STUDENTS WITH DISABILITY, THE DISABILITY UNIT AND

LECTURERS' NARRATIVES OF DISABILITY WITHIN A TERTIARY

INSTITUTION

Taegan Devar

2015

Submitted in partial fulfilment of the requirements for the Degree of Master of

Social Science in Industrial and Organisation- Psychology

Discipline of Psychology

School of Applied Human Sciences

University of KwaZulu-Natal

Durban, South Africa.

Supervisor: Shaida Bobat

2015

Table of Contents

Declaration

I, Taegan Devar declare that the following dissertation entitled; *Students with Disability, The Disability Unit and Lecturers Narratives of Disability within a tertiary institution* is my own unaided work. This is being submitted in partial fulfilment of the degree of Master of Social Science in Industrial and Organisation- Psychology, School of Applied Human Sciences, University of Kwa- Zulu Natal, Durban, South Africa. All references, citations and ideas borrowed have been acknowledged and none of the current work has been previously submitted for any degree or examination at any other University.

Signature: _____

Taegan Devar

Student Number: 209515233

Date: _____

Acknowledgements

I would like to thank the following people who have helped me on this journey:

- My brother Tariq who inspired me to do this research and who inspires me every day through his courage, intelligence, beautiful outlook on the world and unconditional love; "*Because of you I see the world through different eyes*". Sister loves you.

- Mum, Junaid, Jarred & Ma, thank you for being so patient with me, for never giving up on me and supporting me through this. I simply could not have done this without you. I love you all so much.

- Warren, for your unconditional support, love and endless belief that I can do anything I put my mind to, no matter how outrageous it may be.

- The amazing participants I met on this journey, who encounter obstacles every day and still make it happen, thank you for sharing your experiences with me, I felt privileged, humbled and inspired to be a part of your journey. You have all made me think differently.

- Professor Anna Meyer- Weitz, my colleague, friend and fellow foodie, thank you for helping and supporting me through this process and for believing that I can do this.

- My supervisor Shaida Bobat, thank you for being so very patient with me. Thank you for all your guidance and support through this process. Most of all, thank you for believing in me.

Abstract

The purpose of the study was to explore the narratives of disability among students with disabilities, lecturers and the Disability Unit (DU) within a tertiary institution with a view to better understand their experiences and required initiatives to address the challenges of disability within a tertiary institution. Understanding how students with disabilities within a higher education context perceive and experience disability as well as how key players, namely lecturers' and DU staff, who influence that experience is important in providing a truly inclusive environment for all within a tertiary institution. A review of the literature highlights that despite enabling legislation, in many South African Higher Education Institutions students with disability still experience many barriers to learning. The study drew from three theoretical frameworks in understanding participants' narratives, namely social constructionism, feminist disability theory and a Foucauldian perspective. A qualitative study was conducted among 24 participants, who were purposively sampled and consisted of students with disability (N=12), disability unit staff members (N=7) and lecturers (N=5) within a South African tertiary institution. Semi- structured interviews and biographical questionnaires were used to collect the data which was analysed using thematic analysis.

The findings indicate that dominant representations of disability that exist within the tertiary context are disempowering and understand different embodiment, as less. There is a strong emphasis on students having to adapt in a tertiary context. Through normalisation mechanisms of the 'gaze', through engagement with the non- disabled and through the language used when speaking about students with disability, dominant understandings are perpetuated and internalised. Consequently, many students with disability modify their behaviour and act in ways to fit in and disassociate with being disabled. Further, many believe that they have to take ownership for their disability and manage it. These

disempowering representations are reinforced by inadequate infrastructure, resources and clear processes that limit accessibility to students with disability. This lack of consideration has a normalising function which gear students with disability to adapt and regulate themselves to fit in.

The need for awareness and education, improving engagement with key stakeholders and improving integration were understood as important initiatives that the tertiary community should consider. Through these initiatives, opportunities to create positive representations are opened, which provide moments for students with disability to create more accepting representations of self with disability when interacting with the non-disabled and challenge dominant disempowering understandings of disability. The current study highlights the need for creating spaces and engagement within a tertiary institution that celebrate and create positive representations of disability.

Keywords: students with disability, narratives, social constructionism, power, higher education institutions.

Chapter One

Introduction

"I am different, but not less"

Temple Grandin

For most students, studying at tertiary level is a potentially empowering experience; however for many students with disabilities this potentially empowering experience of higher education is often difficult to achieve (Fuller, Bradley & Healy, 2010). According to the 2011 Census, 2 870 130 South Africans (an estimated 7.5 percent of the population, excluding children under the age of 5 and persons living with psychosocial and neurological disabilities) reported living with some kind of disability that prevented them from full participation in life activities- this includes equal access to higher education. Further, the 2011 Census (Stats SA, 2014) indicated that the majority of disabled people (across multiple disabilities) between the ages of 20-24 are not attending a tertiary institution. Although there is no research that has been conducted on the prevalence of students with disabilities within HEIs in South Africa (Healey; Pretorius & Bell, 2011; Matshediso, 2007; CHE, 2005), it was suggested that students with disabilities make up less than 1 percent of the student population of many HEIs in South Africa (Healy; Pretorius & Bell, 2011).

Despite the fact that the South African education system does provide support for students with disabilities that is founded on a human rights framework and promotes inclusivity (Matshedisho, 2007), barriers as a consequence of South Africa's apartheid era have influenced the manner in which higher education institutions are structured and function, as well the dominant beliefs and attitudes that inform practices within higher education institutions (Howell, 2006). These barriers are problematic, since postsecondary

experiences (social and educational) (Hutcheon & Wolbring, 2012) are so important in shaping students beliefs, identity and self-concept (Kraus, 2008), as well impacting on their health and access to future opportunities (Jung, 2001). Further, the experience of tertiary education provides a means for people living with disabilities to participate in knowledge production and policy development that describes their own perspectives (Jung, 2001).

The manner in which one understands disability influences how individuals within a society, its institutions, policies and structures are able to accommodate and support people with disability (Kaplan, 2000). Hurst (1996) describes that there is a need for research that focuses on the lived experience of disability and those living with disability and as Wheeler (2011, p. 849), appropriately describes it: "the best person to say what support they need to access society is the individual who is experiencing it." Therefore, understanding how students with disabilities within a higher education context perceive and experience disability as well as how key players who influence that experience, namely lecturers and the institutions disability support unit, perceive and experience disability, is important in providing a truly inclusive environment for all within a tertiary institution.

Study Aim

The aim of this study is to explore the narratives of disability among students with disabilities, lecturers and the Disability Unit (DU) within a tertiary institution with a view to better understand their experiences and required initiatives to address the challenges of disability within a tertiary institution.

Research Questions

1. How do students with disabilities, lecturers and the DU narrate their experiences and perceptions of disability within a tertiary institution?

2. What are the current challenges facing students with disability, the DU and lecturers?

3. What are the ways in which students with disabilities, lecturers and the DU live with and navigate the tensions within a tertiary institution?

4. What are the implications of these tensions for disabled student's well-being and personal, relational, community and cultural identities?

5. What initiatives, if any, are required to manage the challenges that students with disability, lecturers and the DU face?

Demarcation of Chapters

The current research study consists of 5 chapters consisting of an introduction (Chapter1), a review of the literature and theoretical frameworks in which the study is located, the study method, presentation of the findings and discussion and lastly a conclusion. Table 1 provides a summary of the demarcation of chapters and their content.

Table 1

Demarcation of chapters and content

Chapter	Content
Chapter 1 Introduction	Provides a brief outline of the current status of students with disability in South African HEI's as well as providing a rationale for the study, describing the study's aims and research questions.
Chapter 2 Literature Review and Theoretical Framework	Reviews the literature and theoretical frameworks in relation to the study. Outlines the history of South African HEI's in providing support to students with disability, the legislative context for people with disability and the current status of support as well as barriers faced by students and key stakeholders. Further, this chapter describes the theoretical frameworks in which to understand the study, namely, Social constructionism, Feminist Disability Theory and a Foucauldian perspective and its relationship to the literature.

Chapter 3 Methodology	Outlines the qualitative research design, the population and sample used in the study, the data collection methods, instruments used and ethical considerations.
Chapter 4 Results and Discussion	Presentation of a qualitative analysis and a discussion of the results with consideration of the literature and theoretical understandings.
Chapter 5 **Conclusion, Limitations of the study and Recommendations**	Based on the results and discussion of the findings, conclusions will be drawn and the limitations of the study will be discussed. Further, recommendations based on the study's findings and limitations will be presented.

Chapter 2

Literature Review and Theoretical Framework

"There is no greater disability in society, than the inability to see a person as more"

Robert M. Hensel

2.1 Introduction

This chapter comprises of two core components, namely a review of the literature within the context of disability within Higher Education Institutions in South Africa as well as the examination of three theoretical frameworks that were used in this study, namely social constructionism, feminist disability theory and a Foucauldian perspective. The central tenants of each approach are discussed in relation to the literature review.

2.2 Defining Disability

According to the Foundations of Tertiary Institutions of the Northern Metropolis (FOTIM) report on disability in higher education (Healey, Pretorius & Bell, 2011), there is no single definition of disability that exists within the South African tertiary sector (Healey, Pretorius & Bell, 2011). Rather, different Higher Education Institutions (HEIs) have their own way of classifying disability and students with disabilities (Healey, Pretorius & Bell, 2011). The model adopted by HEI's has a significant impact on the kinds of services provided and the manner in which they are provided (2011). For example, those that adopt more of a medical model may consequently provide more individualised services and little

improvement on environmental challenges facing students such as the negative attitudes of others and inaccessibility to buildings or services (DMS, 2011). The definitions utilised by HEIs suggest that a conceptualisation of disability within a medical model framework is still predominant, however there is a shift towards an acknowledgement of external factors in ensuring inclusivity (Healey, Pretorius & Bell, 2011). FOTIM's study further highlighted this, explaining that there is still a predominant focus on impairment and an individual having to fit into and adjust to the environment (DMS, 2011). It is argued that a common definition of disability needs to be formed for South African HEIs that express the fluid nature of disability as a concept as well acknowledging the functional, impairment and barrier elements against which an individual can be assessed (Healey, Pretorius & Bell, 2011).

Thus, the World report on disability (WHO, 2011) provides a balanced approach to disability and acknowledges these different aspects of disability (WHO, 2011). The International Classification of Functioning, Disability and Health (ICF) understands disability and functioning as a dynamic interaction between contextual factors (environmental and personal) and health conditions known as the bio- psycho- social model of disability (WHO, 2011). Disability within this framework is understood as a broad term for 'impairments, activity limitations and participation restrictions' (WHO, 2011, p. 7), referring to the negative influences of interaction between the individuals who have a particular health condition and personal and contextual factors (WHO, 2011). Wheeler (2011) describes how a conceptualisation of disability that takes into account the complex interaction between the individual and society (contextual factors) and accounts for the complex variability in social, perceptual and behavioural characteristics that occur in people with disability (health condition) creates a understanding of disability not as a deficit but rather a perceptual difference (Wheeler, 2011). Shakespeare (2014), emphasises the importance of this point explaining that there are several reasons why biological and social factors are interdependent.

Firstly, when one has impairment, disabling barriers become real (Ibid, 2014). For example, if one has sight, one is not disadvantaged by information only being provided in print form, or if one can walk, steps do not become a challenge. Impairment is a necessary condition in understanding the challenges facing those with disability (Ibid, 2014). Consequently, it has to be acknowledged as part of the definition of disability. Secondly, much impairment is often caused by social conditions (Abberly, 1987, as cited in Shakespeare, 2014), for example a considerable proportion of impairment is as a consequence of poverty, war, malnutrition and other individual and collective social processes (Shakespeare, 2014). Further these impairments are often exacerbated by social conditions or processes (Ibid, 2014).

Environmental conditions may hinder or enhance impairments through omission or action (Ibid, 2014). For example, not having access to appropriate medical intervention or having to negotiate physical objects in the environment like badly made chairs which can place people at risk and therefore further enhance the negative impact on their impairment (increased levels of pain or injury) (Ibid, 2014). These examples illustrate that biological factors are intrinsically linked with social factors, disability is almost always interlinked with the effects of impairment and impairment is only experienced in a social context (Ibid, 2014). Therefore, a definition of disability that takes into account the dynamic relationship between these factors such as the WHO's bio- psycho- social model of disability enables a greater understanding of people with disabilities experiences and the manner in which they navigate their social context.

2.3 Disability and Legislation in South Africa

With South Africa's first democratic elections in 1994 a progressive Constitution (Act No. 108 of 1996) was formed that was founded on the values of human dignity, equality and freedom (South African Human Rights Commission, 2002). Chapter 2 of the Bill of Rights specifically focuses on non- discrimination of persons with disabilities and equality (South African Human Rights Commission, 2002). In November 1997 the White Paper on an Integrated National Disability Strategy (INDS) was introduced- another progressive document that provides a structure from which integrated policy can be developed across all sectors of government (INDS, 1997). It aims to address the inequities that currently affect people with disabilities in South Africa and moves away from a medical model of understanding disability towards a human rights based model (South African Human Rights Commission, 2002 & INDS, 1997). Both the Constitution and the INDS provide a structure for the manner in which the rights of the disabled and disability issues are understood and dealt with within the South African policy and legislative framework (CHE, 2005).

Public higher education policy is informed by this framework and addresses issues of equity and redress (CHE, 2005). The government's policy framework for HEI's draws mainly from two policy documents that have been published by the Department of Education (DoE) since 1994 (Howell, 2006) namely; Education White Paper 3 on the Transformation of The Higher Education System (DoE, 1997) and The National Plan for Higher Education (DoE, 2001a).

One of the goals in Education White Paper 3 on the Transformation of Higher Education is to build an equitable HEI education system that encourages fair chances of success and equal access to all who are looking to 'reach their potential through higher education' (DoE, 1997) as well as eradicating all forms of discrimination and redressing past inequities (DoE, 1997). White Paper 3 is therefore located within an equity framework where there is an acknowledgement of the need to address past inequities and unfair discrimination in developing a just and fair higher education system (CHE, 2005).

Commitment to increase access to higher education for students with disabilities is given more attention in the National Plan for Higher Education (DoE, 2001a). The plan acknowledges students with disabilities as those who have been historically disadvantaged by the apartheid higher education system (CHE, 2005) and commits government to increase access to higher education for students with disabilities (CHE, 2005). The plan outlined, earmarked funds specifically aimed at addressing certain policy objectives, such as increased access for disabled and poor students (DoE, 200) as well as acknowledging that increasing access for students with disabilities should form part of strategies geared at broadening the social base of students in South African HEIs through including 'non- traditional' students, such as, people with disabilities, women, workers or mature students (DoE, 2001a). Thus, the National Plan for Higher Education aims to put into practice the goals of White Paper 3 (Healey, Pretorius & Bell, 2011).

It is under this enabling legislative framework that disability and the manner in which students with disability are to be treated within HEIs, needs to be understood. Although the South African legislative structures are progressive and are embedded within a human rights

framework, it is important to understand that people with disabilities are not one homogeneous group. For example, the support required by individuals who are physically disabled within tertiary institutions will be very different to the support required by those who have mental disabilities. In relation to this, it is important that disabled individuals are included in all policy, planning and decision making processes so as to ensure that the creation and implementation of legislative frameworks are inclusive, practical and serve the disabled community (South African Human Rights Commission, 2002).

2.4 Disability within the context of HEIs in South Africa

Historically people with disabilities in South Africa have been discriminated against, marginalised and have been prevented from exercising fundamental political, economic, social, cultural and development rights (South African Human Rights Commission, 2002 & Howell, Chalklen and Alberts, 2006). Under the apartheid regime this discrimination occurred because the common South African perspective at the time viewed people with disabilities as sick and in need of care as opposed to being viewed as equal citizens with equal responsibilities and rights (Howell et. al., 2006). This perception of disability and the injustices that disabled people experience as a consequence of this view continues to be perpetuated in South African society today (South African Human Rights Commission, 2002).

Inequalities experienced by students with disabilities within HEIs in South Africa originate from inequalities in the South African schooling system (Howell, 2006). Education

at schooling level was not only separated along racial lines but also through the categorisation of learners into those who were deemed to be 'normal' and those deemed to have special needs (Howell, 2006). Consequently, two schooling systems emerged, one dominant mainstream system for 'normal' learners and a secondary special education system for those with special needs which included a wide range of students (Howell, 2006). This secondary system consisted of a limited number of special schools or classes within mainstream schools and limited resources (Howell, 2006). This limited system for disabled learners, especially black disabled learners resulted in high levels of exclusion from the education system (Howell, 2006). According to the 1997 White Paper on an Integrated National Disability Strategy (INDS) approximately 70 percent of disabled learners of school going age were outside of the training and education system (ODP, 1997).

The lack of appropriate provision for South African learners at school level has affected access for learners with disability to higher education (Howell, 2006). However, according to census data the numbers of learners entering the schooling system has improved (StatsSA, 2005). Similarly, the implementation of a standardised curriculum across the schooling system in theory provides more learners with the opportunity to obtain a matric (Howell, 2006). However, despite the education systems now having the potential to support increasing numbers of students with disabilities within HEIs, barriers still remain (Howell, 2006). For example, learners with disabilities in secondary schooling are still not appropriately given advice or provided with the option to decide on subjects that will facilitate their access into higher education (Howell, 2006). Consequently, even disabled learners who have obtained a matric may not have completed the necessary subjects at the appropriate level to be considered at tertiary level (Howell, 2006). Traditional stereotypes and attitudes regarding the ability of these learners still lead to the reinforcement of the view that

learners with disabilities do not have a future in higher education and influence levels of exclusion (Healey, Pretorius & Bell, 2011). Therefore, while the participation of learners within the schooling system has improved, the quality of the education provided increases disabled learners vulnerability to forms of exclusion (Howell, 2006).

2.5 The challenges facing students with disability in South African HEIs

Barriers that students with disabilities face in the schooling system are exacerbated by the inequalities inherent in South African HEIs (Healey, Pretorius & Bell, 2011). This includes the manner in which HEIs are structured, how they function, the dominant -attitudes that influence practices in HEIs and the role that higher education plays in society as a whole (Howell, 2006; Healey; Pretorius & Bell, 2011). For example, students are still being guided towards or excluded from fields of study based on perception s of their capabilities (Healey, Pretorius & Bell, 2011). Further, excuses such as the need for fieldwork, practical off campus experiences or the use of specific types of equipment are all used to prevent learners with disabilities from participating in non-conventional degree programmes or courses (Howell, 2006; Healey, Pretorius & Bell, 2011). Although, it would be exceptionally difficult to prove discrimination against students with disability, according to Healey; Pretorius and Bell (2011) and Howell (2006), anecdotal evidence suggests that students are often 'persuaded' to follow particular courses that are perceived to be more suitable for them. The FOTIM (2011) study found that the majority of disabled students are studying in the Arts faculties and this is followed by Commerce. There is a low representation of disabled students in the sciences, law, education and health science fields (DMS, 2011). However, students reported that the courses they register for are largely dependent on their grade 12 results and many students

with disability often do not have mathematics that would enable them to enter these other fields (FOTIM. 2011).

The continued use of the medical discourse around disability has further influenced the manner in which HEIs respond to students with disability, specifically in addressing their needs in relation to the learning and teaching process (Riddel, 1998; Howell, 2006; Healey, Pretorius & Bell, 2011). Barriers are inherent in the teaching curricula itself (Riddel, 1998). Medical discourses have diverted attention away from the manner in which materials and methods are utilised, the way in which learning and classes have been organised and managed as well as the assessment practices used which all may act as barriers for equal participation of students with disabilities (Healey, Pretorius & Bell, 2011). Thus, a lack of flexibility regarding curricula as well as inclusive learning and teaching methodologies remain important challenges within HEIs and need to be addressed (Healey, Pretorius & Bell, 2011).

2.6 Providing support for students with disabilities in South African HEIs

Appropriate support mechanisms within a HEI are important in ensuring equal opportunities for students with disabilities in learning and teaching (Shevlin, Kenny & McNeela, 2004). Initiatives and structures to support students with disabilities in South African HEIs differ significantly across institutions in relation to the work that is carried out and the services that are offered (Healey, Pretorius & Bell, 2011).HEIs Disability Units (DUs) or the Disability Support Service are often the first access point for students to receive support (Naidoo, 2010). These units operate to ensure that students with disability can participate on an equal level within HEIs. The functions of DUs differ in terms of the

services offered (Healey, Pretorius & Bell, 2011). The longer the DU has been in existence the broader the scope of services offered (Healey, Pretorius & Bell, 2011).

However, common responsibilities include: awareness raising, policy development, the provision of assistive devices and equipment, assisting where access issues arise and auditing physical accessibility, provision of a dedicated computer room or LAN for students with disabilities, providing personal and academic support, providing specialist services such as a sign language interpreter, providing assistance with governmental bursary and grant applications, dedicating extra time for tests and exams and providing support such as negotiating when conflicts arise (Healey, Pretorius & Bell, 2011).

Many Disability Units (DUs) in HEIs experience resource constraints that hinder the extent and the nature of services that can be offered (Healey, Pretorius & Bell, 2011). Further, where support services are offered to student with disabilities, they often operate independently from or have minimal interaction with broader teaching and learning support initiatives (Healey, Pretorius & Bell, 2011). Where collaboration does exist it is predominantly with student counselling as opposed to dealing directly with learning and teaching (Healey, Pretorius & Bell, 2011). The provision of support by HEIs has further been criticised as it is often based on the notion that all student problems can be solved by a specific piece of equipment (a technological remedy mentality) without attempting to acknowledge and understand the broader social context and alternative factors that may be exacerbating the barriers experienced by students with disabilities, such as minimal student/teacher interaction or poor awareness about disability issues within HEIs (Healey, Pretorius & Bell, 2011).

According to a study by Matshedisho (2007) that explored students with disabilities access to higher education, of the 24 HEIs that participated in the study, 83 percent reported that they provide support for students with disabilities (Matshedisho, 2007). All Historically Advantaged Institutions (those that benefitted from apartheid legislation and policies) provided support whereas only 60 percent of Historically Disadvantaged Institutions (those that were exclusively non- white and were discriminated against during apartheid) did. Further, two types of support emerged from the study, firstly a separate disability unit which operates independently from other student services (Matshedisho, 2007). For example, the DU at the University of Cape Town and the Disabled Student Programme at the University of Witwatersrand, which were both established by Kathy Jagoe, have independent DUs and this is due to the availability of funding (Matshedisho, 2007). Secondly, there are DUs that operate within student services, student affairs or student counselling. The difference in these structures originates from historical circumstances as well as the availability of funding and convenience with which support can be made available to students (Matshedisho, 2007).

The study further found that staff working in these two types of units within HEIs, were not specialised staff (Matshedisho, 2007). Most of the staff in the Student Service units said that they were psychologists (Matshedisho, 2007).   Others saw their jobs as simply assisting students, including students with disabilities (Matshedisho, 2007). Although it was discovered that a high number of HEIs provide support for students with disabilities, the range of disability support provided, was limited (Matshedisho, 2007). Academic support services for students with disability were found to be limited to the physically disabled and blind students, with minimal provision for deaf students (Matshedisho, 2007).   This limited range of support further contributed to the lack of motivation to employ specialised staff (Matshedisho, 2007).

A study by Greyling (2008) at the University of Stellenbosch in South Africa, found that support services offered by the university were predominantly provided by departments or divisions within the institution such as the Examinations Department and the Centre for student counselling and development (Greyling, 2008). Participants reported that they had positive experiences of the support services offered and that these services improved their development (Greyling, 2008). Further, participants described that although there were support structures in place, weak communication across support departments slowed down service delivery, creating a gap between policy and practice (Greyling, 2008). A need to improve coordination across support services was highlighted in the study (Greyling, 2008).

According to a study by Naidoo (2010) on students with disabilities' perceptions of the disability unit at the University of Kwa-Zulu Natal, Howard College Campus, found that the lack of funding, resources and a disproportionate staff to student ratio collectively created barriers that hindered the provision of support to students with disabilities (Naidoo, 2010). This highlights the understanding that although DUs and support divisions are vital in addressing institutional barriers and providing individual support, these units should not be viewed as the sole providers of support for students with disabilities (Greyling, 2008). The institution as a whole as well as all the relevant role players are responsible for transformation, embracing difference and creating an inclusive environment rather than simply tolerating or accepting students with disabilities (Greyling, 2008).

The FOTIM (DMS, 2011) study further highlighted that since many DUs are subsumed under student counselling services or student affairs, DU coordinators felt like they were not given adequate independence to make decisions and develop relevant programmes (DMS, 2011). Further, DU staff felt that the reporting and organisational location of the unit was often not ideal. Although the location of DU's on campuses varied, many found that their DU's were not centrally located or easily accessible (DMS, 2011). The type of DU and the number of staff varied across institutions; ranging from a single DU coordinator or a part-time administrator to a highly structured DU, with permanent staff, specialist roles, volunteer students assistants and staff (DMS, 2011). In conjunction, their competency and skills varied as well across institutions. With exception of the large established DU's, staff compliments were generally perceived as being inadequate (DMS, 2011), however competencies were generally perceived as being adequate (DMS, 2011). The study found that it was not the most established DU's that provided the best practices (DMS, 2011). While students reported having many unmet needs they still rated the DU services as adequate and satisfactory (DMS, 2011). However, this was notwithstanding that there existed minimal accountability in many DUs for staff and other key stakeholders such as lecturers in terms of performance appraisals in delivering support services (DMS, 2011).

2.7 The role of lecturers in providing support for students with disabilities

The willingness and attitudes of academic staff to provide support to students with disabilities influences the progress of these students in HEIs (Fuller, Healy, Bradley & Hall, 2004). Participants in a study by Fuller, Healy, Bradley and Hall (2004), described that their disabilities impacted on their learning experience and they experienced great difficulty as a consequence of lecturer's unwillingness to make arrangements to accommodate students with disabilities needs, such as allowing lectures to be recorded, having unrealistic expectations

for reading work or failing to provide useful hand-outs or notes (Ibid, 2004). Students further reported encountering barriers in relation to assessments, such as examinations and specifically, oral presentations (Fuller, Healy, Bradley & Hall, 2004). The FOTIM study (DMS, 2011) found that there was a need for training and skills for lecturers that should form part of their continuous learning requirements (DMS, 2011). Similarly, in Naidoo's (2010) study participants reported that as a result of lecturers failing to provide relevant study material to students in advance for the preparation for examinations, assignments or tests, many experience a negative academic outcome such as a late submission, or failure. Thus, university lecturers can provide a potential obstacle to the learning experience of students with disabilities and this can have an impact on their academic development (Fuller, Healy, Bradley & Hall, 2004).

2.8 Profile of the Disability Unit (DU) in the current study

The DU in the current study falls under the umbrella of Student Counselling and Career services (SCC) (Pillay, Balakrishna, Sangweni, Munro, Subrayen, Naidoo & Futshane, 2013). The service arrangement is currently fragmented, inequitable and inconsistent, with regard to resource allocation and its growth (Pillay et. al., 2013). This compromises the delivery of quality support services to students with disabilities (Pillay et. al., 2013). Students with disabilities will benefit greatly if their needs are addressed through structured support services (Pillay et. al., 2013). The provision of optimal support to students with disabilities is often determined by the student's specifics needs and requirements (Pillay et. al., 2013). For example, students with mobility impairments may experience the campus environment in different ways as a result of physical accessibility or mobility aids that are available for the relevant disability (Pillay et. al., 2013). The information in Table 2 reflects

the categories of disabilities among students during 2004 to 2010. As can be seen, the largest group of students with disability fall in the blind and partially sighted category, followed by students who are physically disabled. This may impact the services provided, for example, it may be skewed to serve the needs of the majority of students with a disability in the predominant category. The social and academic needs of students with disabilities differ and it is therefore expected that reasonable academic accommodations are out in place so as to ensure full access and participation of students with disability (Pillay, et. al., 2013). The provision of support services include the reformatting of text into alternative, more accessible forms, academic accommodation, academic liaisons, information and physical accessibility (Pillay, et. al., 2013) All these supportive mechanisms align themselves with inclusionary processes to enable students with disabilities to successfully navigate the transition into higher education and leave with a qualification for entering the world of work (Pillay, et. al., 2013).

Table 2

Statistics reflecting categories of disabilities among students during 2004 – 2010

CATEGORY OF DISABILITY	2007		2008		2009		2010	
	No.	%	No.	%	No.	%	No.	%
Blind	15	9.7	14	35.4	15	28	15	10
Partially Sighted	57	36.7	38	31.9	49	39	57	37
Physical Disabilities	47	30.3	15	12.6	14	11	47	30
Hearing Impairments	2	1.2	8	6.8	15	12	2	1
Learning Disabilities	19	12.2	2	1.6	2	2	19	12
Other - Chronic Illnesses	15	9.7	15	12.6	10	8	15	10

Table 3.

Registered students with disabilities on HC campus from 2007- 2010 and individual percentages thereof

Year	Blind		Partially Sighted		Physical Disability		Hearing Impairment		Learning Disability		Other Chronic Illness	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
2007	15	9.7	57	36.7	47	30.3	2	1.2	19	12.2	15	9.7
2008	14	35.4	38	31.9	15	12.6	8	6.8	2	1.6	15	12.6
2009	15	28	49	39	14	11	15	12	2	2	10	8
2010	15	10	57	37	47	30	2	1	19	12	15	10

Table 3, above, highlights the number of registered students with disability from the period of 2007 to 2010.   As can be seen in the table above, there is a greater number of registered students who are blind and partially sighted, followed by students who are physically disabled.

The university appointed a full time Disability Coordinator in 1999, to manage the support services for students with disabilities on the campus (Pillay, et. al., 2013). The work of managing the support services of students with disabilities was organised by the coordinator together with the support of an administrative officer that was appointed on contract and many volunteers (Pillay, et. al., 2013). In 2006, in response to the increasing numbers of students with disabilities entering the university, a Disability Support Officer- a registered social worker and an Information Officer who specializes in technological support were appointed on a three month contractual basis (Pillay, et. al., 2013). The increase in the number of blind and partially sighted students required the services for an independence and mobility instructor and in 2007; an independence trainer was funded on a three month

contractual basis to respond to the needs of students with visual impairments (Pillay, et. al., 2013). These three posts (Independence Trainer, Disability Support Officer and the Administrator) are short term contract based and those that are appointed in these posts consequently have high levels of job uncertainty with accompanied stress and anxiety (Pillay, et. al., 2013). The continuous appointment of a new staff members is not conducive to the long term development and sustainability of the DU (Pillay, et. al., 2013). The DU further relies on the support of postgraduate students who work on a part- time basis, taking shift, converting material into a more accessible format for students with disabilities (Pillay, et. al., 2013). Here again, this poses a challenge as students have commitments towards their studies and are therefore difficult to rely on (Pillay, et. al., 2013).

Since there has been a drastic increase in the numbers of students with disability, there is a great need for more space and resources such as access to larger computer LANs (Pillay, et. al., 2013). Further, in relation to the competencies and skills of the DU staff, there are many staff members who are not adequately trained and/or capacitated to deal with the diverse need of students with disability and pose a serious barrier to the development and learning of students (Pillay, et. al., 2013). Since the DU fall within the area of Student Counselling and Support Services the DU often does not gain the attention that it requires to carry out interventions or projects (Pillay, et. al., 2013). Table 4 below outlines the support and services the DU in the current study provides to students with disability.

Table 4

Support and services offered to students with disability on campus (Pillay et.al, 2013)

Category of Disability	Extent of Impairment	Physical Access Support	Academic Support	Tests and Examinations
Blind	**Visual Disability** • An impairment of sight that cannot be corrected by glasses or contact lenses. • Total blindness is often defined as someone with no vision (No Light Perception- NLP). There are persons who identify themselves as blind but have light perception (LP), however they require support in the same way as a blind person with NLP.	• The totally blind person requires Orientation and Mobility Training in order to navigate the built environment. This training is provided by an Independence Trainer who is specially trained to undertake the provision of this training for blind persons. The provision of O&M Training can take approximately 3 months for a single blind person to reach independence i.e. Travel Skill and personal skills which includes , grooming, Skills in Daily living and personal care • Persons with visual impairments must be kept well informed of any changes in his personal, social and academic environment.	• The totally blind student would require academic materials to be prepared in either electronic format or in Braille. • Course packs, Texts and journals are available in printed text and would need to be scanned and reformatted in order that these are accessible in electronic formats. • A scanned document can be converted to Braille and made available to students. • Some students with visual impairments will prefer to use scribes, readers or audio tapes.	• Totally blind students are entitled to 15 minutes per hour as additional time. • Students write examinations in different venues depending on their proficiency levels in computers and Braille. • Students that use the computer will receive their question papers in electronic format and those that use Braille will get a Braille examination paper. The Braille answers are then transcribed to text for marking purposes.

Category of Disability	Extent of Impairment	Physical Access Support	Academic Support	Tests and Examinations
Partially Sighted (low vision) **The following indicates some of the types of visual impairments e.g.** - Total blindness - Legal blindness - Cataracts - Glaucoma - Age related macular degeneration - Diabetic retinopathy - Cortical blindness - Retinitis Pigmentosa	- A partially sighted student is someone whose vision is not correctable with lenses. The wearing of spectacles can assist in the use of residual vision (remaining vision). The latter may be due to some pathological condition. - Low vision students may require the manipulation of text size or the contrast of text and background depending on their visual condition. - A low vision assessment and provision of low vision devices can assist the student.	- Marking of stairs e.g. yellow lines and textured stairway edges. - Signs that are large and in contrasting colours. - Escalators that have markings or voice alerts. - Clear glass windows should have stickers on them.	- Screen magnification with contrast capabilities. - Hand held magnifiers. - Course packs in font sizes that are customized for the individual student.	15 minutes per hour with adequate lighting and question papers in appropriate formats
Albinism	**Albinism** Albinism per se is not a disability. People with albinism often develop visual impairments.	As above	As above	As above

Category of Disability	Extent of Impairment	Physical Access Support	Academic Support	Tests and Examinations
Physical Disability • Cerebral Palsy which varies in terms of hemiplegia, paraplegia, ataxia, spasticity, speech impediments, incontinence etc. • Quadriplegia • Paraplegia • Hemiplegia • Post - Polio Paralysis • Osteogenis Imperfecta (brittle bones • Achondraplasia (short stature) • Spina Bifida with and without incontinence. • Burns • Spinal muscular dystrophy and atrophy • Scoliosis (curvature of the spine) • Arthritis	• Physical disability refers to partial or total damage to muscles, nerves, skin or bones that leads to difficulties in moving about and performing activities of daily living. • Persons with physical disabilities very often may become ambulant, functional and independent with the use of mobility aids or other assistive devices e.g. wheel chairs, elbow crutches, calliper's, therapeutic boots, splints, ventricular peritoneal shunts, raised heel shoes, motorized wheelchairs, neck braces, quad pod walking aids etc. The following fall within this category	• The built environment poses the greatest barriers to the inclusion of persons with physical disabilities. • The provision of ramps, rails, accessible ablutions, dropped curbs, clearly defined foot paths; designated parking bays, accessible shelving adequate spacing between desk and chairs to accommodate the wheelchair user. • Accessible venues – ramps and hand rails	• Wider desks to accommodate wheelchairs	• Extra time for tests and examinations. • Use of Scribes. • Oral tests and examinations may be recommended.

Category of Disability	Extent of Impairment	Physical Access Support	Academic Support	Tests and Examinations
Learning Disability	**Learning Disability** Broad term used to refer to disorders that affect a person's ability to interpret what they see and link information from different parts of the brain. e.g. • Visual perceptual disorders, • Dyscalculia • Dysgraphia • Dyslexia • Attention Deficit Hyperactive Disorder • Attention Deficit Disorder	• None	• Reformatting will be instituted depending on the individual needs of the students learning deficient area.	• Separate venues to write tests and exams with additional time of 15 minutes. • Oral tests and examinations may be recommended.
Psychiatric Disability including: • Schizophrenia • Mood disorders • Obsessive compulsive disorders • Depressive disorders • Anxiety disorders	**Psychiatric Disability** • Individuals experience difficulties in perceiving or interpreting reality, coping with some aspects of daily life.	• None	• Consultation with Academic Departments, Student Counselling, Campus Health. • Augmentative and alternative communication, tactile symbols, Braille. • Academic support programs must be individually designed with a very high level of consistency in information and the intervener.	• Extra time for tests and examinations.

Category of Disability	Extent of Impairment	Physical Access Support	Academic Support	Tests and Examinations
Mental/Intellectual Disabilities	• Mental/intellectual disability limits the intellectual capacity of an individual. Children often develop slower than their peers and require additional support to develop**.**	• None	• Consultation with Academic Departments, Student Counselling, Campus Health. • Augmentative and alternative communication, tactile symbols, Braille. • Academic support programs must be individually designed with a very high level of consistency in information and the intervener.	• Extra time for tests and examinations.
Multiple Disabilities	**Multiple Disabilities** • Means having two or more of the disabilities already described, e.g. people who are Deaf-Blind.	• As with category on blindness and partial sight. Need to accommodate the needs of multiple disabilities e.g. orientation and mobility and sign language interpreter.	• Consultation with Academic Departments, Student Counselling, Campus Health. • Augmentative and alternative communication, tactile symbols, Braille. • Academic support programs must be individually designed with a very high level of consistency in information and the intervener.	• Extra time for tests and examinations.

Category of Disability	Extent of Impairment	Physical Access Support	Academic Support	Tests and Examinations
Hearing Disability	**Hearing Disability** • The term is used to describe any level of hearing loss, such as partial or deafness.	• Secure seating in front row at lecture venues.	• Consultation with Academic departments to meet support needs of students. • Copies of lecture notes to be given to student.	• Extra time for tests and examinations. • Student to be seated in direct view of invigilator (lip reading).
Epilepsy	**Epilepsy** • A seizure is an episode caused by a sudden disturbance in the activity of the brain.	• Persons must sit in open spaces and not in the confines of having objects, desks around them. During a seizure, further injury could be sustained as a result of objects in close proximity of the student.	• Students are supported and Academic Departments are contacted to address individual challenges.	• Extra time for tests and examinations depending on side effects of medication.

In summary, the structure and services of the DU in the current study influences the service it provides to students with disability in numerous ways. Firstly, the DU falls within in Student Counselling and Career Services, which influences the attention and visibility it receives and its influence in implementing interventions. Secondly, the largest group of students with disability fall in the blind and partially sighted category, followed by students who are physically disabled, which may impact the services provided, privileging some services over others. Thirdly, critical staff members as well as part- time staff are appointed on a contract basis which is having a negative impact on the staff and can negatively impact the service they provide such as their commitment to the job. Further, many staff members are inadequately trained and this can pose a serious barrier to the development and learning of students. This is inconducive to the long term development of the DU and is challenging for students with disability as the current process is unreliable. Finally, the increase in numbers of students with disability has placed strain on the resources and space available at the institution which can negatively impact the experience and service provided, such as having a limited number of computers to complete work.

Theoretical Framework

A social constructionist framework together with feminist disability theory and a Foucauldian perspective has been selected in order to understand how students with disability, lecturers and the DU perceive, experience and navigate disability within a tertiary context.

2.9.1 Social Constructionism

It is often said that disability poses a challenge to the representation of the body (Siebers, 2001). Disabled bodies provide an insight into the understanding that all bodies are socially constructed: social institutions and attitudes have a greater influence over the representation of the body's reality than biological fact (Siebers, 2001). Within a social constructionist framework, disability is understood as an outcome of specific cultural conditions (Priestley, 2010). Within this framework the body is viewed as not being the determining factor in its own representation "because the sign precedes the body within the hierarchy of signification" (Siebers, 2001, p. 174). Rather it is cultural mores and political ideologies that exert the greatest power when they ground their influence in natural objects such as the body (Siebers, 2001). Through language, understandings of disability are constantly being constructed and perpetuated in society (Burr, 1995; Durrheim, 1997). An individual's sense of self is perpetuated through stories that are narrated about the self and reality. People with disability structure their narratives in relation to dominant cultural narratives which shape and become the context of their lived experience (Andrews, 2004). Dominant narratives about disability provide the opportunity of identifying what is

understood as the normative experience in a particular context (Andrews, 2004). These dominant narratives can therefore provide a blueprint for all narratives and become a mechanism through which people understand their own storylines and others, particularly when their narrative does not fit in with the dominant narrative (Andrews, 2004). The power of dominant narratives emerges from individuals internalising them and reproducing them within a specific context (Ibid, 2004). However, when people's experiences do not fit in with the dominant and familiar narratives (people with disability), individuals question the foundations of these storylines and challenge them (Andrews, 2004). Often, individuals that construct counter narratives, do so with an acknowledgement of being a part of an outside group (Andrew, 2004) and although they may position or understand their narratives as marginalised voices they do not see them as unique (Andrews, 2004). Therefore, through narratives marginal groups in society such as the disabled, they are able to have their voices heard, highlighting perspectives and understandings that have been devalued, supressed and abnomalised (Delgado, 1995).

Further, personal stories around disability provide individuals with a chance to take on conceptions and ways of being that may be more facilitating (Andrew, 2004) and may be more in line with their personal understandings. White (1991, p.11) describes how "intentional states of identity" as opposed to "internal states of identity" can uncover how values, commitments and hopes shape agency in line with preferred ways of being. Highlighting this process allows individuals to be aware of and appreciate the agency they possess in influencing preferred ways of being (White, 1991).

However, social constructionism has been criticised for failing to take into account the difficult physical realities that are encountered by people with disabilities or it presents disabled bodies in ways that are conformist or unrecognisable to them (Siebers, 2001). This includes describing social success in terms of bodily adaptability, active political

participation or intellectual achievement, favouring pleasure of pain or privileging performativity over corporeality (Siebers, 2001).

2.9.2 Feminist Disability Theory

Feminist theory explores how culture infiltrates the 'particularities' of the body with meaning and then seeks to understand the impact of those meanings (Thomson, 2002, p.15). The field unpacks how systems of race, ability, sexuality and gender contradict and construct one another and how they interact to sustain and create acquired, achieved and ascribed identities (Thomson, 2002). A Feminist Disability approach adds the ability/disability system as a section of analysis within this field (Thomson, 2002). Thomson (2002) explains that integrating disability within the feminist framework provides greater clarification to how groups of systems work together but simultaneously work independently to sustain a perceived norm and system of interactions that give status, privilege and power to that norm (Thomson, 2002).

Simi Linton (1998, p.118, as cited in Thomson, 2002) describes studying disability as "a prism, through which one can gain a broader understanding of society and human experience". Like gender- disability influences all aspects of culture; cultural practices, social identities, historical communities, structures and institutions, political positions and the experience of embodiment (Thomson, 2002). Feminist Disability Theory understands disability as a ubiquitous cultural system that classifies certain kinds of bodily differentiations. Like femaleness, disability is a culturally created narrative of the body (Thomson, 2002). As with systems of gender and race, the ability/disability systems produce individuals (subjects) through marking and differentiating bodies (Thomson, 2002). This

ideological comparison influences the formation of culture and legitimizes the unequal distribution of power, status and resources within a biased social context (Thomson, 2002).

Within this framework disability has four aspects; firstly disability is a system in which to understand and discipline differentiated bodies, secondly it is a relationship between bodies and their social contexts, thirdly it is a set of actions that create the disabled and able-bodied and finally it provides a means of explaining the fluidity of the embodied self (Thomson, 2002). Disability is understood as a broad term wherein multiple ideological categories lie, for example, *crazy, old, afflicted, mad-* which all disadvantage individuals through devaluing their bodies that are nonconforming to the culturally held standards (Thomson, 2002). The disabled are not only de-valued for their bodies (Hannaford, 1985, as cited in Wendell, 1989), but they are reminders to the able-bodied of what they are trying to avoid, ignore or forget (Lessing, 1981). Disability systems work to validate and sustain privileged categories such as *normal, fit, beautiful, competent* which all create cultural power to those who claim to have that status and who live in these positions (Thomson, 2002).

Feminist Disability Theory challenges the dominant assumption that there is something wrong with those who have a disability (Thomson, 2002). In order to achieve this Thomson (2002) has a look at four theoretical areas, namely:

1. Representation
2. The Body
3. Identity
4. Activism

Feminist Disability Theorists understandings of disability within each of these areas will be briefly discussed below.

Representation.

Disability challenges the tenant that unusual or different embodiment is inferior (Thomson, 2002). Race, ability and gender systems interact in representing individuals as pure bodies and a sense of embodiment is created as having excess or a lack of. For example, people with disability are explained as having *aplasia* which means the failure or lack of formation (Thomson, 2002). Terms such as these control differentiation and highlight a hidden norm which bodies of people with disability are not a part of (Thomson, 2002). The disabled and women are represented as dependent, vulnerable, helpless, docile and incapable bodies (Thomson, 2002). The representations characterise subjected bodies as unrestrained, inadequate and redundant. Bodies are selected and marked through these systems, are focused on and attempts to eliminate them are carried out through numerous cross- cultural and historical actions (Thomson, 2002). For example, disabled bodies can become objects of numerous normalizing practices, such a reconstructive surgery. Actions such as these are legitimized through collective cultural narratives that shape and influence the world, through systems of representation, they underpin exclusionary practices and attitudes and shape our sense of self (Thomson, 2002). Thus, exploring how disability functions together with other representational systems highlights how these systems intersect and constitute one another (Thomson, 2002).

The Body

The second arena in which to understand disability within a Feminist Disability framework is an exploration of the body, its lived experience, its materiality, its relation to identity and subjectivity and its politics (Thomson, 2002). The disabled and women's bodies are subjected to what Foucault (1979, as cited in Thomson, 2002) describes as "discipline" where systems of race, sexuality, ethnicity, gender, ability and class all place great amounts

of social pressure to normalise, regulate and shape subjects bodies (Thomson, 2002). Feminist disability theorists suggest that the norms of health, appearance and beauty have these disciplinary ideals (Thomson, 2002). For example, cosmetic or reconstructive surgery can be understood as having a normalising role which places pressure on disabled bodies to become what Foucault refers to as "docile bodies" (1979, p. 135) so as to conform to cultural norms of what is beautiful or normal. Further, with the health professions improvements in interventions and technology, there is a strong push towards fixing and regulating differentiated bodies often at the expense of producing a more accessible social context or improving the provision of support to the disabled (Thomson, 2002). This emphasis on cure minimises the tolerance for human difference by placing disability in bodies understood as flawed as opposed to social systems that require attention (Thomson, 2002).

Identity

Feminism acknowledges that women occupy multiple cultural identities and subject positions (Thomson, 2002). Disability is one of these identity categories that people can enter at any time and will probably be a part of if one lives for long enough (Thomson, 2002). Disability highlights the dynamic nature of identity and consequently challenges the cultural notions of identities as enduring and stable (Thomson, 2002). The self emerges as an outcome of the embodied engagement with the social context, both attitudinal and physical contexts (Thomson, 2002). Thus, the subjected body becomes disabled when incongruence exists within the location and cultural expectations (Thomson, 2002). Further, Feminist Disability Theory, challenges us to discover what kinds of knowledge can emerge from those whose bodies that are significantly marked by its differentiation (Thomson, 2002).

Activism

Uncovering representations of disability as a familiar part of the lives of happy, well-adjusted people can minimise the identification of oneself in terms of discriminatory and oppressive attitudes towards the disabled (Thomson, 2002). These counter narratives or "resymbolisation" thus allow for opportunities to shape and retell culturally held beliefs about the disabled and through doing so influence the experience of people with disabilities Thomson, 2002).

2.9.3 A Foucauldian perspective

Power according to Foucault (2000, as cited in Reeves, 2002), is brought about in the body and is created in every human relationship; it does not reside with one individual but permeates throughout (Reeves, 2002). Power and knowledge are intrinsically linked and one cannot exist without the other (Foucault, 1980). Knowledge is what makes individuals subjects because individuals use different bodies of knowledge as points of reference in understanding themselves and others (subjects thus become objects of power/knowledge) (Foucault, 1977, as cited in Reeves, 2002).

Bio-power is a strategic movement of recent forms of power/knowledge to work towards the management of problems in lives of populations and individuals (Tremain, 2001). Foucault's work on bio-power and the dual relationship of the subject can assist in "discovering how it is" that disabled (subjects) are progressively created and understood through multiple forces, energies, thoughts etc. (Foucault, 1980, as cited in Tremain, 2005). Foucault defines the concept of biopower as the manner in which human subjects experience

the materiality of their bodies (Siebers, 2001). It normalizes and secures human subjects

through a process of "subjection" (Foucault, 1980, p. 140-141). The techniques of biopower,

such as medicalization, statistics or demographics allow for the political link between power

and knowledge in society (Siebers, 2001).

Thomson (2002), describes how systems of race, gender, sexuality, class, ability and

ethnicity operate together and place large amounts of social pressure to mould and

'normalize' bodies- what Michel Foucault referred to as 'discipline' (1979, as cited in

Thomson, 2002, p. 10). According to Foucault (Foucault, 1977, as cited in Reeves, 2002)

disciplinary power categorises individuals and subjects them to continuous forms of

surveillance. It involves the creation of rules of normalisation which allows for the

monitoring of the body to ensure that it is useful (Reeves. 2002). For example, disabled

bodies are under constant surveillance of medical practitioners (clinical gaze) who attempt to

identify any form of defect to categorise that individual as a patient (the body has become an

object of power/knowledge) (Reeves, 2002). Improvements in medical technology have

allowed greater efficiency in the manner in which individuals classify and document the body

(Reeves, 2002).

Foucault describes the term "dividing practices" which refers to modes of

manipulation which make up a scientific discourse with practices of social exclusion and

segregation to classify, distribute and manipulate subjects (Tremain, 2001). Through these

practices subjects become objectivised, such as being healthy or sick, able bodied or disabled

(Tremain, 2001). Morris (1991) highlights that underlying these techniques lie prejudices

around the value of disabled individuals' lives. Individuals with disability are often devalued

through this form of power and are made to feel a sense of unworthiness and rejection (Reeves, 2002). For example, disabled individuals are subject to the power of the gaze in their everyday social interactions (Reeves, 2002). The visibility of an impairment of an individual, allows any observer access to privileged information and thus power about their body (Reeves, 2002). This power of the gaze is influenced by assumptions and prejudices around disability and can prevent an individual from participating in society (Reeves, 2002). Further, an individual who has a hidden impairment (as a mental disability) is subjected less to the power of the gaze but constantly fears being 'discovered' (Thomas, 1999, as cited in Reeves, 2002). These individuals might however still be subject to the gaze from others when utilising facilities for the disabled (Reeves, 2002). Consequently those that are subjected to the constant power of the gaze develop an awareness of their impairment and begin to engage in self- policing in an attempt to appear acceptable and 'normal' (Reeves, 2002). Forms of power such as the gaze and self- surveillance thus work together within the dimensions of disability and often leave disabled individuals feeling stressed, excluded and worthless (Reeves, 2002).

These tensions (multiple experiences that cannot be contained in one story [White, 2001]), that are experienced by people with disability provide moments of possibility in which to examine, re-create, and expand their personal and relational identity (Foucault, 1979). Hooks (1989) describes how being defined by someone as 'other' that is incongruent with one's own sense of self is a violation. Foucault describes a notion of 'discursive resistance' as a form of agency. This involves the emergence of multiple subject positions as alternatives to the dominant discourse (Caldwell, 2007). Foucault understands discursive resistance as a positive productive force, rather than simply a negative counter reaction (Ibid, 2007). Discursive resistance is effectively a volitional act of refusal (Caldwell, 2007). It allows those 'subjects' of power to act otherwise and reject their confinement within

predetermined discourses of power/knowledge (Caldwell, 2007). For example, the disability movement has challenged medical discourses around disability and have developed new discourses such as the social and renewed social frameworks of disability (Reeves, 2002).

In summary, understanding experiences within a social constructionist framework acknowledges an individual's experience of disability, its influence in shaping identity as well as acknowledging the need for a supportive environment in which people with disabilities can thrive. For example, understanding how broader environmental factors shape understandings of disability within a South African tertiary context. However, a social constructionist framework fails to acknowledge the influence of personal histories and embodied factors on social situations as well as the multiple ways in which possibilities within the world already influence the social constructions one lives in (Nightingale & Cromby, 1999). For example, Crow (1996) describes how impairment is a 'biological precondition' for disability and this shapes an individual's experience of oppression in a society. A Foucauldian perspective and feminist disability theory therefore adds to this framework by providing a micro- level understanding of how individuals with disabilities navigate the tensions they encounter in a tertiary context and how this interacts with the wider social context.

In conclusion, although there is such enabling legislation for people with disability in South Africa, many barriers still exists for all key stakeholders (students with disability, DU staff and lecturers) within a tertiary context. The support provided to students is varied across institutions and is heavily influenced by the way in which universities understand disability. Most South African universities still place heavy influence in the medical model of disability and this in part, together with the historical legacy of South African universities, a lack of resources and budgetary limitations, shapes the support and services they provide. Consequently, many students with disability have to adapt to an abled bodied university

environment and have many unmet needs. Using the three theoretical frameworks of social

constructionism, Feminist disability theory and a Foucauldian perspective above, can help to

explain how cultural systems (race, gender, ability/disability systems) and power interact at

an individual and wider societal level to shape the experience of disability within a tertiary

context. Further, it can help undercover the narratives and counter narratives of disability

held within a tertiary context that hold opportunities to improve the lives of students with

disability.

Chapter 3

Methodology

3.1 Introduction

This chapter outlines the research questions, research design, sampling method used as well as a description of the sample in this study. Further, the data collection and data analysis procedures are presented as well as the ethical procedures followed for this study.

3.2 Research Aim

The aim of this study was to explore the narratives around disability among students with disabilities; lecturers and the Disability Unit (DU) with a view to better understand their experiences and required initiatives to address the challenges of disability within a tertiary institution.

3.3 Research Objectives

The objectives of the current study are:

- To explore the narratives around disability among students with disabilities, lectures and the Disability Unit (DU) within a tertiary institution

- To identify any challenges and obstacles facing students with disability, the DU and lectures.

- To explore how students with disabilities, lecturers and the DU live with and navigate relational and structural tensions within the university.

- To identify any initiatives in managing challenges or obstacles facing students with disability, the DU and lectures.

3.4 Research Questions

The specific research questions investigated were:

1. How do students with disabilities, lecturers and the DU narrate their experiences and perceptions of disability within a tertiary institution?

2. What are the current challenges facing students with disability, the DU and lecturers?

3. What are the ways in which students with disabilities, lecturers and the DU live with and navigate the tensions within a tertiary institution?

4. What are the implications of these tensions for disabled students' wellbeing and personal, relational, community and cultural identities?

5. What are the required initiatives towards to manage the challenges that disabled students, lecturers and the DU face?

3.5 Research Design

The research design in the study was qualitative in nature. Qualitative research focuses on the relationships between personal meanings, individual and cultural practices and the environmental context (Ulin, Robinson, Tolley & McNeill, 2002). It aims to understand how individuals construct meanings in natural settings and to discover their understandings of the world (Neuman. 2006). The common sense understandings of reality are important in qualitative research as these contain the meanings that individuals use when they interact with others (Neuman, 2006). It is idiographic and inductive in nature (Neuman, 2006). The

study made use of qualitative methods because the researcher aimed to explore the personal in depth meanings and understandings of how students with disability, the DU and lecturers at UKZN perceive and experience disability as well as understand the contextual factors that shape those meanings. Using a qualitative research approach allowed the researcher an in depth exploration of this phenomenon by examining how these individuals personally describe and articulate how they make sense of disability and related issues.

3.6 Population and sampling strategy

The population relevant to the study consisted of three categories namely: lectures, the DU staff and students with disabilities. Since the research required a very specific sample of the tertiary population (namely: students with disabilities, lecturers and the DU staff) the study made use of purposive sampling methods. Purposive sampling is a form of non-probability sampling that uses the judgment of the researcher in selecting cases with a specific purpose in mind (Neuman, 2006). Lecturers were purposively selected from discovering what fields of study students with disability were studying in. The researcher ensured that the sample selected included characteristics of the population with regards to race, gender and culture.

In contrast to selecting a specific number of participants from each category the researcher used the principle of saturation of data within each category. The principle of saturation or information redundancy in qualitative research refers to the point where no relevant or new information emerges from the data collected (Given, 2008). This process occurs when the researcher can sense that they have heard or seen something that has been so often repeated that they are able to anticipate it (Given, 2008). Therefore, collecting more

data once this point has been reached is considered to provide minimal interpretative value (Given, 2008).

The sample was characterized by:

- Female or male students with disabilities within the tertiary institution.
- Female or male lecturers within the tertiary institution.
- Female or male staff members working within the Disability Unit of the tertiary institution.

For the current study, a total sample of 24 participants was interviewed (See Table 3). The sample consisted of 12 students with disability (SWD) between the ages of 19 and 56 (Mean= 25, Median= 22, Mode= 21) of which 7 were males and 5 were females. Four of the students were completing their postgraduate studies and 8 were completing their undergraduate studies. All the students interviewed were completing their studies in the School of Applied Human Sciences. The sample further consisted of 7 Disability Unit staff (DUS) members, between the ages of 25 and 42 (M= 30.7), of which 4 were male and 3 were female. All of the Disability Unit staff members were completing their postgraduate studies in the School of Applied Human Sciences and Law fields. Since all the students interviewed were studying in the field of Applied Human Sciences, the researcher purposively sampled lecturers who were from that field of study as well. Of the total sample, 5 were lecturers (M= 43) of which 3 were male and 2 were female. Further, of the sample of staff members, 4 had completed their PhD's and 1 had completed their Masters.

3.7 Data collection methods

The researcher began by asking the Disability Unit within the institution for permission to conduct the proposed study. Once permission was granted (See Appendix 3 & 4), the researcher invited participants who met the sample criteria to participate. This was carried out through posting up notices around the university about the study (See Appendix 6) as well as approaching students, staff and lecturers on the campus. Those individuals that voluntarily agreed to partake in the study were asked to sign an informed consent form, outlining what the study involved (See Appendix 5). All participants were briefed about the study, their roles, matters of confidentiality and that their participation was entirely voluntary. This included the researcher firstly outlining and explaining the aims and objectives of the study. Secondly explaining to each participant that all the information obtained during the interviews would remain confidential and would only be seen only by the researcher and the researcher's supervisor. Thirdly, explaining that their anonymity in the study and the organisation was guaranteed and under no circumstances would any identifying information be mentioned. Fourthly, the researcher explained that all participants may withdraw from the interview at any time and would in no way experience any negative consequences from doing so. Finally, the researcher used, with the permission of the participants in the study, a Dictaphone to record all interviews. Only 3 participants did not want to be audio recorded and in this instance the researcher asked permission to take down notes which were then transcribed immediately to maintain accuracy of what participants were saying. For a detailed discussion on the ethical considerations in the current study please refer to the section on Ethical Considerations below.

Participants who voluntarily agreed to participate in the study then made arrangements with the researcher to meet for an interview at an agreed time on the

institutions premises. Interviews were approximately one hour in duration and took place over a period of 2 weeks after the July mid semester break.

Table 3

Demographical Characteristics of sample (N=24)

*KEY: Lecturer, **DUS**- Disability Unit Staff, **SWD**- Student with Disability*

	Participant	Age	Gender	Role	Level of Study	Field of Study	Disability
1	L 1	56	Male	Lecturer	Masters	Psychology	None
2	L 2	26	Female	Lecturer	PhD	Industrial Psychology	None
3	L 3	31	Female	Lecturer	PhD	Industrial Psychology	None
4	L 4	54	Male	Lecturer	PhD	Social Sciences & Sociology	None
5	L 5	48	Male	Lecturer	PhD	Environmental Management Sciences & Sociology	None
6	DUS 1	31	Male	DUS	Masters	Development Studies	None
7	DUS 2	25	Female	DUS	Masters	Community Development	None
8	DUS 3	42	Male	DUS	Masters	Population Studies	None
9	DUS 4	41	Male	DUS	Masters	Health Promotion	None
10	DUS 5	26	Female	DUS	Masters	Development & Population Studies	None
11	DUS 6	25	Female	DUS	Masters	Law	None
12	DUS 7	25	Male	DUS & SWD	Masters	Public Policy	Partially Sighted
13	SWD 1	23	Male	SWD	Honours	International Relations	Albinism
14	SWD 2	21	Female	SWD	3rd yr	Psychology & Media Studies	Partially Sighted
15	SWD 3	22	Male	SWD	3rd yr	Law	Physically Disabled
16	SWD 4	21	Female	SWD	3rd yr	Media & Computer Studies	Partially Sighted
17	SWD 5	27	Male	SWD & DUS	Masters	Development Studies	Blind
18	SWD 6	21	Female	SWD	1st yr	Psychology	Physically Disabled
19	SWD 7	19	Female	SWD	1st yr	Psychology	Chronic Illness
20	SWD 8	25	Female	SWD	3rd yr	Psychology & Community Development	Psychiatric Illness & Epilepsy
21	SWD 9	21	Male	SWD	3rd yr	Management & communications	Partially Sighted
22	SWD 10	22	Male	SWD	Honours	Industrial Psychology	Physically Disabled
23	SWD 11	22	Male	SWD	2nd yr & 3rd yr	Law & Political Sciences	Partially Sighted
24	SWD 12	56	Male	SWD	Honours	Political Sciences	Physically Disabled

3.8 Instruments

The researcher used biographical questionnaires and semi- structured interviews in the collection of data for the study (See Appendix 4). A biographical questionnaire allowed the researcher to obtain background information about the participants in the study, for example, the participant's age. Semi- structured interviewing uses a guide that includes certain important questions or topics that need to be asked, however the researcher had a degree of discretion around the format in which questions were asked (Harrell & Bradley, 2009). This form of interviewing allowed the researcher to focus on specific areas (areas that aim to answer the research questions of the proposed study) through the answers provided by participants (Harrell & Bradley, 2009). Further, the researcher used probing questions to explore aspects that participants mentioned to gain rich descriptions of their experiences (Given, 2008). All interview questions were developed by the researcher and from the review of literature within this research area.

3.9 Data analysis

As a first step, the researcher then transcribed all recordings of each interview verbatim and analysed the data using thematic analysis based on the outline suggested by Braun and Clark (2006). Thematic analysis is a qualitative method for analysing, identifying and reporting themes or patterns in data (Braun & Clarke, 2006). It describes and organizes qualitative data in a rich and in depth manner (Braun & Clarke, 2006). The research analysis was located within a social constructionist epistemology (identifying patterns and themes as socially constructed) as the researcher wanted to understand how students with disability, lecturers and the DU make sense of disability and how these meanings are influenced by

different socio- cultural contexts and conditions (Braun & Clark, 2006). Braun and Clarke (2006) argue that thematic analysis done within a social constructionist framework is appropriate as one would pursue a theoretical interpretation of the sociocultural contexts, and structural conditions that influence the individual experiences that are provided (Ibid, 2006). The researcher used an inductive approach to thematic analysis. An inductive or 'bottom up' approach to thematic analysis involves the process of coding data that is collected in a manner where the researcher does not attempt to fit the data into a pre-existing coding framework or the researcher's preconceptions around analysis (Braun & Clarke, 2006). It is data-driven and themes and patterns evolve out of the research data collected (Braun & Clarke, 2006).

There are six phases as outlined by Braun and Clark (2006) in conducting thematic content analysis that the researcher followed in the analysis of the data for the proposed study. Phase one involves familiarizing oneself with the data. After collecting the data, the researcher familiarized herself with all the data. This process involves immersing oneself in the data through active re- reading and becoming aware of themes or patterns in the data (Braun & Clarke, 2006). This phase also involves the transcription of verbal data (for example, the transcription of interviews in the study) which is also a way of familiarizing oneself with the data. Phase two involves the researcher generating initial codes from the data (Braun & Clarke, 2006). Codes are segments of the data that appear interesting to the researcher (Braun & Clarke, 2006). The researcher coded as many themes or patterns within the data as possible (Braun & Clarke, 2006). Phase three involves sorting all the coded data into themes, sub themes and the relationships amongst them (Braun & Clarke, 2006). Phase four involves the refinement of those themes (Braun & Clarke, 2006). This occurs on two levels, firstly the reviewing and refinement of each coded theme and then reviewing the

entire data set and looking at the relationships among the two to create a thematic map of the data (Braun & Clarke, 2006). Phase five involves refining and naming themes (Braun & Clarke, 2006). This is a process where the researcher identified what each theme was about or the 'story' for each theme and through the refinement processes the presence of sub- themes (Braun & Clarke, 2006). Finally, once the researcher organised the themes completely, the researcher did a final analysis in preparation to write a thematic content analysis report (Phase 6) (Braun & Clarke, 2006).

3.9 Ethical Considerations

The researcher approached the Higher Degrees Committee of the College of Humanities, Development and Social Sciences at the University of KwaZulu-Natal (UKZN) for permission to conduct the study as well as seeking ethical approval from the Human Social Science Ethics Committee of UKZN (See Appendix 2). Further, the researcher approached the Disability Unit at UKZN to ask permission to conduct the study (See Appendix 3 & 4). Once permission was granted the researcher invited participants that met the sample criteria and those individuals who voluntarily agreed to partake in the study and asked to sign an informed consent form, outlining what the study involved (See Appendix 5). The researcher ensured that all information obtained during the study remained confidential and was only seen by the researcher and the researcher's supervisor and that it would be kept in the Discipline of Psychology for a period of 5 years. The anonymity of all participants in the study was protected and under no circumstances was any identifying information mentioned. Participants were constantly reminded throughout the study that their participation was entirely voluntary, that they could withdraw from the study at any time and they would not experience any negative consequences for doing so. In collecting the data the

researcher ensured that if at any stage the participants experienced any negative consequences from the interview process she would refer them to her supervisor who is a registered psychologists to be debriefed and if required to receive counselling. However, this was not required by any of the participants. Further, the findings of the study would be made available to the Disability Unit (DU) by way of a discussion with the staff and students that use the unit and a report of the research shall be provided to the DU in order for the support unit and to draw on the learning's to inform the support they provide to students with disabilities.

3.10 Position of the Researcher

Maykut and Moorehouse (1994), describe a qualitative researchers perspective as a paradoxical one, a researcher has to be completely "tuned- in" (p.123) with the meaning making and experiences of others and simultaneously have an awareness of one's own preconceptions and biases in influencing their understanding. As a female student researcher who studies in the same university context as the participants, I had to be acutely aware of how my understandings of the context, specifically narratives already apparent around disability within this context and how this might have influenced the research. Further, as someone who has a family member with disability and is a volunteer for a non- governmental organisation supporting people with disability and lobbying for the rights of people with disability, I was forced to carry out constant critical reflection on my interpretations of the interviews. I had to ensure that I cross checked with participants in the study for clarity of meaning so as to stay true to what participants were saying.

Chapter 4

Results and Discussion

4.1 Introduction

The research findings for the current study were explored in relation to three central themes: *Normalising disability within a tertiary context, Accessibility* and lastly, *Awareness and Acceptance*. In the theme normalising disability within a tertiary context; the dynamic between needing to associate with being disabled to access support and simultaneously wanting to disassociate with being disabled to fit into the student community is explored. This dynamic is further explored in how it creates an environment where students with disability are geared towards '*taking responsibility'* by managing their disability to fit into an able bodied system. The theme of accessibility is unpacked by exploring narratives around infrastructure, resources and processes that create barriers or promote accessibility for students with disability. Further, the manner in which accessibility is related to the normalisation of disability is explored. Lastly, the theme of awareness and acceptance within a tertiary context is explored through the narratives of the actions key stakeholders (lecturers, DU staff and students with disability) about how they navigate the current tertiary context. Further, the actions key stakeholders would like to see taking place to enable a tertiary system to provide holistic support for and acceptance of students with disability, is explored.

4.1 Normalising disability within a tertiary context.

An ambivalence between needing to associate with being disabled and simultaneously disassociating with being disabled emerged from the data. In understanding this dynamic, I shall explore three sub-themes namely; representations of disability within the institution, the methods used to normalise disability and finally the navigation of these representations by students through managing their disability in multiple ways.

4.1.1 Representations of disability.

There is a clear disempowering representation of disability that emerged from the data, one where varied embodiment is seen as inferior (Thomson, 2002). This can be seen in an 'us and them' tension that is present predominantly between students with disability and non-disabled students; however this tension is also present between DU staff and students with disability as well as between lecturers and students with disability:

> **SWD 2:** *...I feel that there is a certain type of stigma around people with disabilities at the university, other people try to be helpful, you, when a person is with a disability we have the right to skip queues and stuff and you can feel that there is tension and people feel like this is unfair because we've been standing here for hours and stuff like that.*

> **SWD 1:** *...with disability yeah, knowing the fact that there are some sort of stuff that you cannot do because you are one and two, somehow it automatically side-lines you, you know, there are some things that I for one as a student with disability I cannot do whereas another student can do*

In the above excerpts, SWD 1 views himself as different, "*knowing the fact that there are some sort of stuff that you cannot do*" and therefore he feels different and excluded. SWD 2 describes a tension present between students with disabilities and the non- disabled when students with disability get preferences, "*we have the right to skip queues and stuff and you can feel that there is tension and people feel like this is unfair*". It appears as if students with disabilities experience resentment from the non-disabled when they utilise processes or facilities that assist them. A Feminist Disability Framework highlights that people's understandings of disability are formed through marking those who appear different (students with disability) in comparison to the

culturally accepted norm (the non-disabled). The above excerpts both illustrate this

process of marking, through making students with disability feel different, their

inability to do certain things that consequently make them feel excluded are highlighted

as seen with SWD 1 and through the tensions that are created between students with or

without disabilities as experienced by SWD 2.

A few DU staff members and lecturers describe these dynamic as well, and highlight

the process of marking students who appear different:

DUS 1: *I think that a lot of people dealing with disabled people are disrespectful,*

they just don't consider them on par as others, I think some people think of them as, I

they might not express it but a lot of people think it and they and what I mean is they

might not say it but they would actually express it in sometimes the way they behaved

towards people with disability.

DUS 5: *...you could say that they are very excluded, they are very excluded it's like*

they live in their own world and we live in ours but somehow we have to connect

somewhere because they need to go to the same lecture venues that we go to its like

more like being having to deal with them type of attitude that you know it sort of comes

out that way you know.

L1: *we don't work with the students with disabilities they happen to be in our class*

that's essentially the thing, the unit that supports students with these needs does that

work if you know what I mean, we simply cooperate with requests.

In the above excerpts, DUS 1 describes how many non- disabled staff who work with

students with disabilities, do not view them as *"on par with others"* and although they may

not verbalise this view, they express this view of inequality through their behaviours; "*might*

not say it but they would actually express it in sometimes the way they behave towards people with disability." This highlights notions of different embodiment, as less. DUS 5 and L1 allude to the presence of indifference between the non- disabled and students with disabilities, *"students with disabilities happen to be in our class", "we simply cooperate with requests"* and it's *"more like being having to deal with them type of attitude".* There appears thus to be a clear distance between the students with disabilities and the non- disabled, *"they are very excluded, they are very excluded, it's like they live in their own world, and we live in ours, but somehow, we have to connect somewhere".* Here again, this representation of varied embodiment as different and therefore less, is highlighted.

Further, the above excerpts outlining this representation illustrate what Foucault says about discourse; 'practices which form the objects of which they speak' (Foucault, 1972, p.49). Discourse refers to a group of, meanings, metaphors narratives, representations, images, and so on, that collectively produce a particular understanding of things or events (Burr, 2003). In the current study there is an understanding of disability as a different embodiment, and therefore being less. Discourses manage people's knowledge of the world, common understandings of events or things and these shared understandings can impact on social practices (Burr, 2003). Therefore, having an understanding of disability as different embodiment can impact on the manner in which students with disability are treated, as DUS 5 describes students with disability as being, *"very excluded, they are very excluded".*

Further, many students with disability described how the non-disabled are sympathetic towards them and it is interpreted as if they are people who are less or are incapable of achieving things in the same manner as the non-disabled, the following excerpts highlight these feelings:

SWD 2: *Uh I think students generally pity students with disabilities like it's a oh shame type of attitude and I think that needs to change yeah and they need to understand that there might be something physically wrong with us but we have the same mental capacity as them.*

SWD 11: *Students also have this sympathy, they feel sorry for students with disability, people need to understand that we are disabled but it's not like we can't do things.*

In the above excerpts SWD 2 has internalised this understanding of different embodiment and feeling less when he describes "*there might be something physically wrong with us*". The word "*wrong*" highlights this internalised view that different embodiment is less. Within a Foucauldian perspective, individuals are able to exercise power by drawing from discourse. In the above excerpts, both students describe this sympathetic, pitying understanding that the non-disabled have towards them as follows; "*this sympathy*", "*they feel sorry*","*it's a oh shame type of attitude*". These understandings allow peoples behaviours to be represented in a particular way and to highlight what is acceptable and unacceptable within a specific context (Burr, 2003). Here again, SWD 2's understanding of his disability as something "*wrong*" indicates this view that his embodiment is less, it does not fit into what is considered as acceptable. Thus, when individuals represent or define something in a certain way, they are creating a form of knowledge that brings a form of power (Burr, 2003). Both students in the above excerpts highlight feelings of frustration and agency when describing how they are just as capable as the non-disabled and feel they are not treated as such; "*it's not like we can't do things*" and "*we have the same mental capacity as them*".

Understanding the above excerpts within a Feminist Disability Framework would illustrate that the use of these categories in understanding and describing students with disability, can place them at a disadvantage through devaluing their bodies because they are non-conforming to culturally held standards in the institutional context (Thomson, 2002). As SWD 2 describes, *"there might be something physically wrong with us"*. The disabled are not only de- valued for their bodies (Hannaford, 1985, as cited in Wendell, 1989), but they are reminders to the able-bodied of what they are trying to avoid, ignore or forget (Lessing, 1981).

Disability systems work to validate and sustain certain privileged categories such as *normal, fit, competent,* which all create cultural power to those who claim to have that particular status and who live in these positions (Thomson, 2002). The following interview where a male student with disability describes an incident with a non-disabled female friend of his, illustrates how this is played out:

SWD 10: *I had a friend I was really close to who was female and I think that I don't know we had like a weird relationship because we weren't dating but at the same time we liked each other so we were always acting as if we were dating. But we always say, like no, my friends and what not and we call each other husband and wife. So one day, she came towards me, she was sitting with her friends and one of them was a guy, and she came towards me and she was like hugging and like, oh, this is my husband and what not - and the guy looked at the girl and said oh are they really dating? And the friend knew we weren't really dating, but she was like -yeah they dating why? And he was like, oh does he have lots of money or something? So there was that idea that disabled people, disabled guys would only get girls, if they have cash and that attitude.*

As the above excerpt illustrates, for the non-disabled student, the idea of a student with disability being able to have a relationship with an non-disabled student did not fit into his categories of normal, fit, or competent, categories that are shaped by what is the culturally accepted norm. The male student with disability was understood as less, not being fit to date an able bodied female. Therefore, there had to be an alternative reason for the existence of their relationship such as the student with disability having wealth. Further, this dynamic plays out between SWD 10 and his female non-disabled friend as well, he describes *"we had like a weird relationship because we weren't dating, but at the same time, we liked each other, so we were always acting as if we dating, but we always say like no my friends, and what not"*. The idea of having a relationship was not considered the cultural norm and was therefore regulated within a public space. Within Feminist Disability framework, understandings such as these, control differentiation and highlight hidden norms of which bodies of people with disability, are not part of (Thomson, 2002). Further, these understandings perpetuate the characterisation of the disabled as inadequate, redundant or restrained (Thomson, 2002). Students with disabilities are thus marked through systems such as these and attempts are geared towards normalising or eliminating the differentiation through a number of cross-cultural actions (Thomson, 2002). SWD 10 describes that although he and his friend liked each other, around others *"we always say like no, my friends and what not"*- they would tell others they were just friends, so around others SWD 10 regulated his behaviour to fit into these cultural norms.

However, there are alternative representations and discourses of disability present within the tertiary institution that challenge the view that students with disability are less than the non-disabled. This can be seen in the following excerpts below:

SWD 4: *…so do not look at me and say oh you have big eyes, how does your body look, I do not see anything physical about you, do not do that, do not dictate as to what my disability could be and what it is, just treat me as a student.*

DUS 1: *They might have certain difficulties you know, they might have certain impairments, they might not be able to do certain things, they might not be able to walk with two legs like most people, they might have a skin condition or whatever it is you know, they might be different, but a lot of those people besides the fact that they sometimes can't do certain things, they are unable to do certain things, they are human beings like everybody else.*

A Feminist Disability framework would understand the above excerpts as more facilitating representations of disability and these counter narratives allow for "resymbolisation" where opportunities are created to shape and retell culturally held beliefs about students with disability and through doing so, influence their experience (Thomson, 2002). This can further minimise the identification of students with disability in terms of discriminatory and oppressive attitudes towards the disabled (Thomson, 2002).

A social constructionist view understands that personal narratives allow peoples to take on conceptions and ways of being that may be more facilitating (Ibid, 1998) and may be more in line with their personal understandings. This is illustrated by DUS1's explanation "*besides the fact that they sometimes can't do certain things, they are unable to do certain things, they are human beings like everybody else*"

Highlighting this process, allows individuals to be aware of and appreciate the agency they possess in influencing preferred ways of being (White, 1991) as SDW2 describes "*just treat me as a student*". Thus, the students and staff member above have created more

facilitating ways of understanding disability; despite students with disability being different they are no less than the non-disabled and should be treated as such.

Within a Foucauldian perspective, since there a numerous discourses that capture understandings, bringing with it alternative views and ways of acting, the dominant discourse is continually being subjected to resistance or contestation (Burr, 2003). Power and resistance are seen as mutually related. The power inherent in one discourse is only apparent from the inherent resistance in another (Burr, 2003). Thus, the above excerpts highlight Foucault's notion of 'discursive resistance'. This involves the emergence of multiple subject positions as alternatives to the dominant discourse (Caldwell, 2007). Foucault understands discursive resistance as a positive productive force, rather than simply a negative counter reaction (Ibid, 2007). Discursive resistance is effectively a volitional act of refusal (Caldwell, 2007). This is clearly illustrated in SWD 4's quote; "*do not dictate as to what my disability could be and what it is*". Discursive resistance allows those 'subjects' of power (students with disability) to act otherwise and reject their confinement within predetermined discourses of power/knowledge (Caldwell, 2007).

4.1.2 Methods of normalising disability.

Students with disability are subjected to what Foucault (1979, as cited in Thomson, 2002) describes as "discipline" where systems of race, sexuality, ethnicity, gender, ability and class work together to place great amounts of social pressure to normalise, regulate and shape the body (Thomson, 2002). According to Foucault (Foucault, 1977, as cited in Reeves, 2002) disciplinary power categorises individuals and subjects them to continuous forms of surveillance. It involves the creation of rules of normalisation which allows for the

monitoring of the body to ensure that it is useful (Reeves. 2002). For example, many students with disability talk about how they are looked at as abnormal:

> **SWD 9:** *…it's all about you know what I'm saying about perception, they view you in a certain way if you're a disabled person they look at you differently you not supposed to be that, so that's how people view us disabled students I think*

> **SWD 6:** *So when you are disabled you I still have to start like, what kinds of people are meeting there, like so it's a new environment, new people and we have to always, we always like starred at, people like some, the first time they see you, they stare, so all those experiences we live with them every day but you get used to it.*

The students in the above excerpts were subject to what Foucault (1980) describes as the power of the gaze which occurs in their everyday social interactions (Reeves, 2002). The visibility of an impairment of a student, allows any observer access to privileged information and thus power over their body as SWD 9 describes above, "*if you're a disabled person they look at you differently*" and "*you're not supposed to be that*" (Reeves, 2002). This is further illustrated in SWD 6's comment "*So when you are disabled you, I still have to start like, what kinds of people are meeting there, like, so it's a new environment, new people and we have to always, we always like, starred at.*" SWD 6 suggest that the disabled is constantly having to worry about encountering new environments and people because of how others will respond to her and particularly having to deal with people starring at her. This power of the gaze is influenced by assumptions and prejudices around disability and can exclude the disabled to participate fully in society (Reeves, 2002):

> **SWD 9:** *socially yeah well it's very hard to make friends and communicate because I felt intimidated by, say they might judge, be judgemental, I'll be judged because of my disability, so it's hard for me to make any friends or you know, interact.*

As can be seen above, SWD 9 describes how difficult it is to socialise because of the fear of being judged as can be seen above -*"I felt intimidated by say they might judge, be judgemental"*. Further, a student who has a hidden impairment (such as a mental disability) is subjected less to the power of the gaze, but constantly fears being 'discovered' (Thomas, 1999, as cited in Reeves, 2002). These individuals might however still be subject to the gaze from others when utilising facilities for the disabled (Reeves, 2002). For example, a student with a psychological illness in the current study describes how her disability was 'discovered' and how others obtained access to privileged information about her body:

SWD 9: *I decided to use my skip queue letter because the line now I can pass people then whenever I stand in the queue or whatever I do not feel like talking to people I do not feel like seeing people I don't like being around people so I found myself being with people, and I was in a bad space so I decided to take out the skip queue letter for myself and I went and stood in the line towards the side to the third table, I went there and I showed the lady in front that I had this letter and then I stood. The person finished from the desk and then I proceeded forward; I don't even remember what she said, but hurt me in such a way that I just broke down there and now it was seen and everything and yeah.*

A further method of normalising is through the language that is used when speaking about students with disability. A social constructionist framework understands that it is through language that understandings of disability are constantly being constructed and perpetuated in society (Burr, 1995; Durrheim, 1997). Through the language people use in their everyday interactions with one another, they actively produce forms of knowledge around disability (Burr, 2003). Students with disability are spoken about by lecturers and DU staff in the current study in normalising ways, they are spoken about in terms of how they

have *'improved'*, how *'normal'* they are or how they *'adjust'*, the following excerpts illustrate this:

DUS 5: *It's like they adjust to their disability and they actually they do well even what's this disability called, I forgot, but you know their speech actually even improves because I guess they interact with so many people when they here, that they actually, you know they improve, so I think that's been a , that's been a success for me to actually see people grow in that way.*

DUS 1: *…quite a lot of them don't even, you know, being disabled is not even you know, they don't even, I don't know whether they actually think about it- I can't obviously speak for them but it just doesn't affect them when you talk to them and how they carry on with their lives or maybe that, you know, but they come out as people who are not disabled.*

L 2: *…they really, they do not let their disability get the better of them.*

L 5: *to see the students are going about, the disabled students are going about with their student lives on their wheelchairs, electronically, walking around with the walking stick, so there is that sense of normality which I think sort of for me is a positive thing.*

As these excerpts illustrate, language can have a normalising function. The manner in which disability is spoken about in a tertiary context is one where a greater emphasis is placed on the student having to fit into the environment. This emphasis on students having to 'fit in' minimises the tolerance for human difference within a university context as this emphasised the understanding of disability in bodies as flawed, rather than, the need for social systems to be more responsive and in need of review (Thomson, 2002). This is

reflected in how DUS 1 describes "*they come out as people who are not "disabled*" implying that when students 'fit in' they no longer need specialised attention.

Foucault describes these normalising methods as "dividing practices"- modes of manipulation which make up a scientific discourse with practices of social exclusion and segregation to classify, distribute and manipulate subjects (Tremain, 2001). Through these practices, students with disability (subjects) become objectivised, such healthy or sick, able bodied or disabled (Tremain, 2001). Morris (1991) highlights that underlying these techniques lie prejudices around the value of disabled individuals' lives. Individuals with disability are often devalued through this form of power and are made to feel a sense of unworthiness and rejection (Reeves, 2002). As a consequence, students with disability that are subjected to these "dividing practices" develop an awareness of their impairment and begin to engage in self-policing in an attempt to appear acceptable and 'normal' (Reeves, 2002).

4.1.3 Managing disability in the tertiary context.

Many students with disability in the current study described disassociating with being disabled and describe acting in ways that limit being treated differently so as to fit in, the following excerpts illustrate this:

SWD 4: *I'm one that doesn't like wearing my glasses all the time because I think it attracts unnecessary attention, so I have to walk around half blind at times and there are certain things that I would see and there are certain things that I wouldn't see and there are certain things that I would choose to see and would want to really see and there're certain thing that I'm like, well, I don't really need to see that. And unfortunately it goes with, to a certain extent it goes with a choice, and um… and for someone, who can see*

properly, you don't choose to see things, right? So for me, there are certain things that I would choose to see.

SWD 1: *…uh during registration you don't hold, you don't stand in the queue, if you stand in the queue it's because you like, like I myself, I for one, stand in the queue because I don't want to be treated differently*

SWD 3: *the problem about myself is that I don't , like I don't, I know that I am disabled , I'm using crutches and so forth, but I try to live my life as how a non-disabled student lives his or her life*

SWD 9: *…personally I keep away like I'm to myself and I don't really sit out you know- because of this fear of being judged as the only person with a disability*

Foucault would describe the above actions as forms of self-surveillance, all methods of normalisation work together to ensure that students with disability (subjects) have a self-assessing, self-monitoring and reflexive relation to themselves (Hook, 2007). SWD 1 mentions that he stands in the queue during registration so as not to be treated differently; and appears to be regulating his behaviour to fit in, "*I for one stand in the queue because I don't want to be treated differently.*" Students with disability start to live as if they are under constant surveillance and become the sole controllers of their regulation (Hook, 2007). As SWD 4 describes "*I'm one that doesn't like wearing my glasses all the time because I think it attracts unnecessary attention so I have to walk around half blind at times*", even though not wearing her glasses will further debilitate SWD 4, she would rather not wear them to fit it.

The dynamic of students associating with their disability, "*I know that I am disabled, I'm using crutches and so forth*" but simultaneously disassociating with their disability to fit in (SWD 4) is highlighted as well. Students with disability thus internalise current

understandings of disability within this context and perpetuate it by sustaining the status quo (Hook, 2007). For example, the students with disability below describe how they need to take responsibility to manage their disability:

SWD 3: *it boils down to being disciplined uh, you act professionally even though you maybe you may differ in which other way, some of the other things that people do but you try and like suppress your emotions , you compromise , something's are hard to solve, you have to compromise*

...it's the individual that has the power to do what he or she wants to do, it's not, it's not a collective thing whereby you can wait for somebody to do something for you, you should do it yourself you, if you have a grievance you should take up the relevant department or generally people who have authority to solve such things.

SWD 4: *...it just depends on the individual student as I've said whether you make the effort, whether you get yourself out there or you choose to you choose to be very passive and you choose to let people come to you and whatever the case instead of going out there and actually getting these things yourself yeah.*

As the excerpts above illustrate, a representation of disability that places a greater emphasis on the student having to adapt and fit into the tertiary environment is being internalised and perpetuated. As SWD 3 describes above; *"it boils down to being a discipline uh, you act professionally even though you maybe you may differ in which other way", "supress your emotions, you compromise."* Knowledge around what is normal and what is culturally acceptable in terms of the body shape understanding and knowledge which are then used as reference points in understanding the self and others - individuals become objects of power/knowledge. (Foucault, 1977, as cited in Reeves, 2002). As Tremain (2001), describes, subjects are productive because the outcome of surveillance is to make the individual an

object of knowledge that brings about a particular truth about disability. Further, subjects are productive because the truth that is taken on improves its utility, making it more compliant, calculable and comprehensible (Tremain, 2001), as SWD 4 describes, *"it just depends on the individual student, as I've said, whether you make the effort."*

In summary, the dynamics of disassociating with their disability whilst simultaneous needing to identify with it (which will be further elaborated under the next theme of accessibility), appears to occur within a system of normalisation. Although there are more facilitating and positive representations of disability in the institution, the dominant representation of disability within this context is one that is disempowering and understands different embodiment, as less. There is a strong emphasis on students having to adapt in a tertiary context. Through normalisation mechanisms of the 'gaze', through the engagement with the non- disabled and through the language used when speaking about students with disability, these understandings are perpetuated and internalised. Consequently, many students with disability modify their behaviour and act in ways to fit in and disassociate with being disabled. Further, many believe that they have to take ownership for their disability and manage it. The next theme of the current research will highlight how perpetuating representations of disability as the one mentioned above, are intrinsically related to how people perceive and provide accessibility to students with disability in a tertiary context.

4.2 Accessibility.

The manner in which one understands disability impacts the way in which support is provided to students with disability. All the participants in the current study have highlighted issues around accessibility which has a direct impact on student's experience of their disability and their ability to study on an equal basis as their non-disabled counter parts. In understanding the theme of accessibility I shall explore three sub-themes, namely; infrastructure, resources and processes and how the provision of, or lack of these impact on

the experience of students with disability. Further, I shall explore how the lack of these forms of accessibility can have a normalising function and can perpetuate the disempowering understanding of disability within the tertiary context.

4.2.1 Infrastructure.

Accessibility in terms of infrastructure refers to how the physical building/s and layout of the institution is created so as to cater for students with disabilities. One of the main infrastructural challenges is that many of the lecture venues and campus facilities such as the bathrooms, residences and the clinic, cannot be accessed by students with disability:

DUS 4: *I had this one case where there was this disabled student who doesn't, using the chair, wheelchair, and the one day I was asked to take her through to the clinic, there was no place to, no road to take them, so you need to carry them, it's not easy yeah to take them to the clinic that was a challenge.*

L3: *…we have challenges with getting access to venues that allow for wheelchair access or who don't have stairs cases and so forth so that very challenging particularly in psychology, cause we have very large class numbers.*

L1: *…one of the most significant is accommodating, physically accommodating students particularly those who are in a motorized or other forms of mobility support in venues, accessible venues.*

SWD 2: *…pressures of getting around the campus like when I did not have my assistive device when my wheel was punctured, like walking from point A to point B was, things are pretty far out and things are not very near, uh just stuff like that, uh getting around the university in the most convenient way and that has not been the easiest*

SWD 10: *… finding bathrooms is hard, I think there is one in this building, there's one in T… and there's on in the library. So in this area if this bathroom is closed I have to travel a (interruption) yeah so what I was saying if you really need to go to the bathroom here you have to go a distance you have to travel from here to M… it's like a minute or two.*

SWD 5: *for male students we have 5 rooms available for the whole campus which are accessible for wheelchairs, only 5 rooms other res's are not accessible whilst for P…(female res) students their residences is able to accommodate about a whole floor, about 20 or 30 or so of which all of those rooms are big but with boys only 5 rooms are big enough to accommodate the wheel chair so already those rooms for boys have been filled to capacity and the university cannot take any other students with physical disability anymore unless he's on crutches or crutches or unless the person is willing to stay off campus in private accommodation.*

As can be seen by the excerpts above, there exists structural barriers in the layout of physical buildings of the institution that exclude students from accessing lecturer rooms, residences and bathrooms as well as the clinic on campus. All of the above participants describe this experience as a challenge; "*we have challenges with getting access to venues","*
finding bathrooms is hard", "it's not easy yeah to take them to the clinic that was a challenge", "that has not been the easiest". A social constructionists perspective understands that disability is a part of the environment in which individuals are restricted to live (Burr, 2003). The environment is shaped in line with the practices and values of particular dominant groups (Ibid, 2003). Those that experience challenges are often in positions of less power. In the current study we can see from the above quotes that students with disability have to fit into an able bodied environment. Understandings of disability are thus sustained through

social practices that often serve the interests of dominant groups in a specific context (Burr, 2003).

Not providing infrastructural access emphasizes and perpetuates the understanding that students with disability have to make the effort to adapt and fit it. SWD 9 further highlights how he has to regulate his body as a result of not having easy access to wheelchair friendly bathrooms:

SWD 10: *…if you really need to go to the bathroom here you have to go a distance you have to travel from here to M… it's like a minute or two and usually when you know when you have to go to the bathroom it's an emergency kind of thing so now you no longer have that you can't just say ok I'm just going to go whenever I feel like it at the time you tell yourself oh ok its five o clock let me go to the bathroom oh ok its 2 o clock let me go to the bathroom so it's you avoid to have going in an emergency so it's truly unfriendly and what makes it worse is sometimes the bathroom will be occupied by a person like not disabled*

The common sense view of a particular context that is prevalent in a culture at a point in time is closely related to power (Burr, 2003). Any particular version of an event can bring the potential for preferred ways of being, social practices and devaluing certain alternative ways of behaving (Burr, 2003). For example, an understanding of different embodiment as less implying that those who fall into this category are required to make the effort to fit in, and therefore impacts on the services provided, "*… finding bathrooms is hard"* and how these individuals are treated "*sometimes the bathroom will be occupied by a person, like not-disabled"*. Thus, the power to gain and claim resources, to behave in particular ways, to be controlled or to control is dependent on the discourses that prevail within a context (Burr, 2003). Foucault understands power as an effect of discourse; individuals are able to exercise

power by drawing from discourse. This allows people's behaviours to be represented in a particular way and to highlight what is acceptable and unacceptable behaviour (Burr, 2003). Thus, when individuals represent or define something in a certain way, they are creating a form of knowledge that brings a form of power (Burr, 2003). For students with disability, the societal understanding that they are different and therefore have to fit into an able bodied system impacts the provision of services (providing minimal accessible infrastructure) and the experiences of disability in navigating the infrastructural barriers (students needing to adapt to the able bodied environment). A focus on students with disability having to manage themselves and navigate the infrastructural barriers is apparent, "*you avoid to have going in an emergency so it's truly unfriendly*".

Within a Feminist disability understanding, a focus on regulating differentiated bodies (expecting students with disability to regulated themselves and adapt) as SWD 10 describes above; "*you tell yourself oh ok its five o clock let me go to the bathroom oh ok its 2 o clock let me go to the bathroom so it's you avoid to have going in an emergency*" often comes at the expense of producing a more accessible social context or improving the provision of support to the disabled (Thomson, 2002). This is further illustrated in the following excerpt where a student with disability talks about a form of adaptation students with disability use:

> **SWD 5:** *I find that people with disabilities adapt in different ways and what you would call not adapting as it should adapting to in their own sense, um… because you would see they are unable to adapt from being blind, from being blind and being plunged into a new environment and they have to adapt to the new environment, the new terrain and stuff like that, but in my view, they have already adapted in that they have made new social networks, they've made new friends who they know, that ok, I*

have person 1, 2 and 3, they all in my classroom so I go with person 1 every time I go

to this class room otherwise you find you're having a clash with person 1, now I'll go

with person 2. So they plan their classes to their people and this person 1, person 2 and

person 3; so they are well adapted because they made social arrangements with those

people go together or something or I just walk outside and along the way -I'll just meet

up someone and I'll ask them to assist me to get to class.

As can be seen in SWD 5's quote above, students with disability adapt through building social networks with others. SWD 5 describes how he asks people to assist him in navigating the tertiary environment and accessing services and lectures, "*I just walk outside and along the way I'll just meet up someone and I'll ask them to assist me to get to class*" and "*so I go with person 1 every time I go to this class room*".

Another way in which students with disability adapt is through communication as the student below describes:

SWD 9: *…you must know everything is about communicating with people, you know, interacting even if you go to a job situation, this is like the learning phase so that's what I've learnt- it's about communicating, this is a learning phase you have to make do, which becomes difficult because when you were brought up, you see, like I attended a school for visually impaired students, so we only visually impaired students so whenever, it's a boarding school so, we were in that space- so like we were in this group, so that's why when I was brought up in that way then I got here, it was difficult for me, you know, to actually, cause we weren't, we never made into that.*

As can be seen above, SWD 9 describes how difficult it is to communicate with others because he attended a school with fellow visually impaired students. Although he acknowledges the importance of communication and to adapt and fit into the tertiary

environment e.g. *"this is like the learning phase so that's what I've learnt it's about communicating, this is a learning phase you have to make do",* he struggles to carry this out because he is not used to engaging with integrated groups (non-disabled and people with disability); *"I was brought up that way then I got here it was difficult for me you know to actually, cause we weren't, we never made into that."*

A further illustration of students with disability adapting and navigating structural challenges is the participant below, who explains how from a negative experience he managed through communication with his lecturer to change the lecture venue:

> **SWD 10:** *I complained a lot (laughs) uh complaining kind of helps ...complaining allows you to speak to lecturers more openly because at first they might be like opposed to what you have to say but over time they like him and I had a lecturer in first year- he and I got talking and we started getting along cause he explained that he didn't understand what was going on, he was just frustrated, he was acting out , which is another thing because he's persona and obviously not everyone is just going to understand if you disabled what not- so it takes time for everyone to understand about what need s to change*

In the excerpt above, it appears to have been up to the SWD 10, through communication and helping the lecturer understand his needs that he got him to change the venue. Initially the onus was on SWD 10 as opposed to the lecturer to deal with the misunderstanding, *"complaining allows you to speak to lecturers more openly"*. SWD 10 provides insight into why this was the case, *"because he's persona and obviously not everyone is just going to understand if you disabled what not so it takes time for everyone to understand about what needs to change"*. SWD 10 acknowledges that the lecturer did not understand him at first and that is why there was an initial misunderstanding. Further,

the two way engagement had a positive outcome as both the lecturer and SWD 10 understood each other's needs. SWD 10 thus enabled through the interaction to change the lecturers understanding of his disability. According to a Feminist Disability Theory, SWD 10 provided a more enabling representation of students with disability which allowed him to navigate the tension experienced and learn in a more accessible venue.

The reasons provided by participants, as to why these infrastructural challenges exist include; the understanding that historically the institution did not integrate students with disability into its plan from the outset; financial constraints and people not taking into account the needs of the disabled when building new infrastructure:

L1: *Well it's you know the university essentially was not designed for this many students for one we have a critical shortage of space, teaching spaces and generally lecture theatres are designed to accommodate masses which means that they are sloped a large part of the time and access to the lower sections of it are not the same across all the large lecture theatres so that is a problem and it's a structural problem.*

L3: *Look I think it is from an infrastructure kind of point of view, historically U... was a university that served kind of the academic interest of an elite few so it was a university that was able to cater for maybe at most five thousand students and so the resources and a facilities you know if you look at the disability unit it was used to, it was designed for dealing with a few students ...so basically in terms of infrastructure the university just does not have the capacity to deal with them, the other issue presumably is coming from funding or a lack there of.*

SWD 2: *I don't think this design is very suited and secondly I don't think people are aware of the challenges that students with disabilities have, they are not*

aware they are not in our shoes, they don't know what it feels like not to be able to get

to a certain point not to be able to do certain things.

DUS 7: *I understand that the university environment was not designed with the*

needs of people with disability being taken into account.

The above structural challenges are in part as a consequence of the inequalities
inherent in South African HEIs (Healey, Pretorius & Bell, 2011) including the manner in
which HEIs are structured (Ibid, 2011). As L1 and L3 describe, "*the university essentially
was not designed for this many students", "historically U… was a university that served kind
of the academic interest of an elite few"*. A lack of funding and not acknowledging the needs
of the disabled when designing or erecting new buildings further exacerbates this challenge,
"*funding or a lack there-of"," the university environment was not designed with the needs of
people with disability being taken into account"*. Here again a social constructionist view
would argue that because the environment and infrastructure does not negatively impact the
needs of the dominant group (the non-disabled), it will be side-lined and thus experienced as
a challenge by students with disability (Burr, 2003). Further, within a Foucauldian
perspective, the above excerpts illustrate that current discourses about higher education are
geared towards serving the non-disabled and not students with disability.

The structure, layout and visibility of the Disability Unit within the institution were
another infrastructural issue that was highlighted by participants:

DUS 3: *…it's like this unit doesn't fit into the structure, the university, as I*

said, I've been working here a long time. It's like they doing the best to phase us out-

this unit, so, I don't know why.

DUS 2: *I think more the structure of the unit itself, I mean it's such a positive thing that everyone is here and what we are trying to do, but it's difficult in terms of funding to keep the place open.*

SWD 1: *Overall, I don't think the university as a whole, at large, take the disability unit or students with disabilities seriously -because if you look at the current scenario, the disability unit is a part of the environment but not a department, so if you approach the Faculty of Humanities they'll say; "No we are not in charge", if you approach uh law and management, they will say; "No we are not in charge". Ever since this Collage system was introduced, the disability unit has been side-lined, so it's nowhere, its only student services that have volunteered to take care of the disability unit and that is why you are seeing the disability unit and the disability LAN and so forth, because of them, and we are very grateful for such people like D… for their support.*

A lack of DU visibility on campus can compromise the specialised service it provides to students as well as informing the wider university community around disability issues (Pillay, et. al., 2013). For the researcher, this lack of visibility was clearly apparent, the two main sections of the DU are almost hidden away in the main campus and many abled bodied students I encountered did not know exactly where the DU was situated. Within a Feminist Disability perspective, a lack of visibility further perpetuates the disempowering representation of disability where different embodiment is seen as less, *"I don't think the university as a whole, at large take the disability unit or students with disabilities seriously"*. Further, the structure of the DU may not receive the attention it should, because it falls under Student Counselling and Support Services, and therefore, may not be viewed as an important body with the power to make vital decisions and carry out interventions or projects (Pillay, et. al., 2013). As SWD 3 describes, *"the disability unit is a part of the environment but not a*

department". Further, the unit may not have sufficient funding because it falls under Student Counselling and Support Services and thus a smaller share of funds is allocated to the unit, *"but it's difficult in terms of funding to keep the place open."*

4.2.2 Resources.

Not only does the physical layout of the institution impact on accessibility for students with disability and key stakeholders, but the availability or lack of resources influences accessibility as well. Resources refer to the tools that students with disability require to study on an equal level as non-disabled students. These include assistive devices, computer LANs, specialised computer programs etc. that make study material accessible.

Many participants highlighted that the computers and assistive programmes need to be repaired or updated, such as JAWs- a program which enables students who are blind to listen to study material and Zoom text which allows material to be enlarged on screen. This poses a challenge as it has an impact on the work produced as well as the DU staff member's ability to convert materials on time for students with disability:

DUS 1: *So there's a shortage of computers, the computers don't work properly and that I think impacts on the quality of the material we actually produce… because you know I can, you know we get there and we can do some work but I sometimes question the quality of the stuff that we actually producing for those disabled students and I don't think it's fair.*

SWD 5: *Problems like lack of assistive devices, or if I tutor basic computer literacy, I would experience problems like the LAN- when I have to teach or examine them during exam time, the LAN would be out of order and the JAWS programmes*

would be out of order so it hinders exams, it also hinders their studies when they are preparing for their exams and now you have to reschedule, and you also have to put in time for them, to allow time for them to study so it impacts on the whole exam time and even not just JAWS, but the computers themselves. The venues, I know there's a room …the computers have not been updated for like 6 years or 7 years or so, so now, they are not working.

SWD 2: *There's like a lot of stuff that we needed to be done, like we wanted to get our LAN renovated and till this day, the university hasn't got back to us and it's like students with disabilities are a low level priority to the university, in my opinion.*

As can be seen from the quotes above, the lack of updated or new computers creates a challenge for students with disabilities to complete their work, "*the LAN would be out of order and the JAWS programmes would be out of order, so it hinders exams, it also hinders their studies when they are preparing for their exams*". For DU staff members' it poses a challenge in their ability to convert materials on time and it impacts on the quality of work produced for students with disability; "*the computers don't work properly and that I think impacts on the quality of the material we actually produce*".

Further, the lack of provision of these resources entrenches the understanding that students with disability are different and therefore less. Hook (2007), highlights that the consequence of this is that it sends and continuously reinforces messages that are disempowering which contributes to their own understandings and experiences of themselves in this way, as SWD 2 describes, "*it's like students with disabilities are low level priority to the university in my opinion*". From the researcher's observations, it was clear that the

computers available both in the DU and in the disability LAN were much older models and did not function as well as those in other computer LANs.

One SWD highlighted that his disability restricts him from accessing other computer LANs, he is only allowed to use the LAN allocated for students with disability (the red LAN) and if there is a problem in this LAN then it impacts on his ability to access a computer:

SWD 1: *I cannot access any other LAN except for the red LAN, because the red LAN is the only LAN that has a zoom text, if I happen to use JAWS I cannot access any other LAN because the red LAN is the only LAN that has JAWS. If, you know other LANs they have, their tables are a bit high so for a student who's in a wheelchair it's difficult, so the red LAN is the only option. So if there is a problem in the red LAN, or the red LAN is out of bounce for whatever reason, that means I cannot access the LAN.*

Further, there are no cameras or functional student card access in the DU LAN. Consequently, non-disabled students use the LAN and there is no security as with other tertiary LANs as explained by the participants below;

SWD 11: *The disability LAN is the only LAN that doesn't have cameras, so students can do whatever they want and I think that is a form of discrimination as well, our LAN should be run just like all the others on campus.*

SWD 10: *You learn from being around management that their attitude towards people with disabilities is one of a negative one, cause you ask for basic things, but they won't get you the best things- they won't even find the disability unit over here, they won't even fix the LAN, our LAN doesn't even have any cameras, we ask why don't we*

have cameras and they have no excuse for it, and anyone can just come in and go, the door is broken, the door isn't even accommodating for people, one can't reach, for instance the card area, the card slot, you can't reach cause you quadriplegic and you can't go inside and stuff like that, so yeah.

From a Foucauldian perspective, this can be viewed as a "dividing practice" where not providing updated technology, equal security as with other LANs or access to other LANs , students with disability are viewed as different and thus socially excluded (Tremain, 2001). SWD1 argues that if students with disability are only able to access one LAN and if that LAN becomes unusable as mentioned above e.g. some of the computers are old, unstable and outdated, students with disabilities will not have computer access. Further, this entrenches the representation of varied embodiment as different and therefore less as SWD 10 describes, "*their attitude towards people with disabilities is one of a negative one* ".

The participants in the study navigate the challenges mentioned above in numerous ways, including; adapting to the situation, communicating these issues with management, taking the initiative to find new resources or coming up with innovative ways to avoid having to use the institution's resources. These initiatives are illustrated in the excerpts below:

DUS 2: *well I've pulled in some contacts and got in some new towers but they are not new, they are second hand, ummm… they worked pretty fine for some time and because we don't have internet access here, viruses are back on and everything is slow here and some of our mouse's don't work if you click on something it double clicks and deletes and it does its own funny little things, so it makes it difficult as we got to redo things, it gets jammed and ummm, so the most I could have done.*

DUS 6: *I've tried to speak about them and report them.*

SWD 5: *Partially sighted students had to get their documents here, bring their documents here to the disability unit so that they can get it enlarged or something, it, even blind students also to get them into Microsoft word because that's the most accessible format for them. After assisting them, they now got to read Pdf's on their own, read Pdfs without converting them in the same format, read Pdf's in the same format, it's helpful in that way, in that they have now reduced some of the work (for the DU) they don't even have to bring it here to the disability unit and they can continue with their work immediately after that.*

SWD 2: *well you find a way to cope, you find ways to cope if one situation is not working out you try to look for alternatives or you try to cope to the best of your abilities.*

As can be seen above, participants adapt in numerous ways to navigate the resource challenges. SWD2 mentions how she tries to find alternatives and adapt to the situation, "*you try to look for alternatives*". Here again, the representation of students with disability having to adapt and fit in is perpetuated, "*you try to cope to the best of your abilities*". SWD 2 has internalised that she has to find ways of adapting and coping with the lack of resources. DUS 2 and SWD 5 through their initiatives are showing a level of agency, a personal responsibility in attempting to change the situation and provide accessibility to students with disability. Within a Foucauldian perspective, this can be understood as a form of "discursive resistance"- alternative subject positions that challenge dominant discourses. For example, there may be an understanding that students with disabilities are different, therefore less and they have to fit into the tertiary context. However, DUS 2 used her own initiative to access second hand computers so that DU staff can provide a quality service; "*well I've pulled in some contacts and got in some new towers but they are not new, they are second hand, ummm… they worked pretty fine for some time.*" Similarly, SWD 5 empowered some

students with disability to access their study material in a format that prevents students from having to send their notes to the DU for reformatting, "*now after assisting them, they now got to read Pdf's on their own, read Pdfs without converting them in the same format*". However, it can be seen from the excerpts above that the participants feel constrained in relation to what they can action, this is illustrated in DUS 6's comment "*I tried*" DUS 2 comment "*the most I could have done*". This may indicate the need for greater accountability and responsibility from management to solve these challenges.

A further illustration of the initiatives implemented by key stakeholders is seen in the excerpt below:

SWD 5: *when I go to I… every time they always regard me as that guy who brought wireless to U… residences because as house committee executive we go to a plan that, we made a proposal to I… that they should install wireless at residences like our residence here at university, so now after that we brought it to student housing centre, we took it to some engineering lecturers and also we sent it to I… and at the end of the year, they ended up installing wireless not only to our residences, but to all other residences on campus, so they always refer me to that guy that ended up emailing one of my friends saying- I'm the wireless guy (laughs)*

As can be seen above, SWD 5 not only provided resident wireless internet access for students with disability, but he provided accessibility for all students staying in campus residences. Within a Feminist disability theory, SWD 5's narrative provides a positive representation of students with disability, "*I'm the wireless guy*" and opens up the opportunity for the process of "resymbolisation" to take place, where more facilitating representations of students with disability can be formed within a tertiary context.

The reasons provided as to why there is this challenge with resources relate to financial constraints, managements responsiveness to complaints about a lack of resources and a lack of awareness of the function of the DU. This is illustrated in the excerpts below:

SWD 5: *the resources, well every year that we, we get the same reasoning from the university management that there are no funds, funds are limited and they cannot support students with disabilities as much as they would, as much as needed and apart from the funds, the funds are basically used for, funds which you usually get, allocate it, they usually get allocated to spend on new projects, and but the problem is maintaining the current resources that we have.*

... management is sometimes unresponsive to the needs of the students with disabilities

DUS 1: *…they need to get enough funding, you know they kind of need to do up that office*

DUS 3: *I think this unit is not known otherwise the person will realize all that's done here is work, is a type of assistance we provide here in this unit. I think that could be the problem.*

As can be seen above, it is perceived that a lack of and allocation of funding is one of the reasons for the lack of resources, "t*here are no funds, funds are limited".* This could partly be contributed to the DU being incorporated under Student Counselling and Support Services and therefore not being an independent unit and having as much influence in how funding is allocated. Further, the manner in which management responds to resource issues raised, appears to be negative, as indicated by a participant who states that, "*management is sometimes unresponsive'.* This possibly indicates that a lack of resources arises and remains a

major issue because of a lack of accountability. Not having leadership accountability can perpetuate and sustain the disempowering representation of different embodiment as less, and students with disability having to adapt and fit it. Another perspective is that there is little awareness within the institution of the function of the DU, '*this unit is not known'.* Within a Feminist Disability framework, raising awareness allows for the opportunity to create more positive representations of the DU and students with disability within a tertiary context (Thomson, 2002).

4.2.3 Processes.

Processes refer to the systems or interactions between key stakeholders (DU staff, students with disability and lecturers) that enable or hinder accessibility for students with disability. These include the process of reformatting study material for students with disability, administrative processes and communication processes between lecturers and the DU; and students with disability and lecturers.

One of the processes highlighted that impact on accessibility is the process of reformatting study material for students with disability as can be seen in the excerpts below:

SWD 2: *If you ask for notes to be enlarged or printed for you and you need it urgently, because they have a backlog of work, it will get done, but it is not done as quickly as it should be, because they have a lot of people to help or there's too many students and a few people assisting.*

L3: *...those papers have to be taken, sent to the disability unit they have to either be brailed or enlarged, whatever the case may be they've go to set up a time in which the student can be examined they got to have invigilators and so forth … I would say more than seventy percent of the time that process doesn't happen, its delayed, its later, papers are lost they aren't enlarged on time …the disability unit has to also*

enlarged text from textbooks for students and that doesn't happen on time -so there's a huge time delay. Tests are usually scheduled and rescheduled for these students, they write very close to their exam period now they thrown into the exams. So in terms of administration, there is a huge disconnect between the disciplines' administration and the disability unit.

DUS 7: *...a challenge with the reformatting officer, so many students are always likely to get their work 2- 3 weeks after everyone else, because the work needs to be reformatted. Therefore your work-plan couldn't be as flexible as your non-disabled counterparts. So, I was forced into being organised, otherwise I had to work under pressure.*

DUS 1: *The other day I was transcribing for a student and he was writing, what was law or something, and he had only been given his edited stuff. They had only given it to him like around, was it Monday or something, and he needed it on Friday so he could prepare for the test on Monday. So they postponed his test from Monday to Tuesday- he only had a day to actually listen to his work, he only had a day and he came…poor lecturer preparing that…*

The above excerpts highlight that there is a challenge with the process of reformatting study material for students with disability. There appears to be a significant time delay with the reformatting process before students with disability are able to access their work; *"there's a huge time delay", "not done as quickly as it should be", "students are always likely to get their work 2- 3 weeks after everyone else"*. Some of the reasons provided for this include the DU being unable to complete the work due to resource constraints. These resource constraints include, DU staff being unable to accommodate the large numbers of students with disability, *"there's too many students and a few people assisting"*, poor preparation on the lecturers

part, "*poor lecturer preparing that*" and an existing a gap between discipline administrators and the DU, "*there is a huge disconnect between the disciplines' administration and the disability unit*". Further, the lack of funding and functioning computers, as was mentioned earlier, could contribute to the time delay as well.

Consequently, students with disability have to adapt, this is illustrated by DUS 7 who describes; "*your work-plan couldn't be as flexible as your non- disabled counterparts. So I was forced into being organised otherwise I had to work under pressure.*" This provides another example of how accessibility can have a normalising impact on students with disability. Accessibility processes can place great amounts of pressure to shape and regulate students with disability (Thomson, 2002) as reflected in, DUS 7's description of how he had to be highly organised and regulate his approach to work in order to successfully complete his studies. The challenges associated with reformatting of study material further, perpetuates the perspective that students with disability need to fit into an abled bodied system.

Administrative processes were highlighted as another factor that can facilitate or hinder accessibility. The staff member and student with disability below addressed an interesting administrative process of allocating students with disability to specific residences:

DUS 5: *In terms of accessibility, yes you can say that okay its fine, its good you can take disabled students to T… and C… but students, you can also take students to the other residences .So it's sort of like, oh ,ok, you disabled this is your community, you live here, they live in those two residences. It's like you are basically like, excluding them from the rest of the students, because a student with albinism, they can live in any res on campus you know, because they can walk there and if they put like you know lighting systems, you know, good lighting systems where people can actually*

see- and you know those yellow lines that they have if they have those you know painted

so the student can actually see. But there's this whole thing of exclusion, like you know,

you are disabled this is where you should be, this is where you stay and you know, like I

mean, I'm not disabled but I can just only imagine how these people feel.

SWD 4: *people living with disabilities should not only have one residence but*

many mainstream residences, it isolates us and umm…You know, people will associate

certain things with like our residence, cause it caters for people who (have disabilities).

Yeah it's the best res and I mean, where we come from, and I think it can be

problematic at times, cause I said that you get too comfortable, you get too comfortable

to that environment to a certain extent, where you don't even want to associate yourself

with other people because you are afraid that they will not get you –ummm… at the

same time you are afraid that they will judge you, and will misuse you, and take

advantage of your situation.

The excerpts above illustrate that there is an acknowledgement that allocating students with disability to specific residences provides infrastructural accessibility to students with disability, "*it caters for people who (have disabilities). Yeah it's the best res.*" However, it is also acknowledged that this process denies students with disability accessibility as well, through disallowing students with disability access to alternative residences if they are able to live there, "*it's like you are basically, like excluding them from the rest of the students, because a student with albinism, they can live in any res on campus.*" Both DUS 5 and SWD 4 further highlight the influence this has on students with disability. DUS 5 describes feelings of exclusion that students with disability may experience, "*like you know you are disabled this is where you should be, this is where you stay and you know, like I mean, I'm not disabled but I can just only imagine how these people feel.*" SWD 4 describes a sense of getting "*too comfortable*" with those who are similar to you in a safer environment and

consequently not wanting to associate with non- disabled students out of a fear of being judged or mistreated: *"you are afraid that they will not get you- umm… at the same time, you are afraid that they will judge you, and will misuse you, and take advantage of your situation."* Thus, the process of allocating students with disability to particular residences can contribute to the representation that differential embodiment is less, by preventing interaction with the non-disabled students. Within a Foucauldian perspective this can be understood as a technique of bio-power. Bio-power refers to the manner in which human subjects experience the materiality of their bodies (Siebers, 2001). This process normalizes and secures human subjects through the process of "subjection" (Foucault, 1980, p. 140-141), as SWD 4 describes *"you don't even want to associate yourself with other people"*. Practices, procedures and processes such as the one illustrated above assist in creating, classifying and managing social anomalies where some individuals have been separated from others and objectivised (Tremain, 2005), *"so it's sort of like, oh, ok you disabled this is your community, you live here, they live in those two residences it's like you are basically like excluding them from the rest of the students"*. Foucault argues that processes or practices of division, ordering around the norm and classification become a means through which to individualise people who begin to understand themselves in the same manner (Tremain, 2005) as can be seen in SWD's 4 comment; *"you are afraid that they will not get you."*

Communication processes among key stakeholders were highlighted as another issue that may promote or hinder accessibility as evident in the excerpts below:

L4: *Previously, I remember the former university at the beginning of the year the disability officer who was responsible for particular problems of the students, would make an appointment and all the staff would meet to discuss at the beginning of the year so we know who the student are, those things don't take place anymore. The same for the systems that have somehow collapsed or fallen apart.*

SWD 1: *…here in u… the lecturer is expecting you as a student to go to him or her and explain yourself, remember some of us are shy to actually come out and say it*

SWD 5: *…just on area of reporting, you'd report other stuff like JAWS is broken, it will take 2 weeks for them to solve it though ,when you go there and since it's my job at the disability unit to, to make sure JAWS is working, I would go there after someone reporting it for the first time and then I'll wait, then I report, go there being impatient now with them , I'll be sent from Peter to post then after go to that person whose responsible and say ah that person saying a this thing I was only told yesterday. So no, let me phone these people and we sort the problem out in 2 days, but the problem was there 2 or 3 weeks, yeah been there. The other, the people who are managing the LANs, are unresponsive but the other managers who are managing other parts of the computers like the server or the networks and they are more accommodating so you find that problem, so you have those barriers and protocol you have to observe. You cannot just go to the higher managers before you see the relevant people first.*

As evident in the excerpts above, it appears that there are poor communication between lecturers and the DU, as L4 describes, previous communication processes such a briefing lecturers of the students with disability in their class, are now non-existent; "*those things don't take place anymore. The same for the systems that have somehow collapsed or fallen apart.*" A further issue highlighted is the process of reporting issues to relevant departments in the institution as seen in SWD 5's quote. The ICS department did not respond to his request to repair the JAWs programme on the computers until he addressed it with management at a higher level. This could be as a result of poor service delivery by support services. However, since there is only one LAN with the JAWs programme, it can have a serious negative impact on students with disability in delaying or preventing them from doing

their work. Not providing priority service such as this can prevent accessibility to students with disability. Further, it appears to be the responsibility of the student with disability to communicate with lecturers about their disability, this can be seen in SWD 1's comment; *"the lecturer is expecting you as a student to go to him or her and explain yourself"*. This dynamic was also seen earlier in SWD 10's narrative about being able to communicate with his lecturer to change the lecture venue. This communication dynamic could be partly as a result of the large class sizes that lectures have to deal with as was mentioned earlier by L3. However, this does again perpetuate the understanding that students with disability have to make the effort and adapt so that their needs are met.

In summary, the manner in which the tertiary institution in the current study provides or hinders accessibility (infrastructural, resources and processes) is influenced by the prevailing representations of students with disability present within the context. Thus, the disempowering representation of understanding different embodiment as less and believing that students with disability have to adapt and fit into an abled bodied context, is perpetuated by not providing adequate infrastructure, resources and clear communication processes. Through not adequately providing these forms of accessibility, these practices have a normalising function, which gear students with disability to adapt and regulate themselves to fit in. DU staff, lecturers and students with disability adapt in numerous ways including, communication with other stakeholders and management, taking on the initiative to try and change the situation and developing innovative ways to improve the system of having to provide accessibility. Further, other factors were highlighted that pose a challenge to accessibility, these include the institutions history and incapacity to cater for students with disability, financial constraints and the structure and visibility of the DU. The final theme; *Awareness and Acceptance* addresses what should be done to create a tertiary environment

that provides positive representations of students with disability in creating a more accessible, accepting and inclusive HEI environment.

4.3 Awareness and Acceptance.

Within the context of disempowering disability representations as well as accessibility challenges present within the tertiary institution, many participants have highlighted initiatives that they feel are required to create an environment of acceptance. In understanding this theme, I shall explore three sub themes, firstly; *Awareness and Education* which explores the need for greater awareness, education and training in creating an enabling environment. The second sub theme; *Engaging with key stakeholders*, explores the need for greater engagement, communication and consultation with key stakeholders in creating an enabling and accepting tertiary environment. Finally, the theme of *Integration;* where a call for greater inclusiveness and integration in creating an enabling environment is explored.

4.3.1 Awareness and Education.

Awareness and education were highlighted as key initiatives to address the issues of accessibility, engagement and representations within the institution.

The importance of creating greater levels of awareness about disability issues as well as the function and role of the DU within the institution, was a clear message expressed by participants in the study, as can be seen in the excerpts below;

SWD 4: *...just for the university to be more educated about people living with disabilities and do not come with assumptions because you find that even the people who, the people that we work with, they expect that this person has been told that you know you'll be dealing with someone who has disabilities and then it should be imperative that is part of their job description, that they learn about different disabilities.*

SWD 9: *Awareness, awareness would be great, make people aware of different disabilities, how you can assist these people with disabilities, how you can make them feel accepted.*

SWD 8: *I think education of the whole university community, yeah education of the whole university community like even, like as I've said, campaigns on maybe providing information of how disability...something on disability awareness.*

DUS 2: *...maybe a workshop to make them aware and something that's more compulsory, a compulsory workshop rather than if you want to come so they can be aware of what it entails for us to do what we need to do and how they can help the process.*

L2: *I think we do need to be educated on disabilities just because we're in this psychology field it doesn't mean that we are equipped to deal with whatever disability a student may present.*

L4: *...they (students with disability) need to know their constitutional rights, many of them don't know their constitutional rights and that kind of awareness, that kind of education is important.*

As can be seen from the above excerpts there is a strong feeling that education and awareness is required in order to assist students with disability; "*it should be imperative*", "*awareness would be great*", "*that kind of education is important*". In addition, the importance of education and awareness was further highlighted in the above excerpts about how the tertiary community needs to understand the function of the DU and its roles and how people can help the process; "*so they can be aware of what it entails for us to do what we need to do and how they can help the process.*" Further, it is acknowledged that students with

disability require education and awareness about their constitutional rights; "*many of them don't know their constitutional rights and that kind of awareness, that kind of education is important.*" Within a Feminist Disability perspective, through awareness and education, new opportunities can be opened to create positive representations of students with disability, representations that are more facilitating and see students with disability as well-adjusted and contributing members of the community. Through this process, people can begin to move away from the identification of disability in terms of viewing different embodiment as less and the assumption that students with disability have to fit into an able bodied environment. Further, students with disability can begin to minimise the identification of themselves in terms of oppressive and discriminatory attitudes held towards the disabled (Thomson, 2002). Creating awareness and educating the tertiary community allows counter narratives to be heard: "*make people aware of different disabilities, how you can assist these people with disabilities, how you can make them feel accepted*" and opportunities for students with disability to reshape culturally held beliefs about the disabled and consequently impact on the experience of students with disability (Thomson, 2002).

4.3.2 Engaging with key stakeholders.

The ability for students with disability to engage with multiple stakeholders was seen as important, not only engagement with lecturers and DU staff, but engagement with governing bodies within the tertiary institution and outside of it:

> **L3:** *The fact that we have to deal with roughly 400 students it's not always possible, but I really think that if academics were to become more involved with their students, it would facilitate for kind of a better response, not just from them, but possibly also from the disability unit -you know to build a relationship with them as well.*

DUS 6: *organising workshops for students on how to manage this, how to manage the emotions and whatever, just you speak to the student assistants have a meeting with the student assistants and be like, what are the challenges you've come across with the students? You know, speak to the students. What are the challenges that you face in the Disability unit when you find yourself going to look for your work at the office? You know, and you let them speak about that and then you come back and you like listen, this is what's happening, this is what the students need and this is what you guys should do, you know, simple. Uh..for us too this is what we need in order to, to make sure that disabled students get what they need, and its such, I think it's a matter of wanting to communicate with us as assistants, and wanting to communicate with the students in their mini groups, maybe have a first year group discussion with just first years after the first semester or after the first term.*

L4: *There has to be an association or some kind of structure where they can relate to on some charter, some principles as how they engage with the other stakeholders at the university…in terms of planning of spaces, disability students need to be represented in that planning process, not only disabled students, obviously staff as well, they need to be represented, because it's their space.*

The need for engagement is expressed in the above quotes, it is acknowledged that lecturers need to try and build better relations with the students with disability that are in their class; "*if academics were to become more involved with their students it would facilitate for kind of a better response.*" Further, communicating with DU staff members and students with disability when addressing challenges that students with disability face, as these are the people that experience these challenges on a daily basis, "*what are the challenges you've come across with the students? You know, speak to the students.*" L4 describes the need for students with disability to have an organising structure so as to be represented within the

university and all governing bodies, students and staff with disability further need to be represented in all planning processes of new infrastructure; "*students need to be represented in that planning process not only disabled students, obviously staff as well.*"

In relation to students with disability having an organisation, 3 of the participants in the current study are part of an organisation known as the Differential Abled Students Association (DASA) within the tertiary institution, SWD 1, the chairperson of the organisation describes the role and functions of the organisation:

> **SWD 1:** *We fight for students with disabilities, we make sure we put academia first. We have eight officers, it's the chairperson, the deputy chairperson, the secretary, the treasurer, academic liaison officer, housing officer, the PRO as well the sports and recreation officer. Now, in all those, in all those offices, we want to take part and we want success for students with disabilities for example, we want a students with disability to take part in sports, in all sporting codes, we want sport for people with disabilities to be taken seriously at the university, that is what our sports coordinator does. Our housing coordinator makes sure that all of our students have accommodation on campus, as per the policy of the university.*

As the above quote illustrates, there is a governing body that aims to improve the experiences of students with disability at a tertiary level, however, there are challenges with representatives of this body not being a part of other governing bodies and therefore students with disability voices are not heard as is explained by SWD 8 below;

> **SWD 8:** *I would like the SRC (Student Representative Council) to just acknowledge us. I think the SRC doesn't even know we exist, but then that can always be changed. If one of our committee members is running to be in the SRC, so maybe if*

she gets in, she can make the SRC structure more accommodating to disability unit

students, to the disability unit as a whole, yeah.

Understanding the need to improve engagement within a social constructionist framework would allow the opportunity for students with disability to tell preferred personal stories through their interactions with key stakeholders. Through doing so they would be able to take on conceptions and ways of being that may be more facilitating (Burr, 1995) and may be more in line with their personal understandings; "*so maybe if she gets in she can make the SRC structure more accommodating to disability unit students, to the disability unit as a whole.*" This process allows individuals to be aware of and appreciate the agency they possess in influencing their preferred ways of being (White, 1991).

4.3.3 Integration.

The need for integration- greater interaction between students with disability and the non-disabled within the institution was further highlighted by participants;

SWD 10: *Sometimes disabled people kind of isolate themselves from the other*

people. Umm.. if people stop the whole isolation ,you can start spreading ourselves

amongst everybody else ,I think like the actions will be addressed a lot more quickly.

DUS 5: *It's a good thing to have them together so you know, they can share*

stories or it makes their lives easier, but it shouldn't be okay, they need to stay here,

they need to stay here, we should be able to interact with them and learn.   You know,

what is it like to be disabled? How can I make your life better? How can you make my

life better? Because we are living in the same world, you know.

As can be seen above, interaction between students with disability and the non-disabled is understood as important in addressing issues that students with disability face

much faster, *"I think like the actions will be addressed a lot more quickly."* Further, this is seen as important in making the lives of students with disability easier through allowing them the opportunity to share stories with the non- disabled; *"It's a good thing to have them together so you know they can share stories."* Within a Foucauldian perspective interaction between students with disability and the non-disabled provides the opportunities for "discursive resistance" to take place. This allows students with disability to create alternative subject positions that challenge dominant discourses within a tertiary context.

In summary, the need for awareness and education, improving engagement with key stakeholders and improving integration were highlighted as important initiatives that are required to address issues facing students with disability. These positive representations provide the opportunity for students with disability to create more facilitating representations of people with disability through their interactions with the non-disabled. Doing so challenges dominant disempowering understandings of disability, where students with disability are understood as less and need to fit in within the tertiary context. Further, a greater presence of positive representations within a tertiary context can improve the manner in which access is provided to students with disability and in creating a more accepting environment that views different embodiment as unique and human.

Chapter 5

Conclusion, Limitations of the study and Recommendations

5.1 Introduction.

This chapter outlines the results and discussion of the findings in the previous chapter and draws conclusions from this. The limitations of the study will be discussed as well as recommendations based on the study.

5.2 Conclusion.

The aim of the current study was to explore the narratives of disability among students with disabilities; lecturers and the Disability Unit (DU) within a tertiary institution, with a view to better understand their experiences and required initiatives to address the challenges of disability within a tertiary institution. In fulfilling this aim, three theoretical frameworks were used in exploring and understanding the findings, namely, social constructionism, feminist disability theory and a Foucauldian perspective.

Three themes emerged from the data, namely, *Normalising Disability*, *Accessibility* and *Awareness and Acceptance*. Firstly within the theme of *Normalising Disability*, students with disability seemed to disassociate with their disability whilst simultaneous needing to identify with it. Whilst students with disability acknowledge that they are disabled and require assistance from key stakeholders, when engaging with the non-disabled they disassociate with their disability to fit in. This process appears to occur within a system of adaptation and fitting in.

In unpacking this dynamic, three sub themes were explored, namely: *Representations of disability, methods of normalising disability* and *managing disability in a tertiary context*.

The dominant representations of disability that exist within this tertiary context are disempowering and different embodiment is understood as less. This was seen in the tension that was present, predominantly between students with disability and the non-disabled. However, this tension also existed between students with disability, the DU staff and lecturers. There is a strong emphasis on students having to adapt when in a tertiary context. Through normalisation mechanisms of the 'gaze' where students with disability are stared at by the non-disabled, through engagement with the non-disabled and through the language used when speaking about students with disability which is often geared around improvement and adjustment, dominant understandings are perpetuated and internalised. Consequently, many students with disability modify their behaviour and act in ways to disassociate with being disabled. Further, many believe that they have to take ownership for their disability and manage it. Thus, when students with disability internalise these dominant representations, they begin acting in normalising ways that are in line with these representations and consequently they perpetuate these understanding and maintain the status quo in the institution.

The disempowering representations of understanding different embodiment, as less and believing that students with disability have to adapt and fit into an able bodied context, is perpetuated through inadequate *Infrastructure, Resources* and clear *Processes*- three subthemes highlighted under the theme of *Accessibility.* By not adequately providing these forms of accessibility, these practices have a normalising function as well, which gear students with disability to adapt and regulate themselves to fit in. DU staff, lecturers and students with disability adapt in numerous ways including, communication with other stakeholders and management, taking on the initiative to try and change the situation and developing innovative ways to alleviate the system of having to provide access. In addition, other factors pose a challenge to accessibility, these include the institution's history and

incapacity to cater for students with disability, financial constraints and the poor structure and visibility of the DU.

The final theme of *Awareness and Acceptance* stem from the findings where the need for *awareness and education*, *improving engagement with key stakeholders* and *improving integration* were understood as important initiatives that the tertiary community should consider. Through these initiatives, opportunities to create positive representations are opened, which provide moments for students with disability to create more facilitating representations of people with disability through their interactions with the non-disabled and thereby challenge dominant disempowering understandings of disability. Greater illustrations of positive representations can improve the manner in which access is provided to students with disability and can create understandings of disability that view students with disability as students first, who have a right to access infrastructure, resources and processes to enable them to learn on an equal footing as their non-disabled counter parts. The current study highlights the need for creating spaces and engagement within a tertiary institution that celebrate and create positive representations of disability. Through doing so, opportunities to challenge the fundamental make-up of current disempowering understandings of disability are opened and with it, the possibility of changing these representations.

5.3 Limitations of the Study.

The current study used a qualitative research design, purposive sampling methods, and involved carrying out in depth interviews with a specific sample of participants within a specific context (lectures, the DU staff and students with disabilities within a tertiary institution). The findings of the study can therefore not be generalized to the entire population of students with disabilities, lecturers and the DU support staff in other HEI's. A further limitation is that follow- up interviews were not carried out, had this occurred, it could have

increased the reliability of the researchers findings. Although the researcher did cross check understandings during the interview process, enabling participants to verify the data analysis could have further verified and ensured accuracy (Given, 2008). Although the current study included key stakeholders that directly impact the experience of students with disability, not including non-disabled student voices in the study is a further limitation as these voices could have provided further understanding into the experiences of disability within a tertiary context.

5.4 Recommendations.

The creation of positive representations of disability was highlighted in the current study as important to all participants. This was highlighted even though there was acknowledgement of the inherent infrastructural and financial constraints. Acknowledging this, the non-disabled and key stakeholders within a tertiary context should work on creating positive representations of disability at all levels of the institution, including, the manner in which students with disability are spoken about publicly, through engagement with students with disability and HEI policy. For example, celebrating students with disability and their ability to contribute, like all students, in the tertiary context, this includes acknowledging them when they do well, such as *"the wireless guy"* who brought wireless accessibility to all students living at the residences.

Developing and running awareness and education campaigns around disability as well as the role of the DU is vitally important in the creation of these positive representations, and challenging dominant representations. These campaigns need not be resource intensive and expensive but should occur regularly and be an inherent part of the DU's mandate to educate the tertiary community on disability issues. It further creates greater visibility of the DU and it functions. More importantly key stakeholders should be a part of this process in enabling the right issues to be addressed. For example, creating information workshops for students

with and without disability on the rights of peoples with disability or having a disability column in the tertiary institution's newsletter. Specific education for DU staff and lecturers is important as well, as these individuals engage directly with students with disability. Acknowledging the workloads of these stakeholders, providing a simple course or information that is easily accessible such as the online course on different disabilities or an online email information pamphlet.

Communicating with key stakeholders was highlighted as another concern in the study. When developing new initiatives for the DU or for the institution regarding disability, there needs to be a consultative process with students with disability, the DU staff and lecturers. Here again, this need not be an expensive process and can be a simple informal conversation on what the needs of students with disability, the DU staff and lecturers are. This is important as these are the stakeholders who are engaging with students with disability on a daily basis and will probably have the best suggestions on how to address issues.

Greater support is required from the institution in providing accessibility to students with disability, especially with regard to providing basic services such as access to the clinic, bathrooms and lecture venues. Any institution that aims to serve people with disability has to support this goal through the services they provide. Doing so sends out a strong message to the entire tertiary community and society at large that students with disability are valued members of the institution and it helps create positive understandings of disability from the very top of the institution to the bottom of the hierarchy.

Finally, ensuring integration at all levels of the institution is important in challenging dominant narratives of disability. This includes firstly, the integration of residences to allow students with disability the opportunity to engage with the non-disabled. Secondly, allowing students with disability access to all computer LANs and not have only one LAN designated

for students with disability. Finally, ensuring that students with disability are consulted or represented on all committees or forums that have an impact on their tertiary experience, such as having a representative on the Student Representative Council, any sporting councils or when improving or constructing new infrastructure within the institution.

References

Andrew, M. (2004). Counter- narratives and the power to oppose. In Bamberg, M., & Andrews, M. (Eds.). *Considering Counter Narratives: Narrating, resisting, making sense*. Amsterdam/Philadelphia: John Benjamins B.V.

Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. doi: 10.1191/1478088706qp063oa

Burr, V. (1995). *An introduction to social constructionism*. Florence, KY US: Taylor & Frances/Routledge.

Burr, V. (2003). *Social sonstructionism* (2nd ed). Florence, KY US: Taylor & Frances/Routledge.

Caldwell, R. (2007). Agency and change: re-evaluating Foucault's legacy. *Organization, 14*(6), 769-789.

Statistics South Africa, (2014). *Census 2011: profile of persons with disabilities in South Africa*. Statistics South Africa. Pretoria: Statistics South Africa.

Crow, L. (1996). Including all of our lives: renewing the social model of disability. In Morris, J. (Eds.). *Encounters with strangers: feminism and disability*. London: The Women's Press.

Council on Higher Education. (2005). South African higher education responses to students with disabilities. Equity of access and opportunity? *Higher education monitor*, 3.

DoE. (Department of Education, South Africa). (1996). A framework for transformation. Report of the National Commission on Higher Education. Pretoria: DoE.

DoE. (1997). *Education white paper 3*: A programme for the transformation of higher education. Pretoria: DoE.

DoE. (2001a). *National Plan for Higher Education*. Pretoria: DoE.

Durrheim, K. (1997). Social constructionism discourse and psychology. *South African Journal of Psychology, 27* (3), 175-182.

Dwyer, S. C., & Buckle, J. L. (2009). The space between: on being an insider- Outsider in Qualitative Research. *International Journal of Qualitative Methods, 8(1), 54-63.*

Foucault, M. (1979).*The history of sexuality vol.1: an introduction*. London: Allen Lane.

Foucault, M. (1980).*Power/Knowledge: selected interviews and other writings 1972- 1977*. Brighton: Harvester.

Fuller, M., Healy, M., Bradley, A., & Hall, T. (2004). Barriers to learning: a systemic study of the experience of disabled students at on university. *Studies in higher education, 29*(3), 303-318.

Fuller, M., Bradley, A., & Healey, M. (2010). Incorporating disabled students within an inclusive higher education environment. *Disability and Society, 19*, 455-468. doi: http://dx.doi.org/10.1080/0968759042000235307

Given, L. M. (2008). *The SAGE encyclopaedia of qualitative research methods*, California: Sage Publications, Inc.

Greyling, E. (2008). *Student with disabilities' experiences of support and barriers to their development at Stellenbosch University*. Thesis presented in partial fulfilment of the requirements for the degree of Master of Education Psychology at Stellenbosch University.

Healey, T., Pretorius, A., & Bell, D. (2011). *Disability in Higher Education*. Foundation of Tertiary Institutions of the Northern Metropolis.

Hook, D. (2004). Foucault, disciplinary power and the critical pre-history of psychology. In D. Hook, *Critical Psychology* (pp. 210-238). Cape Town: UCT Press.

Hooks, B. (1989). *Talking back: thinking feminist, thinking black*. Boston, MA: South End Press.

Howell, C. (2006). Disabled students and higher education in South Africa. In Watermeyer, B., Swarts, L., Lorenzo, T., Schneider, M., & Priestley, M. (Eds.). *Disability and social change: a South African agenda*. Cape Town: HSRC Press.

Howell, C., Chalklen, S., & Alberts, T. (2006). A history of the disability rights movement in South Africa. In Watermeyer, B., Swarts, L., Lorenzo, T., Schneider, M., & Priestley, M. (Eds.). *Disability and social change: a South African agenda*. Cape Town: HSRC Press.

Huang, C. J., & Brittain, I. (2006). Negotiating identities through disability sport. *Sociology of Sport Journal, 23,* 352-375.

Hurst, A. (1996). Reflecting on researching disability and higher education. In L, Barton (Eds.). *Disability and society: emerging issues and insights*. London: Longman.

Hutcheon, E. J., & Wolbring, G. (2012). Voices of 'disabled' post-secondary students: examining higher education policy using an ableism lens. *Journal of Diversity in Higher Education, 5*, 39-49. doi:10.1037/a0027002

Jung, K. E. (2001). *The social organization of power in the academy's disability policy: Chronic illness, academic accommodation and equity*. Unpublished Master of Arts thesis. Department of Sociology, University of Victoria.

Kaplan, D. (2000). *The definition of disability.* The Center for an Accessible Society. Retrieved, 10 March 2012 from www.accessiblesociety.org/topics/demographicsidentity/dkaplanpaper.htm

Kraus, A. (2008). *The socio-political construction of identity: a multidimensional model of disability*. Retrieved 12 April 2013 from ProQuest Database.

Maykut, P., & Morehouse, R. (1994). Beginning qualitative researchers: a philosophical and practical guide. Washington, DC: Falmer.

Mills, S. (2003). Michel Foucault. Routeledge.

Naidoo, A. (2010). *Students with disabilities' perceptions and experiences of the disability unit at the University of Kwa- ZuluNatal: Howard Collage Campus*. University of Kwa- ZuluNatal. Retrieved, 12 April 2013 from UKZN Databases.

Nightingale, D.J., & Cromby, J. (1999). *Social constructionist psychology: a critical analysis of theory and practice*. USA: Open University Press.

Neuman, L. W. (2006). *Social research methods: qualitative and quantitative approaches*.

Neuman, L. W. (2013). *Social research methods: qualitative and quantitative approaches* (7th ed). Edinburgh Gate: Pearson Education Limited.

Office of the Deputy President. (1997). *Integrated national disability strategy White Paper*. Retrieved, 11April 2013 from

http://www.info.gov.za/whitepapers/1997/disability.htm

Pillay, S., Balakrishna, N., Sangweni, S., Munro, N., Subrayen, R., Naidoo, P., & Futshane, Y. (2013). *Disability support unit report*. Centre for Student Counselling. University of Kwa- Zulu Natal.

Reeve, D. (2002). Negotiating psycho- emotional dimensions of disability and their influence on identity constructions. *Disability and Society, 17*, 493-508. doi: 10.1080/09687590220148487

Riddle, S. (1998). chipping away at the mountain: disabled students' experiences of higher education. *International Studies of Sociology and Education, 8*, 203-222.

Siebers, T. (2001). *In theory from social constructionism to realism of the body. American Literary History, 13*(4), 737-754. In Davis, L. J. (2006). *The Disability Studies Reader*. NY: Taylor & Francis Group.

Shakespeare, T. (2014). *Disability rights and wrongs revisited*. New York: Routledge.

Shevlin, M., Kenny, M., & McNeela, E. (2004). Participation in higher education for students with disabilities: an Irish perspective. *Disability and Society, 19*(1), 15-30. Retrieved on 12 April 2013 from EBSCOHost database.

South African Human Rights Committee. (2002). *Towards a barrier- free society*. Retrieved on 12 April 2013 from http://www.sahrc.org.za/home/21/files/Reports/towards_barrier_free_society.pdf2002 .pdf

Thomson, R. G. (2002). Integrating disability, transforming feminist theory. *NWSA Journal, 14* (3), 1-32. Retrieved, 10 May, 2012 from http://www.jstor.org/stable/4316922

Tremain, S. (2001). On the government of disability: Foucault, power and the subject of impairment. *Social Theory and Practice, 27* (4), p 616- 636. In Davis, L. J. (2006). *The Disability Studies Reader*. NY: Taylor & Francis Group.

Tremain, S. (2005). *Foucault and the government of disability*. USA: The University of Michigan Press.

Ulin, P. R., Robinson, E. T., Tolley, E., & McNeill, E. T. (2002). Qualitative methods: a field guide for applied research in sexual and reproductive health. USA: Family Health International.

Wendell, S. (1989). Towards a feminist theory of disability. *Hypatia, 4*(2), 9-32. In Davis, L. J. (2006). *The Disability Studies Reader*. NY: Taylor & Francis Group.

Wheeler, M. (2011). Syndrome or difference: a critical review of medical conceptualisations of asperger's syndrome. *Disability & Society, 26,* 839-851. doi: 10.1080/09687599.2011.618739

White, M. (1991). Folk psychology and narrative practice. *Dulwich Centre Journal (2)*.

World Health Organisation. (2011). *World report on disability*. Retrieved from http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf

List of Appendices

Appendix 1: Interview Schedule

Appendix 2: Human Social Science Ethics Committee of UKZN Ethical Clearance form

Appendix 3: Permission Letter to the Disability Unit

Appendix 4: UKZN Disability Unit clearance form

Appendix 5: Letter of Inform Consent

Appendix 6 Invitation poster to participants

Appendix 1: Interview Schedule

Biographical Questionnaire

1. What is your Age?
2. What is your role within the university, for example, are you a student/ lecturer/Disability Unit staff member?
3. If you are a student, what is your level of study?
4. If you are a student or lecturer, what field of study are you studying/working in?

Interview Questions

5. Can you please tell me about your experience of disability as a student/ or working with students with disability at UKZN?
6. What are the positive experiences that you have had as a student with disability/working with students with disability at UKZN?
7. What are some of the challenges that you have faced as a student with disability/ working with students with disability at UKZN?
8. Why do you think there are these challenges?
9. How do you manage any challenges experienced?
10. Are there any tensions around race/ gender/ disability roles within the university?
11. How do you manage these tensions?
12. What types of initiatives, if any, do you think are required in overcoming these tensions and challenges experienced?

Appendix 2: Human Social Science Ethics Committee of UKZN Ethical Clearance form

UNIVERSITY OF
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

21 November 2013

Ms Taegan Devar (209515233)
School of Applied Human Sciences – Psychology
Howard College Campus

Protocol reference number : HSS/1349/013M
Project title: Students with disability, the Disability Unit and lecturers narratives of disability within a tertiary institution

Dear Ms Devar,

Retrospective – Expedited Approval

The documents submitted have been accepted by the Humanities & Social Sciences Research Ethics Committee and FULL APPROVAL for the protocol has been granted.

Please note: Any further / future violation of the UKZN Code of Ethical Conduct will result in a disciplinary action.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. Please note: Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

Dr Shenuka Singh (Chair)

/ms

cc Supervisor: Shaida Bobat
cc Academic Leader Research: Professor D McCracken
cc School Administrator: Ms Ausie Luthuli

Appendix 3: Permission Letter to the Disability Unit

To whom it may concern,

My name is Taegan Devar; I am an Industrial Psychology Masters student at the University of Kwa- Zulu Natal. As part of the fulfilment of my Masters degree this year, I am required to conduct a research project. I am interested in carrying out a study that explores students with disability, the Disability Unit and lecturers narratives of disability within the University of Kwa-Zulu Natal, Howard Collage Campus.

I would like to ask for your permission to allow me to conduct interviews on the universities premises with a few of the students and staff that run and use the Disability Unit on campus. The participation of these individuals is entirely voluntary and all information will be handled in a confidential and responsible manner. The anonymity of the participants is guaranteed and under no circumstances will the names of the participants be mentioned. Participants may withdraw from the study at any time and will in no way experience any negative consequences from doing so. All information collected through the interviews is primarily for the purpose of my research study and will not be used for any other purpose that has not been specified.

Thank You,

Taegan Devar

0725023498

Research Supervisor:

Ms. Shaida Bobat

The School of Psychology

University of Kwa- Zulu Natal

(031) 260 2648

HSSREC Office

Ms P. Ximba

(031) 260 3587

ximbap@ukzn.ac.za.

Appendix 4: UKZN Disability Unit clearance form

UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

4TH October 2013

To Staff in the Disability Unit and Students with Disabilities

Ms Taegan Devar, a Master's Student is undertaking research in Disability. Our office is aware of her interviewing our students and staff/

Kindly co-operate and provide her the time to undertake interviews.

Kind regards

Nevil Balakrishna

Disability Co-ordinator

Howard College

031-2603140

Appendix 5: Letter of Informed Consent

To whom it may concern,

My name is Taegan Devar, I am an Industrial Psychology Masters student at the University of Kwa- Zulu Natal. As part of the fulfilment of my Masters degree this year, I am required to conduct a research project. I am interested in carrying out a study that explores students with disability, the Disability Unit and lecturers' narratives of disability within a university context.

I kindly ask for your voluntary participation in this research study. Your participation will consist of taking part in an interview that will be approximately an hour in duration and will be audio recorded so that the researcher can accurately capture your responses. Should you decide to participate in the study all information obtained will remain confidential and will be seen only by the researcher and the researcher's supervisor. The anonymity of all participants in the study and the organisation is guaranteed and under no circumstances will any identifying information be mentioned. Participants may withdraw from the study at any time and will in no way experience any negative consequences from doing so.

I………………………….. (Participant) understand that my participation in this research study that explores students with disability, the Disability Unit and lecturers narratives of disability within a university context is entirely voluntary. I may withdraw from this study at any time and I understand that there will be no negative consequences from doing so. I do not have to answer any questions which I do not feel comfortable answering. I understand that my responses will remain confidential and that my name will not be used in the study.

Signature:……………………….

If you have any queries or concerns please feel free to contact me on 0725023498 or email taegandevar@gmail.com. You may also contact my research supervisor Shaida Bobat on (031) 260 2648 or email bobats@ukzn.ac.za as well as the HSSREC Office, Ms P. Ximba on (031) 260 3587 or email ximbap@ukzn.ac.za.

Appendix 6: Invitation poster to participants

UNIVERSITY OF
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

Research study exploring students with disabilities, the Disability Unit and lecturers narratives of disability within a tertiary institution.

I am looking for students with disabilities and staff members working in the Disability Unit who are interested in participating in this study. It would involve one interview with the researcher that would be approximately an hour long.

> **A meal will be provided for those who volunteer to partake.**

Those students and staff members who are interested in participating can contact Taegan on 0725023498 or via email taegandevar@gmail.com