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# Organizing Disability: Producing Knowledge in a University Accommodations Office

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Organizing Disability: Producing Knowledge in a University Accommodations Office

by

Shelby D. Forbes

A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
Department of Communication  
College of Arts & Sciences  
University of South Florida

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## **Dedication**

I dedicate this dissertation to my parents, who have consistently supported me. Mom, I am grateful for all of the educational activities you involved me in throughout my life. Thank you for visiting the zoo with me, and indulging my curiosity (over and over) at the Marine Science Center. I attribute my love of learning to you, and all of those afternoons that –post-educational excursion—I fell asleep in my Spaghetti O’s.

Dad, to Mom’s disapproval, at a young age, you let me pick out my own clothes. While I wore a floral bathing suit top, lop-sided pigtails, and sequined, red “Dorothy” shoes on the wrong feet, you encouraged me to express myself; I have never stopped.

To my sister, Alexa, though you are the younger sister, you always told me to stick up for myself, and for what I believe. And while I may not have that “no nonsense” New York demeanor that you have mastered, this dissertation is me taking a stand.

Mike and Finn, thank you for living through this dissertation with me. You were there when I thought I missed a deadline, misplaced an important document, or could not find the latest saved draft. We made it. Mike, you always provided the counter-argument, allowing me to see the “bigger picture.” You are an amazing physician, partner, and friend. I hope my work will continue to inform your practice, as you have informed mine.

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## Abstract

As it is generally conceived, knowledge belongs to the individual: we imagine how a lightbulb suddenly illuminates above the scientist's head, a muse whispers in the philosopher's ear, cogs slide into place as wheels turn in the thinker's mind, and, "Eureka!" an idea is born. As an individualistic experience, knowledge is secure in the repository of the mind, a "steel trap" as it is so often referred, which can only be breached by the most sophisticated and precise methods. From these popular representations of knowledge, one can extrapolate further to conclude that knowledge is not made, it is received. All of these metaphors of knowledge present a passive subject waiting for knowledge to be imparted from the Cosmos.

Much like knowledge, a disability and, reflexively, the knowledge of disability, is an individually sited matter; disability is something to be had, possessed, or owned, not shared. Similar to knowledge, disability is not actively produced, it just "is." And disability, too, is internally located, often being attributed as the outcome of physiological malfunction. It follows then, that because both knowledge and disability are separately regarded as individualistic phenomena, as located with(in) the individual, and as existing independently of him or her, that *knowledge of disability* would also share these characteristics. This study's objective, however, is to prove just the opposite: to position disability as a form of knowledge, and therefore, the knowledge of disability as the endpoint of an ongoing process of social interaction.

I use discourse analysis to analyze interviews conducted with staff members of a university office responsible for providing academic accommodations to students with disabilities, in conjunction with documents authored and disseminated by this organization. My

study conceives discourse as language in action. By this I mean that discourse creates the very social structures it is presumed to describe. I also understand discourse as reflexive, meaning that embedded within discourse are larger social and moral norms. Believing that analyzing discourse allows for normative beliefs on knowledge and disability to be clearly displayed, I ask the following questions: By what assumptions do members organize disability in their daily practice? What role does communication play in these processes of social organization? What resources or forms of evidence are necessary to determine, to produce knowledge of, disability? And does everyone have equal access to these resources?

This study's findings hold broad implications for diverse stakeholders. For the field of Communication, this study affirms the need for revised ways of understanding communication, as it shows how antiquated ideations of communication as a linear exchange of information narrowly define what counts as knowledge. Additionally, this study also contributes to Disability Studies in that rather than arguing disability as a social artifact from an exclusively conceptual standpoint, it empirically makes a case for disability as the product of social interaction. For the organizational members consulted in this study, I offer recommendations for their praxis. The final, and arguably the most important, party that this study has implications for is the student with a disability. Because this study promotes a more inclusive approach to disability, and because it encourages a lesser burden of proof with respect to knowing disability, this study is of particular interest to the individuals who are classified as "disabled."

## **Introduction**

*Ei incumbit probatio, qui dicit, non qui negat*

*(The proof lies upon him who affirms, not him who denies)*

The fourth and fifteenth amendments to the United States Constitution assign the burden of proof exclusively to the plaintiff, as the party bringing charges. Consistent with the well-known legal maxim, “innocent until proven guilty,” those alleging guilt must furnish compelling evidence to support their claim. The proceedings of the U.S. justice system are an extension of an established rule governing social interaction that likewise dictates persons claiming knowledge must supply compelling evidence to legitimize their charge. Whether it is knowledge of an alleged criminal offense or knowledge about a group of people, evidence is what separates an arbitrary belief from an incontrovertible fact.

On a social scale, this suggests a key assumption about knowledge: “Knowledge is a belief we can prove, for which we have evidence” (van Dijk, 2011, p. 14). In other words, it is through the inclusion of evidence that a belief is elevated to the status of knowledge; thus, rendering evidence is a requisite in the production of knowledge. By presupposing that a belief *becomes* knowledge, I am also assuming that knowledge, including knowledge of disability, is not ready-made, but is actively produced in processes of communication. Therefore, although this dissertation centers on my research with a university office responsible for providing accommodations to students with disabilities, it is not a study on disability as if disability preceded communication. Rather, this dissertation represents work in the field of Communication, for it examines the communicative practices of members of this office, referred

to hereafter as the “Office for Disability Affairs (ODA),” in order to glean insight into how disability is constituted.

The overarching research question driving my work is: how do members discursively produce and organize knowledge of disability? Thus, this dissertation offers an epistemology of disability from the standpoint of these social members. More than to just construct a view of disability from the perspective of ODA members, I examine staff interviews and organizational documents to identify the communicative means by which claims regarding disability are transmuted into knowledge. I consider the role evidence plays in the making of knowledge of disability, interrogating what exactly qualifies as evidence. In order to frame knowledge production as an interactional process, I return to an era when prevailing conceptions of knowledge construction originated. In the following sections, I trace the origins of contemporary understandings of knowledge.

### **Knowledge as Empirical Endpoint**

Possibly nowhere is the emphasis on evidence in knowledge greater than in the Age of Enlightenment. Often referred to as “The Age of Reason,” this time period, spanning the seventeenth and eighteenth centuries, is associated with the likes of René Descartes, Immanuel Kant, and Isaac Newton. Though this philosophical tradition quickly spread throughout Europe, the Enlightenment’s earliest beginnings were in England and France with the works of John Locke and Voltaire. Part of the Enlightenment’s appeal lied with the solutions it posed for the ills of the time. The Enlightenment was a reaction to despotic monarchs claiming divine right to rule, and to parochial abuse of authority. For a society still reeling from the cultural regress of the Middle Ages, also known as the “Dark Ages,” citizens of the seventeenth and eighteenth centuries welcomed a new framework for understanding the world around them. This particular

framework sought to replace superstition with science, speculation with empiricism (Love, 2008).

The Enlightenment set the stage for the “Scientific Revolution,” which fundamentally changed approaches to scientific inquiry. The Scientific Revolution espoused empiricism as the new, preferred method, thus exchanging deductive thought with inductive thought. For thinkers of the time, knowledge was not produced through exclusively theoretical means, but through systematic experimentation (Israel, 2011). It is in this way, through the evaluation of a series of stringent tests, that knowledge is rendered observable, quantifiable, and generalizable.

Many of the beliefs that the Enlightenment advanced would now fall under the heading of “modernity.” Given their relevance to my dissertation, a few of these beliefs are worth mentioning here. The first is with respect to language. From an “Enlightened” point of view, language is exclusively representative; it is a means for grasping an objective, external reality. Language stands for something that exists independently of the subject, and consequently, it is a mere conduit of knowledge (Bruffee, 1986).

At the same time that words are presumed to refer to something outside of themselves, they are viewed as inherently meaningful. Since Enlightened thought sees knowledge as deriving from singular rather than plural sources, the notion that meaning can reside in a lone, isolated utterance is consistent with this premise. Furthermore, because words were viewed as inherently meaningful, this line of thought gave rise to a procedure for studying language, wherein scholars examined decontextualized utterances to produce axiomatic truths regarding language as a whole.

Essentially, knowledge from an Enlightened point of view can be contained, not just in words but in individuals (Shotter & Gergen, 1994). To be more specific, knowledge is located

within individual minds, which as a result of the infamous Cartesian split, is distinct from the body. This epistemological concept of mind is best summarized by Brauffe (1986), who represents the Enlightenment's relationship between the outside world and inner thoughts in terms of a mirror. The mirror metaphor illustrates Enlightenment views of knowledge that interpret it as an individual and empirical outcome, wherein an external reality is ascertained through the senses and then projected in the mind. Brauffee writes,

The human mind is equipped with two working elements, a mirror and an inner eye. The mirror reflects our reality. The inner eye contemplates that reflection. Reflection and contemplation together are what, from this cognitive point of view, we typically call thought or knowledge. (p. 776)

Due to the fact that this reality is taken to be "already there," the knowledge derived from this independent world is equally taken-for-granted. The presumed apparentness of this hidden yet empirically accessible universe is what makes knowledge of it self-evident. When one argues that something is self-evident, that individual is essentially claiming that a statement speaking to the validity of his or her claim is unnecessary as this phenomenon requires no further explanation.

To better understand what it means to claim that something is "self-evident," I turn to another well-known historical document, the U.S. Declaration of Independence. The following statement can be located early on in this document: "We hold these truths to be self-evident, that all men are created equal." In claiming that the equal creation all men [sic] is a self-evident truth, the authors are likewise implicitly claiming that this particular truth requires no further explanation, no further evidence. Nothing though, is innately and fundamentally self-evident.

The quality or state of self-evidence is not something phenomena have, but something they are attributed by social members.

Consider the example of Newton's proverbial apple. Once the apple evidenced the laws of gravity, gravity became just that: a law, a truth, a fact. It was a fact, which after some time, was integrated into a shared stock of agreed-upon social knowledge. The notion that knowledge is agreed-upon and social hints at another key element in the production of knowledge that the Enlightenment's positivist position overlooks. As I will show, even a fact, such as gravity or in the case of the present study, disability, is not sitting idly in the universe, waiting to be discovered. It is, on the contrary, actively and collaboratively produced, and is as a result, inescapably social in origin (Berger & Luckmann, 1966; Gergen, 1997; Shotter, 1993).

### **Knowledge as Contingent upon Identity**

Turning from physical truths to social truths, consider the self-evident property of identity. Certain social identities allow individuals to claim knowledge of events, objects, and people that others are not equally able to claim. A process known as "category entitlement" (Sacks, 1974), these categories of identities "warrant, in themselves, certain sorts of knowledge" (Potter, Edwards & Wetherell, 1993, p. 17). To illustrate how category entitlement works, Sacks offers the example of two friends, one who was a witness to an accident, and the other who was not. Only the former friend, Sacks claims, is allowed to express distress because only he belongs to the category of "witness."

Categories not only entitle emotions, they also entitle one to make knowledge claims that might otherwise be untenable. A mother for instance can claim that the reason her baby is crying is because she is tired, and most people would not press her, nor would she feel compelled, to explain how she knows that her baby's cry means it is tired. Her identity of mother (the child's

mother) privileges her to this knowledge. Her knowledge of her baby's motivations for crying becomes self-evident in the context of her identity. The relationship between the mother's identity and her knowledge of her baby's reasons for crying represent a social truth that stipulates that mothers know their baby's behaviors. Like any other truth, whether it is the case of a falling apple or a crying baby, this truth is understood as commonsense, meaning that the explanation for how the knowledge was acquired is already embedded with the identity category itself.

Social identity differs from interactional identity, as the former refers to identity as it is more generally conceived: as a relatively stable as a set of ascriptions. The example of the mother represents a social identity; though there would inevitably be variation from person to person, most people have an approximate shared idea of a "mother." If asked to describe what they think of when they think of a mother, many people would provide several overlapping responses (e.g., a mother is a woman, has a child, is nurturing, etc.). If, however, one was in conversation with a person who is a mother, and was orienting to her as a mother as opposed to one of her many other identities, then that individual would not only be recognizing the other's social identity as mother, but helping to create her interactional identity as mother. The mother, moreover, in recognizing the other's orientation to her identity of mother, assumes this interactional identity and enacts it. Take two friends in conversation. One friend turns to the other and inquires about the school her child attends. The other friend, realizing that she has been implicitly called upon to take up her identity as a mother, responds accordingly by talking about her child's school.

The Enlightenment was thus misguided in its portrayal of identity on two accounts. First, identity does not exist in people but between them. Together, two (or more) people fashion



identity through communication. Second, because identity is often thought of something that an individual possesses, it is also seen as inalterable. The case of interactional identities demonstrates how identity is invoked by the exigencies of the situation, and is as a result, always fragmented and always changing (Antaki, Condor, & Levine, 1996; Bucholtz & Hall, 2005; Johnstone, 2008; Zimmerman, 1998). Continuing the example of the two friends, if one of the friends in the conversation switched topics so as to inquire about her conversational partner's work as a university professor, then the other would now be induced to assume a completely different identity. In a matter of seconds, one of the conversational partners has shifted from one identity to another.

Chapter Three elaborates on the transitory and collective nature of identity. In Chapter Three, I describe the discursive means by which ODA's Lead Administrator, for example, lays claim to the category of expert. The expert identity that the Lead Administrator assumes, however, is not something she does alone. Within the context of the research interview, I am, by soliciting her input, requesting that she enact this particular identity. By orienting to her as expert, by asking questions germane to her practice, I am inviting her to take on the role. In this way, I am directly involved in co-constructing the identity she puts forth. What is more is that I am not only participating in her identity in that moment, I am also implicated in the kinds of actions that identities grant. So, when, from the standpoint of expert, she claims knowledge that only an expert would be able claim, I am co-producer of that statement.

Using interview transcripts, I present identity construction as a joint accomplishment, and I furthermore show how these collaboratively made identities entitle and deny certain actions when it comes to claiming knowledge. As I illustrated in the first example of the mother and the crying baby, the mother, as a member of the category of entitlement, was permitted to engage in

an action relevant to her category: she was able to assert knowledge of her baby's needs. Like this example, in Chapter Three, I demonstrate how, as both Lead Administrator and as a person with a disability, this staff member's identities excuse her from expounding upon how she knows what she claims to know.

In both cases, of the mother and of the Lead Administrator, one can observe how identities authorize actions, how they socially justify (Rorty, 1980) them. Other social members, members not of the category of entitlement, remain obligated to supply a rendering that validates—that socially justifies—the claim they are advancing. In order to be judged sufficiently explanatory, these renderings offered up to other social members must include acceptable forms of evidence.

### **Knowledge as Exercise in Accounting**

That of legitimizing claims to knowledge through evidence is a process known as “evidentiality.” Evidentiality indicates to the hearer how the speaker has come to know what he or she proposes to know (Tracy & Parks, 2010). In discourse, evidentiality can assume many forms. For example, a speaker can reference a revered source as is so often done in academic writing (see Dehkordi & Allami, 2012) in order to imbue his or her claim with evidentiality, and consequently, authority. Alternatively, evidence speaking to the legitimacy of a speaker's claim to knowledge may also be achieved through less formal means, such as through the inclusion of firsthand accounts or personal testimony.

Per the norms of social interaction, when a claim is not self-evident, when it is not self-explanatory, it is accompanied by an account. Closely related to motives, accounts often address an implicit question regarding a speaker's intention, design, or rationale (Mills, 1940); they answer the question, “Why?” (Sacks, 1992). Accounts, both prospective and retrospective, are

anticipatory. As Shotter (1984) notes, all speakers speak under the impression that they will be held accountable for what they say. Before providing an account, speakers first ascertain the likelihood that their claim will be scrutinized. In the event that they perceive the probability of their claim being challenged to be high, speakers attach an account to their claim to render it both intelligible to the hearer within the context of the situation at hand as well as the larger social order.

On a broader scale, accounts are integral to the generation and preservation of the moral/social order because they make sense of discrepancies with the potential to threaten it (Garfinkel, 1967; Goffman, 1971). The interaction ritual (Goffman, 1967) of accounting is essential to knowledge construction in that accounts are opportunities for individuals to make sense of events to both themselves and to others. As members of a mutual moral community (Shotter & Utrecht, 1989), individuals hold each other accountable through the social processes of judging, shaming, and condemning. Buttny & Morris (2001) note that “Accountings are ‘collaboratively achieved’ among interlocutors” (p. 295), meaning that the success of accounting is contingent upon another; the person to whom the account is offered must find the account both relevant and sufficient. Therefore, the various accounts featured in Chapter Three and Chapter Four are not to be interpreted as individual contributions of the staff member, but as joint accomplishments between researcher and respondent. Recognizing that knowledge claims, and the accounts that partially constitute them, are not derived from a singular source intimates a fundamental flaw in traditional views of knowledge: that of knowledge production as an individual enterprise.

The Age of Enlightenment served as the precursor to modern positivism. Scholars working within a positivist tradition, such as Emile Durkheim and Talcott Parsons in Sociology,

and Claude Levi-Strauss in Anthropology, took the scientific principles established in the Enlightenment and applied them to the study of human interaction (Kilminster, 1998). Like the modes of scientific inquiry developed a few centuries prior, positivists in the social sciences sought to create rigid and reproducible methods for generating universal truths about the human condition (Geertz, 1973). The idea was that if the method of study was designed precisely and correctly, the results would reflect absolute truth. To ensure that the method for extracting truth was effective and the result accurate, these scholars proposed a disinterested and uninvolved researcher as a means for achieving objectivity. It followed that knowledge, truth, was apart from the researcher as he or she was not involved in its creation. Knowledge under the positivist model was presumed to be predetermined—researchers only needed to refine their methods for harvesting and disseminating it.

### **Knowledge as Joint Activity**

Well into the 21<sup>st</sup> century, the intellectual legacies of the Enlightenment remain alive and well in the social sciences, including the field of Communication. The field of Communication, ever the philosophical amalgam, began in part with research in Information Theory. Two information theorists in particular, Claude Shannon and Warren Weaver (1949), can be credited with developing what is the most renowned Communication model to date: the transmission model of communication. Shannon and Weaver's magnum opus, "A Mathematical Model of Communication," represented communication much like a mathematical equation. This mathematical model, or transmission model as it is now called, suggested that one could wield control over the interpretative process (Krippendorff, 1993), manipulating, for instance, the information transmitter or the message design to a favorable and foreseeable end.

The belief that communication may be controlled to achieve a desired outcome is still prevalent in contemporary research methods, qualitative ones notwithstanding. In fact, as I will address in Chapter Two, my primary research method, interviewing, is often mistakenly conceived of in terms of a transmission or stimulus-response model (Mishler, 1986). In the case of the research interview, the question posed by the researcher is seen as the stimulus eliciting information concealed in the mind of the interlocutor, the response. Because questions in the interview setting are viewed from a behaviorist perspective that sees human response as predictable, much effort has been dedicated to interview design and questioning planning. The rationale informing this effort holds that if the method is designed correctly and precisely, the results will in turn reflect an accurate and impartial truth. Furthermore, because these truths are unbiased by researcher agenda or question structure, they are taken to be generalizable, and thus universal and predictable.

But there is another way of conceiving of interviews. Interviews are a recontextualization of events (Bernstein, 1990; Linell, 1998), not a reporting of them. Take, for instance, the act of transcribing a recorded interview. While the act of transcription may initially appear to be a simple exercise in notation, in the process of transcribing, the researcher is deciding what to omit, include, emphasize, and so forth (Ochs, 1979). In this way, the events reported in the interview are recontextualized at least three times: once when they are recounted in the local interview setting by the speaker, again when the researcher renders the oral text into a verbal one, and lastly, when the researcher incorporates interview extracts into his or her analyses. Thus, knowledge garnered from the interview is incapable of objectification, as it necessitates an agent, more than one in fact, for its production. In the methodological chapter that follows, I discuss at greater length my reasons for rejecting the belief that interviews “harvest” knowledge

(Antaki, 2006), and consequently, my decision to make the interview itself the topic of analysis (Potter & Hepburn, 2005).

In Chapter Three, by analyzing the spoken discourse of staff members, I demonstrate empirically the saliency of the interview-as-data-resource (Seale, 1998) view. I focus on staff's concern to control the interviews they conduct with students as well as the interview they participate in with me. The belief that there is indeed a "right way" to do interviews is as misguided as the belief that some data are better than others. Believing that some data are better assumes that these data better represent an established, independent truth, when in fact the "truth" is being negotiated in the interview itself, so all data is relevant. With respect to interviewing, I share Dingwall's (1997) thoughts on the matter when he writes that the interview's "relationship to any 'real' experience is not merely unknown but in some senses unknowable" (p. 56). In claiming that the relationship between the interview and reality is unknowable, Dingwall is not suggesting that we do not possess the appropriate methods for accessing this reality; rather, he is asserting that interviews, like all speech events, are not representative of an external reality, nor are they representations of internal mental states (Potter & Mulkay, 1985; Potter, 1996). Interviews are renditions, versions, of events that are recontextualized to fit the interaction at hand.

Unlike mathematical equations, humans are not predictable. One of the most significant shortcomings of a mathematical model of communication is that it neglects to account for human agency. Early interpretivists like Clifford Geertz (1983) refuted a naturalist approach to the study of meaning-making, asserting that causal understandings of culture disregard the fact that it is human beings' ability to choose that makes them irrevocably unpredictable. Often referred to as "co-construction" or "joint activity" (Bucholtz & Hall, 2005), agency is distributed among social

actors, and is accordingly, not exclusive to the individual (Jones & Norris, 2005). People construct knowledge, of disability for example, together. They respond to questions to accomplish the joint activity of an interview, and they offer and evaluate accounts to co-construct, manage, negotiate, and habitually reconstruct, the social order.

Describing knowledge as (socially) constructed is consistent with the view of communication informing my work: a performative and constitutive view of communication. According to the transmission model, communication is often likened to a fixed, calculable equation where language is but an interchangeable variable. Saussurean linguistics, for instance, exemplifies this orientation to language as scholars attempt to uncover universal features hidden in language. Such orthodox ventures into the study of language seek to determine what is behind language or for what language stands. In many ways, structuralist interpretations of language, like Saussurean linguistics, resemble the positivist mode of inquiry characteristic of the natural sciences, as they dissect language into signifiers and signified (Derrida, 1967/1974) in an attempt to identify a universal grammar of language (Chomsky, 1976).

A performative orientation to language on the other hand extends beyond the semantic level (Chafe, 1970) to argue that language in use, discourse, is not as a passive medium or tool through which social relations are constructed, but an agent in meaning-making (Austin, 1962; Butler, 1997; Searle, 1976). In focusing on what language accomplishes, and not what it stands for, a performative approach takes context to be essential to the study of language. Whereas in structural linguistics it is common practice to extract a unit of language from its context and abstract it, the goal of a performative view is to determine how the local situation calls for the operation performed by discourse. Accounting for context also accounts for the fact that the same series of utterances can perform one action in one situation, and a completely different one

in another setting. The situatedness of language is vital, for language does not inherently possess meaning, but acquires meaning as it is deployed in interaction.

Possibly the most illustrative example of the performative quality of language lies with Austin's (1962) notion of speech acts. Speech acts are, as they sound, utterances that incite action. An oft-cited speech act example is of a wedding ceremony, where in uttering "I do" or in proclaiming "I now pronounce you married," two people are actually wed. In the case of disability, and consistent with a performative understanding of language, I hold that discourse does not represent disablement, it actually does the disabling. In this respect, discourse truly is performative.

One of the most fundamental actions that language performs is that it constructs realities, and therefore, it is not only inherently performative, but constitutive as well. The constitutive view of communication is nearly interchangeable with what is otherwise known as a "rhetorical view of communication" (Tracy, 2003). Both the constitutive view and rhetorical view regard discourse as inherently active, with rhetorical discourse analysts in particular concentrating on pragmatic accomplishments of discourse. I orient to discourse, whether in spoken or written form, as social action (Baker, 1997). I claim that discourse is inherently active, in effect bringing about the very things it is presumed to describe. In other words, contrary to popular conception, discourse does not represent biology, nature (Bartesaghi, 2004; Bartesaghi & Castor, 2009; Rorty, 1980), or social circumstance. Rather, it is through discourse that these very things are brought into being; as Tracy & Mirivel (2009) put it, it is through discourse that seemingly biological conditions like disability are "real-ized" (p. 154). It is in this regard that discourse is social action (Van der Berg, 2004). In the case of disability, this means that the ways in which disability is discursively organized are not representative of a putative condition or set of



conditions, but that reflexively, the vocabulary and discourse of disability quite literally disables, by constructing disability as an individual problem, worthy of professional attention (Bartesaghi, 2009; Davis, 1986).

One function discourse performs is that of organizing. It is through and by discourse that persons are ordered into social categories, including for instance, “disabled,” “suspect,” and “expert.” “Discourse” refers to exchanges at the level of interaction, as well as constellations of ideologies. Gee (1990) describes the first interpretation of discourse as “little ‘d,’” with the second sort representing what he calls “big ‘D’” discourse. For him, little ‘d’ discourse encompasses conversations, texts, and stories, whereas big ‘D’ discourses “are ways of being in the world” (p. 142), discourse in the Foucauldian sense of the word. What Gee emphasizes though is that these two understandings of discourse are not discrete as big ‘D’ cannot exist without little ‘d.’ Little ‘d’ constitutes the means by which big ‘D’ discourses, such as those that socially organize people, are reproduced. In my own work, I utilize and connect both big ‘D’ and little ‘d’ discourse.

My orientation to discourse is best summarized by Smith (2005) who writes that discourse “is the actualities of people’s lives; it organizes relations among people” (p. 25). Smith’s definition of “discourse” as it relates to processes of organization highlights both the active (“it organizes relations among people”) and consequential (it “is the actualities of people’s lives”) nature of discourse. I investigate how staff members position themselves with relation to other university members, members of different professions (e.g., healthcare providers, university faculty), and persons with disabilities. I look at how they present themselves as knowledgeable or unknowledgeable, as an authority figure or a friend, as compassionate or just effective in their work.

In Chapter Four, I elucidate the organizational quality of discourse when demonstrating how through their talk, members organize students according to type of disability along a moral hierarchy. The membership categorization analysis (MCA) method I utilize in Chapter Four is ideally suited for illustrating the organizing faculty of discourse, as it shows how social members make sense of the world and people around them by grouping members into social categories (Sacks, 1992). By way of MCA, I detail the discursive means by which ODA staff members implicitly categorize students: as a having a preferred disability, a dispreferred disability, as morally sanctioned, and as morally suspect. At the same time, I attend to the social categories staff members create for themselves, including that of expert. With each social category comes established expectations and entitlements to certain claims and activities that members of that category can, and are often compelled to, execute. In my Chapter Four analyses, I consider the implications of membership categorization. On the one hand, I discuss how membership authorizes members belonging to certain social categories to make otherwise unauthorized claims to knowledge of disability. On the other hand, I reflect on the consequences a student's membership category, as a student with a visible disability or as a student with a nonvisible disability, hold for his or her ability to secure accommodations.

### **Knowledge as Socially Organized**

By treating “organization” as both a noun and a verb, I am positing a few things about the relationship between discourse and organization. First, organizations are not just sites where discourse occurs, rather discourse constitutes organizations; this perspective was appropriately termed the “communication-as-constitutive organizing” movement (Ashcraft, Kuhn, & Cooren, 2009; Cooren, Kuhn, Cornelissen, & Clark, 2011; McPhee & Zaug, 2008). This particular assumption is compatible with the recent discursive turn witnessed in Organizational Studies

(Alvesson & Karreman, 2000; Deetz, 2001), which holds that organizations are “*talked* into existence” (Bakken & Hernes, 2006, p. 1602). The so-called discursive turn represents a paradigm shift wherein organizations are no longer conceived strictly in terms of stable entities, but as continuously reproduced through interactions among its members. Reproduction of this sort comprises my second claim regarding communication as organization: that organization is an active, ongoing process.

An endogenous approach to the role of communication in organizing emphasizes two things. The first is the processual nature of both the act and the entity of organization contends that the “stabilization of entities resides in the process [of organizing] itself” (Hernes & Weik, 2007, p. 251). The second is that organizations are best understood from inside-out, rather than outside-in, that they are not preexisting entities, but are constructed internally by the exchanges and practices of social members.

Weick’s (1969) pioneering text, *The Social Psychology of Organizing*, examines “organization” as a verb, or an action, as opposed to a noun, an object. For Weick, concerning of organization as a verb is essential to understanding sense-making within an organizational setting. Sense-making from a process perspective is perpetually in transition as members continuously revise meaning upon interacting with other members and upon encountering novel situations. Weick vehemently opposes the reduction of complex processes to simple nouns, for such a practice transforms ambiguities of organization into the taken-for-granted. In linguistics, this same mechanism by which dynamic processes are condensed into noun form is known as “nominalization” (Schmid, 2000).

Billig (2008) notes that ironically “nominalization” is itself a nominalization in that the word refers to the intricate process by which verb predicates are converted into nouns. An

example of nominalization pertinent to my study lies with the case of “fact.” “Fact” is rhetorically flexible, as speakers employ this term in a variety of situations to indicate a host of different things: “it was a fact that the suspect was seen fleeing the scene”; “the fact of the matter is that I do not care”; “in fact, I do not know.” As these examples illustrate, the word “fact” performs various activities, but what exactly is a fact? This is one question that my dissertation attempts to answer by showing that unlike the nominal “fact” suggests, a fact is actually the product of communication over time.

In Chapter Five, I show how the use of nominalization imbues documents disseminated by ODA with rhetoric flexibility. Also within this chapter, I show how texts within organizations are frequently oriented to as static artifacts rather than links in chains of conversations (Gunnarsson, 1997). Furthermore, because texts become stabilized and standardized over time, their agentive capacity is often overlooked (Cooren, 2004; Latour & Woolgar, 1979). In Chapter Five, I detail how, when enrolled in interaction with human agents, institutional documents can be said to enact agency in that they speak for the student with a disability (Cooren, 2010).

While Weick’s work is instrumental in providing an alternative means of conceptualizing organizations, in its emphasis on organizing, it disregards the interplay between organization as verb, and organization as noun. In this regard, the discursive notion of recursivity proves useful in reconciling the noun-verb dichotomy. Recursivity, or the reflexive relationship between process and structure, departs from a longstanding sociological tradition, which positions structure, in this case, organization, as both the producer and product of process, of organizing. Structuration theory (Giddens, 1984) contributes to my analyses of ODA, as it highlights the dual nature of the organization. These members invoke various organizing discourses, such as a medical discourse, to materialize the organization. At the same, the grander institutional

discourses that constitute the organization authorize the organizing work conducted at the local level.

With respect to knowledge construction, structuration theory invites one to question the glossing that takes place in the construction of a fact, which subsequently leaves the ostensible fact unquestioned. Given the reflexive nature of knowledge construction, one would be hard-pressed to determine definitively which came first: the fact or the discourse informing it. Did the discourse of disability create disability as it is now known, as a biological fact? Or, did the “discovery” of disability as a material truth inform discourses of disability? Still yet, is the relationship between structure (e.g., the fact of disability) and process (e.g., the discourse of disability) as structuration theory suggests, a bit more complicated than that?

## **Chapter 1: Linguaging Disability**

In part due to its organizational and performative functions, and in part due to its highly consequential nature, language in use has become a central concern for disability scholars and advocates alike. The eye on the discourse of disability is apparent in far-reaching documents, such as the 1990 Americans with Disabilities Act (ADA), as well as its amended version, the 2008 Americans with Disabilities Amendments Act (ADAAA). Both of these federal legislative documents prescribe what is known as “Person-first language” as the primary means for altering social inequities experienced by people with disabilities. Person-first language, a shift in the languaging of disability that favors the ascription “persons with disabilities” over “disabled people,” is a response to a longstanding mode of conceptualizing disability: that is, according to a medical model.

### **The Medical Model of Disability**

Throughout history, people have organized difference in a variety of ways. In the Middle Ages for instance, impairment was superstitiously regarded as retribution for moral transgression (Metzler, 2005). While such an archaic view may now seem absurd, contemporary social organization of disability has not progressed far from it. Not unlike several centuries ago, disability today is intimately tied to notions of morality, and just as in the “Dark Ages,” the burden of disability is still assigned exclusively to the individual. Such antiquated ideations of impairment strongly resemble what modern scholars term, “the personal tragedy model of disability.” It is the “personal” of the personal tragedy model that is to be emphasized here as

Oliver (1986) notes when he writes that this approach to disability “has served to individualise the problems of disability and hence leave social and economic structures untouched” (p. 16).

Several hundreds of years later, the personal tragedy model persists in the form of the medical model. Like the personal tragedy model, the medical model positions the individual as the site of impairment. As Chan and Chan (2000) reflect, medicine, as we now know it, is a direct product of the Enlightenment era, which championed “objectivity, determinacy, causality and impartial observation” (p. 332). From a modernist perspective, disability is observable and determinable, and assigned exclusively to the individual. The premise that impairment is within the individual consequently warrants the entrance of a variety of institutions into the disabled body. In this regard, a medical paradigm of disability does not invoke the medical institution exclusively. As a result of what Oliver (1990) coined “medical imperialism,” the medical discourse of disability has expanded so as to encompass a host of other helping professions (Edelman, 1974), including therapeutic, caregiving, rehabilitative, governmental, and even educational organizations like ODA.

The individualization of disability serves these institutions well. The long-held personal tragedy view of disability portrays the individual with a disability as a victim, as dependent upon another for care and attention (Barnes, Mercer, & Shakespeare, 2010). As members of these helping professions enact the professional-client relationship, they are perpetuating yet another ideology of disability. By claiming access to resources—both material and immaterial, such as specialized knowledge—members of these professions are unwittingly constructing disability in terms of dependency. In order to obtain monetary assistance, medical attention, or learning accommodations as in the case of ODA, the individual with a disability must assume the role of

dependent. By enacting the role of dependent, the person with a disability is, as disagreeable an idea as it is, ultimately participating in his or her own disablement.

Within the context of disability and the helping professions, however, the notion of dependency is not to be confined to the client or individual with a disability. As professional and client are relational identities, reliant upon one another for each to be meaningful, the professional is as much, if not more, dependent on the client. In fact, in the case of disability, the identity of professional, or expert, is entirely dependent on the other's impairment, as Barnes, Mercer, & Shakespeare (2010) point out when they write, "[t]o acquire an impairment is to become the object of professional attention" (p. 161). The authors continue that "This 'expert' [the professional] defines an individual's needs and how these should be met" (p. 161). Therefore, while the professional and client identities are relational, they are by no means symmetrical.

### **The People-first Movement**

The People-first movement was initiated in the U.S. to replace the reductionist descriptors witnessed in medical records, such as "MS patient" or "Autistic patient." In many ways, by seeking to allow alternative means of identification, outside of one's disability, the Person-first impetus is attempting to unfetter disability from the medical institution's historical stronghold on it. This effort can be observed in the ADA's semantic substitution of "someone who is" (disabled person) with "someone who has" (person with a disability), with the latter based on a reframing of the individual over the disability. As a result of its relative positioning of the "person first," the ADA is able to claim that an individual is no longer solely defined by his or her disability.



In 2008, U.S. legislating bodies authorized amendments to the Act. These amendments, pertaining to accessibility and equal opportunity, thereby produced the current legal document, the Americans with Disabilities Amendments Act (ADAAA). Like the preceding act, this piece of legislation was designed to afford and ensure rights for disabled citizens. In spite of the various changes made to the content of the original act, such as broadening the definition of disability to encompass more diverse forms of impairment, the categorization used to capture persons with disabilities remains the same (U.S. Equal Employment Opportunity Commission, 2005).

Although the ADA and its subsequent amendment only imply that there exists a preferred way of referencing persons with disabilities, the U.S. Department of Labor is by contrast, much more explicit—it both employs and prescribes People-first Language for employers and their employees. The U.S. Department of Labor (DOL) Office of Disability Employment Policy (ODEP)’s official website features a range of links to disability-related topics. Included in one of these links is the document, “Communicating with and about People with Disabilities,” which reads much like a “how-to” manual, instructing persons in the workplace on “proper” communication “with and about” disabled people. Interestingly, the use of the conjunction “and” here suggests that communication *with* persons with disabilities is to be grouped with communication *about* persons with disabilities, and furthermore, that these two types of communication are interchangeable. Keeping in mind that language in use is indeed social action, the latter half of the document’s title, distinguished only by an alternate preposition, ultimately renders persons with disabilities passive receivers and subjects of communication. To communicate with a person is to make him or her an active participant in the very act itself, whereas communicating about a person does not require his or her participation,

let alone presence. The logic implicit in the document's title suggests that communicating *about* persons with disabilities does not necessitate communicating *with* them. In light of this, it may be worth asking whether or not those prescribing language choices are people with disabilities themselves. This is in fact, a question driving my inquiry as I am continuously asking who, the student or the staff member, and what, a document, an institution, or an individual, gets to speak for whom. Table 1 below details some prescribed terms, as well as their less preferred counterparts.

*Table 1. A Transmission View of Disability.* Table 1 lists the offensive term for describing disability in the left column, with its more preferred People-first substitute in the right column. The table presents communication in a one-to-one configuration, as a simple act of translation, where one word correspondingly begets another.

Affirmative Phrases	Negative Phrases
person with an intellectual, cognitive, developmental disability	retarded; mentally defective
person who is blind, person who is visually impaired	the blind
person with a disability	the disabled; handicapped
person who is deaf	the deaf; deaf and dumb
person who is hard of hearing	suffers a hearing loss
person who has multiple sclerosis	afflicted by MS
person with cerebral palsy	CP victim

The ODEP document opens by acknowledging the supposed progress made with the enactment of the ADA, but shortly thereafter it identifies a specific site where improvement is still needed; the document reads, “where progress is still needed is in *communication and interaction* with people with disabilities” (Office of Disability Employment Policy, n.d.). In order to facilitate said progress, the document’s authors provide a list of what they term “affirmative phrases” and “negative phrases” for describing various disabilities (see Table 1, above). The affirmative phrases are listed in a column on the left side of the page with their corresponding negative equivalent presented in a column to the right. Take, for example, the descriptors designated as negative phrases, “retarded” and “mentally defective.” Their suggested alternative as listed in the column representing affirmative phrases is “person with an intellectual, cognitive, developmental disability.”

Though this portion of the ODEP document offers language guidelines at the level of words, later in the guide, it takes the relationship between discourse and disability a step further so as to encompass communication more generally. Recall that the document locates progress in “communication and interaction,” and not language exclusively. These proposed suggestions for communicating with and about disabled people moreover appear locally, in the Office of Disability Affairs (ODA) faculty handbook. In the “Communication” section of the handbook, the preface, as well as the proposed terms, matches almost verbatim to that which is featured in the original ODEP document. In both cases, in the ODEP document, and in ODA’s slightly modified version of it, communication is established as integral to effecting social change for persons with disabilities.

### **Disability under a Transmission Model of Communication**

In some ways, these documents and the respective institutions they represent are on to something; certainly, communication is both a locus and mechanism of change for people everywhere. What is less certain though, is with respect to how communication is presented. Both documents introduce communication in terms of transmission. Under this model, a speech token (e.g., a pejorative term for disability) is inputted by one communicating *about* a person with a disability—someone other than the subject him or herself—and an equivalent but more preferable descriptor is outputted by the communication equation. For those implicitly subscribing to the transmission model, communication is but a fixed and predictable algorithm—a simple matter of translation.

The transmission view of communication is bound up with another metaphor of communication, the control metaphor. Similar to the transmission metaphor, the control model of communication is causal in nature, asserting that communication is but a tool for bringing about a foreseeable change. In the case of the ODEP and ODA documents, this change is presumably social equality. As Krippendorff (1993) notes, the control model produces “social asymmetries” (p. 9), with the controllers of communication separate from the controlled. Whereas in the unilateral transmission model of communication the sender is active and the receiver passive, the control metaphor adds another layer of complexity, contending that controllers are knowledgeable experts while the controlled are comparatively uninformed (Krippendorff, 1993). In the case of the ODEP and ODA documents, the controlled, the passive and uninformed subjects of conversation, are not agents in the conversation; they are the objects, they are persons with disabilities.

While many have written extensively on the shortcomings of a transmission view of communication (see Carrey, 1989; Krippendorff, 1993; Reddy, 1979) for all of the reasons mentioned here, including its inability to account for the dynamic and ongoing phenomenon that is communication, these documents suggest that the transmission model is alive and well in contemporary society. Despite its numerous flaws, this model remains so prevalent precisely because it ensures that those involved in designing an appropriate discourse of disability remain in business, so to speak. When applied to disability, the transmission model of communication legitimizes the need for experts from a variety of institutions to speak about, and subsequently for, persons with disabilities. These experts then operationalize the transmission model in their practice, which further compounds its persuasive appeal as a means of representing disability. Reflexively, because it is used by experts, the transmission view of disability is vicariously imbued with expertise.

As it concerns matters of disability, the transmission model proves even more useful to members of the helping professions in that it reduces larger processes for socially organizing persons with disabilities to a matter of semantic substitution. Speaking to the misconception that language can be used as a quick-fix to engender social change, Oliver (1996) notes that the “role of language, however, is more complex than simply the removal of offensive words” (p. 34). So the question then becomes, are these various institutions misguided in placing so much stock in language, in communication, as a means for altering social inequities?

### **The Social Model of Disability**

The Person-first Movement underway here in the U.S. is not necessarily representative of activist efforts elsewhere, especially in the United Kingdom. At the time that several activists in the U.S. were turning to language as a means for bringing about social change, their international

counterparts were looking to larger structural issues. In 1972, the Union of the Physically Impaired against Segregation (UPIAS) was founded in the United Kingdom (UPIAS, 1976). UPIAS suggested a new way of approaching disability, apart from the prevailing medical model of the time. UPIAS founders bifurcated disability in order to distinguish its conceptual relationship from impairment. Impairment differs from disability on the grounds that it deals strictly with the materialization of the body. UPIAS (1976) defines impairment as “lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body” (as cited in Oliver, 1990, p. 11). While impairment is located with the body, disability, by contrast, is located in “social organizations which take no or little account of people with physical impairments” (as cited in Oliver, 1990, p. 11). This distinction between impairment and disability essentially laid the groundwork for the development of a social theory of disability.

Though UPIAS may have provided the foundations for a social model of disability, Oliver (1990) is largely credited with popularizing it. By examining how disability as ideology is intimately bound up with forms of social organization such as Capitalism, Oliver furthered UPIAS’s claim that disability is a social, not biological, pathology. Drawing heavily from the work of Foucault (1963/1973), Oliver asserts that with the rise of Capitalism came the rise of individualization, and with individualization came contemporary understandings of disability as a personal problem. Furthermore, Oliver contends that Capitalism invites people to be conceived in terms of their production value. In this metaphorical market, people with disabilities are viewed as less valuable, for they are viewed as less instrumental in the production of a progressive society.

In his discussions of disability as a product of social ideology, Oliver (1990) is careful to distinguish the diverse use of “social” as a prefix within scholarly discourse. In particular, he

goes to great lengths to differentiate social constructionist approaches to disability from social creationist ones. From a social constructionist standpoint, the problem with people with disabilities' disenfranchisement lies in the "minds of able-bodied people, whether individually...or collectively" (p. 82). By this definition, those suggesting language as a means of promoting equity for disabled people—proponents of the Person-first Movement—are operating from a social constructionist position. They believe that because language affects perception, if one changes the discourse of disability, one changes the reality of it. The marginalization of people with disabilities according to social creationists, however, is as Oliver puts it, "located in the institutional practices of society" (p. 83). Accordingly, Oliver prefers the ascription "disabled people" over "persons with disabilities" as in the former, the word "disabled" functions more like a verb than an adjective.

As I mentioned before, the ascription of "disabled people" is much more common in the U.K. than in the U.S. In part because of its divergent history with disability, "persons with disabilities" is preferred in the U.S. I am inclined to agree with Oliver in that proponents of People-first Language tend to overestimate its ability to improve the lives of persons with disabilities. Still, I use People-first Language throughout this dissertation for the simple reason that the majority of my readers are in the U.S., and thus are more familiar and more comfortable with "persons with disabilities."

Along these lines, ODA's Lead Administrator, Cathy (C), also disputes the ability of word modifications to single-handedly thwart the discrimination people with disabilities so often incur. When I (S) asked her what role she thought language played in disability issues, she noted,

**Extract 1**

369 C: I think (2.0) I mean what we talked about the other day was that you know  
 370 whether you call somebody “gimp” or whether you call them “person  
 371 with a disability” (1.5) i-it you can still you can use appropriate language  
 372 and still have terrible attitude

373 S: Mm okay

374 C: And I think we sometimes feel or act as if you use the right language that  
 375 means that everything else is going to follow through

376 S: ((laughter)) Mm-hm

377 C: And I don't think that's true at the same time you know and kinda vice  
 378 versa people can be using poor language with the best intentions

Cathy responds to the People-first Movement in that she questions the movement's prescriptivist orientation to language. In prescribing a “right” way to reference persons with disabilities, People-first Language is reinforcing a transmission model of communication. By designating certain terms as more suitable substitutes for others, the Person-first Movement is presenting communication in linear, causal, terms as a prescribed term is presumed to effect more positive attitudes towards people with disabilities. Cathy, however, diverges from the transmission model when she says in lines 374-375, “I think we sometimes feel or act as if you use the right language that means that everything else is going to follow through.” Cathy is touching on the fact that communication is often treated as an equation that can be manipulated or designed for a favorable outcome. All one has to do is exchange one variable for another, replace the offensive term with the benign one, and voilà, the desired communicative and social outcomes are achieved.



Cathy further demonstrates her skepticism towards conceptualizing communication in a reductionist manner as she illustrates that language and intention are not directly correlated (lines 377-378). Such an understanding of the relationship between language and inner states also goes against dominant beliefs of communication that regard it as a means for getting at private knowledge, locked away in the confines of an individual's mind. For her, language, communication, is not a direct reflection of intention, so proponents of a prescriptivist language program, such as the People-first Movement, should be wary of over-crediting mere linguistic substitution as sufficient for social change.

At the same time, Cathy does concede that by challenging the status quo for ways of languaging disability, prescriptivist approaches like the People-first Movement represent positive change nonetheless. She says,

You can get caught up in all of that linguistically, but what it's getting at for me the fact that there's a linguistic argument in general is what it tells me is that people are thinking and people are talking about it and that it-it [disability] is something that is emerging not only as a medical condition or as something wrong but as something that could be different (lines 380-385).

Paradoxically, despite Cathy's implicit rejection of a linear and overly simplified view of communication, some of ODA's practices inadvertently reinforce this one-dimensional representation of communication. That is why, for me, it is important to scrutinize these organizational practices and discourses; not to pass judgment, but to identify opportunities for ODA staff to improve their practice by addressing possible inconsistencies.

### **An Embodied Model of Disability**

Since its inception, the social model of disability has come under criticism for perpetuating an unhealthy impairment/disability dualism. In doing so, many (Dewsbury, Clarke, Randall, Rouncefield, & Sommerville, 2004; Hughes & Patterson, 1997; Shakespeare & Watson, 2001) have argued that this practice refuses to consider disability from an embodied and phenomenological ontology. Ignoring or undermining the materiality of impairment does Disability Studies a great disservice, for in doing so, some would be led to believe that if structural and economic barriers were overcome, impairment, along with disablement, would no longer be of concern. The truth is that people with disabilities, like able-bodied people, experience physical troubles with their bodies. When their bodies become broken, worn, or “leaky” as some would have it (Schildrick, 1997), they willingly and eagerly seek the services of the institution purportedly oppressing them. In his critique of the social model of disability, Shakespeare (2008) cautions against constructing medicine as the proverbial straw person, the scapegoat that can assume all responsibility for social injustice against people with disabilities. To demonstrate the welcome role medicine plays in the lives of some individuals with disabilities, Shakespeare references the vital need for a diagnosis in order to obtain monetary aid, insurance reimbursement, and government assistance.

In a similar vein, Dewsbury et al. (2004) take issue with proponents of the social model as they claim that those working exclusively from this particular conceptual framework are guilty of the same practice they disavow. Whereas advocates of the social model seek to undermine certain institutions’ (the medical institution, especially) claims to specialized knowledge on all matters disability-related, they have simply transferred the claim of expertise from members of the medical professions to academics. Interestingly, over this 20-year debate

on the social model, literature within Disability Studies critiquing the social model on the grounds that the claims it advances are purely theoretical is few and far between. In this dissertation, I answer this implicit call for data-driven analysis by examining disability, not in social structure and ideology, but in the local context of ODA members' talk.

It is my belief that the social model of disability and a phenomenological approach to disability are not irreconcilable. I do not believe anyone endorsing the social model would deny the veritable existence of impairment. An ideal collaboration between the two models, however, would acknowledge the difficulties impairment can present, as well as the need for medical attention in some cases, yet in the spirit of the social model, it would remain critical of the meaning assigned to impairment in this context. Also in the spirit of the social model, my work is, in many ways, a critique on institutional discourses of disability. Taking into account the embodiment of disability, I am by no means suggesting the eradication of institutional involvement (i.e., medical institution) in disability—nor do I want to, as Dewsbury et al. (2004) caution against, entitle medical sociology to act as the sole spokesperson for disability. Instead, I am soliciting multiple discourses, or perspectives, of disability.

In interrogating institutional discourses of disability, I am more specifically interrogating the ways in which it constrains the choices ODA members can make, particularly with respect to the forms of documentation they can accept from students. To fault the medical institution though would be too simple. As alluded to previously, I do not locate disablement in this structure as doing so would reinforce the structure-agency dualism I denounce. After all, medical documentation is one of the most widely accepted verifications of disability, used in military and veteran affairs, social security administration, and so on. Because the medical institution is validated by social members as one of the only parties capable of verifying disability, ODA

members, knowing that their decisions are held accountable to the same social members, likewise prefer medical documentation to the exclusion of most others. As this example suggests, ODA members' decision-making practices are thoroughly dilemmatic, making the process of organizing disability inescapably complex.

### **An Interactional Model of Disability**

While the medical model claims that disability is in the individual, and the social model claims that disability is in societal institutions and ideologies, I propose that disability is in, or rather the outcome, of interaction. Although empirical work within the field of Disability Studies on disability-in-interaction is scant, scholars in conversation analysis, discursive psychology, and discourse analysis, have traced the production of disability in conversations between representatives of the medical institution and their clients (McHoul & Rapley, 2005; Peräkylä, Antaki, Vehviläinen & Leudar, 2008), for instance, as well as those taking place between caregivers/support staff and persons with disabilities (Antaki, 1999; Antaki, 2001; Antaki, Finlay, Walton & Pate, 2008). Many of the scholars arguing disability as an interactional outcome, however, may resist the appellation of "Disability Studies scholar" as their projects are not confined to the topic of disability. Rather, for practitioners from conversation analysis to pragmatics to discursive psychology, their respective modes of inquiry constitute the topic of study. The methodology is of primary focus, and the social phenomenon it illustrates is often secondary.

Some (e.g., Rapley, 2004), however, have placed disability at the heart of their scholarship. In other words, those like Rapley do not choose between discursive psychology or disability, but do both. Rapley mobilizes discourse analytic principles to illuminate disability as an interactional phenomenon. He simultaneously uses conversations on disability to illustrate the

implicit social rules governing discourse. It is in this regard, that I model my project after Rapley's.

The discursive psychological approach that Rapley (2004) adopts is ideally suited to make the case that diagnostic categories such as “intellectually disabled,” do not exist outside of interaction, but that one instead acquires the diagnosis through the course of interaction (see McDermott, 1993). Discursive psychology is largely concerned with demonstrating how the exchanges and measures designed to assess and diagnose an already-present-but-hidden cognitive state actually produce said state. Rapley (2004), for example, analyzes an exchange between an institutional interviewer and a candidate client for the diagnosis of an intellectual disability. By virtue of his status as a potential client with a disability, the participant's minimal responses (e.g., “mm-hm, “okay”) to the interviewer's questions were interpreted as abnormal acquiescence and as evidence of an underlying problem, resulting in the diagnosis of “intellectually disabled.” Under any other circumstances—in interviews with persons not already presumed disabled—such responses would be perfectly acceptable.

Smith (1978) likewise details how certain behaviors are recounted and recontextualized by participants in conversation to suggest to the hearer that these actions are symptoms of a problem—in this case, mental illness. Smith shows how a woman, ‘K,’ was portrayed as mentally ill by her friends. Similar to the candidate client in Rapley's example, K was initially established as a candidate for mental illness. K's status alone supplied instructions to the hearer (here, the interviewer) that K's friends' descriptions of her behavior should be taken as evidence of her illness. In order to construct K as mentally ill, her friends engage in what Smith terms a ‘cutting out’ (p. 50) procedure, whereby they selected events speaking to K's apparent mental illness. Their construction of K's state was achieved in a very specific way: first they established

a social norm, and then described how K deviated from it. This discursive practice allowed them to transform otherwise innocuous behavior into expressions of mental illness. For example, K's friends recalled a time when they all went to the beach. K's friends, as they reported, leisurely lied on the beach, which was intended to serve as the norm against which K's actions were indexed. They proceeded to describe K swimming several lengths while they relaxed onshore. Since K's behavior deviated from theirs, which represented normal behavior, K was consequently exhibiting abnormal behavior—behavior indicative of mental illness.

Much like Rapley (2004), Smith (1978) shows via the example of 'K,' how otherwise unremarkable behavior can be presented in such a way that it renders the candidate client (for mental illness or disability) a client proper. Smith identifies the discursive processes by which 'K' became mentally ill as a form of social organization. She acknowledges that comparable processes are used in institutional settings to a similar end: to organize those individuals who are in accord with social norms, as well as those who deviate from them. The informal interactional work performed by 'K's' friends proves that social organization can be both "formal and informal" (Smith, 1978, p. 24), arising in both institutional discourses and casual conversation. Both Smith and Rapley's projects shared a similar objective: to elucidate how the supposed facticity of a biological condition (mental illness, and intellectual disability, for that matter) come to be regarded as fact through a dynamic series of social interactions.

Antaki (1999) endeavors to accomplish something similar when he analyzes the role of a quality-of-life questionnaire in institutional interviews conducted with individuals with learning disabilities. In an effort to denaturalize disability as a biological fact, Antaki shows the behind-the-scenes interactional work that goes into producing disability by considering the implications of paraphrasing standardized questions as they appear on the interview schedule. He found that

in an interview between an institutional interviewer and an individual with a learning disability, the interviewer often reformulated and reposed questions. This reformulation, more importantly, was consistently done “sensitively” (p. 437), so as to account for the cognitive abilities of the respondent. Sensitivity, in this case, meant rephrasing questions in such a way that interviewers were more likely to elicit a positive, socially acceptable, and face-saving response. Through the rephrasing of their questions, interviewers set the metaphoric bar lower, thus producing a higher a quality-of-life score on behalf of the respondent. While such sensitivity “might seem generous,” Antaki reminds that it ultimately “constructs the respondent as impaired” (p. 437).

Having thus established my theoretical framework, in the next chapter, I describe the data informing my analyses, along with my methodological approach, discourse analysis. Also in this chapter, and because discourse data is derived from fieldwork, is an ethnography of the site of my study, which is intended to familiarize readers with the physicality of the organization. After presenting ODA as an institutional entity, I continue to Chapter Three, which marks the first of three analytical chapters comprising this dissertation.

Chapter Three examines staff members’ beliefs regarding the ways they can know disability. In this chapter, staff present communication as a conduit of knowledge, knowledge as dependent upon evidence, and disability as observable. Chapter Four, the second analytical chapter, considers how members formulate claims to knowledge of disability. I see these claims as a means for staff members to construct their own identities, as well as the identities of students with disabilities. I look at the discursive mechanisms staff use to construct identities, and the various activities that identity categories afford and deny. My final analytical chapter, Chapter Five, considers the relationship between written and oral texts, and the role they play in the organization of disability. In addition to demonstrating how text and talk reflexively inform one

another, in this chapter, I discuss texts as they relate to the broader context of evidence in the production of knowledge. The concluding chapter, Chapter Six, is reserved for recommendations based on my observations and interactions with ODA staff, wherein I acknowledge the practical constraints of their everyday organizing work.



## **Chapter 2: Disability in the Making: A Discourse Analytic Approach to Disability**

The terms “discourse” and “communication” share an equally polysemic quality. On the one hand, the term “discourse” is used to refer to anything from a unit of speech greater than a sentence to a cultural ideology, such as in “The Discourse of Oppression,” “The Discourse of Racism,” and so forth (Schiffrin, Tannen, & Hamilton, 2001). “Communication” on the other hand, can signal anything from the exchange of numerical codes between computers to face-to-face encounters between friends. The two terms, moreover, are often used interchangeably, further compounding the versatility and confusion accompanying both. In this chapter, I attempt to clarify my claim that disability is discursively produced and organized through everyday communication. To start, I describe the physicality of the Office of Disability Affairs (ODA) and the nature of daily office operations, as well as introduce the staff members who participated in this study. My objective in re-creating the research site and participants here is to present communication as multidynamic, with various social rules, personal interests, and organizational and institutional goals bearing down upon it.

I then proceed to detail the data informing this study, including a comprehensive account of the process by which this data was generated and analyzed. Next, I elaborate on the theoretical assumptions informing the analysis. In this section, I present my methodological and theoretical approach according to six premises of discourse. These premises are as follows: discourse is not representative; discourse is not a conduit of inner thoughts or feelings; discourse organizes social relations; discourse is constrained and guided by social norms; discourse is responsive; and

discourse is a vehicle of change. I hope to have, by chapter's end, set a distinct tone and established clear expectations for the analysis of the topics featured in the chapters that follow.

### **The Office of Disability Affairs**

The Office of Disability Affairs (ODA) is located on the main campus of a large, public university located in the Southern region of the United States. This university matriculates approximately 40,000 students annually. On the university campus, ODA is housed within a building that is home to several other administrative offices, including the Office of the Registrar, Student Affairs, and the Financial Aid Office. The Office of Disability Affairs is situated along a breezeway, adjacent to a small inlet featuring a few vending machines and a large bulletin board overwhelmed with flyers advertising a host of products and services. A modestly sized sign that reads, "Office of Disability Affairs," positioned above two automatic glass doors, is the sole indicator of the office.

Upon passing through the automatic doors, one finds him or herself in a small foyer that features a restroom to the right and a glass door straight ahead. To the left of this door, equipped with both a handle and a push-pad for automatic entry, is a doorbell that is used for afterhours visits. Upon passing through this second door, one finds him or herself in a small lobby. In the left half of the lobby are a handful of chairs, along with a desktop computer and a printer/copier for student use. In the right half is a wall almost entirely devoted to displaying informational pamphlets on a variety of disability-related issues.

The receiving area sits just to the left of the wall of brochures. Receiving is distinguished by a desktop marked by student sign-in materials: clipboards, preprinted forms, and a cup of pens. On most days, ODA's administrative assistant, Jana, sits on the other side of this imaginary

window. As a student approaches the receiving area, Jana greets her and asks her to write down her student identification number so that she may check her in.

More often than not, students come to ODA to take an exam and are familiar with the process for doing so. Without further prompting or hesitation, this student takes a small piece of paper from the desktop, fills in her university identification number, along with the corresponding course number and scheduled time for the exam, and then returns the slip to Jana. Jana proceeds to walk around the corner to the right, where two student proctors sit behind a glass window, and tapes the student's information to a wall behind the proctors. When the time arrives for the student to take her exam, a proctor walks out into the lobby and escorts the student through a side door. This door leads to a corridor featuring a collection of cubbies that function like lockers where students automatically divest themselves of all belongings. Immediately following, the proctor guides the student into a dimly lit room full of grey cubicles, complete with ear plugs, table-top fans, and white noise machines. Before exiting the room, the proctor hands the student a copy of ODA's Honesty Policy, summarizes its contents, delivers the exam packet, and reminds her of the amount of time she is allotted.

Testing accommodations represents but one of many accommodations that ODA offers. In addition to providing extended testing time and reduced-distraction environments, much of staff members' daily activities consist of meeting with students to determine appropriate accommodations and then drafting memos to faculty to notify them of the request for accommodations. A typical accommodations request may ask that the student receive lecture notes, or that he or she be permitted to leave the room when necessary. Alternatively, accommodations may request that the instructor solicit a classmate to transcribe notes for the student, or ask permission for an interpreter to attend class with the student. Outside of student

and faculty correspondence, ODA staff are also responsible for organizing university events designed to promote disability awareness and advocacy.

**Staff members.** These duties, and others, are primarily distributed among a total of seven full-time, salaried staff members. While these staff members are assisted by a small number of part-time student employees and temporary interns, only the full-time staff were consulted for this study due to reasons of duration and consistency of employment. Of the seven staff members, one is the Lead Administrator, another is the Assistant Lead Administrator, three are advisors, one is the testing specialist, and the other is an administrative assistant.

Students who come to the office for reasons other than testing are likely there to meet with an advisor to discuss accommodations. Each advisor specializes in working with students with certain disabilities. Long-time advisor, Betsy, for instance, is fluent in American Sign Language (ASL), making her the primary advisor for the Deaf and hearing impaired. As such, Betsy's duties include matching interpreters to students and captioning audio materials for courses. However, she also sees students with learning disabilities, Bipolar Disorder, Asperger Syndrome, Attention-Deficit Disorder (ADD), and Attention-Deficit Hyperactivity Disorder (ADHD).

Karina is another staff member who equals Betsy in terms of tenure with the Office of Disability Affairs. Though Karina is not technically an advisor—her official title is as Assistant Lead Administrator—she often assumes the responsibilities of an advisor all of the same. She meets with students with physical and mobility issues, chronic health conditions, vision impairments, temporary impairments, as well as Bipolar Disorder and Asperger Syndrome. In addition to her student consultations, Karina also visits lectures on pedagogy and diversity workshops on campus to discuss what she refers to as “disability etiquette.”

Much newer than Betsy and Karina, Isabel was hired as an advisor only a few months prior to the commencement of my study with ODA. To be fair, Isabel had been employed by ODA previously, working in testing for about a year before she accepted a position as an advisor. In her new capacity, Isabel works primarily with students with ADD, ADHD, and other learning disabilities. Outside of meeting with students to discuss accommodations, Isabel also spearheads student interest groups and organizations, and supervises student employees.

Melissa is the ODA staff member who assumed Isabel's former position as a testing specialist. She too was promoted from within the office, working previously as a student proctor. Now, she schedules exams campus-wide, contacts instructors for exam materials, and oversees student proctors. Melissa is not only a university employee, but a student as well, attending night and online classes to pursue a master's degree in the health sciences. Melissa aspires to become a medical doctor in the future, and has an extensive background with disability and public policy. Prior to arriving at ODA, she worked with a government municipality, enforcing ADA regulations and standards.

Acting as liaison between the Lead Administrator and the advisors is Jana, ODA's administrative assistant. Jana manages day-to-day office operations, including scheduling full-time employees, developing office publications and promotional materials, greeting students, and "triaging" student case files to the appropriate advisor, depending on the student's disability and the advisor's availability. Jana is a recent graduate of the university where she now works. Prior to earning a bachelor's in Business Administration, Jana served in the U.S. Armed Forces. In between the time she spent in the military and the time she spent working towards her degree, Jana worked for Veterans Affairs, coordinating benefits for veterans with disabilities.

All of the abovementioned staff members report to ODA Lead Administrator, Cathy. As Lead Administrator, Cathy allocates resources, maintains the budget, establishes and upholds ODA and university policies, and communicates with other entities within the university. She rarely receives students, seeing only about a quarter of the students that the advisors do. The students that Cathy does meet with are generally exceptional in one manner or another, for example, students who engage in disruptive behavior in the classroom or office. Outside of her administrative and disciplinarian roles, she is a self-described tie-breaker. If the other advisors cannot come to a consensus as to whether or not a student should receive accommodations, the Lead Administrator provides the deciding vote.

Emily is the last ODA staff member, who despite her status as an intern, participated in this study. While Emily was employed in a temporary position, at the start of my study, she had worked in the office full-time for several months, making her sufficiently knowledgeable of the organization's practices and procedures. A recent graduate of the Mental Health master's program at the university, Emily's role was as acting advisor, primarily working with students with depression, ADHD, and learning disabilities such as dyslexia.

One full-time ODA staff member who did not participate in this study remains, however. This staff member, John, serves a dual role as advisor and technology specialist. Although his official title is as an advisor, John does not meet with students regularly. Instead, his job is to provide assistive technologies to students. On a given day, he can be seen unbinding textbooks and scanning them into a software program that converts the text into an audio file for visually impaired students. While John would have been otherwise qualified to participate in this study, he did not self-elect to do so, which prevented his involvement altogether.

**My role.** Prior to its implementation, this study was reviewed by the university's Institutional Review Board (IRB). The study was approved on a few conditions, one of which specifies that I am prohibited from soliciting the participation of ODA employees (see Appendix A for study approval letter). In order to preempt the possibility that staff members feel coerced, perceiving that their participation (or lack thereof) will affect their employment, the Lead Administrator informed them privately of the opportunity to take part in the study. In the event that they wished to participate, they could contact me of their own volition. John, however, did not contact me and thus he was disqualified as a participant.

Another condition of the study was implemented to protect the interests of the students visiting ODA. Initially, students receiving accommodations through ODA were identified as part of the study population, and accordingly, the recruitment process for this group was similar in design to the recruitment process for staff members. After a few weeks observing ODA operations, however, I realized that I was more interested in how staff members make sense of what they do, and how they organize disability as a fact through their practices. In order to meet this research objective, I decided only to confer with ODA staff members.

The majority of my observations of ODA practices took place in the receiving area. I felt minimally intrusive here, but was still able to track the accommodations process from beginning to end. Data derived from observations are just that: observations. Per my study agreement, I did not engage in participant observation (e.g., helping with office operations), as doing so would put me into contact with sensitive, confidential materials, such as students' medical histories, which were of little import to my study. Over the course of six months, I visited ODA once or twice a week, on average for one to two hours at a time, to observe interactions and conduct interviews. On each visit, I brought a journal with me to record my reflections. These fieldnotes were

instrumental in developing interview questions, as they helped me to determine what questions were important to ask. They furthermore aided in contextualizing participants' responses in the interview setting. In sum, my data for analysis is comprised of eight interviews conducted with seven staff members (one interview was a follow-up interview), approximately 50 hours of observation, and organizational publications as featured in the office's lobby and on its website.

### **Data: Composition & Generation**

The data for this study may be classified according to two types of discourse: spoken and written. Oral texts are constituted by interviews with ODA staff. Per the stipulations of my study under the IRB, I was required to use a pre-approved interview "script" during all interviews (see Appendix B for interview schedule). I structured the questions in the script so as to be open-ended and relatively generic. My motivation was to avoid constraining participants' choices in responding, yet at the same time, maintain the integrity of my research by remaining compliant with my study protocol.

I audio-recorded all interviews. Immediately following the interview, I transcribed the recording in full, using a modified version of Jefferson's (1984) transcription conventions, a well-established and widely used interdisciplinary notation system. Table 2 lists the different notations I used for transcription (adapted from Antaki, 2011), along with their meanings. I transcribe not only for content, but also for paralinguistic features, such as volume, rate, inflection, and so forth, to indicate how utterances are intended to be heard. In accordance with a discourse analytic emphasis on what an utterance does, rather than the meaning it contains, the purpose in transcribing for aspects of speech beyond the semantic level is to highlight the pragmatic functions of discourse (for an overview of the diverse pragmatic functions of discourse, see Zienkowski, Östman, & Verschueren, 2011). While "I love you" and "I (2.0) lo:ve



you ((rolls eyes))” offer the same linguistic content, by way of differences in transcription, one can observe that what they accomplish is quite different (e.g., the latter conveys sarcasm). Indeed, accounting for *how* something is said is of utmost importance to analyzing talk. Some of the pragmatic functions that notation allows me to elucidate in this study include expressing an attitude towards someone/something, indicating hesitancy or uncertainty, and constructing identities for self and other, all of which play an integral role in an even greater discursive function whereby disability is made fact. Table 2 below outlines the various notation symbols that I used during transcription, and in the extracts in the chapters to come.

When considering transcription, it is important not to misrepresent it as a word-by-word rendition. Consistent with dominant conceptions of knowledge production, transcription as method is generally regarded as a positivist practice (see Depperman & Schutte, 2008). Some analysts go so far as to attempt to standardize transcription practices, believing that if the task of transcription is executed accurately and comprehensively, the product is an objective one-to-one presentation of talk (Davidson, 2009). I have developed a hybridized, adapted transcription system as I do not subscribe to the view that transcription is merely a written record of an oral account. On the contrary, I do not see transcription as separate from theorizing, but theorizing in and of itself (Bucholtz, 2007; Mishler, 1991; Ochs, 1979). For me, transcription is a selective and interpretative process, whereby the researcher attends to certain features of talk and ignores others according to his or her research goals (Duranti, 2007). Inevitably, what I choose to attend to and notate will be different than someone else with the same set of data. Therefore, researcher “bias,” is not only unavoidable, but favorable.

Table 2. Notation Symbols &amp; Meaning.

(.)	Pause
(.5), (1.0), (1.5)	Length of pauses, in seconds
↑	Pitch rising
↓	Pitch falling
[word [word	Overlapping speech
wo:rd	Speaker elongates the sound preceding the colon
<u>word</u> , WORD	Louder and even louder speech, respectively
°word°	Word is whispered
wor-	Abrupt stop
(word)	Unclear speech; analyst's best guess at what was said
((nonverbal))	Notes gestures, laughter, expressions
word= =word	No pause between speaker turns

**Defining discourse.** Since the term “discourse” is conceptually flexible, it is especially important to pin down a precise usage of the term “discourse” when describing my methodology, discourse analysis (DA). To begin, Tracy (2001) offers a concise yet useful definition of DA as it is applied within the field of Communication, writing that DA is the “*study of talk (or text) in context, where research reports use excerpts and their analysis as the central means to make a scholarly argument*” (italics original, pp. 726-727). Two components of this definition are of particular relevance to my project. First, Tracy notes that DA studies talk or text in context. In

terms of my study, it may be more appropriate to say that I study “talk *and* text in context.” It is inaccurate to treat interview data (talk) as independent of institutional documents (text), for each is simply a different materialization of the same thing: discourse. Further linking the two modalities of discourse is that neither the boundaries of talk or text are finite and fixed. Texts inevitably appear in talk when participants implicitly or explicitly reference them. The interconnectedness of talk and text can be illustrated in an example where one alludes to the infamous opening line spoken by Shakespeare’s Hamlet by questioning, “To sleep or not to sleep? That is the question.” Alternatively, it is just as easy to note how text draws upon talk when one considers the various meetings that legislators hold to negotiate a bill before it becomes law, or the behind-the-scenes conversations that go into creating public policy (Hanson, 2012).

The second part of the above definition pertinent to my work claims that all data are analyzed in context. I do not study language, I study language in use. The difference between the two amounts to context. The study of language (think structural linguistics) aims to adduce universal principles of language, whereas the study of language in use looks at what language does for the immediate situation. What an utterance accomplishes in one situation may be entirely different in another, and therefore it is vital that the analyst contextualize all data. For this reason, all extracts featured in my analyses are accompanied by a short summary of the conversation or text from which they were extracted. More often than not, I include the question (or at least a paraphrase of the question) I posed to the participant in order to give a sense of the ways in which my question has guided, and therefore joined in creating, the response that follows. Thus, I situate all data in their local context not only to demonstrate their near function, but also to acknowledge the collaborative nature of meaning-making.

Tracy's definition of DA is a helpful starting point. However, to provide a more robust picture of my methodological approach for this study, I have outlined six assumptions of discourse, which are discussed at length below. For each of these discursive axioms, I provide an example from a single passage of talk to elucidate how each of these principles highlights a different aspect of discourse, which when taken together, comprise a discourse analytic approach. These tenets are as follows:

- Discourse is performative and constitutive, not representative.
- Discourse is not a reflection of inner thoughts or feelings.
- Discourse is socially organizing.
- Discourse is regulated by social norms and rules of interaction.
- Discourse is always in response to something else.
- Discourse should be used for initiating social change.

*Discourse is performative and constitutive.* The first assumption of discourse states that it is inherently performative. Following J. L. Austin's (1962) work on speech acts, where utterances effectively perform the actions they are presumed to describe, I see discourse as fundamentally generative. This view of course runs counter to common conceptions of discourse that regard it as either as a symbolic placeholder referencing a material object, or a medium for obtaining and conveying information. In both instances, discourse is presented as passive, when, on the contrary, it is exclusively action-oriented (Edwards, 1997).

Discourse is action-oriented in the sense that participants' utterances accomplish a variety of practical tasks. These tasks include compelling someone to change the temperature on the thermostat without actually coming right out and asking the individual to perform the action, as

in, “Gee, it sure is cold in here.” Other actions executed through discourse include condemning someone to life in prison, or worse, death, with the delivery of a “guilty” court verdict. Even telling your conversational partner on the phone that you will call him or her back later acts in such a way that it constitutes an agreement, obliging the speaker to complete a later action in order to fulfill the promise made.

Considering the performative and constitutive character of discourse, I invite the reader to question the action being performed by ODA staff member, Betsy, in the following extract. In our interview, I (S) ask Betsy (B) if her views on disability have changed since working at ODA, to which she responds:

### **Extract 2**

- 802 B: ((clears throat)) Um (1.0) I (1.5) don't (.) think so:: uh my uh-my father  
 803 was a double amputee  
 804 S: Mm-hm  
 805 B: And I was and that was like “uh so↑”  
 806 S: Yeah yeah  
 807 B: He had mobility issues and I was like “and so↑” ((laughs))

From an action-oriented perspective of discourse, one could argue that in this extract, Betsy is taking this opportunity to fashion an identity for herself. She references her father, who had a disability, to position herself as having a personal stake in disability issues. Furthermore, she employs direct reported speech in lines 805 and 807 to portray herself as disinterested with respect to the differences between disability (as represented by her father) and ability. Rather than believing Betsy's interview to convey an already-formed internal identity, a performative and constitutive orientation to discourse might analyze this extract according to how Betsy's

identity unfolds over the course of the interaction. This perspective would likely also attend to the ways in which her interactional identity is constructed with the help of her interlocutor who intermittently confirms her self-characterization with minimal responses of affirmation (e.g., “mm-hm” in lines 804-806). In sum, taking discourse as action-oriented entails inquiring into the practical accomplishments of it, such as here, where in a few short lines, the speaker effectively creates an identity for herself.

*Discourse is not a reflection of inner mental/emotional states.* The pragmatic side of discourse brings me to my second assumption, which maintains that discourse is incapable of accessing inner mental states. I propose that matters of the mind whether they pertain to intentions, attitudes, or beliefs, be discussed only in terms of how they are displayed and oriented to—how they are realized (Tracy & Mirivel, 2009)—in interaction (Potter & Puchta, 2007). Put simply, I understand psychological phenomena as discursively and socially constituted, rather than biologically or physiologically motivated (Billig, 1997).

The analyses of epistemic modals and evidentiality in my dissertation are heavily influenced by work in discursive psychology (DP). Scholars working within the field of DP, such as Antaki (2006), argue that something as seemingly real and individualistic as a cognition, a thought, is but a joint production by interlocutors.

Like Antaki (2006), I reject the idea that discourse reflects inner thoughts and feelings, and I, by extension of this belief, likewise denounce interviews as instruments of information-excitation. Interviews are often interpreted as a “way into” the mind, where the thoughts and beliefs represented in discourse are assumed to be stored. Interviews, however, are not to be studied for the content supposedly conveyed through them, but as interactional events (Potter & Hepburn, 2005). What this means is that interviews are best understood not as reports of internal

affairs, but as Potter (2004) puts it, an “arena” (as cited in Hardy & Bryman, 2004, p. 613) where participants can exercise discursive strategies to accomplish a variety of tasks as called for by the local situation. Keeping with this, interviews in this study are treated similarly in that I do not analyze them for content necessarily, but for the actions being performed within the greater interview context. Additionally, because I am more concerned with what discourse does than what it reveals, in analyzing discourse data, I focus on what participants achieve through their talk and shy away from attempts at unveiling the meaning that ostensibly lies behind an utterance.

In my analyses of interview talk, I show how participants accomplish a host of tasks by referencing cognitive processes when formulating their claims. For instance, I show how the statement, “I think,” does not so much as function to disclose a private thought as it does to express uncertainty or an unwillingness in accountability towards the statement the speaker is making. Alternatively, I demonstrate that the statement “I know” accomplishes something quite different than imparting information. In contrast to “I think,” “I know” indicates a much greater degree of confidence in the statement the speaker is making, and in many cases, it suggests an entitlement to comment on certain matters. Thus, statements of mental process such as “I think” are analyzed for what they do, the pragmatic function they serve, instead of the thought that they supposedly signal. To be exact, I examine how participants draw upon psychological constructs in their talk to upgrade or downgrade the epistemic status of their claims. An analysis of this sort is essential to mapping how the evolution of an individual evaluation (as in a diagnosis of disability) is discursively elevated to an indisputable certainty.

As it turns out, “think” is quite a common epistemic modal, appearing frequently in talk and serving a variety of practical functions. “Think” shows up in the first lines of the extract from Betsy’s interview when she says,

802 B: ((clears throat)) Um (1.0) I (1.5) don’t (.) think so:: uh my uh-my father  
803 was a double amputee

An anti-cognitivist approach to discourse would assert that Betsy’s use of “think” does not so much as mark the thought that proceeds from it, but mitigate the certainty of that claim. In fact, those operating from an anti-cognitivist position, including myself, would likely argue that “think,” here, suggests that Betsy is not comfortable making an absolute claim regarding her unchanged views towards disability. She would rather allow room for error, room for the possibility that maybe her beliefs on disability have changed in an unforeseen way, and thus she “thinks” they have not changed.

*Discourse is socially organizing.* Discourse is also considered active as it enacts an organizing function. My third premise claims discourse as a form of social organization that schematically groups events, objects, and even people into conceptual categories. Moreover, it is by means of its organizing capability that discourse can rightly be characterized as social action (Baker, 1997).

One methodology in particular attends to the organizational operations performed by discourse: membership categorization analysis (MCA). MCA was developed by an early figure within conversation analysis, Harvey Sacks. Sacks (1992) thought that everyday categories such as “police officer,” “father,” and “neighbor,” were “inference-rich” (p. 41) in that by studying generic categories such as these, one can better understand how people use these conversational resources to make (sense of) the world around them. With this in mind, the “categorization” of



people, events, and so forth is both literal and figurative; happenings are literally placed in a certain category, which thereby characterizes, or categorizes rather, the tenor of these social activities and actors (Hester & Elgin, 1997). Along these lines, in Chapter Four, I use MCA to show how the category of “persons with disabilities” is discursively partitioned into the two subcategories of visible and nonvisible disability.

To better understand discourse as social organization, and membership categorization in talk, I turn once more to the first line of the extract from Betsy’s interview:

802 B: ((clears throat)) Um (1.0) I (1.5) don’t (.) think so:: uh my uh-my father  
803 was a double amputee

Paying particular attention to the latter part of this statement, “my father was a double amputee,” one can see how, in disclosing this information, Betsy is categorizing her father in addition to herself. In referencing his impairment, Betsy is placing her father in the category of “disabled,” and herself in the category of “disability proxy.” As a member of this category, as a family member of someone with a disability, she is entitled to certain actions, including presenting disability as insignificant such as when she says, “and that was like ‘uh so↑’” (lines 805; 807). For a person not in the category of “family member of a person with a disability,” expressing a comparable degree of disinterest in disability would require further explanation as to the reason for the nonchalance. Alternatively, for Betsy, the reason for her presenting the difference between disability and ability as unimportant is already embedded in the category from which she speaks. The reason why Betsy treats disability this way is because she is a family member of a person with a disability. She is, as a result of her membership category, accustomed to disability, seeing it as relatively mundane, and as not warranting the special, and often alienating, attention that it is so often given.

Also relevant to my analyses in Chapter Four is the fact that categories are morally laden. Membership categories rely upon expectations, expectations of who *should* be doing what based on their social category, and it is in this way that they are thoroughly moralized (Silverman, 1998). Because categories are essentially normative as they rely on commonsense and widely agreed upon social beliefs, they are used to represent both the typical and the atypical. For instance, certain persons might be ascribed to a category, with those types of people functioning to represent the category as a whole. At the same time, a person may be described as participating in activities that do not correspond to his or her assigned category, and thus this conversational device serves to portray the individual described as deviant. In so far as typicality is associated with desirability, I examine how participants convey attitudes towards different kinds of disability by enrolling membership categories.

*Discourse is regulated by social norms.* Not only does discourse organize (organize social relations, for example), it is in turn, organized by the norms of interaction. The rule-governed nature (Grice, 1975) of discourse thus represents my fourth methodological principle. In order to sustain the orderly flow of conversation, participants draw upon practical resources from a shared stock of knowledge. This stock of knowledge—about how an interaction is supposed to proceed—becomes accessible by analyzing the features and nuances of talk. In other words, the analyst can infer assumptions about the social order by considering how participants orient to it in interaction.

Another important point in delineating the rules that guide and constrain the available moves an interlocutor may make is that it puts the notion of “agency” in discourse into perspective. On the one hand, speakers, as subjects, can be said to “have” and enact agency in that they may exercise the ability to choose how to respond to another, choose what to do next.

That they can choose, however, does not mean that the choices a participant may make in interaction represent a free-for-all. Indeed, the choices available to an interlocutor are limited and dictated by social norms, and thus agency should be regarded as a contingent concept.

In discussing speaker agency and the limitations imposed by the speaking occasion, think about how the structure of an interview predefines the ways in which speakers can respond. My interview with Betsy demonstrates how discourse adheres to established conventions. The conventions prescribed for the interview genre stipulate that the question-asker (S) refrain from dominating the conversational floor. Furthermore, given this speaker's interactional identity as the individual conducting the interview, he or she should primarily formulate contributions in the form of a question. The respondent (B) is equally constrained in his or her speaking contributions. As a respondent, convention dictates that this individual hold the conversational floor for a longer duration than the individual posing the questions. However, the respondent cannot venture off into his or her own personal soliloquy. The respondent must intermittently pause in his or her speech to receive confirmation from the interviewer that what she was saying is appropriate for the speaking occasion. Note the back-and-forthness that the interview genre necessitates in Extract 3 from my interview with Betsy. The extract begins where the last one left off, after Betsy discusses her father's mobility issues.

### **Extract 3**

808 S: Mm-hm mm-hm

809 B: Um and then I said I was learning about sign language and learning about  
809 different um aspects of the different culture and different viewpoints

810 S: Mm=hm

811 B: And looking at disability it's (1.0) you know (.) I don't think it's changed

- 812           any because I've never been one uh because of my background I've never  
813           been one to um (.) you know to say "oh this poor person here"  
814    S:     Right right  
815    B:     Yeah no no no so I think if anything it's broadened it to include  
816           viewpoints on disabilities that I had not been exposed to and that's been  
817           great that's been great

It is precisely because Betsy and I adhere to prescriptions for "doing the interview" (in that we monitor the duration of our speech, the response form, and the response content) that this interaction is recognizable as an interview. Compared to me (S), Betsy holds the conversational floor for much longer, as is called for by her interactional identity as respondent. As a result of my position as interviewer, I choose to be limited to one- or two-word responses so as to acknowledge comprehension. I use responses like "mm-hm," "yeah," and "right" to signal that I have heard or understood what the respondent has said, and that I do not wish to claim my right to the conversational floor. This is, in many ways, a means for facilitating the progression of the interview.

Not only is the duration of interview participants' speech restricted though; the content is a well. Betsy is not free to talk about her hobbies, her family, or her favorite movie. According to the interactional "maxim of relation" (Grice, 1975), she is compelled to fit her response to my question (i.e., it must attend to her views of disability). So even though theoretically a subject's ability to choose suggests that the individual can do as he or she pleases, practically speaking, the speaker must abide by the laws of interaction in order for the interaction to come off as seamless and successful. This tension between what is ideally desirable and what is practically achievable

is a recurrent theme throughout my discussion, as I illustrate the complexities and constraining factors inherent to staff members' decision-making processes.

*Discourse responds to other discourse.* Looking at the transcribed passage of talk with Betsy, one may argue that the speakers are aware of the rules of interaction because they abide by them. In producing an orderly conversation, their speech is alluding to the constraints that standards of social interaction impose. Whether it is prescriptions for “doing” conversation or assumptions about certain social categories, all discourse points or responds to something outside of itself (Bartesaghi, in press); this is my fifth tenet. The interactive phenomenon, known as “indexicality,” submits a lone utterance as alluding to or signaling utterances situated in divergent historical epochs and thematic genres. For instance, in line 809 of my interview with Betsy, she references a previous conversation where we discussed her background as an American Sign Language interpreter; she says, “Um and then I said I was learning about sign language.” By citing a previous conversation, Betsy’s speech is indexing discourse beyond the immediate interaction, although the responsive feature of discourse is also at work in more implicit ways.

Playing off of Fairclough’s (1993) notion of “orders of discourse,” which refers to the habitual ways of doing discourse that reflexively inform it, Silverstein (2003) deems the implicit prescriptive conventions and standards of interaction indexed by speakers in interaction as “orders of indexicality” to highlight the moral quality of discursive conventions. “Orders of indexicality” refers to the manner in which speakers intuitively organize different discourses, even different manners of speaking, according to the associations a particular register, for instance, invokes. This organization, or ordering, of discourse suggests that discourse is more than a neutral means of delivering information. As speakers stratify various discourses according

to the assumptions embedded within them, some discourses come to index authority and high regard while others index suspicion and unreliability. In my study, I examine how different ways or discourses for representing disability index a greater and lesser esteem, and how these discourses authorize, or fail to authorize, certain actions. Specifically, I discuss how in today's social milieu, experiential discourses, when compared to institutional discourse, lack a comparable degree of authority, and are consequently, denied the right to represent disability.

Indexicality in discourse is closely related to the concept of intertextuality. As a metaphor, the notion of a "text" can refer to both an oral account, as in an interview, or a written rendering as a text is more traditionally conceived, as a document. Actually, counting both forms of discourse as a text is useful for understanding their *intertextual* relationship. In the most basic sense, intertextuality is the process by which discourses "make their meanings against the background of other texts and things that have been said on other occasions" (Patridge, 2012, p. 11). Therefore, when analyzing data in the form of organizational documents or interview extracts, it is important to question what other discourses, assumptions, and other modes of representation these individual texts might be inviting.

In a subsequent discussion, I investigate intertexts as the relationship between spoken and written discourse. I say "relationship" because although I have distinguished texts in terms of oral and written forms in my discussion of intertextuality, I do not wish to impress that these two sources of data are separate from one another. To the contrary, these two manifestations of discourse are wholly reliant upon one another. As van Leeuwen (2008) notes, all discourse "is recontextualized social practice" (p. 6), meaning that social members enroll established discourses from different contexts and genres in novel situations. This then transforms (i.e.,

recontextualizes) both the original social practice as well as the meaning of its discourse within the new context.

Given the intertextual quality of talk and text, in this study, I approach written texts in much the same way I do oral texts. All written texts were at one point, oral texts; all written texts can be viewed as products of conversation. On this matter, Fairclough (2001) writes that written texts can be regarded as “traces of the productive process” (p. 24) of interaction. At the same time, the written texts produced by ODA, including disability verification forms provided to clinicians and memos of accommodations, are interpreted in a manner consistent with general consensus; these documents are seen as simply reporting of the fact of disability. However, by tracing the productive process constituting these texts, I show how a subjective estimation is transformed into an objective truth. Not only do I trace the production of texts, and thereby the fact of disability, I illustrate the generative capacity of texts, as they serve as cues, prompting and shaping conversational responses to them. The point I am trying to emphasize here is that written texts and oral texts are not apart from each other. Rather, they are intimately bound up in processes of interpreting, organizing, and engendering disability.

The notion of intertextuality strongly resembles that of interdiscursivity. Whereas the former examines conversations across written texts, the latter, interdiscursivity, considers texts more broadly, as in the social or cultural texts that certain discourses, spoken or written, implicitly reference. Another key difference that distinguishes interdiscursivity from intertextuality pertains to the hybridization of discourse. Although both intertextuality and interdiscursivity investigate the transformation of social practice (i.e., the recontextualization of social practice) through discourse, interdiscursivity, in particular, looks at how certain borrowed discourses are employed in novel settings to different ends, and the affect this has on both the

new discourses and the practices of the community, profession, or institution from which it stems. As it applies to my study, I analyze how a medical discourse of disability, for example, is operationalized by ODA members in their discourse, and consider the ideological implications of the new, blended discourse, which has thus traversed institutional boundaries.

Further differentiating interdiscursivity from intertextuality is the frequency with which scholars use the concept of interdiscursivity to examine discursive genre (Bhatia, 2004, 2008, 2010; Swales, 1990; Tardy, 2003). Most are familiar with genre in its precise literary usage, which describes writing styles, aesthetic movements, and narrative elements. And indeed, this usage of the term is not far off in that it captures the established, relatively stable, and most importantly, recognizable qualities of genre. In studies of language and social interaction, genres of discourses can include those in written form, such as business letters, emails, and online reviews (Vásquez, 2011), as well as discourses in spoken form, apologies, introductions, and phone conversation closings.

It is the understood discursive conventions accompanying genre that keep its structure and form constant. In many ways, the conventions, standards, or norms inherent to genre suggest its prescriptive quality. One can see how genre is instructional as nearly everyone has, at some point, encountered a medical questionnaire. Because of its familiar genre, one can expect a few things upon meeting with this document. First, he or she will fill out demographic information. Then, he or she will check boxes corresponding to predetermined possible responses, or write one-word answers in spaces designated by an underline. Social members know these things because there are specific conventions for the genre of the medical intake form, which like a template enrolled and adhered to over and over again, is reaffirmed as a distinct form of discourse. With respect to genre and interdiscursivity, I focus on how identifiable, familiar



genres like the medical intake are disarticulated from the context of the medical institution and rearticulated in the context of ODA. More importantly, I look at the meaning that this discourse assumes in its new context as it is resemiotized (Fairclough, 1993), and the consequences it holds for practitioners and the population they serve.

I take the example of ODA's accommodations memo to illustrate how upon implementation, the meaning of a particular discourse changes both its original and new contexts. The accommodations memo that ODA issues to faculty does not use a medical discourse to describe the student's disability. In fact, there is no mention of a diagnosis. I deduce that the reason for this largely pertains to legal regulations for protecting individuals' privacy (e.g., The Health Insurance Portability and Accountability Act, or "HIPPA"). Regardless of the motivation for not including such information, the significant matter here is that the accommodations memo relanguages disability. The accommodations memo drafted by ODA staff describes disability solely in terms of its impact on the student's academic performance. The memo lists the type of accommodations a student might request, such as recorded lectures, copies of lecture notes, extended testing time, note-takers, and reduced-distraction testing environments. With the accommodations memo, ODA is ultimately transforming the original medical discourse of disability by offering an alternative to it. In introducing an alternative (educational) discourse of disability, ODA is also transforming the relationship between the medical institution and disability; they are implicitly questioning disability's often unquestioned place in an exclusively medical discourse.

***Discourse is a vehicle of change.*** Moving on to my sixth precept, discourse is, or should be, an instrument of social change. I specify here that discourse "should be" an instrument of social change to acknowledge that discourse, as social action, has the potential to subvert the

status quo, as much as it perpetuates it. For those interested in analyzing discourse to bring forth social change, one cannot overlook the ways in which individual texts call upon and legitimize larger institutional discourses, a phenomenon known as “interdiscursivity.” In order to challenge the status quo, analysts examine how texts, in the broadest sense of the word, structure social practice and how social practices reify structure (Beck, Giddens, & Lash, 1994).

Examining Betsy’s interview, one can note a few points in the extract where grand social discourses of disability reflexively connect up with her local discourse of disability. In line 814, in particular, Betsy mentions that when referring to persons with disabilities, she has never been one to say, ‘oh this poor person here.’ From a reflexive angle, one could argue that Betsy’s comment indexes a larger social discourse of disability, one which portrays disability as a personal tragedy. However, instead of reinforcing the authority of this discourse of disability-as-personal tragedy, through her discourse, specifically through direct reported speech, Betsy ironizes and thus undermines the inimical discourse of disability. As Betsy’s speech illustrates, by attending to the ways in which micro discourses reinforce or challenge macro discourses, discourse analysis can be a means for inciting social change.

Discourse analysts interrogate the cyclical, or reflexive, feature of discourse, positioning language, specifically, as a mechanism in power and a perpetrator of social inequities. Wodak and Meyer (2009) sum up this attitude towards language, writing that “language mediates ideology” (p. 10). If language creates and sustains power asymmetries, logically, it follows that it can also be the means by which social inequalities are called into question. A discursive approach to studying disability thus offers a new framework for understanding the injustices that persons with disabilities incur. While the medical and personal tragedy models of disability

attribute disparities to the individual, and the social model to economic, material, and societal structures, a discursive model of disability locates language in use as a source of disablement.

Analysts, furthermore, should not be satisfied with a purely descriptive—that is, non-interventionist—orientation to discourse, and should instead identify social transformation as a primary research objective (Locke, 2004). Their ultimate research goal should be to make their research findings socially and morally relevant (Widdowson, 2007). In order to use discourse analysis as an emancipatory research tool (Weiss & Wodak, 2003; Wodak & Chilton, 2005), the researcher should be motivated by a specific sociopolitical agenda, and make his or her stance explicit (van Dijk, 1993). In the spirit of transparency, I claim disability rights and issues as the sociopolitical agenda that informs my research.

From a personal standpoint, I am invested in disability as an area of research because I have an impairment. I say “impairment” instead of “disability” because some days it does not interfere with my everyday life, and others, it does, and does so to the point that it is disabling. At age 13, I was advised by several orthopedic surgeons that I would need to undergo a spinal fusion surgery for severe scoliosis in both my upper and lower vertebrae. While the degree of the curvature of my spine was more than progressed enough to warrant surgery, the minimal level of pain I experienced, and the relative absence of the condition’s impact on my daily activities, did not warrant breaking and then fusing my vertebrae to a titanium rod, a two-month hospital stay, a year-long program of physical rehabilitation, and a five-percent chance of paralysis and death. Though I was convinced that had a strong case not to elect in surgery, my account of my experiences with the impairment stood little chance against the account supplied by medical professionals. I was inducted into the medical institution, and for six years, I routinely visited the university hospital for x-rays and consultations. I was fortunate enough to have parents who

respected my decision to permanently postpone the surgery, and at age 19, I withdrew from the hospital's care.

To this day, I still have the impairment I had at 13, and with age, pain does occasionally interfere with my daily routine. Be it a blessing or curse though, the curve of my back is not noticeable at a glance, making my impairment a nonvisible one. As will soon become apparent, much of the analyses in subsequent chapters center on the topic of nonvisible disability. It is no accident that in my analyses, I focus on the topic of nonvisible disability. One might object that because of my agenda, I am attending to some things to exclusion of others, and that another researcher could examine the set same of data and draw very different conclusions. To this, I could not agree more. But that, for me, is the beauty of discourse analysis. I agree with Roulston (2001b), who argues that “theoretical insights may be gained from the explication of multiple ‘readings’ of particular data sets” (p. 280). The multiple interpretations that a single extract of data yields is further support for the argument that a finding, a fact, is by no means stable or settled knowledge. A finding, no matter how widely agreed upon, is always “open for interpretation” as the saying goes, always open for negotiation. In fact, I am counting on it in order to change how people know disability.

Some in the social sciences might oppose my research on account of my blatant personal stake, dismissing it as bias. The notion of bias, however, is an inherently flawed one. The very concept of “researcher bias” would have it that the researcher adopts a God's-eye view, independent of and indifferent to the topic of his or her research (Krippendorff, 1989). I, on the other hand, encourage the researcher to embrace his or her commitments, yet make it a priority to let the reader know what it is that the researcher is trying to do and for whom they are doing it. “Bias,” furthermore, assumes that a researcher can be apart from meaning, contending that

meaning exists on its own. The social constructionist movement in which my methodology is grounded disagrees by asserting that meaning-making is a collaborative undertaking, and as such, it is impossible for a researcher to draw a dividing line between his or her own involvement in the topic of research and the meaning garnered from it.

Continuing the idea that the analyst's findings should not be shelved away but put to use, one's research should not only be designed to benefit society at large, but also the specific research population he or she serves. Researchers like Tracy (1995) have been successful in guiding their research according to the needs of the individuals being studied. Tracy is credited with developing action-implicative discourse analysis (AIDA), a brand of research that is foremost concerned with the practical implications of participants' discourse choices. This methodological framework helps individuals identify discrepancies between what they wanted to accomplish through their discourse, and what was actually, and unforeseeably, accomplished. On the unintended consequences of discourse, Cooren (2010) notes that communication necessarily entails enlisting and enrolling various agents—gestures, utterances, texts—to convey meaning and perform actions on a person's behalf. Cooren describes the disjuncture between an individual's intentions and an agent's accomplishments, writing, "but sometimes they [agents] betray their principals, making them say something they had not meant, making them do something they did not want to perform" (p. 43). He explains that like any other agent, these agents in communication are not completely controllable, in part because they are not designed solely by the individual employing them; these agents are also controlled by discursive norms, standards, and conventions.

Many have turned to complex and contentious situations to investigate the apparent disconnect between individual intent and the actuality of discourse. Especially in organizational

settings where individual and group goals collide, conflicts offer unique insights into the complexities of communication. Some of the conflicts discourse scholars have looked at include dilemmas experienced by FBI negotiators during the Waco crisis (Agne & Tracy, 2001), disagreement and divergence among academics in colloquium (Tracy, 1997), and expressing a lack of understanding in a graduate seminar (Waring, 2002). Analyzing conflicts within organizational settings allows the analyst, by way of discourse and ethnographic data, to bring normative beliefs to the fore of discussion (Aakhus, 2007; Tracy, 2005). Once these beliefs are identified, the researcher is better positioned to offer actions for members to take in order to render their communication more efficacious and to better realize desired objectives. Recognizing the value in studying conflicts through discourse, in my own analyses, I focus on conflicts, dilemmas, and tensions as they arise in the data not to fault-find, but to surface discrepancies that otherwise prevent members from improving their practice.

The end goal of this sort of research is indeed to provide participants with actions, with next steps, to “construct a view of the problems, strategies, and ideals of a practice so that a practice’s participants will be able to reflect more thoughtfully about how to act” (Tracy, 2005, p. 301). Following the initiative established by this method of doing discourse research, it is my ultimate to desire to make my research useful to the organization on which it is based. That is why in Chapter Six, I conclude this dissertation by offering recommendations grounded in ODA’s identified objectives as well as my research findings.

As a whole, my methodological approach, which draws upon traditions as broad as communication, linguistics, cognitive psychology, and philosophy, may be summarized by six beliefs. The first belief regarding discourse refuses to take discourse at face value, rejecting language in social interaction as a descriptive device, and instead chooses to see it as inherently

generative. This view on the action-orientation to discourse may be summarized by Fairclough (2001) when he writes, “social practice does not merely ‘reflect’ a reality which is independent of it; social practice is in an active relationship to reality, and it changes reality” (p. 37).

In my approach, I embrace Foucault’s (1969/1972) claim that “nothing has any meaning outside discourse” (p. 32). That is not to say that impairment does not exist outside of discourse—surely one cannot deny the material reality of an amputated leg—but rather that it does come to signify disability without entering into an ableist discourse. Therefore, I am interested in the constitutive quality of discourse, which claims that discourse, and not biologies, economies, and materialities, disables.

My second premise on the relationship between discourse and reality states that discourse cannot grant *entrée* into inner mental states or processes. Accordingly, I analyze discourse presumed to indicate psychological phenomena—including words like “think,” “know,” and “believe”—in terms of the immediate discursive task it executes, such as communicating speaker uncertainty or reluctance. This assumption of discourse and cognition not only influences my orientation to certain terms, but my overall approach to data collection, which in this case, may be more appropriately termed “data generation.” I prefer the latter when describing my methodology, as it better captures the collaborative meaning-making process that characterizes the interview event. Instead of sites for information excavation, interviews are opportunities for researcher and participant to coordinate meaning and achieve mutual understanding.

Third, discourse is socially organizing. Premises one and three are interconnected concepts, as the organization that occurs through discourse acts upon social members through labeling and categorization. Herein lies the performative quality of discourse. In designating social members to be members of particular categories, discourses effectively create an identity

for them, including the actions they are permitted and prohibited from undertaking. This assumption is relevant to my work as a key question in my investigation asks who, by virtue of the category they inhabit and the discourse they adopt, gets to speak for/on disability.

My fourth presupposition claims that discourse is rule-governed. This means that speakers, while able to draw from a variety of resources to accomplish their aim, are nonetheless limited in the choices available to them. Relating to the second, the fourth assumption asserts that interviews, like any other occasioned encounter, are joint undertakings. To elaborate, the fact that interlocutors' speech is restricted by the norms of interaction also entails that an individual's response is entirely contingent upon that which preceded it. It would not be acceptable for a speaker to not account for the previous speaker's input in his or her talk, and thus the individual's contribution is no longer seen as individual. The rule-governed aspect of discourse is furthermore important to my analyses on two fronts. One, because of the complex nature of staff members' decisions, it is important for me to demonstrate that even on the interactional level, members are not entirely free to do as they wish. Second, by considering how participants attend to norms in their discourse, I am able to inductively infer about the society from which these beliefs derive.

In this way, the text of the local discourse and the larger social text are in conversation with each other. The intrinsic intertextuality of discourse constitutes my fifth principle of discourse: all discourse is in response to something else. As it concerns the responsiveness of discourse, one of the questions that the analyst should inquire into is what cultural texts the local interaction draws upon. Still yet, what discourses are being upheld through their deployment in interactions at the micro level? Given the intertextual feature of discourse, for the purposes of my study, I am interested in the ways in which institutional discourses, particularly medical ones,



weigh down upon and constrain staff members' abilities to represent disability. Additionally, keeping in mind that the consequences of everyday discourse are often unforeseen, I identify the ways in which staff members may inadvertently sustain a medical model of disability that directly contradicts the social model by which they personally and professionally operate.

Lastly, I regard discourse as a mechanism of change. Since language in use can be enrolled as a means to subjugate people, it can likewise be employed to improve their social standing. This, however, necessitates interrogating even highly routinized interactions to ascertain the normative and hegemonic beliefs that underpin them. Organizations like the one I study are especially significant because they often sit at the interstices of several social systems. ODA practices, for instance, are influenced by several competing systems and their accompanying discourses, including the university system, the state and federal systems, and nationwide associations for organizations on disability. With so many discourses at work in the same place, there is bound to be conflict. Conflict, however, is productive in that it provides both organizational members, as well as the researcher, the opportunity to reflect on the disjuncture between their stated goals and their discursive outcomes.

While the overarching goal of my study is to promote social equality for persons with disabilities by analyzing language in use, my more immediate goals start with undermining some misbeliefs concerning knowledge formation, communication, and disability. Using discourse analysis, I consult participant interviews, organizational documents, and ethnographic fieldnotes to identify prevailing beliefs on the topic of knowing disability. From here, I proceed with the project of any discourse analyst, which is to denaturalize "nature," to render the familiar foreign.

### **Chapter 3: Accessing Disability**

Entire educational systems have been predicated on the belief that knowledge can be transmitted or transferred by a sender to a receiver (Shannon & Weaver, 1949). Hence the well-known and well-scrutinized “banking model of education” was born, a model wherein knowledge is imparted, deposited, from one party to another (Freire, 1970). In this chapter, I treat knowledge as something that is relative, yet organized by social norms (Grice, 1975), and as negotiated between interlocutors. “Social” is particularly important here as the inherently social nature of knowledge production is perhaps the most relevant to the discussion that follows. By examining talk from interviews conducted with ODA staff members, this chapter interrogates common assumptions about knowledge location, transmission, and formation. Because each of these members is part of a larger shared culture, in addition to a distinct organizational culture, his or her talk is informed by many of the same beliefs as those held by the greater society. The inverse of this statement likewise applies in that as representatives of a society, the assumptions informing members’ talk can be extrapolated so as to comment on larger narratives of how people think they (can) know disability.

I focus specifically on the role of interaction and conversation in the production of knowledge. In the first section of this chapter, I question the role of conversation as it concerns knowing disability, asking to what extent is conversation, is the institutional interview, presumed to “reveal” the student’s professed disability? I then turn from conversation to account for interaction as it is more broadly conceived. In the second section, I consult staff interviews to consider the extent to which a student is expected to embody his or her disability in interactions

with the staff member. Here I inquire into the relationship among performativity, disability, and epistemology. Moreover, in doing this, I am critically interrogating prevailing conceptions surrounding evidentiality and its place in knowledge formation. Finally, I conclude this chapter by looking closely at members' discursive formulation of knowledge claims. I address the use of different modalities of knowledge to elucidate who has access to knowledge of disability, and who does not, as well as what evidence is implicitly required, and not required, of various speakers.

### **Conversation as Conduit of Knowledge**

[I]ssues around knowledge (for example, our degree of access to personal or social events, our right to speak about a certain topic and our interest in having our view of the world accepted) do not exist outside of, or independent of, the social, but rather are constituted and negotiated within the sequential unfolding of talk. (Muntigl & Choi, 2010, p. 333)

Within both quantitative and qualitative research, theories abound on best practices for informational interviewing. For some, the success of an interview lies in question crafting. For others, it means reducing, or at the very least accounting for, interviewer bias. Still yet, for those operating from a social constructionist standpoint, like Muntigl & Choi (2010), interviews are an opportunity for collaborative meaning-making by both interviewer and respondent. By and large though, the fact remains that interviewing—what it is and should be—is understood by both academic and professional communities as an essentially empiricist undertaking. The purpose of the present chapter is to examine how ODA members understand their practice, specifically with respect to interviewing. Moreover, in investigating how staff view interviews, I am ultimately investigating members' beliefs on the origins of knowledge.

Atkinson and Silverman (1997) charged that we live in an “interview society,” a society where media glamorize interviews as *the* medium for accessing information about the self. Indeed, the interview has become the qualitative researcher’s method of choice as it is presumed to gain the researcher entrée into the inner world of the research subject. Truly, the interview as a mechanism for collecting knowledge is no longer reserved to academic pursuits, occurring now on sporting event sidelines and between primetime news anchors and Academy Award winners. It is of little surprise then that the informational interview shows up in ODA members’ talk as an ideal means for opening the “black box” that is the mind (Potter & Puchta, 2007). Betsy, a seasoned ODA staff member, suggests that in the context of conversation, both real or hypothetical, a staff member’s question is the stimulus that provokes a precise or imprecise student response. In Extract 4 below, Betsy (B) describes how she conducts interviews with students, including the types of questions she is likely to ask.

#### **Extract 4**

- 125 S: So I think that’s interesting. Are those (.5) s-so those questions (.5) are  
 126 they typical questions you would ask if you’re trying to figure that out↑  
 127 Like ju-if you could think of questions you would ask
- 128 B: Well yeah, we had, we had talked about that um (.5) coming up with some  
 129 questions that we (1.0) we talked we brainstormed and then it got crazy  
 130 busy
- 131 S: ((laughter))
- 132 B: you know how that goes
- 133 S: Mm-hm
- 134 B: but the things I will ask is um (6.0) (let’s see if I have) I wan-I will (.5)

- 135 I'll ask them where they went to school previously
- 136 S: Okay
- 137 B: "Where'd you transfer from? Oh, tell me about that school"
- 138 S: Mm-hm
- 139 B: You know (.5) a lot of my (.5) a lot (.5) with me (1.0) a lot of mine is this
- 140 is going to be a conversation "you want some chocolate↑"
- 141 S: Okay
- 142 B: It's going to be a conversation so the student feels comfortable
- 143 S: °not like an interrogation°
- 144 B: Yeah yeah
- 145 B: It's not going to be like like when they go in any other university office
- 146 where it's going to be like "What's your U number duh duh duh"
- 147 S: Right. Yeah yeah
- 148 B: Uh, I'll ask em what their major is I'll ask em when they were first
- 149 diagnosed do they know and um and how does that feel (.5) condition
- 150 academic impact (.5) how does that affect you in the classroom and ° "how
- 151 do you handle that↑"°

In many ways, the informational interview has replaced the laboratory experiment as the preferred means of obtaining knowledge. But like a laboratory experiment, interviewers, like scientists, attempt to control the variables of the interview, foremost of which pertains to the questions asked. As the stimulus that directly causes a response, interviewers assign much authority to question formulation and delivery within the interview setting. In fact, early in the extract, in lines 128-129, Betsy alludes to staff members collectively developing questions for all

members to use in their student interviews. Though she quickly drops this topic, it is nonetheless significant in that by “coming up with some questions” (lines 128-129), staff members would presumably be attempting to generate standardized questions to be used across student interviews by all ODA members. For interviewers such as Betsy, the appeal in standardizing questions is that it acts as a control variable, ensuring that the information elicited by the question is not biased by the question itself. It is quite possible that ODA members were not seeking to standardize interview questions necessarily, but the fact that they had, as Betsy indicates, discussed “coming up with some questions,” nonetheless suggests that as mutual members of an interview society (Atkinson & Silverman, 1997), they too subscribe to the view that it is by asking the right questions that one gets the right answers.

To further illustrate the salience of a larger interview culture within ODA’s organizational culture, I turn to the interview I conducted with ODA staff member, Jana. In my interview, I ask Jana what factors are important to determining disability. Following my question, Jana talks six minutes or so about paperwork and directing students to the right advisor. When she is finished responding to my question, she signals this by saying, “I don’t know if that’s what you were trying to get at with the question” (line 455). Every utterance is multifunctional, and this one is no exception. In terms of the immediate situation, this utterance allows Jana to distance herself from her preceding response. By stating that her response possibly did not align with an answer I had predetermined for that particular question, Jana is lessening the degree to which she can be held accountable for her claims. Maybe there was a misunderstanding in her interpretation of the question; maybe her response was insufficient or inaccurate because she did not fully comprehend the question; or better yet, that the question, was poorly formulated, ambiguous, and confusing.

The first and second functions of Jana's statement, "I don't know if that's what you were trying to get at with the question," were pragmatic ones. In the first, Jana's statement signaled the close of her response, and in the second, it mitigated the force of her claim. The third function, however, is located at the content level of communication. If indeed Jana truly believed that I had an answer in mind, then this comment becomes very telling with respect to some common assumptions about interviews. Jana's statement is consistent with dominant beliefs of interviews as social science and as a means for getting at information (knowledge). Interestingly, Jana uses wording similar to how I have just described interviews, according to popular belief, when she says, "trying to *get at* with the question." Presumably, "at" in this statement signifies her response, or the response she believes I could have had in mind, is reachable by way of a question (my question).

When referencing communication, the phrase "getting at something" is a common expression, so Jana is not an unusual case. It is the usualness of this way of languaging, and thus conceiving of, communication and knowledge creation that makes the case speaking to its prevalence within our culture. Questions, according to a culture that understands the interview as social science, are conceptualized as the means for accessing already-present-but-hidden knowledge. The impetus to standardize questions, as Betsy mentions in Extract 4, or pay any attention to question crafting really, stems from a belief that the better the question is designed, the better it is able to "get at" information. Prevailing conceptions of interviews are thus bound up with contemporary understandings of knowledge as an artifact to be excavated.

If knowledge is understood as something that one can "get at," then it follows that knowledge is generally thought of as independently preexisting. In true interdiscursive fashion, this social logic has permeated ODA's organizational logic, as was apparent in my initial

interactions with ODA's Lead Administrator, Cathy. When I first started my research with ODA, I discussed my intentions to interview the staff members at the office. She enthusiastically welcomed my plans but expressed concern with regards to the small sample size of my data. In fact, Cathy, ever accommodating and eternally helpful, was so concerned about my small data set that she offered to contact satellite offices to participate in my study. Cathy's concern was, similar to notions of interviews, rooted in the traditional positivist thought characterizing research endeavors.

For many, the concept of research, what it is and how one does it, still conforms to a social science paradigm. According to this view, pre-existing knowledge can be extracted by various measures, interviews among them. The sample size of data becomes relevant because if knowledge is presumed to be located in an external reality, then surely, if one only gathers enough data, only interviews enough people, truth will eventually manifest itself. The idea is that with sufficient sampling, one will inevitably capture fragments of the world that exists beyond the researcher.

Outside of question design and sample size though, what other variables in the interview must be controlled in order to produce accurate information? Another significant concern frequently expressed with respect to interviews as information-gathering tools is how to ensure that the interviewee is telling the truth. Concerns for sample size and informant reliability stem from the same underlying belief: that knowledge, or truth, exists independent of the subject. Often, questions are designed to evaluate the consistency and authenticity of a subject's response. For example, a question administered early in an interview may deliberately contradict one delivered later, acting in a checks-and-balances fashion. Similar to the idea that questions can "get at" preexisting knowledge, concerns for a subject's forthrightness assume that the



information delivered by the individual may not truly represent the knowledge that he or she possesses. Acknowledging that the veracity of interviewees' responses is a common concern in interviewing, what measures does Betsy take in Extract 4 to guarantee that the information she is provided is accurate?

The amount and quality of direct reported speech Betsy includes in her interview provides some insight in this respect. Despite its misleading name, direct reported speech, or direct quoting, does not simply report. It re-presents its subject in a performative way, instructing the hearer as to how to regard the speaker to which the speech is attributed (Buttny, 2004; Holt, 1996). Reported speech is therefore a morally laden activity in that it evaluates the subject it is attached to, constructing an identity for him or her. It is also a resource for constructing the identity of the person assigning the speech—that is to say not the individual supposedly uttering these words (Vásquez & Urzúa, 2010). For Betsy, direct reported speech serves as a resource in her own identity construction.

Roulston (2001a) examines identity formation through reported speech in her study of a group of music teachers. In the study, Roulston demonstrated how speakers (the music teachers) made cultural knowledge of the world “audible” (p. 101) in their talk. A primary way in which speakers displayed such knowledge was through reported speech. The speakers used reported speech to create moralized renditions of “characters” (e.g., fellow teachers, school administrators) in their constructions of scenes that could have taken place. That the speech the teachers attributed to various characters, in various scenes, could have happened makes it appear as a typical, and therefore accurate, portrayal. Reported speech allows for a speaker to cast an individual as caring, as apathetic, as unsure, or as knowledgeable, all the while making the speaker appear to have little involvement in the actual “casting” process.

Through the use of direct reported speech, Betsy fashions her identity as a caring and concerned staff member. In lines 137, 140, and 150-151, she offers exemplary questions intended to be understood as representative of typical questions she would ask. “You want some chocolate↑” in line 140 is perhaps the most direct attempt to construct herself as interested and attentive. More than considerate though, through direct reported speech, Betsy is presenting herself as competent. The direct reported speech she attributes to herself suggests that she attempts to put the student at ease; as she puts it in line 142, “it’s going to be a conversation so the student feels comfortable.” This statement begs the question, what kind of interaction would make the student uncomfortable? The answer to this question once again lies with direct reported speech, but this time, it is not the speech she designates as her own, but as belonging to representatives of other university offices. In lines 145-146, she employs direct reported speech as a contrast device, defining her own practice by what it is not. In these lines, she assigns generic, apathetic, and anonymous speech to the type of speech supposedly characteristic of other university offices.

While the direct reported speech ascribed to the hypothetical representative in the other university office is, by comparison, far more impersonal, one could argue that it is just as effective in eliciting information as Betsy’s speech is. Both types of speech are information-seeking, yet Betsy’s relative indirection is intended to make the student comfortable. This desire is not motivated solely by kindheartedness, however—though surely this could, and likely is, a motive. Her desire to make the student comfortable is also motivated by the desire to effectively gather information. Interviewing in the social sciences often positions the subject as unreliable simply by virtue of being human, of being a subject, as his or her contribution to knowledge is inescapably *subjective*. Extract 4 indicates this common concern in interviews as information-

gathering-tools, which is to ensure that the response supplied is both accurate and complete. As the information originates from a human subject, it is therefore subject to a number of human follies, foremost among which are inaccuracy and inauthenticity.

To lessen the likelihood that the human variable will contaminate the results, so to speak, one can seemingly create certain conditions to encourage the student to be forthcoming—in this case, by making the student comfortable (line 142). Comfort and guardedness are closely related concepts. If a student is uncomfortable, is it reasonable to assume that he or she will be more likely withhold information. If, on the other hand, the student is comfortable, then he or she is more inclined to disclose information, and therefore, more likely to offer more accurate and earnest information. With this in mind, Betsy’s initiative to engage the student in a “conversation” (lines 140,142) can be interpreted as serving the ancillary purpose of drawing out accurate information, of controlling the otherwise uncontrollable human variable.

Along these lines, while questions like “you want some chocolate↑” (line 140) may initially appear digressive, they are on the contrary, highly relevant and highly strategic. Questions like these, along with the emphasis on promoting the student’s comfort (line 142) and fostering a conversation (line 140, 142), share the common goal of establishing rapport. The notion of rapport has long been entangled with the interview process. As Jorgenson (1995) notes, interviews are frequently employed by members of the helping professions (Edelman, 1974), such as ODA. As the very nature of a helping profession is defined by dependency, interviews between professionals and those soliciting their services are characteristically asymmetrical. Such asymmetry is regarded as a barrier, separating interviewer from respondent, a barrier to be overcome by building rapport. Rapport is, as Jorgenson puts it, “conceived as an aid in the elicitation of candid and full disclosures of information from the research participants” (pp. 155-

156). In this sense, rapport is not just a means for an interviewer to build a relationship with his or her respondent, but a means to protect the interview from omissions and distortions on the part of the respondent. Consequently, as a result of its ability to create rapport, “you want some chocolate↑” (line 140) is made relevant for the immediate purpose of putting the student at ease so as to ensure a less-censored and more “truthful” representation of the student’s disability and need for accommodations. Ultimately then, by asking the right questions and by creating the right conditions, it is reputed that one can know disability.

### **An Inter-view into What?**

From the interviews with Betsy, Jana, and Cathy, one can make a few assumptions about some widely held beliefs surrounding interviews, communication, knowledge construction, and disability. First, interviews “harvest” information (Antaki, 2006). Interviews offer a window into that enigmatic container of knowledge known as “mind.” Further, because knowledge resides in the mind, it is an individualistic enterprise, not a collaborative endeavor.

If not windows, social members regard interviews as mirrors, reflecting, without distortion, an internal state (Denzin, 2001). A subject’s response in the interview is equated to a reflection of knowledge. Correspondingly, the question is the stimulus provoking the response, and this stimulus can be planned in such a way that it yields a response that is closer to the truth. Betsy’s reference to standardizing questions is evidence of this assumption that a more accurate response, a response more closely resembling the knowledge it supposedly reflects, will be produced by attending to the question that prompts it. Jana’s statement, too, operates by this same belief, as she sees my question as a means for “getting at” this truth.

Betsy’s practice of asking if her student wants chocolate (line 140) in order to engage him or her in a “conversation” (line 140) likewise operates by the belief that knowledge is

transmitted via communication. The comfort she achieves through such rapport building, in turn, breaks down a perceived mental barrier that separates the interviewer from the information he or she is seeking; it facilitates the transmission of knowledge, from the respondent to the interviewer. A transmission of model of communication thus corroborates current understandings of knowledge production.

When detailing my methodological commitments in the previous chapter, I directly challenged several of these contentions. The interview is not a method for collecting knowledge. In fact, knowledge is incapable of being collected, *per se*, as it is jointly made. What I mean is that a student's response in the interview with a staff member is influenced and constrained by the question that came prior, and in this sense, the response representing and supposedly containing knowledge is not the product of any single participant. Asserting that questions and responses mutually influence one another though, is quite different than claiming that a response is *caused* by a question. In other words, both the question and the response do not function as stimuli for one another, but rather supply the interpretative environment that allows each to be made meaningful (Jorgenson, 1995).

The question furthermore does not access another's consciousness. Even more problematic is that one, it is not certain that knowledge is seated in consciousness, and two, that either of these phenomena, knowledge or consciousness, is housed in the mind. On what he terms a "radical criticism of interview studies," Hammersley (2003) alleges the interpretation of interview as window or mirror to the mind is guided by a Cartesian argument that views "mind as behavior and as publicly available" (p. 121). In some ways, however, the Cartesian disciples Hammersley is critiquing here are not entirely misguided: knowledge is publicly available. Knowledge is publicly available, as it is publicly, or socially, made. In interview talk too,

knowledge is “publicly available” in that supposed internal mental processes such as knowing, thinking, and believing can be observed—they are made public—in the interview transcript. As I will show in the final section of this chapter, from a social interactionist perspective, knowing, thinking, and believing are all resources in conversation. As resources, participants draw upon them to accomplish various discursive tasks—to present themselves as compassionate yet efficacious as in Betsy’s case.

### **Accomplishing Disability**

Whereas in Betsy’s case disability is made visible in spoken discourse, for others, disability is expected to be evident within the larger interactional context. Betsy’s interview suggests that disability can be determined via question-asking and question-answering while other ODA staff members suppose that disability will manifest itself over the course of interacting with the student. Unlike Betsy though, these staff members do not focus on conversation as a way of knowing disability as much as the interaction as a whole. Extract 5 is selected from an interview with ODA staff member Isabel (I). In Extract 5, Isabel discusses how it is that she ascertains students’ disabilities.

#### **Extract 5**

- 89     S:     How do you go about understanding er coming to understand (1.0)  
 90             someone’s disability↑
- 91     I:     A lot of it initially was just in interacting with them (.5) For me it’s really  
 92             helpful that I have a psychology and a counseling background
- 93     S:     Right
- 94     I:     So usu:ally um with students who might be uh bipolar um if they’re in a  
 95             manic phase I can pretty easily figure that out uh if they’re a student with

- 96 Asperger's I can usually pretty easily figure that out
- 97 S: Right
- 98 I: The one thing I really failed to understand was how many students have
- 99 anxiety issues
- 100 S: Mm-hm
- 101 I: Up until I started reading documentation
- 102 S: Okay
- 103 I: I assumed that if I interacted with the student and I can't figure out what
- 104 their disability is within the first five minutes, then they must be ADD
- 105 S: Oh okay

As indicated by the use of the word “just” in line 91, under average circumstances, interaction alone would suffice to determine disability. In this context, “just” functions much like “simply” or “merely,” and so it is that through as ordinary means as interaction that disability can be known. When juxtaposed next to “initially,” however, as in “a lot of it initially was just in interacting with them” (line 91), “just” becomes stipulative and only applicable to an earlier, unspecified time period. As it turns out, just interacting with students is, in fact, not enough to identify their disability, as soon becomes apparent in lines 103-104. Isabel concedes that previously, she believed that by interacting with the student, within the first five minutes of interaction to be exact, she should have been able to “figure out” the student’s disability. Isabel’s emphasis on “assumed” in line 103 instructs the hearer to interpret this belief as misguided, suggesting that she no longer subscribes to this view. Regardless of whether or not Isabel operates by this belief anymore, her initial assumption is informative in that it sheds light on a larger assumption regarding disability: that it is, or more importantly, should be, easily

determinable through interaction. That is to say that at least to some extent, the student is compelled to interactionally perform the disability he or she is claiming in order to receive accommodations.

### **Performing Disability**

Though traditionally associated with work in Gender Studies, the notion of performativity has recently received attention in Disability Studies. As scholars seek to move beyond the social model which locates disablement almost exclusively in social structures and policies, they have invoked theories of performativity in order to account for the lived, embodied experience of impairment that the social model overtly neglects. “Performativity” is a relatively recent theoretical invention, largely popularized with the publication of Judith Butler’s (1999) *Gender Trouble*. Building off of previous dramaturgical approaches to conceptualizing social interaction (see Goffman, 1959), Butler denaturalizes strict gender binaries that dictate what it means to be a man or a woman. The performance metaphor imbues gender with an ongoing, active quality as social members enact and thus reconstitute the rituals of gender every day. In much the same way that gender is a performance in that it is not an innate trait but an interactional accomplishment, so too is disability. Samuels (2002) claims that understanding “how bodies are sexed,” through theories of performativity, “can inform our analysis of how bodies are ‘abled’” (p. 65). Appropriately, many parallels have been drawn between gender performances and performances of (dis)ability, including, for instance, the likeness between the sex/gender dualism and the impairment/disability dualism.

Perhaps the most relevant commonality for the purposes here is that both types of performances are guided by rigid prescriptions for doing gender, and for doing disability. With respect to performances of disability, one such prescription, as Isabel’s account attests, is that



these performances should be characterized by the expression of symptoms or associated behavior. In accordance with the medical model that has long governed disability, Isabel's claim that she can identify students with Bipolar Disorder (line 94) and Asperger's Syndrome (line 96) intimates that students exemplify, or perform, observable characteristics of that particular impairment. To illustrate, in line 95, Isabel references the manic phase that is often connected to Bipolar Disorder as evidence that the student is indeed impaired in this way. Consistent with prevailing thought on different modes of knowledge, Isabel's emphasis on the visibility of expressions or evidence of disability implicates them as requisites for a compelling performance of disability. But what happens if the performance is not compelling? If it lacks sufficient evidence?

In line 104, Isabel discloses what happens if the student's performance of disability lacks visible proof. If the student fails to deliver a persuasive performance of disability, then he or she is by default, categorized as learning disabled, as "ADD." ADD is enrolled here as somewhat of a catchall for disabilities that one cannot readily "figure out" (lines 95, 96, 103). Interestingly, Isabel does not entertain the possibility that the student does not have a disability. If the disability is not self-evident, then it must be nonvisible as is generally the case with ADD. Isabel forecloses the possibility that the student requesting accommodations may have been misdiagnosed, which points to a larger social condition: an unwavering—often unquestioning—faith in the diagnostic institutions (e.g., medical institutions). In other words, if the student is requesting services through ODA, he or she is in advance disabled on the grounds of the requesting action alone.

Returning to where I began with this extract, all of this is what Isabel "assumed" (line 103), up until she "started reading documentation" (line 101), that is. Isabel is referring to

documentation issued by an institutional representative (e.g., a physician), vouching for the disability, the documentation a student is required to furnish in order to receive accommodations. In order to disprove her previous assumptions concerning what disability should look like, documentation of this kind must carry great currency for Isabel. For her, the student's story of disability must be observably enacted in front of her or narrated by supporting documentation. For other ODA staff members like Melissa (M), however, a convincing performance of disability carries more weight than documentation, as Extract 6 details.

### Extract 6

- 338 S: Okay (1.0) so:o (.5) what factors are important (1.0) do you think are  
 339 important to the accommodation process↑ So t-to consider (1.0)  
 340 Um (1.5)  
 (...) (Melissa talks about how the process for determining accommodations is  
 an individualized one)
- 401 M: I think the actual intake is-is the most important part because that gives the  
 402 advisor the opportunity to have looked at the file
- 403 S: Mm-hm
- 404 M: and then to have matched that file to the student to say “okay now I SEE  
 405 WHY you state this, because just reading this, I don’t necessarily believe  
 406 it, [but now meeting you I now at least have
- 407 S: [Mm-hm
- 408 M: an hour of your time, I should be able to tell in that time period (1.0) how-  
 409 how this will affect you”

To respond to my inquiry about the accommodation process, Melissa borrows from a medical register (Potter & Wetherell, 1987) to position “intake as the most important part” of the process. In this context, “intake” refers to the initial student interview that the ODA advisor conducts with the student. Intake is important—the most important, according to Melissa—because it provides the opportunity for the student to perform his or her disability. Contrary to the institutional tradition of a case file, a document, speaking for and in lieu of the person it is said to represent (Bartesaghi, 2009; Cooren, 2010; Mehan, 1993), here conversely, Melissa desires that the student speak to his or case file. She wants the narrative conveyed in the file to be validated by the interaction with the student. Her reason for this lies with the fact that she cannot confirm whether or not the student is being truthful by consulting his or her application alone (lines 405-406). To validate the student’s claim to accommodations, Melissa seeks evidence, evidence that becomes apparent in “meeting” the student (line 406).

With Melissa’s use of “meeting” in line 406, it is unclear whether she is referring to interaction in general or just to conversation. Equally unclear is how she can “tell” (line 408) whether or not the student is being truthful with respect to his or her disability. Regardless of whether Melissa can tell through conversation like Betsy, or through the interaction as a whole as in Isabel’s case, the assumption inherent in her talk is that the disability will nonetheless reveal itself. Furthermore, to authenticate the student’s claim, Melissa requires “an hour of your time” (line 408). For Isabel, it was five minutes, for Melissa, an hour. Regardless of the duration, both present time as an element in determining disability. In fact, the advisors present themselves as doing very little to determine disability, and the student’s sincerity for that matter, as the expectation is that with the mere passage of time, the disability (truth) will be expressed, will become self-evident.

Depicting one's involvement in the determination of disability as nominal may prove beneficial in two ways. First, in portraying their involvement in a *laissez faire* fashion, advisors are effectively exerting control over the human variable, imparting that due to their lack of participation in the disability-determination process, the "diagnosis" of the disability and students' needs for accommodations are indisputable truths. Second, the notion that the disability will be self-evident—through conversation, interaction, or documentation—relates to speaker accountability. Speakers are aware that others are holding them accountable for what they say. Realizing this, speakers engage in various methods to nullify or mitigate the degree to which others can hold them accountable. A highly effective strategy for removing or lessening one's own accountability is to present oneself as uninvolved, for if one is independent of certain proceedings, such as assessing individuals' disabilities and evaluating their request for accommodations, he or she is veritably disinterested. Disinterest, as I discussed earlier, is a requisite in the production of a fact. In this case, staff members' self-presentation as minimally involved in determining disability actually works to sustain the perceived objectivity of the disability.

### **The Morality of Knowledge**

Both Extract 2 with Isabel and Extract 3 with Melissa point to a shared assumption regarding disability: that any claim of disability should be supported by cogent evidence. The validation of knowledge through the incorporation of evidence illustrates the intricate, subtle, relationship between the social and moral order. Social members evaluate knowledge claims based, in large part, on the types of evidence included in them. Although, not all forms of evidence carry equal authority, and as a result, some knowledge claims may be ranked at the level of a fact, whereas others are demoted to the status of a belief. As one can derive from the

connection between knowledge and evidence, even something as perceivably neutral as various ways for the knowing the world around oneself are imbued with morality. In the context of Melissa's statement, in line 408, the deontic verb "should" signals normative behavior as what one should do is likely to conform to what is typical and socially sanctioned. Therefore, the implicit assumption informing both Isabel's and Melissa's talk points to a larger social belief that knowledge, in order to qualify as knowledge proper, should be verifiable through tangible, observable evidence. Thinking of different forms of knowledge as morally organized allows for an appreciation that not all methods for knowing disability, and not all matters of proof verifying such knowledge, are endowed with the ability to authorize the same actions. For Isabel, documentation carries more weight than firsthand observation, and is thus more likely to garner accommodations, whereas for Melissa, observation by way of interaction authorizes accommodations. Using Melissa and Isabel as examples, one can see how the decision to provide accommodations, to ascertain disability, is not a simple, clear-cut decision. The "fact" of disability is dependent on different things for different people. A student who Melissa concludes, through observation, to have a disability that sufficiently warrants accommodations may be the same student who Isabel is reluctant to provide accommodations to due to a lack of documentation.

Melissa's desire to empirically observe the disability reflected in the student's file not only privileges a certain mode of knowing disability (through visual means), it also inadvertently privileges a certain kind of disability. As I elaborate in the next section, this visual epistemology preferred by Melissa and several others implicitly privileges physical disabilities that are readily discernible, such as visual impairment as indicated by a guide dog or walking stick, hearing impairment as indicated by the use of sign language or hearing device, or still yet, mobility

impairment as indicated by leg braces, wheelchair, and the like. What if, however, the student claiming disability lacks such overt signifiers (Siebers, 2004) of disability? What if his or her performance is not compelling enough? As one can deduce, in the event that students fail to perform their alleged disability well, an unintended consequence may be that they are denied services vital to their academic success as well as their general well-being.

Compared to Melissa, Isabel gives greater credence to documentation as grounds to provide accommodations, though she too expects that at some point in her interactions with the student, the disability will become known to her. Unduly emphasizing documentation, however, presents its own problems. As Melissa points out later in her interview, not every student can afford to secure documentation of his or her disability through the traditional route of visiting a healthcare provider. At least in part due to these reasons, and following the 2012 initiative of the Association on Higher Education and Disability (AHEAD) to treat the student's self-report as primary documentation in the accommodations process, ODA is attempting to implement different ways for determining disability. In fact, as problematic as it may be, Isabel and Melissa's expectation that disability manifest within the interaction qualifies as secondary documentation. According to AHEAD, secondary documentation is when the advisor uses his or her own direct observations to inform a decision regarding accommodations. Secondary documentation is preferable to documentation from a third party as it is far less cost-prohibitive.

In light of the level of trust placed in certain institutions to properly diagnose disability as demonstrated in Isabel's interview, for example, it may be somewhat surprising that AHEAD ranks documentation derived from "external or third parties" (p. 2) as tertiary documentation, that is, less preferable to the former two types. Essentially, the guidelines established by AHEAD are designed to broaden the ways that professionals in higher education determine disability, as

well as to encourage a more inclusive and diverse approach to disability. As I have shown here through Isabel's and Melissa's interviews, however, each method for determining disability, each way of knowing it, has its own advantages and disadvantages to take into account. Despite these varied approaches to determining disability, one thing remains consistent across all forms of documentation, even in students' self-reports, and that is the need for evidence.

### **Constructing Hierarchies of Knowledge**

Van Dijk (2011) states that "Knowledge is a belief we can prove, for which we have evidence" (p. 14). At a cursory glance, the quote seems straightforward enough: knowledge requires evidence. This much is true, yet the quote also suggests that knowledge differs from beliefs in that knowledge is a certain kind of belief, a subset of beliefs, "a belief we [mutual members of a society] can prove." Assuming that van Dijk has thus provided an operating definition of knowledge, what exactly is a belief? How is believing different than knowing? What about feeling? Where does it stand in the grand scheme of semantics and epistemics? To respond to these questions, I return to the interview with Betsy featured at the beginning of the chapter. In Extract 7 below, Betsy describes continues to describe how she assesses students' needs.

#### **Extract 7**

152 S: Um-hm

(...) (*Betsy talks about inquiring into the student's academic performance*)

179 P: Um that's about it then I'll tell them about different software different (.5)

180 different resources we have (1.0) So we'll have this conversation (.5) by

181 the end of the conversation I should have a good feel for the student

What does Betsy mean when she says that she “should have a good feel for the student?” (line 181). As it is used here, “feel” is a nondescript indicator of knowledge; it is an inexact appraisal, an inexplicable somatic sense. In common parlance, “feel,” when used as a noun, as it is here, is a rough approximation to “idea” or “impression.” How is “feeling,” as in to “have a good feel” (line 181) something, different than “knowing” it? How is “knowing” it different than “thinking it?”

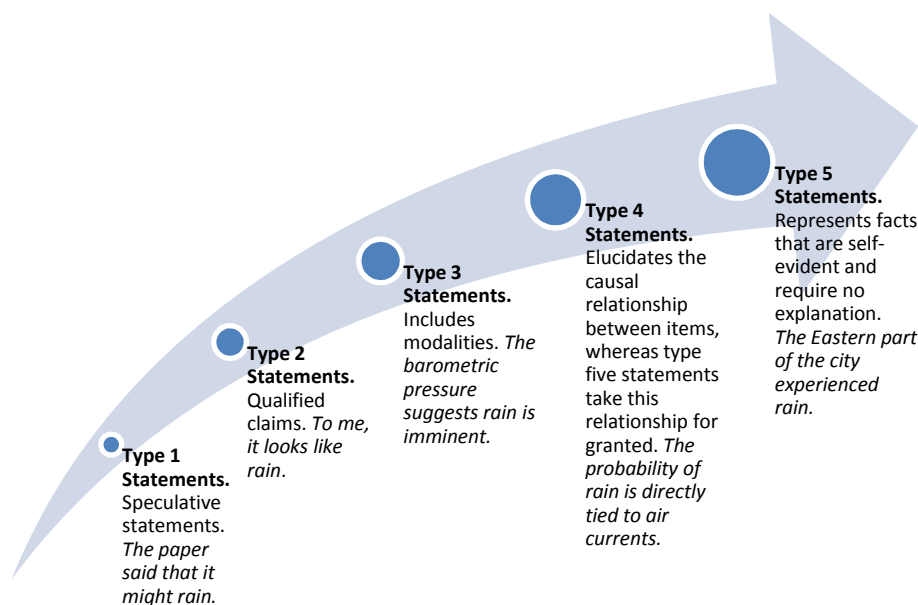
These terms—“feeling,” “knowing,” “thinking”—diverge from one another in that each represents a different gradation of knowledge, with some carrying a stronger or weaker valence than others. “Think,” for example, is less forceful than “know,” though mildly yet arguably stronger than “feel.” The point is that these words, while approximate and generally signifying the same thing (knowledge), signify it with different degrees of intensity and certainty. Generally speaking, modalities are grammatical resources that allow a speaker to implicitly express his or her attitude towards the topic of conversation. Epistemic modals then are grammatical constructs that indicate the speaker’s position toward knowledge, specifically. “Clearly,” for example, is not simply an adverb, but also an epistemic modal in the sense that it is conveying to the hearer that the speaker believes the knowledge claim to be self-evident. Moreover, because “clearly” indicates that the speaker regards the knowledge being referenced as self-explanatory, “clearly” also functions to communicate epistemic stance, or the speaker’s position with respect to the knowledge claim (Hart, 2011; Kiesling, 2009). An epistemic modal, such as “possibly,” therefore signals a weaker epistemic stance than “clearly,” as the speaker is distancing him or herself from the knowledge claim. In this way, epistemic modals such as “likely,” “perhaps,” and “invariably,” for instance, not only signal the strength of the claim, its illocutionary force (Austin, 1962), but also the speaker’s position with respect to it.



Closely related to epistemic modals is the linguistic concept of evidentials. Like epistemic modals, evidentials denote a speaker's attitude toward the claim, but they also offer the source of knowledge as evidence of its veracity (Tracy & Parks, 2010). In other words, evidentials bridge "the gap between event and speaker...by expressing the channel through which the event has come to be known to the speaker" (Chafe & Nichols, 1986, p. 57). Words like "heard," "witnessed," and "imagined" convey how the speaker came by the knowledge he or she is claiming, and thus these terms function as evidentials in discourse.

To trace the interactional, or social, production of a scientific fact, Latour and Woolgar (1979) examined the function of different discursive modalities used to claim knowledge, and constructed a hierarchy of different knowledge modals. As Figure 1 illustrates, the researchers classified different statements according to a five-fold scheme. Their list of statement types—designed to represent the transformation of statements that occur during the making of a fact—is organized in ascending order, beginning with Type 1 statements. Type 1 statements represent pure speculation or conjecture, and as a result, the statement is presented by itself as such. Types 2 and 3, however, upgrade the facticity of the claim by including modals and evidentials in the formulation of a knowledge claim. To explicate, a Type 2 statement may reference the source of the knowledge, as well how it was obtained, as in "Smith observed that..." As Latour and Woolgar write, "By noting that human agency was involved in its production, the inclusion of a reference diminishes the likelihood that the statement will be accepted as an 'objective fact of nature'" (p. 80). As I noted earlier in the chapter, human agency and objectivity, and by extension, the veracity objectivity is said to produce, are incompatible constructs. Type 4 statements by contrast, refrain from the use of modals, and thus the statement is presented as a matter of fact. That fact, in turn, becomes so widely accepted that its fact-like status is obvious,

obvious to the point that it would be absurd to explain how one acquired such commonsense knowledge.



*Figure 1.* Latour & Woolgar's (1979) Classification of Statement Types. The statements in Figure 1 achieve a greater epistemic status as they progress from left to right.

Latour and Woolgar's (1979) classification system was extremely influential to early work in practical epistemics, an area of study that posits that knowledge is best understood in terms of how it is enrolled in interaction. Assuming that knowledge is a practical resource rather than a theoretical construct, what practical discursive task is Betsy attempting to accomplish via "feel" in lines 180-181? Unlike other evidentials that often are grammaticized as a verb, here Betsy uses "feel" as a noun, in much the same as way as "conclusion," "estimation," or "understanding." Under other circumstances such as when "feel" is used as a verb, as in "I feel that X is the case," it would likely fall under the Type 2 statement category since this particular

modal functions to weaken the claim to the status of an opinion. When used as a noun, however, “feel” operates more like a Type 4 statement. In this context, it is because feel is generally associated with somatic knowledge that it is relatively uncontested. Feeling, like intuition and instinct, is primal, and is in many ways, naturalized. In this regard, Betsy’s “feel” for a student, and his or her needs and motives, does not require elaboration as to how it was derived for the exact reason that knowledge garnered outside of traditional means, outside of rational, evidence-driven thought, is incapable of explanation and thus excused from it. The implications of this single term are great: what began as a subjective evaluation, through the inclusion of “feel,” achieves near fact-like status. Betsy’s individual assessment of a student’s disability discursively evolves to an epistemological status that is no longer subject to questioning.

**Categorical entitlement to knowledge.** Fact-like status is also granted to individual appraisals by way of a speaker’s identity category. Certain identity categories afford greater rights than others in claiming knowledge, and hence these rights are referred to as “epistemic rights.” Rights, in this case, suggest an entitlement to knowledge as afforded by both the identities a speaker brings to an exchange (e.g., social identities) as well as the identities he or she assumes through interaction, otherwise known as “situational or interactional identities” (Antaki, Condor, & Levine, 1996; Bucholtz & Hall, 2005; Zimmerman 1998). Succinctly, epistemic rights are “sometimes derivable from social categories,” but “can also be derived more locally from interactional roles” (Stivers, Mondada, & Steensig, 2011, p. 16). Epistemic rights, whether derived from pre-assigned identities or situational ones, are tied to speaking rights. The speaker afforded greater epistemic rights is, consequently, afforded greater speaking rights.

In theory, all speakers have equal access to speaking rights because of the conversational rule of turn-taking (Schegloff, 1997). The rule of turn-taking contends that as a limited and

desirable resource, the conversational floor, along with the management of speaker contributions, must be carefully negotiated by the involved parties. One common way to manage the orderly production of conversation and the distribution of turns is according to a speaker's epistemic rights. Essentially, the speaker who, by virtue of his or her interactional or social identity, has greater access to knowledge of the topic under discussion, correspondingly, has greater rights to speak on this topic. Therefore, as Billig (1999) points out, a speaker's entitlement to the conversational floor is transitory, and often dependent upon his or her relationship to the topic at hand. Further, it is in this regard, that instead of speculating about who knows what, the analyst can empirically observe knowledge asymmetries in (inter)action (Bartesaghi, 2009; Marková & Foppa, 1991; Ochs & Capps, 1996; Thornborrow, 2002) by examining asymmetries in both quality and length of speaker contributions.

In Extract 8 below, I (S) begin the interview with ODA staff member, Cathy (C), by inquiring into how she came to acquire her position within the organization. For the next five minutes or so, Cathy, who is visibly impaired (she sits in a wheelchair for our interview), recounts the career trajectory that brought her to her current appointment. She recalls her undergraduate experiences prior to the enactment of the ADA, remarking that during that time, educational administrators remained unsure about what accommodations were necessary and how to provide them. She attributes her ambivalent relationship with students with disabilities to this lack of support, stating that on one hand, she experiences trouble relating to them because "there wasn't somebody like me when I was going to school" (line 52). On the other hand though, she continues that disability in higher education is a topic that allows her to relate to students. The interview excerpt picks up where I then pursue the topic of relatability, asking if she thinks students are comforted by the fact that she, too, is impaired.

**Extract 8**

- 76 S: Do you think some students are more comfortable (1.0) by that↑
- 77 C: Some are (.5)
- 78 S: Some are↑
- 79 C: I think some are more frustrated by that
- 80 S: Okay (1.0) why↑
- 81 C: Because (.5) i-if you're a student who i:s (1.0) and there aren't
- 82 many (1.5) but if you're a student who is trying to use the system
- 83 S: Mm-hm
- 84 C: But you don't necessarily need the services (.5) I know that in a
- 85 different way than somebody who doesn't have a disability and so
- 86 I don't let people get away with that
- 87 S: Okay

I would like to investigate the discursive procedure performed by the epistemic modal, “know,” in line 84. How does Cathy know which students are appropriately using accommodations and which are abusing “the system” (line 82)? To answer this question, I turn to lines 84-86, where Cathy identifies her identity category of “disabled” as rendering her privy to such knowledge. Within this exchange, Cathy is assuming the epistemic stance of expert. Not only does she assume this interactional identity, but in soliciting her input on the topic of accommodations and disability, I am jointly producing and confirming Cathy's entitlement to this identity category as well as the particular actions it authorizes. Yet, even though I implicitly authorize Cathy's self-positioning as expert through the very act of interviewing, she nonetheless

supplies evidence in the form of personal experience to further entitle her to claim and to enact the category of expert.

I have addressed evidentials almost exclusively at the syntactic level, though now I would like to attend to the larger process of incorporating proof in discursive formations, known as “evidentiality.” “Evidentiality” refers to the discursive process wherein one legitimizes his or her claim to knowledge through the inclusion of various forms of evidence. For example, a form of evidence well-known to academics is citing a revered scholar in one’s own writing, which in turn imbues the writer’s claims with credibility, with evidentiality (Dehkordi & Allami, 2012). Alternatively, evidence speaking to the legitimacy of a speaker’s claim to knowledge may also be achieved through firsthand accounts or personal testimony. It is through this means, in lines 84-86, when Cathy appeals to experiential knowledge of disability, that Cathy authorizes her claim to knowledge of it.

Claiming to know someone else’s motives proves troublesome, for can one ever truly know another’s intentions? Cathy implicitly recognizes the precarious task of claiming to know a person’s reasons for seeking services; the account she attaches to her claim is evidence of such awareness. Accounts can assume many forms, as excuses, as justifications, or as rationales. Regardless of their form though, their purpose remains the same: accounts supply a reason for actions, behaviors, and choices (Scott & Lyman, 1968; Buttny, 1993).

Speakers in general, including Cathy, do not engage in accounting practices when they anticipate their contribution will go uncontested. Think, for example, of any commonsense supposition, and then think of how strange it would be to offer an explanation for this widely held belief; the fact-like status of the belief obviates further elaboration. So, when Cathy says that she “knows” which students are using the system, and includes information regarding how

she knows this (by virtue of her disability), she is anticipating that her claim may otherwise be subject to questioning, presumably by the hearer (S). By attending to the occasions when speakers account for their claims, one can ascertain the claim's epistemic strength, and determine where it falls on the metaphorical hierarchy of knowledge. If, for instance, a speaker's claim is accompanied by an account, as in Cathy's case, the hearer is thus informed that the claim does not reside at the level of fact. Cathy's inclusion of an account suggests that it is not an indisputable reality that one's institutional experience (in her case, as the Lead Administrator of ODA) grants him or her access to another's motives. Rather, it is Cathy's disability that is presented as an acceptable rationale that specifies how she can know students' aims. By deconstructing Cathy's claim, one can infer that a possible assumption about disability may be that disability knows disability.

### **From a Hierarchy of Knowledge to a Hierarchy of Disability**

In this chapter, I demonstrated how devices like reported speech and epistemic modals not only function to make one's own intentions known, but also to index the intentions of others, whether these others are university employees or students requesting accommodations. In the following chapter, I detail how by these same discursive apparatus, very different operations are performed and very different outcomes are achieved. To be specific, I investigate the use of epistemic modals, reported speech, and membership categories not in the construction of a hierarchy of knowledge, but this time, in the construction of a hierarchy of disability. Just as Cathy's membership in the categories of both "expert" and "disabled" afforded her the right to make certain claims regarding student's intentions, in the next chapter, I consider how simply inhabiting a specific identity category has the potential to render one unreliable. Furthermore, just as the arguable nature of Cathy's claim necessitated an account, so too does a speaker's

position, as a member of particular social category, compel or excuse one from offering an account.

Also in this chapter, by analyzing mechanisms of reported speech, epistemic modals, and membership categorization, I was able to illuminate commonly held assumptions on the relationship between the institutional interview and disability: that the interview is a conduit of knowledge, a way to access another's beliefs, motives, and intentions. The interview is also, as I demonstrated, an opportunity, or occasion rather, for disability to be evidenced. In this regard, one can speculate about both presuppositions of how knowledge is made—or in this case, collected—in addition to how social members think they can know disability. More than just suggesting how one can know disability, ODA members' talk indicated a preferred means of knowing disability: through conversational disclosure and direct observation. Shortly, I will revisit this preference for self-evident or observable disability, considering at length why this kind of disability may be preferable to others.



#### Chapter 4: “A Culture of Suspicion”

In March of 2013, National Public Radio (NPR) published an online editorial news article entitled, “Unfit for Work: The Startling Rise of Disability in America” (Joffe-Walt, 2013). Since the time of its release, the article has incited controversy nationwide, so much so in fact, that NPR was compelled to issue a retraction with respect to the article’s original title<sup>1</sup>. The investigation-turned-article asserts that more and more otherwise capable Americans are receiving disability benefits from the government, and are as a result, severely straining an already fragile economy. The author insinuates that these individuals, who are qualifying for assistance programs for conditions like diabetes and high blood pressure, are essentially system abusers. The article reports of a small-town physician who determines whether or not he will recommend patients for disability benefits based in large part on their education level and prospective employment opportunities. The author herself concedes that even though diabetes and high blood pressure are not generally thought of as disabilities, “there’s no diagnosis for disability,” making disability a “squishy” identity category (par. 7).

Later in the story, Joffe-Walt (2013) presents statistics speaking to this flexibility in categorization. She groups the highest population of those receiving disability benefits, representing 33.8% of all individuals “on” disability, under the collective heading of “Back Pain and Other Musculoskeletal Problems.” The second highest population, at 19.2%, included those

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<sup>1</sup> On March, 28, 2013, six days after its release, the article was retitled, “Millions of Americans Don’t Work Due to Disability, and the Number is Growing.” The new title was accompanied by a statement issued by NPR, which conceded that the original title falsely implied that individuals receiving disability benefits do not work (Joffe-Walt, 2013).

with “Mental Illness, Developmental Disability, Etc.” It is no coincidence that in this report on system abusers, the largest populations claiming disability are primarily represented by disabilities that are chronic, difficult to diagnosis, and nonvisible, as these disabilities lack a self-evident quality. The so-called “squishiness” inherent to categories of impairment is evident in both headings. The use of “other” in the first category, and “etc.” in the second, serve as ambiguous catchalls, and further demonstrate the unsettled, transient nature of disability. On this matter, Barnartt (2010) writes that “the relationships between impairment (physical state), functional limitations, and disability are neither fixed nor permanent but fluid and not easily predicted” (p. 3). The unstable quality of disability as a conceptual construct is the basis for the “squishiness” that Joffe-Walt (2013) attributes to it.

Despite the fact that this article attests disability is a fluid, socially contingent construct, it is nonetheless dangerous to persons with disabilities in a variety of ways. First and foremost, it presents persons with disabilities as unwilling to work, when a large number of persons with disabilities want nothing more than to work but are unable to do so (National Council of Disability, 2007). More than simply dismiss persons with disabilities’ desire to work, this news story also reaffirms seeing as a primary means of knowing. Consistent with the Enlightenment belief in scientific positivism, veracity is placed in visibility. Within Disability Studies, possibly nowhere is the privileging of a visual epistemology more thoroughly interrogated than in discussions of nonvisible disabilities.

In this chapter, I analyze how ODA members organize disability along a moral hierarchy, with visible, generally physical, disabilities at the top of this hierarchy, and nonvisible, largely cognitive/intellectual disabilities, positioned beneath them (Deal, 2003). For this purpose, I employ the framework of MCA by focusing on the broader picture of social categories,

considering the various predicates (Jayyusi, 1984), or assumptions, that guide members in their sense-making activities.

### **Nonvisible Disability or System Abuse?**

Recognizing the need for an embodied means of apprehending disability, several Disability Studies scholars have wrestled with the Cartesian mind-body split, and have, alternatively, advanced a phenomenological ontology of disability (Hughes & Paterson, 1997; Paterson & Hughes, 1999; Shakespeare & Watson, 2001). Despite such efforts, the mind-body dualism still dominates Western thought on disability. As I illustrate later in this chapter, even members of an organization steeped in otherwise progressive orientations to disability formulate their discourses of disability in terms of a mind distinct from a body, in terms of cognitive impairment and physical impairment.

Persons with nonvisible disabilities inhabit a liminal social category, one which is neither entirely disabled, nor entirely able. For some, such flexibility in identification is viewed as an advantage in that they “pass” for able. For others, nonvisible disability signifies a burden as the individual must negotiate the terms of his or her identity management with others (Goffman, 1963), and risk being denied entrance into a certain social category. Nonvisible disabilities include impairments as diverse as epilepsy, cancer, color blindness, Attention-Deficit/Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), traumatic brain injury, and dyslexia. In this list of examples, I have grouped together impairments that may elsewhere be distinguished from one another as either cognitive impairments (e.g., “traumatic brain injury”) or learning impairments (e.g., “ADHD”). For the purposes of my discussion, and given their often shared nonvisible status, as well as their perceived location in the mind, I group learning impairments under the broadly inclusive heading of “cognitive impairment.”

As Shakespeare (2008) claims, “for those with hidden impairments, such as dyslexia or chronic fatigue syndrome, a realist and medically based approach to defining and understanding impairment is preferable to the vagaries of constructionism” (p. 13). Should individuals with nonvisible disabilities claim membership in the category of disability, they are often greeted by declarations of incredulity and expressions of contempt by persons with and without disabilities (Samuels, 2003). The medically based approach to which Shakespeare refers is one that favors the verification of impairment by traditional scientific means—that is, through visible means. Visible, in this context, does not necessitate that the impairment in question be readily observable at the interactional level—though it very well could be—but that it could be perceived and otherwise *made* manifest, by blood tests, by chromosome analysis, and by diagnostic imaging.

Chronic conditions with the potential to impair, such as Chronic Fatigue Syndrome mentioned above, have, as of late, come under particular scrutiny for a few reasons. First, many chronic conditions are difficult to confirm through visible means (Japp & Japp, 2005; Slade, Molloy, & Keating, 2009; Ware, 1992). Second, chronic conditions are ongoing, meaning that the request for services and medication is likely also ongoing, thus inviting accusations of malingering (Holloway, Soffaer-Bennet, & Walker, 2007; Jackson, 2005). Finally, many chronic but difficult-to-detect conditions, like fibromyalgia, for instance, are managed with controlled substances, making persons who claim these conditions potential suspects for drug abuse (Glenton, 2003). The problems encountered by persons with several chronic conditions, disbelief and accusations of malingering and substance abuse, are frequently experienced by persons with other nonvisible disabilities.

Schubert, Hansen, Dyer, and Rapley (2009) detail how patients in a drug-dependency program claimed membership to the morally sanctioned category of “ADHD patient” instead of the morally suspect category, “illicit drug user.” The patients cited symptoms as category predicates (Rapley, McCarthy & McHoul, 2003; Stokoe, 2012), or the activities or characteristics that are linked to specific categories, which entitled them to make this claim. Once a member of the morally acceptable category of “ADHD patient,” certain activities, such as the use of amphetamines prescribed to treat ADHD, become acceptable. Schubert et al.’s study speaks to the fact that participants claiming a nonvisible disability are implicitly aware of their need to testify to the rightfulness of their place in the category of approbation. Especially in light of the increased media attention dedicated to investigating “pill mills” (Collins, 2010; Macias, 2011), where prescription drugs are administered without reasonable grounds, persons with nonvisible disabilities have come under fire as potential system abusers.

In a similar vein, Boyles, Bailey, and Mossey (2011) examine dilemmas faced by persons with the sometimes nonvisible impairment, Chronic Obstructive Pulmonary Disease (COPD). These individuals often have to identify the occasions and the circumstances where it was appropriate or necessary to disclose their nonvisible impairment. Participants in the study raised the issue of handicapped parking to illustrate this dilemma. If they chose to use the handicapped parking afforded to them, then they ran the risk of others chastising and shaming them for an assumed misuse of facilities. Alternatively, if they chose not to use the parking accommodations, they risked jeopardizing their health.

**Accounting as category-bound activity.** These examples from previous scholarship serve a dual function here. On the one hand, they support the claim to the prevalence of a visual epistemology. On the other, they demonstrate how in the absence of a cane, a wheelchair, a limp,

or any other observable, traditional signifier of impairment, the individual with the nonvisible disability is well aware that he or she will be held accountable by other social members. In a discussion on passing for able-bodied, Siebers (2004) recalls an instance where he, too, was determined to be not “disabled enough” (Lightman, Vick, Herd, & Mitchell, 2009). Without crutches or a wheelchair, Seibers’s impairment went unnoticed, and as a result, he was denied the early entrance flight boarding that is usually reserved for persons with disabilities. Siebers continues that since the disabled body, whether overt or covert, represents a deviation from the normative body, persons with disabilities “require a story” (p. 8) that makes sense of this difference. Accordingly, Siebers affirms that by examining such explanatory narratives, we are able to glean further insight into the society to which these stories are offered, the society that is implicitly requesting them.

Stories, or accounts, are cultural mechanisms for preserving and reproducing the social order (Buttny, 1993; Scott & Lyman, 1968). The practice of accounting, explaining, justifying, or excusing one’s behavior is a common category-bound activity for persons occupying the membership category of “nonvisible disability.” To illustrate how membership prescribes particular activities, Sacks (1992) offers a single sentence from a children’s book that demonstrated how in spite of the presence of two different subjects, even a child could recognize who was doing what; the sentence reads, “The baby cried, the mommy picked it up.” Sacks questions, how does the reader, a child, know that the baby that the mommy picks up is in fact her baby?

To answer this question, Sacks introduces the notion of membership categorization devices (MCD), words and phrases that categorize people. In the above example, through the simultaneous introduction of both the “mommy” and “baby,” the reader interprets these

categories as relational ones, encompassed in the broader membership categorization device of “family.” Mothers typically care for their own babies, more often than those of others. The actions of “crying” and “picking up” are thus category-bound activities, implicitly tied to the categories of “baby” and “mother,” respectively. Similar to the mommy and the baby in the children’s story, when visible physical and nonvisible cognitive disabilities are presented in close conversational proximity, they likewise function as relational pairings, that is, conceptually linked categories (Housley & Fitzgerald, 2009; Leudar, Marsland, & Nekvapil, 2004; Sacks, 1972; Silverman, 2001).

**Organizing membership categories.** Membership categories are morally laden, imbued with a moral component precisely because of the activities to which members of certain categories are entitled or denied. Just as mothers are expected to pick up their crying babies, individuals are expected to refrain from certain actions based on their categorical organization. Bartesaghi & Bowen (2009) illustrate membership categorization as a moral practice when they analyzed interviews with Holocaust survivors. They argue that the act of remembering the Holocaust is an activity bound exclusively to the category of “survivor.” To be a surviving child of Holocaust victims is not enough to be granted the right to remember. As interview participants categorize themselves and others as orphans and survivors, they not only display their tacit knowledge of who can do what, they also organize members of these two categories in a hierarchal fashion. Holocaust survivors represented a more restricted category when compared to the category of Holocaust orphans, as only the former was allowed to remember.

Within a single social category, differentiation and hierarchical organization of this sort can likewise be observed in the case of the deaf and the Deaf. The “deaf” category signals a biological condition, rather than a way of life, whereas the “Deaf” category refers to a

community that prides itself on its linguistic and cultural departure from mainstream society (Ladd, 2003). In Deaf communities, one can see how inhabiting the category of “Deaf,” and alternatively, the category of “deaf,” afford and deny certain category-bound activities. One only has to think as far as the 2006 Gallaudet University controversy where students at this institution, dedicated to the D/deaf and hard of hearing, protested the appointment of the university’s newly elected president, Jane Fernandes, on account her not being “deaf enough” (Humphries & Humphries, 2011). As a result of her relegation to the deaf category, Fernandes was essentially barred from engaging in the category-bound activity of officiating for a Deaf university.

Much like Gallaudet’s students demarcated Deaf from deaf, Stokoe (2003) demonstrates the discursive means by which social members internally segregate the category of “woman.” Stokoe examines how persons phoning in complaints about their neighbors enrolled certain categories as a means to validate their grievances. To legitimize their complaints, callers enrolled the category of “single woman,” for example, to draw upon the negatively connoted activities tied to this category. The complaint was further ratified when “single woman” was juxtaposed against “mother,” as the second category carries positive, morally sanctioned activities with it. It is in this regard that the larger membership category of “woman” is organized as a hierarchy, with mothers positioned as morally superior to single women.

Consistent with these practices, I trace the discursive devices by which ODA members organize the moral categories of nonvisible cognitive impairment and visible physical impairment within the larger membership category device of disability. What is important to note in the examples from the literature, in addition to those from my data, is that the categories constructed through conversation are the participant’s, not the analyst’s. In analyzing how social members draw upon membership categories as resources (to remember, to make a complaint,



and to construct disability), one is observing culture in action (Baker, 1997; Housley & Fitzgerald, 2008). That is, one is able to observe how normative categories, such as cognitively or physically disabled, are not matters of fact, not biological certainties, but are mechanisms for social organization constituted by discourse (Garfinkel & Sacks, 1970).

### **Creating a Hierarchy of Disability**

Goffman (1963) addresses the internal hierarchical organization present in communities of stigmatized, or “spoiled,” identities, by noting how the “stigmatized individual exhibits a tendency to stratify his ‘own’ according to the degree to which their stigma is apparent and obtrusive” (p. 107). Although I conducted the interviews informing the discussion at hand primarily with persons who do not identify as disabled, as vicars of persons with disabilities, acting in the interest of persons with disabilities, they are nonetheless members of a shared community of disability. In Goffman’s terms, they are “the wise,” persons who are not necessarily stigmatized themselves, but who are privy to knowledge of stigmatized individuals and who, by virtue of their relationship to them, are susceptible to courtesy stigma, or stigma by association (Green, Davis, Karshmer, Marsh, & Straight, 2005). In spite of their in-group membership, however, they are not exempt from stratifying the stigma, disability, and they do so just as Goffman asserts, according to the apparentness and relative obtrusiveness of the impairment. Such is the case of ODA staff member, Jana.

At the time of our interview, Jana (J) had only recently (less than two months prior) accepted an administrative position with ODA. As indicated in line 202 where I (S) reference a prior conversation, the interview excerpt featured in Extract 9 is a follow-up from a previous interview. Extract 9 illustrates the manner by which Jana, along with other ODA staff members, organizes physical impairment, characterized here by auditory and visual impairment. Extract 9

also details how physical impairment is discursively positioned as the foil to cognitive impairment, represented here by ADHD.

**Extract 9**

- 202 S: And you—you said the majority (.5) you said the other day I think  
 203 (1.0) if I'm not blurring everything that (.5) the majority of  
 204 students coming in here (1.0) it's with like ADHD↑ And stuff like  
 205 °that°
- 206 J: To me it se:ems like ADHD
- 207 S: Okay
- 208 J: Um (.5) the vast majority it's some kind of learning or ADHD
- 209 S: O[kay
- 210 J: [I mean we have a number of hearing we have a number of blind  
 211 uh (2.0) and you know um (1.0) things they've had since birth
- 212 S: Yeah
- 213 J: But they kind of know what they have a lot of them have been  
 214 treated along the way but a lot of them are ADHD uh (1.0) some  
 215 kind of learning where they go “I think I have because I can't  
 216 concentrate” or “my mind wanders” or ya know

Within this extract, Jana refines the category of disability into two subcategories, physical disability and cognitive disability, by distinguishing learning impairments from mobility and sensory impairments (lines 208-211). These subcategories, however, are not presented as symmetrical, but rather as oppositional constructs, effectively creating what I describe as a “hierarchy of disability.” To better understand how this hierarchy is made and how it operates

within the context of ODA, I first turn to line 213 where one can observe Jana's primary method for differentiating physical disability from cognitive disability: through direct contrast.

The conjunction "but," used in line 213 and again in line 214, acts as a contrast device (Halliday & Hasan, 1976). In the context of this interview, "but" positions physically impaired students (210-211; 213-214) as separate from cognitively impaired students (214-216). Jana presents two categories in 214. The first category is comprised of students who have had lasting and institutional experiences with disability; those who "know" it (line 213). The second category, following the word "but," is typified by students with ADHD, who Jana presents as comparably less sure of their disability. Jana achieves the contrast between knowledgeable and unknowledgeable students through exclusion. Often, speakers use "but" to signify an exclusion, as in "Everyone but Susan was at the party"; it performs the same operation here. Jana is telling the hearer who is excluded from this category of those who know disability: the students with nonvisible, cognitive impairments, those with ADHD. In separating those who know from those who do not know, Jana is inadvertently ordering the student population according to type of disability, but more importantly, by the quality of their knowledge of the disability.

Jana further separates students with visible disabilities from those with nonvisible ones, those who know and those who do not know, through her use of "know" and 'think' in lines 213 and 215, respectively. The two epistemic modals, while both claiming knowledge, are claiming it with different degrees of certainty (Latour & Woolgar, 1979). To "know" something is quite different than to "think" it. Knowing implies much more confidence with respect to that which one is affirming, whereas "thinking" often functions as a hedging device (Lakoff, 1973), distancing the speaker from his or her claim and thereby removing accountability in the event that the claim is challenged or discredited. In this case, the persons who "know" or are certain of

their disability and their need for accommodations are those with visible impairments (line 213). Conversely, those who “think” or are otherwise unsure of their disability are those with nonvisible disabilities (lines 214-216). At the same time, the students who “know” are not necessarily portrayed as much more knowledgeable than their counterparts; as Jana says, “they [the students with hearing and vision impairments] kind of know what they have” (line 213). “Kind of” here works to soften the force of Jana’s claim. This suggests that when asked, Jana will speculate as to the nature of the student population she serves, but she is possibly uncomfortable claiming outright that some students know their disability better than others.

Through the use of different modalities of knowledge, Jana is implicitly ranking the legitimacy of each type of request for accommodations. Maybe more importantly, by implying that students with visible physical disabilities are certain of their disability—they “know” it—Jana is also legitimizing their need for accommodations. By contrast, through the use of “think,” Jana presents students with nonvisible disabilities like ADHD as unsure about their disability, which has the unanticipated effect of rendering the legitimacy of their request for accommodations equally uncertain.

Note how Jana uses hedging as a strategy for mitigating the strength of her claim in line 206, when she first responds to my initial question (202-205). She starts with “To me” (line 206). This phrase is interesting as it is almost always already implied. It is generally assumed that the statement a speaker makes is a product of his or her own estimation of the matter. In marking what follows this introductory phrase as strictly the opinion of the speaker, Jana is attempting to reduce or nullify her accountability with respect to the statement proceeding. Furthermore, the epistemic modal, “seem,” which follows the introductory clause “to me,” is significantly weaker and indicates a larger degree of tentativeness than “know” or “think.” So, by pairing the

uncertain “seems” in line 206, with the hedging device “To me” in the same line, Jana is stressing the provisional quality of what she is about to say. In many ways, through hedging and the use of different epistemic modals, Jana is recognizing and conceding that she is ill-qualified to diagnosis disability. This is evidence of the social knowledge of category-bound behavior. Only certain members of certain social categories are permitted to diagnose disability, most notably of which are the medical professionals. In this way, Jana is not only organizing students with disabilities according to how they themselves know their disability, but also by how outsiders (i.e., staff members like her) know it.

**Evidentiality, modality & accountability.** Evidence of disability becomes especially pertinent when the impairment, such as a cognitive one, cannot be evaluated by immediate, traditional, or visible means. Because of the observable quality of their impairment, the type of student Jana references in lines 210-211 is often automatically excluded from category of system abusers. The students with nonvisible disabilities, as represented by ADHD or other undefined learning disabilities (lines 206, 208, 214-215), on the other hand, remain potential candidates for the category of system abusers due to their lack of evidentiality. As I discussed in Chapter Three, evidentiality in discourse refers to the process of validating one’s claim to knowledge by supplying proof that supports the assertion. Evidentiality goes hand in hand with visibility. That which is visible is self-evident; it does not require further explanation.

In the context of disability, visibility is essential to the helping professions. The identification of a problem to treat, or to accommodate in the case with ODA, must first occur for professional intervention to be warranted. Warranting, or authorizing, action is of particular import to ODA staff members as they provide services (e.g., extended exam time, recorded lectures, note-takers) that may potentially be interpreted by some as providing students with

disabilities with an unfair advantage with respect to their peers. In order to defend such claims, if they are issued, staff members must be able to supply evidence supporting their decision to provide accommodations (or not) to certain students. But to whom are these accounts offered? Cathy identifies two parties that could, or do, request justification of staff members' decisions to grant or deny accommodations.

In Extract 10, I inquire about acceptable forms of disability documentation. Cathy responds by explaining why staff members need medical documentation, specifically (her response is in and of itself an account). She says, "at least I can say to an instructor that's questioning it or a fellow student who's questioning it 'if you can provide me similar documentation for your experience, I will make the same opportunities open to you'" (lines 551-553). In this statement, Cathy presents the faculty and peers of the student receiving accommodations as potential groups that could hold her, and her decision, accountable.

However, Cathy expands this list elsewhere in her interview. I ask Cathy if the accommodation needs to be directly attributable to the student's disability. She responds with the following:

**Extract 10**

- 714 C: Well to be an accommodation (.) to be an official accommodation yes it  
 715 has to be attributed to the (1.0) the disability (.) but there's a lot of work  
 716 that we do that we will tell students or faculty or both you know there's no  
 717 disability reason to make this happen
- 718 S: Mm (.) mm-hm
- 719 C: but it makes sense
- 720 S: Right

- 721 C: Right↑ Or um this isn't necessarily a disability accommodation because  
 722 maybe I don't want to make su::re (.) Once something's an  
 723 accommodation what you-you're officially saying is that it could happen  
 724 again (.) regardless of the class (.) Right↑
- 725 S: Oh:: okay
- 726 C: Once you elevate something to the level of an accommodation then you're  
 727 basically saying to the institution "we did this once (.5) it would be  
 728 reasonable to do it again"

In line 716, much as she did before, Cathy introduces students and faculty as persons who could request an explanation relating to accommodations from her and her staff. This time, however, Cathy adds two other parties to the list of persons to whom ODA members are accountable. In 726-727, she claims that an accommodation, once specified as such, would be a service that could be offered other students: "it could happen again." Therefore, ODA staff are implicitly answerable to prospective students, in addition to current students, in their decisions.

The fourth party rendering Cathy and staff accountable is "the institution" (line 727). Unlike the other three persons Cathy identifies (faculty, current students, and prospective students), the final figure is not a person at all. Since Cathy does not specify who exactly she is referring to when she mentions "the institution," one could reason that "the institution" is more or less representative of the culture at large; it is the culture at large that holds her and her staff accountable. At the same time though, Cathy's talk carries a legal connotation—that is, "the institution" refers to a more specific judicial, governmental sector of the university. Being willing to apply an accommodation to future cases is akin to the legal notion of precedent, wherein the constitutionality of a law is determined by previous, similar cases. Additional

support for the argument that Cathy's statement invokes a legal discourse lies with her selection of "reasonable" for describing accommodations, as the American with Disabilities Act (ADA) favors the same language. She and her staff are thus accountable to current students with disabilities, prospective students with disabilities, these students' peers, faculty, the greater society, university governing bodies, and enforcers/supporters of the ADA.

One way to make oneself less likely to have to furnish an account is to construct stronger claims. One way to do that is through the use of specific epistemic modals. In Extract 9, Jana drops the modals hedges in her speech to create more fact-like statements. Recall that according to Latour & Woolgar's (1979) classification of knowledge statements, the deletion of epistemic modals is necessary for elevating a belief or Type 3 statement to a Type 4 statement of fact. Jana is not solely responsible for the production of the fact-like statements that ensue, however. It is fair to assume that, as the interview continues, she might remain tentative in her claims if I did not collaborate with her, and thereby authorize the statements she offers. Baker and Davies (1989) refer to the cooperation exhibited by two interlocutors to accomplish mutual understanding and an orderly conversation as "collusion." I am colluding with Jana, co-producing her claims about student with disabilities, as well as knowing and not knowing. In *Dialogic Imagination*, Bakhtin writes that "[t]he word in language is half someone else's" (p. 294). I would go so far as to say that each claim Jana makes is half my own. It is together that we construct these "facts" of disability. I elaborate in further detail on how I am complicit in constructing disability with staff members in my concluding chapter.

But what exactly are my contributions to knowledge of disability? While superficially I appear to be doing very little, I have accomplished a great deal. Utterances, as Schiffrin (1988) notes, are multifunctional, accomplishing one thing in one context, and something entirely



different in another. My use of “Okay” (lines 207, 209), “yeah” (212), and “Mm-hm” (217) functioned for me as minimal responses in that they were not intended to convey semantic content, but rather to show to that I was listening and involved. Contrary to a transmission model of communication (see Chapters One and Three), one cannot predict how his or her message will be received. With this in mind, while I might have desired that my responses indicate my active participation, it is quite possible that at least some of them were interpreted by Jana as evidence of agreement. If Jana did, in fact, take these responses as agreement and thus encouragement, then she would likely become more confident in what she is contending. This explains the deletion of modals and hedges just a few lines later in the interview. It is in this regard that I helped make the fact-like statements that occur shortly after line 206. It is also in this respect that this brief passage of talk is testament to knowledge construction as a collaborative, interpersonal endeavor.

**Moralizing through reported speech.** Lastly, the inclusion of various epistemic modals is but one of three ways that Jana presents students with visible disabilities, like those who are hard of hearing and blind (line 210), as favorable to those with nonvisible disabilities, including ADHD (line 206, 208, 210), for example. Another way that Jana establishes a hierarchy of disability is through the inclusion of direct reported speech, which she reserves exclusively for describing students with nonvisible impairments. As addressed in Chapter Three, direct reported speech, like that featured in lines 215-216, is a very powerful mechanism for making moral evaluations. As Ravotas and Berkenkotter (1998) emphasize, reported speech (RS) essentially paints a “client picture” (p. 214) of the speaker to whom it is attributed; moreover, it instructs the hearer as to how to regard this speaker. As a framing device, RS is a re-presentation of its subject, at the same time evaluating its subject and positioning the speaker with respect to it

(Buttny, 2004; Holt, 1996; Johansen, 2011). With that said, what “picture” of the student with ADHD—a nonvisible impairment—is the hearer supposed to envision?

To respond to this question, I turn my attention to the RS itself. In lines 215-216, Jana attributes the following statement as having been or likely to be spoken by a member of this specific category: “I think I have because I can’t concentrate.” On behalf of the “typical” ADHD student, Jana is citing a common symptom associated with the disorder: a lack of concentration. What is noteworthy is how the symptom is presented. The hypothetical student Jana ventriloquizes (Cooren, 2010) says, “I think.” Evidently, “think” is important in this statement as Jana audibly emphasizes it by stressing the word. Because “think” is a comparatively weak epistemic modal, it indicates that the speaker is not entirely confident in that which he or she is proclaiming. The speaker doing the thinking, though, is in fact not Jana, but rather the putative student to which the speech is assigned. The constructed student functions as a typification (Schutz & Luckmann, 1973), suggesting this student represents a class of students, ones who are not sure of their impairments. The picture that this reported speech paints is of a student who may or may not be impaired, whose membership in the category of “disabled” is up for grabs and essentially arbitrary. At the outset then, the student with the nonvisible impairment is already inviting suspicion. If such students do not trust themselves, as is indicated by the reported speech ascribed to them, then why should others be inclined to trust them?

**Appealing to the naturalness of physical disability.** In contrast to those students who think they might have an impairment, the students with physical impairments referenced in lines 210-211 are purported to “know what they have” (line 213). The way they know their impairments represents the last and final way that Jana validates the claims of students with physical (visible) disabilities over students with cognitive (largely nonvisible) disabilities is by

alluding to the former's institutional history. As she puts it, the students with physical, observable disabilities had them "since birth" (line 210), in part because they "have been treated along the way" (lines 212-213). In one sense, Jana legitimizes students with physical impairments' membership in the category of "disabled," in addition to the services such membership confers, by appealing to the longevity and presumed "naturalness" of these students' disabilities, remarking that they have experienced disability "since birth" (line 210). Ironically, appealing to the naturalness of disability re-endorses a medical/individual model of disability because it presents disability as inborn, not actively constructed. This is in direct opposition to the social model of disability that guides both individual staff members' practices and ODA's office operations at large.

Moreover, in referencing an institutional history, Jana is also unwittingly suggesting that students who developed disabilities are to be regarded dubiously. Cognitive impairments, because they are often not immediately discernible, are more likely to be developed, or at least identified, later in life in comparison to physical impairments. Take the example of ADHD Jana references in her interview—such an impairment may not be detected until a child enters an institutional environment, usually at five years of age with its introduction into the educational system, or sometimes much, much later. It is in this regard, and with respect to its self-evident quality, that Jana has designated congenital impairment as preferable to acquired impairment.

ODA staff member Karina (K) offers an alternative perspective as to why staff members might prefer a student who has, as Jana puts it, "been treated along the way" (line 214) as opposed to a student who has only recently become aware of his or her disability. In her response to my question regarding factors that are important for determining disability, Karina identifies

the process as an individualized one. From here, she proceeds to elaborate on how an individual's history with disability affects the accommodations process.

**Extract 11**

- 223 K: I've not done a research on this but my- er (1.5) what I tend to see: is that  
 224 if the individual has been living with their disability for quite a while  
 225 they're able to articulate to me what they need↑  
 226 S: Mm  
 227 K: Um and what's helpful for them↑  
 228 S: Yeah  
 229 K: Um versus:: somebody who maybe was just diagnosed with MS

For Karina, the appeal of students who have lived with their disability for a while, for students who “know” it, lies with their ability to communicate their needs concerning accommodations. Interestingly, unlike Jana, Karina uses the example of an individual with a physical, generally visible, disability to illustrate the case of a newly acquired, and by extension lesser known, disability. In line 229, she identifies a person recently diagnosed with multiple sclerosis (MS) as opposite to the sort of person she mentions in lines 223-225, as a person who may be unable to clearly convey what they need, presumably because of a lack of knowledge.

Karina's talk acts as an interesting counterexample to Jana's, yet similar to Jana, she too demonstrates hesitance in making her claims. Karina prefaces her statement in line 223 with a qualifier, remarking that she has “not done a research on this.” Karina's statement effectively draws upon common conceptions of what counts as knowledge. True knowledge is, for many, able to be validated through extensive testing and experimentation, “research,” as it were. Therefore, in disclaiming that she has not done research on what she is about to say, Karina is, in

many ways, downgrading the epistemic status of her claim. This is further achieved by the modal verb she uses in the same opening line, “tend.” Like all modals, “tend” indicates probability, and as Karina uses it, “tend” functions much like “more often than not.” In any case, “tend” leaves room for the possibility that some of her experiences may not conform to the example she provides. It is through Karina’s use of “tend,” combined with her qualifier regarding lack of research, that her claim to knowledge of disability is downgraded to an interpretation, an opinion. From my interview with Karina, one can note that knowledge production does not only travel in one direction with a claim evolving to a fact. It works the other way as well: relatively justifiable knowledge can descend to an individual belief.

Another way to upgrade or downgrade a knowledge claim is through the use of reported speech. Ultimately, it is through the use of different discursive modalities of knowledge, and the attribution of reported speech, that Jana creates a “cast of moral characters” (Roulston, 2001a). In this cast of characters, students with physical, visible impairments are depicted as certain of their disability, whereas students with cognitive, nonvisible impairments are comparably less so. The characters that students with physical disabilities and students with cognitive disabilities play vary, but what remains consistent is that the former group of students assumes the role of the protagonist, while the latter plays the antagonist. Jana’s construction of students with visible and nonvisible impairments, with physical and cognitive disabilities, though seemingly unintentional and without malice, is not atypical. Something remarkably similar occurs in my interview with Betsy. When I (S) asked to describe her job duties, Betsy (B) replies,

**Extract 12**

195 B: Um (.5) so uh (.5) it’ll be interpreting (.5) maintain—providing  
196 access

- 197 S: Mm-hm
- 198 B: for the students with hearing impairments and uh (1.0) then I also
- 199 have my caseload of students with uh learning disabilities who ya
- 200 know will come i::n n they have issues ‘why can’t I register for
- 201 classes↑’ early registration priority registration::
- 202 S: Mm (.) mm-k

The adverb “also” in line 198 is a marker, distinguishing Betsy’s work with students with hearing impairments, students with physical and more or less noticeable disabilities, from her work with students with non-physical disabilities. Similar to Jana, Betsy classifies and organizes students according to disability, with not all disabilities being created discursively equal. Betsy implicitly identifies students with learning impairments as the ones who enter with “issues” (line 200). “Issues” often carries with it a negative connotation, and is virtually synonymous with “problems” or “complaints.” Accordingly, Betsy’s characterization of students with learning impairments, students that have “issues,” is thus a negative one. She further constructs the prototype (Lakoff, 1987) of students with learning disabilities as troublesome in the same way that Jana does in Extract 9: through direct reported speech. In lines 200-201, the hypothetical student with a learning disability is likely to say/have said, “Why can’t I register for classes?” In another context, this question may be taken as just that, an interrogative. However, given that this question immediately follows “issues” in line 200, the hearer is instructed to regard it as an example of such issues. To the contrary though, when working with students with generally visible disabilities, students with hearing impairments, Betsy engages in fairly neutral activities: she “interprets,” “maintains,” and provides “access” (lines 195-196).

A comparable representation of students with nonvisible disabilities is at work in Cathy's interview. Extract 13 is in response to my question as to whether or not Cathy regrets insisting upon formal, institutional documentation, even though doing so maintains the medical discourse of disability that she and her staff disavow.

**Extract 13**

- 433 C: But what I'm trying to do is is:: (1.5) let's see (1.0) it's not good for the  
 434 individual even though it may feel good for you as an individual to be able  
 435 to come into my office and say, "I have X. I need Y"
- 436 S: Mm-hm
- 437 C: In terms of (2.5) the community's perception of you right↑ the  
 438 community's perception of somebody with a disability is much more valid  
 439 be that good or bad if I can say, "yeah I have documentation on file"
- 440 S: So even ev[en the
- 441 C: [I mean students with the invisible disabilities complain about  
 442 having to defend that I need this

Cathy's talk alludes to how nonvisible disability and accountability are conceptually linked. In lines 437-439, with the mention of "the community's perception," Cathy speaks about how documentation functions as a warranty against social disapproval. Students with nonvisible disabilities become implicated in Cathy's discussion of accountability and documentation shortly thereafter, in lines 441-442. In her discussion, as she uses the second person pronoun "you" to place the hearer in the position of the student being asked to supply documentation (line 437). In claiming that the community's perception of "you" will be more valid if she is able to offer documentation attesting to disability, Cathy is presenting the documentation as a protective

measure undertaken in the interest of the student. The answerability of the student is not the only consideration here, however. Cathy is also answerable, also accountable, as is evidenced when she says that she can reply to skeptics, “yeah I have documentation on file” (line 439). To whom this reply is directed is left open, though in Extract 10, Cathy provided a list of the plausible parties. Regardless of the individual receiving Cathy’s account in this scenario, it is noteworthy that in this scenario, Cathy is the one answering to persons who would challenge a student’s entitlement to accommodations. What this suggests is that in terms of accountability and evidentiality in the form of documentation, nonvisible disability might not just be problematic for the student, but for the staff member too.

The reader gets a further sense of how students with nonvisible disabilities are held to account in line 442, where these students are characterized as having to defend their need for accommodations in the absence of documentation. “Defend” is roughly synonymous to the act of accounting. “Defend,” however, carries with it a somewhat negative connotation, for it presumes an attack. So it is telling that students with nonvisible disabilities are selected as those who “complain about having to defend” (lines 441-442). Focusing for a moment on the complement clause of this statement, “having to” also exhibits a negative quality as it generally indicates that one would not engage in the activity referenced of his or her own election. “Having to” can also imply that one does agree with the behavior in which he or she is participating, but must do so nonetheless because this is an obligation. In claiming that students with nonvisible disabilities express resistance to the documentation requirement, these students are essentially portrayed as noncompliant and uncooperative—in effect, defensive.

The association that has been drawn between these kind of students and complaints was already identified in Betsy’s interview, where students with nonvisible disabilities such as



learning disabilities were described as having “issues” and characterized by what could be, for some, hostile questioning (see Extract 12). At the same time though, complaints are not only something that are attributed to a student, but something made about students by faculty. In Extract 14, Cathy describes her interactions with faculty, which are often typified by fielding complaints about students.

#### **Extract 14**

- 847 S: How do facult::y (1.5) interact with you all and eh (1.5) you know when  
 848 they come in here to pick up exams or drop off exams are they generally:  
 849 easygoing ↑ you know this is my question °so one and two°  
 (...) *(In the elapsed lines, Cathy tells me to check with other staff members  
 because they interact with faculty more, and that her exchanges with  
 faculty are limited to resolving problems.)*
- 903 C: faculty refer students because um (1.5) maybe there’s a student who  
 904 appears to be disruptive in class ↑
- 905 S: Okay
- 906 C: so our students with Asperger’s
- 907 S: Okay
- 908 C: faculty will say “I don’t know if this student’s registered” or “I don’t  
 909 know what’s going on
- 910 S: Oh okay
- 911 C: but the student asks fifteen questions and I can’t get a word in edgewise”

To illustrate the nature of her encounters with faculty, Cathy introduces the example of a disruptive student (line 904), as in a student with Asperger’s Syndrome (line 906). Consistent with other staff members, to portray individuals—herself, the student, and the faculty

member—she invokes reported speech. The faculty member purportedly says (would say), “I don’t know if this student’s registered [with ODA]” (line 908) or “I don’t know what’s going on” (lines 908-909), inferably suggesting that the faculty member is unsure as to whether or not the cause of the student’s disruption is a result of his or her disability. Cathy continues by quoting the faculty member who claims that the student asks excessive questions and prevents the instructor from carrying on class. Once again, the “problem student” featured in this example is not a student with a physical disability, but one with a cognitive disability. Furthermore, as a student with a cognitive disability, the student’s disability is not immediately known, not known until it becomes a disruption.

In Extract 14 from Cathy’s interview, one can see that nonvisible disability is not presented as unfavorable according to the staff, but according to faculty. In the previous extracts, Extracts 12 and 13, staff recounted their own troublesome experiences with students with cognitive disabilities, but here they are not the only ones to have such experiences. The fact that this presentation of students with nonvisible disabilities appears in interviews both describing staff interactions as well as faculty interactions suggests that this common theme is more than coincidence. Rather, these interview extracts indicate that this particular narrative of persons with cognitive/nonvisible disabilities is evidence of larger cultural attitudes towards this group of individuals.

**Nonvisible disability as dangerous.** There is a prevailing social stigma attached to some cognitive impairments, particularly ones related to mental health, as the Lead Administrator herself acknowledges. Extract 15 below was excerpted from a point in an interview where Cathy responds to my invitation to discuss why she thinks students are reluctant to use or pursue accommodations.

**Extract 15**

- 271 C: Well I think students I mean there's there's lots of different degrees of and  
 272 lots of different reasons for hesistancy
- 273 S: Mm-hm
- 274 C: So some of it is personal development and kind of you know where are y-  
 275 especially if-if you have a visible issue or have an issue that you see as  
 276 socially acceptable like breast cancer
- 277 S: Mm-hm
- 278 C: or something that has a lot of social empathy attached to it um that's a  
 279 different disclosure experience than disclosing that you have psychiatric  
 280 issues
- 281 S: Right
- 282 C: Particularly in (1.0) our recent media climate

In this brief passage, Cathy organizes different disabilities according to an established moral order as is indicated by her reference to the levels of social acceptance that accompany certain disabilities (line 276). Cathy relies on a contrast structure to make her point regarding the social stigma that is attached to psychological impairments. Through her talk, Cathy constructs two membership categories, which are comprised of disabilities that are socially acceptable and those that are socially rebuffed. Lines 274-278 serve to form the first category representing socially sanctioned disabilities. Diverse types of disabilities are grouped under the common heading of “socially validated” through the coordinating conjunction “or.” Through the use of “or” in lines 275, 276, and 278, Cathy links visible disabilities, breast cancer, or “something that has a lot of social empathy attached to it” (line 278). This particular organizational scheme

suggests that each of these items, as mutual members of the category of approved disabilities, are more or less interchangeable in the sense that all are well-received by social members. These disabilities are then contrasted with disabilities that are socially rebuked as signified through the use of the comparative “than” in line 279. “Than” functions as a sort of dividing line that distinguishes approbated disabilities with their opposite: “psychiatric issues” (lines 279- 280).

With her reference to the “recent media climate” (line 282), Cathy expresses her disapproval of popular portrayals of persons with certain cognitive impairments insofar as they bar these individuals from disclosing their disability comfortably. One of the most popular depictions of persons with cognitive and psychological disabilities is as troublemakers. I have already demonstrated how this social discourse is supported by participants’ talk with Jana, Betsy, and Cathy’s interviews.

I interpret Cathy’s attribution of the moral ordering of disability to the “recent media climate” as a concession. Cathy is both a member of that society whose media perpetuates harmful discourses of disability, and a professional who works directly with students with disabilities. In acknowledging the pervasiveness of the discourses produced by the media, and society in general, Cathy is also acknowledging her inability to prevent these discourses from entering ODA. The hesitant students Cathy describes in lines 271-272 enter the organization with hesitancy precisely because they, too, are members of a society that devalues claims to nonvisible disability. The same applies for ODA members Jana and Betsy, whose talk is also representative of a larger social discourse on nonvisible and visible disability, on cognitive and physical impairment. Similar to the students who enter the organization, ODA staff likewise traffic in ideology as they traverse the organizational boundaries, bringing and leaving with various discourses of disability. These discourses, however, often conflict, making the permeable

boundaries of the organization one of the most influential tensions that guides and constrains members' practice.

To further understand why physical, visible disabilities are preferable to cognitive, generally nonvisible disabilities, I turn to Melissa's interview, where she draws upon yet another archetype of cognitive disability: that of cognitive disability as dangerous. In her interview, Melissa recalls an incident with a student when describing her job responsibilities. She sets the scene for the ensuing action by explaining that this student was preparing to take an exam in the ODA testing center. The exam was delivered in PowerPoint form. The student had the opportunity to examine a slide and then respond to a question. The extract begins with Melissa relaying what happened next.

**Extract 16**

- 316 M: And um long story short the wrong exam was there and so we have one  
 317 student I believe he may have Asperger's (.5) high anxiety
- 318 S: Oh yeah
- 319 M: ADHD
- 320 S: Yeah
- 321 M: I mean a number of different things
- 322 S: Yeah
- 323 M: And I was actually in the proctor office and you heard a slamming on the  
 324 table and th-"DAMNIT DAMNIT DAMNIT" really loudly
- 325 S: Mm
- 326 M: and it actually startled the other students around him
- 327 S: Oh

328 M: even though he was in an individual room

329 S: Yeah

330 M: It was an academic disruption actually=

331 S: =Right

332 M: And no one wanted to move

Melissa commences the story by first placing the student described in the category of cognitively disabled, stating that as far as she knew, the student had Asperger's Syndrome, high anxiety (Melissa stresses "high" in her speech as indicated by the underlined notation), and ADHD (lines 317-319). As Melissa says in the following line, line 321, this student "had a number of things." Though "a number of things" might also suggest that the student had more disabilities than those Melissa lists, all of those identified in 317-319 (Asperger's Syndrome, high anxiety, and ADHD) are generally not observable from a glance.

When she emphasizes the word "number" here, Melissa is also emphasizing the extreme potential problems that multiple disabilities present, as opposed to a single disability. Melissa has created what Pomerantz (1986) designates "an extreme case formulation" (ECF), in which a speaker constructs an event in a severe manner. For example, the statement "it was the worst day ever" is an extreme formulation of "day," with "worst" indicating degree or magnitude. In Melissa's talk, the multiple, compounding impairments she assigns to the student she is describing serve as an ECF, as they magnify the case of disability.

What makes ECFs interesting is how speakers use them to legitimize claims. As Pomerantz (1986) argues, speakers employ this conversational device when they anticipate that their claim might be challenged. By making their account the worst case possible, they are warranting their actions with respect to it. Therefore, by examining when speakers, like Melissa,

include ECFs, the analyst is able to note not only the claims he or she interprets as potentially troublesome, but the ones the speakers perceives as likely to be challenged. I argue that this is the reason Melissa emphasizes the student in her story's multiple impairments—because her claim is troublesome, and in need of bolstering.

Having characterized the subject of the story, Melissa then proceeds to describe the story's conflict wherein the student is engaging in what would under any other circumstance qualify as a violent outburst, banging office furniture and yelling explicatives. It is here that the reader first witnesses the depiction of the student as someone to be feared. When Melissa narrates that the student “startled the other students” (line 326) and that as a result of the student's alarming actions, “no one wanted to move” (line 332), the student with the assortment of nonvisible cognitive impairments becomes absolutely terrifying.

Melissa's characterization of the individual with disabilities not immediately discernible happens to be in accordance with the arguments advanced so far regarding preferred methods of knowing disability. The relationship between Melissa's story of the intimidating student, and widely held assumptions about what knowledge is and how it is made, may be best represented in the form of a syllogism. The first premise of this argument is expressed by the well-known axiom, “We fear the unknown.” The second premise refers to the positivist tendency to privilege a visual epistemology and asserts that “We cannot know what we cannot see.” The conclusion to be drawn from these two premises is that we fear what we cannot see. When applied to the student with cognitive disabilities, it is interesting to see how this single narrative is informed by and reflexively reconstitutes larger cultural narratives on both the social organization of disability and the production of knowledge.

Regarding Melissa's rendering of the student with cognitive, nonvisible disabilities, it would be extremely hard to believe that individuals such as Jana, Betsy, and Melissa, who have dedicated their careers to advocate for students with disabilities for little monetary incentive or academic notoriety, would actively and knowingly perpetuate a hierarchy of disability. That being the case, why are students with learning disabilities (and other nonvisible disabilities) presented as more troublesome than students with hearing impairments? A more plausible explanation lies with visibility, evidentiality, and accountability. Because cognitive disabilities like ADHD are generally not visible, students claiming them in order to access accommodations lack evidentiality. Furthermore, as evidence is essential to contemporary notions of the constitution of knowledge, the certainty to which these claims to disability and accordingly to entitlement to services, is weak or, at times, altogether absent. Finally, because the authenticity of requests by students with cognitive and nonvisible disabilities is uncertain and difficult to prove, ODA staff members become more accountable with respect to their decisions regarding these students' receipt of services for the exact reason that the grounds for their decision—the disability—is not self-evident.

### **Heroicizing (Physical) Disability**

While the above extracts illustrate cultural orientations to persons with nonvisible and cognitive impairments, they do not explicitly deal with staff members'—and by extension, cultural—attitudes towards persons with visible and physical impairments. What I present below are examples that more clearly express a general social sentiment towards persons with physical, observable impairments. Take, for example, the following extract from my interview with Jana. I asked Jana to recall a rewarding experience during her stay at ODA, to which she replied,



**Extract 17**

- 434 J: Um (3.0) you know I (1.0) it probably goes (.5) it all falls back to the  
 435 students you know seeing the students succeed (1.0) you know we got a  
 436 couple of blind students and I still get amazed at you know they (1.5) how  
 437 routine they are (1.5) Um they know wh- obviously they know you have a  
 438 test when you have a class=
- 439 S: =Mm-hm
- 440 D: but they're always here on time they're always where they need to be
- 441 S: Mm-hm
- 442 D: You know them and dog in tow
- 443 S: Mm-hm
- 444 D: They don't complain they just (makes smacking sound with hands)
- 445 S: Yeah
- 446 D: show up and take their test

Jana's response draws upon a well-established metanarrative of disability: the *supercrip narrative*. This particular narrative is thoroughly entrenched in social scripts for portraying persons with impairments. In addition to the medical model that holds that disability is something to be treated or cured, the supercrip model of disability presents it as something that can be, or more importantly, need be, overcome. Hardin and Hardin (2004) define the supercrip model as "a standard framework for stories about 'heroes'" that "serves as a hegemonic device that keeps people with disabilities at the bottom of the social hierarchy and deflects the culture's responsibility for its ableist infrastructure" (par. 4). The supercrip narrative can be said to be "hegemonic" in the sense that it conforms disabled bodies and minds to a dominant (i.e.,

hegemonic) ideology that privileges ability, and it reaffirms ability as the benchmark towards which persons with impairments should strive. Not terribly far from the all-too-familiar “American Dream” metanarrative, the supercrip narrative claims that with hard work and perseverance, the “tribulation” of disability can be overcome. Media representations of the supercrip are abundant. Take for example the story of Erik Wihenmayer, known as the first blind person to climb to the summit of Mt. Everest (Hardin & Hardin, 2004). As Hardin and Hardin (2004) emphasize, the problem with the story coverage lay not with the feat itself, but with the incommensurate focus on the exceptional hardships endured by the person who accomplished it: a blind person.

Quinlan and Bates (2008) offer another example of media sensationalism and the supercrip. Their study researched media reports of Heather Mills, a former model and the former partner of Beatles icon Sir Paul McCartney. These media reports were in response to Mills’s performance on the reality TV sitcom, *Dancing with the Stars*. Much of the commentary on Mills’s performance on the show revolved around her status as an amputee and her use of a prosthetic leg. The authors found that much of the coverage of Mills was framed in accordance with the supercrip narrative. Reports tended to disproportionately discuss her adversity (i.e., her disability), her diligence, and her determination, all of which were supposedly instrumental in allowing her to perform in such a way that she could almost pass as able-bodied.

Much like those people who subscribe to the American Dream narrative and find that social and economic mobility is practically impossible, regardless of their hard work and efforts, persons with disabilities might find that, contrary to that which is put forth by the supercrip narrative, they may not pass as able in spite of their sincere attempts to do so. This particular way of conceptualizing disability becomes even more problematic when one considers its patronizing

quality. Supercrip stories often glamorize, inappropriately, disabled persons' accomplishments of mundane tasks. Jana's representation of blind students and her amazement at how "routine they are" (line 237) invokes the supercrip frame in that it glorifies the otherwise unremarkable attribute of punctuality. In line 444, Jana also praises these students for refraining from complaining. For any other person, the two activities of being on time and not complaining are by no means praiseworthy. In fact, it would be quite odd to commend someone for these accomplishments as it is commonly assumed that individuals should be exhibiting this behavior anyways.

**The greater the tribulation, the greater the triumph.** A similar response is given by Melissa when I pose to her the same question regarding a rewarding experience. Similar to Jana, Melissa uses the example of blind students in fashioning a supercrip story. Contrary to Jana, however, Melissa goes to greater lengths to call attention to the student's disability and his personal trials.

### Extract 18

- 612 S: So (.5) I think maybe the flipside of that because that would be a  
 613 challenging situation (.5) maybe since you've been here (.5) wh-can you  
 614 think of an experience that was particularly rewarding ↑
- 615 M: Yeah um I had the opportunity to scribe for one of our visually impaired  
 616 students
- 617 S: Mm-hm
- 618 M: And he has a guide dog
- 619 S: Mm-hm
- 620 M: And his vision has been continually becoming worse

- 621 S: °Oh okay°
- 622 M: Uh to the point where he's legally blind (.5) he can still see some things  
623 but he's legally blind (1.0) he's not completely[
- 624 S: [Okay
- 625 M: Blind (1.0) but uh just to observe the level of intelligence um that he has  
626 and you know the fact that he doesn't allow his impairment or his  
627 disability um (1.0) to-to really take away from who he is to take away  
628 from his ability
- 629 S: Right
- 630 M: And it really just kind of opened my eyes to see that these are just normal  
631 people
- 632 S: Mm-hm
- 633 M: who have you know an impairment or disability but that doesn't mean  
634 they can't function like regular members of society
- 635 S: Right
- 636 M: And in fact they almost have a greater story and upper hand because  
637 they've you know I see students that give up easily and do terribly in  
638 college
- 639 S: Mm
- 640 M: And they have all the resources
- 641 S: Right
- 642 M: And these are students that have to go the extra mile
- 643 S: Mm-hm

644 M: Or have to work harder

In line 636, Melissa talks about students with disabilities as having “a greater story” than their able-bodied counterparts, and ironically, Melissa herself is in many ways attempting to create a good story for the type of student she mentions; and in order to compose this story, Melissa draws upon the supercrip narrative. Inherent to the supercrip narrative is the belief that the greater the adversity, the greater the triumph. As a result of this belief, and in an effort to make a good story of disability, Melissa highlights the severity of the disability (an extreme case formulation), stressing that this particular student’s vision was “continually becoming worse” (line 620). Having thus established the story’s conflict, Melissa then sets out to resolve it. Melissa recounts her realization that people like this student are “just normal people” and can “function as regular members of society” (line 630-631; 633-634). Normalcy and regularity, as they are employed here, allude to able-bodiedness. Consistent with the ableist hegemonic discourse (Hardin & Hardin, 2004) that a supercrip narrative perpetuates, being normal (i.e., able-bodied) and being an average citizen typify the standard of success for persons with disabilities. Once a disabled individual has reached this state, he or she has, according to the rhetorical frame of the supercrip narrative, truly succeeded.

The supercrip narrative stipulates that not only are the tribulations to be exaggerated, but so is the supposed triumph. Performing well in college is not as ordinary as arriving on time, as was the case in Jana’s interview, however, is it made even more extraordinary by comparing the feats of students with disabilities to the failures of students without. In lines 636-638, Melissa references the shortcomings of what are presumably able-bodied students to elevate and aggrandize the achievements of students with physical disabilities, such as the student referenced in her interview. Melissa continues that what makes these achievements even more admirable is

the fact that other college students flounder in spite of the fact that “they have all the resources” (line 640). The only specified difference between the blind student that Melissa is describing and students she is contrasting him against is their statuses as disabled and able-bodied, respectively. Therefore, one is left to question, what are “all the resources” that these other students supposedly have? If indeed “all the resources” means ability, then Melissa’s interview is effective in illustrating the high esteem in which our society holds ability. Despite their ability and despite having “all the resources” though, by going “the extra mile” (line 642) and by working harder (line 644), supercrips, students like the one Melissa describes, are supposedly able to conquer their disability.

Jana and Melissa give no indication that they are aware of the implications of the narrative they are utilizing, and therein lies the importance of analyzing discourse. Karina, a senior advisor at ODA, is well aware of the problems that riddle it. When I ask her to elaborate further on people’s reactions to disability, she responds by delineating various responses received by students. Extract 19 begins with Karina (K) discussing pity as a typical reaction received by students with impairments.

**Extract 19**

- 356 K: Um (1.0) another one:e is (1.0) pity
- 357 S: Yeah
- 358 K: Ya know
- 359 S: Yeah [I could see that one
- 360 K: [or-or you you must be superhuman
- 361 S: Those are two (1.0) kind of [
- 362 K: [Yeah

- 363 S: models (1.5) major models
- 364 K: Uh-huh
- 365 S: like the tragedy or the superhero
- 366 K: Right right right
- 367 S: Yeah
- 368 K: For doing very normal things
- 369 S: Right (.5) yep
- 370 K: You know um and people will say you know “I’m just going to college
- 371 like everybody else” you know
- 372 S: Mm-hm
- 373 K: But it’s like whereas the (2.0) uh-uhh (1.0) person who is saying
- 374 something will be like, “Oh, wow, you’re going to scho:ol ↑My
- 375 goodness (.5) that must be fabulous”

Throughout the extract, Karina demonstrates her awareness of the flaws inherent to the supercrip narrative. In line 368, she points out that the supercrip, or “superhuman” (line 360), narrative is in and of itself disabling for celebrating students with disabilities when they are “doing very normal things.” Such celebration would be an inappropriate response to any otherwise able-bodied adult, yet by embedding this response within the larger supercrip frame, this response becomes acceptable, and through the course of the interaction where this narrative is applied, the individual becomes disabled.

Another way that Karina criticizes this particular narrative frame is through what has so far been established as a preferred mechanism of supplying an impression while simultaneously expressing an attitude: the inclusion of direct reported speech. Direct reported speech occurs in

lines 370-371 to portray the student with a disability as desiring and expecting nothing more than any other student. The impression the hearer gets of what is supposed to be a response that this student is likely to receive, as represented by the direct reported speech in lines 374-375, is, by comparison, much less innocuous. Karina's evaluation of this type of response is clearly conveyed through the use of ironic remarks like "wow" (line 374) and "My goodness" (line 375), as well as exaggerated inflection and intonation as in "scho:ol" in line 374 and "goodness" in line 375. Karina's talk effectively exemplifies how direct reported speech can often be likened to speaking in hyperbole. Without having to concede her disdain for those employing a supercrip narrative outright, Karina is able nonetheless able to express her opinion regarding this particular means of representing persons with impairments.

### **The "Trickle-down" Effect of System Abuse**

Worth noting is that in both of the supercrip narratives present in Jana and Melissa's interviews neither account was of a person with a cognitive or nonvisible disability. Both rely on persons with physical and observable impairments to make their case that the behavior they were recounting was truly exceptional. Even more, both Jana and Melissa incorporated overt signifiers of physical impairment, namely blindness, in that both reference a student's guide dog (line 442 in Extract 17 and line 618 in Extract 18). By including details such as these students' guide dogs, both Jana and Melissa are highlighting the fact that the students' impairments are noticeable. In other words, neither ODA member is leaving room for doubt that the students they are describing are not disabled or undeserving of the accommodations afforded to them. In light of these findings, a few questions arise. First, why is it that the supercrip narrative, as it is taken up by participants in this study, centers around persons with physical, recognizable disabilities? Furthermore, does a comparable narrative exist for persons with cognitive and/or inconspicuous



disabilities? Why is the student with a physical, visible disability casted as the supercrip while the student with a cognitive, imperceivable disability is casted as the troublemaker or as someone to be feared?

These questions are addressed, at least in part, by ODA's Lead Administrator, Cathy. Following my initial interview with her, I returned to Cathy to discuss some of my findings with her. I solicited her thoughts on the potential privileging of physical disabilities over cognitive ones, of visible over nonvisible. Specifically, I asked, "Why do we doubt and denigrate that which we can't see?" She responded by attributing the mistrust attached to the membership category of cognitive and nonvisible disability to what she termed a "culture of suspicion." According to Cathy, social members are inculcated in the ways of this culture, one which ritually participates in identifying and shaming system abusers (Goffman, 1967). One such shaming ritual that Cathy provides is the example of handicapped parking. She begins by acknowledging what some might consider a privilege, which is her able to be easily identified as an individual with a disability. She says, "You know when I put a hang tag up in my car, everybody knows that I need the hang tag because I've got crutches, canes, and a wheelchair," and she continues that "they end up having to defend, 'well why are parking in the handicapped space?'" (lines 425-427). The people who are "having to defend" in Cathy's scenario are persons with nonvisible disabilities, and they are defending themselves to other social members who are requiring the account. Since not providing an account would threaten the social and moral order, individuals with nonvisible disabilities, unlike persons with visible disabilities, are obliged to offer up an account, which will, in turn, either be decided to be acceptable or not.

For further illustration of this culture of suspicion, one only has to think as far as the multiple agencies, organizations, and individuals dedicated to investigating an array of

fraudulent activities. In fact, one only has to think back to the beginning of this chapter and the news story I referenced to find evidence of this culture of suspicion. It is rituals like these—the parking interrogation, government investigations, and media reports—that constitute a culture of suspicion. In elaborating on why students may hesitate to use the accommodations afforded to them, Cathy comments on how it is that this cultural movement and its corresponding discourse of exploitation perseveres. She remarks that now “we have more and more conversations about social security,” and truly, this is corroborated by the attention that the Joffe-Walt’s (2013) NPR story received. When discourses of distrust such as these circulate, they exhibit a “trickle-down effect” (line 474) on the interactional level, including those interacting with and on behalf of the Office of Disability Affairs.

Isabel describes the toll this particular cultural movement takes on some students remarking,

I have students in my office every week who are in tears because they’re so afraid their instructor is gonna (1.5) you know they’re doing poorly in a class they don’t want to give the instructor their memo they don’t want the instructor to think that they’re lazy:: or that they’re wanting some sort of freebie (lines 457-461).

Isabel’s talk suggests that the students she references, the students in tears, are ones who would likely be accused of “abusing the system,” leading one to believe, based on what other members’ talk has revealed, that these students are typically students with nonvisible disabilities. This conclusion can be further supported by inferring from the statement that because these students do not want their instructors to misjudge their intentions, this implies that the instructor is not yet aware of the student’s disability. To be not yet aware, the disability would have to be relatively unobtrusive. The students in Isabel’s account are aware of their membership in a

category that is met with accusations of laziness and as Isabel notes, “wanting some sort of freebie.”

Admittedly, it is arguable that the students Isabel mentions could include those with visible, or obtrusive, impairments, but based on what I have presented thus far, I suspect that it is not probable. Can students with physical, visible impairments not abuse the system as well? The talk I analyzed in this chapter does not suggest so. By examining epistemic modals and reported speech, and by considering evidentiality and accountability in discourse, from participants’ talk, I was able to re-construct a hierarchy of disability. This hierarchy is premised upon the nature of the disability, which in the case of students with physical and perceptible disabilities, automatically excludes them as candidates for the category of “system abuser.” In a way, this presents an interesting paradox: by assuming that persons with physical or otherwise visible disabilities are incapable of misusing their accommodations, social members are actually disabling this category of individuals.

Isabel continues by comparing students’ use of accommodations to government welfare systems saying, “All you hear is ‘oh people are out there abusing welfare’” (line 501), “You don’t hear of people who don’t wanna use it but need it (.) right?” (lines 503-505). She concludes by stating how these larger cultural narratives of suspicion and fraud exhibit their influence locally on this particular office: “I’ve learned the longer I’ve been here it’s the same way you hear about all the students who are using their disability as an excuse but you don’t hear about all the students who are genuinely embarrassed by it” (lines 507-509). And indeed, the investigation into disability and the welfare system featured in the introduction of this chapter would prove Isabel’s claim true. One does not hear about those who are appropriately using their benefits or accommodations as such would not be newsworthy in this culture of suspicion.

### **Chapter 5: The Evolution of a Fact: Evidence in the Production of Knowledge**

Russian philosopher Mikhail Bakhtin (1986) provides a productive metaphor for conceiving of communication and meaning-making when he writes that “any concrete utterance is a link in the chain of speech communication” (p. 91). In deconstructing the metaphor, one can identify a few key presuppositions about the role of communication in the construction and organization of knowledge. First, each link, each utterance, is preceded and followed by other utterances. The link, the utterance, does not inherently contain meaning. Rather, the utterance becomes meaningful in that it responds to, and embeds within it, all those that came before. At the same time, this single utterance will serve to inform all that ensue. What one can gather from such an analogy is that the process of meaning-making is just that: a process, one which is ever ongoing. When applying this principle to the context of disability, one can infer that while disability is often regarded as a static fact independent of human involvement, its meaning is constantly being renegotiated to suit the purposes of the local interaction and the objectives of the interlocutors.

This chapter traces the series of interactions, or the addition of links to the chain if I am to continue the metaphor, that transmutes the meaning and relative facticity of disability over the course of the accommodations process. I consult both interviews conducted with ODA staff members as well as publicly available documents featured on the organization’s website to illustrate the communicative chain (Gunnarsson, 1997) that reorganizes disability as it passes through different mediums. I begin by discussing the notions of intertextuality, interdiscursivity, and reflexivity, considering the influence of authoritative texts like *Diagnostic Statistical Manual*

(DSM) upon the production of disability in the accommodations process. I demonstrate how disability is continuously reinterpreted, in members' talk and in organizational documents, to fit a larger genre of medical diagnostic discourse. Then, continuing discussions of evidentiality and disability, I discuss the various types of evidence that a student must supply in order to receive accommodations. Specifically, I interrogate the weight given to each type of evidence, both by ODA personnel and by the different discourses and genres that each invokes. I furthermore address the implications that imbuing various degrees of credibility to different kinds of support holds for the individual student, and for the ultimate possibility that disability could be apprehended outside of a prevailing medical paradigm. My analysis of how texts act upon this organization, the students they serve, and persons with disabilities everywhere concludes by accounting for practical constraints, conflicting interests, and dilemmatic situations that complicate the accommodations process.

### **Authorizing Action**

In comparing the process of communication to links in a chain, Bakhtin is essentially claiming that all utterances, which Kristeva (1969) later expands to include texts, are intertextual in nature. As I discussed briefly in Chapter Two, "intertextuality" refers to the phenomenon whereby all conversations, whether written or spoken, at least implicitly index previous conversations and occasions. It is in this regard, that all acts of communication—be it a line on a page or a casual remark—are inherently heteroglossic (Bakhtin, 1981). The prefix "hetero" in Bakhtin's neologism "heteroglossia" indicates diversity and variation, as in "heterogeneous," whereas "glossia" approximates to "tongue." When joined, the meaning of these two terms equates to "speaking from multiple tongues." Note how Emily (E), an ODA student-intern, speaks from "multiple tongues" when responding to my inquiry into her job responsibilities.

**Extract 20**

45 E: Um but I (.5) I review their documentation (1.0) on their disability so it  
 46 could be signed by a doctor a psychiatrist therapist social worker anything  
 47 like that um (1.5) and then as long I just look for the diagnosis the axis one  
 48 two three four and five um what's going on how does it impact them  
 49 school-wise

In this extract, Emily is speaking in multiple tongues, that is, from translocal and transhistorical positions, as she indexes an institutional discourse when she mentions various diagnostic axes in lines 47-48. Indexicality in discourse occurs when an utterance points to something outside of itself, such as a belief, an assumption, or an established social norm (Patridge, 2012). Insofar as these items are considered social texts then, when an utterance indexes them, it is performing an intertextual function. In Emily's case, when she calls upon different diagnostic axes in lines 47-48, she is indexing the *Diagnostic Statistical Manual (DSM)* where these axes appear, and is therefore drawing an intertextual connection between one text (her interview) and another (the *DSM* as well as the larger psychiatric discourse it represents). From a discourse analytic perspective, the question to ask now is “what is it that Emily *accomplishes* via the introduction of the *DSM*?”

**Coordinating action through genre.** Such a question inevitably invites discussions of reflexivity. Giddens (1984) popularized the concept of reflexivity with the development of his theory of structuration. Structuration theory attempts to transcend what is commonly referred to as the “agency-structure dualism,” where a subject and his or her actions are treated as separate from yet constrained by larger social structures. Giddens (1984) bridges this subjectivist-objectivist divide by explaining that both the “subject (the human agent)” and the “object

(‘society,’ or social institutions)” are “*constituted in and through recurrent practices*” (original emphasis, p. 8). What this means is that individual action can be conceived as a cycle, a loop. The continuous reproduction of individual actions is responsible for the formation of the exact social structures that influence these same actions.

At the level of interaction, Garfinkel (1967) examines reflexivity as it constitutes the norms of interaction. More specifically, he argues that by adhering to certain social rules of communication, participants are, in essence, creating them. When applied in the context of Emily’s interview, the individual action in this case is the specification of the *DSM* diagnostic axes (lines 47-48). The social structure bearing down upon her talk is the same one that her talk is upholding: a medical discourse of disability. As I demonstrate throughout this chapter, indexing a medical discourse of disability (here by way of the *DSM*) authorizes ODA members’ decisions regarding accommodations. However, in accessing this discourse and in implementing it locally, members are reaffirming the authority it conveys. Though helpful in legitimizing actions that are likely to be contested on the grounds that they are purely “subjective,” ratifying a medical discourse of disability runs counter to the aims of this organization, which seeks to advance a social, or at least more holistic, model of disability.

The *DSM* is a genre itself, as a genre is relatively stable set of discourses, which are organized in a recognizable and distinct way. Swales (1990) defines “genre” simply as “a class of communicative events” (p. 45), including anything from a phone conversation to a legal contract. For example, a business letter constitutes a genre (Bhatia, 2005), as the content of the letter is mostly predictable, and the framing of that content is fairly consistent across contexts. A dissertation, too, is a genre, and because of doctoral students’ familiarity with the genre, they can

anticipate that work from this genre will be organized according to chapter, written in an academic style, and spanning a certain length of pages (Pantelides, 2013).

Genres are used and created by a discourse community of writers, readers, and texts (Hyland, 2003), who are joined together for specific purposes. Discourse communities are by no means organizationally bounded, as the genre of the *DSM* illustrates. While primarily used by mental health professionals, this genre enters into ODA, an organization with drastically different goals and purposes. Emily remarks that she “just looks for” (line 47) the student’s diagnosis, suggesting that within the students’ documentation, she knows what she is looking for (the diagnostic axes she mentions in lines 47-48). Moreover, the way she knows what she is looking for is because the genre of the *DSM* is recognizable to members of its discourse community, including Emily.

Like many genres, the *DSM* is prescriptive, meaning that in order to be considered a representation of disability according to the *DSM*, one must include certain features, such as the diagnostic axes Emily references. These features, furthermore, are necessary for the representation to be recognized as in accordance with the discourse of the *DSM*. As an established and distinguishable genre, the *DSM* implicitly claims that disability should be represented in a certain way, particularly accordingly to a multi-axial classificatory system.

Other genres prescribe different actions. For instance, the genre of evidence in institutional settings is what prescribes, and often constricts, much of ODA staff members’ practices. Genre conventions for evidence within institutional settings identify medical documentation as a typification (Halliday, 1978) of the genre as a whole. Within institutional discourse communities, members tacitly agree upon the standards and qualities of the genre of evidence, as well as the discourses it adopts. The genre of institutional evidence internalizes



(Harvey, 1996 as cited in Fairclough, 2004) a medical discourse, and in this way, is inherently interdiscursive.

Interdiscursivity and genre go hand in hand, as the former refers to the combination of various discourses and genres, how members of a community blend discourses to achieve a certain end. An interdiscursive analysis of texts and talk looks at how borrowed discourses are implemented in local settings, and how in their implementation, the meaning of the borrowed discourse, as well as the new discourse, are changed. Consider, for example, how ODA staff borrow a medical discourse of disability. When enrolled in ODA affairs, this discourse assumes a new meaning; staff members draw upon this discourse almost exclusively in terms of accommodations, as opposed to other settings where the medical discourse would likely not attend to academic impact. In blending their unique institutional discourse with a medical discourse, ODA staff are also changing the original medical discourse. More often than not, however, the change to the borrowed medical discourse is in the form of strengthening its claim to disability.

Interdiscursivity does not just allude to the ways in which discourses speak to and from one another. Interdiscursivity claims that no discourse is original or the first of its kind, as all discourse is a response to the discourses preceding it. “New” discourses, therefore, are best thought of as novel combinations of previous discourses (Bhatia, Flowerdew & Jones, 2008). An interdiscursive analysis accounts for how in bringing different discourses together, one is also bringing different, and for ODA, often discrepant, ideologies together. System of discourses, genres, Miller (1984) explains, are embodiments of a “cultural rationality” (p. 165). In analyzing genres like the *DSM*, institutional forms of evidence, and forms ODA staff supply to clinicians, I am, in fact, able to better understand what members of this organization value, how they

understand disability, and what they believe their role within the organization to be. Genre conventions are meaningful in that they are concrete, observable materializations of ideology (Berkenkotter & Huckin, 1995), from which one can learn much about the discourse community to which it belongs.

Continuing along the communicative chain, one can see that Emily's talk in Extract 20 also performs a more immediate intertextual operation. In addition to the *DSM*, Emily's talk invokes another text, the verification form supplied by ODA staff to clinicians in order to document psychological disabilities and Attention-Deficit/Hyperactivity Disorder (ADHD). I obtained Figure 2, below, from a document featured on ODA's official website. Following a paragraph instructing the clinician on the sort of information needed and a student affidavit section is the following:

**1. Please list all DSM-IV or ICD Diagnoses (text and code):**

AXIS I:  
 AXIS II:  
 AXIS III:  
 AXIS IV:  
 AXIS V (GAF score) *optional*:

a. Date diagnosed: \_\_\_\_\_

b. Date of your last clinical contact with student: \_\_\_\_\_

*Figure 2.* Verification Form for Psychological Disabilities and ADHD. Figure 2 represents an intertext, as this document draws upon a diagnostic discourse and genre, recontextualizing them for ODA's purposes.

Just like Emily's talk, this particular text calls upon a medical discourse, though more explicitly as it requests specialized diagnostic codes from what was then the latest version of the *DSM* or the World Health Organization's (WHO) International Classification of Diseases (ICD). As Betsy claims in her interview, verification forms, such as the one shown above, are "basically

a kind of fill-in-the-blank kinda thing” (line 355) and “it basically says, ‘the diagnosis is’ and they [the clinician] would write in” (line 359). By describing the verification form as structured as a “fill-in-the-blank” exercise, Betsy is suggesting two things. First, if the clinician only has to fill in blanks in the document, then the rest of the document, around the blanks, that is, must be already filled in. This being the case, the ODA staff member(s) who composed this document had to assume a diagnostic medical discourse of disability in order to supply the contextual information for the blanks that are to be filled. What is more is that in assuming this discourse, staff members are implicitly sanctioning this specific discourse’s entitlement to represent disability.

Second, “fill-in-the-blank” also implies a generic quality. “Generic,” as I am using it, does not mean indistinct or plain as the word is commonly used. Instead, I am employing a lesser known meaning of this word that denotes a “characteristic of or relating to a class or group of things” (Oxford English Dictionary, 2013). By this definition, “generic” comes to signify a specific genre. On genre in organizational settings, Berkenkotter (2001) remarks that a “genre such as the DSM-IV or the ICD-10, and the constellation of texts that surround it,” including the verification form currently under review, “functions as the genre system to link multiple social/professional/institutional worlds” (p. 339). What Berkenkotter is saying is that “fill-in-the-blank” forms, the *DSM*, and the ICD, as genres, allow for extraorganizational communication by synchronizing and coordinating efforts across professional boundaries. A genre can be thought of as a shared language, a common code, enabling representatives of diverse organizations to communicate with each other. However, because genres such as the *DSM* and ICD allow for cross-institutional communication, they also allow for the “transmission of practice and, implicitly ideology from one community to another” (Berkenkotter & Ravotas, 1997, p. 257). In

the case of ODA, the ideology that is introduced into the organization by way of the shared genre of the *DSM*, for instance, is one that presents disability as pathology.

### **Transforming Disability through Discourse**

Each time the student's disability crosses professional boundaries, it becomes recontextualized (Bernstein, 1990; Linell, 1998), making the so-called certainty of disability less finalized and more heteroglossic. Each time the disability enters into a new context, it must be filtered and translated into the discourse of that particular community. Figure 3 depicts the steps of the accommodations process. With each step, the story of disability undergoes a transformation as it is reinterpreted for the purposes of that occasion; it becomes recontextualized.

1. A student presents appropriate documentation of a disability to ODA.
2. ODA staff review the documentation and meet with the student to determine appropriate accommodations
3. An ODA staff member generates an accommodations memo to individual faculty members
4. Students deliver the memo to the appropriate faculty member and have a confidential conversation regarding any necessary accommodations
5. ODA staff may assist both the student and/or the faculty member in the implementation of accommodations.

*Figure 3.* The Process of Accommodations. Figure 3, featured on ODA's website, details the steps involved in the process of receiving accommodations.

Steps one through five represent discursive interchanges. Discursive interchanges are points at which discourse undergoes transformation. In the context of Figure 3, the discursive interchanges represent occasions where the disability in question is reframed to accommodate the purposes of the involved parties, and to meet the necessities of the situation. The exigencies of the situation in which the student's documentation is introduced inevitably vary, depending on who is participating in the process. For instance, the discourse of disability may differ when the documentation is offered to the student by a medical professional, as opposed to when the student provides documentation to his or her instructor.

Beginning with step one, step one represents disability in what is likely to be a diagnostic medical discourse as this form of documentation is one of few that would qualify as "appropriate documentation." Then, in step two, the disability travels from the medical institution to an educational one. It becomes reinterpreted within the context of an educational frame. In step three, the disability, though remaining in an educational context, is recontextualized for faculty members. In step four, the disability in the memo delivered to faculty members in step three is renegotiated by both student and faculty member in conversation. Finally, in step five, the disability is presented in terms of accommodations to be provided.

One will note that in steps one through four, not only is the disability rendered into a new discourse for a new context, it is also rendered into a new medium. In step one, the disability is represented in (written) text form, then in step two, in talk form, in three, it is converted into text again, and then in step four, it resumes its status as a conversation. This process illustrates the relationship between text and talk, demonstrating how the text produces talk and is also the product of talk. The text-talk relationship is significant for the reason that written texts are often taken as objective artifacts, without author or origin in the social sphere. Written texts often

outlive their authors, and over time, they become dissociated from their authors, appearing as if they were composed by no one, as if they simply always were. Thus, it is written texts' longevity, their enduring quality (Derrida, 1972/1977) that gives the impression of objectivity, and consequently, authority.

Figure 3, however, shows something quite the opposite. Referring back to the communicative chain I mentioned earlier, Figure 3, by detailing the trajectory and life cycle of disability, is also showing how a fact is made, how knowledge construction is a social and collaborative undertaking. To illustrate how social members participate in the making of disability, consider how an indeterminate diagnosis of “restlessness” in step one, for example, is reorganized in such a way that by step five, it ultimately becomes “ADHD.” In outlining the accommodations process, Figure 3, similar to Latour & Woolgar's (1979) classification of statement types (see Chapter Three), exemplifies the evolution of a fact and the production of disability.

**The discursive versatility of shells in the production of disability.** The social quality of knowledge is evident elsewhere in the same document. On page three of the verification form for documenting psychological disabilities and ADHD, the following question is posed to the clinician: “Does this condition significantly **limit one or more of the following major life activities?**” (bolding in original). Figure 4 features a grid with four vertical columns indicating the degree or severity that the disability affects different areas of the student's life, as listed in four corresponding rows on the left. Gridded responses with preselected, gradated potential responses and predetermined relevant categories are characteristic of a diagnostic genre and the larger medical frame that encompasses it.

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Communicating				
Concentrating				
Hearing				
Learning				

*Figure 4.* Gridded Response in Verification Form. Figure 4 adopts the genre of the medical intake form, with predetermined, polysemic descriptors, and columns and rows that allow only a check for a response.

From my career as a patient and as someone interacting with the medical institution, I have learned that the employment of linguistic shells is also typical of texts within this genre. Here, a shell is a metaphor indicating conceptually hollow words, which without information provided by their surrounding context, communicate very little. The hollowness of shells requires these terms to be filled by the surrounding syntactical context in order to any derive meaning. Schmid (1997) identifies words like “thing,” “problem,” and “fact” as common shell terms whose individual functions and meanings vary greatly depending on the speaking occasion and the speaker’s intentions. “Thing,” for example, has no definite referent when deployed by itself—a “thing” could refer to anything from a historical event to a piece of furniture. The plasticity inherent to shell terms is, in large part, what has made these lexical devices such an intriguing object of study.

Garfinkel (1967) notes a similar phenomenon whereby persons in conversation (those in conversation with texts included) are required to draw upon background knowledge and context in order to make sense of what is (not) being said. Garfinkel terms this the “et cetera strategy.” Often referred to as “reading between the lines,” this practice assumes common understanding

between participants, and allows for the orderly production of a conversation uninterrupted. The contextual knowledge participants implicitly know to supply in order for the conversation as a whole to make sense is derived from genre. Participants recognize the genre, and supply the missing information, based on their familiarity with the type of situation at hand. As a result of their experience with similar gridded, limited-response documents, readers are thus able to operationalize the ambiguous descriptors featured in the document in Figure 4.

Ten Have (2004) describes a pedagogical exercise Garfinkel used to illustrate the tacit knowledge invoked in the “et cetera strategy.” In the exercise, Garfinkel asked his students to write down a conversation they recently had, and then he asked them to write what was understood between the conversational partners. Garfinkel asked that they detail the conversation until he could understand it from a literal reading only. Eventually, realizing that in any interaction so much contextual knowledge needs to be supplied, the students resigned from their task.

Generally, discussions of linguistic shells have centered on nouns specifically (“thing,” “problem, and “fact” are all nouns). I, however, would like to consider the discursive versatility of the adjectives “moderate” and “substantial,” as they are featured in the gridded responses in columns three and four (respectively) of Figure 4. “Moderate” is an empty adjective whose meaning must be supplied by the person interacting with this document. Similar to a shell noun, “moderate” is devoid of context and concrete content meaning, leaving the reader, here, the clinician, to ascertain for him or herself what constitutes “moderate.” Likewise, “substantial” is equally problematic for the same reasons. Behaviors that qualify as “moderate” to one may be “substantial” to another, and still yet, this same behavior may be determined to bear “no impact” for a third clinician. Along these lines, Galasiński (2008) takes issue with the use of the nominals,



a grammatical construct that performs similar operations to the above shell terms, in psychological questionnaires also not unlike the verification form currently being examined. He demonstrates the flexibility in the ambiguity of the context-independent term “indecisiveness,” when he questions, “What exactly constitutes ‘indecisiveness’: inability to buy a house or a tee-shirt?” (p. 28).

The hollow descriptors “moderate” and “substantial” are not only present in this single verification form, but in ODA’s verification forms for physical disabilities, for vision impairments, and for temporary impairments. All four documents, in fact, are replete with polysemous terms. Consider, for example, the possible responses listed for the directive to evaluate the student’s symptoms (p. 2). In all four verification forms, “mild,” “moderate,” and “severe” (p. 2) represent the only options for responding. Similarly, all of the forms instruct the reader (the clinician) to classify the student’s prognosis as either “good,” “fair,” or “bad” (p. 2). While any reader likely has a vague notion as to what each of these terms broadly refers, the reader is, without further indication from the document, left to his or her own interpretative devices.

My point in demonstrating the flexibility of these shell terms is to show how disability is a socially constituted, rather than biological, phenomenon. One of the most significant attributes of shell words pertains to hypostatization, whereby abstract terms are reified and made to appear concrete. There is, however, nothing concrete or specific about the aforementioned shells, but their appearance as such works to maintain the façade of veracity integral to the diagnostic medical genre that these forms represent. Because shells like “moderate” and “good” are not accompanied by further elaboration or specification, they give the impression that they do not require such, that these terms are fixed, universal, and most important to a discourse of medical

impartiality, objective. Looking a bit closer at these small, seemingly insignificant words, however, one can see how malleable these terms truly are, and how they require meaning to be supplied by the reader. Naturally, the meaning placed in these terms varies widely from person to person, proving that these terms are by no means fixed or standardized. The interpretative nature of these shells jeopardizes a medical discourse of objectivity, as the diagnosis of a disability (or not) is entirely dependent on an agent's understanding of a limited range of pre-selected, nebulous words. From these forms and the linguistic shells they employ, one can observe how, despite popular belief, disability is anything but an objective fact, as this fact is actively and socially brought forth.

### **The Individual and the Institution: Competing Discourses of Disability**

In Chapter Three, I mentioned that ODA was in the process of implementing new guidelines regarding documentation for accommodations as established by the Association of Higher Education and Disability (AHEAD). As recently as April of 2012, AHEAD issued a revised set of guidelines for providing accommodations in postsecondary education. These guidelines reflected AHEAD's decision to make amendments to its current policy recommendations, which originally placed medical documentation above all other kinds of documentation.

AHEAD's (2012) move to change the accommodations process in higher education is motivated by a desire to avoid perpetuating a deviance (i.e., a medical model) of disability by imbuing medical documentation with absolute authority. To explain the rationale behind their decision to revise accommodations standards, the authors of the document write that "requiring extensive medical and scientific evidence perpetuates a deviance model of disability, undervalues the individual's history and experience with disability and is inappropriate and

burdensome” (p. 1). In order to avoid sustaining a medical discourse of disability in lieu of an experiential one (Sarangi, 2003), on the following page, AHEAD identifies three permissible sources of documentation for determining a student’s disability and its impact on his or her academic career. A “student’s self-report” is identified as “primary documentation,” observation and interaction with the student as “secondary,” and information gathered from third parties, such as healthcare providers and educational counselors, as “tertiary documentation” (AHEAD, 2012, p. 2). Even though each type of documentation is designated as primary, secondary, or tertiary, with primary spatially positioned at the top of the page and tertiary at the bottom, AHEAD cautioned that “all forms of documentation are meaningful and should be mined for pertinent information” (p. 2). Regardless, this lone admonition is contradicted by the order in which these various types of documentation are presented. Order and importance, while conceptually discrete, are often implemented in discourse interchangeably.

**Does order signal importance?** In Extract 21, Cathy summarizes changes made to AHEAD’s official policy. In accordance with AHEAD’s new stance on documentation, ODA is attempting to adopt a similar approach.

**Extract 21**

- 307 C: Um and when they changed the documentation standards the:y (2.0) eh  
 308 (.5) the documentation still exists but what they’ve done is they’ve said  
 309 it’s almost like it used to be ordered you used to look at a student’s  
 310 medical documentation and then you would look at the student’s history of  
 311 accommodations
- 312 S: Okay
- 313 C: and then you would talk to the student to see how were they presenting

314 S: Okay

315 C: And what they did was they flipped it. So they said “talk to the student  
316 first”

317 S: Okay

318 C: If the student can vocalize for you “yes I’ve used accommodations in the  
319 past” or “no I haven’t because I was able to everything except calculus  
320 and now I have this issue”

321 S: Mm-hm

322 C: It may be appropriate to grant students (2.0) some kind of  
323 accommodations without a documentation

Comparable to the AHEAD memo, Cathy describes the new procedure on documentation and accommodation in terms of an order. In lines 307-311, Cathy explains that prior to this initiative, it was essential to consider students’ medical documentation; in fact, she goes so far as to say that it was almost if it was “ordered,” as in “commanded” or “compelled,” but by whom is unclear (line 309). Then, as if describing steps in a process, Cathy comments that after having reviewed the medical documentation, “then you would talk to the student to see how were they presenting” (line 313). As it were, “presenting” is a common form of medical jargon, used to describe observations of a patient’s symptoms. By borrowing from this particular discourse of disability here, Cathy is hinting at how entrenched a medical discourse is within the accommodations process and how difficult it will be to disembed it from this practice. Nevertheless, she elaborates further on the changes concerning documentation, remarking that “they,” meaning AHEAD, “flipped it,” with “it” meaning the order in which the documentation is examined (line 315). Now, Cathy cites AHEAD as having directed educational institutions to

“talk to the student first” (lines 315-316). To recap, before the new recommendations, institutional representatives determined a student’s disability by first consulting documentation issued by a third party, such as a previous educational institution or a physician. Following review of the documentation, staff members spoke to the student him or herself. However, with the new guidelines, staff members now discuss the student’s disability with him or her prior to considering documentation from other sources. What Cathy has relayed thus far is that changes were made to the order that documentation was reviewed, both globally via the AHEAD movement, and locally in ODA’s daily affairs. But do changes to the ordering of documentation equate to changes in the weight imparted to each?

We can obtain some indication with regards to this question in lines 322-323 of the extract. It is here that Cathy discloses that following an interview with a student, “It may be appropriate to grant students (2.0) some kind of accommodations without a documentation.” Modals such as “may” signal perceived probability or likelihood, and in this case, the probability of a student receiving accommodations without documentation is not high. As every utterance is multifunctional, “may” is not only working to denote probability, it is also working as a hedging device, mitigating the force of the claim (Fraser, 2010; O’Reilly et al., 2009). Hedging devices, as discussed in Chapter Four, are linked to the speaker’s confidence in what he or she is saying, in addition to the degree to which the speaker is willing to be held accountable for his or her claim. Extract 21 shows “may” functioning as an “epistemic softener” (Harvey & Adolphs, 2012, p. 478), at the same time decreasing the relative certainty that students will receive accommodations without documentation as well as Cathy’s commitment to this claim (Hyland, 1996).

Additionally, “some” in the second part of the sentence accomplishes something similar to “may.” When Cathy says that without documentation students could receive “some accommodations” (line 322), she is accounting for the possibility that students may not qualify to receive all or standard accommodations, only “some.” Furthermore, as the underlined notation on the both “may” and “some” suggests, Cathy audibly stresses both words, meaning that for her, it is important that their contingent and tentative property not be overlooked. Thus, returning to the original question as to whether or not a reorganization in the order that documentation is reviewed is also a reorganization in the authority invested in different types of evidence for proving disability, I conclude that Cathy’s expressed hesitancy is indicative of larger reservations concerning this movement. At the end of this chapter, I will return to Cathy’s interview to gain a better understanding of the source of her reluctance. For now, I wish to continue to examine discursive modals in order to obtain further insight on members’ attitudes towards the new documentation guidelines.

I took Extract 22 from an interview with ODA staff member Betsy (B). The extract begins with me (S) pursuing the topic of the new AHEAD guidelines.

### **Extract 22**

- 461 S: So would would an interview be sufficient though (1.0) by itself↑
- 462 B: I don’t think by itself (1.0) we would need: if (1.5) we would need
- 463 something
- 464 S: Okay
- 465 B: Uh (1.0) I can provide a student with provisional if based on the interview
- 466 um but nothing really

In order to clarify on the weight conferred to a student's self-report under the new AHEAD guidelines, in line 461, I ask if an interview with a student, which would qualify as primary and secondary support (i.e., student's self-report and interaction with the student, respectively) per the AHEAD memo (p. 2), would sufficiently warrant accommodations. Betsy responds to my question in the negative, but qualifies her response with the epistemic modal, "think" (line 162). Earlier, in Chapters Three and Four, I identified "think" as a considerably weak modal, pointing to a lack of confidence with respect to the statement at hand. Like "may" in the previous extract, however, "think" also acts as a hedging device, employed to attenuate what would otherwise be a claim that speaks against the AHEAD initiative and ODA's aims as an organization.

I also discussed hedges in Extract 21 as a way to glean insight into a speaker's confidence in his or her claim. In Extract 22, however, a different device indicates something similar. At the start of her response in line 462, Betsy begins in first-person, saying, "I don't think," but then shifts to the first-person collective pronoun, "we." It is noteworthy that Betsy makes this shift at the exact moment that she is relating something that may be contested on the basis that it conflicts with the recommendations provided by AHEAD. Indeed, the AHEAD policy that both Cathy and Betsy reference in their talk states that "A student's narrative...when structured by interview or questionnaire and interpreted, may be sufficient for establishing disability and a need for accommodations" (p. 2). Therefore, by saying that "we" (line 462) would need additional documentation on top of the student's self-report, Betsy is disclosing that staff members' practices with regards to documentation are not fully in line with the AHEAD guidelines.

A relevant aside pertains to the proviso in the above statement featured in the AHEAD memo. The statement stipulates that in order for the student's self-report to be considered satisfactory evidence of disability, it must be "*structured by interview or questionnaire.*" In other words, the student's narrative, as it stands, is ill-suited to represent and testify to the presence of disability (Bartesaghi, 2009). The student's account of his or her disability and the need for accommodations must be reorganized from an experiential discourse into an institutional one. The institutional interview or questionnaire that "structures" the student's account is, in fact, structuring it in a format that is more consistent with the genre which it is about to enter. Thus, returning once more to the communicative chain introduced earlier in this chapter, what begins as talk, as an individual's narrative, becomes entextualized (Silverstein & Urban, 1996)—that is, literally rendered in textual form—in a staff member's report, and consequently, recontextualized in terms of institutional (diagnostic) discourse. Once in textual form, the account of the disability provided therein is oriented to as an objective truth, ignoring that the text itself is but one juncture in a lengthy chain of communication.

While the AHEAD guidelines might specify that a student's self-report, under some conditions, may warrant accommodations, Betsy suggests otherwise. In lines 462-463, following Betsy's response that an interview alone would not provide adequate evidence of the need for accommodations, she says, "we would need if (1.5) we would need something." A couple of questions proceed from this statement: one, to whom does "we" refer? And two, what counts as "something"? First, "we" is used here not necessarily as a referent to other members or even the organization as a whole. Rather, "we" is used as a consensus-warranting device (Potter & Edwards, 1990; Rapley, 1998), to bolster the claim and to abate or at least distribute accountability. "Consensus-warranting" refers to the discursive process of legitimizing a claim



by citing an authority or expert, or by speaking in first-person plural as Betsy does, thus suggesting that others share the opinion or belief expressed in one's claim, making it more valid and less arguable. The argument that Betsy uses "we" as a consensus-warranting device is supported by the fact that the shift from first-person to first-person plural occurs when trouble is likely, given that the content of the statement directly contradicts AHEAD's recommendations.

Further illustrating Betsy's hesitance is the false start, "we would need if." A false start is a disfluency where a speaker begins to say something, and then cuts off the speech so as to leave the statement or word incomplete. Many times, a false start is followed by a reformulation, where a speaker amends what he or she previously said. Through her reformulation, Betsy is self-repairing (Schegloff, Jefferson & Sacks, 1977), meaning that she is correcting her speech so as to avoid any conversational trouble (e.g., miscomprehension, disagreement, or inaccuracies). Additionally, a 1.5-second pause separates Betsy's false start from the reformulation that follows. While pauses certainly do not universally signal hesitance, when analyzed in conjunction with the false start and reformulation, I think it fair to conclude that the pause, too, is indicating Betsy's reluctance to implicate ODA staff in a practice in conflict with the revised AHEAD guidelines. Betsy's reluctance here represents the dilemma characterizing so many of ODA's practices: the dilemma between what they aspire to do, and what is immediately feasible. While ODA staff might wish to fully adhere to the AHEAD guidelines, several practical concerns (to be discussed shortly) may prevent them from doing so.

Second, "something" does not tell the hearer much about what type of evidence is needed, but it does indicate that this form of evidence, a student's self-report, is not substantial enough. It is not "something," for even with the interview, as Betsy says, they still "need something" (line 463). One can learn more about the authority conferred upon different kinds of

evidence, in light of these new recommendations, by turning to lines 465-466, where Betsy explains that based on the interview alone, she can provide only provisional accommodations. Provisional accommodations, accommodations that are granted temporarily until necessary documentation is supplied, are implicitly presented here as insignificant. From an interview, Betsy says that she can grant a student provisional accommodations, “but nothing really” (line 466), implying that provisional accommodations, and by inference, the type of evidence that authorizes them (i.e., a student’s self-report or staff interaction with the student), are inconsequential and of little import.

The limited accommodations that a student interview affords, along with the expressed reluctance towards this form of documentation as evidenced by certain modals and hedging devices employed in members’ talk, suggests that despite AHEAD’s new guidelines and ODA’s eagerness to comply with them, that problems regarding implementation nonetheless remain. However, many of the restrictions on acceptable forms of documentation are disability-specific. The hierarchy of disability I identified in Chapter Four is inextricably linked to a hierarchy of evidence. One can gather from members’ talk and institutional documents that, despite efforts to contrary, a student’s self-report is ranked rather low on this hierarchy, and professional third-party assessments are, alternatively, ranked rather high, as only the latter is considered sufficient on its own. There are, however, some instances where a student’s self-report alone may warrant accommodations, or when no documentation is required at all. In Extract 23 below, Betsy identifies one such occasion.

**Extract 23**

289 S: Uhhh (1.5) What factors are important to determine disability↑

290 so (2.0) broad (1.0) again

- (...) *(Betsy talks about the previous ODA administration)*
- 298 B: Here (2.0) in the past (1.0) in the past (2.0) ((smacks hands)) “I need to  
 299 have documentation (1.0) and it needs to be current (1.0) three years”
- 300 S: Okay
- 301 B: “You don’t have it ↑ go get it (.5) and your history (.5) your IEP  
 302 not unless you’re visually impaired or have a hear-a sensory or a mobility  
 303 an obvious” (smacking hands)

A common mechanism for editorializing a person, or in this case, a policy, Betsy uses reported speech to impart her opinion on past procedures for procuring accommodations. In lines 298-298, and again in lines 302-303, Betsy portrays the previous policies as strict and inflexible. In lines 298-303, she represents this unforgiving quality by being direct and terse in the direct reported speech she attributes to such a rationale. In the next few lines, Betsy’s appraisal of this policy becomes more apparent as her depiction of previous practices becomes more exaggerated. To construct these policies as harsh and to impart her own estimation of their inappropriateness, Betsy includes rhetorical questions, such as “You don’t have it [documentation]↑,” and directives, as in “go get it” (line 301), in the direct reported speech designed to exemplify a misguided line of thought. By using the second-person, you, Betsy implicates the hearer in the scenario she is constructing, placing the hearer in the role of the student. From the student’s perspective, the hearer can more full appreciate the hostility the hypothetical representative of the old policy directs towards the student.

Betsy references “documentation” in line 299, though the exact kind of documentation (i.e., interview, self-report, third-party report) required by the earlier program is not initially clear. It becomes evident just a few lines later when she mentions the hypothetical student’s

“history” and “IEP” (line 301), also known as an “individualized education plan.” Individualized education plans are federally mandated by the U.S. Individuals with Disabilities Education Act (IDEA) for children receiving special education in public schools (U.S. Department of Education, 2007). To create an education plan that is tailored to the needs and abilities of the student, the student must first be assessed by a professional such as a school psychologist. Once evaluated, school professionals, along with the student’s parents, meet to develop the IEP. After the IEP is drafted, it then enters into the student’s educational record. The revised AHEAD guidelines, however, identify an IEP or educational history as tertiary support, “Information from External or Third Parties” (p. 2). The type of evidence that was once valued above all others in the old system is no longer endorsed as the most compelling evidence by AHEAD, and apparently, by Betsy. By means of direct reported speech, documentation in the way of psychologist evaluations as featured in IEPs is caricatured as unreasonable.

The unreasonable demands typical of the old regime were not necessarily issued to all students, as one finds out in lines 302-303. Here Betsy indicates a group of students who are exempt from furnishing this, and inferably any, kind of evidence. Professional testament to a disability is necessitated “unless unless you’re visually impaired or have a hear-a sensory or a mobility an obvious” impairment (lines 302-303). Prior to the initiation of a new protocol for determining disability and granting accommodations, a student with an apparent, immediately observable disability did not have to be vetted by an external professional in order to receive accommodations. Consistent with what has been argued thus far (see Chapters Three and Four), students like those listed in Betsy’s example—students with visual, auditory, and mobility impairments—are excused from formal documentation as the nature of their impairment (its visible quality) is evidence enough.

Interestingly, Betsy incorporates this caveat about students with visible disabilities into her characterization of the previous flawed process of accommodations, implying that refusing to hold students with perceivable impairments to the same standards as those with less visible ones is likewise flawed. Betsy works hard to differentiate past policy from present policy. Before even beginning to describe previous requisites for accommodations, she judiciously specifies that this is no longer the case, repeating “in the past” twice in line 298, which is accompanied by emphatic pauses and gestures (she smacks her hands). While Betsy is careful to assign the inept policies and obstinate mentality regarding documentation to an earlier era, when considering Extract 23 alongside Extracts 21 and 22 where alternative means of documentation via the student’s self-report is greeted with reluctance, one is left to wonder if attitudes and practices are changing as much and as quickly as ODA wants.

### **Dilemmas of Documentation**

The problems that insisting upon institutional documentation, or with endowing this particular form of documentation with greater authority relative to others, presents for staff and students are many. One dilemma resulting from ascribing a higher value to documentation from professionals in the medical and psychological industries than to a student’s own account is that the student’s experiential discourse of disability is replaced with an institutional one. What this means is that by preferring medical documentation to self-reports and interviews, members are inadvertently suggesting that institutional discourses, along with the specific institutions they constitute, are more entitled to speak for persons with disabilities. More than that, by requiring that a student’s testimony of his or her own disability and individual needs be corroborated by medical and psychological formal evaluations, staff members are intimating that these institutions are the *only* parties who can properly represent disability. Implicitly favoring

institutional over individual varieties of evidence thus presents the unintended consequence of perpetuating a damaging medical discourse of disability that constructs disability exclusively in terms of an individual problem.

Conflict ensues when this unanticipated outcome is paired with ODA's primary organizational objective of self-advocacy, mentioned by several staff members in their interviews. When I asked Jana, for instance, what she thought the purpose of the organization was, she replied, "what we do is we really try and teach em [students] to self-advocate for themselves" (line 573). She continues that "'it's still for you to discuss with your professor these are your issues (.) this is what you have (.) you know really gotta advocate for yourself" (lines 574-575).

The goal of encouraging self-advocacy is also featured on the organization's website as part of its mission statement. The notion of persons with disabilities advocating for themselves is, in theory, an instrumental practice for combating relationships of dependency and paternalism that a medical approach to disability fosters (Barnes, 1990; Oliver, 1989). It becomes quite difficult to advocate for oneself, however, when the individual is tacitly deemed incompetent to convey his or her own experiences of disability. Therefore, the dilemma lies with members' high regard for third-party documentation above others as it undermines their self-avowed mission to promote self-advocacy.

At the very least, there are pragmatic concerns relating to access to diagnostic services and class differences. Impairment is not the only source of disablement; disablement is further compounded by economic inequality (Barnes, 2003; Barnes & Mercer, 2005; Oliver, 2004). Economic disparities among people with disabilities represent a key concern for proponents of the social model of disability, as these advocates argue that certain economic systems operate in

such a way that they exclude persons with disabilities. In systems such as capitalistic ones, where people are valued to the extent of their contributions to the labor market, people with disabilities, who are perceived as unable to contribute, are accordingly, valued less than other social members (Finkelstein, 1993; Oliver, 1999). With a lower market value, so to speak, persons with disabilities are denied access to economic opportunities and prevented from equal economic gain. That is why as of 2010, 28.6% of people aged 15-64 with severe disabilities were living in poverty, whereas only 5% of people who did not identify as disabled were living poverty (Brault, 2012). For people with disabilities, the poverty rate is higher and the income lower.

Taking into account the historical relationship between disability and poverty, obtaining documentation of disability from a healthcare professional may prove to be especially arduous for persons with disabilities. Although ODA members demonstrate comparatively higher esteem for documentation of this kind, they are nonetheless sensitive to the difficulties that lie in acquiring formal documentation. In Chapter Three, Melissa acknowledged the burden that the cost of diagnostic testing poses for persons with disabilities, and Betsy too demonstrates an awareness of this complicating factor when she says in her interview, “you know it [diagnostic tests] costs a lot of money” (line 399). I learned from staff members that the Lead Administrator, Cathy, was able to secure a short-term grant that funded testing services for students in need. This grant, however, has since expired. From this, one can deduce that ODA members are cognizant of the economic barriers to documentation provided by a clinician or other professional, even though they discursively position this type of evidence as superior to others.

This conflict of interest and these seemingly counterproductive measures may be explained in a few ways. A very plausible explanation is that the move from granting the utmost importance to third-party documentation to a student’s self-report or interview is a significant

change, and as such, will require time to be thoroughly integrated into ODA's practices. Equally plausible though is that members' discourse of disability and documentation is informed by a larger discourse originating from a culture of suspicion.

Why do ODA staff continue to privilege medical documentation, despite reformed AHEAD policies, as well as their own commitment to the social model of disability, both of which lie in direct opposition to the medical model that institutional documentation represents? To begin, as of 2012, the seven ODA staff members featured in this study served approximately 800 students. Further compounding the dilemma between ideological ideals and practical realities, is that ODA is operating on a greatly reduced budget. In my interview with Isabel, she tells me that prior to my arrival, the university cut the office's budget, so much so that ODA had to dissolve a position and leave it vacant. Practically speaking, the constraints of time and human resources are by no means conducive to the full implementation of the revised AHEAD policies for documentation. It would be extremely difficult for each staff member to schedule lengthy, one-on-one interviews with every student. Using medical documentation in stead of interviews, while certainly not ideal, allows members to carry on with their daily business.

Recently, Cathy wrote a book chapter on disability accommodations in higher education. In providing an overview of educational approaches to disability, Cathy outlines some of the shortcomings of a medical model of disability, including its presupposition that the individual with a disability need to be cured, and that he or she is treated as a passive subject, upon which the medical or rehabilitative professional acts. Despite Cathy's testament to the failings of the medical model of disability, there is nonetheless a disconnect in what she writes in her chapter, and what her office practices.



So are ODA staff foremost university employees who must adhere to established bureaucratic practices, or are they disability advocates whose primary concern is to advance students' interests? Admittedly, structuring this question in terms of a binary ("Are they this or that?") misrepresents staff members' relationship towards their often conflicting dual roles. They are certainly university employees whose daily operations are situated in and confined by the larger university matrix of legal, governmental, and educational discourses. Their role as university employees, however, is not to the exclusion of their role as disability advocates genuinely dedicated to promoting students' educational opportunities. Therefore, what may, at first, seem to be contradictory practices—for instance, how Cathy writes against the medical model but continues to request medical documentation from students—are simply staff members negotiating the complexities of their various commitments.

Cathy sheds light on, how in addition to material constraints like the office's budget and understaffed workforce, the larger culture in which ODA is situated influences ODA's local practices. Cathy explains that "we live in a culture that most of that documentation is going to be medical" (line 410). In saying this, it is possible that Cathy is, at least to some extent, attempting to deflect personal accountability in the ongoing decision to require institutional documentation from students since the "culture" could be seen as the culprit. Even if that is so, the fact that Cathy feels the need to deflect or distribute accountability suggests that she, like everyone else, is indeed answerable to this culture that demands institutional documentation. Cathy is, in fact, alluding to the notion that social members hold each other accountable for their claims and for their actions. In this case, social members, particularly students with disabilities and staff members providing accommodations to them, are accountable to others in that they must supply evidence of disability that is compatible with the current knowledge paradigm. They must do this

for students with disabilities be considered disabled proper, which, in turn, authorizes actions on the part of the staff member (e.g., providing accommodations) as well as the student (e.g., receiving services). For both students and staff members, this means that they are required to furnish evidence that treats disability as something visible, tangible, something that can be empirically identified, measured, and confirmed.

## **Chapter 6: Conclusion: Reflections and Recommendations**

Throughout this dissertation, I have claimed that disability is socially constructed, but I have not paused to consider, in more depth, myself: the individual who joins staff members in creating disability. As Roulston (2001b) writes, the “researcher’s voice is indelibly inscribed in the research process” (p. 279). I am a participant in the very data I created and analyzed. This means that I play a central role in many of my own critiques. When staff members invoke the supercrip metanarrative of disability, for instance, I am helping to create this narrative, and am thus, complicit in fashioning a damaging discourse of disability. Similar to ODA staff, I have devoted much of my professional career and personal life to promoting social equality for persons with disabilities. Yet, also like ODA staff members, I, too, am ultimately and unwittingly disabling the population I wish to serve, making research itself a form of social action.

If I did not acknowledge my participation in the construction of disability, I would be guilty of the same orientation to interviews that I oppose, for the research(er) can never be separated from the researched. Even though my participation in the construction of disability may appear minimal in that my contributions in the interview event are often limited to one word, my responses perform very significant tasks. In some cases, staff members interpreted my responses of acknowledgment as affirmation, and proceeded in a way that they may not have otherwise. Other times, I supplied outright affirmation and agreement with my common rejoinder, “Right.” While I was not cognizant of how my response may be received at the time of the interview, it was nonetheless a signal to the respondents to continue in the direction he or she

was headed. I am confident that participants would not have pursued the topics that they did without my questions and response tokens.

When staff members said something in the interview that I did not agree with, I did not overtly express my disagreement. Why is that? For one, it is very difficult to know what is going on in an interview before looking at the transcript. Many times, it is only after transcribing and analyzing the interview that I find that there is a disagreeable discourse of disability underpinning the respondent's and my talk. As it concerns interviewing, I would recommend the same practice to myself that I recommend for ODA staff, which is to strive for mindfulness in the interview. Additionally, I have to admit that another reason I did not vocalize my dissent is because I am grateful for staff members' voluntary (and uncompensated) participation in my research; I did not wish to risk alienating them with my disapproval. Lastly, I am a member of the same society as ODA staff, and am likewise not impervious to even the more destructive discourses of disability. Like the staff members I interviewed, I too draw upon discourses that, when thoroughly scrutinized, are not in the interest of persons with disabilities.

My reflexive (Ashmore, 1989; Woolgar, 1988) examination of the research process is partially motivated by the fact that, over the years, disability research has acquired a bad reputation. People with disabilities have historically been excluded from the research process, which is generally and primarily conducted by able-bodied individuals. Hence, many scholars and activists have advocated for emancipatory research, conducted for and by persons with disabilities (Barton, 1998; French & Swain, 1997; Zarb, 1992). Now, I do not claim to have engaged in emancipatory research in this study since this particular orientation to research involves many criteria, some of which I have left unfulfilled (e.g., enabling participants to completely determine research design and implementation). One consideration especially

relevant here that emancipatory research does address is with respect to planning the research program. A chief complaint issued by research participants with disabilities is that because disability research is, more often than not, orchestrated exclusively by able-bodied researchers, these researchers are detached from the issues that are relevant and significant to the population they are studying (Kitchin, 2000).

Because the research agenda is structured in relation to the researcher's objectives, it frequently proves to be of little use to the research population. Indeed, a "mining model of research," where non-disabled researchers enter communities, take the data they need, and then leave, typifies the majority of disability research today. As a result of the one-directional flow of benefits, disability research, for many, has amounted to nothing more than an exploitative 'rip-off' (Oliver, 1997, p. 15). At best, disability researchers have been described as parasites (Stone & Priestley, 1996), at worse, as oppressors (Barnes & Mercer, 1997). Disability research poses a threat to people with disabilities in that by excluding disabled voices and neglecting community interests, researchers are reifying their subjects' disablement (Oliver, 1992).

Given the concern for an inclusive research agenda, a key injunction for doing emancipatory disability research is for the researcher to put "their knowledge and skills at the disposal of disabled people and their organizations" (Barnes, 2003, p. 3), and that is exactly my aim in this final chapter. As a scholar of communication and disability, I draw upon my knowledge in language and social interaction and disability theory to offer research-based recommendations to the Office of Disability Affairs. I do this for three reasons: to avoid committing the research follies described above, to advance the practical application of my research findings, and finally, to argue communication as the site in which disability is made. In total, I offer five recommendations to ODA members based on my findings. Although these

recommendations are directed primarily toward ODA members, they would likely benefit other stakeholders (e.g., faculty, students, and university administrators), as well as similar organizations.

Beginning with the findings from Chapter Three, my first recommendation for ODA is to encourage members to explore a new way to tackle their current understanding of communication. In order to approach communication differently, I recommend integrating a workshop on discourse analysis theory and strategy into staff meetings. This workshop would not necessarily take place every time ODA holds a staff meeting, but rather at key junctures: when they are deliberating the composition of a new organizational document or deciding whether or not to implement a new policy.

Initially, I would be willing to teach ODA staff techniques for generating, transcribing, and analyzing data, but then once they feel that they have sufficient knowledge of how to do discourse analysis, I would prefer that the workshops are thereafter conducted exclusively by members. After all, who knows ODA's organizational goals and objectives better than staff members? More than me, or any other outsider for that matter, ODA staff are poised to measure how their discourse works for or against their desired aims. Discourse analysis workshops would emphasize the constitutive quality of language in use, and members would therefore be encouraged to analyze potential discrepancies between what they want to achieve with their discourse and what it nonetheless accomplishes. By encouraging the reflexive awareness that discourse analysis produces among staff members, ODA is not only one step closer to realizing their organizational goals, but one step closer to realizing an alternative way of conceptualizing communication.

Consistent with the larger society, ODA members conceive of communication in terms of a transmission model. Under this model, communication is the conduit that transports knowledge from one party to another. From this perspective, communication is a mechanism for collecting information that resides in another's mind. In this way, the transmission view of communication complements the positivist line of thought that dominates epistemological inquiry.

This way of thinking about communication inevitably affects the way members conceive of interviews, and the way they conduct them. Some ODA members, for example, oriented to questions as the stimuli that provoke a more or less accurate response. In treating communication as such, members are inadvertently supposing that they can negate human involvement and thus produce entirely objective results. "Results" in this case refers to decisions regarding accommodations. If they are perceived to be objective for the reason that these results are uncorrupted by human participation, then they are less likely to be scrutinized because it is much more difficult to contest a truth, a matter of fact, than it is an individual opinion. Attempts to create objective assessments of students' needs for accommodations appear desirable as they are directly proportional to staff accountability: the more objective the accommodations decision seems, the less accountable staff, and the students, are to other social members.

According to this take on communication, with more precise interviewing strategies, members may receive more comprehensive and more accurate responses from the participant, which, in turn, results in a more efficacious practice. Rapport in the interview setting is viewed as, as Betsy's interview illustrates, instrumental to eliciting truthful responses. This assumption also operates on a one-to-one plane, believing that if only the student is comfortable enough, relaxed enough, he or she will be more inclined to be candid and forthright. The problem here

again lies with common perceptions of communication. Communication is thought to be revealing, that through communication, one can get at the truth. This belief is misguided on two accounts. In the first, the complex human qualities of agency and unpredictability render any interaction ill-suited for representation under so simple a model as a stimulus-response model. Second, truth or knowledge is not something that can be found—in someone's head, in conversation, in the universe—it is negotiated locally by speakers in interaction.

As it relates to understandings of communication and interviewing, I recommend for ODA staff to refrain from worrying about establishing rapport. Engage in rapport for rapport's sake. What I mean by this is instead of seeing conversation and relationship building as only instrumental and goal-driven, staff members should aim to be fully mindful and present in the interaction (Villagran, Goldsmith, Wittenberg-Lyles & Baldwin, 2010). One way they can achieve this is by continuing to let the conversation determine the questions asked, and avoid initiatives to standardize interview questions.

The self-awareness acquired through practiced mindfulness establishes the groundwork for my second recommendation: for staff members to reflect upon how they, too, participate in the production of meaning. Staff members should reorient themselves to interviewing as an opportunity to coordinate meaning, not collect it. In recognizing how the meaning of say disability, for example, is accomplished by both participants, staff members will be advancing a more productive discourse of disability, one which sees disability as an interactional outcome rather than biological fact.

Awareness is also the basis for my third recommendation. Some staff members demonstrate an awareness of disabling discourses, such as Karina's recognition of the negative entailments of the supercrip narrative. Others, however, may be unfamiliar with these



detrimental discourses, or are unaware that they are drawing upon, and therefore reaffirming, this narrative of disability in their discourse.

Along similar lines, it is fair to presume that most participants are not able to attend to the ways in which their talk organizes nonvisible disability, as represented by cognitive impairment, as subordinate to visible disability, as represented by physical impairment. Furthermore, since the narratives staff members employ are socially ingrained, they are by no means the only ones relying upon the archetypes and stereotypes accompanying certain kinds of disabilities. It is for this reason that, for my third recommendation, I suggest organizing both intra- and extra-organizational workshops to address popular misconceptions surrounding different disabilities. A staff workshop would allow staff members to one, identify assumptions of disability that they may draw upon in their practice, and two, to infer the broader implications of these generalizations on their practice and the population that they serve. Staff members are part of a larger culture that also shares many of these views, so ideally, workshops would also be conducted with other members of the university culture in which the organization is situated; university faculty and staff would also benefit from these workshops. Disability training workshops with faculty and staff are already being conducted by the office, so integrating a discussion on varieties of disability and the stereotypes associated with them into the current curricula would be relatively easy to do.

The hierarchical organization of disability may, at least in part, be attributed to the apparent lack of evidentiality inherent to nonvisible disabilities. To alter these negative discourses, people need to attend to the larger issue of preferred ways of knowing disability. Invisible disabilities are implicitly viewed as less favorable when compared to visible ones for

the reason that social members restrict the means for knowing disability to the visual.

Diversifying ways of knowing disability represents a step in the right direction.

One way to begin to diversify socially sanctioned modes of knowing disability is to diversify acceptable forms of evidence—this represents my fourth recommendation to ODA members. Chapter Four teaches the reader a few things about methods for verifying disability. First, the reader learns that a single type of documentation prevails over all others: institutional documentation. Since it is unreasonable to believe that entire systems for producing knowledge could be overhauled overnight, one way to diversify documentation is to consult the student's former teacher(s). I specify that the teacher providing the recommendation should be a former teacher, as the student's current teachers may not have sufficient experiences with the student to inform any such recommendation. In fact, since the student presents an accommodations memo to his or her current teachers within the first two weeks of classes, these teachers are likely too unfamiliar with the student and his or her academic needs to provide any input regarding accommodations. Rather, former teachers, that is, teachers who have interacted with the student over the course of an entire semester, are better suited to provide recommendations based on firsthand observations and experiences.

Soliciting the input of former teachers in the accommodations process would still provide the third-party that gives the semblance of presumed objectivity as is required by a positivist model of knowledge production. Speaking of what is logical, a previous teacher who has likely spent much more time with the student than a physician, for instance, would be the more appropriate person to attest to the student's needs. Additionally, the teacher, by virtue of having observed the student in a classroom setting, would be better suited to recommend accommodations based on his or her observations of the student.

The last benefit that accepting documentation from a teacher would offer would be that the student would not have to pay for what are often costly diagnostic services. Documentation supplied by the student's teacher, on the other hand, would be at no cost. Diversifying acceptable forms of documentation addresses staff concerns regarding the financial burden of medical documentation. Also to ameliorate the economic loss incurred to students, I would advise the university or state government to allocate funds for testing services. At the same time, I would encourage staff members to continue to pursue grants and special funding to provide students access to resources for securing documentation.

Admittedly, there are some drawbacks to these recommendations. First of all, speaking from the perspective of a teacher, I think that in many cases, we appreciate that it is medical professionals advising on appropriate accommodations, and not us. My reason for claiming this pertains to previous discussions of accountability: generally, individuals prefer to remove or lessen the degree to which others can hold them accountable. Teachers, including me, are not an exception to this social rule. We, too, prefer to remain relatively unaccountable when it comes to students' accommodations. Therefore, as problematic as a medical discourse of disability and accommodations may be, some may be more comfortable with others assuming the responsibility—and therefore the accompanying accountability—of suggesting accommodations. In recognizing an implicit preference for medical personnel to continue to be the ones who speak on disability, I am also recognizing that some teachers may be reluctant to assume this burden of accountability.

Additionally, asking a teacher to speak to a student's academic needs, while rational, still privileges an institutional representation of a student's disability. Accepting documentation from a teacher implicitly confirms that an individual's self-report is undesirable or unacceptable, and

furthermore, that disability must be narrated from an institutional, not individual, perspective. Seeking funding for diagnostic services is equally troublesome in that it does not address, and maybe even exasperates, the problem of the medical institution's authority over disability. By requesting funding for diagnostic services, one only legitimizes the presumed right of these institutions to claim disability, and displaces the individual account, which is thus rendered inadequate.

My fifth recommendation issues a caution to not confuse the order in which documentation is consulted as synonymous with the degree of authority imbued in the document. I say this because referencing documentation in a different sequence does not amount to a new policy. If ODA members truly wish to follow the revised guidelines for documentation as proposed by AHEAD, then they should be careful to not conflate order with influence. Otherwise, if members only change the order in which they view documentation, the objective of the new AHEAD guidelines is ultimately defeated. The standards for evincing disability remain intact, if only the ordering of documentation, but not the significance assigned to each, changes.

Acknowledging documents and the diagnoses contained in them as social artifacts will contribute to efforts to authorize alternative (less formal and non-institutional) sources of documentation. Chapter Five highlighted the interpretative nature of pronouncing disability by examining, for example, the use of shells in verification forms characteristic of a diagnostic genre of discourse. The use of shells in these documents required the reader (typically the clinician) to supply his or her own meaning to interact with the document. For example, interpretations of an evaluative criterion such as "moderate" may vary widely among practitioners, and may result in a diagnosis of disability for some, and not for others. While shell terms like "moderate," "good," and "somewhat" appear to have designated and universal

referents, they are highly versatile words. Such versatility inevitably necessitates that a subject decide how these terms will be employed within the context of verification form, thus making the business of engendering disability a highly subjective one. So, although the medium of the document gives the impression that these terms have been fixed, crystallized, or pinned down, the terms embedded within it appear to have concrete meanings, yet it is their meaning that undergoes transformation each time they are greeted by a new reader.

Transformation also occurs as the story of disability enters a new medium. I demonstrated in Chapter Five how the disability is altered at each junction of communication for the purposes of the author and the audience. For instance, the verification of disability as recorded in an institutional document is later translated by an advisor into a new institutional document, a memo, for faculty members. It is, moreover, reinterpreted in a way that is relevant for that particular readership (e.g., the disability is discussed in terms of its impact in the classroom for faculty members). The various parties acting as authors—physician, advisor, faculty member, student—in the story of disability illustrate how disability is truly a socially constructed phenomenon.

It is often said that disability is socially constructed, but how often are we able to examine exactly what this statement means? By considering the significance and implications of discourse, how it effects rather reflects knowledge, staff members are well on their way to appreciating disability as a product of social interaction. It is one thing to claim that disability is socially constructed, but to recognize how their daily practice is, in effect, doing the “constructing” is quite another. By remaining mindful of the active nature of discourse, staff members may be more inclined to see even formal diagnoses of impairment seemingly staticized in educational histories or medical records not as uncontested facts, but as judgments, as

versions of story. Accordingly, because institutional testaments are but one interpretation of it, advisors may be more willing to offer their own interpretation of disability if they view it more suitable. It is in this way that the status quo of medical representations of disability may be undermined. Destabilizing this one method for conceptualizing disability opens up the opportunity for other means of knowing it to enter. Destabilizing biological and institutional discourses of disability allows for a new voice to speak on disability, for a new vantage from which to appreciate it. Preparing room for another discourse of disability, an experiential discourse, will ultimately mean preparing for a new era in which what counts as knowledge, and who gets to contribute to the shared stock of knowledge, is drastically redefined.

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<sup>1</sup> On March, 28, 2013, six days after its release, the article was retitled, “Millions of Americans Don't Work Due to Disability, and the Number is Growing.” The new title was accompanied by a statement issued by NPR, which conceded that the original title falsely implied that individuals receiving disability benefits do not work (Joffe-Walt, 2013).

## Appendix A: IRB Approval Letter



DIVISION OF RESEARCH INTEGRITY AND COMPLIANCE  
 Institutional Review Boards, FWA No. 00001669  
 12401 Bruce B. Downs Blvd. MDC006 • Tampa, FL 33613-4999  
 (813) 971-9636 • FAX (813) 971-8618

September 4, 2012

Shelby Forbes, M.A.  
 Communication  
 11830 Lancashire Dr.  
 Tampa, FL 33626

RE: **Expedited Approval for Initial Review**  
 IRB#: Pro00008730  
 Title: **Determining Disability in an Institutional Setting**

Dear Ms. Forbes:

On 9/2/2012 the Institutional Review Board (IRB) reviewed and **APPROVED** the above referenced protocol. Please note that your approval for this study will expire on 9/2/2013.

Approved Items:

**Protocol Document:**  
[IRB protocol.docx](#)

**Consent Documents:**

[Employee.pdf](#)  
[Student.pdf](#)

**Please use only the official, IRB-stamped consent documents found under the "Attachment Tab" in the recruitment of participants.** Please note that these documents are only valid during the approval period indicated on the stamped document.

It was the determination of the IRB that your study qualified for expedited review which includes activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the categories outlined below. The IRB may review research through the expedited review procedure authorized by 45CFR46.110 and 21 CFR 56.110. The research proposed in this study is categorized under the following expedited review categories:

(5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).

### **Appendix B: Interview Schedule**

- 1.) What do your job responsibilities include?
- 2.) What does your average day look like?
- 3.) What do you think the purpose of this organization is?
- 4.) Tell me about your most rewarding experience while working for SDS.
- 5.) Tell me about a trying time while working for SDS.
- 6.) Has your views on disability changed during your time here?
  - 6a.) How have they changed/remained the same?
- 7.) What factors are important to determining disability?
- 8.) Describe the process for assessing disability and providing accommodations.
- 9.) Is there anything else you would like to add?