

## **Abstract**

This thesis seeks to examine the disabled experience in higher education. Using a history of disability and messages regarding ability within the United States, ideologies of ableism are established to help audiences understand why disability is viewed the way it is today. Ideas regarding the body as a commodity, productivity as a social norm, a hierarchy of bodily ability, appearances and presentations of bodily function are all cited throughout history to demonstrate their problematic origins. These ideologies are then contrasted with an idea of how disability could function in the world more successfully as communicated by many disabled scholars cited here. This contrast makes use of disability wisdom and caretaking as sources of strength in disabled life and reimagining of the world. These ideas are then demonstrated more concretely through the use of three personal narratives. Each narrative establishes a core theme of discrimination in the US, accessibility, language, and caretaking. The first examines a situation that could have been solved with an accurate and contentious perspective on accessibility, including the presentation of choices and the right of autonomy for disabled people. The second examines language use and its implications, particularly in regards to the intentional language curating done by dominating groups to eradicate marginalized existence. The third and final narrative continues the theme of reimagining disabled life, centered on caretaking. Using an example of discrimination, caretaking is redefined according to disabled sources and imagined as a cornerstone of successful survival under and beyond capitalism. Finally, conclusions are drawn in regards to the broader field of disability studies and for administrators in academic institutions.

*We Never Win or Lose:*

**A Theoretical Analysis of Disability in Higher Education**

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## **Acknowledgements**

While the focus of this thesis is the challenges that are present as a result of being a disabled person in higher education, it is important to note that disability itself is a beautiful thing. As discussed throughout this piece, disability relies on interdependence. For this reason, my time at Mount Holyoke has been made possible by the community who supported me and made my goals possible, including this thesis. Alongside my narratives of discrimination, I want to begin by highlighting the beauty of disability and the positive experiences I have encountered at Mount Holyoke.

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positive spaces I have encountered in regards to educating about disability. He was an invaluable member of my thesis team and a pivotal reason this piece exists today.

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“I found a place of sanctuary in ‘theorizing,’ in making sense of what was happening. I found a place where I could imagine possible futures, a place where life could be lived differently. This ‘lived’ experience of critical thinking, of reflection and analysis, became a place where I worked at explaining the pain and making it go away. Fundamentally, I learned from this experience that theory could be a healing place.”

— bell hooks, *Teaching to Transgress*

## Key Words:

**Ableism:** “A system of assigning value to people's bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism.”<sup>1</sup>

**Able-bodied / able-bodiedness:** A body that functions—according to capitalism’s standards—normally physically; the opposite of physically disabled.

**Abled / abledness:** A body that functions—according to capitalism’s standards—normally, either physically or mentally; the opposite of physically or mentally disabled.

**Abstracted criteria:** A society’s construct of behavior, usually designed by a dominant group, that cannot be explicitly explained, but which individuals, especially those in marginalized communities, are held rigidly to. Often refusal to adhere to an abstracted criteria is demonized, resulting in ostracization of the deviant individual. *Examples: politeness, professionalism, able-bodiedness, femininity, and masculinity*

**Accessibility:** The effects of an intentional, active effort to ensure spaces are as easy for people of “non-normative” life experiences to enter and exist in a space. This includes providing all the information necessary for an individual to make an informed decision about entering and engaging with a space, as well as providing choices within a space, and factoring many life experiences into the involvement and design of a space.

**Access intimacy:** A concept developed by Mia Mingus to describe an intimacy between two people, at least one of which is disabled, that stems from a shared understanding of one or more

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<sup>1</sup> Talila Lewis, “Working Definition of Ableism,” Talila A. Lewis (Blog), January 2022. <https://www.talilalewis.com/blog/working-definition-of-ableism-january-2022-update>.

person's access needs. Intimacy that is created as a result of feeling safe to communicate access needs and an expectation that they will be met and respected.<sup>2</sup>

**Caretaking**: The process of reciprocal interdependence; taking care of a person by meeting their weaknesses with your strengths. With disabled people, this often involves physical care, but does not necessarily require it.

**“Cripple,” sometimes shortened to “crip”**: A term used historically by able-bodied people to dehumanize physically disabled people as a means of justifying the institutionalization and abuse they inflicted on us. This word, as with many slurs, has entered the process of reclamation for those the word affects. It has become, for some, a word of community and identity, something that serves their community better than the politicized category of “disability.”

**Disability**: A politically-forged group of marginalized people who are discriminated against based on assumed or actual ability level.

**Disability Rights**: The historical movement led by mostly physically disabled white people to gain legal protection and civil rights for disabled people; the championing of the Americans with Disabilities Act (1990).

**Disability Justice**: A contemporary movement led by queer, disabled women of color that includes intersectional identities in the movement to protect disabled people and improve their quality of life.

**Disabled joy**: Something capitalism says is impossible. Something I experience every day of my life. The simple reality that makes my existence a scandal. The reality that makes disability a politically radical identity to take on.

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<sup>2</sup> Mingus, Mia, “Access Intimacy: The Missing Link,” *Leaving Evidence* (blog), May 5, 2011, <https://leavingevidence.wordpress.com/2011/05/05/access-intimacy-the-missing-link/>.

**Indexing**: The linguistic term for “pointing” at a certain concept, conveying an identity or affiliation by action or speech.

**Interdependence**: Community dependence on one another for survival, success, and thriving; the opposite of independence.

**Language curation**: The practice of a dominant community editing their community’s language, which is forced on all marginalized communities they dominate, to reflect only their values and justify their domination.

**Language policing**: The practice of erasing a marginalized community’s language; an intentional process of oppression; an attempt at erasing marginalized communities’ culture, history, and connection.

**Slur**: A term to refer to a marginalized community that has historically been used by the dominating group to justify the oppression of that community by dehumanizing them; often the result of language curation. A word that is often reclaimed by the community it dehumanizes, words that are taken and assigned a new meaning to remove power from them; this process of detaching harm from a word is sensitive, precarious, and takes an extremely long time.

## Introduction

As a poster my disability advocacy group created says, “July 26th 1990, but we still don’t have access.” As a result of the poster I am often asked what this date represents, but I am hopeful the readers of this thesis are already aware. Despite the Americans with Disabilities Act approaching its 35th anniversary this year, the life of a disabled person remains fraught with misunderstanding, microaggressions, macroaggressions, and ableism, on both an institutional and individual level. The history of ableism in the United States has produced ideologies which inform the way disabled people are still treated today. This thesis is an effort to address some of the common ideologies regarding disability I have encountered that lead to larger instances of ableism. Through narrative samples, this thesis will identify ideologies around disability from the introduced literature and conceptualize such beliefs and biases by using interpersonal and everyday interactions. Additionally, how these ideologies cause harm will be addressed and alternative approaches to viewing and engaging with disability will be presented.

Using the context of higher academia, this thesis will examine ableist interactions through narrative and theoretical analysis. I have chosen academia as the setting for this examination because, as Simi Linton notes in *Claiming Disability*, “The enormous energy society expends keeping people with disabilities sequestered and in subordinate positions is matched by the academy’s effort to justify that isolation and oppression.”<sup>3</sup> Similarly to Linton, I believe that academia is a valuable site of resistance to disability, representative of broader society’s ideologies of ableism. Academia is the site of justification for our marginalization. Therefore, this thesis will utilize interpersonal experiences in academia as a model of common

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<sup>3</sup> Simi Linton and Michael Bérubé, “Reclamation,” in *Claiming Disability: Knowledge and Identity*, (NYU Press, 1998), 3.

ableist ideologies which can be applied to broader society, academic institutions, and interpersonal interactions.

Such experiences inform the lens through which I am writing these theories. My choice to use narrative writing as my mode of examining theory was an intentional one. While quantitative data regarding disabled lives and university retention statistics can identify a problem with disabled experiences in higher academia, the narrative aspect of it provides more insights into how and why that problem is arising. I could have studied Mount Holyoke's retention data or drop-out rates of disabled students in higher education, and I have. But while numbers tell a story, I do not think they would make concrete change. Through a narrative account of my encounters with ableism, I intend to provide concrete, everyday examples of why disabled students feel they do not belong in higher education. I am providing validation for disabled students as to why they feel uneasy in certain classrooms, why their learning was limited under certain professors. For administrators and professors, I am detailing *why* disabled students are uncomfortable, why they are the biggest strain on retention data; and noting that the solution requires more than building additional ramps. While numbers may tell a story, I do not think they tell the whole story. With this thesis, I am trying to give a more detailed look at specifically where things are going wrong on an interpersonal level and how they could be made right.

The three narratives I chose are not the most "important" or cinematic, they are not the "worst" cases of ableism, or the peak of entertainment value. Rather, from ongoing conversations with my peers, I know that these narratives are representative of my peers' similar experiences with professors' assumptions and good intentions, surrounding language and classroom management, and with Residential Life or other Mount Holyoke administrators who view

disability as an inconvenience and waste no time making that clear to the disabled student body. As I address at the end of this thesis, I do not believe this is the ultimate encapsulation of the disabled experience at Mount Holyoke, nor do I wish it to be. One of the substantial limitations of my work is that documentation of my own experiences cannot represent BIPOC disabled students' experiences at Mount Holyoke; though this is also not intended to be representative of all white disabled experiences either. Additionally, while neurodivergence and madness are both labels that have colored my life experiences, and thus likely find their way into the themes of this piece, the disability experience I am focusing on in this thesis is physical accessibility and my physical disabilities. I believe there is a need for a similar piece of scholarship to this one on the topic of BIPOC disabled experiences, both for physical disability as well as madness and neurodivergence.

Following on the path of Eli Clare's *Exile and Pride: Disability, Queerness, and Liberation*, Leah Lakshmi Piepzna-Samarasinha's *Care Work: Dreaming Disability Justice*, and Alice Wong's *Disability Visibility: First-Person Stories from the Twenty-First Century* and *Disability Intimacy: Essays on Love, Care, and Desire*, I believe that real disabled lives deserve to be highlighted. Such personal experiences create the notably scarce crip lineages that *Care Work* addresses, and draw necessary academic attention to the disabled lived experience.<sup>4</sup> In this way, I am documenting my experiences as one example of valuable disabled wisdom from my disabled lived experience. This thesis is not a comprehensive narrative of disability, but rather an invitation for my peers to take up the same task, documenting their stories and experiences as valuable sites of information and resistance. Further, this is my personal contribution to the collection of disability scholarship that I have used as a guide to develop my approach to this

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<sup>4</sup> Leah Lakshmi Piepzna-Samarasinha, "Crip Lineages, Crip Futures: A Conversation with Stacey Milbern," in *Care Work: Dreaming Disability Justice* (Vancouver: Arsenal Pulp Press, 2018) 240-56.

thesis. Using my encounters with ableism, I am attempting to provide validation for disabled people with similar experiences who write them off with the thought that they misunderstood or have no right to be upset. Using an experience I can confidently say was fraught with ableism, because I was there, I am explaining the nuance of it to help disabled people recognize the nuance of their experiences as well. Hopefully, this approach will also help professors and administrators turn an introspective eye to their own “harmless” comments or mistakes, to find the ways that they did cause harm and how they could improve going forward.

### **Positionality**

As is the case with any piece of writing, so much has been removed. My advisors frequently remind me that this is not the last thing I will write or publish, but the first. Still, I cannot help but feel that so much context has been stripped from each narrative—so much rich content about the environment, my identity, and the community around me has gone missing. In the little space I have, being confined strictly to the pages of an approved thesis, I will do my best to supply my audience with an idea of who I am.

My name is Carson, but my loved ones call me “Mae.” My life partner and I often discuss what a pleasure it is to use names as vessels for love. I once told them that I was looking forward to spending years filling their nickname with all the love I carry for them and then being able to pass it on to our children to fill with their own love for him. For me, “Mae” is a vessel of love. Those who feel close to me whisper it in small moments and shout it in excited ones, throw it around in boredom, and greet me with it from the other side of the phone. Through all of these moments, and those in between, they have filled it to the brim and beyond with love; they made it so my name grows alongside me. I invite anyone to use it if they are able to speak to me with care.

I am a white person whose existence is made possible by the revolutionary Black people who came before me, and surround me today. The United States, where I have lived my whole life, was built on the abuse of their labor. The economy, society, and culture I participate in has only been made possible by the exploitation of African peoples. Without the radical kindness and dedication to justice from the Black Panther Party in 1977, disabled people would not have survived the 504 sit-in. It is because of them that we were able to champion the Americans with Disabilities Act—which infiltrates every aspect of my life, even allowing me to attend college and write this piece. Without Black trans women, I would never have the freedom to be the transgender butch that I am. They invented gender expression as we know it today and flaunted it without shame, even in the face of extreme hatred, violence, and abuse. Their legacy and life's work was never for my personal benefit, but simply for their own survival. All queer people must move through their work and lives with an obligation to honor the legacies of these women and to continue to uplift Black trans women's stories, voices, and work today. Strength, self-assuredness, and passion have led Black people through history; I strive for a shred of such dignity and power in my life. I will forever be grateful and in debt to the beautiful Black lives that created my life and allowed me to be here today.

I am a Jewish advocate for a free Palestine because I know that diaspora has been a teaching experience for Jews; we have learned that our community cannot be destroyed despite many attempts. We have learned that our religion will shift and change according to our home, and in the diaspora home is whatever we make of it. When our home is built on destruction, violence, and mass-disabling, we have forsaken our religious values. As a disabled person, I am horrified to see disability be inflicted as a result of colonization, oppression, and terror. Pride in my identity, knowing that disability is a natural limitation within human existence, stands firmly

beside the understanding that disability should never be intentionally caused as a means of terror, power, and destruction.

I am multiply disabled, which affects the way I move through the world at every moment. Fibromyalgia, arthritis, POTS, Marfan Syndrome, heart disease, blood disorder, and EDS are just a few of the terms that have been gifted, thrown around, revoked, rethought, and discarded in attempts to describe my life experience. Spending much of my life in hospitals being severely abused and frequently violated by medical professionals, I feel endlessly in debt to the few clinicians who have picked me up, dusted me off, and treated me with humanity and dignity—a scarcity within those white walls. They have helped me collect the resources and tools I need to survive this life in pain, and make it a life that I love.

# **Chapter One: Regulating, Defining, and Imagining Disability**

## **Introduction**

The bulk of this thesis consists of vignettes within higher education that demonstrate ideologies and biases about disability, both implicitly and explicitly. One source of hopelessness that arose from initially experiencing these moments, was the frustration that I did not have a resource to point towards that illustrated these ideologies about disability. Rather, I had many individual sources that addressed aspects of ableism which, when pieced together, could explain these interactions. Feeling as if I could never explain all of this to the individuals in the following narratives, I was inspired to create a more comprehensive space for these individual ideologies to exist together, explaining and complicating one another. Therefore, before examining my narratives within higher education, it is important to first establish the ideologies about disability that informed these interactions.

Thus, the following chapter will introduce literary and academic context that has been produced through excessive and impressive labor on the part of many incredible scholars, many of whom are disabled. It is broken into a few sections, mainly the harmful ideologies of the present, as informed by the history of the United States, and the hopeful imagining of a disability-centered future as designed by disabled scholars. However, in the planning and process of working on this thesis, the accessibility of this work was of significant concern to me. While trifling through complex academic theory and imagining possible connections is enjoyable for me, and therefore has some part in this work, the density of abstract theory can often render works inaccessible. Therefore, the theory of past and present will be followed by a narrative interlude which will work to ground the more abstract concepts in a clear example. This will also serve as a transition into the imagining of a disability-centered future.

## Marginalizing Disabled Communities

### *Bodily Commodification in the United States*

Disability as a category is much less determined by individual experience and more substantially by how societies make sense of that experience. For example, as a result of capitalism, white colonial society was systematically designed as antithetical to the existence of disability. The body as a commodity, a product which provides work and service, is an ideology that is deeply embedded in US history beginning with the institution of chattel slavery.<sup>5</sup> The first victims of ableism, enslaved African people with disabilities were viewed by slaveholders not only as useless but also as “chargeable”, a financial burden due to their necessary care.<sup>6</sup> This perspective on disability, originating and heavily intertwined with the commodification of Black bodies, continues today. Despite emancipation, the commodification of bodies continued as the economic system of the United States could not be maintained without the forced work that the institution of slavery provided. While prior to the industrialization of factories, white disabled contribution and social standing was rarely questioned, the Industrial Revolution changed even that.<sup>7</sup> Previously, by working in agricultural environments white disabled people were able to contribute according to their capacity. However, the shift toward factories initiated a shift in values for everyone, one such value was the prioritization of “...the ability to work, commodified and hegemonized as able-bodiedness.”<sup>8</sup> This notion of having an “able” body was developed then through the industrialization of the workforce which, in contrast, caused “disability” to become a more inherently negative way of living for anyone.<sup>9</sup> Under this system of employment,

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<sup>5</sup> Jenifer L. Barclay, “Mothering the ‘Useless’: Black Motherhood, Disability, and Slavery,” *Women, Gender, and Families of Color* 2, no. 2: (Fall 2014), 115-140.

<sup>6</sup> Barclay, “Mothering the ‘Useless’,” 117.

<sup>7</sup> Lisa Beckmann, “Undoing Ableism: Disability as a Category of Historical and Legal Analysis,” *On Culture: The Open Journal for the Study of Culture* 3 (2017): 5.

<sup>8</sup> Beckmann, “Undoing Ableism,” 4.

<sup>9</sup> Beckmann, “Undoing Ableism,” 6.

all bodies were expected to work sixteen-hour days in dangerous conditions with minimal breaks. These conditions not only made disabled bodies more noticeable, as they did not hold up under such severe environmental stress, but they also produced more disability. Lack of fresh air, medical care, reasonable diet options, or even quality supervision led more and more individuals to experience workplace injury and illness. Disability drew attention to the harm and danger inherent in industrialized factories rather than contributing to their productivity. Therefore, sustaining the new workforce while supporting disabled people and acknowledging the reality that bodies are not capable of surviving in such inhumane conditions was incomprehensible. Rather, disabled people were pushed to the outskirts of society in order to maintain the image of capitalism's success, while the rhetoric that popularized the importance and necessity of working a factory job was bolstered.

### *Regulating Language*

A central part of the marginalization of disabled people is justifying their supposed inferiority, since, as Heller and McElhinny note in *Language, Capitalism, and Colonialism*, no hegemony or marginalization is sustainable without legitimation.<sup>10</sup> To establish and maintain hegemony, the dominating group cannot realize their domination and the oppressed must accept their place as reasonable. This task is accomplished in many ways, starting with language surrounding disability. Language and its implementation “is a key dimension of the distribution of power that divides the authority from the governed, since controlling what gets said or written and who can say or write it is one way we exercise control over how we understand our world.”<sup>11</sup> As a powerful tool of control, language can be utilized for marginalization in many ways. Two such ways will be defined and referred to for the remainder of this piece as language policing

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<sup>10</sup> Monica Heller and Bonnie McElhinny, “Le Symbole,” in *Language, Capitalism, Colonialism: Toward a Critical History* (Toronto: University of Toronto Press, 2017), 102.

<sup>11</sup> Heller and McElhinny, “Le Symbole,” 113.

and language curation. *Language policing* will be used to address the process of removing the right to communication and contribution from disabled people which occurs through the controlling or eradication of minority language. In this way, language as created and used by disabled people is removed from communities on the grounds of it being improper or even harmful. This form of oppression is a tool used to remove connection, communication, and identity from marginalized individuals.

Looking to Europe during the Enlightenment and Romantic periods, Heller and McElhinny discuss the role of identity in imagining nation-states and empires.<sup>12</sup> In this setting, language was used to convey a specific ideology which curated an empire's ideal citizen.<sup>13</sup> In France many schools used "le symbole", a metal object hung around a student's neck when they were caught using non-standard forms of French. The goal of this system was the filtering out of "alternative" languages, forcing students instead to turn to the "official" and standardized French language they were taught in classrooms. This was a means of social control, "turning peasants into Frenchmen." By controlling the language spoken, belief systems, cultural values, and hegemony was all conveyed in a way that upheld the empire. Establishing a connection between alternative languages and punishment, empires intentionally severed community ties and removed cultural practices that deviated from their ideal citizen type, one that upheld the empire's mission.

Disabled people endure a similar fate in schools, being weeded out as unideal citizens. Historically, schools for the deaf followed a similar system to French schools, prohibiting signed languages and even punishing students for using them.<sup>14</sup> This was often justified as a concern for

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<sup>12</sup> Heller and McElhinny, 95.

<sup>13</sup> Heller and McElhinny, 94.

<sup>14</sup> Douglas C. Baynton, "Without Voices: Gender," *Forbidden Signs: American Culture and the Campaign Against Sign Language* (Chicago: University of Chicago Press, 1996), 64-65.

bilingual ability, that perhaps using one language (sign language) would inhibit learning another (English). The consequential outcome, or perhaps the goal, was minimizing deaf identities, “Through this early training, deaf children would learn to function virtually identically to hearing children...Their deafness would become, for all practical purposes, irrelevant.”<sup>15</sup> Rather than support for disabled identity and existence, the mission was to turn deaf students into “ideal” members of society, essentially functioning as *hearing* members of society. As Burgett and Hendler note, “...the regulation of deaf people is illustrative of the drive to remove people with disabilities from the cultural mainstream...”<sup>16</sup> While the advertised benefits of deaf language policing was often cited as improved English acquisition and proficiency, the true intention is illustrative of the larger goal of language policing: a means of limiting community identity and prohibiting communication amongst marginalized people.

Such discrimination continues beyond just independent languages of communities, but within dialects, accents, and ways of speaking as well. This becomes particularly relevant when disability impacts speech ability, production, or language use at all. In “A Crip Linguistics Manifesto”, Henner and Robinson posit that language holds no real representation of intelligence or human value, saying that “Language has long been tied to judgments of a person’s capacity and intelligence, and by extension their humanity.”<sup>17</sup> It is here that we see more hatred turned towards disabled people. Stuttering, slurred speech, longer processing times, and/or nonverbal communication are all seen as unappealing, unideal, and ultimately representative of a lack of intelligence. This supposed lack of intelligence is often used to rationalize dehumanization, a further justification of the marginalization of disabled people.

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<sup>15</sup> Baynton, “Without Voices: Gender,” 66.

<sup>16</sup> Burgett and Hendler, “Disability,” 82.

<sup>17</sup> John Henner and Octavian Robinson, “Unsettling Languages, Unruly Bodyminds: A Crip Linguistics Manifesto,” *Journal of Critical Study of Communication and Disability* 1, no. 1 (2023), 9. [https://doi.org/10.48516/jcsd\\_2023vol1iss1.4](https://doi.org/10.48516/jcsd_2023vol1iss1.4).

In an effort to resist such a narrative, Henner and Robinson created the “Crip Linguistics Manifesto”, preaching language use as a tool of expression, not a representation of intelligence or inherent value. They petition for “a more expansive attitude about what involves language and what our attitudes about languaging communicates about a person’s capacity.”<sup>18</sup> Rather than focus on disability and its effect or lack thereof on language, their article makes a call to “analyze how disability or perceptions of embodied deficits cause people to make assumptions about languaging, and to also focus on how people prioritize speech at the expense of everything else.”<sup>19</sup> Using disabled languaging and embodiment as a site of resistance, they call into question the priority of speech as the golden standard of self-expression. Further, they acknowledge the contemporary majority perspective on speech and language as reinforcing language policing in many forms, including dismissal of signed languages and characterizing nonverbal communication as unideal.<sup>20</sup> Not only can language policing erase marginalized communities’ shared values, but it can also prohibit marginalized communities’ entire expression, that is *ways* of using language, as is the case with disabled communities.

Alongside language policing, *language curation* works in tandem to further the oppression of marginalized communities and hide the obvious domination from those that dominate, as Heller and McElhinny note is necessary to maintain hegemony.<sup>21</sup> Instead of erasing marginalized communities’ language, language curation focuses on the majority groups’ language that is heavily pushed onto the marginalized group. This language is then carefully structured to exclude the marginalized group and reflect only majority values. For example, English uses phrases such as a “happy and healthy life” which is an intentional narrative about

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<sup>18</sup> Henner and Robinson, “A Crip Linguistics Manifesto,” 8.

<sup>19</sup> Henner and Robinson, “A Crip Linguistics Manifesto,” 8.

<sup>20</sup> Henner and Robinson, “A Crip Linguistics Manifesto,” 9.

<sup>21</sup> Heller and McElhinny, “Le Symbole,” 102.

what a quality life can look like. It establishes a binary between a positive life and a negative one. Happiness exists only alongside health; therefore, it only follows that disability and happiness cannot co-exist. Language is a tool with a wide impact, it is utilized and its underlying ideologies are often reproduced even by those without knowledge of them. Instead, these ideologies are replicated and shared among individuals until a culture of biases are formed which reinforces discrimination. Because of this, ideologies become deeply ingrained in language and infiltrate users' value systems and conceptions of those around them without their knowledge.

### *Regulating Appearance*

Through the above discussed mechanisms, language becomes deeply embedded with ideologies about disabled people, including how they should be treated and how their experiences should be understood. *Indexicality* is a linguistic theory where “a property of speech through which cultural contexts such as social identities (e .g. gender) and social activities (e .g. a gossip session) are constituted by particular stances and acts.”<sup>22</sup> While every culture indexes things differently, within a culture or community certain actions refer to certain identities or stereotypes. In white colonial society, a skirt, long hair, or painted nails index femininity. Yet while most cisgender people would tell you there is a certain way to “act” like a woman, they probably could not point to an exhaustive list of specific criteria that would convince them someone is a woman.

Additionally, sometimes a person does have painted nails or long hair and is still not considered a woman; or someone has neither of those things, but is still considered a woman. Instead, due to the social construct of womanhood, individuals must meet an under-specified standard which for this thesis will be referred to as *abstracted criteria*. Because the identity is

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<sup>22</sup> Elinor Ochs, “Indexing Gender,” in *Rethinking Context: Language as an Interactive Phenomenon*, ed. by Alessandro Duranti and Charles Goodwin, “Cambridge University Press, 1992), 335.

indexed by certain features or actions, rather than explicitly defined, it means that the criteria for that identity remain under-specified. Meeting this abstracted criteria is nearly always necessary to be accepted by the general society in a cultural group. Not only do certain features or actions “index” an identity, but that individual must also fit an additional, under-specified criteria to be socially approved to hold that identity. This criteria is not something everyone could name, or really that anyone could name, because it is *abstracted*. It is informed by a series of rules, behaviors, ideologies, and beliefs about certain identities, often—if not always—heavily influenced by harmful stereotypes and discriminatory biases. This criteria is often subjective between perceivers, as one person’s definition of womanhood differs from another’s.

Society and culture is made up of various versions of these abstracted criterias. The behavior that a group considers acceptable in each situation (consider the terms “professional,” “polite,” “rude,” or “careless”) are all based on cultural value systems and history. Within a culture, there are criteria for how to behave in a way that will elicit positive reactions and how not to behave if you want to avoid negative reactions. Certain behaviors index certain conclusions or information to perceivers. All of these criteria are structured around cultural values, beliefs, and practices, and are often called a “social construct.” These criteria and their success or failure are then abstracted beyond everyday explanation. They instead become vague and unspoken expectations, mentioned only when not met or blatantly broken—making them near impossible to meet.

Additionally, marginalized communities are held more rigidly to these vague standards. Similar to native language users in comparison to second language learners, the rules are more flexible for those whose stance is already solidified. The culture that created the criteria may choose to break the rules and not risk losing acceptance. For example, a cisgender man who

identifies as a man is permitted to grow his hair out a bit and while he might be teased for “girly ways” no one truly questions if he is a man. However, a transgender man with long hair can expect to have his identity questioned for the style choice. If he identifies as a man, why would he choose a “girly” style instead of a “manly” one? Viewers may decide that perhaps he’s not really a man after all. “Girly” and “manly” are both abstracted criteria, but individuals’ identities mean they are held to the standards differently. Marginalized communities must fight for acceptance to meet the abstracted criteria that was created to exclude them. This applies to race, gender, and of course, disability.

### *Criminalization of Disability*

The abstracted criteria of disability has been developed as the result of a variety of major historical factors. It began with the criminalization of disabled appearances, starting in 1881 with the passing of the “American Ugly Law.”<sup>23</sup> This law denied people with deformities, disfigurements, or other visibly identifiable disabilities the right to leave their homes. If expensive therapy, medical procedures, or prosthetics were not accessible to a disabled person, who was likely already unable to work in the severe factory conditions, then they were relegated to private spaces and out of the public sphere. This law created an impossible standard for a disabled person to meet, by “assign[ing] legal personhood on the basis of how well a disabled person passes as able-bodied.”<sup>24</sup> With the legal foundation of the Ugly Law that allowed disabled lives to be physically confined, laws that removed disabled people from their communities and confined them to institutions or prisons were easily implemented. Using social Darwinism, disabilities were scientifically assessed and “proven” to be the cause of socially harmful behavior such as substance abuse or crime.<sup>25</sup> Disability then became not just inferiority, but an inherently

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<sup>23</sup> Beckmann, “Undoing Ableism,” 13.

<sup>24</sup> Beckmann, “Undoing Ableism,” 14.

<sup>25</sup> Beckmann, “Undoing Ableism,” 11-12.

dangerous deficit. Utilizing this rhetoric alongside IQ tests that only proved educational inequalities, disabled people were criminalized through biased science.<sup>26</sup>

The criminalization allowed disabled people to be marginalized through the standard of “rationality” as criteria for full citizenship. Historically, women faced similar challenges in obtaining equal citizenship and suffrage.<sup>27</sup> Women were viewed as far too emotional for voting, owning property, or other democratic roles that men supposedly proved rational enough to handle. Accordingly, this binary became the structure for inequalities of citizenship. Similarly, through infantilization and criminalization of the disabled mind, the idea that “irrationality” went along with disability became widely accepted.<sup>28</sup> Thus the stigma of moral corruption around cognitive disability became a legitimate reason to deny someone human rights. In fact, “...removing the disabled from everyday life reinforced and continues to reinforce the valorization of the able-bodied paradigm...the common understanding of the disabled body as a site of abjection, all based on an ‘out-of-sight, out-of- mind’ logic.”<sup>29</sup>

This process of separating disabled people from society is another of the many successful modes used to communicate that the dominant (abled) group is biologically and inherently deserving of their status as the dominant—while disabled people are better off separated from society. Further, it makes the idea of indexing disability near impossible. The historical standards for disability are either that it’s so hideous and disgusting that the public is better off never encountering it or that individuals perform abledness to perfection in order to acquire citizenship. However, according to social Darwinism, disabled people are also inherently deviant and

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<sup>26</sup> Beckmann, “Undoing Ableism,” 15.

<sup>27</sup> Heller and McElhinny, “Le Symbole,” 108.

<sup>28</sup> Beckmann, “Undoing Ableism,” 21.

<sup>29</sup> Bruce Burgett and Glenn Hendler, “Disability,” In *Keywords for American Cultural Studies*, Second Edition, (New York University Press, 2014), 82.

biologically inclined to criminal behavior.<sup>30</sup> Disabled people are thus treated with suspicion, even and especially when they are performing abledness.

While these ideologies around disability are perhaps not communicated as explicitly in the present day, they remain heavily embedded in the way disabled people are treated. For example, disability remains an identity that is approached with suspicion. Many abled people still anticipate an inherent deviance or moral ambiguity from disabled people. Jina B. Kim discusses the impact of this belief in a chapter of her upcoming book, *Care at the End of the World*.<sup>31</sup> She posits the idea of “disability fraud”, that disabled people are constantly facing scrutiny for their performance of disability, abled people anticipate disabled people to participate in fraudulent activities, stealing resources they do not need. Thus, when a disabled person requests accommodations or applies for Social Security support, they are approached with suspicion and distrust under the assumption that they are “faking” their disability or dramatizing its severity. As noted above, disabled people have historically not been treated with humanity or granted citizenship unless they obscure their disability and successfully perform abledness. However, life-changing accommodations or social benefits require that disabled people to clearly demonstrate their disability and its related needs for approval. Yet when they demonstrate their disability, they are criminalized for it, treated with suspicion and accused of fraud. Despite the repeal of the last American Ugly Law in the mid 1970s, these ideologies around disability remain and continue to impact disabled lives.

As an example, here is an excerpt from a *Mouth Magazine* poster entitled “Expect the Respect”:

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<sup>30</sup> Beckmann, “Undoing Ableism,” 11-12.

<sup>31</sup> Jina B. Kim, *Care at the End of the World: Dreaming of Infrastructure in Crip-of-Color Writing* (Durham: Duke University Press, 2025).

Own your ownself. Roll into the room like you own that too. Style what it is you got, crazedness or gimpiness-the move is your own darlin'. Drool like you mean it. Spasm like it's good to you. Stumble, stutter, then flash one long, wicked grin. Never apologize. Never explain.<sup>32</sup>

The existence of this poster, clearly targeted at individuals whose disabilities are typically considered obvious to those around them (due to spasming, drooling, stuttering, or using a wheelchair), proves this is something many disabled individuals still hide to the best of their ability. Why else would they need to be encouraged to show these behaviors shamelessly? The truth is, most disabled people are still shamed or punished, whether institutionally or socially, for any visible sign of their disabilities, just as they were criminalized by social Darwinism.<sup>33</sup> If someone was in your space spasming, drooling, or stumbling, how would you feel? Would you prefer they sit on the floor instead of lay down in public? Disabled people are constantly monitoring their behavior to make it digestible to those around them to be granted basic humanity and respect.

### *Legal Conceptions of Disability*

Despite some of the historically problematic laws being revoked, the law continues to act as the main authority on how to read and engage with disability in the United States. In “Undoing Ableism”, Beckmann says that legal narratives establish disability as a “category of difference” and when implementing the law, the narrative becomes “a mode of reading difference.”<sup>34</sup> Here, Beckmann is applying Lawrence M. Friedman’s concept of separating the law (written rules published as a reference point) from the implementation of that law (social acceptance and enforcement strategies). In her interpretation, the latter is responsible for creating norms of engagement and treatment of disability. This becomes particularly significant when

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<sup>32</sup> Mouth Magazine, “Expect the Respect,” 2004, <https://www.mouthmag.com/>.

<sup>33</sup> Beckmann, “Undoing Ableism,” 11-12.

<sup>34</sup> Beckmann, “Undoing Ableism,” 7.

engaging with legal narratives of disability in contemporary society. The US has two central laws regarding disability: the *Individuals with Disabilities Education Act* (IDEA) and the *Americans with Disabilities Act* (ADA). According to Beckmann's model, the written rule is a reference point for engaging with difference, as such these laws are a valuable source for understanding the way disability is read in white colonial society.

In "Disability and Language Ideologies in Education Policy", Jennifer Phuong analyzes the education policy, the *Individuals with Disabilities Education Improvement Act* (IDEA) of 2004.<sup>35</sup> Comparatively, she assesses the *Every Student Succeeds Act* (ESSA) of 2015 which provides educational opportunities for bilingual students and those who are learning English as a second language. Phuong finds that the IDEA expects disabled students to fall behind the under-defined standard of language mastery for their age. Additionally, this language mastery is only mentioned with reference to English usage. Disability then becomes defined by English fluency, making US citizenship and English-speaking households two central factors in the process of establishing a legal definition of "disability." Such considerations have led to an overrepresentation of students of color in special education classrooms as they may speak another language at home, be a non-native English speaker, and/or use a form of English incorrectly dismissed as "non-standard" or "unprofessional" such as AAVE. Thus, using IDEA as a mode of reading difference, many people of color are immediately labelled as disabled. Further, disabled students whose disabilities are not language-based are immediately labelled as abled. Without clear criteria or an inclusive explanation, taking into account many life experiences, administrators and others responsible for accommodations overlook a plethora of disabled students and over-accommodate or under-educate abled students whose language use is

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<sup>35</sup> Jennifer Phuong, "Disability and Language Ideologies in Education Policy." *Working Papers in Educational Linguistics* 32, no. 1 (Spring 2017): 47–66.

not up to their abstracted criteria. This is yet another instance of language policing and using education to weed-out “unideal” citizens, such as disabled people and people of color.

A similar but slightly more nuanced definition of disability, the ADA defines disability in two ways, an “impairment that substantially limits one or more of the major life activities” and “being regarded as having such an impairment.”<sup>36</sup> In *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*, Rosemarie Garland-Thomson notes that both of these definitions assume a standard body and lifestyle which has become “impaired” and “limited.” Essentially, abledness is presented as an abstracted criteria; the “standard” life that has been impaired is never defined. ADA’s category of disability is an impaired major life activity, and its mode of reading this difference is imagining a “normal body” that has been impaired. What is the standard, “normal” body that everyone is assumed to have begun with, before the potential impairment? As noted previously, an “able” or “standard” body in the US is presently defined by working in an industrialized factory. However, in contemporary society, this no longer remains an accurate depiction of “normal” life. Is “normalcy” then based on a statistic of majority experience—or simply idealistic and curated perceptions of a “standard” body and life?

Similarly, the ADA leaves readers wondering what a “major life activity” constitutes. As discussed earlier, many disabled people may be capable of completing individual life activities, but not all of them together daily. What other resources are factored into this conclusion? For example, take an individual whose financial instability results in inconsistent access to transportation, thus impeding their ability to hold a job. This could be considered a disability as financial instability is an institutional *impairment* of sorts and limits their ability to hold a job, which many people would consider a “major life activity.”

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<sup>36</sup> Americans with Disabilities Act of 1990, Pub. L. No. 101–336 § 2, 104 Stat. 330 (1991).  
<https://www.congress.gov/bill/101st-congress/senate-bill/933/text>.

While the ADA does acknowledge that discrimination on the basis of disability is often the result of being *perceived* as disabled, it also facilitates this discriminatory act.<sup>37</sup> By leaving the question “impairment from *what?*” unanswered, the ADA leaves assumptions of an abled body and a disabled body up to reader interpretation. This leaves expansive room for misinterpretation of the law within institutions, as well as discrimination in reading the category of difference during social interactions. For individuals to read and adhere to the ADA, they must first identify the audience they are accommodating. This requires imagining of the “standard” body and the “impaired” one based on any personal biases, stereotypes, or abstracted criteria an individual holds. ADA both acknowledges indexing disability by abstracted criteria as a form of illegal discrimination, and requires such an act to implement its own rulings.

Since legal narratives shape a society’s mode of reading difference, policies like IDEA and ADA result in an increase of the visual discrimination already present in disabled lives.<sup>38</sup> They require readers of their policies to assess disability in the context of an individual’s language fluency and conjure an image of the “normal” body that disability is a deviation of through personal knowledge, likely including stereotypes. As mentioned earlier, this kind of visual assessment of disability as a form of discrimination is extremely present in disabled life, including the Ugly Law and cultural expectations that disability must be hidden in order to live a quality life.<sup>39</sup> Disability history is full of the need to hide parts of oneself that may make others uncomfortable or even that may disclose a disabled identity for risk of discrimination. The United States may have produced legal narratives that were intended to promote disability

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<sup>37</sup> Americans with Disabilities Act of 1990, Pub. L. No. 101–336 § 2, 104 Stat. 330 (1991). <https://www.congress.gov/bill/101st-congress/senate-bill/933/text>.

<sup>38</sup> Beckmann, “Undoing Ableism,” 7.

<sup>39</sup> Beckmann, “Undoing Ableism,” 14.

acceptance, but these laws have also caused many issues in regards to understanding disability as a category of difference.

### *Reimagining Definitions of Disability*

In contrast, it may be beneficial to discuss how the term “disabled” will be defined throughout this thesis. The term “disability” as defined in legal terms within the United States leaves much to be desired. While it may appear to be a limitation of knowledge or understanding, this lack of quality definition is actually an intentional, strategic, and systemic means of marginalization. Historically, disability has been “[c]onstructed as the embodiment of corporeal insufficiency and deviance” and thus “the physically disabled body becomes a repository for social anxieties about such troubling concerns as vulnerability, control, and identity.”<sup>40</sup> In order to remain a convenient community on which to blame social concerns, shifting blame away from the hegemony of capitalism, disability *must* remain an elusive category.

Further, in attempting a definition, much of the disabled experience is often marginalized. Ultimately, the truth is that “disability” has an elusive definition and while there is a value in clarifying what defines the group that this thesis addresses, no such a definition truly exists. Trying to tie down a definition requires extensive questioning regarding who defines such things (Poor or rich? Communities or institutions? Individuals or governments?), whether someone can be disabled if they do not identify as such (the Deaf community, for example, often views themselves as facing limitations only because of white colonial society’s refusal to accommodate their life experience rather than any inherently negative impairment within the body. But is this what defines disability? Is it a negative impairment? Cannot disability be viewed as either negative, positive, both or neither depending on differing perspectives?), what experience is

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<sup>40</sup> Rosemarie Garland-Thomson, “Disability, Identity, and Representation: An Introduction,” 6.

enough discrimination to warrant the label, what is a non-normative body and according to what culture's standards?

There is also the question of why a category of “disability” should exist at all, and what the effects of such a category are. J. Logan Smilges encourages a critique of the category “disability”, introducing a pessimism “directed not at the definition of disability, per se, but at the function of *disability* as a category of being...I am also less interested in what counts as a disability than I am in why it matters: what does the category of *disability* do? And for whom?”<sup>41</sup> Individuals cannot be placed in the category of “disability” without simultaneously introducing the question of what purpose this category is intended to serve. Smilges also provides a potential answer to this question: “...disability functions primarily as a regulatory mechanism by which humanity can be distributed and withheld.”<sup>42</sup> Even allowing the category of disability to exist does establish, in a capitalistic society, varying levels of humanity which some individuals merit and others do not. In fact, this occurs even within disability communities where individuals will distance themselves from others in the community in order to obtain humanity. Lydia X. Z. Brown refers to this as “disavowal.”<sup>43</sup> They note that “We all learn that in order to lay claim to our own humanity, we must always do so at the expense of somebody else.”<sup>44</sup> This is one of the main intentions of creating the category, to establish a “normal” body and an “other”, relegating humanity to the former and a dehumanization to the latter. Such reasoning clarifies why even ADA cannot provide a definition of the population it serves without first forcing readers to imagine a “normal” body which disability impairs.

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<sup>41</sup> J. Logan Smilges, “Crip Negativity” in *Crip Negativity*, (Minneapolis: University of Minnesota Press, 2023), 9.

<sup>42</sup> J. Logan Smilges, “Crip Negativity” in *Crip Negativity*, 7.

<sup>43</sup> Lydia X. Z. Brown, “Movement Work at the Intersections of Neurodiversity, Mad Pride, and Disability Justice,” Icarus Project, streamed live on April 15, 2018, Webinar, 37:00-47:10. <https://vimeo.com/showcase/7186498/video/265431779>.

<sup>44</sup> Brown, “Movement Work,” Webinar, 39:00-39:05.

In the face of this reality, disability becomes a group that has been “bound together, not by...our collective symptoms, but the social and political circumstances that have forged us as a group.”<sup>45</sup> For the purposes of this thesis, to be “disabled” is to endure a certain social treatment, the effects of serving as capitalism’s scapegoat. This may arise, of course, through interpersonal or architectural engagement, individual or institutional interactions, encounters with the medical industrial complex or simply sitting at home in pain. Yet disability is much more successfully defined by systemic and institutional experience than it is by any specific individual criteria of symptoms or appearance. Disability is a social category, often leading individuals to be perceived as having a non-normative body; historically, this has included Black and Native American students being overrepresented in special education classes compared to their white counterparts,<sup>46</sup> as well as transgender people who have been historically marginalized as a result of ableism.

Additionally, as discussed previously, disability is often far from visually identifiable. The category can and does include individuals with chronic illnesses, diseases that go into remission and reappear, non-normative cognitive experiences, mental health struggles, and more. Disability does not have one appearance, one set of symptoms, or one experience and therefore cannot have one definition. The category is far too complex for any of those to be true. Ultimately, it is a group forged together as a result of social experiences, often enduring multiplied discrimination as a result of additional marginalized identities such as race, class, gender, or sexuality which are critical factors of discrimination when it comes to disability. Racism, classism, sexism, and homophobia are not only contributors to ableism but causes of

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<sup>45</sup> Simi Linton and Michael Bérubé, “Reclamation,” in *Claiming Disability: Knowledge and Identity*, (NYU Press, 1998), 4.

<sup>46</sup> Phuong, “Disability and Language Ideologies in Education Policy,” 47.

disability whether through mental and physical toll or by causing a lack of adequate medical care in a timely manner leading to worsening and ultimately permanent symptoms.

In *Claiming Disability*, Linton says that the field of Disability Studies examines, not the “variations that exist in human behavior...but, more crucially, the meaning we make of those variations”<sup>47</sup> which is, to me, the cornerstone of identifying the disabled experience as well. It is not so much an individual experience but the way that society *makes sense* of that experience. This can also be seen in the present definition of disability through the law, as noted in Beckmann’s model of the law as a mode of reading difference.

In making sense of the disabled experience, society often holds disabled people to quite oversimplified standards of what a disabled life looks like. In *Exile and Pride: Disability, Queerness, and Liberation*, Eli Clare introduces his concept of the “supercrip.”<sup>48</sup> By providing examples of disabled people who are labelled “inspiring” simply for doing basic life activities, he identifies that when disabled people are the focus, it is often because they are seen as “overcoming” their disability.<sup>49</sup> Further, he says that this “reinforce[s] the superiority of the nondisabled body and mind. They turn individual disabled people, who are simply leading their lives, into symbols of inspiration.”<sup>50</sup> One of many issues with this is the dismissal of ableism which often serves as a barrier to participating in basic life activities. Rather, disabled people are considered incapable and compared to abled people as an inspiration story. Additionally, this idea of overcoming a disability relies on another means of oversimplifying disabled life: the idea that most disabilities are static (mostly the same as when they first occurred). Rather, many disabilities are dynamic (fluctuating day-to-day and year-to-year), making them extremely

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<sup>47</sup> Linton and Bérubé, “Reclamation,” 2.

<sup>48</sup> Eli Clare, “The Mountain,” in *Exile and Pride: Disability, Queerness, and Liberation* (Duke University Press, 2015), 2.

<sup>49</sup> Clare, “The Mountain,” *Exile and Pride*, 2.

<sup>50</sup> Clare, “The Mountain,” *Exile and Pride*, 2.

unpredictable. This unpredictability erases any chance at a disability being “overcome” in the first place.

Thinking along the lines of dynamic disabilities and their place in society, Susan Wendell in her piece “Unhealthy Disabled” analyzes disability by identifying a particular subgroup of life experience under the term “disabled.”<sup>51</sup> Describing the unique experience of being chronically ill with a disability where recovery is not expected but neither is death nearby, Wendell coins the term “unhealthy disabled.”<sup>52</sup> This type of disability cannot be explained through either medical intervention and resolution with the medical model of disability, nor through social justice or increased accessibility with the social model of disability.<sup>53</sup> Instead, there is no intervention that would resolve it, and even with social acceptance the individual would still endure pain. She introduces the unique challenges that come along with being “unhealthy disabled.” For example, disability is often accepted only on the grounds that someone has completed their contributions to society and is retiring in old age, or that disability will only be present for the limited remainder of the individual’s life.<sup>54</sup> However, when disability is not terminal but chronic, unpredictable, and present in a young individual, society has no expectations of support either systemically or socially. Rather, this is viewed as personal tragedy, and is often expected to be dealt with on an individual basis. Further, ongoing or unpredictable pain is also viewed as an inherently and holistically negative experience with no room for personal growth or nuance in value judgments. This is an often dismissed disability experience, despite its commonality.

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<sup>51</sup> Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Feminism and Disability* 16, no. 4 (2001): 17–33.

<sup>52</sup> Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Feminism and Disability* 16, no. 4 (2001): 17–33.

<sup>53</sup> Wendell, “Unhealthy Disabled,” 18.

<sup>54</sup> Wendell, “Unhealthy Disabled,” 21.

Further, valuable resources and support for this life experience is unexplored and under-accommodated.

As a result of capitalism's need to erase disabled lives to sustain itself, disability was criminalized and demonized. From here, disability was hidden away and treated with suspicion. While disabled bodies are permitted entrance into social spaces now, history has already created detrimental perceptions of disability that remain in the contemporary public's mind. Further, while the law promotes a facilitation of disability acceptance now, in many ways it still describes a normal and a "deviation" with racist and classist origins. The conceptions of disability that remain are inaccurate and severely oversimplified with the intention of leaving disability as a vague category on which fears and villainization can be projected.

## **Interlude**

Here the examination of literature and ideologies will pause for an interlude to ground the above theories in the realistic way they arise in everyday interactions. As an interlude, I will introduce a brief vignette of ableism I encountered at a festival one summer. While the focus of this thesis is the setting of academia and the following vignette does not take place in an educational setting, it is a valuable narrative that clearly illustrates the contemporary impacts of historical views of disability. Additionally, society beyond academia is equally fraught with ableism—if not more so than within the walls of higher education. Further, if, as Linton notes, "The enormous energy society expends keeping people with disabilities sequestered and in subordinate positions is matched by the academy's effort to justify that isolation and oppression," then it is valuable context to provide an example of the ways broader society, with no clear academic ties, is still engaging similar ideologies.<sup>55</sup>

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<sup>55</sup> Simi Linton and Michael Bérubé, "Reclamation," in *Claiming Disability: Knowledge and Identity*, (NYU Press, 1998), 3.

Arriving at a festival one summer, I struggled to find parking. Amidst many blocked off roads, I eventually settled on a nearby grassy field where I saw many other cars parked. As I pulled into the spot, a parking attendant walked over to my car. When I rolled down the window, he said that he had seen my parking placard. At first, I understood this comment as an offer to help me find accessible parking, however he quickly followed it with a scoff and the matter-of-fact statement:

“That’s not your placard.”

In response, I questioned his ability to assess my disability through my appearance, asking him to consider the inherent ableism in such a comment. In return, he cited the covered photograph on my placard as evidence that I was hiding something. Unlike many other states, the Massachusetts disability placard includes a driver’s license picture. However, as I informed the attendant, users are provided with a “security sleeve”, a white plastic cover that slides over the placard to hide the image of the driver for privacy. Despite my explanations of the state-supplied privacy cover, he insisted on seeing the photo to prove the placard was mine. When I took down the security cover, revealing my photo, he let out a sigh of defeat.

“Fine, handicapped is over there.” He gestured vaguely in front of us.

After the interaction I had with him, I parked and then met up with my able-bodied friend who was working at the festival. When I relayed the situation to her, she quickly stormed over to the parking area and found the attendant. After much conversation between the two of them, the attendant revealed that the reason he believed I could not be disabled was that he had seen me laughing with my friend in the car when we drove up.

This narrative, while brief, demonstrates clearly many of the previously discussed common ideologies about disabilities. Through Beckmann’s explanation of the American Ugly

Law, it can be concluded that disability is marketed as both something always visible and obvious to abled people as well as something that is necessary to conceal.<sup>56</sup> In this interaction, the parking attendant believed that because my disability was not immediately visible to him it was impossible for me to be disabled. Here, he actually disregarded the reality that disabled people often must demonstrate able-bodiedness in order to receive humanity—but rather denied me basic privacy and dignity as a result of my able-bodied appearance. As soon as the topic of disability came up, he engaged with disability fraud by taking on an air of suspicion, assuming that I was scamming him or taking resources I did not need. While he assumed I was able-bodied, the mention of disability and my proposed need for accommodation was what triggered his assumption of dishonesty or resource theft. This is both a result of social Darwinism “proving” disability to be biologically linked to moral deviance, as well as Jina B. Kim’s theory of disability fraud, that disabled people are frequently assumed to be taking more resources than they need and therefore denied resources unless they can prove their need.<sup>57</sup>

Throughout the interaction, the parking attendant interacted with me on the basis of his abstracted criteria of disability—I did not present or demonstrate ability-level in the way he believed disability should be indexed. This interaction is an excellent example of the way that abstracted criterias appear rather ridiculous when explicitly stated, because they are based on stereotypes and inaccurate ideas of complex human beings. While I believe most people would never say that disabled people are incapable of laughing, I do know most of them would simultaneously employ phrases developed as a result of language curation, language-use that is designed to reflect majority values, such as “happy and healthy.” The remainder of this chapter

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<sup>56</sup> Lisa Beckmann, “Undoing Ableism: Disability as a Category of Historical and Legal Analysis,” *On Culture: The Open Journal for the Study of Culture* 3 (2017): 13.

<sup>57</sup> Beckmann, “Undoing Ableism,” 11-12; Jina B. Kim, *Care at the End of the World: Dreaming of Infrastructure in Crip-of-Color Writing* (Durham: Duke University Press, 2025).

will be spent examining the ideology that disability and happiness do not co-exist, the factors of disabled life it fails to consider, and the radical way disabled existence creates beauty.

## **Imagining Interdependence**

To white colonial society, disability has been marketed as antithetical to the existence of happiness. When colonial ideals of a good life call upon a “happy and *healthy*” one, they inherently exclude the reality of disability. What can a happy and *disabled* life look like when it exists in the context of a society that has built itself and its language around the idea that those two things—disability and happiness—are antithetical to one another?

In *Queer Callings*, Mark D. Jordan addresses this concern regarding the love of a marginalized community attempting to survive in a world that centers an oppressing community:

Imagine a people who learn to use “love” differently than the majority. At what point does their use become foreign, difficult or impossible to translate into the majority's lexicon? Consider the question again while assuming that the majority's language of love had been edited, over centuries, precisely to exclude anything like what the smaller group yearns to speak.<sup>58</sup>

Here Jordan's work parallels the two concepts established earlier about dominant language control: language policing and language curation. Erasing the language that a marginalized group “yearns to speak” is an example of language policing. As well as editing the dominant language “precisely to exclude” the marginalized community's experiences and values from the lexicon. Marginalized communities are thus neither permitted to maintain their community identity within the dominant language nor are they allowed to use their only language to express themselves. In this example, Jordan is referring to the queer community's conceptions and experiences surrounding love, but this model could just as easily be applied to disabled people's conceptions and experiences surrounding happiness. While many languages are curated to erase

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<sup>58</sup> Mark D. Jordan, “Linguistic Orientations” in *Queer Callings: Untimely Notes on Names and Desires* (New York: Fordham University Press, 2023), 28–29.

the experiences of queer love, white colonial society requires its language to erase disabled experiences of happiness. Rather than accepting disability as one of a variety of life experiences that can encompass a full spectrum of emotions, disability and joy becomes antithetical as a result of the phrase “happy and healthy.” Disability is treated as a distinctly saddening fate, rather than the natural variation in human life that it is. This language curation, an intentional and systematic process of erasing disabled existence, marginalizes disabled people as the “other” who live an unideal life. This process occurs not because disability is actually antithetical to joy, but because it is antithetical to *capitalism* as addressed previously. While the historic and physical reasons that disability is antithetical to capitalism have been addressed, it is also necessary to touch on the social and interpersonal reasons that disability does not just call capitalism into question but is politically active against it.

While capitalism creates the category of disability, we create a life out of it. In her piece *Claiming Disability*, author Simi Linton says, “Our symptoms, though sometimes painful, scary, unpleasant, or difficult to manage, are nevertheless part of the dailiness of life. They exist and have existed in all communities throughout time.”<sup>59</sup> Disability would perhaps not be the category “disability” without its cultural context; instead, pain and differing bodily formations may simply be seen as a natural part of human life. However, “disability” becomes an identity and social group as a result of cultural reception. This can, at times, include people of color and transgender people whose experiences are made sense of by white colonial society as non-normative bodies and who have often been forced into an ideal of bodily cure. What binds the individuals regarded as “disabled” together is “rail[ing] against...the strategies used to deprive us of rights, opportunity, and the pursuit of pleasure.”<sup>60</sup> Disability Justice, a movement led by queer, disabled,

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<sup>59</sup> Linton and Bérubé, 4.

<sup>60</sup> Linton and Bérubé, 4.

people of color, is then one that includes all marginalized peoples—all those who can be marginalized as a result of ableism and all those regarded as having a non-normative body who are thus deprived of “rights, opportunities, and the pursuit of pleasure.” In fact, in *Sins Invalid*’s ten principles of Disability Justice, “Intersectionality” and “Leadership of Those Most Impacted” are the first two.<sup>61</sup> The way Rosemarie Garland-Thomson puts it, disability is simply “another culture-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality.”<sup>62</sup>

### *Access Intimacy*

The shared life experience of oppression and isolation that capitalism creates around disability, forging disabled people together as an otherwise rag-tag group, is a helpful foundation for understanding Mia Mingus’ theory of access intimacy.<sup>63</sup> Mingus created this term to describe an experience of closeness she felt towards people who created a space of safety for her disabled body, even despite different disabilities. Access intimacy impacts individuals in a way that they can understand and apply Disability Justice rhetoric, not just know it. In fact, Mingus says it is not dependent on any political understanding of disability. Rather, access intimacy is the ability to rest in the knowledge that you are not the only one responsible for carrying your body’s unpredictability.abled people might create access intimacy with a disabled person by “listening and believing” them; when access intimacy is shared by disabled people, Mingus describes it as “crip solidarity.” Access intimacy does not simply refer to the act of accommodating someone, which can be, and often is, done reluctantly and begrudgingly. Notably, Mingus says it is not “charity, resentment enacted, intimidation, [or] a humiliating trade for survival or an ego

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<sup>61</sup> “10 Principles of Disability Justice,” *Sins Invalid*, accessed April 23, 2025, <https://sinsinvalid.org/10-principles-of-disability-justice/>.

<sup>62</sup> Garland-Thomson, “Disability, Identity, and Representation: An Introduction,” 5.

<sup>63</sup> Mingus, Mia, “Access Intimacy: The Missing Link,” *Leaving Evidence* (blog), May 5, 2011, <https://leavingevidence.wordpress.com/2011/05/05/access-intimacy-the-missing-link/>.

boost,” rather it is a feeling of comfort around someone who does not make your communicated needs a point of contention. Access intimacy, as Mingus concludes in this piece, often becomes a non-negotiable aspect of disabled people’s relationships and communities. When bodies malfunction or act unpredictably, being surrounded by people who empathize, understand (or even just try to), and still treat you with humanity and dignity, can mean the difference between an accident and an emergency.

Since access intimacy is a central part of disabled community, it is a natural progression from this individual care to a level of community care called interdependence. In fact, disability is not only a life experience that necessitates interdependence, but an identity that *facilitates* it. A capitalistic framework claims that every individual championing for themselves in competition with others will lead to the most socially contributive and productive individual gaining success. Yet within its framework, capitalism binds people together under the oppressive category “disabled”, forcing them to the outskirts of society. It is here that they foster care for one another as their main means of survival. Beyond individualized access intimacy, disabled individuals also foster broader dependence on community and model this for surrounding communities. The existence of disability demonstrates that for the health and safety of a community’s members, some phases of life cannot and should not be completed alone.

While it may be more present and persistent throughout a disabled person’s life, the need for interdependence arises in every life at some time or another. Further, disability is one of the only marginalized identities that someone can join at any time in their life. As a good friend of mine who is also disabled, Stevie Wilensky, likes to say, “You either die young or live long enough to see yourself become disabled.” At some point in life, almost everyone will develop a disability, even if just as a consequence of old age. We all experience disability, meaning, we will

all need support eventually. Therefore, as for any community's survival, we owe one another support. Here, the importance of caretaking arises.

### *Caretaking*

Caretaking tends to be seen as an arduous, draining, and burdensome role to uphold, however, this perspective is a consequence of capitalism. In a society that believes we owe each other nothing and everyone should survive for themselves, caretaking becomes an embarrassing task to be in need of. It then becomes a position of work that is expensive and often viewed as a luxury, even for those who need it. For those who perform it, caretaking is labeled as a truly selfless act of sacrifice, giving up one's own work and success for another's well being. However, caretaking should not, and in its true state does not, adhere to capitalistic ideals. As Marley Molkenin notes in *Disability Intimacy*, "Care work has always been undervalued, misunderstood, and misrepresented under capitalism."<sup>64</sup> True caretaking is the act of offering natural skills and developed abilities to meet and support an individual's current or ongoing limitations. Under this model of caretaking, it is also a *reciprocal* task. Caretaking is provided to those within your community and received back from them, according to each individuals' existing skills.

Sarah Smith Rainey provides an excellent example of this in her book, *Love, Sex, and Disability: The Pleasures of Caretaking*:

This [reciprocity] was so true for me. Max was a brilliant man and I bounced all of my ideas off him. Many nights we discussed feminist theory until the morning's first rays of light peeked through our bedroom window. Even while I performed various care activities, we talked. While I helped with toileting, we talked about the boundaries of the body, privacy, and body image. Dressing could generate a conversation about the role of touch in moral agency; shaving could lead to a discussion of gender performativity. Such constant discourse was immensely useful to me as an academic. But Max did other things

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<sup>64</sup> Kennedy Healy and Marley Molkenin, "Care During Covid: Photo Essay on Interdependence," in *Disability Intimacy: Essays on Love, Care, and Desire*, ed. Alice Wong (New York: Penguin Random House, 2024), 55.

for me as well, including editing all of my papers, giving me neck and foot rubs, holding me when I was sad, and making fantastic, healthy meals for us.<sup>65</sup>

Using her relationship with her partner Max, Rainey demonstrates how reciprocity is the groundwork for caretaking. Living with secondary progressive Multiple Sclerosis (MS), Max was unable to complete certain tasks considered to be “major life activities” that white colonial society deems necessary to live an independent, successful, or even happy and fulfilling life. However, these were tasks that his partner, Rainey, was able to step in and provide. From an outside perspective, many abled people may see this as a disheartening fate, to spend one's life simply meeting someone else's basic living needs. However, Rainey tells the story from an entirely different perspective. She narrates all the unseen ways their relationship was not one-sided, but entirely reciprocal. Caretaking became an act of love that opened the door to mutual, reciprocal support according to each individual's ability. As Rainey's abilities are found in physical mobility, she was able to complete physical tasks for Max, such as toileting and dressing. Since Max's abilities lie in his intelligence, he was able to contribute to intellectual discussions with Rainey, helping to further her career. In this way, caretaking should work towards an individual's strengths. As Rainey concludes, “I may have helped with activities of daily living that he could not complete alone, but I certainly never felt that our relationship was one-way. We both gave and we both received.”<sup>66</sup>

While disability may create limitations in some tasks required for day-to-day life, caretaking is a reminder that there is no shame or harm in building a life that welcomes a peer to step in and offer support for those tasks. It is a way of harnessing each individual's various strengths and compensating for one another's weaknesses—something that is present in every

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<sup>65</sup> Sarah Smith Rainey, “Introduction: Love, Sex, and Disability,” in *Love, Sex, and Disability: The Pleasures of Care* (Boulder, CO: Lynne Rienner Publishers, 2011), 14.

<sup>66</sup> Rainey, “Introduction,” 14.

relationship regardless of ability status. Thus caretaking becomes not an experience of compensating for someone's bodily or mental limitations, but an active process of rejecting the shame that arises from receiving help under capitalism. Caretaking is the process of finding community and practicing vulnerability within that community while finding a means of support and livelihood outside the bounds of what capitalism says is "normative" and "acceptable." When engaged correctly, caretaking is a radical relationship structure that harnesses each individual's strengths to provide support and lessen the burden of life for participants.

## **Conclusion**

While this literature review has primarily discussed disability and discrimination generally, reviewing historical oppression and legislation as well as interpersonal interactions and resulting perceptions, the following chapters will center the experience of disability in higher education. My further analysis will take place within the container of academia because I believe that academics are a manageable setting in which to view larger discriminatory practices at work. Further, I believe it is a valuable example of larger social beliefs, practices, and ideologies. Linton addresses this by stating that, "The enormous energy society expends keeping people with disabilities sequestered and in subordinate positions is matched by the academy's effort to justify that isolation and oppression."<sup>67</sup> As discussed in Heller and McElhinny's work, academics are a setting that turn "peasants into Frenchmen", or create the ideal citizen out of the general public. Pulling from my experience, which I will demonstrate in the following narratives, the setting of higher education is a culture of ableism. Thus, if the academy shapes and produces ideal citizens then the ideal citizen of the United States is an ableist one.

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<sup>67</sup> Simi Linton and Michael Bérubé, "Reclamation," in *Claiming Disability: Knowledge and Identity*, (NYU Press, 1998), 3.

## Chapter Two: *Vignettes*

### Introduction

In this chapter, I will ground the previously discussed theories in a series of vignettes, or narratives of my experiences at Mount Holyoke. My reasoning for this choice takes three prongs. One, ableism has a current, pressing, and ongoing nature in my everyday life and in the life of every disabled person. I believe narrative examples of daily disabled life are central to emphasizing the pressing presence of ableism. Two, I believe personal narrative is an accessible means of theorizing; it provides a concrete and understandable mechanism for addressing lofty and abstract concepts, as explanations of oppression often are. Third, I want to highlight disabled stories. By detailing my experiences on the subject of self-advocacy and discrimination as a disabled student, I hope to create more representation of lives like mine. Throughout my academic career, I often wished I could read about other people living like me, being told what I was told and being treated like I was treated. At times, facing such blatant discrimination feels jarring, particularly in a country with legislation protecting disabled human rights. Unfortunately, while policy protects disabled life, the practice of treating disabled people with humanity often falls short, even in legislation intended to support disability,<sup>68</sup> as evidenced by the following narratives. I hope by detailing my stories here, I can provide validation for other disabled people and their encounters with discrimination.

I have chosen the following narratives according to their ability to present examples of the theory discussed in the literature review, not for their particular significance either in discrimination or entertainment value. Put simply: these are not the worst cases of ableism I have encountered, at Mount Holyoke or in my life, and they are not the most captivating stories of

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<sup>68</sup> Bruce Burgett and Glenn Hendler, "Disability," In *Keywords for American Cultural Studies*, Second Edition, (New York University Press, 2014), 81.

tearing down ableism or of inspirational disability. Rather, they present opportunities for excavation, serving as beneficial samples for digging up the ableist ideologies hidden deep within everyday interactions. Thus, these vignettes are not written to provide a comprehensive view of my time as a disabled college student, but instead simply an accessible means of grounding theory. For various reasons, at the moment many of these situations occurred, it was beyond my grasp to comprehend what exactly had occurred and why. In processing the experiences with my community, advisors, and disabled peers, I began to see the pieces of ableist history intertwined with the way people engage with me, individually and institutionally. These are the realizations I am attempting to illustrate for you here. I hope these narratives provide an illumination of ableism in smaller moments, what leads to these incidents, the beliefs about disability and how they impact disabled people.

The three narratives are arranged according to cohesion in theory, they are not told chronologically. The first narrative occurs during my first semester at Mount Holyoke. There are pieces of it that demonstrate a level of disorganization, floundering, and the general demeanor of a first year student in college. This narrative has been rather thoroughly examined and theorized in my mind, which may be noticeable on the page, as it occurred years ago at the beginning of the college career I am now concluding. The second narrative took place during the first semester of my senior year, simultaneous with writing this thesis; it was not originally included in my thesis outline. However, it became such a pivotal experience, filling many thesis conversations, that I began to see its power of theoretical inspiration. Thus, it was added later in the writing process. The final narrative occurred during my junior year of college and I knew it would be important for this piece from the time I experienced it. A variety of harmful and misled

ideologies regarding disability arise throughout that narrative which I knew would provide valuable illustration of ableism on a broader scale.

While the purpose of this thesis is to convey to an audience the experiences of one disabled student in higher education and the ways that disabled experiences could be vastly improved, it is important to note that experiences such as these are part of a larger picture with many additional pieces that go unmentioned here. In the introduction to her book, *Feminist Queer Crip*, Alison Kafer assesses the benefit of having able-bodied individuals “try on” disability experiences in an effort towards empathy.<sup>69</sup> With examples such as asking people to use wheelchairs to get around or wearing a blindfold for a few hours, she notes that these experiments miss many pieces of what the disabled experience truly includes. Wearing a blindfold does not tell you about the medical abuse and trauma individuals endure, the potential social ostracization they encountered in their childhood, or the systemic barriers at play in addition to the physical ones.

Similarly, in the following chapter several cases of ableism will be outlined and, while they will include pieces of relevant context, there are larger aspects at play in these experiences that can never be fully conveyed to an audience. Disability can be joy, love, creativity, and laughter, some of which is captured here but is not ultimately my focus. Please take the following narratives as individual cases that provide a small window mostly focusing on some of the challenges and complications of my daily life. Missing from these pages is my lifetime of medical appointments with no answers, the judgment and pity I face going about my daily life, and hundreds more instances of ableism large and small, in and outside the classroom. Approach this piece knowing that disability is a broader and more invasive experience, in both positive and

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<sup>69</sup> Alison Kafer, “Introduction: Imagined Futures,” in *Feminist, Queer, Crip* (Indiana University Press, 2013), 4.

negative ways, than abled individuals can understand through reading narratives from one person's life.

### **Vignette One: *Performing Abledness***

During my first semester at Mount Holyoke College, I kept myself on edge, unsure of how college would affect my body. Having faced a plethora of narratives throughout my life of what disabled people can and cannot do (education being a main one), I was afraid even to hope that I would be capable of succeeding in higher education. At the time, I believed in a false binary of success. Spending most of my life disabled, the narrative I was given most often was the need to *overcome* disability, that the best periods of my life would be the ones with the least symptoms. This ideology stems directly from the American Ugly Law, that last of which was repealed only during my mother's childhood.<sup>70</sup> By not allowing visibly disabled, or "ugly", people to leave their houses, this law promoted the idea that citizenship and involvement requires performing abledness.<sup>71</sup> While the law and social reception of disability may not *always* be this harsh today, the concealing of any disability symptoms or appearances—that is performing abledness—is still heavily centralized in white colonial society when it comes to accessing most spaces and opportunities. Students particularly are expected to behave "professionally" and "politely" which often translates to things that directly contradict disability symptoms (think showing up on time, attending every class session, submitting work on time, using specific terminology, looking people in the eye).

As a result of this ideology, I began to believe in a binary of "good" and "bad" disabled students. A "good" disabled student has already "overcome" their disability, what Eli Clare calls

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<sup>70</sup> Beckmann, "Undoing Ableism," 13.

<sup>71</sup> Beckmann, "Undoing Ableism," 14.

being a “supercrip.”<sup>72</sup> Disabled students are expected to have found the strategies that work best for them, and practice consistent routines that allow their disability to be anticipated, accommodated, and alleviated before anyone even has to encounter it. The binary was heavily colored by the same binary Susan Wendell addresses with her model of healthy and “unhealthy disabled” people, those with unpredictable and long-lasting disabilities that are seen as not contributing to society—the bad disabled students.<sup>73</sup> A “bad” disabled student has a disability that is constantly fluctuating and thus their needs do as well. They may come to class early one day, but arrive thirty minutes late another. One day they may submit their work on time, another day they may not submit anything at all. They are often told not to enter academics, it simply is not sustainable for them.

This internalized ableism was highly dependent on disavowal, the idea that one person within a community is more human because they have distanced themselves from others within their community; the idea that my liberation depends on the dehumanization of others.<sup>74</sup> The truth is that any disabled person with a chronic illness or a dynamic disability rather than a static one, was going to be a “bad disabled” student; and that of course included me. While I knew disabled people were treated better in academia if they performed abledness, I didn’t realize how much internalized ableism I was treating myself with. By pretending to be a “good disabled” student, in other words performing abledness, I was only separating myself from disabled community and setting expectations for myself that I could never fulfill because I am, in fact, not able-bodied.

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<sup>72</sup> Eli Clare, “The Mountain,” in *Exile and Pride: Disability, Queerness, and Liberation* (Duke University Press, 2015), 2.

<sup>73</sup> Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Feminism and Disability* 16, no. 4 (2001): 17–33.

<sup>74</sup> Lydia X. Z. Brown, “Movement Work at the Intersections of Neurodiversity, Mad Pride, and Disability Justice,” Icarus Project, streamed live on April 15, 2018, Webinar, 37:00. <https://vimeo.com/showcase/7186498/video/265431779>.

My fear is understandable to me even now; at the time, I thought that my body was working against my mind. Acting out of the mindset that my disability and my intelligence could not co-exist, I deeply feared my academic reputation declining. Despite my love for academics, I was terrified of finding out I actually was not particularly intelligent or capable. Due to physical access barriers, not only did I feel I had to prove I had something worth saying, I also had to compensate for my inconsistent attendance, lateness, and breaks during lectures. I wondered what my peers thought of me, if my professors would grade my work more harshly for my “unprofessionalism.” I wondered if I even belonged at Mount Holyoke, or any college.

Over time, my excitement over academia that I was deeply passionate about also motivated me to lean into my internalized ableism and the temporary benefits of disavowal. I began projecting an image of being a “good” disabled student because I was confident it was my only path to success. I had never seen representation of disabled people struggling physically, while simultaneously contributing meaningfully to their community or vocation. I was under the impression that to succeed in college, I had to be the least disabled I had ever been; while I may have hoped it would happen, deep down I knew that was impossible.

Within the first week of the semester, I scheduled my accommodation appointments with my professors, visited office hours, emailed professors my accommodation letter and brought a hard copy to review in the meeting just in case. I was chatty and kind in office hours, happy to answer questions, and openly discussed my ongoing battle with disability. Because I am aware I appear able-bodied without my mobility aids (which I quickly discovered often took more exertion to use on campus than they were worth), I willingly shared my private medical details, explaining that my disability sometimes confined me to bed which led to my flexibility in

attendance accommodation. I felt if I disclosed my disability it would grant me more respect, perhaps more forgiveness for my fluctuating attendance and engagement.

Let's take a moment to circle back to J. Logan Smilges question, "What does the category of *disability* do? And for whom?"<sup>75</sup> In this circumstance, I was under the impression that to be a "good disabled" student, I had to help authority figures understand all the intimacies of my experience. My accommodation letter was not enough, I needed to demonstrate which *subcategory* of disability I fell under: good or bad, healthy or unhealthy; cooperative and human or closed-off, unprofessional, and unworthy. This binary closely mirrors his answer to the question, that the category of disability is "a regulatory mechanism by which humanity can be distributed and withheld."<sup>76</sup> I incorrectly thought that since the category of disability would inevitably be a part of my college experience, it would be best to get ahead of the ableism and establish myself as a "good disabled" student worthy of being distributed humanity—simultaneously distancing myself from other disabled people who, by this model, deserve to have humanity withheld from them. It apparently did not occur to me that playing into a binary of good and bad disability simply delayed my own disavowal, only, as Smilges puts it, "enabled ableism to bear its teeth."<sup>77</sup>

My professors' initial engagement with me did not enlighten me to this reality either. With almost political courteousness, they responded with head nods and sympathy smiles. I was assured that my continued engagement and personal growth was all they asked of me regardless of my spotty attendance. I even told one professor about my trouble with being approved for accommodations, being accused of relying too much on my advocate, being called a health risk

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<sup>75</sup> J. Logan Smilges, "Crip Negativity," in *Crip Negativity*, (Minneapolis: University of Minnesota Press, 2023), 9.

<sup>76</sup> Smilges, "Crip Negativity," 9.

<sup>77</sup> Smilges, "Crip Negativity," 2.

to the College, and ultimately being denied on-campus housing. He took on deep concern and offered to email Disability Services for me, reminding them of their duty to serve and support me. I felt vindicated, believing that as soon as people heard my story and met me, they too would realize how unfairly I was being treated, how valuable I was *despite* my disability. They would understand that I deserved the same spaces as everyone else and would use their power to help me.

However, disavowal cannot permanently protect the person extending it. By projecting the image of a “good disabled” student, I was setting myself up for failure to meet the now lofty expectations of me. Inevitably, performing abledness only led to frustration in eventually becoming the “bad disabled” student, now with everyone’s expectations of “good disabled” behavior from me. These expectations are exhausting to meet and only increase in difficulty; performing abledness began to take a toll on me. For example, to avoid being late I started taking the stairs instead of using the elevator and sprinting from my car to class. While I arrived to class on time, I was out of breath, dizzy, and shaky but I refused to step out, I didn’t want to be seen as disruptive. I never skipped class, I woke up extra early, I stopped driving home for meals or eating between classes because it took too much time. Each of those choices worsened my symptoms and made it even harder to maintain a “good disabled” image. My self-esteem fell further with every expectation I couldn’t meet. And, eventually, my body gave out.

As a result of trying to push my body through dizziness and nausea on my way to a morning class, I collapsed and was unable to get up the stairs to my classroom. Literally five feet away from the entrance to my class but physically inhibited by the stairs in front of me, I sat defeated and emailed my professor to let him know I would be absent. Later in the day, I sent a follow-up email to the professor requesting to meet with him to discuss the class session I missed

and have an opportunity to share my thoughts on the readings. In my mind, I felt I had to take on extra work to convince the professor I was worth having in class, that I belonged there, that I was capable of staying there. He agreed and we scheduled time to meet for the next morning before my afternoon class. It seemed like the right choice to schedule an immediate follow-up; I thought maybe the absence would be recovered so quickly it wouldn't affect my reputation and he would see I was a serious student with worthy contributions to make.

The following day, I arrived on campus to several completely full parking lots. I drove for several minutes trying to find anywhere nearby to park, but everything was taken or reserved for faculty and staff. Parking in a reserved spot, either for faculty/staff, visitors, or work vans never even occurred to me. Parking tickets posed a serious concern, I couldn't risk the parking office not understanding how desperately I needed to park nearby. Not to mention, I also couldn't prove this need. Even just paying off a ticket was extra time, energy, and work that I couldn't afford to lose. With every full lot I passed, my hope decreased and my anxiety rose. What was I supposed to do? Would I be able to make the walk from commuter parking on the other side of campus? Finally, I parked my car across the street in a student lot I was technically not registered for and hoped for the best. I crossed the street and started the long walk to the office building.

Nowadays, I have the immense privilege of possessing a state-distributed disability parking placard. When my doctor filled out my placard application, she checked the box saying I cannot walk 200-feet without stopping. This is my documented disability, legally speaking. Still, even now, I think about whether it's even true—I am *technically* able to walk more than 200-feet. It's just that the ground starts to feel like it's perpetually stretching out in front of me. And I feel like I'm walking in slow motion, my head swimming, my thoughts fading. My fingers start to swell and my arms fill with blood. I take shallower and shallower breaths and my eyes start to

burn. My chest heaves and my head spins. On the walk to my professor's office, I took several breaks just walking from my car, dizziness overcoming me, limbs aching from the walk, back aching from my backpack, stomach flipping with anxiety and nausea.

When I finally arrived at the building, I saw that the main and only visible entrance to the building was up a large, steep staircase. Even if I did make it to the entrance of the building, I knew another staircase awaited me just inside the door, and then three more flights up to my professor's office. On the verge of tears, I forced myself up the first staircase. Halfway to the door, I gave up and shuffled to the corner of the staircase. I expected relief from my symptoms when I sat down on the concrete steps, but the pain and fatigue refused to budge. Instead, using my phone I emailed my professor that the stairs were a little much for me and I was probably going to be late. He responded that he was available for several more hours and had no problem pushing our meeting back. Taking deep breaths, I texted a friend, who at the time I shared access intimacy with, to come sit with me. They came quickly and listened patiently as I explained how to massage my arms and keep my blood flowing. Their gentle hands squeezed and pulsed, but the usual flood of relief wouldn't come to my head. Instead, the dizziness continued and while I was able to chat casually with them, I was fighting off immense pain, nausea, lightheadedness, and dread. I figured I had delayed enough and if they could carry my backpack, I would be able to make it to my professor's office.

On the main floor, my friend headed towards the elevator but I hesitated. While staircases are never a good idea for me, even on my best health days, the risk of being trapped in a dizzying box felt like an impossible option. At this point, I briefly considered emailing my professor and cancelling our appointment, but I worried for my professional reputation. Already having missed class the previous day, then pushing this meeting back, I feared cancelling at the last minute

would make me seem like a flighty and unreliable student. If I missed class and this appointment, would he think I was an unfit student? That I couldn't handle my disability?

No one but me really knows what my day-to-day life looks like, they just see the results. This fact is well-illustrated in the work of many disabled scholars who detail their lives through narrative academic pieces. A personal favorite of mine, Leah Lakshmi Piepzna-Samarasinha, says in *Care Work: Dreaming Disability Justice*, “each disabled person is the expert on their own body/mind.”<sup>78</sup> Even my partners and family that perform caretaking for me often don't realize the small decisions I make in every moment just to endure the day. When I wake up, I lay in bed for thirty minutes. Most people don't know that every time I wake up, my heart pounds until I think it might jump out of my chest and I can feel it in my throat and my ears. They don't realize that if I stood up, I'd be nauseous and unable to keep my eyes open. If I stand up too quickly, my limbs will drag me to the ground, too weak to support my body. My friend Olivia likes to ask if “gravity is pushing instead of pulling today?” Every morning, I wait until my body adjusts to being awake and *then* I stand up. It might seem like a wasted thirty minutes, but it's actually quite the time saver, comparatively. Every day a million tiny decisions lead me to my routines and keep me going, letting me do everything I aspire towards. It's difficult and stressful at times but it works, even if it looks like nonsense to everyone around me. If I cancelled this meeting, my professor wouldn't know what contributed to this decision. Instead, I thought I'd look like an unfit student, a “bad disabled” student, someone no longer worthy of humanity. So I kept going. And despite my friend's concern, I chose to take the stairs, assuring them that the elevator would be worse. They acquiesced and we made our way to the staircase.

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<sup>78</sup> Leah Lakshmi Piepzna-Samarasinha, “Crip Emotional Intelligence” In *Care Work: Dreaming Disability Justice*, (Vancouver: Arsenal Pulp Press, 2018) 71.

Halfway up the second staircase, I felt it creeping up my chest. My arms started to shake and my head went cold, the heat slowly sliding down my spine like the red line on a thermometer removed from heat. My heavy breathing from exertion turned to quick and shaky panicked breaths as I realized what was coming. I turned to sit on the staircase but even that wasn't enough. I saw my friend's eyes widen as color pooled from my face.

"Are you okay?" They asked, sounding almost as panicked as I felt. But it was far too late, my shaking hands went to grip the step below me and I lowered my head to my lap. Still no relief flooded my cold head.

"Mae? Is that you?" I heard a voice from above. It was my professor who had poked his head out of his office by the stairwell. "I thought I heard your voice!" He exclaimed before stopping short and glancing curiously at me.

"Are you alright?"

I motioned to my friend to explain but they stayed silent. Shakily, I coaxed my voice out.

"Yeah, it's just the steps, you know, I—" The cold dropped quicker with each word and I felt it run down my spine. Quickly, I laid down flat, back against the step.

Finally, relief flooded my head and I felt the cold of the marble stairs replace the cold in my spine.

"You know there's an elevator, right?" He asked. Again, I motioned for my friend to explain but they said nothing.

"Uh, I can't—" Words were not good right now. "It's fine." I ended.

"Okay, why don't you email me your questions instead of meeting today. Go home, take care of yourself. It doesn't seem like you're in a state to talk today."

"Okay, thank you." I said weakly. With that, he went back to his office.

I assured my friend they could leave while I recovered but they wouldn't hear of it. Instead, they called in reinforcements, took shifts with other friends to sit, read, chat, and do homework beside me in the stairwell. I missed another class while laying miserably in the stairwell. There was no way to convey to my professors what was happening to me, none of them cared anyway. I quickly watched the "good disabled" student facade slip away, all that was left was the "bad disabled" student now and there was no way to convince everyone otherwise.

When I finally got home, I felt defeated. I emailed my professor that we could reschedule for tomorrow when I was feeling better and he offered to meet me somewhere on a ground floor, no stairs this time. I was relieved. Maybe I hadn't given Mount Holyoke the benefit of the doubt, maybe people were willing to accommodate me and it wouldn't affect their opinion of me. The next day, I woke up completely confined to my bed. I was unable to sit upright, let alone drive to campus and have an academic conversation. I followed up yesterday's email chain with another apology, this time confident in my professor's patience and understanding.

"I'm so sorry, but I'm not feeling well again. I don't think I'll be able to make it to campus today."

His response email followed quickly after, saying:

"...I am starting to get a little concerned for you. Do you feel you are healthy enough to finish the semester? Was this an unusually hard week for you, or should we anticipate that you are going to continue to have these kinds of difficulties? I understand this is a difficult subject, and your health is your private business, but I think you should be discussing with your family and advisors how you can manage your health and adapt to the challenges you are facing on campus. Obviously, your health has to come first, but it seems like right now that is creating a lot of obstacles to you fully participating in campus life. I don't mean to be discouraging...but this week your health kept you away from class and meetings on 3 different occasions, and I'm not sure if that's sustainable for you."

An intense feeling of dread snuck into my chest and pulled my heart down to my stomach. This was just what I thought would happen and nothing I did to avoid it helped at all. I

was honest and open about my disability from the start to convince professors this was a serious matter. I pushed myself to attend and participate in class even when it was difficult. I always submitted the work on time even when my brain was so foggy I couldn't find the "submit" button on my own. Being the "good disabled" student didn't matter; it left me exhausted, burnt out, and caught in a flare-up. Being the "good disabled" student was always a performance and it inevitably left me facing more criticism when I inevitably became the "bad disabled" student again—or rather, a real disabled student.

When I showed my mom the email, she said, "I'm not sure what you're upset about. I think this is a very good email from a professor. He's showing that he cares about you and he wants to make sure you're making the right choice for yourself."

At the time, this response seemed like validation of his stance, that this wasn't sustainable for me. I fought hard to be at Mount Holyoke, but one semester in and it was clear to everyone around me that I wasn't capable of succeeding. With time and consideration, however, I realized that, as with my body, no one knows what it's like to be disabled except disabled people. My mom is a wonderful, bright, supportive woman; an incredible advocate; and a long-time caretaker for me. But despite all of her support, she was not able to see the implications, assumptions, and harm within that email because she does not live my life; she is not disabled. Disabled people are the experts on their bodies and their lives. If you are disabled, you probably see some issues with that email, a number of them even. If you've received a similar email or response to your symptoms interrupting your pursuits but couldn't explain what the problem was, that's okay. Let me be the one to tell you: trust your intuition. You are allowed to acknowledge harm in someone's well-intended wishes. If you are abled and/or do not see a

problem with the email, that's alright too. You don't see life like I do, *like we do*. Either way, let's unpack it together.

“...I am starting to get a little concerned for you. Do you feel you are healthy enough to finish the semester?”

Abled people encountering disability and experiencing feelings of concern, fear, frustration, and disgust is distressingly common but ultimately entirely unhelpful. If you ever approach a disabled person, whose regular symptoms you are not generally privy to and whose opinion on medical issues they have no designated reason to value—you can probably keep the need to tell them you are concerned to yourself. Your concern is not mine to handle, nor is it necessary, helpful, or productive. My body can only truly and accurately be monitored by me, even my doctors, partners, and caretakers default to my opinions and expertise. All day, every day I monitor my health. If something is wrong, I will know and I will be concerned and I will handle it. Initially writing this email and opening with “I am starting to get a little concerned for you” should have been a warning sign that encouraged my professor to self-reflect about the importance of his concerns and the impact they might have on my life.

Beyond a general disregard for my own awareness and capability in managing my body, I believe this professor's response also stemmed from the historical ideology about disabled people's capacity and humanity. While he may not have outright believed I was unfit, irrational, or incapable of taking care of myself, his comments still fed into the infantilization of disabled people. This, of course, is one of many historical approaches to removing disabled people from society. Historically, by questioning the intelligence and independence of disabled people, dehumanizing and marginalizing us was justified. In this case, by questioning my capability to

assess my own body's needs, also questioning my academic and intellectual capability seemed justified to him, and many others.

“Was this an unusually hard week for you, or should we anticipate that you are going to continue to have these kinds of difficulties?” Here, my professor lacked an understanding of dynamic disabilities and instead bought into the idea of a “good” disabled student—that I had sold him. Due to my performance of abledness, my professor had come to expect that my disability could be overcome or anticipated; perhaps he even believed me to be one of Susan Wendell's “healthy disabled” people, which Wendell notes is a common expectation of “unhealthy disabled” people.<sup>79</sup> However, the reality is that disabilities are often dynamic and therefore unpredictable. By pushing myself to be a “good” disabled student during the first month of the semester, I created an expectation of what my disability would and could look like. Since I had never lived in New England, been enrolled at Mount Holyoke, or physically been on campus before, there was no way for me to predict how my disability would affect me for the rest of semester. Asking me what “we” should anticipate from my disability demonstrated to me that my professor did not understand the reality of my disabled experience, more than partly as a result of my own performance of abledness.

However, setting my inherent inability to predict my disability symptoms aside, my professor and I did have a conversation at the beginning of the semester where I explained what to expect from my disability to the best of my ability. Already, he knew about my condition, that I pass out at times, and that I am immobile at times. Yet, as soon as the symptoms arose and he witnessed them, it became a confusing and distressing situation for him. When an able-bodied person witnesses a flare-up of symptoms they've never experienced in their body before, they

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<sup>79</sup> Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Feminism and Disability* 16, no. 4 (2001): 19-20.

respond with anxiety over imagining how *they* would struggle to handle it. However, for disabled people who are accustomed to managing their dynamic disabilities and varying symptoms, it's generally very easy and actually quite safe to experience flare-ups. For me, passing out is not a dangerous or unprecedented symptom, it's a common reaction of my body to increased stress.

Yet from my professor's standpoint, an able-bodied person who has probably never passed out in public, just witnessing my disability was an overwhelming experience. If it had happened to him, he would not have known how to handle it. It appears he assumed I had the same level of knowledge as him, or even less, despite the advance warning and explanation I provided him with at the beginning of the semester. While my intention with trying to be the "good disabled" student, and therefore given false expectations about the predictability of my disability, was never to erase the reality of my disability, this was an inevitable result. Being a "good disabled" student is just code for performing abledness, or "overcoming" disability. It means making your disability tolerable to those around you, and the reality of disability, symptoms, flares, danger and all, will never be tolerable to people who do not have to encounter it.

"I understand this is a difficult subject, and your health is your private business, but I think you should be discussing with your family and advisors how you can manage your health and adapt to the challenges you are facing on campus."

This comment, to me, demonstrates that my professor saw himself as a party responsible for me and my health, rather than as a bystander. To relieve himself of the stress he carried as a result, he recommended I contact other "responsible adults" so he would no longer be the one overseeing the situation. As a result, he yet again bought into the idea of disabled people as incapable. As someone who has been disabled their whole life, I am able to assess my health and decide when I need help. Managing my health and adapting to change is something I am familiar

with and capable of initiating without encouragement from an able-bodied man I hardly know. As he said, my health is my private business. I am the one who knows it best and am in charge of it. I am responsible for my body, my symptoms, my disability, and my ability to adapt to life changes. There was no need to hand the situation off to someone else, or recommend that I do. From the beginning, I was responsible for it and I continued to be, regardless of his suggestions.

“Obviously, your health has to come first, but it seems like right now that is creating a lot of obstacles to you fully participating in campus life.”

While my professor claims it is my “health” (or lack thereof) that is creating obstacles to my participation, what he meant was my *disability* is creating obstacles. In many ways, this comment brings to mind the wording in ADA that defines disability as any “impairment that substantially limits one or more of the major life activities.”<sup>80</sup> While this definition may be lacking in some ways, it is the standard in higher education settings. Therefore, using this definition for a professor’s understanding of disability, it should be clear that my enrollment in college was always going to be “substantially limited,” meaning that any concerns about me “fully participating in campus life” are irrelevant. While I disagree with ADA’s assumption that disability *limits* major life activities, I believe it is fair to conclude that disability does *affect* the way major life activities are engaged with. Even in my moments of performing able-bodiedness, I was never under the impression that my participation in college would be identical to an abled student’s.

From here, we must ask the question: What are the expectations of “fully participating in campus life”? The professor seems to cite a list in the following sentence: “this week your health kept you away from class and meetings on 3 different occasions, and I'm not sure if that's

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<sup>80</sup> Americans with Disabilities Act of 1990, Pub. L. No. 101–336 § 2, 104 Stat. 330 (1991).  
<https://www.congress.gov/bill/101st-congress/senate-bill/933/text>.

sustainable for you.” Limitations exactly like these, missing class or appointments, were built into my explanation of my expected classroom participation and the overall description of my disabled college experience. As I discussed with my professor at the beginning of the semester, I have accommodations for exactly this reason. It is to be expected that I miss class and office hour appointments. While I was previously granted gracious head nods and polite reassurances, as soon the reality of disability had to be confronted, it was my abilities that were questioned. My disability does inhibit and disrupt my life, my education, my day-to-day tasks; yes, this includes “major life activities” and “fully participating in campus life”—that’s famously what makes having a disability so challenging.

Because abled people cannot imagine living life as disabled people do, or they’re terrified of what they do imagine our lives to look like, it’s easier to sweep us under the rug and hope we leave before they have to confront ableism, accessibility, and the reality of disabled life. As I wrote during my junior year at Mount Holyoke, “My existence is a threat to their fantasy and my very presence reminds them of the danger in reality.” Visible, noticeable, “in-your-face” disabilities are difficult to reckon with, so most people choose not to. This was the cause of the American Ugly Law.<sup>81</sup> Society makes things just a bit harder for us in hopes that we go away. And oftentimes we do.

After receiving my professor’s email, I spent the weekend crying—certain that I could not continue in college. The truth is, while his email was harmful, my problem was that *I* did not believe I could succeed. I really did believe that to succeed in higher education, I had to be abled, or at least minimally disabled. At first, I thought I could pretend my way through, but when that failed I had nothing to fall back on. For years I had been waiting for someone I respected to confirm what I was afraid of: my disability made it so that I was not capable of what I wanted.

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<sup>81</sup> Beckmann, “Undoing Ableism,” 13.

Instead of looking at my abilities, successes, and passions, trusting what I was capable of, I looked to people I thought were smarter than me. In this case, I believed my professor and heavily considered dropping out. If I was only one month into school and someone had already suggested that I drop out, I thought they were probably right, I was not fit to be in college. But after a few days of wallowing, I decided to keep trying. I decided I didn't really care what one person said and that if I wanted to try I owed it to myself to *really* try. I wrote the first big paper for that class, I kept doing research and submitting work. I emailed another professor whose classes I had missed and met with her to apologize for my absences and try to redeem what I saw as my sullied academic reputation. To my surprise, she offered genuine empathy, encouraging me to take care of myself. She assured me that I was worthy of a spot in any classroom, without the criteria of abledness. With her words in my mind contrasting my other professor's, I decided that some professors bought into the "good" vs "bad" model of disability even more than I did, and it was detrimental to us both.

Attending the class of the first professor was still difficult, my symptoms usually arose as soon as I parked my car, readings often seemed indecipherable, and the air in his classroom seemed harder to inhale than the air anywhere else on campus. But I stopped chalking this up to my inabilities and started blaming inaccessibility. Rather than take on the blame for my limited ability to learn in a classroom that was not built for me, I gave myself grace and stopped pushing myself as hard to achieve a standard I would never meet. Apparently this change was noticeable to my professor because he reached out to me after class one day and asked to meet with me. He told me he wanted to close the loop on the "situation that occurred" because he noticed I had been avoiding him. While I'm not sure that was an entirely accurate assessment, I assumed he was referring to the fact that I had stopped chatting with him after class or visiting his office

hours. In the meeting, he told me that I did not need to be “embarrassed about what happened”; I assume referring to the fact that he had witnessed my disability.

At this point, I had recovered my sense of security in my abilities and without missing a beat, I said, “I’m not.”

Surprised, he paused for a moment and then said, “Oh, well, that’s good.”

The conversation after this was not particularly fruitful. While I considered educating him and explaining the complicated issues that arose as a result of his handling the situation, I was already uncomfortable. Having been shown exactly how he viewed me as a result of my disability, I was wary about him seeing me as any more inept than he already did. Instead, I concluded the conversation politely and continued to avoid him outside of absolutely necessary class conversations. Ultimately, I never educated him or helped him understand anything about disability. I never even submitted a feedback form for the class at the end of the semester, assuring myself it was better to just leave it than to cause problems for him. I didn’t want him to be fired or inhibited from pursuing his academic goals, I just didn’t want to deal with him anymore. So I didn’t.

For myself, knowing my values and priorities, I do regret this choice. I know that I was thinking about myself, my experience, my reputation, and my grades. In the following semesters, I heard from other students about his treatment of them, more disability nightmares, more intolerance. In retrospect, I wish I had used the opportunity to educate him or submit feedback for his class; instead my actions only set unrealistic expectations for others. Maybe he’ll read this thesis and learn something. Of course he might not even remember this instance happening; while it was a significant moment to me, for him it was probably just a minute moment within the larger context of teaching several classes.

But it's also important to note that disabled people do not owe anyone education. If you are disabled and exhausted, that's okay. If education is not your preferred path, there's nothing wrong with that. If explaining to someone why what they said or did is not appropriate or productive seems out of your depth, you are not responsible for fixing it. If you're struggling to be around someone who caused harm and distress to you, you do not owe them more labor, energy, and time. There are many other approaches to supporting your disabled community and maybe that's helping other people advocate for themselves or providing a safe space to rest. You don't have to fix everything, that's not your job. Your job is just to exist, that's radical enough as a disabled person.

But I know that I could have taught him something, that's why I'm writing this in the first place. I like education and explanation is usually not too much of a strain on my energy. Actually, I love breaking things down and explaining them, as long as it's from my bed (where I'm currently writing this, of course). So I do hope someone teaches the professor where I chose not to. In the future, I hope I'm less self-preservational and more community-minded. Next time, I hope I choose disability pride over fear for my reputation.

To answer Smilges' question, "What does the category of *disability* do? And for whom?"<sup>82</sup> at the time, I thought it provided clarity around my capacity. I thought it was a stepping stone to differentiate myself from my peers, being seen as a good student because I was overcoming my disability. Clearly, it did none of those things. In fact, the way I presented disability initially acted as a means of setting impossible standards of abledness. It isolated me from disabled community, set an uncomfortable precedent for my disabled peers, and ultimately held me to lofty expectations of abledness that I could not meet. Rather, in this case, the category

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<sup>82</sup> J. Logan Smilges, "Crip Negativity," in *Crip Negativity*, (Minneapolis: University of Minnesota Press, 2023), 9.

of disability acted as a means of identifying how much humanity I was owed and distributing it accordingly. It acted as a justification for discrimination, it acted as validation for writing off my ability to succeed.

### **Vignette Two: *Language and Ideology***

The previous vignette provides beneficial framing for examining important aspects of the theory, prejudice, and ableism that are involved in disabled individuals' academic careers. However, in many ways it can also be a disappointing narrative. I never confronted the professor or worked to educate him; in all honesty, I still avoid him when I see him on campus. This second vignette provides a bit more context on what advocacy in the classroom can look like. It further ties together language and ideology, demonstrating where academia can, and often does, fall short in connecting the two. Finally, it served as a valuable piece for me to work out ideas about how and when to advocate, as well as how to resist imposter syndrome within advocacy. Battling imposter syndrome in advocacy is one of the topics that arises most often in conversations with my peers and mentees. It is rarely an easy or painless decision to advocate for oneself. In classrooms, advocacy is particularly challenging because there is rarely time for the immense explanation usually required for an individual to fully understand the effects of their actions. This narrative will work out some of the difficulties I encountered and how I learned from them.

In the spring of my sophomore year, I took a class on literary, cultural, and political theory with a professor who was acknowledged to be experienced in queer social justice work. On the first day, a glance at the syllabus revealed disability was nowhere to be found in the otherwise fairly inclusive list of theorists. During class when the professor asked for feedback on the syllabus, I spoke up asking for the addition of disability literature. In front of the class, the

professor suggested I be the one to select and introduce pieces I was familiar with. Rather than finding and incorporating valuable disability literature into her syllabus, she defaulted to placing the burden of educational labor on a disabled student. In addition to adding unnecessary educational labor on an already marginalized student, this fairly common practice in academia also removes the student from their peers, inhibiting them from learning with the rest of the class. If the student selects pieces for the course, they miss out on exposure to new materials they would have otherwise received from the professor. It also creates distance between the student and their peers, either because they cannot contribute to discussion without being seen as the sponsor of the material, or because peers may resent the student for choosing a challenging, long, or boring piece. Finally, it makes one marginalized student the mouthpiece of their community. When a disabled student suggests a reading on disability, it is received as the sponsored piece on behalf of the disabled community. None of these were burdens I was interested in bearing. Following this class session, I visited the professor's office hours. Here, I privately requested that it would probably be best if she sourced the literature herself. She eventually acquiesced, adding Robert McRuer and Ellen Samuels as supplementary pieces halfway through the semester.

Additionally, during this meeting, I showed her my accommodation paperwork and asked how my access needs could be implemented in the course. Instead of facilitating any kind of discussion around needs and course expectations, she simply refused them. Specifically, she focused on my lateness accommodation, noting that showing up a few minutes late to class would be disruptive to everyone. According to her, because other students were unaware of my disability they would be confused about my tardiness. Her implication was that sharing my personal medical details with the class would somehow grant me approval for my accommodations. If I jumped through enough social hoops and exposed my personal history, my

medically-necessary accommodations would be permitted. In contrast to the previous vignette where I initially pushed myself to perform able-bodiedness as a result of perceived necessity, in this class it was explicitly communicated to me that I was expected to demonstrate the abstracted criteria of professionalism and “non-disruptive” behavior; in other words, perform able-bodiedness for the sake of my peers’ comfort.

Perhaps this professor’s response stemmed from the belief in disability fraud, the idea of disabled people being met with suspicion or treated like their needs are being dramatized for unnecessary additional support.<sup>83</sup> Or perhaps it came from the false idea explored in Chapter One’s section “Criminalization of Disability” that accommodating disabilities should be easy as a result of glaringly obvious symptoms. Both of these approaches to disability stem from a long history of ableism in the United States. The former as a result of social Darwinism criminalizing disability, pitching all disabled people as more genetically prone to moral deviance; the latter as a result of Ugly Laws hiding disabled people away unless they were able to convincingly perform abledness, leaving most people identified as disabled viewed as “visibly disabled” or “obviously disabled.”<sup>84</sup> Knowing of this professor’s queer social justice work, I had entered this meeting anticipating disability acceptance. Instead, I was caught off-guard by her resistance to my accommodations. Instead of advocating for myself, I quietly accepted her decision and opted out of publicly sharing my medical journey to justify my accommodations. For the rest of the semester, I was forced to push my body beyond capacity and arrive to class over an hour early, wasting time and energy sitting in the hallway for hours at a time, to avoid walking in a few minutes late.

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<sup>83</sup> Jina B. Kim, *Care at the End of the World: Dreaming of Infrastructure in Crip-of-Color Writing* (Durham: Duke University Press, 2025).

<sup>84</sup> Beckmann, “Undoing Ableism,” 14.

However, because it colors my life experience, I did mention my disability in class conversation throughout the semester. Generally this went over well, though once disability theory became a topic of conversation I was again defaulted as the mouthpiece of disability in this classroom. Many students, and often the professor, insisted I have the last word in every conversation about disability and took my word as gospel. Other disabled students in the course gave me sideways glances and hesitated before disagreeing with me. I did my best not to take the crown of “resident disabled speaker” but to an extent it was forced upon me, not only by my able-bodied peers but particularly by the professor. Initially starting the semester off by asking me to find disability theory, essentially tasking me with disability education for the class, she set an example of how I should be treated. My peers quickly followed her model and tokenized me as well.

Towards the end of the semester, I wrote my own theory for the final paper. It was a bit outside the scope of the assignment so I wrote and submitted a project proposal to request permission. I took this proposal to the professor’s office hours to discuss the idea with her. My theory was a model for analyzing majority power dynamics over marginalized communities. While the theory could have been applied to disability, it was not particularly central to my work. In fact, beyond a one sentence example, disability was not mentioned at all. However, in the next class session, she singled me out telling everyone I would be writing about disability for my final paper.

While these encounters certainly created an uncomfortable semester for me, there was one issue that became a larger, long-term problem. Through the use of a few pieces of scholarship, including Robert McRuer and Ellen Samuels, the professor brought in the idea of “Crip Studies.” Without much discussion, she began using the word “crip” casually and beyond

the respective academic theories. After hearing the word out of context a number of times, another disabled student spoke up and asked if they were correct in remembering that the word is still a slur. I began to confirm their suspicion, but the professor interrupted me and clarified that it had been reclaimed by academics and was therefore appropriate for classroom usage. I hesitated, but ultimately decided not to say anything else about it.

Later, I called a disabled friend who was more active in advocacy at the time and confirmed with him that the word was still a slur. He was shocked that the professor would use the word so casually and confirmed my concerns. While the word is currently in the process of being reclaimed, many disabled people still reject the term as an offensive and harmful slur.<sup>85</sup> Most of the reclamation has occurred in one niche field of academics by *disabled* theorists. Through discussion, we decided the most appropriate way to have handled this term in the classroom would have been to discuss the origins, affects, and consequences of using the term. Particularly because ableism is such a pervasive problem at Mount Holyoke, the nuances of using the term certainly should have been discussed to ensure able-bodied students did not use the term outside of the classroom or without the appropriate academic context.

The following year, a disabled underclassman approached me. Sharing that he was currently enrolled in the course I had previously taken, he asked about my experience with that professor as a disabled student. When I shared about my negative encounters, he confirmed that his experience with accommodations was similar, but that the conversation around slur usage had only become worse. *Crip Theory* remained on the syllabus which I felt was at least a small improvement from my experience. However, apparently the professor began saying the word “crip” more frequently and in more casual ways, removing it much further from academic use

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<sup>85</sup> John Henner and Octavian Robinson, “Unsettling Languages, Unruly Bodyminds: A Crip Linguistics Manifesto,” *Journal of Critical Study of Communication and Disability* 1, no. 1 (2023), 8. [https://doi.org/10.48516/jescd\\_2023vol1iss1.4](https://doi.org/10.48516/jescd_2023vol1iss1.4).

than she had during my semester. Arriving to class late, she would declare herself, “so crip.” If she skipped around in a chapter, going from one passage to another several pages away, she would casually call it “non-linear, crip reading” without any context or relation to disability. In some ways, I felt responsible for not having further resisted her use of it the previous year. At the time, I knew she already saw me through the lens of many negative disability stereotypes from the ways she engaged with me during office hours, leading me to feel quite hesitant to cause any disruption. Throughout the semester, I continued to check in with the underclassman a few more times to ensure his safety and comfort. Yet beyond this, I felt there were limits on what I could do as a previous student of the class.

The fall after I spoke with the underclassman, I took a course wholly unrelated to disability theory but where this professor was invited as a guest speaker. She opened her presentation encouraging all students to interrupt her, ask questions, and engage with her lecture at any point. So, when the first slide in her presentation referred to “trans, queer, and crip people”, I raised my hand. When called on, I said that if she felt it was necessary to use a slur in this academic context, I would ask that she please provide an explanation of the word and its history, as well as her intention with using it. Since the slide was not referring to the academic concept or any disabled writer’s theory (ie. “crip theory,” “crip spacetime,” “crip time,” “crip technoscience” or another concept that would require the term<sup>86</sup>) but was instead being used as an adjective (“a crip person”), I asked if the term she intended to use was “disabled.” If not, I asked her to clarify why the term “crip” was necessary here. I clarified that my request was

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<sup>86</sup>McRuer, *Crip Theory: Cultural Signs of Queerness and Disability*; Margaret Price, *Crip Spacetime: Access, Failure, and Accountability in Academic Life*, Durham: Duke University Press, 2024, <https://doi.org/10.2307/jj.14638157.4>; Samuels, “Six Ways of Looking at Crip Time.”; Aimi Hamraie, “Crip Technoscience Manifesto,” *Catalyst: Feminism, Theory, Technoscience* 5, no. 1 (2019): Special Section: Crip Technoscience, 1-33.

centered on concern about uneducated, able-bodied students using it with levity around campus in the future.

As an example of how I would have liked to see this situation handled, I will turn to some disability literature. In “A Crip Linguistics Manifesto”, immediately upon employing the term, Henner and Robinson fulfill the request I made of the guest speaker, “For some, [crip] is a slur. For us and in disability activism, and in activist-oriented disability studies, *crip* is a verb.”<sup>87</sup> Alongside acknowledging the importance of the term in disability studies and disability activism, the authors do not shy away from addressing that the word is still largely contested. In fact, for some it is not only uncomfortable but actively harmful. As with most slurs, this term has been used to marginalize and, for centuries, institutionalize disabled people, hiding them away from the public eye because of their “ugliness.” While for some it has become an empowering identity term, for many it is still used to isolate and marginalize them today. Here, Henner and Robinson demonstrate a powerful Disability Justice rhetoric: two truths can exist at once. The slur can cause harm and disheartenment for some and empowerment for others.

Inspired by Smilges’ work in *Crip Negativity*, asking “what does the category of *disability* do, and for whom?”<sup>88</sup> I wondered what the guest speaker saw as the intended benefit of her word choice (and for whom). In her response, I had hoped she would be armed with the disability scholarship that has worked to reclaim the term “crip.” If this was the case, she would be able to provide valuable context into her word choice. Instead, the lack of explanation and justification for it rang loudly when her audience was a group largely unaware of disability as a field of study. To stress this point, some students heard the term “crip” and initially thought the

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<sup>87</sup> Henner and Robinson, “A Crip Linguistics Manifesto,” 8.

<sup>88</sup> J. Logan Smilges, “Crip Negativity” in *Crip Negativity*, (Minneapolis: University of Minnesota Press, 2023), 9.

professor was referring to gang affiliation. Thus, using the term without explanation caused confusion at best and harm at worst.

As noted in previous chapters, language holds immense power in distributing authority and assigning subordination. Not only do words themselves hold a certain power, and the term “cripple” has long held the power to dehumanize and institutionalize disabled people, but also the *use* of language distributes the power of control. To return to an earlier quote from Henner and McElhinny, “controlling what gets said or written and who can say or write it is one way we exercise control...”<sup>89</sup> While this may not be an inherently negative thing and a professor controlling a classroom is arguably justified, there are cases in which language, and as a result power, are abused even by those with a right to control. Controlling a marginalized community’s use of their own slurs within a classroom, refusing their right to police their own language is eerily reminiscent of the earlier mentioned theories of language policing and curation.

However, despite this professor’s social justice work, she missed the benefit of implementing her activist approaches in the classroom. Instead, a rather combative conversation ensued between the two of us. The guest speaker had no explanation for her use of the word other than citing acceptance of the term in academic circles, which she notably only referred to as “queer, trans, and *disability* studies.” Another disabled student in the class pointed out that if “disabled” was successful in naming the discipline, it would have worked on the slide as well. The guest speaker eventually revealed that she was trying to use the word to tie together the overlap between transness and disability, where the individual’s body is seen as deviant from society and therefore heavily oppressed and policed. I took this opportunity to re-emphasize my point that the term does have academic benefits and can absolutely be used to draw connections between overlapping experiences with deviant bodies—however, it is still largely regarded as a

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<sup>89</sup> Heller and McElhinny, “Le Symbole,” 113.

slur. I reminded the guest speaker that my only request had been a definition and disclaimer around the term to ensure students felt safe in the classroom and were aware of the context the word held. Without much progress in gaining acknowledgement of my request, I took a moment to step out of the classroom.

In the hallway, I saw another disabled student who had left the classroom as well. Feeling drained and disappointed at the lack of progress, I apologized to them for derailing the class. However, rather than accept the apology, they actually thanked me for interrupting the lecture. They shared that they too had stepped out for a break from the intense debate. I checked my phone and found it flooded with texts from others in the classroom apologizing on behalf of the guest speaker and thanking me for speaking up. I waited until after the guest speaker left and then returned to the classroom. The professor for the course asked me if I was alright and after confirming I was, she left the room. Immediately, the classroom was filled with discussion. On my way out of the classroom, I was stopped a number of times with remarks from my peers either thanking me for saying something or expressing their own discomfort with the use of the term.

Later that week, I received an email from the professor who hosted the guest speaker. She asked me to have coffee with her to check-in about the class session. In many cases, I would have said no to the meeting. However, I felt comfortable with this professor and respected her for pursuing additional dialogue regarding the situation. Still I went into the meeting wary of the way the conversation would unfold; from experience I knew it was likely I might encounter resistance or a reprimand for speaking up in class. In the meeting, the professor began by encouraging me to share more about my view of the situation. I told her briefly about my previous experiences with the guest speaker and apologized for any disruption I caused in class

but emphasized how important I felt it was to intervene in further use of this harmful term. While she listened and received the information I shared, the response that followed was disappointing. Essentially, she expressed that in her debrief with the guest speaker, she felt that I had embarrassed the speaker. She encouraged me to approach such questions with curiosity instead of accusation. Further, she questioned my right to police language in the classroom, encouraging me to be less sensitive towards terminology and instead embrace discomfort as a challenge to learn. In response, I apologized for making the guest speaker uncomfortable and for adding difficulty to her job. And then I disagreed with her. In contrast to her suggestion, I posited that I *had* approached the professor with curiosity; I simply requested that she define her word choice and explain her reasoning before using it lightly. Further, I posed this request with intention; I was never particularly interested in a vocabulary error on the presentation slide. Rather, my concern lied with how she would *react* to the question and correction. Her reaction actually told me much more about her right to use the term “crip” than anything else about her work.

In her book *Teaching to Transgress*, bell hooks notes that “Often individuals who employ certain terms freely—terms like ‘theory’ or ‘feminism’ [or ‘crip’]—are not necessarily practitioners whose habits of being and living most embody the action, the practice of theorizing or engaging in feminist [or disabled] struggle.”<sup>90</sup> When academics utilize political language, it must occur within the context of ideological and practical support for the marginalized community the language addresses. More simply, their behavior should be supported by the framework of the movement that created the language. Using a Disability Studies term should be reflective of a larger narrative of Disability Justice values of interdependence, care, and inclusivity. Since, in my first class with her, my disabled identity was tokenized while my

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<sup>90</sup> bell hooks, “Theory as Liberatory Practice,” In *Teaching to Transgress: Education as the Practice of Freedom*, (New York: Routledge Taylor and Francis Group, 1994), 62.

accommodations were denied, I would argue this professor was unable to accurately represent disabled terminology in her classroom. Without the surrounding Disability Justice values and framework, the reclaimed term could not accurately or respectfully be utilized in this space.

However, with a particular focus on the class where this professor was a guest speaker, I had hoped her response to my question would demonstrate an understanding of the disabled community whose language and oppression she co-opted so easily. To clearly demonstrate the actions and ideologies that should accompany disability language, I will employ a few more sections from “A Crip Linguistics Manifesto”<sup>91</sup> to illuminate the issues with the guest speaker’s handling of my question. I believe this is a valuable source as it focuses on language use within disabled communities, centers disabled voices of many varieties, and defines various ideologies that are embedded in the Disability Justice movement and language.

As noted above, Henner and Robinson begin by defining the term “crip” and noting its problematic and still contested history. However, since it is empowering for them, Henner and Robinson take the time to immediately address what this term means to them and how it is impactful in their work, “To crip is to disrupt the stable, transform the familiar, subvert the order of things, unsettle entrenched beliefs, and to make anew.”<sup>92</sup> While the guest speaker expressed her desire to use this term very clearly, she was extremely resistant when I demonstrated a “crip” response to it. By asking her to define the term and her intent with it, I subverted the order of the classroom. Identifying the word as a slur, I was unsettling entrenched beliefs about the term in academia. Yet, I was met with resistance. Someone practicing a Disability Justice mindset, which should have been inherently paired with the reclaimed use of the term “crip”, would have

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<sup>91</sup> John Henner and Octavian Robinson, “Unsettling Languages, Unruly Bodyminds: A Crip Linguistics Manifesto,” *Journal of Critical Study of Communication and Disability* 1, no. 1 (2023), [https://doi.org/10.48516/jcscd\\_2023vol1iss1.4](https://doi.org/10.48516/jcscd_2023vol1iss1.4).

<sup>92</sup> Henner and Robinson, 8.

embraced my disruption as an opportunity to meet the classroom community on their terms. The Manifesto authors address this as well, noting that, “Disability Justice asks us to ‘bring flexibility and creative nuance... to be in community with each other’ (Berne, 2018, p. 228).”<sup>93</sup> Yet when posed with something unexpected, the professor refused flexibility and did not hold my concerns in community with her classroom goals. Further she did not demonstrate “flexibility and creativity [in] defin[ing], describ[ing], and discuss[ing] language and the bodies that use it”<sup>94</sup> but instead rejected critique from a body described by the harmful language she employed freely.

Had the classroom community (a group of somewhat diverse people with various areas of study and academic backgrounds) been considered, it would have been clear that the slur could not be safely utilized without explanation. Particularly without context of an assigned reading using the word or a broader class curriculum about the topic, the speaker had no reason to believe we had any knowledge of her intended meaning. For many people outside academia, “crip” can and often does still cause harm and further oppression. While it is in the process of being reclaimed, this effort has not yet succeeded and many disabled people outside of academic theory are still sensitive and resistant to the word. All of these factors should have been considered in the planning and execution of the presentation. Since it was not, and the larger classroom community was affected by the use of the word, harm was caused.

Returning to the one-on-one meeting between myself and the professor of the course, I will address their second concern regarding sensitivity around language. As noted, in past classrooms, I shied away from advocacy as a result of self-doubt. Thinking maybe I was uninformed, too sensitive, or overly aggressive, I stopped myself from advocating when something negatively affected me. While this was the exact accusation posed to me by the

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<sup>93</sup> Henner and Robinson, “A Crip Linguistics Manifesto,” 11.

<sup>94</sup> Henner and Robinson, 11.

professor of the course, I actually was rather confident in my decision to speak up. This is because I was not speaking for myself. Actually, the term “crip” does not particularly bother me. While I have encountered it as a slur directed towards myself, the classroom setting was not particularly triggering for me. Rather, I chose to question the guest speaker because I knew many abled students heard the term in her classrooms and utilized it outside without proper context and reason. Without a clear explanation of the slur and its implications, I feared that the abled students in the classroom would use it outside that class session in the presence of my disabled peers who would be negatively affected in the way I was not.

As a community identified and “bound together, not by...collective symptoms, but [by] social and political circumstances...”<sup>95</sup> something that one person must advocate against undoubtedly affects other disabled people as well. My disabled friends, peers, mentees, and especially the disabled underclassman who came to me the previous semester, were the reason I confronted the professor—not my personal sensitivity. In fact, I found this whole situation to be simply a replication of broader society’s attempts to minimize marginalized communities by controlling how communities speak about and to one another (language policing), and intentionally controlling the way the majority language is used (language curation). This community mindset, advocating not for myself but for those who might be more affected and therefore making a statement about the broader policing of my community, has led me to confidence in my activism, certainty in when I chose to speak up, and clarity in defending my choice to speak.

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<sup>95</sup> Simi Linton and Michael Bérubé, “Reclamation,” in *Claiming Disability: Knowledge and Identity*, (NYU Press, 1998), 4.

My ideal solution in this classroom would have been to implement a Disability Justice methodology which can be identified through Sins Invalid's 10 Principles of Disability Justice.<sup>96</sup> Recognizing wholeness by believing that all students in the classroom hold life experience beyond academia and may be impacted in various ways by terminology. Sustainability could have been incorporated by pacing ourselves instead of trying to rush through the lesson, pausing to ensure everyone's ease in existing in that classroom space. Principle seven, "Commitment to Cross-Disability Solidarity" is written as "honor[ing] the insights and participation of all our community members..."<sup>97</sup> The professor could have done this by holding space for my concerns, rather than dismissing them and trying to justify her word choice. Additionally, interdependence requires meeting the needs of various individuals in the space while building towards the liberation that Disability Justice imagines. And finally, Collective Access asks for "flexibility and creative nuance that go beyond able-bodied/minded normativity, to be in community with each other."<sup>98</sup> By applying the methodology from the community who is reclaiming this term, the professor could have more accurately defended the importance of her word choice, rather than appropriate terminology without any praxis to support it.

In application, I would have liked to see the professor examine the room, considering the humanity of the individuals there, their various backgrounds, and the hurt in my voice when I expressed my own negative experiences with the word. She could have slowed down her presentation, taken a pause, and done a check-in with the group. How did everyone else feel about the word? Then conscientiously examine her own use of it, explain her intention, and see if we were comfortable with continuing or if another word should be used. All of this would have

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<sup>96</sup> "10 Principles of Disability Justice," Sins Invalid, accessed April 23, 2025, <https://sinsinvalid.org/10-principles-of-disability-justice/>.

<sup>97</sup> "10 Principles," Sins Invalid.

<sup>98</sup> "10 Principles," Sins Invalid.

easily resolved my concerns and kept the initial classroom goals maintained. However, the rejection of feedback, defensiveness, and embarrassment caused only more harm and disruption to the classroom. Further, it only solidified my stance that the term was being used inaccurately because she did not implement a Disability Justice methodology alongside its terminology.

In order to further illustrate the ways that small moments of ableism can have vast effects, I will conclude this narrative by addressing how a few of my peers handled the situation. While our classroom guidelines included confidentiality, this conversation naturally did not stay in the classroom and instead apparently became a contested incident. About a week after the class session, I received word of two students from the class talking about the situation in other settings. In stark contrast to the rest of the students in our classroom, they claimed that I had gotten irrationally angry at the professor and derailed the entire class, intentionally redirecting the conversation away from our learning goals. Two disabled underclassmen, and friends of mine, defended my actions in the situation, without knowing I was the one being criticized. While both of the latter students are skilled advocates, I wanted to ensure my work was not lost as a result of upperclassmen chastising me. My intention in speaking up during the class session was advocacy not just for myself, but for future disabled students working with that professor, hearing that presentation, and engaging with the other students in that classroom. I worried that by hearing others in a position of power criticize my advocacy, the disabled underclassmen would doubt their right to speak up for themselves and others.

I write about this aspect of the situation not to shame the senior students for criticizing me, but to call attention to even small moments of ableism. This thesis is intended to document and illustrate the implicit and varying ways that harmful ideologies about disability seep into everyday life and color student experiences; as well as the various ways ableist ideologies impact

disabled people, and students in particular. As a result of these students' comments, the impact of ableism was not that I personally was hurt as a disabled person, but rather that the younger disabled students were forced to witness a chastisement of another disabled person's advocacy. Even a small moment of ableism—criticizing a disabled student for standing up for themselves—had a larger impact: demonstrating to younger disabled students that standing up for themselves is something to be ashamed of, something they have no right to do, something that will be mocked through use as a party story by their peers. In fact, at no point in this narrative was I intending to speak for myself. Rather, my intention in advocacy has shifted dramatically away from my personal access and instead into a lens of political resistance. As a community bound together by shared political oppression, my advocacy is never solely in response to my personal access needs or discrimination. It is always reflective of a larger community who faces similar instances on both smaller and larger scales, and even other community members affected within the same room who did not have the privilege to speak up. In documenting this narrative, I hope to remind those two wonderful underclassmen, and dear friends of mine, that they have every right to speak up for themselves and their disabled peers. Their voices deserve to be highlighted. Their experiences are valid. The harm that is caused to them often going unacknowledged is unacceptable. I wanted to encourage them to advocate for each other, for their peers, and for their future mentees. And ultimately those in a marginalized community always have the right to be heard on their own terms, particularly about their own language, no matter the reason. Taking hold of one's own language is always a political act.

*A Brief Author's Note:*

As a follow-up to this narrative, I would like to extend appreciation for the professor of the course in which the above-mentioned incident occurred. They addressed their concerns with

me respectfully and earnestly, genuinely listening to my perspective and willing to learn from my disability experiences. Through this situation I was granted many opportunities to learn from them in return, both in and outside of the classroom. An excellent mentor, a kind and genuine professor, and an open-minded individual who pursues lifelong learning, Dr. Sarah Stefana Smith has been a remarkable addition to my thesis team. Thank you, Dr. Smith, for helping me write this story, continuing to respect my experiences, and encouraging me to use my voice.

### **Vignette Three: *Caretaking***

**Interviewer:** “Your model of collective care includes disability as part of our social understanding of mutual care. What you are doing is helping to shift our collective social understanding of care. It’s profoundly political.”

**Loree Erickson:** “Yeah it really is. It’s too bad taking care of each other has to be radical.”<sup>99</sup>

The next case I will discuss relates to housing discrimination for disabled students at Mount Holyoke. While the situation could be laid out point-by-point of what happened, it is likely more successfully explained and impactfully displayed by describing some preliminary information. To begin, I will explain the endlessly complicated process that Mount Holyoke puts its students through to decide their housing placements.

Mount Holyoke’s housing process is particularly complicated and the source of much strife and complaint from both students and administrators. The College was founded in 1837 and is therefore a generally architecturally inaccessible campus. It was not initially built to be navigated by cars or to house parked cars at any point of the day or night—certainly not upwards of 2,000 cars. The sidewalks and hallways were not designed to support wheelchairs or even to

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<sup>99</sup> Leah Lakshmi Piepzna-Samarasinha, “Care Webs,” In *Care Work: Dreaming Disability Justice*, (Vancouver: Arsenal Pulp Press, 2018), 43-44.

allow them entrance. Of the eighteen residence halls Mount Holyoke offers, eight are listed as “Accessible: No”, three are listed as “Accessible: first floor only”, and five have 3-5 floors but no elevator, leaving disabled students frequently required to live in basements just for access to the ground level.<sup>100</sup> Even when a building has an elevator, disabled students are regularly trapped on the first floor for hours or days at a time when the elevators break down—which happened at least twice last semester in the most “accessible” dorm that houses a majority of the physically disabled students on campus. Additionally, there are twelve dorm halls that are located on “non-central campus” meaning they are quite a walk away from the dining hall and most academic buildings. This may entail being across the main road from campus and/or up or down a steep hill. Ultimately, disabled students are extremely limited in their housing opportunities.

The standard process for housing at Mount Holyoke is that students enter themselves into one of several “housing lotteries”:

Senior Suites & Apartments: Open to seniors only. Must have a roommate group of all seniors only. Must have a roommate group the same size as the suite or apartment one is trying to get.

Mixed, JR & Soph Suites & Apartments: Open to seniors, juniors, and sophomores. Must have a roommate group the same size as the suite or apartment one is trying to get.

Senior Singles: Open to seniors only (no roommate groups allowed)

Singles Accommodation Lottery: Open to juniors & sophomores with an approved housing accommodation only (no roommate groups allowed) This lottery is invite only.

Doubles/Triples: Open to seniors, juniors, and sophomores. Roommate groups will be prioritized, but you don’t need a group to participate.<sup>101</sup>

Students are able to “opt-in” to an individual lottery and are then assigned a “selection time” at random. During this selection time, they are able to pick the room they want from within that lottery’s options—assuming someone else has not already picked this room. The earlier one’s assigned selection time is, the better the chances one will receive their desired room.

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<sup>100</sup> Mount Holyoke, “Residence Halls,”

<https://www.mtholyoke.edu/student-experience/living-campus/housing/residence-halls>.

<sup>101</sup> Nashalie Vasquez, “[students-25] Important Housing Lottery Information & Deadlines” (email), Feb 2, 2024.

Disabled students who have housing accommodations, beyond a Single dorm accommodation, are not included in the lottery process. Instead, student names are placed one-by-one in rooms that fit *most* of their accommodations by Residential Life staff. In advance of their placement, students are asked to rank their documented, necessary medical accommodations as “most to least” important. A meeting is then held with the office of Residential Life and Disability Services to place students in housing that meets their accommodations while ensuring everyone has access to most of their needs through the housing placements that are reserved. This process typically takes place in February or March, with housing placements being announced in early April—long before many incoming students have even received their acceptance letters. While some housing is reserved for incoming students, it is hardly enough for the largely disabled and neurodivergent population.

However, many disabled students progress through their Mount Holyoke career without ever receiving housing accommodations, as approval for accommodations is a challenging and exclusionary process in its own right. The accommodation process requires a student to move through the world with several layers of privilege. One of these assumed privileges is that a student has a recognized disability and diagnosis. As a result of sexism and transphobia in the medical field, the entire population of Mount Holyoke (as a gender-diverse women’s college) will be frequently dismissed and ignored in attempts to pursue diagnoses. Therefore, despite enduring the effects of a disability, many Mount Holyoke students will not have the privilege of a doctor’s validation in the first place. When female and/or trans students do not benefit from white privilege, the issue is further compounded as people of color face even more severe invalidation in medical contexts. Even if a doctor validates a disability, medical appointments are extremely expensive, as is the testing process for most disabilities, diseases, and illnesses. If a

student has the privilege of a diagnosis, they are still required to purchase a letter written by their doctor documenting this information in the particular, yet subjective, way Mount Holyoke requires. Often these letters are \$75-200 each, in addition to the cost of a doctor appointment or phone call to request the letter and explain what should be written in it. All this to say, the housing process for disabled students is fraught with sexism, transphobia, classism, racism, and ultimately ableism as the former discrimination causes accessible housing to become unattainable.

With all of this in mind, it makes sense that reports on the housing process are largely negative. Incoming disabled students are rarely informed of the accommodation process early enough to submit documentation and be placed in accessible housing, practically setting them up for failure in their first year. Returning disabled students with accommodations are rarely placed in housing that fits all of their medically-necessary accommodations as determined by their doctors. Returning students who need to obtain new accommodations may not be able to attain them as a result of compounding forms of oppression.abled students who do not need accommodations are constantly stressed about the housing lottery and uncertain of their living situation for the next year, often leading them to turn on disabled students who are awarded early placements. They may also fake or pursue housing accommodations they do not need just to avoid the stressful scenario. This causes Disability Services to subject disabled students to accusations along the lines of disability fraud.<sup>102</sup> Such distrust towards disabled students even with documented medically-necessary accommodations, leads to even less students having the support they need.

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<sup>102</sup> Jina B. Kim, *Care at the End of the World: Dreaming of Infrastructure in Crip-of-Color Writing* (Durham: Duke University Press, 2025).

Residential Life has been repeatedly hostile towards students requesting a different process, certain allowances to be made for them during the process, or generally towards students struggling in the process. On a number of occasions, I have been berated by Residential Life for asking questions about the current system. On one such occasion of investigation, I was told by a staff member that they are fully aware of the complex accommodation process since they are “forced to sit through a four-hour meeting every year about students with accommodations *like yours*.” Essentially blaming my housing needs for the inconvenience of an annual, long meeting despite it taking place during their usual paid work hours.

An important note to remember around housing accommodations is that when making choices about housing as a disabled person, accessibility is vital. While students can take days off from classes, jobs, or using broader campus spaces, there is no break from housing. Dorm rooms are something every student will use daily no matter what, therefore it must be accessible at all ability levels. While a student may be able to miss class or work during a flare-up or difficult health day, they have nowhere to stay but their dorm room. Therefore, a room that a disabled student cannot access on their worst health day is not an accessible housing option. It must be considered in the context of worst-case circumstances. In other words, a housing placement is a student’s whole world for the next year. To add to the words of Leah Lakshmi Piepzna-Samarasinha, “...beds are worlds. Houses are worlds”<sup>103</sup> and dorm rooms are worlds. A dorm room is disabled students’ safe space to retreat after an exhausting and frustrating day of ableism, our private space to cry. It is the place we tend to our health issues: replacing bandages or removing gauze, wiping away puss, vomiting, or spasming. It is our recovery space after being poked and prodded during medical appointments with no new answers. It is the respite for

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<sup>103</sup> Leah Lakshmi Piepzna-Samarasinha, “Crip Emotional Intelligence,” In *Care Work: Dreaming Disability Justice*, (Vancouver: Arsenal Pulp Press, 2018), 72.

immunocompromised students who catch every flu, cold, COVID-19, or norovirus case on their floor as a result of communal living. It is the place we rest and let our body recover, sleeping eight to sixteen hours. It is the one place our bodies can truly exist as they are without judgment from an ableist world. While I understand what an exhausting and frustrating puzzle the housing process must be for administrators, I think they often forget that they have the freedom to go home at the end of the day. Students, especially disabled students, are left long into the night and early in the morning, all day and every day, for the next year to reckon with administrators' eight-hour work day decisions.

With this context established, the relevant encounter with ableism can now be addressed. While housing has always been a discriminatory, discouraging, and dehumanizing process since my very first year on campus, the situation I would most like to address occurred during my junior year. In the spring of my junior year, I learned about the senior suite and apartment lotteries. Marketed as an opportunity for independent living, I felt that this would be an excellent transition opportunity for me.<sup>104</sup> While most students on campus are able to live in different dorm buildings each year, I knew it was likely I would only ever live on the first floor of the one building that is accessible for me, maybe even in the same room. The suites were an opportunity for me to have the choice to forgo some of my accommodations for a new living experience. While I could justify many reasons a suite would have increased my quality of living, at the end of the day it was just a different experience I wanted to try. However, this in and of itself is often considered unreasonable.

As addressed in the festival anecdote, disabled lives are considered to be antithetical to fun and joy. Disabled lives are often minimized to survival and completely isolated from

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<sup>104</sup> Nashalie Vasquez, "[students-25] Important Housing Lottery Information & Deadlines" (email), Feb 2, 2024.

pleasure. However, disabled people, myself included, deserve to live an abundant life.

“Everyone, including disabled people, deserve to thrive. We deserve to flourish. We deserve joy and pleasure and deep laughter. These things are not privileges, rewards we should have to earn through labor, or scarce resources we should have to ration.”<sup>105</sup> Abled people are afforded the privilege of enjoyment, trying things on a whim because they want to—having *wants* instead of *needs*. Disabled existence can and often does look different, but it should not be so different that disabled people are not allowed to want things that they do not need. Disabled college students, many of whom are in their early twenties, have as much right to make decisions with no foundational necessity as abled twenty-year-olds do. We have as much right to access fun opportunities as we do our living necessities.

Ultimately, some of the housing opportunities Mount Holyoke offers its students are simply for fun. Most students do not *need* to live in an apartment or suite and many would have their basic needs met by a single or double dorm room, yet these are still options offered. Mount Holyoke advertises these housing opportunities as more independent living situations for upperclassmen since the College does not offer off-campus housing.<sup>106</sup> However, the apartments and suites are not exclusive to upperclassmen nor is the housing available for accommodation use when a student *does* need to live in an apartment or suite. Officially, students are not permitted to use an apartment or suite as a housing accommodation (although there is precedent for this happening in rare circumstances as a result of long, arduous disability advocacy on behalf of my incredible friend, Olivia). This communicates that suites and apartments are not determined by necessity or offered because some students would particularly benefit from them.

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<sup>105</sup> J. Logan Smilges, “Access Thievery” *Crip Negativity*, (Minneapolis: University of Minnesota Press, 2023), 41.

<sup>106</sup> Nashalie Vasquez, “[students-25] Important Housing Lottery Information & Deadlines” (email), Feb 2, 2024.

Instead, these housing options are offered—quite frankly—because they are *fun*. Suites and apartments are *privileges* that some students will have the opportunity to use and enjoy. And the College explicitly excludes disabled students from this opportunity for enjoyment just because their lives are often otherwise filled with needs that overshadow their wants. Disabled students deserve equitable access to “fun” opportunities Mount Holyoke provides to abled students, “we’re owed the opportunity to thrive; we’re allowed to demand more for ourselves than just barely enough.”<sup>107</sup>

With this in mind, I was also interested in participating in the suites lottery. Specifically, I was excited by the idea of sharing a living space with peers that I knew I had access intimacy with, something I had never had the opportunity to experience before. While dorm rooms and apartments have shared bedrooms, many of the suites held four single bedrooms in a shared common space with a private bathroom. This would allow me the private space I needed to manage my disability and symptoms while still allowing me to share spaces with peers. When considering making the transition from solo living to living with roommates, I had to consider my access needs and the way caretaking has colored my roommate relationships in the past. In my own life, caretaking has been central in every one of my significant relationships. Growing up, care was primarily performed by my mother as we lived together and she was the main support available when my disabilities progressively decreased my mobility. When my ability to stand rapidly declined, she took on my household chores, such as sweeping, vacuuming, and washing the dishes. However, our relationship, even as parent and child, was never one-sided. In return for my inability to reliably complete household chores, I read and edited her thesis, offering my services as an ASL interpreter to help her interview deaf and hard of hearing participants for her master’s thesis. On an interpersonal level, I taught her how to wash and care

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<sup>107</sup> J. Logan Smilges, “Access Thievery,” *Crip Negativity*, 41.

for her curly hair, including buying the right products for her and learning to braid protective styles for her to sleep in.

After enrolling at Mount Holyoke, I met my current partner, J. When I began living on campus, he took on more caretaking roles than my mother and we developed reciprocal caretaking in our relationship as well. He learned to massage my arms and legs to keep the blood flowing, to correctly outfit me in my compression socks and sleeves, and the proper way to push a wheelchair. While these tasks were done in service to me, they were also extremely beneficial for him. One such way was his summer work as a paid caretaker. Now well-versed in advocacy, disability allyship, and basic mobility aid tasks (such as loading, unloading, and pushing a wheelchair), he was able to take on the position of caretaking for a woman with Cerebral Palsy. In our personal relationship, reciprocity also showed up in my ability to utilize my existing skills and abilities to meet his struggles and limitations. As someone with ADHD, it can be challenging for him to write emails or clean his room. Since these tasks are substantially less work for me, I often perform them for him. I might also make doctor appointments or other calls, pay bills, or sit with him while he completes those tasks.

Therefore, in trying to assemble my roommate group, I knew there were very few people I could reasonably live with. There are many limitations to my ability to participate in household chores routinely and I may also require additional physical support (limb massages, help retrieving items when I am bed-bound). Since to able-bodied people these tasks are considered atypical of a roommate—despite similar tasks being taken on when someone is temporarily sick—I knew not everyone would be a reasonable candidate for living with me. Further, as noted above, housing is a very intimate and even sacred space for disabled people; dorm rooms are our whole world. In order for the space to be safe and sustainable for me to live in, I knew I had to

share access intimacy with my roommates. Mia Mingus describes access intimacy as “the closeness I would feel with people who my disabled body just felt a little bit safer and at ease with.”<sup>108</sup> Since I would be forgoing some of my accommodations in order to try this living space, I would need people around me who I felt safe and comfortable with. People who did not make my access needs a point of contention or pity, but understood that everyone has access needs and were comfortable communicating their own. I did not want to explain myself, justify my needs, or educate about the harm of pity and judgment. Further, there were other basic considerations every student needs to consider in picking a roommate such as lifestyle and cleanliness preferences, as well as just being people I got along with.

With this criteria, I knew that there were very limited roommate options for me. One obvious choice was my best friend and life partner, J. While they were for the most part able-bodied, they had long been a part of my caretaking team, were very knowledgeable about disability, and we had traveled and lived together in the past. The other two I settled on were friends of mine I felt we could reasonably live with. The two of them had been roommates in the past and got along well with J and myself. They had routinely shown respect and understanding of my life, both had engaged in personal education around disability, and they also shared similar living habits to J and I. This roommate group was made up of myself, a rising senior, and three rising juniors.

Upon researching the suites offered, we found many of them to be very architecturally inaccessible. In fact, out of the eleven suites offered, I could only reliably access one of them. Additionally, housing accommodations do not apply to the lotteries; officially, students cannot be placed in suites, apartments, or houses as an accommodation. As a result of this, by participating

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<sup>108</sup> Mingus, Mia, “Access Intimacy: The Missing Link,” *Leaving Evidence* (blog), May 5, 2011, <https://leavingevidence.wordpress.com/2011/05/05/access-intimacy-the-missing-link/>.

in the suites lottery, I would be forfeiting my housing accommodations entirely. Even opting into the suites lottery would require me to decline the accessible housing accommodation placement Disability Services had already offered me. Therefore, if someone chose the one accessible suite before we did, I would be stuck without accessible housing at all. Further, we discovered that because three people in our group were juniors, we would receive a delayed selection time. While seniors received priority selection time, the group would have to be made up of *entirely* senior students to qualify for this. Since we were given a delayed selection time as a result of my peers' class years, my chances of being able to select the one accessible suite was extremely limited.

Given this information, clearly Mount Holyoke's alternative housing processes are exclusionary towards disabled students. While I would like to offer the idea that disabled students simply have not been considered in designing the process, the accommodation housing placement process is extremely complicated. Disabled students' housing placements essentially determine all other student housing options. Further, as noted above, administrative employees in charge of housing accommodations had previously conveyed to me what an inconvenience it is to them to deal with such placements. With this information, I began the process of petitioning for an alternative approach to allow for disabled students' equitable involvement in the suites lottery. My suggestion was that while students might not be *placed* in an apartment or suite as an accommodation, they could be granted an earlier selection time to ensure they were able to select an apartment or suite that would fit their access needs. This was an accommodation process the College already uses with course selection times and provides for many students with documented disabilities.

Briefly I would like to note for my disabled peers that this was an emotionally tolling process. While advocacy might read like a simple task or conversation, emotional investment in this process is inevitable. Often when I attend accommodation meetings for other disabled students, they apologize to me for crying, regretful and embarrassed that access denials would be emotionally charged for them. But it is unrealistic to pretend these meetings are not dehumanizing, or at the very least extremely personal. Access determines our lives, our ability to participate, our inclusion for the next year or so. When we are treated as if we are lying and do not truly need the access we request, it is not only discouraging and insulting, but has very real consequences for our lives going forward. For this reason, I want to be honest that I cry too. I have cried during many accommodation meetings and even more outside of them. Being disabled in an ableist world, constantly told you do not belong or are worth less than everyone else, is painful. It would reasonably lead most people to struggle profusely with complex and contradictory emotions of injustice and discouragement, frustration and shame, righteous anger and low self-worth. While I trust my advocacy training, I will never be experienced enough that the denial of my rights, dignity, humanity, and worth will not emotionally affect me. It takes a toll every time.

Through a series of unsuccessful meetings, I was told that disability is already an inconvenience to the housing process, access needs take extensive time to accommodate, and that the housing system is complicated enough as it is. Often I was met with frustration and disbelief that I would ask for *even more* accommodation. Once, leaning back in her chair, arms folded, eyebrow raised, an administrator met me with the condescending challenge, “Fine, if it’s so inaccessible, what do you suggest we do then?” but my suggestions were met with immediate dismissal and repetition of the above complaints. Though most often, I was met with impatience.

Each administrator was buying time waiting for me to leave because by even asking about accessibility I was wasting their time. Providing the bare minimum for disabled students was all the time for accessibility they had.

Eventually, I reached my final meeting in the chain of command. As any reader may reasonably assume, the meeting was not particularly successful. The administrator began by relaying similar sentiments to the other Residential Life staff, that arranging housing was a complex and frustrating process. The suites lottery, she said, was an extremely challenging process for the College already and if possible she would remove the suites as an option for anyone. She added that by trying to incorporate accessibility or accommodations into the process, I would be “disrupting the entire system.” From there, she asked somewhat invasive and ultimately unnecessary questions about my disability and housing needs. Using different features of the suites, she essentially asked me to prove that a suite was necessary for my ability to live on campus. Not only was this beyond her role at the College as a member of Residential Life and not Disability Services, but it was an intentionally fruitless line of questioning. Even if I had proven that a suite would improve my quality of life, she would have responded that suites were not an option for accommodation placements.

With this in mind, I attempted to refocus my conversation with the administrator on the responsibility of the institution; because alternative housing options are provided to abled students, they must equally be provided to disabled students. However, she argued that since disabled students are housed through one means, I could not claim to be denied access even though it was a different, additional process. Further, she claimed that since all students have a right to opt-in to the lottery process, disabled students are not being denied access, they can try just like anyone else. The inaccessibility of the lottery and the inherent advantage abled students

have within the process was never addressed. Rather she switched to a bit of a whisper, leaning forward in her chair.

“Honestly, it’s just that I worry about placing disabled students in suites because I am concerned about their friends being forced into a caretaker position.”

While from advocacy, legal, theoretical, and social standpoints I have a plethora of arguments available to rebut her comment (and I will certainly take the following pages to do so), for my disabled peers I first want to address how violating and soul crushing it was to hear this.<sup>109</sup> Caretaking is such a sacred, beautiful, and intimate process. I cannot even begin to explain...

How devastating it was to hear caretaking, such a central part of disabled community, used as an excuse to refuse to accommodate students systemically. To hear the name of caretaking, a beautiful form of connection, slandered.

How frustrating it was to hear someone imagine that any disabled person would—or even *could*—force caretaking on their peers. As if any disabled person could reasonably place so much vulnerability and trust in the hands of a stranger or acquaintance.

How terrifying it was to be told I am a burden to the institution by someone who has power over my day-to-day life.

How violating it was to essentially be told that a single dorm was the only option for me because no one should have to endure the burden of living with me.

And I cannot even begin to explain what it is like to be treated like some kind of monster that the institution has the responsibility to protect my peers from, simply because my physical

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<sup>109</sup> I choose this wording particularly as a result of a lovely conversation I had with Tuesday Smilie. When recounting the ableism I have endured at Mount Holyoke, she remarked, “Discrimination of that kind is not just heartbreaking, it’s soul crushing.” And I cannot find better words for my experiences than that.

mobility is limited and my loved ones step up to find alternative strategies that are considered “abnormal.”

Now, onto the academic rebuttal.

As established previously through the model Sarah Smith Rainey introduces in *Love, Sex, and Disability: The Pleasures of Care*, caretaking is not harmful. While disability may create limitations in some tasks required for day-to-day life, there is no shame or harm in building a life that welcomes peers to step in and offer support for those tasks. I have yet to meet a disabled person who does not then offer a plethora of reciprocal support for their loved ones who perform caretaking. Caretaking is not an unbalanced relationship unless abused, as is the case with any kind of relationship dynamic or structure including romantic relationships, platonic friendships, roommate agreements, and any other connection between peers and classmates—none of which Mount Holyoke as an institution has put itself in the position of preventatively addressing.

Something the Residential Life administrator sorely misunderstood was that caretaking is an effort already in practice for all disabled students at Mount Holyoke. Using this as a justification for discrimination did nothing but reveal how deeply invested the College is in isolating disabled students and separating them from the broader community, who would greatly benefit from learning about the beauty of caretaking. Rainey notes that such behavior is common, not only in institutions but societies as a whole,

Fearful that a disabled person will partner with a nondisabled person, burdening nondisabled family members and potentially creating more disability, people with disabilities are erotically segregated— socially through taboo and institutionally by way of separate education for people with disabilities, institutionalization in nursing homes, and isolation due to inaccessible physical environments and economic strain.<sup>110</sup>

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<sup>110</sup> Sarah Smith Rainey, “Introduction: Love, Sex, and Disability,” in *Love, Sex, and Disability: The Pleasures of Care* (Boulder, CO: Lynne Rienner Publishers, 2011), 3.

While Rainey is focusing her critique on the lack of sexual and romantic relationships for disabled people, I believe it is particularly applicable to this situation regarding developing close relationships with roommates as well.<sup>111</sup> Here we may return to the notion that the university is a space that replicates the practices of a broader society.<sup>112</sup> Academia produces a country's ideal citizens and thus ingrains in them the broader society's cultural beliefs and biased ideologies. Since disabled people must be isolated from society to uphold capitalism, they must be isolated within the university as well—thus allowing abled students to practice the dismissal, ostracization, and discrimination towards disabled people that they will be encouraged to engage in once entering the workforce. Additionally, since a broader society, as Rainey notes, is “fearful [of] burdening nondisabled family members and potentially creating more disability...”<sup>113</sup> it is also vital for universities to practice refusing to allow disabled individuals to establish meaningful relationships with their peers, particularly ones that are personal and intimate such as caretaking. The humanization of disabled people will always be a threat to capitalism because they can no longer be the “repository for social anxieties about such troubling concerns as vulnerability, control, and identity”<sup>114</sup> that capitalism needs them to be in order to shift blame from itself.

With regards to my housing situation, I followed up with the administrator over email to address the ableist comment about caretaking. In her response, she assured me that my situation was not of particular concern to the institution as long as I was not like “some students” who

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<sup>111</sup> Though it could also be argued that Mount Holyoke intentionally discourages sexual and romantic relationships with disabled students. By refusing to renovate dorm buildings and ticketing disabled students who park overnight outside dorm halls they are not registered in, Mount Holyoke inhibits disabled students from visiting their friends, partners, and peers' dorm rooms.

<sup>112</sup> Simi Linton and Michael Bérubé, “Reclamation,” in *Claiming Disability: Knowledge and Identity*, (NYU Press, 1998), 3.

<sup>113</sup> Sarah Smith Rainey, “Introduction: Love, Sex, and Disability,” in *Love, Sex, and Disability: The Pleasures of Care* (Boulder, CO: Lynne Rienner Publishers, 2011), 3.

<sup>114</sup> Rosemarie Garland-Thomson, “Disability, Identity, and Representation: An Introduction,” 6.

were provoking “general concern.” She remarked that she knew I was “not looking for that in this situation and that [was] good to hear.” This is, of course, a classic tactic of disavowal, pitting some marginalized students against others.<sup>115</sup> I am a “good disabled student” who would never want to “live with others to help provide support” like the “bad disabled students.” Similarly, I was told they could offer me a “compromise” by reserving my accommodation housing placement for me so I could try for a suite like everyone else but still have a backup option. Rather than address the institutional problem, this simply resolved one minor aspect of the situation for me as an individual—with nothing to be said for future disabled students who will also deserve to have equal access to housing opportunities.

After this fruitless email exchange, I contacted my lawyer who agreed with me that not only was this generally discriminatory behavior under Title IX, but informed me it was also a breach of at least two other laws including the Americans with Disabilities Act and Massachusetts General Law Section 151B. These laws bar discrimination in processes such as housing and require adherence to reasonable requests for accessibility. While I emailed the Residential Life administrator noting as such, she responded that she did “not agree with [my] assessment” that her comments were discriminatory. As a result, I escalated it to the point of having my attorney send her a letter stating that the College’s practices were discriminatory and breaking the above-mentioned laws. In response, the College’s attorney reached out to mine to discuss going forward with a lawsuit.

As a multiply disabled, low-income college student, it is perhaps unsurprising that I do not have the time, energy, or money to pursue a lawsuit against the college I am attempting to graduate from in good standing. This is not an uncommon experience for disabled people and is

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<sup>115</sup> Lydia X. Z. Brown, “Movement Work at the Intersections of Neurodiversity, Mad Pride, and Disability Justice,” Icarus Project, streamed live on April 15, 2018, Webinar, 37:00-47:10. <https://vimeo.com/showcase/7186498/video/265431779>.

actually one of many reasons that the Disability Justice movement was started in response to the Disability *Rights* movement, “the spaces where a white-dominated, single-issue, civil rights approach that depends on the ability to use lawsuits to achieve disability liberation leaves many of us behind.”<sup>116</sup> It is often forgotten that the Disability Rights movement and the resulting legislation provides disabled people “legal protection” only in that disabled people have the *grounds* to pursue a lawsuit. Whether they have the finances, privilege, or support to endure a lawsuit is always questionable, most often doubtful. In my case, I did not have the capacity to sue Mount Holyoke for inaccessibility, despite having the grounds for it.

In some ways, the narrative ends here. I did not pursue a lawsuit, I have not spoken to my lawyer about it since. I took the accommodation housing they placed me in and I did not get to experience living with my peers. Once J graduates next year, we will move in together for graduate studies and rent a lovely apartment for the two of us to practice caretaking as we have for our entire time at Mount Holyoke. But living on campus together, or with our friends, was not something we could experience during our time at Mount Holyoke as a result of the College’s discrimination towards me.

When I told my advisor about this narrative, providing him with the basic outline, he asked how I planned to transition from this to the closing chapter.

“To be honest, it’s not a great end to the story.” He remarked with a lilt of his dry humor.

“No, it’s not.” I agreed, thoughtfully.

But I knew there was power in it, somewhere. I began thinking about why I wanted to tell this story, what was valuable about it, what exactly this narrative has to offer. In one of our conversations, I found myself saying,

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<sup>116</sup> Leah Lakshmi Piepzna-Samarasinha, “Care Webs: Experiments in Creating Collective Access,” In *Care Work: Dreaming Disability Justice*, (Vancouver: Arsenal Pulp Press, 2018), 40.

“But it isn’t about me, so it *isn’t* the end.”

Part of my frustration with limited accessibility, and the pathetic “compromises” thrown my way by administration, was that they were always small-minded. The solutions focused on me; how could they fix *my* problem, how could they resolve *this* conversation, what could they say to get *me* out of their office? This was only solidified when the Residential Life administrator opened one of her emails with the sentiment, “I appreciate the time you put into thinking about this process and that you have a strong desire to live in a suite next year.” She never understood what I was trying to accomplish in all of these meetings. I never really had a “strong desire” to live in a suite. It would have been a fun experience, and yes, I missed out on that as a result of discrimination which is frustrating to no end. But, ultimately, as with the case of the professor using the word “crip” casually, I was never particularly concerned with my own situation. My efforts to go through all of this work, which is validated by her comment here, was not for me at all. Rather, I was invested in the establishment of precedent for future students. My goal was to allow other disabled students to participate in the alternative housing options. Although I was interested in living in a suite, by this point in the process, I was far more interested in setting a precedent for accessibility in the housing processes than I was in my personal access. Therefore, the story *doesn’t* end here but rather continues as a result of me beginning a conversation of accessibility in housing.

## Chapter Three: Conclusions

### To My Peers

When I began working on this thesis, one advisor posed a question to me,

“How do we plan for the scenario where you begin encountering ableism this semester and that makes it difficult to write about your past experiences?”

At the time, my simple answer was that it was therapeutic to have a place to put all the grief, pain, and harm that sprung up as a result of the ableism I encountered. But as the semester actually unfolded, I realized that answer didn't quite hold up and the situation was more complex than simply turning my thesis into an outlet.

As a result of this—something that might be startling to hear, but is important to remember—many of these narratives occurred simultaneously with my writing process. While I began my work with a list of past experiences and scenarios that I was interested in unpacking, as my senior year unfolded and I encountered more ableism, new narratives began taking the place of the older ones. This, I feel, creates a raw reality in these narratives that I was experiencing and unpacking as I was writing them. Yet at the same time, it brought up the scenario my advisor posited to me at the beginning of the year.

The reality of these narratives is that in my day-to-day life, I was walking in and out of rooms, existing in spaces, trying to get an education, all while being told that I was worth less than other students in the room. I was not a welcome member of any classroom community. I should drop out. I should be quiet. I should be *normal*. As I wrote in a piece I produced my junior year, “My existence is a threat to their fantasy and my very presence reminds them of the danger in reality. When I act ‘normal’, I’m easy to ignore.” Then in my spare time, where many seniors were likely writing about scenarios they were at least somewhat impartial to, I was sitting

down and writing about how much the institution hated me, how much they wished I wasn't here. This was draining, it left me exhausted and often unmotivated.

About halfway through the first semester of my senior year, I realized I was out of my depth. If I wanted to keep working on this, I needed the expertise and advice of artists who were my elders. I began asking everyone I respected, everyone I could, the following question:

“How do you go through life being treated with hate and contempt, being told you're worth less than everyone else, and then go and write about it in your spare time? How do you sustain yourself?”

Unanimously, they all responded: *community*. You need a community of people who have the same experience as you, who see your worth, and who believe in the benefit of your work. You must be sustained by people with the same experiences, who see the wisdom you have to share with your community. And you need people you can sustain and invest in, people to share your wisdom with who motivate you to keep going.

While investing in disabled community, disabled mentees, and disabled love was always a core value of mine, I began implementing it in a new way. During my senior year, I was also in the process of recovering from severe PTSD due to medical assault that occurred when I was a child. This experience led me to struggle with entering any medical setting and trusting any medical professionals or any procedures that were unfamiliar to me. Yet through all the therapists and specialists I worked with, no one ever told me that I should expose myself to medical situations, not as the client but as a witness, a supporter. As a long-time disabled person, I have been in and out of medical offices and appointments my whole life. However, as a result of my trauma, my community rarely, if ever, mentioned their health issues or brought me to appointments for support. For this reason, my encounters with the medical field were entirely

colored by my anxiety-ridden appointments that served as reminders of my traumatic experiences by constantly placing me in new vulnerable positions.

After some discussion with my community at the beginning of the year, I realized how important investing in other disabled people is to me. Due to this, I began taking every opportunity I could to harness my privileges to support my disabled peers. Using my car, I began offering free rides to my peers, for both on-campus maneuvering and off-campus transport. This eventually progressed into me attending medical appointments to support my community. My senior year calendar quickly filled up with driving members of my community to appointments, sitting in waiting rooms, holding hands, and buying consolation coffees and donuts. It actually became my preferred way to spend time. Seeing the nerves and fear in their eyes that was all too familiar to me—nerves and fears that used to pollute my own eyes (that often still do)—was actually very healing. In *Disability Intimacy*, Ada Hubrig identifies this feeling while caring for her disabled kitten, Rosasharon, “While I always assumed myself a burden to those around me, it occurred to me I never once had thought of Roshasharon as a burden, but as a delight. Spending time with her...was my ideal afternoon.”<sup>117</sup> In the past, my nerves and fears led me to further isolation. Even with someone with me for support, those appointments felt like a burden I could only bear alone. Part of this was the internalized belief that no one was watching out for me, but it was also the idea that it was a challenge to care for me. Yet because of my experiences, caring for my peers came so easily to me; I knew how to support them in an intimate way that no one had known for me. I realized just how easy it is to support disabled people, just how easy it is to care for those around you. Further, with the practice of looking out for my peers, I began to believe in the ability of others to look out for me. My past memories of the medical field were

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<sup>117</sup> Ada Hubrig, “Rosasharon Teaches Me to Breathe: On Animals, Disabilities, and Intimacies” in *Disability Intimacy: Essays on Love, Care, and Desire*, ed. Alice Wong (New York: Penguin Random House, 2024), 19.

slowly replaced with more and more instances of feeling like myself in medical environments because I was caring for my peers and doing the advocacy work that continues to be my passion.

My elders were right: community is the answer. Initially, I thought their answer meant simply engaging in ongoing conversation with my disabled peers, but I came to find that they really meant interdependence. Interdependence of a community, caretaking, is necessary for a community's survival. The disabled community is not weaker because we depend on each other, we're wise—we found a survival technique that will help us last long after capitalism falls away.

Many of the previous narratives were challenging for me to engage with, uncomfortable to think about, and disheartening to write. In many of these cases, there is no real end, no satisfying conclusion. Instead, the situation arrived at an untimely end without closure or anything to hold onto for hope of resolution. The truth is that more often than not, the response to identifying bias and harm is a door slammed in your face. Yet despite the discomfort, writing these scenarios while investing my spare time in my community has helped me weed through the discouraging, disappointing truths to find a glimmering, hopeful one.

We never win or lose, *we only strive to improve.*

As previously discussed, disability necessitates and demonstrates interdependence. This is also a tool utilized by many collectivist communities who believe that individualism, working and living for oneself, is neither sustainable nor successful. Instead, all individuals work for their community, struggle together, fight together, die together. For many disabled people, their work is not and has never been about themselves. Instead, the goal is setting a precedent. When peers in my classroom claimed my response to the word “crip” was dramatic and egregious, they misunderstood. It was never about me. I am familiar not only with the word “crip” as a harmful slur still in the process of reclamation, but also with it as an affectionate and powerful term. For

my most recent birthday a friend of mine crocheted a banner for me that largely displays the word “crip” and it hangs proudly in my bedroom. The word brings up complicated associations for me, but my voiced criticism was not an uncalculated outburst stemming from personal distress. Rather, it was a choice crafted with the intention of supporting and protecting my community from harm. Unlike the able-bodied students in that classroom, I held knowledge about the misuse of the term across our campus. I knew that their able-bodied peers had heard the word and claimed it without right, they used it against me and my community because of miseducation similar to what was happening in that classroom. My confrontation was never about me, it was about the disabled community around me. It was about the community I represent every time I identify myself as disabled.

Similarly, when the housing administrator told me she admired how passionate I am about living in a suite, she entirely misunderstood my intention. The fight was never about me or some deep desire to live in a suite. My goal in opening those conversations was to create a precedent for disabled students having more housing opportunities, or rather having access to the same housing opportunities as able-bodied students. I was doing it for my disabled sophomore friend who also wanted to live in a suite and has been denied many basic housing accommodations I was approved for, despite our mirrored disabilities. When they are a senior, I had hoped they could have the suite I wanted without the exhausting and disheartening fight.

We never win or lose, *we only strive to improve.*

When I have a successful conversation with someone and they learn from my advocacy, I did not win. That is simply one step in creating an army of advocates who will not settle for the bias and hatred baked deep within American culture and institutions. And when I walk away from a conversation with little to no progress made, seemingly endless amounts of energy

wasted, I did not lose. I cannot lose because this will be a centuries-long battle with steps forward and backward, but we will win. When I walk away from an unsuccessful conversation, I open the door to a different way of thinking. In my own right, I was successful because I created the groundwork for another disabled person to enter the fight. Maybe they will be able to make more progress than I could. This battle goes on and on, a series of fights we will win and lose, but we're in it together. And we are always striving to improve this world we were given.

### **To Faculty and Staff**

Before I had ever even set foot on the Mount Holyoke campus, I received a call from the campus Health Center. I was told that if my disability impeded my life the way my paperwork claimed it did, then I should probably take a few years off and try college when I was “healthier” like “many other girls in my situation do.” If this administrator had read my paperwork enough to assess that my disability would impede my life, then she should also know that this is a chronic illness; I will not get better. This is a comment that was made to many disabled people I know at Mount Holyoke, some of whom took the advice and delayed their enrollment, to no avail. Disability rarely goes away with time, despite the hope of institutions like Mount Holyoke which are built within a capitalistic society and economy. For me and many other disabled peers, higher academia can be summed up by constantly encountering the idea, or rather the hope, that this institution will outlast disability.

It will not benefit anyone to wait around for the off-chance that disabilities will magically disappear one day before we can build the world we want. Of course, the administrator at the Health Center did know I would never become “healthier”, and surely she knew it about my peers as well. She said it intentionally because, like most other administrators, she did not want disabled students at Mount Holyoke. While, as noted previously, approaching disability with the

“good” vs. “bad” mindset is not productive for disabled people and only feeds into ableism, it stems from the reality of the way disabled people are treated. When we are noticeably disabled, we are considered a “problem”, an insurance risk, a drain on resources, and a burden on the institution. It’s easier to discourage our attendance than it is to accommodate us the same way we learn to accommodate ourselves and each other.

In many ways this is due to disabled students being viewed as a temporary installment of the student body. With professors who encourage students to drop out when their disability rears its head, who refuse disability wisdom and critique in class, administrators who disregard proposed accessible housing and chastise disability survival strategies as being a burden on their peers, Mount Holyoke is led by people who promote the idea that disability is something to be ignored until it goes away. By refusing to invest in architecture that accommodates, by putting renovations on the back burner, by postponing elevator installments to ten years in the future, Mount Holyoke subliminally communicates to disabled students that they are a problem which it will simply wait out.

In contrast, disabled people prioritize the things that are important to us and find ways to do them. We accommodate ourselves until we are able to do the things we want to do, and we refuse to waste time on things we don’t care about. Instead, disability has become a site of creation, survival, and joy in the unpredictably of our bodies. Disabled life and joy is resistant to capitalism, politically radical in the face of a system that denies our very existence. As an academic institution, Mount Holyoke reinforces and legitimizes the capitalistic ideologies of broader society. It has much to learn from disabled life. Currently, Mount Holyoke refuses to engage us with empathy, refusing to consider us valuable members of its community.

In some ways this is understandable—access intimacy cannot be a broad, mass-produced phenomenon. However, institutional empathy for disabled life and existence can be facilitated. This is not only possible but a valuable means of engaging in active acceptance of disability, learning from the disabled experience and implementing the valuable wisdom that disabled people have to offer. Hopefully, this thesis is one site of building empathy. In some ways, that was my intention in writing narratives, to build a resource of not just factual information but stories that inspire empathy for disabled lives and incite a desire for change. From this thesis, I hope administrators and academics take away empathy that inspires them to apply a few things.

First, a consideration for how accessibility is approached with students. Students with disabilities that are more noticeable than their peers are not an inconvenience, they are taking care of themselves. In the long run, they are prioritizing their own health and ensuring education is sustainable for them—and that is politically radical. Working at a liberal arts college, professors and administrators should value and reward political action. Disability is not only frowned upon by capitalism, but intentionally erased. The act of bringing disability to light is politically resistant but it is also survival. Everyone deserves to care for themselves, no one should be treated like an inconvenience for not hiding the way they move through the world.

I encourage academics in a position of power to consider the discomfort they feel around disabled people who are noticeably disabled. While disability does not have just one look, consider the appearances of disability that are uncomfortable to you. Consider the historical practice of dehumanizing disabled people to hide them away, think about where that ideology still shows up in your life. Why do disabled people make you uncomfortable and how do you handle that? Pushing discomfort away is never the answer; face it head on, actively resist it. Where you want to penalize a student for showing up late or stalling in class, consider how

many students need to act similarly but are suppressing themselves to a point of exhaustion and burn out. Then remove your tardiness policy and encourage everyone to take up space as they need to, to care for themselves, to move around. And think about how you could best care for yourself in that space too.

Accessibility means a lot of things, but the two that stand out to me as things that academics need to know are: self-accommodation and choices. Everyone has access needs, this simply refers to factors that make it easier for someone to enter and exist in a space. Most every space in the US is designed to be easily accessible and sustainable for abled, white, heterosexual, cisgender men to exist in. This means access needs are accommodations that disabled people, people of color, queer people, and gender minorities, especially are required to implement so they too can access spaces comfortably. Disabled people are often entirely unable to enter a space without these accommodations, for lack of architectural accessibility, while other marginalized communities may be physically able to enter a space but will be deeply uncomfortable existing in the space.

If you fall under one or many of these communities whose access needs are not considered in the designing of most spaces, consider the ways that you allow yourself to exist in discomfort. Then start asking for the things you need. Your body should not be in pain, you should not be struggling in deep discomfort just to exist in a space. When you resist self-accommodation and struggle through unnecessary discomfort, you reinforce the ideology that self-accommodation is shameful or a sign of weakness. Rather by setting a precedent of self-accommodation, especially as someone in a position of authority, you create a more productive and sustainable space for disabled people who cannot truly survive without asking for their needs to be met. The practice of self-accommodating, whether that is actually implementing

an accommodation for yourself or asking for your access needs to be met by an institution, is a practice of affirming disability. Where capitalism says that there is shame in asking for help or needing support, disabled people claim interdependence and self-accommodation. Follow suit. This will help you develop the empathy you need to respect and truly welcome disabled people into a space.

Access also means choices: providing all the information necessary for someone to make an informed choice about what makes the most sense for their body and needs. In the case of the first vignette, I have hope that the professor who loosely suggested medical leave was mostly trying to ensure I knew it was an option more than he was intentionally being malicious about my disability. In abstract, this is the right intention; in execution, it is clearly flawed. If the approach that felt correct to him was ensuring medical leave was pitched to me as a viable option, a better idea would have been to pitch several valid options to me. Disabled people deserve to be armed with all the information they need regarding their options so they are able to make an informed choice that best suits their body. Since medical leave was the choice the professor felt would be right for him in my situation, he centered that option. Rather, allyship is better demonstrated by considering disabled people holistically as capable individuals, providing them with all their options—not favoring your preference among those—and respecting the choice they make.

In restructuring Mount Holyoke to be an accessible institution, rather than an ableist one with access tacked on afterwards, access to self-accommodation and a variety of choices should be central. Universal design, as well-championed by Aimi Hamraie, should be central in this restructuring. An accessible and welcoming institution would hinge on the idea that all people are diverse individuals with unique needs, none of which are less than another's. This is the way

that interdependence is practiced in disabled community, it is one of many pieces of wisdom disability has cultivated that abled communities must learn from.

Our lives will be no medical marvel, our style of living will not be solved. No institution will outlive us by being stagnant. Disability is radical, it is flexible, and against all odds it survives. Disabled students have never needed institutions—*but you need us, you need our wisdom*. I suggest all institutions adhere to a Disability Justice mode of being, with action, movement, flexibility, alternative perspectives, deconstruction, and reconstruction. I suggest institutions center disability in the same way that disabled people know themselves to be the sun, because we will not map academia as the center of our orbit any longer. And soon these outdated maps will be discarded as nothing more than a misled attempt at grappling with a world you never understood like we do.

## **To the Field**

The vignettes in Chapter Two were moments in my life where time slowed while the world sped around me. As a result of my lived experience, academic pursuits, and vocational work in the field of disability advocacy, I could easily identify the stereotypes, beliefs, and judgments that were working within the dynamic. Yet, each time I simply had to walk away with the knowledge that no amount of explanation could make the individual understand their impact. In the aftermath of the final vignette's occurrence, I recall remarking to someone,

“I just know that even if I sat her down in a room and spent six hours explaining all of this disability history and the origins of ableism in the US and the beauty and benefit of caretaking, she would never understand where she went wrong.”

That comment is what led me to write this piece: both a desire to have a document that outlines the dynamics of bias that I encounter in small ways throughout my life and journey in

academia, as well as something to compensate for the truth that often simple facts will not change someone's opinion of a marginalized community. With this piece, I wanted to write about the sources I read over the years that helped me better understand the bias and discrimination I encounter. In the first vignette, the discussion of performing able-bodiedness is improved by the history of American Ugly Laws which promote the idea that disability has a particular appearance which denotes support or dismissal.<sup>118</sup> Susan Wendell's discussion of "healthy" and "unhealthy" disabled people provides a framework for the standards to which disabled students are held, it was a significant piece to more acceptance and understanding within my own life, as well as my academic journey.<sup>119</sup> The language used in ADA, as well as Rosemarie Garland-Thomson's critique of it<sup>120</sup> and Lisa Beckmann's description of the law as a mode of reading difference,<sup>121</sup> were a lens through which I was better able to comprehend the expectations of what a disabled life should look like, as well as the reasonable expectations for my participation in college life.

In the second vignette, I was able to more thoroughly engage with the idea of language and ideology, examining how language represents communities and beliefs about them. Using the model of language policing, the idea that language of marginalized communities is often revoked by those in power,<sup>122</sup> as a jumping-off point, the use of derogatory terms removed from their reclaimed context is more clearly illuminated. While the act of language policing is not

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<sup>118</sup> Lisa Beckmann, "Undoing Ableism: Disability as a Category of Historical and Legal Analysis," *On Culture: The Open Journal for the Study of Culture* 3 (2017): 13.

<sup>119</sup> Susan Wendell, "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities," *Feminism and Disability* 16, no. 4 (2001).

<sup>120</sup> Rosemarie Garland-Thomson, "Disability Identity and Representation: An Introduction." in *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. 20th Anniversary Edition. (New York: Columbia University Press, 2017), 6.

<sup>121</sup> Beckmann, "Undoing Ableism," 7.

<sup>122</sup> Monica Heller and Bonnie McElhinny, "Le Symbole," in *Language, Capitalism, Colonialism: Toward a Critical History* (Toronto: University of Toronto Press, 2017), 102.

explicitly demonstrated in these stories, its resulting limitation of disabled community, culture, and identity, as well as the role that language plays in this practice, are demonstrated and improved by the application of language policing as a model. In Henner and Robinson's *Crip Linguistics Manifesto*, I found a contrasting approach to classroom management and the centering of disabled language and contribution to academics.<sup>123</sup> This piece was also a valuable part of my self-acceptance in regards to my academic ability, which I outline insecurities about in the first vignette.

Finally, the third vignette provides a further look at the beauty in disabled lives through the lens of caretaking and the overlooked importance of access intimacy. Where the housing administrator feared caretaking as a burdensome responsibility, Sarah Smith Rainey's *Love, Sex, and Disability: The Pleasures of Care*, is a useful tool for understanding how reciprocal caretaking in its purest form can be.<sup>124</sup> Mia Mingus' theory of access intimacy demonstrates an under-discussed aspect of disabled life and community which was central in my search for potential roommates, but which was misunderstood and misattributed to a presumed idea of disability as a burden.<sup>125</sup> Here Jina B. Kim's "disability fraud" theory was applied to clarify the way the housing administrator approached me and wrote off my housing needs and lifestyle.<sup>126</sup>

Throughout the vignettes and analysis, J. Logan Smilges work in *Crip Negativity* and his question, "what does the category of *disability* do, and for whom?"<sup>127</sup> provides a way of looking

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<sup>123</sup> John Henner and Octavian Robinson, "Unsettling Languages, Unruly Bodyminds: A Crip Linguistics Manifesto," *Journal of Critical Study of Communication and Disability* 1, no. 1 (2023), [https://doi.org/10.48516/jcsd\\_2023vol1iss1.4](https://doi.org/10.48516/jcsd_2023vol1iss1.4).

<sup>124</sup> Sarah Smith Rainey, "Introduction: Love, Sex, and Disability," in *Love, Sex, and Disability: The Pleasures of Care* (Boulder, CO: Lynne Rienner Publishers, 2011), 14.

<sup>125</sup> Mingus, Mia, "Access Intimacy: The Missing Link," *Leaving Evidence* (blog), May 5, 2011, <https://leavingevidence.wordpress.com/2011/05/05/access-intimacy-the-missing-link/>.

<sup>126</sup> Jina B. Kim, *Care at the End of the World: Dreaming of Infrastructure in Crip-of-Color Writing* (Durham: Duke University Press, 2025).

<sup>127</sup> J. Logan Smilges, "Crip Negativity" in *Crip Negativity*, (Minneapolis: University of Minnesota Press, 2023), 9.

at disability as a point of contention and oppression beyond academia, into broader society. Additionally, Rosemarie Garland-Thomson's definition of disability as "another culture-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality,"<sup>128</sup> provides a beneficial lens through which to see the vignettes. Rather than simply a different way of living, particularly a lesser or bleaker life as many attribute to disability, through Garland-Thomson's definition, these vignettes should be understood as a demonstration of disability as the source of my identity, practices, and values which informed my academic journey. This is a helpful contrast to the ways in which my disability was treated like an inconvenience, a blemish, or even a burden to the institution throughout these vignettes and other instances in my time at Mount Holyoke.

The second goal of this piece was to put humanity back into the conversation of oppression, which is so often abstracted. In this piece, I discuss access intimacy which is a personal dynamic between an individual with a disability and someone who does not make their access needs a point of contention.<sup>129</sup> While by nature of definition this cannot occur between an institution and an individual or a community, I do think the institutional version of access intimacy is empathy. A broader scale way of supporting disabled people is empathizing with our life experience, creating a space where broader issues that affect our day-to-day life are acknowledged and accounted for before judgment is extended. This was one reason for my choice to use personal narrative, to add a human face to the conversation mistreatment and ableism at Mount Holyoke. I hope this piece will motivate faculty and administrators to take action when students report ableism and discrimination, because things at Mount Holyoke desperately need to change.

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<sup>128</sup> Garland-Thomson, "Disability, Identity, and Representation: An Introduction," 5.

<sup>129</sup> Mingus, Mia, "Access Intimacy: The Missing Link," *Leaving Evidence* (blog), May 5, 2011, <https://leavingevidence.wordpress.com/2011/05/05/access-intimacy-the-missing-link/>.

## Bibliography

- Barclay, Jenifer L. "Mothering the 'Useless': Black Motherhood, Disability, and Slavery." *Women, Gender, and Families of Color* 2, no. 2 (Fall 2014): 115-140.
- Baynton, Douglas C. "Without Voices: Gender." In *Forbidden Signs: American Culture and the Campaign Against Sign Language*. 56-81. Chicago: University of Chicago Press, 1996.
- Beckmann, Lisa. "Undoing Ableism: Disability as a Category of Historical and Legal Analysis." *On Culture: The Open Journal for the Study of Culture* 3. Accessed December 16, 2024. <http://geb.uni-giessen.de/geb/volltexte/2017/12993/>.
- bell hooks. "Theory as Liberatory Practice." In *Teaching to Transgress: Education as the Practice of Freedom*. 59-75. New York: Routledge Taylor and Francis Group, 1994.
- Brown, Lydia X. Z. "Movement Work at the Intersections of Neurodiversity, Mad Pride, and Disability Justice." Icarus Project, streamed live on April 15, 2018. Webinar <https://vimeo.com/showcase/7186498/video/265431779>.
- Burgett, Bruce and Glenn Hendler. "Disability." In *Keywords for American Cultural Studies*, Second Edition, 81-84. New York: New York University Press, 2014.
- Garland-Thomson, Rosemarie. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. 20th Anniversary Edition. New York: Columbia University Press, 2017.
- Heller, Monica, and Bonnie McElhinny. "Le Symbole." In *Language, Capitalism, Colonialism: Toward a Critical History*. 94-122. Toronto: University of Toronto Press, 2017. Accessed via ProQuest Ebook Central. <http://ebookcentral.proquest.com/lib/mtholyoke/detail.action?docID=5123493>.
- Henner, John, and Octavian Robinson. "Unsettling Languages, Unruly Bodyminds: A Crip Linguistics Manifesto." *Journal of Critical Study of Communication and Disability* 1, no. 1 (2023): 7-37. [https://doi.org/10.48516/jcsd\\_2023voll1iss1.4](https://doi.org/10.48516/jcsd_2023voll1iss1.4).
- Jordan, Mark D. "Linguistic Orientations." *Queer Callings: Untimely Notes on Names and Desires*. 21-37. New York: Fordham University Press, 2023.

- Kafer, Alison. "Introduction: Imagined Futures." in *Feminist, Queer, Crip*. 1-24. Indiana University Press, 2013.
- Kim, Jina B. *Care at the End of the World: Dreaming of Infrastructure in Crip-of-Color Writing*. Durham: Duke University Press, 2025.
- Lakshmi Piepzna-Samarasinha, Leah. *Care Work: Dreaming Disability Justice*. Vancouver: Arsenal Pulp Press, 2018.
- Linton, Simi and Michael Bérubé. *Claiming Disability: Knowledge and Identity*. NYU Press, 1998. <http://www.jstor.org/stable/j.ctt9qfx5w.5>.
- Mingus, Mia. "Access Intimacy: The Missing Link." *Leaving Evidence* (blog)/ May 5, 2011. <https://leavingevidence.wordpress.com/2011/05/05/access-intimacy-the-missing-link/>.
- Mouth Magazine. "Expect the Respect." 2004. <https://www.mouthmag.com/>.
- Ochs, Elinor. "Indexing Gender." in *Rethinking Context: Language as an Interactive Phenomenon*. 335-358. Edited by Alessandro Duranti and Charles Goodwin, "Cambridge University Press, 1992).
- Rainey, Sarah Smith. "Introduction." In *Love, Sex, and Disability: The Pleasures of Care*. Boulder: Lynne Rienner Publishers, 2011. 1–24.
- Smilges, J. Logan. *Crip Negativity*. Minneapolis: University of Minnesota Press. 2023.
- "10 Principles of Disability Justice." Sins Invalid. Accessed April 23, 2025. <https://sinsinvalid.org/10-principles-of-disability-justice/>.
- Wendell, Susan. "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities." *Feminism and Disability* 16, no. 4 (2001): 17–33.

Wong, Alice. *Disability Intimacy: Essays on Love, Care, and Desire*. New York: Penguin Random House, 2024.