Quality of Life and Empowerment Issues for Post-Secondary Students with Physical and Learning Disabilities

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The primary purpose of the research was to examine whether parent themes on effective life management when a child has a disability (e.g., Scorgie, Wilgosh, & McDonald, 1996), covering effective life management strategies, personal qualities, and transformational outcomes, have relevance to post-secondary students with disabilities. There is growing evidence (research and personal reports) of positive transformational outcomes for parents and other caregivers, and individuals with disabilities. Do post-secondary students report similar outcomes? Eight individuals, all in attendance at a Western-Canadian university, were interviewed individually. The purpose was to explore life management issues and transformational outcomes of living with a disability as reported by individuals with disabilities. For this paper, data re-analysis focused on participant concerns related to quality of life issues and empowerment of individuals with disabilities, namely friendships and socialization, life transitions, accessing appropriate services and programs for education and employment, support and funding issues, public attitudes toward disability, and family supports. Post-secondary education was seen as essential for individual empowerment.

The focus of the paper is on quality of life issues and empowerment of individuals with disabilities as reported by post-secondary students with disabilities. To this end, individual interviews were conducted with eight students in post-secondary programs of study, thus providing the context and content for the relevant analysis.
We have been conducting research for over 15 years on parent effective life management when a child has a disability, despite sometimes extremely difficult, even devastating life events. Over that time we have identified and extended our understanding of nine themes related to parent effective life management, originally identified through a qualitative, interview study (Scorgie, Wilgosh, & McDonald, 1996), with themes covering parent effective life management strategies, personal qualities, and transformational outcomes from parenting children with disabilities. These themes have been corroborated over four survey studies using the Life Management Survey (LMS) with parents of children over a range of ages and disabilities, in Canada (Scorgie, Wilgosh, & McDonald, 1997; Wilgosh, Scorgie, & Fleming, 2000) and cross-nationally in Italy (Nota, Soresi, Ferrarai, Wilgosh, & Scorgie, 2003; Wilgosh, Nota, Scorgie, & Soresi, 2004). In addition, we have continued our qualitative research longitudinally and cross-culturally, developing a model of the parent transformational process (e.g., Scorgie, Wilgosh, & Sobsey, 2004) based on parents’ reports of how they have been transformed as parents of a child with a disability. As the next stage in the research, we have explored whether our model of the parent transformational process might have application to the lives of individuals with disabilities (Wilgosh, Sobsey, Cey, & Scorgie, 2008). Based on the growing evidence, from research and personal reports, of positive transformational outcomes for parents and others who have provided care for someone with a disability, as well as the growing evidence of positive transformational outcomes reported by individuals with disabilities (e.g., spinal cord injury [SCI]; Sloan & Wilgosh, 2005), it was reasonable to explore further the nature of the transformational outcomes reported by post-secondary students with disabilities, and to assess the extent to which such reports fit with the types of transformational life changes reported by parents and caregivers, i.e., personal (changes in who I am), relational (changes in how I relate to others), and perspectival (changes in how I view life) (Scorgie et al., 1996). Therefore, the primary purpose of this study was to examine the personal reports of post-secondary students with disabilities, for life management issues and indications of positive personal, relational, and perspectival transformational outcomes. The thematic analysis for the study (Wilgosh et al., 2008) indicated five themes for the post-secondary
participants, related to (1) pre-diagnostic and diagnostic issues (low self-esteem and expectations, negative feelings pre- and following diagnosis, issues related to labeling and disclosure, and raised hopes from having a diagnosis); (2) positive and negative challenges of disability; (3) feelings toward disability and identity issues; (4) strategies and supports; and (5) negative and positive changes with disability and transformational outcomes. The researchers were cautious in suggesting that there were some apparent similarities in themes reported by post-secondary students and parents of children with disabilities (e.g., Scorgie et al., 1996), warranting further research.

Perceived quality of life has been linked to adaptation and positive outcome in research with persons with disabilities. For example, in a study of adults with multiple sclerosis (MS), Bishop, Stenhoff, and Shepard (2007) found that, despite fatigue and the limitations of MS, many respondents reported high perceived quality of life and well-being, suggesting that quality of life is highly individualized and related to the perceived limitations of MS on domain areas that are important to the individual. Furthermore, individuals with high quality of life were able to make appropriate goal modifications or substitutions that enabled them to accomplish valued life objectives. Bishop et al. suggested that high perceived quality of life serves an adaptive function to combat the difficulties of coping with chronic illnesses. Similarly, in a study of veterans with spinal cord injury (SCI), Rintala, Robinson-Whelen, and Matamoros (2005) found that perceived quality of life was positively related to the existence of effective social support systems and negatively related to the experience of financial difficulties and physical limitations. Finding personal meaning or positive outcomes in situations of loss is associated with adaptation and resilience (Boss & Couden, 2002).

Positive transformational outcomes are clearly linked to parent and individual empowerment (i.e., playing a major and determining role in a life journey rather than a dependent role). Self-determination has been defined as a person’s ability to be “...a ‘causal agent’ in one’s life, being able to make things happen” (Marks, 2008, p. 56). Self-determination includes such personal attributes as self-advocacy, self-regulation, decision-making, personal empowerment, and the ability to act with
autonomy. Together, these competencies enhance a person’s ability to independently choose a course of action that accords with his or her best interests and desires (Carter, Lank, Pierson, & Stange, 2008; Smith, Beyer, Polloway, Smith, & Patton, 2008; Wehmeyer & Gragoudas, 2004). While Wehmeyer and Gragoudas (2004) contend that “disability advocates and activists have stressed the inherent right of people with disabilities to assume responsibility for and control over their lives” (p. 54), Jones (2006) maintained that many persons with disabilities remain “unempowered,” surrendering the responsibility for making decisions about their lives to others.

Carter et al. (2008) discuss a number of outcomes associated with empowerment and self-determination, including higher quality of life, the ability to accomplish personal goals, greater access to post graduate education, and financial independence. Therefore, transition programs for youth with disabilities have focused on transition skills such as goal setting, decision making, problem solving, and student involvement in the IEP process (Gil, 2007; Wehmeyer & Gragoudas, 2004). Research related to transition points for individuals with disabilities has noted that, in contrast to the support systems available in the elementary and secondary school years, post-secondary students are required to “self-disclose” and provide documentation of disability to university personnel and their professors (Gil, 2007). Despite the focus on self-determination in transition programs, Gil cited the National Longitudinal Transition Study 2 which reported that “...two thirds of postsecondary students with disabilities who were interviewed were not receiving accommodations because of lack of self-disclosure” (p. 12). The issue of self-disclosure will be evident in the following research report.

Recently-reported research (Wilgosh, Lupart, & Scorgie, 2008; Lupart, Wilgosh, Scorgie, & Tews, 2008) identified a number of general issues related to quality of life and life-determining empowerment of individuals with disabilities, including friendships and socialization, family support, public attitudes toward disability, accessing support services and appropriate programs for education and employment, life transitions, and funding issues. This paper reports on an extension of
the Wilgosh et al. (2008) data analysis to include consideration of these quality of life and empowerment issues and concerns.

**Procedures**

The primary purpose of the study was to examine life management of individuals with disabilities in attendance at a Western-Canadian university. After ethical approval for the study had been obtained from the university, potential participants responded to campus-wide study notices by telephone and were informed of the interview process and purpose, confidentiality of their personal information and other ethical considerations. See Wilgosh et al. (2008) for further procedural information.

Eight individuals chose to participate in the audio-taped interview process and were interviewed individually in a convenient location of their choosing. The interview format involved further explanation of the study, collection of demographic information, and focus on the main question: “Please tell me, in as much detail as feels appropriate and in whatever order fits for you, how disability has or has not changed or transformed your life.”

After data transcription, a thematic analysis of the interviews yielded five themes, as reported earlier. A subsequent analysis focused on the quality of life and empowerment issues identified above.

**Results and Discussion**

First, a description of the eight interviewees is presented, excluding information that would compromise their individual identities (e.g., pseudonyms were chosen by the participants). For further details about participants, see Wilgosh et al. (2008). “Tia” (Learning Disability [LD]), an undergraduate, was diagnosed with a learning disability in comprehension and math/reading problems in adolescence. “Jean” (LD/Attention Deficit Disorder [ADD]), an undergraduate, was diagnosed at university with a mild learning disability in auditory processing and reading, and attention deficit. “Anne” (Lupus [Lup]), a graduate student, was recently diagnosed with Lupus. “Smart” (male)
(JRA) was diagnosed with juvenile rheumatoid arthritis, was symptom free for about 15 years, and now deals with symptoms of his illness as an undergraduate. “David” (CP), an undergraduate, has had cerebral palsy from birth. “Elizabeth” (LD) was diagnosed as a university undergraduate, with a verbal learning disability in the area of math and memory. “Shakespeare” (female) (PPS), an undergraduate, has been diagnosed with post-polio syndrome. “Sue” (blind), the eighth interviewee, has had a loss of sight, a challenge in her undergraduate program. In summary, six women and two men were interviewed, ranging in age from the early twenties to forties, with a range of disabilities (three with learning disabilities, and five with physical disabilities), and with a range of age of onset (from birth to recent onset).

The following seven issues had been identified as important components contributing to quality of life and empowerment in the related research literature: (1) friendships and socialization; (2) family support; (3) public attitudes toward disability; (4) accessing support and services; (5) accessing appropriate programs for education and employment; (6) life transitions; and (7) funding issues. These will be discussed in order, with focus on participant quotations to illustrate areas of relevance.

(1) Friendships and Socialization. All eight participants spoke at length about friendship and socialization issues. The voices of the participants express the issues well. It should be noted that many of the statements about friendship and socialization apply also to the additional areas of family and public contacts. Therefore, a summative statement will be made at the end of presentation of the first three issues.

Pain has curtailed Anne’s (Lup) social life and friendships with people who don’t understand. “I’ve seen how it is cutting off friendship from others.” Anne tends not to reveal the pain she experiences, tends to associate with friends who have the same physical status, and only reveals her illness to friends with whom she feels safe: “I don’t talk of my problems with somebody I don’t know. There are only two friends of mine who know in the (university) class... they are real friends; because we have been taking open studies together I had to tell them about me and that’s how I am feeling and ‘keep quiet... the class doesn’t know...’” However, she retains fear of losing her friends because of...
Lupus (“Should I tell them I’m sick... Will they understand or will they run away from me?”). Clearly, self-disclosure is a serious concern for Anne. On a similar note, Elizabeth (LD) talked about “harboring this dirty little secret... feeling almost ashamed (about her disability).”

Jean (LD/ADD) reported that the label was disconcerting at first, and she struggled with disclosure issues: “Having a label... it’s a bit disconcerting... the word ‘disability’... it’s now going through the next little while or for the rest of my life... being a little cautious as to who you tell and how you tell it...” Jean has been creatively devising her own innovative strategies and approaches, and her sister and friends have been helpful (“... my sister... being understanding and supportive... classmates... understanding and acceptance”).

Shakespeare (PPS) commented on loss of friendships, due to being too tired for activities; “I’m just too tired to go to choir...” She noted that her mental functioning and memory were affected; and that she experienced fatigue, frustration, and physical limitations (“... my body is not as strong as it used to be and gets tired much quicker...”).

David (CP) reported that he has had to find out who his true friends are; “You see the side of people that just doesn’t want to deal with anything... when they’re confronted with a person who’s different... or you see a side of people that it really makes them think about... what they can do to be helpful... really find out who our real friends are.” David reported challenges having to overcome the social barriers of pre-conceived stereotypes to make social contacts; “I’m always the one who has to introduce myself as someone who is completely intelligent... to break the barrier (of preconceptions) and that’s always created a challenge because it means that I have to be outgoing which I’m not...”

Smart (JRA) reported many negative challenges, changes to his social life, loss of his active athletic life and peer support group; “Those people that you go forward with aren’t there any more.” He feels overlooked because he can’t participate in sport and other friendship activities. He believes that disability defines his identity; he has to schedule life around pain and it interferes with his socialization, and has resulted in loss of friends. He dislikes dependence on others for his needs. Smart
indicated that, because he has no family supports, he has to rely on personal tenacity, but is reluctant to push too hard or exploit his friends. “There’s no relying on anybody else... if something has to get done, I either do it myself or, hopefully, a friend is there for me. But then you have to be careful not to rely on friends too much.”

Sue (blind) doesn’t feel that her disability is a part of her identity (“I never describe myself as a person who is blind or visually impaired”) and doesn’t want to be distinguished as a person with a disability. She reports feelings of discomfort toward her disability (“I think I’m embarrassed of it a bit...”). Her parents, relatives, and close friends don’t treat her differently and she is trying to be the same person and not let the disability make a difference (“I just try to function normally and do what everyone else does and try to be the same person”). However, she reports that her disability has narrowed the scope of her educational and career possibilities, as well as her friendship base. Elizabeth (LD) reported that she had to make a conscious decision to change her attitude about having a disability ( “...[T]he most difficult thing... was actually changing my attitude... but I did”). She described herself as independent, a survivor, and she had to learn to be forceful (“I had to learn to be more assertive... interact with people... which was difficult...and I have”). Her disability requires her to push hard to prove herself; “There’s a part of me... that I feel that I’ve always got to prove myself... that I’m not stupid...”

Tia (LD) finds that relationships are different (e.g., with family and others) as a result of her disability. People want to help, and to learn about LD; “… people really want to know and when I tell them, they... understand a lot better.” Tia reports changes in the way she perceives the world, in understanding her emotional states, and in feeling less anger. She has more confidence, is more assertive (“I have no problems putting my hand up [in class]”), and has many supportive relationships.

Thus, friendships and socialization represent a complex area for all eight participants, requiring personal effort to avoid isolation and apprehension about disclosure. Each participant desired autonomy and respect in terms of disclosure of disability to others.
(2) Family Support. Again, all eight of the participants provided information related to family support.

Elizabeth (LD) reported that she did “very poorly” in a university transfer program; “I was working very hard at it and I wasn’t getting good grades at all.” Her family also had low expectations for her, reinforcing her low self-esteem: “The family didn’t have much hope for me being anything other than a waitress... they just could not believe I was university material.”

Shakespeare (PPS) has found her disability to be hard on family; they and others may tend to deliberately misrepresent the seriousness of the condition so as not to worry her. “I’d say to my husband, ‘You know I’m getting worse than what I was before,’ and he’d say, ‘No, no, no, no, you’re not’... and I knew fully well I was...” Loss of physical and motor abilities has affected her identity, and her inability to do family and household duties has led to alteration of family relations (“... I’d be stuck in bed and my husband would have to even drive me...”). She reports strong support from her husband and family. As noted under issue 1, Sue (blind) reported that her parents and relatives don’t treat her differently because of her disability, and she is striving to remain unchanged by the disability. Anne (Lup) reported life changes as a result of her disability, including loss of her marriage and lack of sympathy from her children. Smart (JRA) also reported lack of support from his family. In contrast, David (CP) has received strong support from his family regarding his right to equal treatment. Also as noted under discussion of the first issue, Jean (LD/ADD) reported that her sister and friends have been helpful (“... my sister... being understanding and supportive... classmates... understanding and acceptance”).

Tia (LD), as well, reported that relationships are different (e.g., with family and others) as a result of her disability (see issue 1), but that she has lots of supportive relationships.

Thus, all eight participants commented on the issue of family support, with both positive and negative remarks. Though strong family support
was always beneficial, lack of support did not always result in decreased functioning.

(3) Public Attitudes toward Disability. Again, all eight participants commented about public attitudes toward disability and personal concerns relative to dealing with the public. They reported that being labeled was a negative experience, initially, with reluctance to disclose the diagnosis to others.

Because Jean (LD/ADD) had very low self-expectations, she would make a joke about her low achievement before any one else did: “I’d rather… insult myself and call myself ‘dumb’ than someone else so I… beat them to the punch.” For Jean, the fact that LD is an invisible disability creates awkward situations, for example, “They say, ‘Well, you look fine... Society does... tend to want to focus more on bad things...’” She finds that she is oversensitive about perceptions of LD, which can also be an impediment; “Am I starting to use it as a crutch... because I don’t want to do that.” Tia (LD) reported a negative challenge being in an LD (public school) class; “There were a lot of stigma that I was in an LD class.” Under issue 1, it was noted that Tia has found that people want to learn about LD and understand better when she has explained about her disability.

Sue (blind), who doesn’t describe herself as a person who is blind or visually impaired (see issue1), believes she is significantly different from congenitally blind individuals; “Their perspective on the world and the way things run is just different.” She holds the belief that you must learn to be independent (“If you grow up always having to hold onto someone’s arm, always having to get help from somebody, you never have an opportunity to develop as an independent individual...”). With disability, Sue has found that a lot of things change, the way you think, the way people think of you, and their attitudes. There is a dependence on others with loss of sight, and low expectations from others (“... other people telling you because they couldn’t do it, then you wouldn’t be able to do it”). She feels hostility to those with disabilities who appear weak; “I’ve decided I don’t want to be like them... I don’t like to use the word ‘weak,’ but that’s what I perceive...” She reported that the disability has
changed her despite her resistance (“Well, I think it has as much as I’ve tried for it not to”).

Shakespeare (PPS) believes that disability is an integral part of her identity; “It’s very much a part of me, yes... it’s not incidental.” She also expressed embarrassment about her disability and dresses to avoid drawing attention to her disability, a concern about how she appears to the public, and the public response to her disability.

David (CP) sees as impediments to his living with a disability that people with disabilities are seen as asexual, and the perception that people see the wheelchair as denoting mental disability, causing him to reject using a wheelchair. “When you are sitting in a wheelchair, you’re not at eye level with people... it’s almost like you’re not on the same social level and people tend to associate wheelchair with mental disability.” He believes that people with disabilities are looked down on and make others feel uneasy or frightened. David finds it rewarding to have people recognize his effort in living his life. He has become very organized, strong-minded, and willful, with increased self-esteem; “... being very, very determined is really important.” Earlier in his life, he avoided people with disabilities, “... until I got to the age of 21 and went to community enrichment... it really gave me a perspective on how far I have come and what I’ve tried in my life to make me who I am and see that I am a worthwhile person...”

Smart (JRA) reports strong determination, describing education as his way of trying to get away from assisted living. He has taken strength from comments such as a professor’s remark that “… you’re a very remarkable person.” He states, “I’ve just got to keep going... to suck it up and try again.” He shows great persistence; “Appeal. I’m not dead yet; I wanted an appeal... I just can’t give up... this perfect stranger (said), ‘Keep fighting.’ You shouldn’t have to, though.” He has been invited to serve on boards and panels and become a strong self-advocate. Through the years he has had to develop functional strategies to manage issues associated with his disability. He stated, “I can’t give up; what else am I going to do? I have to fight.”

Anne (Lup) wants to start a Lupus group for women. She finds that she values life more and takes less for granted ("I don’t take things for granted the way I used to before..."). She states that she has greater appreciation for herself and others, as well as greater sympathy for others. She welcomes each day as it comes and values it. She is more aware of the world and cherishes peace and harmony ("I’ve come to appreciate nature, environment... I just want peace and I wish (we) could live in harmony...").

Finally, Elizabeth, as noted under issue 1, reported that she has learned to be more assertive in interacting with people, which has been difficult. The disability has made her push harder to prove herself.

In summary of the first three issues, all of which are related to personal interactions with people (i.e., friends, family and others), there are indications of concerns about relationships. Those with disabilities have found their relationships somewhat curtailed due to disability constraints, and report having to expend greater effort into becoming more outgoing in order to sustain their valued relationships. Clearly, these concerns could act as impediments when examining quality of life and empowerment issues, but there is also strong evidence that being able to rise above such impediments results in increased personal growth and empowerment.

In terms of quality of life and empowerment, concern about diagnosis and labels appears to be foremost, not only with regard to family, friends, and the public (i.e., relationships), but also with the following issues of service and educational provisions, including funding. Prior to diagnosis, individuals reported feelings of inadequacy, even despair. Tia (LD) commented, “I just thought I was an idiot... everything was going downhill for me.” A diagnosis/label was first seen as negative. Anne (Lup) shared: “When I was told, it was devastating.” However, having a label/diagnosis was life changing (i.e., empowering). Tia (LD) added, “Everything kind of made sense... totally changed my life.” For Jean (LD), “It gave me insight, answered a lot of questions... I can step back and do things a little differently... so things don’t have to be so frustrating.” Therefore, having a diagnosis/label can be ultimately empowering in self-concept, relationships, and life adjustment.
Previous quotations have shown that dealing with pain, fatigue, and other symptoms takes a toll. Symptom management, with adequate support, is an essential part of quality of life and empowerment. This should include informed counselling support to deal with feelings of shame, inadequacy, and low self-esteem. Adequate support comes from informed medical and social support systems, educational and personal support systems. This includes informed management and control on the part of the individual with a disability and support on the part of families, schools, social and medical personnel.

(4) Accessing Support and Services. Generally, all participants offered extensive information on formal and informal supports available to them, with the majority of their statements carrying a generally positive tone, although there were also numerous examples of support systems that were less than adequate. There is clearly overlap among this and the following quality of life issues, all of which cluster under the general topic of service provision (including support services, education, employment preparation, and provision of funding). These will be summarized after discussion of the remaining issues.

Elizabeth (LD) reported self-destructive behaviours as she struggled to understand her disability: “I started drinking and other things... I didn’t really show that I was motivated towards anything other than self-destructive behaviours.” Elizabeth found the assessment report and diagnosis devastating: “It (the report) focused on how ‘below average’ I scored on all of the subtests. I found it to be very cold and negative... So I had to believe I was stupid, that now it was on paper.” Jean (LD/ADD) also reported that the diagnosis affected all aspects of life: “Sometimes frustration level would be there and I wouldn’t know why... sometimes you tend to be quite reactive to situations... hypersensitive... It has obviously impacted on my entire life.” These comments suggest a lack of support for helping newly diagnosed individuals to understand and adjust to their disability information and resultant feelings and confusion.

Smart (JRA), because he doesn’t look disabled, indicated that he is made to feel he doesn’t deserve services: “And then they look at me and,
‘Well, maybe he doesn’t need... is he disabled enough to... ?’” He is sometimes reluctant to access services because he believes it is not fair to others (i.e., he believes he would be taking services from others), so he tends to tough it out. “I turn down a lot of stuff because I don’t want to be the person (about whom) that’s said, ‘You got special treatment.’” He struggles with the fact that he doesn’t appear to be disabled and this complicates receipt of services. Smart reports negative experiences regarding supports, such as poor assisted living supports (“Try living on eight hundred and fifty dollars a month”), unhelpful counsellors, and narrow career choices (e.g., teaching is possible because it is not physical). For him, it has been a very difficult process getting help and support as a disabled person: “As soon as you identify yourself as disabled to get a student loan..., you have to go see a career counsellor..., that’s one more thing that we have to do that’s draining and takes time, instead of making it easier...” He describes a significant amount of “red tape” for obtaining services, such as grants, counsellor support and equipment: “No one had a clue who was responsible... The student-loan people said that I make too much money on AISH {Assured Income for the Severely Handicapped}... I had to appeal five times... I didn’t get my student loan ’til the end of October...” The resultant stress from support limitations caused worsening symptoms (“... then the stress and the arthritis when through the roof”), and emotional anguish (“... and you get teary... but then you kind of suck it up and try again”).

Sue (blind) reported that agencies were generally helpful (e.g., CNIB), but some agencies don’t give enough support or provide standardized support programs that may or may not be applicable (“That was one [agency] that might have been a resource but wasn’t... sometimes they will stereotype you in a group too”). She often devises her own coping strategies on the spot; “I kind of make up my own strategies... I’m a trial and error type of person.” Shakespeare (PPS) reported support for academic accommodations, including helpful university services such as note takers, counselling support for frustration and depression, and strong encouragement from family and husband. Her supports include creative/unconventional deliberate strategies, e.g., a scooter for mobility. She has found lack of support and understanding from some professionals, for example, doctors: “... the doctors would say, ‘Oh no, it’s just you must get used to it and it’ll be all right.’” Her flexible
program at the university helps her manage her learning.

David (CP) received good support from a rehabilitation hospital (e.g., community enrichment program). He reports that student services have also been helpful, but there is a lack of outside resources, especially with housing. There have been supportive people at school and university, for example, student services for those with disabilities has provided assistance with exams and contact with professors when requested.

Anne (Lup) has found that experts are less supportive than others who have Lupus.

Tia’s (LD) grade 8 teacher noticed something was wrong; however, her suggested coping strategy was ineffectual (e.g., “I’d just copy someone else’s work...”). Tia has found that teachers and others have been significant helpers in recent years and she has a sizeable support network (“I get a lot of help that other people don’t get and... lots of people could use that”). She was taught useful interventions such as time management, coping strategies, and understanding of LD, which has been important to her success (“They [student services] teach you how to understand your learning disability and how it affects your life”).

(5) Accessing Appropriate Education and Employment. It should be noted that there is a great deal of overlap between topics 4 and 5 because the eight participants were all post-secondary students, primarily focused on the post-secondary years of study.

Smart (JRA) reported strong determination, describing education as essential to avoiding dependence on assisted living. As noted earlier, he has taken strength from comments such as a professor’s remark that “...you’re a very remarkable person.” He states, “I’ve just got to keep going... to suck it up and try again.” Furthermore, “I can’t give up; what else am I going to do? I have to fight.”

Elizabeth (LD) found that employment services for individuals with disabilities were good. At the university, she has learned coping techniques, e.g., taping lessons, color coding. Specific individuals stood out as offering particularly important support, e.g., a family friend.
referred her to disability services for diagnosis; as well as one professor ("He just took time to really talk to me about my interests and that sort of thing"), and one person at disability services, made her feel worthwhile and positive in her university program of study.

David (CP) views a university education as essential to his ability to live a life with dignity and independence. “That’ll enable me to live my life in a way that’s dignified... without having to worry about where the money is coming from.” See also his comments under topic 4. Here, David is touching on the topic of life transitions, issue 6.

Jean (LD/ADD) reported that a professor suggested testing for LD and this became a defining moment for her (“She continues to go out of her way to explain more things for me and just getting a different perspective... knowing about the difference has improved things...”). She has found numerous resources, university support staff have been very good (“... they are very good at ...letting us... discover ... in our own way...”), providing, for example, extra exam time. She feels gratitude toward her helpers and wants to do well (“I’ve got to do everything I can because they’re making that time for me...”). She feels stress when things are not going well (“I think I even... referred to myself as a fake...”). She has been creatively devising her own innovative strategies and approaches. Jean reports that permission to do things differently, and getting to know professors better have been important strategies. She finds she is more curious, has more patience, empathy, a better sense of humor, and is more detail oriented and self-reflective: “... [B]eing self-reflective and ... in tune... to what I’m thinking and how I’m doing things... it kind of helps me that I know what’s going on.” Knowing about LD and differences has also helped to shape how she lives; “I know knowing about the difference has improved things... learning certainly shapes a person as to... how they end up living.”

As mentioned in Issue 4, Tia (LD) has received significant support from teachers and others, and she is grateful for that support (“I get a lot of help that other people don’t get and... lot of people could use that”). In addition, learning about LD, and acquiring strategies for time management and coping with the demands of life have enhanced her academic success.
Sue (blind) commented about those disability challenges that have made her more resolute; “I think it’s made me a stronger person... you do have to fight through a lot of stuff...” Some of that “stuff” has been a loss of employment and difficulty finding employment. She has found that she must prove herself, prove her competencies, and overcome others’ stereotypes (“... a lot of people have stereotypes or preconceived notions about what it would be like if you couldn’t read...”). She now has a different perception of life; “… and now... you’re in that position, you just get the opportunity to realize that they’re people that have disabilities... still real people...” Sue noted that her disability has narrowed the scope of her educational and career possibilities, as well as her friendship base.

See issue 4 for comments by Shakespeare (PPS) which also apply to issue 5, and issue 1 for some comments by Anne (Lup) related to disability and education.

(6) Life Transitions. This topic rarely came up for our eight participants, related to the fact that the original study purpose was a focus on life management and transformations for post-secondary students during the university years.

(7) Funding Issues. A few comments about funding are interspersed in the above discussion. For a few of the participants, funding issues appeared to be a major focus, as illustrated below.

For Anne (Lup), her disease and related disability have resulted in financial problems: “Of course, financial problems will hit... I can’t now do a full time job... so that’s part to do with the financial.”

David (CP) receives disability support for attending university and, therefore, can’t qualify for student loans, which adds to his financial hardship. Accessibility and mobility issues and the high cost of equipment are big concerns (“... it also affects me that my disability and the equipment that I need cost a great deal of money...”).

The greatest financial concerns were expressed by Smart (JRA). For Smart, a major apprehension is poverty; “And then there’s the poverty...
aspect of being disabled... I’m on AISH (assisted living support) so there’s not a lot of discretionary income.” As noted earlier, he views education as a way to escape from assisted living and poverty; “I could do that (stay on AISH) and be miserable and poor, or I could do something about it. And I’m trying to do something about it.”

In summary of issues 4 to 7, the eight participants provided comments indicating that, for the most part, support services have been very helpful, likely essential for success in their university programs, as has been the support of helpful and understanding professors, all of which goes a long way in contributing to improved quality of life and empowerment. One area, funding, continues to serve as a serious impediment for at least some students with disabilities, in pursuing their university education to improve their life circumstances. Although all participants indicated that available supports were helpful, most also expressed frustration with the limitations of supports and the conditions imposed by the supports they received. Some indicated a degree of resentment of their dependency on supports. To some degree, participants identified their discomfort with dependency on supports as a motivator toward achieving greater empowerment and independence.

Informed support systems are essential for fostering individual empowerment. Agencies must not stereotype individuals with disabilities, and disability should not require visibility for legitimacy. Effective services allow individuals to develop their own personal coping strategies. As Jean (LD) noted, “University support staff... are very good at letting us discover... in our own way.”

Personal transformation is clearly viewed as essential for individual empowerment. For Sue (blind), “A strong positive challenge is the challenge to be independent... I kind of make up my own strategies... I’m a trial and error type of person.” Others reported becoming a stronger person, learning to become independent, developing strong determination to succeed, enhanced assertiveness, a positive attitude, self-advocacy skills, etc.

Education is seen by all participants as necessary for empowerment. For example, David (CP) considered education as a pathway to a life with
dignity and Smart (JRA) viewed education as a means of escaping poverty. In addition, each viewed adequate funding as essential to securing the resources needed for empowerment.

**Conclusion**

This re-analysis of data originally collected for another purpose, indicated that dimensions of quality of life and empowerment were addressed, often incidentally, by our eight participants. This might be due to the fact that each participant interviewed was engaged in post-secondary study, which, in its own right, is related to increased quality of life and empowerment (Carter et al., 2008; Wehmeyer & Gragoudas, 2004). Therefore, these findings must be viewed as only suggestive, going well beyond the purpose of the original data collection. Certainly, this area of investigation warrants further follow-up related to post-secondary students with disabilities and examining a broader life span, including their earlier years and future goals and ambitions.

**References**


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