Arnesen 1994). The adverse effects of aggression are compounded when one is a disabled international student of colour because disability, racial, and origin-related microaggressions contaminate the learning environment. At the very least, they limit students' constructive participation in learning. More dramatically, such environments leave these students feeling alienated, isolated, and dehumanized. Unfriendly settings predispose minority students to drop classes, transfer to other universities, switch majors, or drop out of college (Solórzano et al. 2002) and feel insignificant (Miller 2015). Unsurprisingly, almost 50 percent of all doctoral students in the United States do not graduate (Council of Graduate Schools 2009). Personal and institutional factors contribute to this high attrition of graduate students (Dolmage 2017). In a survey of 272 students enrolled in different graduate programs, Martin, Goodboy, and Johnson (2015) found that professors' bullying (e.g., belittlement and exclusion) made participants contemplate quitting school.

Inequitable structures in admissions, teaching and research opportunities, employment, and quality of life within academic programs of HEIs negatively affect American disabled students (Delgado & Stefancic 2017). Still, they disadvantage international disabled students even more. Systematized ableism ensures that the nondisabled regime in HEIs remains undisturbed (Gabel & Miskovic 2014). It expands the able-disabled ideological binary, sowing distrust in relations between faculty and disabled students that percolate into society. Distrust limits genuine interactions, relationships, and the possibility of authentic communication and information sharing. In the process, disabled students' realities are twisted to reify faulty ideologies of deficit, which validates ableism and permits the holding of disabled students in contempt. This, in turn, leaves disabled students desperate for support and vulnerable to biases.

DENIAL OF MENTORSHIP

Academic advisors and supervisors play a significant role in their doctoral students' lives: they mentor them, support their research, and help them manage academic, personal, and institutional demands (Martin et al. 2015). Whereas mentors supply critical nurturing and encouragement to their mentees, that was not the case for the first author. The failure of some faculty to provide mentorship was an omissive form of microaggression that occurred through neglect and the withholding of support.

Being a Black, African, disabled, international graduate assistant in a predominantly nondisabled White American HEI is tough without a mentor (Martin et al. 2015; Miller 2015). Being left on his own ushered in a trial period for the first author. He experienced feeling both invisible and hypervisible and being in an unfavourable environment with limited mentorship prolonged his doctoral study by two years. Like Kim and Kim's (2010) findings, the first author found himself subjected to humiliation by faculty, staff, and peers who expected him to assimilate and fit the expectations of nondisabled White Americans, to consent to their cultural conventions, and to acquiesce to systematized malpractices (Madriaga et al. 2011; Price 2011; Tarvainen 2019). He was forced to see his identity through the prism of nondisabled American White culture—namely, to concede that it is a tragedy (Mitchell & Snyder 2003; Schweik 2009), that, as an African, he is a worthless alien; that, as a Black male, he is an irrational and dangerous man; that, as an impaired creature, he is invalid; and that, as the 'other,' he does not belong (Connor et al. 2016; Vaccaro et al. 2015). He was made to fit the centuries-old disability myths and stereotypes that framed him as an invalid and a freeloader (Dolmage 2017). Thus, every interaction gently but insistently encouraged him to denigrate himself and downplay the oppressors' intents and deeds (Gale et al. 2020; Mason 1990).

Graduate students are not immune to maltreatment, considering the faculty's pressure to attain tenure and remain active researchers and the power difference between them (Martin et al. 2015). In a university department where faculty have strong ethical commitments to social justice, their unwillingness to mentor a disabled student indicates the pervasiveness of ableism in US HEIs (Dolmage 2017). One might imagine these faculty to be the least likely individuals to be insensitive to the politics of marginalized identities. In this instance, the faculty insisted that they had no expertise in disability issues or working with a 'handicapped student.' Claiming a lack of interest in disability matters and limited experience with disabled students, faculty members assumed that a disabled student should study in the allocated university space—the special education department (thus using geography to stigmatize the first author further). To alleviate their anxiety about working with a disabled student, the faculty imposed social distance by requiring the student to work in a specified location (thereby segregating him from the other students), an act that mirrors the isolation of disabled learners in special education programs in the United States (Connor et al. 2016).

Deficit culture and lack of mentorship denied the first author the academic space to talk back to his oppressor (Freund 2001; Ralph et al. 2016; Tarvainen 2019), which, like all externally induced oppression, led to internalized oppression in the form of him using the victimizer's mistreatment to injure himself (Delgado & Stefancic 2017; Gale et al. 2020; Mason 1990). Often, disabled people are inundated with negative messages and forced to accept that they are less valuable because their impairments make them incomplete (Price 2011). Such constant abuse of rights leaves disabled persons frozen in a state of inaction and passivity that sustains the microaggressions and internalized oppression they experience (Mason 1990; Ralph et al. 2016). Targets of disability microaggressions also find themselves in a catch-22: responding to an abusive situation may lead one to right the wrong, but it may also exacerbate the aggression (Sue 2010), so silence and acquiescence seem to be the safest choice. Many targets of microaggression also experience the nagging question of whether it actually occurred (Sue 2010). The visceral experience of a microaggression leaves the victim in caged turbulence and a state of helplessness. The victims believe that the only way to achieve justice and acceptance is to comply with oppressors' norms and become normal by denying their own needs (Dudley-Marlin & Gurn 2010). It is no coincidence that the prejudiced faculty made the first author feel as if his infirmity and infamy tainted the academe. Feelings of neglect and low self-esteem may cause disabled persons to withdraw from the community (Keller & Galgay 2010). Also, invisibility and invalidation may contribute to a sense of helplessness and hopelessness (Miller 2015). Individuals who suffer silently tend to experience unsatisfactory social relationships and may find it hard to share their hurt with loved ones or individuals who can confront the abuser, thus worsening their painful situation (Gale et al. 2020; Mason 1990).

Disabled persons are also susceptible to harm because of the difficulty of identifying disability microaggressions (Dávila 2015; Keller & Galgay 2010). Targets are hurt because of the combined implacability and nebulosity of interactional assaults. The subtlety of microaggressions makes them difficult to distinguish, identify, quantify, verify, document, report, and correct (Sue 2010). Unsurprisingly, aggressions against disabled people are underreported, mostly

because they are usually managed casually, if at all. They may be dismissed, even in the presence of tangible evidence of maltreatment, on the supposition that their disability impairs their understanding of circumstances (Ralph et al. 2016). Disability-related aggressions are also branded as anti-social behaviours (which cannot be prosecuted), or disabled persons are framed as victims of their conditions, discouraging investigation and data collection.

Meanwhile, the severity of microaggressions is minimized as disabled individuals are construed as unreliable witnesses, which renders their accounts inadmissible. Such failures erode disabled persons' trust in authorities and willingness to report abuses and participate in crime prevention. Moreover, as the disabled person struggles to understand what happened, the perpetrators are often unbothered or unaware of the harm they have caused. In racism, Whites exponentially benefit from discriminatory practices (Arnesen 1994); likewise, nondisabled persons often derive secondary benefits that make it difficult to empathize with the disabled victim and, therefore, numb them into inaction or prevent self-interrogation to self-correct.

SURVEILLANCE VIA SURVEYS

Anonymous surveys were used to monitor and scrutinize the first author while the faculty remained concealed and authoritative in the fashion of Foucault's (1995) panopticon. These surveys enabled faculty members to perpetrate a silent act of power, operating incognito and craftily, setting their gaze upon the unsuspecting student. The procedure also sent constant messages to the first author that he was deviant and should monitor himself closely or even monitor himself right out of the program. The target student was victimized and forced to submit to normalcy (Mitchell & Snyder 2003).

The surveillance also suggested that the first author personified a series of embodied disqualifications that warranted suspicion and surveillance—disability, Blackness, and Africanness (Connor et al. 2016). The faculty members were caught between an unacknowledged culture of ableism and a set of powerful disability laws enacted to eradicate disability-based biases (Keller & Galgay 2010). For example, the Americans with Disabilities Act Amendments Act 2008 requires colleges to invest in universal infrastructures (e.g., ramps, elevators), to provide assistive technologies and transportation services, to establish offices of disability services (ODS), and to provide support to qualified students (Vaccaro, Daly-Cano & Newman 2015). However, compliance with the law has not necessarily resulted in social inclusion and relational belonging for disabled students, mainly because morals are difficult to enforce using legislation (Dolmage 2017; Vaccaro et al. 2015).

Despite superb physical structures, campuses remain culturally, socially, and mentally isolating (Miller 2015; Titchkosky 2011). A key element of inhospitable campuses is the lack of administrators and faculty championing disability rights as a part of diversity, equity, and inclusion tenets (Beauchamp-Pryor 2012). Instead, disability culture and identity are limited, and disability matters are confined to the ODS. Services and support are vital to disabled students, but focusing on ODS narrows students' needs for academic accommodation. Beyond the scope of standard instructional accommodation are the myths and biases that further marginalize disabled graduate students. As long as the underlying deficit culture remains unchanged, disabled students remain susceptible to prejudices (Dávila 2015; Miller 2015). In a world where laws cannot fully police biases (Ralph et al. 2016), the faculty's continued close observation of the first author helped hide their failure to fulfil their duty to treat all students fairly (Connor et al. 2016; Titchkosky 2011).

The surveillance of the first author mirrors findings in the literature on monitoring, policing, and punishing unpleasant bodies (Foucault 1995). There is a long legacy of biases against minorities in America, especially for disabled persons in HEIs (Connor et al. 2016). Universities' spaces and organizational structure constructs bodies and offers bodily possibilities and constraints. Temporal-spatial systems influence how people relate and function (Freund 2001). This is so because 'our identities and bodies shape places just as places shape our identities and bodies' (Parent 2016: 523). Disabled body-mind may be limiting because of impairment, but judgements markedly disable individuals since 'culture and, most significantly, socio-material environments influence functioning' (Freund 2001: 693). Social values are attached when 'mind-bodies move in, engage and modify the material environments in which they carry out activities' (Freund 2001: 691). Disability was a legally punishable offense in America from the

seventeenth century until 1976 when the ‘ugly laws’ were used to prohibit ‘undesirables’ from public places (Schweik 2009). The millennia-long belief that disfigured bodies are valueless has fuelled the (pseudo-)science of eugenics and neo-eugenic practices (Mitchell & Snyder 2003), extending the desire to eliminate disabled people beyond the prohibition of exclusionary laws. Despite apparent improvement in how disabled people are treated in America due to civil rights laws, ableism, racism, and xenophobia continue to diminish disabled people’s quality of life (Mitchell & Snyder 2003; Parent 2016). Surveillance has replaced direct aggression to become the new means of managing unruly and unusual bodies, thus exposing disabled graduate students to subtle and covert biases (Foucault 1995) in the era of disability rights.

CONCLUSION

Understanding individual acts of microaggression requires connecting the unkindness experienced in human interactions to larger ideological structures, power dynamics, and cultural norms. It also requires extending the microaggression construct from an explanation of the oppression of African Americans to discriminatory acts of harming persons based on disability and complex multidimensional social identities. This article has focused primarily on the interactional politics of dis/ability, a neglected area of higher education research, while also pointing to intersectional power dynamics involving race, national origin, and disability.

This analysis strengthens the claim that international disabled people of colour experience oppression similar to that of other marginalized groups. They are discriminated against based on their race, gender, sexual orientation, and national origin, but they also experience unique oppressive practices due to their disability.

IMPLICATIONS

The first author’s experiences raise critical points worth considering. First, faculty are obligated to create safe zones on campus for all students without imposing an undue burden on disabled students. Second, exposure to disabled students can help educators interrogate and disassemble their deficit cultural orientations. Third, it is necessary to tap into the experiences of international disabled persons of colour to expand Global South epistemologies that can challenge the (un)knowing of disability and the consequential oppression of disabled persons. Fourth, changing systematized cultural barriers is as vital as dismantling physical barriers. Finally, for the sake of humanity, the nature of human hostilities must be addressed to allow adaptations of appropriate communal behaviours that will make HEIs genuinely safe, inclusive, and responsive to the needs of all students.

LIMITATIONS AND FUTURE RESEARCH

The first author’s account provides vital information on the adverse impact of ableism in HEIs on the education and wellbeing of disabled doctoral students and the university community. Although the paper focuses on the lived experiences of the first author in a graduate school at an American university, it may not represent the experiences of all disabled graduate students in different HEIs. Therefore, more studies are needed with a larger population of graduate students with apparent and nonapparent disabilities to develop an integrated approach to address disability microaggressions and ableism and promote students’ wellbeing in HEIs. Future studies should also focus on the climate and culture related to disabled graduate students in HEIs across different continents.

ETHICS AND CONSENT

All procedures performed in this study involving human participants were per the ethical standards of the institutional review board. Finally, informed consent was obtained from all individual participants included in this study.

COMPETING INTERESTS

The authors have no competing interests to declare.

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