

“I Wanted to Do Everything Perfectly, Because I Knew I Couldn’t Be”: Critical Disability
Studies, Learning Disabilities, and the Transition to University

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Child and Youth Studies

Submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

Faculty of Social Sciences, Brock University

St. Catharines, Ontario

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Abstract

To date, critical disability studies (CDS), learning disabilities (LD), and transition research have occupied completely different spaces. The transition from high school to university is a critical stage characterized by academic, social, and emotional challenges. The intersecting elements related to the post-secondary transition require resources and skills that are challenging for all students but pose a distinct challenge for those with LDs. CDS works to theorize a simple, yet powerful idea: disability is understood as a phenomenon, associated with the discrimination of people with physical, cognitive, and sensory impairments (Oliver & Barnes, 2012). Questions still remain how those with LDs experience their disability and how, crucially, others experience and respond to it as well. The current study fills the aforementioned gap by including the voices of those who are most academically and socially vulnerable. This study examined the transitional experiences from eight first year university students with a diagnosed LD. The results have several implications. By analyzing the results through a CDS framework it can be understood how disability is not an individual tragedy or flaw but a matter of public discourse. This study provides a space for the experiences and perspectives of students with LDs to be heard in an effort to make visible, and hopefully disrupt, systems of power and privilege that work to marginalize. The personal narratives will provide valuable knowledge to educators, parents, case workers, and other support staff members on the importance reclaiming and centering disability in order to provide a positive transition for students with LDs.

Keywords: learning disabilities, transition, critical disability studies, mental health

Acknowledgments

First, I would like to thank my supervisor, Dr. John McNamara, for his unwavering support. He has offered me encouragement and mentorship that I value deeply. Thank you for believing in me and always having the upmost amount of respect and confidence in my abilities. I appreciate your expertise and enthusiasm throughout my graduate journey.

Thank you to my committee members, Dr. Shauna Pomerantz and Samantha Sendzik for your critical comments and thoughtful insights. Your suggestions pushed me to think in diverse ways and allowed me to improve my writing and quality of research. I feel honored to have worked alongside two remarkable researchers and mentors.

I would also like to offer my thanks to Dr. Monique Somma, my external. Your incredibly helpful suggestions and respected comments helped make this process possible.

I would like to extend my appreciation to my entire family for your support and motivation over the years. Each of you have made me into the person I am today. Thank you for always rooting for me. Your continuous encouragement is invaluable. I love you all!

To my boyfriend, Doug, I couldn't have done this without you. You have been my rock throughout this entire process. Through the moments of self-doubt and frustration, you were there to remind me of how capable I am. You have pushed me to be the best I can, and I cannot thank you enough for that.

I would also like to acknowledge the Social Science and Humanities Research Council of Canada and the Ontario Graduate Scholarship for their funding support.

Finally, I would like to thank each of my participants who had the confidence to speak on the issues that they often do not get the space to discuss. Your personal testimonies inspire me to continue to do research that reflects advocacy and empowerment. You each contributed such rich findings, to not only my study, but the larger disability culture as well. I hope you continue to use your voice in positive ways and understand just how appreciated you are.

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Chapter One: Introduction

The transition to post-secondary is a critical stage in an one's academic, social, and emotional trajectories, and can be especially challenging for students with learning disabilities (LD). Emerging from the 1960s, intensive research on LDs has generated immense bodies of knowledge regarding its manifestation within the body, brain, genome, and social structure (Denhart, 2008). Over the last three decades, the number of post-secondary students with LDs has nearly tripled (Stodden, Conway, & Chang, 2003). Statistics from the National Longitudinal Transition Study (NLTS) indicated that by 2005, the number of students with an LD transitioning to post-secondary education had increased to 34.5% from the 11.4% in 1990 (Gregg, 2007; Lightner, Kipps-Vaughan, Schulte, & Trice, 2012; Newman et al., 2010). Therefore, although enrollment rates for post-secondary institutions have increased, the dropout rate for individuals with LDs remains concerning (Connor, 2012; Denhart, 2008; Henderson, 2001). Approximately 70% of students with LDs drop out of their post-secondary institution before graduating (Connor, 2012; Herridge, 2017; Lightner et al., 2012), contributing to higher rates of unemployment, placement in lower income jobs, and poverty (Gerber & Brown, 1997).

Academically, the transition to post-secondary encompasses a different learning environment and style, as well as greater demands in reading material both in terms of complexity and volume of material covered (Connor, 2012). For students with LDs, these demands become magnified. Some students with LDs face greater difficulties in applying test strategies, managing time, determining the saliency of course information, and concentration, which all have the potential to contribute to higher levels of anxiety and depression, and lower grade point average (GPA) scores (Connor, 2012; Proctor, Prevatt, Adams, Hurst, & Petscher, 2006). Within the emotional and personal realms, some individuals with LDs encounter

confusion with personal identity, including the impact and nature of their LD (May 2001; Piziali, 2001), whereas others feel successful in meeting their individual learning demands and feel validation in previous self-questioned autonomy and self-actualization (Connor, 2012; Miskell, 2001; Mooney & Cole, 2000). Socially, much like typical learners, “those with LDs must create new friendships within a highly diversified community where individuals are hyperconscious of social status” (Connor, 2012, p. 1006). Yet having an LD can complicate the notions of self-worth in relation to peer acceptance due to falling behind academically or feeling inadequate (Skues & Cunningham, 2011). Mitchell and Sedlacek (1995) found that academic aspirations, interpersonal confidence, and anxiety were all intertwined with the general experience of students with LDs. Due to the nature of disability being understood by society as a deficit, students with LDs are particularly vulnerable during the high school to post-secondary transition (Connor, 2012). These individuals must negotiate an additional constellation of disability-related challenges in conjunction with the academic demands, emotional and personal growth, and social expectations of post-secondary school (Heiman & Kariv, 2004).

However, there is a small body of research concerned with including the voices of those with disabilities and ensuring they are heard. This gap in the literature fails to address the extent to which students with disabilities are socially and academically vulnerable during the transition from high school to post-secondary (Gregg 2007; Heiman & Kariv, 2004; McGregor, 2016). The lack of research reinforces traditional notions of those with LDs being passive and requiring assistance (Connor, 2012). As a result, these stereotypes tend to place those with disabilities in a ‘disempowered’ position, instead of participating in empowering narratives that challenge stereotypically negative perceptions. This lack of voice speaks to being silenced, misrepresented, and misunderstood (Denhart, 2008). The stigmatization of disability in the larger cultural and

educational contexts of Canada demand further attention in relation to how these underlying assumptions may intensify the concerns associated with the transition to post-secondary. Research and interventions that view students with LDs as active agents in transition is needed. Several studies have accessed and theorized the lives and experiences of young people with disabilities (Ashby, 2011; Beale, 2005; Buonomo et al., 2017; Connor, 2012; Martin, 2012; Nind & Seale, 2009; Thomas, 2004). As a result, it has been made aware of the disabling physical, cultural, and socioeconomic barriers faced by young people in the social contexts of healthcare, leisure, education, and the wider community (Goodley & Runswick-Cole, 2013). Disability studies work to encourage various debating around the ‘body.’ However, the theory of CDS is often not associated with other disabilities, that may not be characterized as a non-normative physical body, such as those with LDs.

To address these important and under-researched contexts in the lives of people with LDs, I employ a critical disability studies (CDS) perspective to unearth their unique experiences of the transition from high school to university. A CDS framework has yet to be applied when understanding the high school to university transition. This theory has also rarely been used when involving research around young people with LDs. Therefore, the current study provides an innovative area of research, that works to provide a more holistic understanding of the transition experience for those with LDs. CDS builds on disability studies while also pushing the discussion in new and productive directions by producing a body of contemporary knowledge that moves beyond medical and social models (Goodley, Lawthom, Liddiard, & Runswick-Cole, 2019). A CDS perspective gives voice to the unique high school-to-post-secondary transition experience of students with LDs. This framework is applicable for this study because it considers how individuals with LDs actively navigate societal norms, expectations, and practices within

post-secondary settings that too often mispresent, misunderstand, and marginalize this population (Connor, 2012). It can be argued that research and theory on CDS and the transition to post-secondary for people with LDs has never been more needed.

Theoretical Perspective: Critical Disability Studies

In 1980, the World Health Organization (WHO) published the *International Classification of Impairment, Disability and Handicaps* (ICIDH, 1980). In this document, disability was defined as the ‘lack of ability to perform an activity in a manner that is considered normal for a human being’ (Cameron, 2014, p. 99). Impairment was viewed as a social progress threat and people with severe impairments were perceived as mutants (Radford, 1994). This classification was accepted by many, becoming the sole understanding of disability. Historically, society has understood people with disabilities from a medical or deficit model, which implicitly labels them dysfunctional and in desperate need of treatment (Peña, Stapleton, & Schaffer, 2016). According to Reddy (2011), disability was defined as a disadvantage or deficiency that limits normal achievements with predominant physical or psychological medical significance. The ‘medicalization’ of disability made human variation an abnormality, as a deficit, a pathological condition, and most considerably, as a personal tragedy and individual burden (Reddy, 2011).

Therefore, disability was understood as an individual issue as a result of people with disabilities being labeled as ‘unable to satisfy the norms for human beings’ (Cameron, 2014). Medical definitions, rooted in biological determinism, attempted to distinguish people based on perceived biomedical conditions and diagnostic categories (Reddy, 2011). Medical professionals objectified the ‘body’ through medical interventions and diagnosed differences as *deficiencies*, where ‘defective bodies and minds were “dangerous” and “threatening” to all of society’ (Barnes & Mercer, 2003, pp. 32). Based on this view, disability is theorized as an individualized, medical

problem linked to the body (Hall, 2019). The WHO definition has been criticized for its reliance on bio-physiological definitions of ‘normal’, which ignores economic, social, political, and cultural barriers (Reddy, 2011).

Critics of the medical model began to consider the relational understanding of impairment and social interaction between those with impairments and the non-impaired (Reddy, 2011). Therefore, the social construction of bodily impairment was understood in relation to the compelling influences on the political, social, and cultural environment (Reddy, 2011). With these contestants, the focus on abilities, or lack thereof, shifted blame from the individual to society. Barnes and Mercer (2003) argue how, “the problem of disability lies not only in the impairment of function...but also, more importantly in the areas of our relationship with ‘normal’ people” (p. 9). With this understanding, people with disabilities are declared an oppressed group and equated with the discrimination faced through racism, sexism, classism, etc. (Barnes & Mercer, 2003). The social model radically challenged the conceptual and institutional foundations that legitimized the medical model (Reddy, 2011). Yet, the social model addressed the dichotomies of impairment and disability as distinct constructs: disability as private, individual, personal tragedy, *and* disability as social, structural and externally imposed (Reddy, 2011). However, the social model itself has been widely critiqued for presenting a narrow perspective, which risks implying impairments as non-problematic and excluding individuals with LD and mental health problems (Reddy, 2011). Clearly, for the purpose of this study, the social model raises concerns for my own research. As a result, over the last decade, CDS has evolved to both critique medical and social models, as well as offer a powerful form of social justice for those with disabilities.

CDS refers to a diverse set of theoretical approaches that analyze disability as a historical, relative, political, cultural, and social phenomenon (Hall, 2019). CDS is an interdisciplinary and emancipatory framework that, “seeks to extend and productively critique the achievements of working through more modernist paradigms of disability, such as the social constructionist model” (Shildrick, 2007, p. 233). This interdisciplinary framework has built upon previous disability studies to produce a body of contemporary knowledge from multiple perspectives, both inside and outside cultures of disability (Goodley et al., 2019). CDS is used to describe the socio-political constructions of disability and track the effects of these constructions on people who are oppressed by them (Hall, 2019). A CDS framework questions how knowledge is constructed in order to maintain structures and systems that exclude and control marginalized populations, such as those with disabilities (Peña et al., 2016).

It is important to understand how a CDS lens does not ignore the challenges individuals with disabilities face (Castrodale, 2017), rather it acknowledges one’s capabilities to become resilient and shift the traditional view of disability as “at risk” to “having potential.” CDS raises questions regarding how information is communicated, accessed, and (re)interpreted and the ways this can (dis)advantage specific individuals (Castrodale, 2017). Therefore, CDS can be understood as a growing field of activism and theorizing that welcomes discord, disagreement, and debate (Goodley et al., 2019). “Critical disability studies might be viewed then...as a platform through which to think through, act, resist, relate, communicate, and engage with one another against the hybridized forms of oppression and discrimination...” (Goodley, 2012, p. 11). CDS views disability as the place for reconfiguring the relationships and interactions we have with one another (Goodley et al., 2019). Society perpetuates the idea of a ‘normal’ being, one from which a disabled body differs. CDS is significantly aimed at analyzing and exposing

the notion of ableism, which systematically interacts with other power structures that stigmatize to produce sex, gender, race, and disability (Hall, 2019).

Historically, LDs were categorized as a de-contextualized concept, that relied on IQ as a predictive measure and medical standard (Goodley, 2001; Roets, Dean, & Bouverne-De Bie, 2019). People with LDs were labelled as moral defectives, or “unable to follow the developmental path to civilization” (Simpson, 2007, p. 571). This resulted in humanity being divided into two major groups: the ‘normal’ members, and those people who were deviant from society’s standards (Roets et al., 2019). With these constructions, people with LDs were seen as violators of proper citizenship. Therefore, a CDS framework understands how the concept of ‘normal’ is a social construction, and therefore so is ‘disability’ and ‘impairment.’ Thus, one’s subjectivities, a term that denotes the social construction of the self, are constituted in cultural, political, and social realms (Goodley et al., 2017).

Despite several notable attempts (Badley, 2008; Nind & Seale, 2009; Verdonschot, De Witte, Reichrath, Buntinx, & Curfs, 2009), evidence outlining the dimensions of social inclusion and participation and a clear conceptual framework that links contextual and personal factors is limited (Cobigo & Stuart, 2010). The fact that disability is often disregarded serves as a limitation for research. Hall (2009) conducted a meta-analysis of 15 qualitative studies, which described the experiences and elements of social inclusion from the perspective of persons with a disability and found six elements: (1) being accepted and recognized as an individual beyond the disability; (2) having personal relationships with family, friends, and acquaintances; (3) being involved in recreation, leisure, and other social activities; (4) having appropriate living accommodations; (5) having employment; and (6) having appropriate formal (service system) and informal (family and caregiver) supports. Through these results, it is evident how disability

and social exclusion are fundamentally intertwined, from both first-person accounts and the perspective of the social model of disability (Cobigo & Stuart, 2010).

When disabilities are understood at an individual level, the integration and impact of structural, systematic, and institutional inequalities are discounted and silenced. By ignoring the greater issue, an ableist worldview full of stereotypes and prejudices is created and sustained. However, we must be reminded that those with disabilities are bound by structural and attitudinal barriers that limit one's capacity to navigate society (Martin, 2012; Peña et al., 2016). This suggests that people labelled with disabilities must work toward an able-bodied norm in order to be seen as productive members in a capitalist society (Goodley & Runswick-Cole, 2013; Peña et al., 2016). When understood this way, it can be acknowledged how disability remains a larger social issue to be deconstructed through societal change and social shifts in understanding and attitude (Goodley, 2001; Hall, 2019).

A CDS framework is crucial for this analysis as the emphasis on individual impairment and deficiency is resisted while incorporating the interests and voices of individuals with disabilities. This framework identifies how political, educational, and social contexts serve as sites for (in)justice (Peña et al., 2016). Thus, a CDS framework is needed in order to eliminate systemic and day-to-day oppression and discrimination (Goodley et al., 2017; Peña et al., 2016). CDS places disability at the forefront of political and theoretical debates while simultaneously representing disability's intersectional relationship to ethnicity, race, sexuality, class, age, and gender (Goodley et al., 2019). Roelandt (2009) discusses the misconceptions of those with disabilities being viewed as a threat to social order and similarly, how the need for support versus confinement and justice acts as one of the strongest barriers to social inclusion. Therefore, Goodley et al. (2019) argues that the purpose of CDS is to, "start with the disability but never

end with it: disability is *the* space from which to think through a host of political, theoretical and practical issues that are relevant to all” (p. 977).

Goodley et al. (2019) address dis/ability as a split term, which takes into consideration the ways in which disability/ability are mutually dependent upon each other; in order to completely acknowledge disability, one must have a sense of its hidden referent (ability) as the term against which it is measured and disparaged. Likewise, the terms ‘disorder’ and ‘disability’, which are commonly used interchangeably, are inappropriate and misleading (Penney, 2018). These terms both imply a discontinuity between the ranges of typical abilities in “normal” individuals versus “abnormal” individuals (Penney, 2018). CDS is interested in deconstructing what constitutes ‘normal’ and how these constructions are built upon social, political and cultural structures (Goodley et al., 2017). People with disabilities are continuously contesting what it means to be human beyond the normative, narrow, and rigid view of the neoliberal capitalist self (Goodley & Runswick-Cole, 2016). CDS asks us to question how we value the human subject and how many individuals with disabilities have been denied the opportunity to occupy the position of the capitalist subject: responsible, capable, competent, and rational (Goodley & Runswick-Cole, 2016). Capitalism plays a major role in CDS, given that people with disabilities are often framed as non-contributors to the all-encompassing system of consumer/work/production. Therefore, disability cannot be viewed without taking the role of neoliberal subjecthood into consideration.

Western culture constructed people with disabilities as ‘dependent’ or ‘passive’ and ‘in need of care’ – a position that directly placed them under the control of others (Shildrick, 2007). This position creates the perception that people with LDs are constant failures, as one’s disability is exclusively understood as a deficiency in one’s ability to succeed. Failure throws a disruptive wrench into capitalism, specifically the global North’s, insistence on neoliberal subjecthood – a

independent, self-actualized, and autonomous citizen (Goodley et al., 2019). Therefore, the presence of disability constantly disrupts and interrogates the idolized normative position (Goodley & Runswick-Cole, 2016). A CDS lens views ‘success’ as rhetoric, and how this works to perpetuate the myth of independency and ableism (Karmiris, 2016). Neoliberal subjecthood and ‘normal’ are synonymous with the contributor to capitalism. The construction of ‘normal’ therefore goes hand-in-hand with the construction of ‘success’ and subsequently, ‘failure.’ Neoliberal subjecthood has constructed the idea that independence is a key feature of success, therefore by obtaining assistance from others one is characterized as a failure. Therefore, for children with LDs, who already fall outside of the ‘normal’ constraints of society, one’s success is unconsciously already seen as a failure (Karmiris, 2016). CDS aims to signify dependence as a natural part of being. Shifting from traditional disability theorizing, which reduced autonomy to independence, CDS views autonomy as emancipation from hierarchical and hegemonic ideologies (Hall, 2019). With this in mind, we can question the seemingly taken for granted myth of success as doing something ‘all by myself’ (Karmiris, 2016). By understanding how independence remains the marker of normative success, we can work to de-centre the normative subject. We must encourage and embrace the ways of life that are not rigidly framed by humanistic values of autonomy and independence (Goodley & Runswick-Cole, 2016).

In Kimberlin’s (2009) review of the literature, contemporary discourses of disability are found to be rooted in a social model, emphasizing social barriers rather than one’s impairments. Both the United Nations Convention on the Rights of Persons with Disabilities (2006) and the International Classification of Functioning, Disability and Health (2001) define disability as the outcome of complex interactions between conditions of health and characteristics of one’s social, attitudinal, and physical environment, which can hinder full and successful societal participation.

While taking the nature of disability into consideration, it is imperative to focus on capabilities regarding obstacles that inhibit complete and effective empowerment of all citizens, while being proactive in addressing such barriers (Kimberlin, 2009; Nussbaum, 2003). In order for individuals with disabilities to exercise their rights on an equal basis, barriers such as prejudice, discrimination, and inaccessibility must be addressed (Cobigo & Stuart, 2010).

Although the physical body may seem to be primary focused on within CDS, the underlying assumptions are complementary for LDs as well. CDS enables us to uncover underlying and often taken-for-granted assumptions that drive the exclusion of people with LDs. Considering the phenomenon of LDs is often framed as individual pathology, the ontological existence of ‘abnormality’ is radically challenged (Roets et al., 2019). Therefore, a CDS framework is well-suited for this research project as it: (1) aims to place those with LDs central to theories of disability; (2) privileges the knowledge derived from the lived experiences of disability; (3) works *with* individuals with LDs as informed participants and/or co-researchers; (4) shifts the value of disability as a dysfunction to a natural part of human diversity; and (5) supports students with disabilities in the development of a positive identity (Connor, 2012). It is when a CDS framework is utilized that society can acknowledge how young people with disabilities have the potential to re-design playgrounds, re-think classroom organization, re-engage with school leadership, and shake up the pedagogy (Goodley et al., 2019).

Purpose and Guiding Research Questions

CDS works to theorize a simple, yet powerful idea: disability is understood as a phenomenon, associated with the discrimination of people with physical, cognitive, and sensory impairments (Oliver & Barnes, 2012). However, questions still remain how those with LDs experience their disability and how, crucially, others experience and respond to it as well.

Therefore, the purpose of the current study is to understand disability not as an individual tragedy or flaw but a matter of public discourse. Understood this way, disability is both a signifier of inequality and the promise of something new and affirmative. In the midst of a social world so deeply complicit in injustice, we must work towards the reconfiguration of our relations (Karmiris, 2016). CDS guides the current research as it is a “location populated by people who advocate building upon the foundational perspectives of disability studies whilst integrating new and transformative agendas associated with postcolonial, queer and feminist theories’ (Goodley, 2016, p. 190–191). CDS has rarely been applied to the context of young people, especially those with LDs. When conducting research with young people, a CDS lens works to demonstrate the ways the discourse of “normal” persists by exploring the possibilities of resistance in both passive and active forms (Karmiris, 2016).

“Through listening to the stories of those with disabilities, we can not only make sense of their narratives but develop our own sensitivities to their reflections on – and their personal experiences of – their disability” (Goodley & Runswick-Cole, 2013, p. 2). The issue remains to increase awareness of young people with disabilities’ views and experiences of the world around them. Further research is needed that encompasses the ability for young people to reveal, challenge, and redefine the preconceived notions of their disability. By doing so, those with disabilities can begin to reconstruct the ways they make sense of who they are and their role in society. Therefore, a CDS framework offers a unique perspective to studying the transition experience for students with LDs. The current study fills this aforementioned gap in the literature by targeting an understanding of the transition process specifically for those with an LD. As disability researchers, we must call upon these adolescents themselves to make sense of the theoretical construction of LDs.

To achieve this purpose, this research aimed to answer the following key questions:

1. What are the academic and socioemotional needs of students with LDs that must be acknowledged to ensure a smooth transition from secondary to post-secondary is experienced?
2. What are the perceived consequences of ineffective transitional strategies during the high school to post-secondary transition?
3. What are the effective strategies that act as perceived benefits during the high school to post-secondary transition?
4. Are students with learning disabilities more at risk for mental health concerns following the high school to post-secondary transition?

The personal narratives in this study will prioritize individual experience, thus opening space for the person with an LD to take control of the narrative (Connor, 2008). Based off a review of the current literature, I hypothesize that students with LDs may be predisposed to greater social, emotional, and academic barriers than those without LDs. These barriers are likely due to the social constructions of disability, built upon a history of discrimination and prejudice, that make things increasingly more difficult than their non-disabled peers. These inclinations put students at a greater risk for school-related stress and mental health concerns, such as anxiety, drop-out, depression, and frustration. For the purpose of this study, it is crucial to understand how CDS still aims to remain mindful of the ways in which young people with disabilities are culturally placed in a position of lack.

Acknowledging young people with LDs provides insights that cannot be gathered in other ways (Nind, Flewitt, & Payler, 2010). CDS applies a lens to the results of this study to encompass disability beyond individual limitations and focus on the person in a larger system.

This understanding offers critical insights into inclusion, accommodations, and equity for both institutional and public knowledge. The results also suggest implications for the ways transitional supports can foster a developmentally responsive move for students. Overall, the objective of the current study is to foreground the underrepresented experiences of people with LDs in order to provide valuable knowledge to educators, parents, case workers, and other support staff members in order to inform a smoother transition from high school to university. The narratives within this study remind us of the existence of differently embodied and embedded subjects.

Chapter Two: Literature Review

Transitions

It is important to note that the studies discussed within this section are referring to all young people who are at this stage of life, not explicitly those with LDs. The Ministry of Education, Quebec (MOEQ) published a document titled *Ensuring a Smooth Transition from Elementary to Secondary School* in which a transition is defined as, “a period of time during which children gradually adapt their new physical, social, and human environment” (2012, p.1404). Periods of transition are often stressful and employ impacts on one’s psychological adjustment and wellbeing (Rice, Frederickson, & Seymour, 2011). Young people are faced with several transitions prior to entering adulthood, each of which present their own unique challenges, some more problematic than others. The move from high school to post-secondary is widely considered a significant educational and life transition (Connor, 2012). Therefore, this transition from high school to post-secondary is identified as an intense period of adaption, in which young people are faced with several psychological, social, environmental, and physical challenges (MOEQ, 2012) due to the simultaneous changes in school environments, social interactions, and academic expectations (Anderson et al., 2000). Adjusting to these changes can be difficult to negotiate and have been understood as an experience of early adolescence anxiety by many transitioning to post-secondary (Grills-Taquechel, Norton, & Ollendick, 2010; Rice et al., 2011). It has been widely accepted that the transition from high school to post-secondary often negatively affects a subject’s psychological and emotional adjustment, which manifests in a range of school behaviors including social concerns, lower grades, and poor attendance (Anderson et al., 2003; Akos & Galassi, 2004).

Heiman and Kariv (2004) found the transition from high school to post-secondary embodies several changes across social, structural and academic levels, as well as social and emotional adjustments. This type of transition carries changes in class structure, diversity, peer and staff relationships, school size, academic expectations and student autonomy as individuals shift from being at the top of a complex social hierarchy to the bottom of another (Anderson et al., 2000; Bunn & Boesley, 2019; Hebron, 2017). Specifically, Marshall, Goessling, Young, and Woznisk-Molnar (2019) acknowledge how educational transitions are unique in that they involve changes to the physical environment (e.g. buildings, lockers instead of desks, school location), social context (e.g. different and larger peer groups and student body), and pedagogical structures (e.g. expectations, changing classrooms throughout the day, rules). Similarly, Connor (2012) states how the transition to post-secondary involves various changes to the social aspects (e.g., managing older students, friendships), academic aspects (e.g., responsibility for learning, quantity of schoolwork), and procedural aspects (e.g., school layout, classroom and school rules) of the school environment (Akos & Galassi, 2004).

Students report specific structural issues, such as the fear of not finding their classroom on time or getting lost (Rice et al., 2011). Academic concerns include having 'hard' or unfriendly teachers, unmanageable homework loads, and not being able to keep up with the class learning pace (Waters, Lester, & Cross, 2014). For most individuals, the transition from secondary to post-secondary school is exciting, however, for some students, this change compounds one's academic disengagement (Akos & Galassi, 2004; Waters et al., 2014). Academically, protective factors include: good relationships with teachers, availability of support resources, positive classroom climate, sense of belonging, increased linguistic support, consideration of different learning styles, and participation in extracurricular activities (MOEQ, 2012). However, academic

factors may also present several risk factors, for which individuals with LDs may be the most at-risk. These risk factors include academic delay, difficult teacher-student relations, larger school and classroom sizes, and a lack of organizational, instructional, and social continuity between secondary and post-secondary school (MOEQ, 2012).

Social Support and Socioemotional Adjustment

Social support can be defined as, “an individual’s perceptions of general support or specific supportive behaviors (available or acted on) from people in their social network, which enhances their functioning or may buffer them from adverse outcomes” (Malecki & Demaray, 2003, p. 232). Social networks may include family members, peers, teachers, and other important stakeholders, and can be categorized as informational, appraisal, instrumental, and emotional in nature (Malecki & Demaray, 2003). An individual’s family plays a crucial role during the transition process. Protective factors include positive family atmosphere, parental involvement in academic success, quality relationship between the family and school, and an emphasis on the importance of education (MOEQ, 2012). However, support networks are also accompanied by certain risk factors such as: insufficient parental support, limited academic support, difficult family atmosphere, and authoritarian or permissive parenting styles (MOEQ, 2012).

However, social support is not limited to family dynamics, as previously mentioned. More specifically, DuBois et al. (2002) and Colarossi and Eccles (2003) found that, adolescents reported a decrease of importance for parental support and an increase of importance for social support from peers. Therefore, stability in peer relationships and social support might be a key factor in predicting whether a student will experience a successful transition (Geisthardt & Munsch, 1996; Gutman & Midgley, 2000; Martinez, Aricak, Graves, Peters-Myszak, & Nellis, 2011). Likewise, Martinez et al. (2011) found that those who reported having a strong friendship

in secondary school had a more positive transition experience. Socially, students also look forward to other social aspects, such as making new friends, having more variety of sports teams and clubs, and having more freedom (Akos & Galassi, 2004; Waters et al., 2014).

Considering the transition from high school to post-secondary includes several personal changes, one's socioemotional well-being and mental health may be at-risk. Dubois et al. (2002) reported the positive benefits of social support being linked to increased levels of self-esteem. These positive benefits highlight the vigorous influence of social support networks on adolescent's overall well-being (Martinez et al., 2011). Conversely, students were concerned about bullying, meeting new people, and being the youngest in the school (Akos & Galassi, 2004; Rice et al., 2011; Waters et al., 2014). Concerns associated with social relationships, becoming familiar with secondary school structures and new routines, as well as academic achievement, all work to compound vast consequences of adjusting to a new, perhaps more challenging, learning environment.

Consequences of Poor Transitions

Although successful transition is difficult to define, it is prominently measured across multiple dimensions including social relationships with peers, classroom behavior, academic performance and engagement (Anderson et al., 2000), eased parental concerns, increased interest in school-related work, and improved self-esteem and confidence (Bunn & Boesley, 2019). A smooth transition from high school to post-secondary is not only a peaceful shift for students, but also for parents and other stakeholders involved, such as siblings and peers. Therefore, in order to foster the student's academic, family, social, cultural, and personal success, the transition requires a mutual adaption among multiple institutions (MOEQ, 2012). Taking these multiple aspects into account promotes the continuity of the overall student's educational experience. It is

when schools effectively meet the student's needs (e.g. safety, relationships, accommodations, self-esteem, independence) that the individual is more likely to persevere (MOEQ, 2012).

Morgan and Hertzog (2011) understand the transition to post-secondary as an ongoing process, rather than a single event, which varies amongst contexts. It is suggested that transition research must span across multiple school sites and encompass a longitudinal approach, however this type of research is limited (Ellerbrock, Denmon, Owens, & Lindstrom, 2015). Research suggests that transition supports have the ability to support students' success and foster a more positive move from one school to the next (Cauley & Jovanovich, 2006; Connor, 2012; Ellerbrock & Kiefer, 2013; Ellerbrock et al., 2015; Morgan & Hertzog, 2001). Transition programs focused on the move from high school to post-secondary must gradually introduce students to the academic expectations of post-secondary, the procedural practices, while working to promote the development of positive social networks (Ellerbrock et al., 2015; Morgan & Hertzog, 2001). Transition programs should be comprehensive, personalized, and engage with the unique experiences of the transition process to directly benefit the students.

Any successful transition involves the ability to cope with change (Waters et al., 2014). Gill (2007) found that a positive self-concept, supportive peer relationships, and positive thinking significantly impact students' ability to cope with the post-secondary school transition process. Generally, individuals with a perceived self-efficacy, ability to socialize, thrive and overcome adversity, proficiency in language and mathematics, interest in school subjects, and effective problem-solving strategies exhibit a more positive transition. A smooth transition will enable students to develop or maintain positive school-related attitudes, the confidence to succeed, recognize personal strengths and challenges, feel comfortable and safe in one's new environment, and form quality interpersonal relationships (MOEQ, 2012). The changes that

accompany this transition can produce positive effects, such as new friendships, an increase of freedom, extracurricular opportunities, and specialized courses (Akos & Galassi, 2004; Ellerbrock et al., 2015). Lower levels of depression, anxiety, loneliness, and victimization were also reported by students who experience positive transitions (Waters et al., 2014). Therefore, the need for transition programs that target students' socioemotional well-being is necessary.

Most students exhibit a capacity for adaption that enables them to successfully transition without encountering negative outcomes (MOEQ, 2012). Yet, there is still an immense number of individuals who are unable to successfully transition due to personal factors. These difficulties may include poor self-esteem, psychological distress, lack of motivation and commitment, internalized or externalized behavioral problems, and negative school perceptions...in conjunction with learning difficulties (MOEQ, 2012). These negative consequences also include decreases in academic attendance and engagement (Connor, 2012; Ellerbrock et al., 2015). Those who do not adjust have been longitudinally associated with poor psychosocial concerns, including anxiety, antisocial behavior, and depression (Benner & Graham, 2009; Bunner & Boesley, 2019; Hughes et al., 2013; Jones, 2013; Waters et al., 2014). Students also report feeling less connected to their schools (Akos & Galassi, 2004; Waters et al., 2014), which can facilitate the perception of a more alienating school climate. Emotional and social challenges accompanying this transition period can result in anxiety and frustration, causing disruptive or negative behaviors (Gill, 2007).

Poor transitions can result in a chain of events that impact future academic attainment and put individuals at risk of becoming potentially disengaged from school and unmotivated (Rice et al., 2011). Poor transitions can create greater performance anxiety and isolation, a decline in academic performance, loss of interest in school subjects, decreased confidence, less positive

attitudes toward teachers, peers, and the school itself, as well as severed social ties (MOEQ, 2012). This ultimately results in substantial implications for an individual's ability to fulfill both their personal and academic potential (Rice et al., 2011). To conclude, an adolescent's increased desire for social acceptance, autonomy, and identity development is often challenged by the increased compartmentalization, competition, and control that is frequently characteristic of high school (Eccles, 2004; Martinez et al., 2011). Intervention efforts and further research focusing on the high school to higher education transition is necessary as this transition period encompasses anxiety and stress, which is correlated with concurrent psychological issues, future adjustment concerns, and attainment issues (Rice et al., 2011). Yet, these risks of a poor transition pose a bigger threat to those who are most vulnerable to academic underachievement, poor self-esteem, anxiety, and school-dropout, such as those with LDs (Connor, 2012).

Learning Disabilities

Learning disabilities (LD) are a widespread socially constructed phenomenon affecting many individuals across the globe. For several decades, the definition of LD has been an ongoing debate amongst multiple disciplines, including education, medicine, sociology, and psychology (Büttner & Hasselhorn, 2011; Chan & Dally, 2000; Mather & Gregg, 2006, Skues & Cunningham, 2011). Therefore, LD has not been uniformly defined due to its variability across social, clinical, research, educational, and political contexts. However, the most widely accepted definition of LD derives from the Learning Disabilities Association of Canada (LDAC), which identifies LD as lifelong, neurobiological, or injury-related brain impairments, which impact one or more learning related processes (2017). The Learning Disability Association of Ontario (LDAO) defines learning disabilities as:

A variety of disorders that affect the acquisition, retention, understanding, organization or use of verbal and/or non-verbal information. These disorders result from impairments in one or more psychological processes related to learning, in combination with otherwise average abilities essential for thinking and reasoning. Learning disabilities are specific not global impairments and as such are distinct from intellectual disabilities (2015).

Kozey and Siegel (2008) state how this widely accepted definition contrasts with the traditional, overwhelmingly empirical objection to LD as a discrepancy between academic achievement and cognitive intelligence (National Center for Learning Disabilities, 2002). Penney (2018) indicates how LDs are commonly defined through deficits in various psychological processes, which affect certain areas of academic achievement, including attention and working memory. Commonly, LDs are defined in association with deficits in “psychological processing” (LDAO, 2015; Stegemann, 2016; U.S. Congress, 1975). The LDAO (2015) defines psychological processes as an intensive list of cognitive functions including: memory and attention, processing speed, phonological processing, language processing, visual-spatial processing, and executive functions (planning, metacognitive abilities, and monitoring).

In 1975 the U.S Congress defined LDs as a disorder in one or more basic psychological processes associated with the utilization of spoken or written language. This can manifest itself into an *imperfect* ability to speak, write, spell, listen, and think (U.S Congress, 1975). Specifically, LD is concluded to be a presumed left-sided neurological processing issue (Paulesu, Danelli, & Berlingeri, 2014). Similarly, Sharfi and Rosenblum (2014) define LD as an umbrella term that includes neurological disorders caused by central nervous system deficits that influence one’s ability to process, convey, and sustain knowledge. The Ontario Ministry of Education

published the Policy and Program Memorandum 8 (PPM8) in order to revise the identification criteria for students with LDs as a learning exceptionality. The PPM8 document defines LD as:

A neurodevelopmental disorder that persistently and significantly has an impact on the ability to learn and to use academic and other skills that: affects the ability to process and perceive verbal and non-verbal information, results in academic underachievement, difficulties in reading, writing, mathematics, learning skills and work habits, and can be associated with one or more cognitive process difficulties, as well as social interaction difficulties (p. 2, 2014).

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) specifies learning disorders as neurodevelopmental in nature and affecting an individual's academic skills and abilities (American Psychiatric Association, 2013). Though there are countless definitions of LDs, through an analysis of the current literature, common elements are revealed. Specifically, LDs are associated with an information processing 'problem', which influences one's acquisition and operational use of one or more of the following: language skills (including reading, spelling, and listening), writing, and/or mathematical skills (Skues & Cunningham, 2011). It can be concluded that LDs are a collection of neurological difficulties that affect one or multiple ways an individual absorbs, stores, and uses information (LDAO, 2002). Generally, people with LDs are capable, smart, and more than willing to learn, despite having challenges in one or more fundamental learning areas (Integra, 2016).

Prevalence

As a result of the various definitions reflecting different theoretical perspectives of LDs, there is a significant lack of clarity and consistency (Skues & Cunningham, 2011). Any measure of prevalence regarding LD is likely an inaccurate depiction. It is estimated that 4-7% of school-

age children and youth are identified as having specific LDs (Büttner & Hasselhorn, 2011; Geary, 2006; Hasselhorn & Schuchardt, 2006; Mercer & Pullen, 2005). These specific LDs often encompass a reading disability, affecting 80% of children diagnosed with an LD (Costa, Edwards, & Hooper, 2016). According to the Learning Disability Mental Health Handbook (2016), LDs affect 5 to 10 percent of all Canadians, with 43% of students in Ontario having been diagnosed with educational exceptionalities. Research suggests that approximately 50% of children recognized for special educational services are those with an LD, revealing how LDs constitute the largest single category of students in special education (Büttner & Hasselhorn, 2011; Cortiella & Horowitz, 2014; Kavale & Forness, 2006; Torgesen, 2004).

Characteristics and Diagnosis

LDs range in severity, and consistently interfere with one or more successful life skills including: reading (comprehension, decoding), mathematics (problem solving, computation), written language (written expression, spelling), and oral language (understanding, speaking, listening) (LDAO, 2015). The DSM-5 was published in 2013 by the American Psychiatric Association and categorizes an LD as a neurodevelopmental disorder. The DSM-5 outlines four fundamental features of the diagnosis: (1) persistent difficulties in learning and using key academic skills despite the provision of interventions that target those difficulties; (2) performance of academic skills that are well below average for chronological age; (3) appearance of the learning difficulties in the school years; and (4) a recognition that learning difficulties are not attributable to other neurological conditions or intellectual disabilities.

The Ontario Psychological Association (OPA) states that, apart from meeting basic diagnostic criteria, the DSM-5 recognizes the need for further assessment in order to accurately indicate the level of impairment (2018). For a learning disability, “additional information is

usually required beyond that contained in the DSM-5 diagnosis, which might include information about the individual's functional impairments and how these impairments affect the particular abilities in question" (p. 25). In 2016, the Association of Chief Psychologists with Ontario School Boards produced specific guidelines for LD diagnosis. These guidelines recognize LD as a type of neurological disorder and include assessments of both academic achievement and intellectual abilities and a range of cognitive processing abilities (OPA, 2018).

The factors listed within the OPA's (2018) Steps for Assessment and Diagnosis of Learning Disabilities should not be viewed as causes of LDs, nor do they intend to rule out the presence of LD but should be considered when interpreting the results of assessment. The OPA (2018) outlines 10 steps for diagnosis: (1) determine whether there is a history of academic impairment, (2) determine whether there is evidence of developmental, health, educational, or contextual factors that are risk factors for LD and other learning difficulties, (3) assess academic achievement using individual standardized achievement tests, (4) assess the basic psychological and cognitive processes that are risk factors for the specific difficulties in reading, writing or mathematics experienced by the individual being assessed, (5) assess abilities essential for thinking and reasoning, (6) assess and rule out other factors that could better explain the pattern of results, including effort, motivation and non-compliance with instructions, (7) assess the social, emotional, and behavioral strengths and difficulties that are common in individuals with LD, (8) develop a formulation and diagnostic statement in accordance with the above criteria, (9) identify the types of evidence-based and realistic supports and interventions that are required, and (10) communicate the results of the assessment, the diagnosis and recommendations.

Epidemiology

Although the causes of LD are not within the scope of this study, it can be assumed that LDs are understood as a neurological disorder in various mental processes, making it difficult to acquire certain skills, notably in mathematics and reading (Penney, 2018). Similarly, Integra (2016) states how it has been widely accepted that LDs are due to genetics, acquired neurobiological, and/or other congenital factors. Historically, LDs are related to an “unexpected” underachievement at school (Büttner & Hasselhorn, 2011; Fletcher, Morris, & Lyon, 2003). Individuals with LD show poor performance in reading, written expression, and/or mathematics, which cannot be explained by one’s learning potential or uncontrollable external factors (Büttner & Hasselhorn, 2011). The PPM8 outlines how LDs are, “not a result of a lack of acuity in hearing and/or vision that has not been corrected; intellectual disabilities; socio-economic factors; cultural differences; lack of proficiency in the language of instruction; lack of motivation or effort; gaps in school attendance or inadequate opportunity to benefit from instruction” (p. 2). Therefore, LDs are not understood as the result of physical, sensory, or intellectual disabilities, cultural or economic disadvantages, emotional disturbances, or inappropriate teaching methods (Skues & Cunningham, 2011). Both international classification systems, DSM-5 and ICD-10 simultaneously refer to the concept of the unexpectedness of poor performance within an academic realm as a crucial component of the concept of LDs (Büttner & Hasselhorn, 2011). Skues and Cunningham (2011) accept the idea that LDs are neurological in origin, permanent in nature, and resistant to intervention. LDs derive from genetic, congenital, and/or developed neuro-biological factors (LDAO, 2015).

Both the DSM-5 as well as the ICD-10 describes LDs as a poor academic achievement, which cannot be attributed by one’s intelligence or external factors. Similarly, both the LDAC

(2017) and the LDAO (2015) specify that LDs are not caused by cultural or language variabilities, inappropriate or inadequate instruction, lack of motivation, or socio-economic status, although these factors may compound the challenges faced by those with LDs. Distinguishing between different forms of LD and refining supports that specifically accommodate these different types of LD is part of the challenge in establishing a consistent definition. Although the impairments of LDs are life-long, the effects can be expressed differently over the lifespan due to environmental demands and individual characteristics (LDAO, 2015). According to Penney (2018) LDs are not a result of deficient brains; the brains of those with an LD are healthy but are wired in a way where certain skills such as spelling, reading, or mathematics are not as easily acquired. Therefore, revising existing policies and definitions related to LDs can aid in the development of more evidence-based and consistent methods of supporting these individuals.

Learning Disabilities and Socioemotional Difficulties

Throughout the past 70 years, the field of LDs has aimed to support children and youth, as well as their families in order to generate definitions, understand neurological contributions, and create policies and practices. However, despite decades of research, an emphasis on early identification and prevention, and the creation of important policy documents, children and youth with LDs continue to face struggles related to mental health and socioemotional well-being (Cortiella & Horowitz, 2014; Snow, Burns, & Griffin, 1998). The OPA (2018) recognizes how individuals with LDs are at an increased risk for social, emotional and behavioral difficulties, which do not meet criteria for other diagnoses (see Winer & Timmermanis, 2012 for review). These difficulties may be correlated with psychological processing deficits (e.g., reading body cues, tracking group conversations, and interpreting sarcasm) (Milligan, Phillips, & Morgan,

2015) or be subordinate to the challenges one may experience with academics and other school-related stressors. An individual's learning and performance in school, work, and other settings may be interfered by these social, emotional, and behavioral challenges. The OPA (2018) outlines guiding questions of consideration which include: self-awareness (e.g., can the individual self-advocate? What is the nature of one's self-esteem or self-concept? Does the individual understand their strengths and weaknesses?), social competence and social relationships (e.g., what is the quality of one's social awareness, social communication, emotion regulation, and social relationships? Are they accepted, rejected, or neglected? Have they experienced bullying?), internalizing and externalizing behaviors and disorders (e.g., do they manifest significant levels of anxiety? Does the individual have depression symptoms? Does the individual exhibit noncompliant and disruptive behaviors? Aggression? Persistent lying? Is the individual often truant from school?), and lastly resilience (e.g., are there positive strategies to foster resilience and support good mental health?).

As a result of these inclusive considerations to LD diagnostic criteria, LDs are beginning to be understood as encompassing not only neurological explanations, but social and emotional aspects as well. More specifically, Piers and Duquette (2016) found that in addition to academic challenges, individuals with LDs also struggle with a variety of social and emotional issues due to the demands of their environments. Integra (2016) also states how children and youth with LDs often experience emotional and social stresses, which include feelings of worry, frustration, and loneliness. Therefore, children and youth with LDs demonstrate higher rates of school-related stress (Sparks & Lovett, 2009) as well as school drop-out (Svetaz, Ireland, & Blum, 2000). The National Center for Learning Disabilities (2017) found children with LDs being twice as likely to be suspended compared to children and youth without LD. The general population's

school dropout rate is 6.5% compared to children and youth with LDs whose dropout rate was found to be 18.1% (NCLD, 2017). In addition, it was found that 25% of the federal prison system's population has been identified as having an LD (Ostiguy, 2000; Scruton & McNamara, 2014). The National Longitudinal Survey of Children and Youth (2007) reported that 76.1% of parents of a child without an LD said their child was doing "well" or "very well" at school, compared to only 5% of parents of children with an LD. Within the same report, children and youth with an LD were reported three times less likely to report "good" to "excellent" and more likely to report "fair" to "poor" in regard to one's general, physical, and mental health, compared to their counterparts without an LD. These detrimental reports of one's well-being raise concerns for suicide rates amongst those with LDs. The National Longitudinal Study of Adolescence Health found that 5.7% of adolescents living with an LD claimed to have had attempted suicide at least once in their life. These individuals are also more likely to report bullying and peer victimization than those without LDs (Baumeister, Storch, & Geffken, 2008; Mishna, 2003) and social rejection (Bryan, Burstein & Ergul, 2004).

Seventy-five percent of young people with LDs also demonstrate difficulties with social skills and social relationships (Kavale & Forness, 1996; Kavale & Mostert, 2004). Social competence refers to the ability to independently and successfully engage in social interactions, have one's needs and desires met across diverse contexts, and to establish and maintain healthy relationships with others (Stichter, O'Connor, Herzog, Lierheimer, & McGhee, 2012). Therefore, social competence goes beyond having appropriate social skills; but reflects the interconnected and complex set of skills needed to understand social rules and social contexts, reading non-verbal communication, and being able to regulate behaviors and emotions (Integra, 2016). LDs go beyond the traditional academic difficulties and reflect greater social competence challenges

in part of the nature of one's information processing challenges (Milligan et al., 2015). Poor social competence may be a result of deficits within receptive and expressive communication skills, as well as one's socioemotional problem-solving abilities, the surrounding environment, and cognitive processes (Bryan et al., 2004; Buonomo, Fiorilli, Geracia, & Peped, 2017; Fletcher et al., 2003). Ultimately, these social competence difficulties can affect many areas of functioning, which include emotional (self-regulation and emotion regulation), behavioral (social skills, self-efficacy, and moral development), and cognitive (processing information, taking perspectives, executive functioning, and social knowledge) (Integra, 2016).

In sum, research has shown how recent definitions of LDs include qualities that reach beyond neurological explanations to consider multiple domains. Although people with LDs may work incredibly hard, the outcomes may not reflect one's effort, resulting in constant experiences of repeated failure (Integra, 2016). With confidence at an all time low, it is common to see behaviors as 'oppositional' or 'non-compliant' in this case. However, these behaviors may reflect an understandable coping strategy of hopelessness or avoidance (Integra, 2016). Children and youth with an LD may feel as if they are disappointing their parents, peers, and teachers, and not meeting other's expectations (Integra, 2016). This can lead to negative feelings, including frustration, sadness, worry, and anger (Integra, 2016). The APA DSM-5 suggests the LD diagnosis must work to include a clinical synthesis of family, medical, educational, and developmental reports (Cavendish, 2013). This inclusive diagnostic criterion works to accurately depict the complicated nature of an LD and the comprehensive data on multiple environmental aspects (Sharfi & Rosenblum, 2014).

A common debate within CDS is surrounding the terms impairment and disability. For example, Goodley et al. (2003) accept the notion that impairment is believed to be having a

defective limb organism or mechanism of the body, whereas disability is understood as “the disadvantage or restriction of activity caused by a contemporary social organisation which takes no account of people who have physical impairments and thus excludes them from mainstream social activities” (Oliver, 1990, p. 11). For those with LDs, this becomes problematic, particularly when one’s “impairments” are often viewed as the cause of their “disablement” (Goodley, 2001). Therefore, this research is committed to developing theoretical notions of impairment that emphasize the cultural, political, and social origins of experiences, treatments, and meaning that are assigned to such impairment-labels, such as LDs (Goodley et al., 2003).

Medical model research has been exposed as leading researchers to study what is wrong with people, what stops them from learning, and what professionals can do to make them function ‘normally’ – all focused on a fundamental location of the difficulties residing within the individuals themselves (Nind, Flewitt, & Payler, 2010; Oliver, 1990). However, a new wave of critiques has emergence, which introduced more nuanced variations while maintain the valued distinction between bodily (individual) impairment and social (disabling) processes (Nind et al., 2010). Thomas (2004) acknowledges how impairments have negative ‘impairment effects’, impacting one’ social lives and introduced key concepts of ‘barriers to doing’, being material, and ‘barriers to being’, being psycho-emotional – negatively effecting one’s identity, their sense of self, and ability to understand who they can be. Having a sense of self in relation to the greater social world means that people have a sense of who they want to be and develop one’s own identity, which is a key task of reaching adulthood (Stalker et al., 2011).

CDS helps reveal how disability is always the interaction between individual and structural factors. This approach recognized how people are disabled by society *and* their bodies, but views impairment as a complex predicament that unlocks spaces for individual agency (Nind et al.,

2010). Young people must be viewed as decision-makers, worthy of being taken seriously, and free agents. For too long children and youth have been highly intervened with, seen as having low worth, subject to abuse, oppression, and segregation, negatively stereotyped, and vulnerable, passive, and dependent (Nind et al., 2010), all highly related constructions of those with LDs. Goodley (2001) addresses this system in relation to LDs, arguing a need to work with and for a comprehensive understanding of LDs as a fundamentally cultural, social, historical, political, discursive and relational phenomenon. Goodley (2001) is a rare voice challenging this gap and the need for further researchers to draw connections between LDs and CDS is apparent.

Learning Disabilities and the High School to Post- Secondary Transition

While undergoing the transition from high school to post-secondary, similar physical, emotional, academic, and social needs of the general population are often amplified for those with special educational needs, such as those with LDs (Boyd-Bradwell, 2014; Burdge, 2012; Eckes & Ochoa, 2005; Gill 2007; Hebron, 2017; Milsom & Dietz, 2009). It is important to note how many of these same challenges pose a larger threat to those with LDs not only as a result of their physical disability, but also due to the constructions of their disability, which create an increasingly more hostile environment for acceptance, confidence, and achievement.

Social Challenges

During adolescence, peers become increasingly more important sources of social support, therefore, the poor social skills of those with LDs becomes a large concern regarding mobilizing support when needed (Geisthardt & Munsch, 1996). Estrada, Dupoux, and Woman (2006) argue that the adjustment for students with LDs to post-secondary education is no different than their non-LD peers. However, there are various complicating factors that challenge this assumption. As mentioned, people with LDs often lack the social skills required to establish and maintain

interpersonal relationships (Dykens, 2000; Hughes et al., 2013, Kavale & Forness, 1996; Kavale & Mostert, 2004). Compared to typically developing children, people with LDs often express themselves differently, which can result in those without LDs to view them negatively, putting them at risk for relationship difficulties with educators, support staff, parents, and peers (Hughes et al., 2013). The low popularity rates associated with LDs, means that these adolescents lack social connections amongst peers at a time that is most crucial for one's development (Geisthardt & Munsch, 1996; Kavale & Mostert, 2004). This social exclusion makes the transition process even more concerning for those with LDs. When attending a post-secondary institution, a student's self-image is often complicated due to the influence of new academic knowledge and exposure to more diverse peer groups (Troiano, 2003). Students with LDs are faced with the choice of self-disclosure about their disability to new peer groups (Connor, 2012), and many opt to not self-disclose (Cornett-De Vito & Worley, 2005).

Academic Challenges

Ellerbrock et al. (2015) found that certain individuals are at a higher risk for embodying negative outcomes of a poor transition to post-secondary, such as students who are academically struggling and those with disabilities (Anderson et al., 2000). Along with the biological and social changes typically associated with early adolescence, those with LDs are faced with a unique set of academic challenges. Specifically, an increased amount of academic pressure (Geisthardt & Munsch, 1996; Herridge, 2017). Therefore, the intersecting elements related to the academic transition requires resources and skills that are challenging for all students but pose a distinct challenge for those with disabilities (Marshall et al., 2019). The move to post-secondary often embodies a crisis as one's compensating efforts previously granted in high school are no longer available (Connor, 2012). For students who have not yet done so, one must come to know

the specifics about their LD and how to describe it to others (Milsom & Hartley, 2005; Mortimore & Crozier, 2006). Social support utilization is a complex process, which requires individuals to acknowledge when a problem exists, identify people or services who can help, and evaluate whether the received support is adequate (Martinez et al., 2011). However, people with LDs are said to have lower metacognitive abilities and be less likely to recognize when they are faced with an issue that requires support and assistance from others (Geisthardt & Munsch, 1996). Therefore, students must be comfortable with informing professors, counsellors, and other educational support staff of the specific needs of their LD in order to successfully grasp certain strategies, such as general organization, study skills, and note taking (Allsopp, Minskoff, & Bolt 2005; Butler, Elashuk, & Poole 2000; Connor, 2012).

Students with disabilities embody a unique group of individuals, as they face different methods for receiving academic services during their transition from secondary schools to higher education (Burdge, 2012). Peters (2011) proposed the idea that students with LDs may not have the skills needed for self-advocacy, hindering how one receives certain services and accommodations needed. When transitioning to post-secondary, students with LDs often avoid seeking academic accommodations for various reasons. Subjects often feel that they are no longer impacted by their LD, are trying to prevent others from finding out about their disability and received services or are not aware of the services that the institution provides or how to access them (Burdge, 2012; Gill, 2017; Herridge, 2017). Novakovic and Ross (2015) suggest students with LDs do not realize they must disclose their disability and request services prior to entering their post-secondary institution. Often the preparation for higher education focuses solely on curriculum-based strategies and fails to prepare students with LDs to develop interpersonal skills for success (Burdge, 2012; Herridge, 2017). In addition, students who do

choose to disclose and request services from the university will often be asked to provide an updated psycho educational assessment, which can be both timely and costly.

Successful Transitions for Students with Learning Disabilities

A successful transition from secondary to post-secondary is crucial to improve graduation rates for students with disabilities (Novakovic & Ross, 2015) and the overall well-being of students (Waters et al., 2014). Researchers conclude that appropriate preparation beginning in high school is essential for increased academic expectations, social skills, and emotional competence (Beale, 2005; Connor, 2012; Foley, 2006). Geller and Greenberg (2009) emphasize the importance of developing self-advocacy skills prior to post-secondary enrollment. By doing so, the stress of transitioning into higher education for students with LDs and the unfamiliar process of receiving services will be mitigated (Herridge, 2017). Self-advocacy skills will allow students to self-disclose their disability and request the services and accommodations needed without encountering stress or anxiety (Herridge, 2017). Kimberlin (2009) also found that by improving self-advocacy skills among students with LDs, they will be more likely to seek out reasonable academic accommodations and request the appropriate services needed for success.

Ultimately, the importance of working with students with LDs during the transition to post-secondary is crucial given the evident gap in the number of students completing higher education compared to students without disabilities (Milsom & Dietz, 2009). In order to combat this, high school disability services staff should collaborate with post-secondary schools to ensure students with LDs are aware of the services and resources available and the process of obtaining them at their post-secondary institution (Burdge, 2012; Gill, 2007; Herridge, 2017). While there are many different transitional stressors students encounter when beginning their education at a post-secondary education, the literature suggests students with LDs reported

experiencing lower levels of social support, higher peer victimization or bullying, lower academic self-esteem, and higher internalizing and externalizing difficulties during the high school to post-secondary transition, putting them in one of the most at-risk groups for mental health concerns (Burdge 2012; Dykens, 2000; Herridge, 2017; Hughes et al., 2013; Lightner et al., 2012; Marshall et al., 2019; Peters, 2011).

Goodley and Runswick-Cole (2013) discuss how culture dualisms fail to capture the complex realities of living with non-normative bodies and instead work to emphasize the instances when non-normative bodies affirm and resist. The barriers arising from a combination of structural, personal, social, and attitudinal factors, are exacerbated by a lack of support for important aspects of one's life, such as satisfying social relationships (Stalker, Jahoda, Wilson, & Cairney, 2011). Therefore, a successful transition may be more complex than originally thought. CDS helps to identify how in order for someone with a disability to be fully integrated into a certain community, the barriers that act as resistance must be acknowledged. Disability is a highly complex variable, that is multi-dimensional across political, social, and cultural experiences (Watson, 2012). To help ensure a positive transition experience for students with LDs, the social-relational approach may be useful in our understandings of their personal experiences (Connors & Stalker, 2007).

By acknowledging the impairments effects, which involves the different experiences of those with LDs compared to those with physical or sensory impairments (Watson, 2012), provides a space to work towards an equitable environment. It is the experiences of being excluded and made to feel inferior that do the most damage for young people. Therefore, at the heart of CDS is to challenge the very categories that provide discrimination in an attempt to deconstruct the dualism of impaired/non-impaired and explore how these have obscured

connections between those with and without disabilities (Watson, 2012). It is important to note how much of the research done from a CDS framework has been developed around adults. Attempts have been made to apply them to study young people with disabilities, however further research on the post-secondary transition experience from a CDS framework, specific to the experience of those with LDs is needed.

Mental Health

The WHO (2014) defines mental health as: “a state of well being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (p. 1). These mental health concerns consist of a broad range of issues, with different symptoms that are, “generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others” (WHO, 2014, p.1). Within this definition the ability to cope with daily life stresses, community contributions, and realizing one’s potential are fundamental components. Specifically, the three core components of this definition include: executive functioning, well-being, and effective functioning for a community (WHO 2004; Westerhof & Keyes, 2010). Although the most recent WHO (2014) definition is widely accepted by many researchers, Galderisi, Heinz, Kastrup, Beezhold, and Sartorius (2015) argue that this definition raises concerns and can be misunderstood when it identifies positive functioning and positive feelings as key attributes to mental health. Huber et al. (2011) argues that definitions of mental health should encompass an individual’s ability to self-manage and adapt to challenges, rather than the WHO (2014) definition, which focuses on reaching a state of complete well-being. Galderisi et al. (2015) defines mental health as:

a dynamic state of internal equilibrium, which enables individuals to use their

abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium (p. 231-232).

The topic of mental health has grown, shifted, and transformed throughout the years. When defining mental health, a wide range of factors must be taken into account, which focuses on not only encompassing the individual, but the greater surrounding ecology as well (Costello & Bouras, 2006). According to Podgornik and Kovacic (2014) in the late-modern era mental health was more inclined toward humanism and ethical attitude, influencing the different conceptualized existence of the mental health phenomenon. However, the concept has transformed into a more social and psychological phenomenon to include one's relations toward themselves, perceptions of the world, social roles and behaviors, meeting social expectations, and interpersonal relations (Podgornik & Kovacic, 2014). Therefore, factors of mental health are determined by various economic, cultural, biological, or social sources. Understood this way, it can be understood how mental health concerns are socially defined and are therefore influenced by the context in which the individual lives and the social beliefs and expectations placed upon them (Costello & Bouras, 2006).

Prevalence

Mental health disorders contribute to one of the leading causes of disability worldwide (Murray & Lopez, 2002). According to the National Institute of Mental Health (NIMH), one in five people worldwide are affected by mental illness (2017). However, it has been argued that

this number is not representative given the number of individuals suffering in silence (Morton, 2018). This silence may be due to several factors, such as fear of stigmatization and rejection from society. Childhood mental health is a significant worldwide public health issue due to its high prevalence and the low treatment rates (Bassilios et al., 2017; Merikangas, Nakamura, & Kessler, 2009). By the year 2020, it was estimated that neurological and psychiatric disorders would account for 15% of the total burden of diseases (Merikangas et al., 2009). Waddell, McEwan, Peters, Hua, and Garland (2007) reveals a significant unmet need in the area of supporting children's mental health. Other researchers have also supported the idea of this unmet need by stating how less than half of youth with mental illnesses receive appropriate treatment (Angold et al., 2002; Bassilios et al., 2017; Canino et al., 2004; Costello & Bouras, 2006; Kessler & Walters, 1998; Merikangas et al., 2009).

Characteristics

Galderisi et al. (2015) claims how well-being is difficult to reconcile as a key aspect of mental health as feelings of sadness or anger are part of a fully lived human being life. Keyes (2014) understands mental health through three components: (1) psychological well-being includes being good at managing daily responsibilities, being satisfied with one's own life, maintain healthy relationships with others, and liking most attributes of one's personality; (2) social well-being refers to having something to contribute to society, believing society is working to better all individuals, feeling part of a community, and having something to add to society; and (3) emotional well-being includes satisfaction, interest in life, and overall happiness (Galderisi et al., 2015). Manwell et al. (2015) aims to develop an interdisciplinary, international, and inclusive dialogue to answer the question of: *what are the core concepts of mental health?* After interviewing 50 participants with mental health expertise, it was concluded that any

practical mental health definition is dependent on moral and epistemological frameworks, in which the social and mental domains may be differentially influenced than the physical domains (Manwell et al., 2015). Galderisi et al. (2015) addresses how such perspectives on mental health that are focused on positive emotions and functioning can potentially exclude most adolescents who fight against inequalities or injustice or are discouraged over the years.

CDS works to highlight how these two can, and do, coexist. For example, the experiences of discrimination and other contextual hardships for people with disabilities may prevent them from contributing to society (Galderisi et al., 2015), which is highly valued within the modern capitalist society. A review of the literature concludes that mental health is often defined as the state of being, which includes social, biological, and psychological factors contributing to one's ability to function within the environment (Alonso, 1960, Bhugra et al., 2013; Manwell et al., 2015; Sartorius, 2002; Sells, 1969; WHO, 2008; WHO, 2014). However, these definitions cannot be understood without the acknowledgement of certain barriers that work to contribute to a larger mental health crisis.

CDS has sought to build on the social approach to understanding disability by conveying a deeper consideration of the dynamic interaction of social, political, economic, and cultural factors to the analysis (Dowse, Baldry, & Snoyman, 2017). With this closer examination, it can be explored how several factors work to define disability and shape personal and collective responses to difference (Dowse, Baldry, & Snoyman, 2017). In order to support young people who are vulnerable to mental health concerns, such as those with LDs, it is essential to understand this role of larger social, cultural, and historical constraints. A CDS framework works to debunk the traditional myths of those with LDs and/or mental health concerns being lazy, incompetent, or hopeless. CDS offers the possibility of accounting for the complex interactions

of individual, social, and systemic factors that operate to construct people with cognitive disabilities and mental health disorders as problematic

Learning Disabilities and Mental Health

People with disabilities comprise the world's largest and most disadvantaged minority (Cobigo & Stuart, 2010). Keeping this in mind, those with LDs are amongst the most marginalized group, with discrimination and stigma acting as constant features of their disability (Cobigo & Stuart, 2010). A vast literature has documented the high comorbidity between LDs and mental health problems (Integra, 2016; Wilson, Armstrong, Furrier, & Walcot, 2009). Over the past several decades, researchers have identified those with LDs being more likely to be affected by depression, anxiety, and suicidality compared to their peers (Bender, Rosenkrans, & Crane, 1999; Piers & Duquette, 2016). Currently, in Canada, 1 out of 4 children are bullied and 282,000 high school students are subjected to emotional or physical abuse each month (CMHO, 2013). Recognizing that those with LDs experience greater peer victimization and bullying, these numbers becoming increasingly more concerning. Those with LDs are more likely to exhibit negative self-perceptions, which consequently may incur life-long implications including poor educational competence, aggression, anxiety, and future resilience difficulties (Gumpel, 2007; Buonomo et al., 2017). With a review of the current literature, the general consensus is that young people with LDs display greater symptoms of anxiety, depression, prolonged stress than the general public (Carroll & Iles, 2006; Maag & Reid, 2006; Piers & Duquette, 2016).

An important predictor of positive mental health is the ability to interact with social environments, develop reciprocal relationships, and recognize emotions (Gumpel, 2007; Kavale & Mostert, 2004). Whether one experiences peer acceptance, provides an evaluation of social status through popularity, rejection and neglect (Vaughn & Haager, 1994). Unfortunately for

children with LDs, peer acceptance is quite minimal (Buonomo et al., 2017). According to Integra (2016) children and youth with LDs also experience significant difficulties with depression, anxiety, and emotional regulation. Additionally, motivation and emotion can provide environmental explanations for poor academic performance of children with LDs (Buonomo et al., 2017; Fletcher et al., 2003). According to Morton (2018) poor or lack of concentration is one of the most common symptoms of depression. When we think about children and youth with LDs who are already at a constant internal battle with concentration, these depressive symptoms may be ignored as a symptom of their LD. For instance, difficulties in concentration may reflect specific learning issues, such as remembering information, attention, or understanding language, *or* these difficulties may reflect mental health issues such as sadness, anxiety, or worry, and more often than not, a combination of both (Integra, 2016). Having a mental illness such as depression or anxiety, in addition to an LD, may complicate treatment and diagnosis (Integra, 2016). For example, an adolescent with an LD who is also suffering from depression may struggle with a slower thinking rate and regulation difficulties, which may reflect either one's LD, their depression, or both (Integra, 2016).

The connection between LD and mental health is complex. People with LDs have unique processing patterns and individual learning styles. The prolonged anxiety, chronic stress, and depression associated with LDs can result in negative brain changes, such as loss of retraction of dendrites and synapses that ultimately effect long term-cognitive functioning (Scruton & McNamara, 2014). It must be acknowledged that these effects are not bound to children and youth. As those with LDs develop into adolescence and adulthood these consequences will only intensify. The detrimental long-term effects are pervasive and concerning if overlooked by one's primary learning difficulties, which has traditionally been the only thing associated with LDs.

However, these negative developmental trajectories are not inevitable (Scruton & McNamara, 2014). These various mental health related issues can be avoided through effective early interventions, focused on not only academic skills but issues related to self-esteem and socioemotional well-being, as well.

Understandings of mental health concerns should not just include individual factors but also incorporate the psychological impact of stresses caused by societal barriers preventing full inclusion (Simpson & Thomas, 2015). Similar to the arguments made by Goodley et al. (2013) surrounding how distinctions between impairment and disability are problematic for those with LDs, Dowse et al. (2017) understands how CDS aids in the scope to conceptualize differences in mental or cognitive functioning as both impairment and as disability. Put this way, it can be made aware how human beings are not built off two distinct components of mind and body; rather, “they are embodied – that is, the biological entity is bound together with the psychological and the cognitive, where all are mutually constituted within social and cultural processes” (Dowse et al., 2017, p. 38). This conceptual stance develops an understanding of the way those with cognitive disorders and mental health concerns make sense of their bodily experience. CDS in this context provides a way to recognize the complex relationship between various biological, social, cultural, and political factors.

Learning Disabilities, Mental Health, and Transitions

Adolescence is described as an unpredictable time regarding socioemotional adjustment, specifically as students transition from high school to post-secondary (Maritnez et al., 2010). “Students with LDs often see post-secondary as a new beginning, an opportunity to redefine themselves, including reframing their disability and its relation to their identity” (Connor, 2012, p. 1007). Rodis, Garrod, and Boscardin (2001) conclude that people with LDs describe their

disability as integral to their personalities, impacting their behavior, specifically one's attempt to "fit in" with other students. The post-secondary environment is not always hospitable to those with LDs; some students feel guilt, regret, and embarrassment around asking for accommodations (Ryan, 2007). Often these students report feeling uncomfortable about the conundrum of competing in a merit-based system while relying on the help of others and/or accommodations (Hall & Webster, 2008). Even when students experience success, some struggle with the perceived notion that they are "still somehow broken" (Olney & Kim, 2001). With this belief in mind, it must be understood how the concerns of mental health experienced by those with disabilities (physical, cognitive, sensory, and intellectual) are amplified because they are subject to prejudice and exclusion, that makes them feel "broken."

Cantin and Boivin (2004) concluded that the transition from high school to post-secondary was characterized by a significant decrease in perceived scholastic competence and overall self-esteem. In correlation to decreased self-esteem, increased depressive symptoms likely affect adolescents during this transition as well (Martinez et al., 2011). Anxiety levels are also concerning for students with LDs transitioning to post-secondary as this can negatively affect one's emotional state (Blake & Rust, 2002; Connor, 2012; Lufi, Okasha, & Cohen, 2004), and physical well-being (Cohn 1998; Connor, 2012; Davis, Nida, Zlomke, & Nebel-Schwalm, 2009). The relationship between social support and socioemotional adjustment in individuals may be mediated by additional variables (Martinez et al., 2011). These variables may include, but are not limited to, one's socioeconomic status, the nature of one's community being either violent or secure (Paxton et al., 2004), and gender (Colarossi & Eccles, 2003). Yet the onset of emotional difficulties for those during the post-secondary transition may also be exacerbated by disability, such as being characterized with an LD. Not only are school-related stressors associated with this

transition important to uncover, but the ways in which students with LDs *cope* with these stressors is equally important. According to Geisthardt and Munsch (1996) it is not the experience of stress per se that is most harmful, rather it is the failure to adequately cope with stress that generates negative impacts.

CDS acknowledges how several young people with disabilities experience multiple stressors, which impact each other and create a vicious cycle which is difficult to break (Stalker et al., 2011). By embodying the emancipatory nature of CDS one can work to examine the young people's understandings and experiences of mental health, specifically in conjunction to one's LD. The transition to university for students with LDs is a life event that is often understudied (Benner & Graham, 2009). However, of the research that has been conducted, a majority of studies have focused on interventions to support academic success and retention of students, acknowledging the underlying idea that this transition process is defined by a period of increased risk (Anderson et al., 2000; Marshall et al., 2019). However, there is a small body of research concerned with including the actual narratives of those with LDs and ensuring their voices are heard. Increasingly less studied is analyzing this complex experience from a CDS framework.

This gap in the literature fails to address the extent to which students with disabilities are socially and academically vulnerable during the post-secondary transition (Connor 2012; Gill 2007; Marshall et al., 2019). Although many students have reported their hopes and fears regarding the post-secondary school transition process, little research has analyzed what the reality of the transition experience is for these young people, or the impact that one's expectations have on their ability to experience a positive transition (Waters et al., 2014). A CDS framework works to understand the actual transition process for those who are already vulnerable to issues of peer victimization, academic underachievement, and a negative self-

esteem and self-confidence, such as those with LDs, due to a society built upon discrimination and stigmatization. Disability and its “precursors” or impairments, are products of power relations (Hall, 2019) and therefore, much of what weighs on those with LDs is the hyper competitive, neoliberal, capitalist, individualized society that disability is constructed within. As a result, this tends to place those with disabilities in a ‘disempowered’ position, instead of the empowering perspective that is needed.

Although Goodley and colleagues (2001; 2006; 2012) have addressed certain aspects between psychology more generally and disability, Simpson and Thomas (2015) are one of the few to focus on a mutual engagement between clinical psychology and disability studies, particularly the mental health of those with disabilities. Unfortunately, the values of CDS have not fully been incorporated into mental health research, specifically when centering on those with LDs. Thus, views about mental health within disability studies have been summed up as a “pathologizing, voyeuristic, individualising, impairment-obsessed discipline that has contributed to the exclusion of people with impairments” (Goodley & Lawthom, 2005, p. 136). As well as the idea that “psychology must accept that people with impairment manage their physical issues in various ways, but that the key problems they encounter are prejudice and discrimination (physical and social barriers)” (Shakespeare & Watson, 1997, pg. 296).

Several studies have accessed and theorized the lives and experiences of young people with disabilities (Ashby, 2011; Beale, 2005; Buonomo et al., 2017; Connor, 2012; Martin, 2012; Nind & Seale, 2009; Thomas, 2004). As a result, it has been made aware of the disabling physical, cultural, and socioeconomic barriers faced by young people in the social contexts of healthcare, leisure, education, and the wider community (Goodley & Runswick-Cole, 2013). Disability studies work to encourage various debating around the ‘body.’ However, the theory of CDS is

often not associated with other disabilities, that may not be characterized as a non-normative physical body, such as those with LDs. For the purpose of this study, it is crucial to understand how CDS still aims to remain mindful of the ways in which young people with disabilities are culturally placed in a position of lack. Acknowledging young people with LDs provides insights that cannot be gathered in other ways (Nind, Flewitt, & Payler, 2010). Therefore, the narratives within this study remind us of the existence of differently embodied and embedded subjects.

The Current Study

As previously mentioned throughout the literature review, it is well known that the transition process is accompanied by its unique set of challenges for both academic, socioemotional realms. Historically, disability-related research has been viewed as oppressive when individuals with disabilities have been excluded from influencing the research process (Castrodale, Lester, & Nusbaum, 2018; Kitchin, 1999, 2000; Mercer, 2002; Peterson, 2011). A CDS approach to the current study challenges the stigmatization of disability in the larger cultural and educational context in relation to how these underlying assumptions may intensify the concerns associated with the transition to post-secondary. Researchers must challenge exclusionary research designs through theoretical and empirical work, which focuses on power relations and rejects the politics of research construction that disempower people with disabilities (Castrodale et al., 2018; Chouinard, 2000). Therefore, there is a continued need for research that promotes reciprocity and collaboration in the research process and production of knowledge.

Castrodale et al. (2018) argues that researchers have an ethical responsibility to research *alongside* people with disabilities in order to conduct research *with* disabilities. This responsibility will allow participants to be viewed as active agents within the research process, which will shift the understanding of disability away from a deficit model to a model of

empowerment. Much of the early research surrounding people with disabilities has been grounded in deficit-based perspectives aimed at “fixing” individual pathology (Lester & Nusbaum, 2018). However, further research is needed to understand the social and cultural construct of disability more broadly. Like Lester and Nusbaum (2018), the current study advocates for an interpretivist approach to understanding the disability experience.

An approach that allows young people to fully and actively contribute to the research, will enable these students to identify what they understand as being the most important. By doing so, those with LDs are given the space to define their disability in their own terms. The aim of the current study was to utilize a CDS framework in order to gain a detailed understanding of the complex challenges people with LDs encounter while transitioning from high school to post-secondary. A CDS approach is used to frame the responses and analysis of the following research questions that guided the current study:

1. What are the academic and socioemotional needs of students with LDs that must be acknowledged to ensure a smooth transition from secondary to post-secondary is experienced?
 - a. It is hypothesized that students will likely report feeling at an academic disadvantage from their peers, who are “typical” learners.
 - b. Students with LDs will likely touch on needing additional time on assignments, and support from professors, peers, and university services.
 - c. Students may report having at least one close friend who understands their needs in order to better accommodate their emotional needs.
2. What are the perceived consequences of ineffective transitional strategies during the high school to post-secondary transition?

- a. The perceived consequences may include things such as feeling academically behind from peers, obtaining lower grades than peers, feeling socially isolated, inhibiting feelings of loneliness, stress, anxiety, and depression.
3. What are the effective strategies that act as perceived benefits during the high school to post-secondary transition?
 - b. It is expected that students will state feeling well-prepared, organized, accepted and included within social situations, having the self-confidence to ask for additional time, assistance, and support from professors and other classmates.
4. Are students with learning disabilities more at risk for mental health concerns following the high school to post-secondary transition?
 - c. After understanding how people with LDs are more vulnerable to 1) a poor transition and 2) poor mental health concerns, it is hypothesized that students will report feelings of anxiety, loneliness, frustration, depression, low self-esteem, self-advocacy, and self-confidence.
 - d. I acknowledge that there may be other mitigating factors that cannot be controlled, such as family, social, and cultural contexts. Therefore, these factors may also be discussed in association to one's learning disability.
 - e. I also acknowledge how certain identity categories such as gender, race, class, ethnicity, might intersect with disability to create differing challenges.

Chapter Three: Methodology

This study will reflect the characteristics of a CDS framework to highlight the unique needs of students with following their high school to post-secondary transition. By doing so, this research will uncover what is necessary to foster a developmentally responsive transition. A CDS framework here is essential as it works to identify the contesting constraints placed upon those with LDs, which may pose a threat to transition experience. CDS, then, identifies the lived experiences and attempts to transform the circumstances under which oppressed subjects, in this case, those with LDs, live through critical analysis (Hall, 2019). CDS aids in the scrutiny of normative ideologies that should occur not for its own sake, but with the underlying aim to produce knowledge in support of justice for those with stigmatized bodies and minds (Minich, 2016). The results from this study will offer critical insights into inclusion, accommodations, and equity for both institutional and public knowledge. The findings will also shed a light onto the stigmatization and marginalized faced by those with LDs. It is hypothesized that students will report experiencing mental-health related concerns during their post-secondary transition. Results of this study will be shared with the Learning Disabilities Association of Niagara Region (LDANR) which will include feedback regarding what barriers were faced, what support systems and resources were given, and what was needed.

Participants

Participants for this research study were recruited from a first year Child and Youth Studies course, Introduction to Child and Youth Studies (CHYS 1F90) at Brock University. The Research Ethics Board at Brock University granted clearance for the study and the participant recruitment strategies (File # 19-171). A verbal invitation was given at the beginning of lecture, which informed students of the research purpose, methodology, and procedures. Interested

participants were asked to contact myself, via Brock email. Research invitations were also posted on the CHYS 1F90 university's portal, Sakai. Participants scheduled an interview time via email, at a time best suited for their convenience. A total of eight participants, two males and six females, aged 17-18 years old participated in this study. All participants were in the first year of university and have a diagnosed learning disability. Once the participants arrived at their interview, the consent form was explained in detail. Participants were informed of their right to skip any questions that made them feel uncomfortable and were told that their answers would remain completely confidential. None of the eight participants expressed concerns over any of the questions and no participants withdrew from the study.

Procedure

A qualitative research approach is best suited for this research for multiple reasons. First, qualitative research aids to reveal the human experiences that are often difficult to quantify due to their complexity (Patton, 1990). Qualitative research is also beneficial to explore themes that are missing within pre-existing literature (Denzin & Lincoln, 2005). The qualitative approach provides rich, in-depth information that enables the opportunity to explore both the similarities and differences in the transitional experience of students with LDs. Qualitative approaches also allow for less structured interviews that open for the emergence of themes that were not originally projected. Data collection strategies were focused on gaining information about the personal transition experiences from the perspectives of students with LDs, as the voices of this marginalized group are not typically considered in this area of research.

Participants were also asked to consent to being audio recorded and were assured that the recording would be kept on a passcode locked computer and all consent forms would be kept in my research lab at Brock University, which is passcode and key lock protected. With physical

interviews, anonymity is not possible, however the interview notes were kept confidential by ensuring that only the researcher and supervisor would have access to all data. Pseudonyms also replaced all participants real names to further ensure confidentiality. Prior to beginning the interview, several minutes were spent establishing rapport with participants. This is a necessary process for interviews that rely greatly on the viewpoints of the participants and their personal experiences (Denzin & Lincoln, 2005). Once the interview was completed, participants were thanked for their time and asked if they had any questions or concerns regarding the interview. Participants were given a \$10 Tim Horton's gift card for their time and asked to sign the second page of the consent form, signifying that they have completed the interview and received their compensation. Many participants asked to be sent a copy of the finalized research report upon completion for their own personal interest.

Interviews

Qualitative data conducted from a CDS framework emphasizes the idea of “voice” in order to challenge traditional notions of normative participation (Ashby, 2011). Critical qualitative research is grounded on several assumptions: “(a) that all meaning is created through discourse, (b) that all discourse and thought is, “mediated by power relations, which are socially and historically situated” (Kincheloe & McLaren, 2000, p. 291), and (c) that certain groups are inherently privileged over others (Ashby, 2011, paras. 5).” Therefore, the current study is conducted while recognizing that we live in an ableist society. Individual interviews are powerful in extracting narrative data that enables researchers to investigate participant's views in greater depth (Alshenqeti, 2014; Kavale, 2003). Interviews are understood as, “a valuable method of exploring the construction and negotiation of meanings in a natural setting” (Cohen, Manion, & Morison, 2007, p. 29). Interviewing adds value to research by capturing a more holistic snapshot,

while analyzing words, and reports a more detailed view of participants (Alshenqeeti, 2014). These interviews reflect more of a conversation, whose purpose is to gather detailed descriptions of one's reality, with respect to an interpretation of the meanings of a 'described phenomena' (Kavale, 2003). However, the value of interviewing is also that it empowers interviewees to express their own thoughts and feelings, while speaking in their own voice (Alshenqeeti, 2014). Interviewing can be especially useful when working with vulnerable populations (Cohen et al., 2007). For people with LDs, who are constantly being silenced by an ableist society, interviewing can enable opportunity to voice personal opinions, experiences, and perceptions. Therefore, those systems of power and privilege will hopefully be disrupted by challenging traditional notions of disability.

Traditional disability research has upheld, if not perpetuated, the objectification, exclusion, and alienation of people with disabilities (Peterson, 2011). As researchers, we have a choice whether to reproduce the same pre-existing imbalances or expand a new holistic approach to qualitative research. CDS research shifts traditional oppressive nature to methods that are far more equitable. Qualitative research from a CDS understands how "disability has been used to signify something concrete and material, a physical or psychological condition considered to have predominantly medical significance" (Linton, 1998, p. 10). The current study addresses what Oliver (1992) described as "research in alienation" (p. 103), which relates to the lives of people with disabilities and the social relations of research production between the "experts" without disabilities and those with disabilities as the subjects or objects (Lester & Nusbaum, 2018). It is important to emphasize the direct involvement and participation of those with disabilities. Therefore, CDS provides a place for critical qualitative researchers to challenge the

taken for granted social norms about doing research *with*, rather than *about*, those with disabilities (Lester & Nusbaum, 2018).

Due to the sensitivity of the interview questions (i.e., some participants discussed emotional, stressful, and intense feelings), in-depth interviews enabled trust between the interviewee and interviewer, while giving participants the opportunity to skip any question(s) that they did not feel comfortable discussing with the researcher (Gillham, 2000). Individual in-depth interviews were semi-structured in nature. The interview questions (*See Appendix A*) were developed to obtain information about students with LDs perspectives regarding the transition experience. Interviews were approximately 35 to 45 minutes per participant. The interviews were conducted in the researcher's confidential and private graduate lab located at Brock University. Interviews were audio-recorded on a passcode locked computer, with the participants consent.

Data Analysis

All eight interviews were transcribed verbatim by the primary researcher. Pseudonym's were used and randomly assigned to protect participants identity and privacy. Each transcription was read several times for accuracy and consistency and to also become familiar with the content and details of the text. *Due to the COVID-19 pandemic, the transcriptions were not member checked.* An inductive approach was used for this analysis for three main reasons: (1) to condense extensive raw data into a brief summary format; (2) to establish clear links between the research objectives and the summary findings derived from the raw data, and (3) to develop theory regarding the underlying structure of experiences which are evident in the raw data (Thomas, 2003). The links made between research objectives and findings must be both transparent (able to be demonstrated to others) and defensible (justifiable given the research objectives) (Thomas, 2003). Therefore, this type of approach is best suited for the given research

study as findings can emerge from frequent or significant themes inherent in raw data, without the restraints imposed by structured methodologies. Transcripts were transferred into NVivo to assist with analysis. A rigorous and systematic reading of the transcripts allowed major themes to emerge. These themes were created from phrases used in specific text segments. Similar phrases or texts were coded into major categories or themes based on similarities, with the research questions in mind. *Although no other members examined the raw data for emergent themes, the selected inductive approach to data analysis helped eliminate researcher bias.* The data was analyzed from a CDS approach, which not only revealed the more apparent transitional needs, but also the greater more complex needs as well.

Chapter Four: Research Findings

The data analysis is rooted in a CDS framework in order to create a space in which disability advances qualitative research to more specifically attend to and develop new meanings of disability (Lester & Nusbaum, 2018). The personal narratives within this study, have made visible the silences around non-normative beings. This analysis was never approached in a dispassionate way, instead, as a qualitative disability studies researcher, the aim was to pull themes and findings that connect to theories that work to illuminate the significance and power of those themes (Goodley & Runswick-Cole, 2013). The analysis was driven by a specific aim, which was to question how I can provide readings of personal accounts of the experiences of young people with LDs that evoke wider considerations of the politics of disability. The research findings emphasize disablement, oppression, and exclusion where possible, in order to develop approaches to challenge these. Thus, the current research is focused on how participants described their unique experiences of transitioning from high school to university with an LD.

The findings were interpreted with the goal of producing knowledge in support of justice for people with stigmatized labels, such as those with LDs. A CDS approach enabled for a rich data analysis that uncovered the importance of reclaiming and centering disability. The participants in this study work to expand definitions of ways of being in the world, reframing how they make sense of who they are. The findings reflect how societies division of ‘normal’ and ‘abnormal’ is central to the construction of what it means to be human in modern society. The findings indicate how these students work to resist the preconceived notions of what a LD entails in order to thrive mentally, physically, academically, and socially during their transition. Each participant shared their own unique stories and perspectives on the topic. Yet, amongst all eight participants, there are shared responses that reflected these experiences.

Seven major themes were identified related to the transition process for students with LDs. The following themes are discussed below: 1) Lack of LD Knowledge, 2) University Symbolizing Success, 3) LD and Self-Esteem/Image (*3.1 Societal Views, 3.2 Consequences for Self-Esteem, 3.3 Challenging the Definition for Self-Growth*), 4) Stigma Associated with Accommodations, 5) Support Networks (*5.1 Family and Friends, 5.2 Support/Case workers, 5.3 Self-Advocacy*), 6) The High School vs. University Environment (*6.1 High School Creating an Altered Experience, 6.2 University as a Positive Environment*), and 7) Mental Health Vulnerabilities (*7.1 Mental Health and High School, 7.2 Mental Health and the Transition to University, 7.3 Does Having an LD Make Someone More Susceptible?*).

1. Lack of LD Knowledge

While LDs may seem like a familiar topic amongst many disciplines, there is still a lack of consistency surrounding what an LD truly entails. This may be due to LDs ranging in severity and accommodations being dependent upon the individual. However, the participant's experiences suggest that the general population is unaware of the logistics of an LD. Every single of the eight participants expressed that there was a clear lack of knowledge and education regarding what an LD is. When asked how other individuals have defined an LD, the participants expressed concern that most people fail to see how an LD is not a diagnosis for failure, and that they do in fact have many inherent strengths. Elizabeth, a female who is diagnosed with an LD and ADHD, described this feeling by stating how:

Some people aren't necessarily defining it, because they don't know, but they will say that someone with an LD is dumb, or has a low IQ, a lot of negative stuff.

Similarly, Rebecca, who was diagnosed in grade four with an LD and an auditory processing disorder claimed:

I have been taught to interact in different ways with things and other people because of my disability, but nobody has been taught how to properly interact with me or teach me.

This was a common experience amongst many participants. Not only did these students have to teach themselves what their LD meant for their past, current, and future trajectories, but they also had to educate others. Thomas, a male student, diagnosed with his LD in grade three, stated that he did not fully understand his diagnosis until grade 10 or 11 and claimed how “nobody really explained it to me.” This left many students feeling as if it was their role to initiate the discussion of what their LD means to themselves and the people around them. Claire also expressed concern regarding how LDs vary depending upon on the individual and this needs to become more recognised in LD research:

If somebody doesn't know someone with an LD, they don't really know what it is. It's almost your job to educate them because they have no idea. Even if you have someone with an LD in your class, they don't register it as an LD they just think that person is weird or not as smart as everybody else. There is this unknown bubble around LD unless somebody tries to learn more about it.

Additionally, Rebecca claimed:

I think too when we learn about LD by the textbook, in my head it almost invalidates what I'm going through because they try to tell us that if you have something, you also have this, this, and this, but can't have that... There are so many different aspects that

people don't understand...Everyone is affected by them differently, and not to judge someone by their disability. I think a lot of people have this idea of like a textbook definition, that if you have an LD, you can't do this, and I just think that people need to treat everyone individually, for what they are, and have an open mind.

This lack of knowledge and awareness surrounding LDs meant that these participants felt as if the title 'learning disability' came with its own set of negative connotations and stereotypes that needed to be deconstructed. When asked what the participants wish they could share to the field of LD and disability studies more generally, they spoke about how LDs need to be redefined to shed a more positive light to disability culture. The terms disorder and disability, which are commonly used interchangeably, are inappropriate and misleading for many reasons (Penney, 2018). CDS helps inform others of the importance that these participants are given a voice and space to have this opportunity to expose and redefine traditional myths of LDs that work to discriminate. This was specifically seen with Claire, when she indicated:

For the field, I would say that there needs to be a better way for younger kids to know about LDs. We need to do something to tell them that everybody learns differently, and a disability should not be viewed as a disability but should be called learning differently. With other people with LDs, I would tell them that it doesn't hinder you, it just makes you work harder.

Devin, a male, who was diagnosed with his LD in grade four shared similar beliefs by claiming:

I think the word 'learning disabilities' is such a hostile word. I believe that by saying the word disability you are implying that the person is disabled, that is not entirely the case.

The lack of knowledge surrounding what an LD entails for not only those diagnosed, but the general population, raises apprehension for advocacy and accuracy regarding LD research.

Without giving these students the space to become self-advocates for their own disability and LD culture more generally, the label of a ‘learning disability’ will continue to be the primary focus of one’s abilities.

We [people with LDs] are constantly trying to blend in and there aren’t many people who can be 100% who they are. Sometimes people can’t handle being different. I feel like you notice your own flaws more than other people and then you start to internalize that and think that people will judge you. *Rebecca*

It is our job to listen to the needs and desires of those who experience LDs firsthand, in order to reflect, challenge, and shift our personal and societal assumptions surrounding LDs. By doing so, individuals can begin questioning how social pressures and the desirability of ‘normalcy’ creates further stigmatization and limitations for those with LDs.

2. University Symbolizing Success

Instead of understanding learning difficulties as disorders or disabilities, it is more suitable to consider them as the lower end of a normal continuum of the human capacity to learn specific types of skills (Penney, 2018). However, even here we must be critical of the idea of a ‘normal continuum.’ Considering the complexity of LDs, the idea of a ‘normal continuum’ must also be called into question. Some participants expressed the idea of learning *differently* than the *typical* student; however, many people without disabilities or impairments will fail to recognize how this does not mean having an LDs means that you are any less capable of success or achievement. Devin claims how:

You're assumed to be normal in the sense in the way we learn. So, nobody really asks you about those types of things, so I've never even really had to disclose about struggling with certain aspects of my education.

Children and youth with LDs typically experience repeated failure (Integra, 2016), which was identified as a common theme amongst several of the participants. Not only was the fear of failure apparent but also the idea of having to live up to certain socially constructed standards of success was evident. All participants reflected on how, in order to be viewed as successful in modern society, they assumed this meant going to university and graduating at a 'normal' rate, being the same as their peers. Samantha, a female student who was diagnosed at 11-years-old with an LD, specifically dyslexia, information processing issues, working memory, and short-term memory issues stated:

I knew I wanted to go to university because I felt like that was what smart and successful people did... I needed to take away the stigma that university meant success and money.

Claire added that this pressure to succeed came from external pressures:

I think it's [pressure to succeed] from society... People become afraid that if you take more time to do something people will look at you weird. But if you take less time to do something people are like, "Oh you're a genius," but if you take more time, people are like, "What's wrong with you?"

These social pressures meant that these students felt the need to 'prove' to themselves that their LD was not a prescription or diagnosis for failure. Many of these participants seem to embody

the beliefs of CDS, whether consciously or unconsciously knowing it. Some students felt as if they were in a constant internal battle to silence and resist the historical, cultural, and social constraints and assumptions of not being able to do or achieve something as a result of one's LD.

Devin claimed how:

A lot of my education has been saying to myself "ok, you have a disability, prove to yourself it won't rule your life." Throughout my educational career, I have strived to push myself out of my comfort zone and do things that are difficult, so I can prove to myself I'm confident to do it.

Devin than added:

Going into university, I wanted to succeed and prove to myself I could do it. A lot of going into high school was proving to myself that I can do it, rather than doing what I *should* do.

Not only was going to a post-secondary institution viewed as an expected, and applauded step to success for many participants, but this also had to be done in a structured order, in order to be viewed just as successful as their non-LD peers. Alanna, a female student who was diagnosed with her LD at 7-years-old stated:

I was convinced I had to take a full course load because I thought it wouldn't have looked good if I didn't take a full course load. I thought if I took less courses, I wouldn't have a good chance for a future or people would view me as trying to take a short cut.

Nonetheless, some participants added that the idea of success should be more dependent upon the individual rather than an overarching defining category.

I think success should be a personal thing and be about your own goals. *Elizabeth*

I wanted to succeed. That's the thing, success is in the eye of the beholder. So different people will see different ways in their life that they are successful. *Devin*

Based on the perspectives of the participants, many felt that in order to be viewed as successful by others, whether or not this was close family members, peers, educators, the larger society, or themselves, this meant that they were required to not only attend university, but get good grades, be taking a full course load, and graduate at the end of their designated degree timeframe (i.e., after four years). However, the construction of success places limits on certain people, such as the participants with LDs within this study. The insights and personal accounts from these participants must be justified and acknowledged in order to challenge traditional definitions of educational success and how these often maintain ableist worldviews. Therefore, school 'success' challenges our understandings of and our commitment to equality by questioning children's predispositions and initial disadvantages (Blair & Raver, 2015).

3. LD and Self-Image/Esteem

3.1 Societal Views

Many participants spoke about feeling that others would solely define their image based off their diagnosis. This can affect one's self-image and embody the negative connotations many people have about an LD. Participants felt discouraged about how others would view them.

A learning exceptionality for me, I believe it's a way of categorizing people that struggle with the way that our society teaches the majority. So, people that learn through different

means, and the minorities, are seen as incompetent in our society... If you have an LD, you're not considered to be smart because you have something in the way of you succeeding. So, there is a stigma of not being able to reach a certain goal so you shouldn't even try. *Rebecca*

Similar feelings were expressed from Thomas:

I think if you told someone in middle school, people would have just thought "look at that loser, he is different," which they did anyways.

Some students express how their LD quickly became the sole image of themselves once others around them knew about their diagnosis. Brittany, a female participant who was diagnosed with an LD at 8-years-old and several years later also with ADHD articulated this when saying:

I just feel like people thought I was weird in high school because of it [LD]...that's how people define you, or that's how people knew me by. Even if they know that about you and something else, that's all they would focus on, because it just sticks out to them and is so unnatural to them because they don't understand it.

Those with LDs often feel as if they are not meeting others' expectations, that they are letting down their parents or teachers, and not working hard enough, despite trying their best (Integra, 2016). Participants revealed this feeling of not being 'good enough' or expecting to fail, as a result of the expectations society upholds around LDs.

I've been told a lot that I'm not smart because of my disability. It put me in the mindset of not feeling smart enough to do university and think I was going to waste my family's money on tuition, fail, then be upset with myself for failing and embarrassed. *Rebecca*

This feeling ultimately impacts the way one views their ability to combat the negative stereotypes associated with LDs and feel accepted by themselves and others.

You never know what people will think or say so there is always a thought that they may not accept you. *Alanna*

I've never been accepted by other people. There is always this feeling of "please stop talking to me. *Thomas*

3.2 Consequences for Self-Esteem

Several students expressed how their LD makes it difficult for them to feel confident. This ultimately raised concern for feelings of self-hatred, remorse, and shame. Claire expressed this when stating:

When I was younger, I was bullied for it [LD]...I had a lot of hatred for myself.

These experiences can lead to negative feelings including anger, sadness, worry, frustration, and a decreased self-esteem (Integra, 2016). Such feelings were reported from Devin:

I've had horrible self-esteem and self-confidence for a while. I think it's related to having an LD to a degree... I think it is a bit harder to maintain that self-esteem because there is always that self-loathing that is there.

Participants were asked if having an LD makes it particularly more challenging to maintain a positive self-esteem.

Definitely sometimes...I just felt like it wasn't fair, like starting to blame myself like "why me?" *Samantha*

Brittany connected their self-esteem struggles with their disability by saying:

I can't even count the amount of times I've cried over school. Doing work that you don't understand right away is so difficult, especially when everyone else gets it... It puts a damper on self-esteem because you feel like you aren't doing as well as everyone else and start to internalize that.

The majority of participants had similar experiences of not being accepted by others and often embodying feelings of shame in regard to their diagnosis. Claire expressed this when referring to being compared to other family members:

I have four siblings and sometimes I just ask why I have to have this out of everybody, like why am I the one who struggles with everything?

Devin shared similar experiences, while also being able to accept one's self-image:

I kind of regretted having that disability in general... It's just hard for some people to accept that others may struggle with something that they can't describe.

3.3 Challenging the Definition for Self-Growth

Despite expressing some concerns for one's self-esteem, some participants touched on the idea of being able to see past their diagnosis and not let it define their future. When asked

how they would define their diagnosis, many students addressed how it simply means they require a different way of learning.

...I'm not dumber than anyone else, it's just how I learn is different. *Elizabeth*

This required the participants to learn more about themselves and recognize how their self-image is not tainted by a diagnosis.

It isn't your capacity to learn that is hindered but your ability to learn and through extra help you can be just as great as anybody else. *Elizabeth*

It is people who learn in different ways. An LD is not that someone is stupid or not smart, that's not true, they just learn in ways that normal people don't ...I think LD is just being able to adapt in different ways and knowing not everybody learns in the same way. *Claire*

By contesting these negative feelings that are too often experienced, the students were able to take control back of their thoughts and feelings.

People think it controls your life and if that's the first thing they learn about you, that's all they think, but it doesn't control your life at all. *Brittany*

The consequences for self-esteem can place these people with LDs in a vulnerable position to develop further mental health consequences, such as depression and anxiety, both which were reported by several participants.

4. Stigma Associated with Accommodations

Every participant expressed concern regarding their current accommodations at university being seen as a privilege. This was a common theme across the data, which may

suggest certain underlying assumptions or stereotypes regarding accommodations for those with LDs. Commonly found, LDs are classified as a ‘hidden’ disability. The term hidden refers to the idea that these disabilities are less visible than other sensory, mobility, or physical impairments and therefore are often unapparent to others (Wolf, 2001).

If you meet me, you don’t know I have an LD, it’s hidden. *Elizabeth*

Rebecca also demonstrated this idea when stating:

I also think it has to do with not looking disabled, so some people don’t take it seriously... some people don’t look like they have a disability, so they think they are making their disability up or are so lucky that they can have accommodations.

The idea of certain accommodations or services to ensure students with LDs are able to manage in a post-secondary environment did not resonate well with some. Rebecca expressed the worry of judgement from others:

I always think that people will think “is she so stupid that she needs help with spelling?” or something that is so simple, even if you have been taught it from such a young age. Even if you need help with something that everyone does on a day to day basis, where does that put you on a level of intelligence?

Those with an invisible stigma, such as an LD, are not automatically discredited but instead, face the risk of discreditation from others (Waterfield & Whelan, 2017). Some participants expressed how their accommodations often felt like it was a symbol for failure. Although they knew it

would benefit their learning to utilize the services given to them, the stigma associated with this assistance was not worth the social consequences.

Kids in my class would look at it like an unfair advantage because I got extra time or a laptop, but they didn't understand that it was only leveling the playing field between us... I didn't want to be embarrassed by taking out the laptop. *Claire*

The computer for me is a symbol for stress... I saw my computer as a symbol of my failure and shame for myself. *Devin*

As a result of the stigma and stereotypes associated with LDs, students developed methods of impression management that worked to minimise their LD (Waterfield & Whelan, 2017).

Elizabeth also voiced this idea of refusing to take extra time on assignments or exams, out of fear of the negative perceptions of others, despite truly needing the accommodation for support:

I was worried that when they [professors] are grading it, that because I got extra time, that it would be so much better than everyone else's, although I just needed that week to actually finish it.

A common theme across multiple participants in regard to accommodations was this idea of feeling lucky as a result of others viewing their accommodations as an unfair advantage.

Rebecca expressed this when stating:

I have accommodations and people always think I'm "lucky." It is not like my accommodations are a privilege, but it is just putting me on an equal level playing field than everyone else.

These accommodations were often seen as a privilege by others, making students with LDs feel guilty, embarrassed, self-conscious, and unworthy of the necessary resources and services that were provided to them.

It really does feel like I'm cheating and it's unfair to everyone else. *Thomas*

When people think I'm lucky, I feel guilty for something I have that they don't...I think that other people think that because I have an LD, I am stupid, or not worthy of being in a certain class or that I'm taking advantage of a system of accommodations. *Rebecca*

Similar feelings were stated about the jealousy others had towards the assistance that students with LDs were given at their university:

A lot of my friends say how they are jealous about my accommodations...people think it's unfair. *Samantha*

I think it's important for people to know that having an accommodation isn't something that should be praised for or jealous of someone for. *Rebecca*

Although being identified with an LD enables access to accommodation, other negative social and political implications that are attached to such labelling remain present (Ho, 2004; Waterfield & Whelan, 2017). This stigma associated with the use of accommodations and disability services within the university environment has deeply rooted societal values that cannot be ignored. Having to receive assistance on a given task is likely related this construction of “success” and “failure” that was previously discussed.

5. Support Networks

From the current data, it was found that appropriate support networks can help those with LDs experience a positive transition from secondary to post-secondary. The current findings support previous literature, which claims how stability in social, emotional, and physical support networks act as a key factor during the transition process (Geisthardt & Munsch, 1996; Gutman & Midgley, 2000; Martinez, Aricak, Graves, Peters-Myszak, & Nellis, 2011).

Just that even though someone has an LD we can't take certain classes or do as well as you or succeed in a certain profession. It's an obstacle but it can be overcome with the right support. *Alanna*

These support networks consist of family and friends, university resources and services, as well as, self-advocacy and agency, which is not often reported within the literature (Connor, 2012).

5.1 Family and Friends

Students often reported family and friends being a large support network while transitioning to university. Specifically, Alanna claimed that:

You really need a good friend group and family support group...my family was really there for me.

The role of family was apparent in almost all participants. A supportive family environment has been shown to demonstrate protective factors that reflect quality relationships, parental support (specifically at stressful times), and an emphasis on the importance of education (MOEQ, 2012). Therefore, this indicates that family members have an essential role in aiding a positive transition for those with LDs.

My parents, they have supported me since day 1. They are really good about not letting me label myself with having an LD, they don't let me use that as an excuse, which is good because sometimes I do. *Samantha*

Social networks have also been shown to improve the outcome of one's transition. Having at least one peer to confide in can help create support, trust, and confidence in students with LDs. Hughes et al. (2013) recognizes peer support as a protective factor during the transition process as these relationships help students cope with stress and protect one's emotional well-being.

Finding a friend group that I knew I could trust and confide in. *Elizabeth*

Rebecca also indicated the importance of friendship by stating how:

My friend from high school moved into residence with me, so that was a really good support system.

However, without these crucial support networks, individuals may be at risk for a poor transition.

Elizabeth expressed this when stating:

A good friend group, which is one of those things I was lacking in and that contributes a lot to the anxiety I felt, but if I had someone to talk to it may have been processed better.

5.2 Support/Case workers

Every participant emphasized the important role their university case worker had on their transition experience. This also meant speaking with an academic advisor to address the types of accommodations available.

I would also say to see your case manager so that you know you can use all your accommodations. *Elizabeth*

The appropriate services available for each student was identified as providing assistance during the transition to post-secondary. This includes registering with support services to navigate the academic, social, and personal demands of university (Connor, 2012).

Knowing your services at university, because they are so helpful. *Alanna*

This includes having a specific individual, such as a case worker, from the university that is able to help communicate the student's needs and wants in order to ensure a smooth transition.

My case manager also helped a lot. *Claire*

5.3 Self-Advocacy

Many individuals with LD lack the self-determination necessary to effectively self-advocate at universities in order to obtain the reasonable accommodations needed (Boyd-Bradwell, 2014; Herridge, 2017). University often reflects a more independent environment than high school. Therefore, individuals may be required to take charge of their own struggles and reach out to the necessary support systems on their own terms.

Nobody will ask me if I'm doing okay. If you don't reach out and ask for help, you're not getting help. I did suffer with anxiety and depression knowing that I was alone and had to do all this work by myself or reach out myself, which scared me. *Claire*

Of the transition research that has been conducted on students with LDs, findings generally emphasize the need for external support networks rather than focusing on the self-initiated

efforts to ensure their own success (Connor, 2012). Yet, many participants expressed the importance of self-care and activism for LD culture. Claire states:

You need self-care, especially when you're going through stuff.

Preparation for higher education often focuses solely on curriculum-based needs, while failing to prepare students with LDs to develop skills needed to be successful (Burdge, 2012; Herridge, 2017). These necessary skills may include self-advocacy in order to communicate to support staff what accommodations are necessary.

I think you need to self-advocate for yourself and know specifically what works and what doesn't. *Samantha*

However, it can be stated that self-advocacy does not only provide benefits for the individual themselves, but others who can relate to them as well.

By sharing my own experiences, it educates other people and helps people who also struggle with the same things I do. You might as well be your own self advocate. *Rebecca*

The necessary support networks have shown to benefit individuals with LDs while undergoing the transition to post-secondary. Whether it is family, friends, university resources, self-advocacy, or a combination, each participant agreed that this is an important factor to ensure academic, social, emotional, and personal well-being. However, these support networks should begin as early as possible in order to prepare students for the near future.

6. The High School vs. University Environment

6.1 High School Creating an Altered Experience

Participants spoke about how the trauma and negative experiences faced in high school were still affecting them personally. Specifically, around the idea that university preparation in high school was not effective and tried to ‘frighten’ students.

I feel like in high school it feels as if they are trying to scare you, which sucks because then some people feel like they will never make it. I hated high school; I was so stressed because of the workload. They don’t teach you that if you’re struggling it’s okay to take time off or take a reduced course load or not graduate with your class. *Brittany*

Rebecca shared similar experiences of high school using a scare tactic as an effective method of preparing students for the transition from secondary to post-secondary:

I think a good way to prepare us would be not making us fear it...People don’t care as much as they told us. I don’t think they prepared us well at all.

Similar thoughts were expressed around the idea how high school made students have altered views of university. For individuals with LDs who are already being expected to fail by others, this can be particularly confusing and discouraging.

There is this image in my head about university being so hard, and depressing, and thinking that I will fail. Honestly, it hasn’t been that way. *Rebecca*

Participants also mentioned how high school often made it seem that a student’s only option was to graduate on time, which meant little to no room for error. Claire mentioned that:

A lot of people think because it is a four-year program they have to graduate in four years, but not everybody does.

Brittany also added:

In high school, if you didn't graduate with your class it would feel weird. But in university, nobody would know.

Almost every participant defined university as a positive environment for self-growth. The university environment was reported being less stigmatized than high school, as a result of the larger environment and student body.

6.2 University as a Positive Environment

One's LD diagnosis seemed to be less apparent to others, which provided great benefits to an individual's self-esteem and self-confidence within the university environment. This is revealed when Alanna stated:

...if you don't want anyone to know, nobody has to know. I feel like the stigma was more in elementary and high school because it isn't as known at university.

This also meant that the embarrassment that was once felt regarding their LD started to diminish.

It's interesting because in high school I used to be really embarrassed about my LD, I never wanted people to know, but here I tell people more and they always are surprised and tell me how they would have never known. I'm at that stage like I made it this far so who cares anymore. *Samantha*

For individuals who require computer accommodations also reported feeling less stigmatized in university opposed to high school, which made them feel increasingly more confident in their academic abilities. As Claire, a female who was diagnosed with dyslexia in grade three noted:

At one point I refused to take out my laptop...I didn't want to be embarrassed by taking out the laptop. It took a long time for me not to be embarrassed...now [university] people understand that I'm not getting special treatment it's simply I'm getting a fair shot to do something well.

As well as Devin:

“...because I see everyone carrying them [computers] around, it's not exclusive to me and the only one with it in a class of 30. I'm amongst a class of hundreds. I think it is way less stigmatized.

This data indicates that the high school and university environment are vastly different and therefore may provide both benefits and consequences to certain individuals. This may be dependent on several factors, both internal and external. However, within the next section the mental health struggles many individuals with LDs either previously experienced or continue to experience will be discussed in relation to the thoughts shared by the participants.

7. Mental Health Vulnerabilities

7.1 Mental Health and High School

Children and youth with LDs are two to three times more likely to experience mental health challenges compared to the general population (Vedi & Bernard, 2012; Wilson et al., 2009). Therefore, as expected, almost all participants expressed having faced some form of

mental health struggles as a result of their disability. A majority of these mental health concerns began in high school and continued to persist into the individual's first year of university.

Elizabeth noted this continuation of anxiety-related symptoms:

I had them [anxiety symptoms] in high school, that's where it started...again in university, it just hit me, and I hadn't felt it for months and suddenly I was waking up in the middle of the night with a panic attack. Even though my mind said everything was fine the other voice in my head told me it wasn't. I just have to sit there and try breathing exercises. University definitely set it off more though.

It is quite common for LDs to be comorbid with other conditions, including emotional, behavioral, or attentional disorders, sensory impairments, or other medical conditions (Integra, 2016). This comorbidity was present when Samantha shared their experience in high school:

I have had my own fair share of mental health issues...when I was in grade eight and grade nine, I was diagnosed with anorexia, and after that I developed anxiety and depression... Especially with my eating disorder, a lot of my therapists and doctors have said that I need control, especially in elementary school, I didn't feel like I had control in my academics...I think that it definitely is because how an LD takes that control away from you and not being as good as everyone else or not being able to do something.

These comorbidities were shown to be quite common amongst participants, which could indicate that individuals with LDs are increasingly more vulnerable to mental health concerns. These mental health issues have the opportunity to interfere with day to day functioning such as academic engagement, navigating peer relationships and emotional regulation (Integra, 2016).

I struggle with anxiety a lot, and that isn't a formal diagnosis, but I have panic attacks. It could be a co-occurring thing and because I was more vulnerable to having worries and stuff because I didn't understand things as easily as other people. *Elizabeth*

7.2 Mental Health and The Transition to University

Very little research depicts what the genuine transition experience is like for young people with disabilities, or the impact that one's expectations have on their ability to transition (Waters et al., 2014). The transition for students with LDs may be identified as a period of increased physical, academic, social, and emotional challenges. Therefore, if individuals are entering post-secondary with previous or underlying mental health challenges, these could become intensified during their transition. Devin described the transition as an experience of reliving deep-rooted struggles:

I've never really been good at transitions, within the first week I got really stressed... A lot of self-aggression and self-harm started to come back, and it's all these little things that I haven't seen in four years and came back because of my transition.

Specifically, the transition itself displayed feelings of hardship for many participants. This was in regard to the change of pace, social networks, and increased academic pressure.

I have been struggling this first year, it's taking a big toll on me especially in the social aspect...I was struggling finding a good friend group that I can trust... and obviously academically because I failed a math course... I wasn't enjoying it at all and having lots of anxiety. *Elizabeth*

Claire noted:

It [transition to university] was difficult... it was frustrating because even though I reached out to the teachers it didn't do anything to help me.

Similar feelings were also expressed by Samantha:

I think the transition made it a little bit harder academically and socially because I felt like I was labelled under this [LDs].

However, not all the participants expressed negative experiences or feelings toward the transition from high school to post-secondary. For the participants who shared more positive thoughts, it was found that a sense of belongingness, confidence, and appropriate support networks provided great benefits for overall well-being. Thomas vocalized his opinions by stating how:

I didn't really have a problem transitioning. I might have if my roommate wasn't nice or we didn't get along, but overall it was a pretty smooth transition.

When asked if having an LD made it more difficult to transition from high school to post-secondary, similar feelings were also expressed by Samantha, stating how her experience was likely similar to those students without LDs:

I don't think it made it more difficult. It helped because I was able to contact SAS and tell them what I needed. Just being able to tell them what helped me be successful and having those steps in place made it a pretty smooth transition.

7.3 Does Having an LD Make Someone More Susceptible?

Each participant shared their thoughts regarding LDs and mental health. When asked if they thought that having an LD put someone at a greater risk for mental health issues, a majority of the participants communicated this susceptibility being existent.

Yeah, because there is a lot more strain on you to do better and you know you have to work harder...I think you get stressed and that stress leads to anxiety and depression, more so than people who don't have an LD and know they can start a paper 3 days before and finish it. *Claire*

Similarly, Rebecca illustrated:

It can become very easy to get caught up with your LD and think you are lesser because of it... I think it is possible for someone to be at higher risk because of it, because you are facing not only growing up, which is hard enough, but also additional implications that make it even more challenging.

A common theme amongst individuals' responses were the pressure felt from societal standards that seemed to conflict with the characteristics of those with LDs.

You wish you could be "better" by societal standards. As a result, you dig yourself deeper and deeper that is difficult to break the cycle of. That's what I attribute to leading to my depression. *Devin*

This powerful statement seemed to mirror similar feelings from others as well.

I think it plays a role; it can cause bullying which can cause depression. I think majority of kids with LDs also struggle with mental health. *Samantha*

...I can see how in general it would, because humanity tends to not like different, and that's what LDs are. *Thomas*

This constant internal and external battle can become detrimental for one's future trajectories, mental health, and overall well-being. Therefore, the socio-political constructions of disability must be acknowledged and challenged to address the impacts of these constructions on oppressed individuals, including those to whom the term "disability" attaches (Hall, 2019). Devin was passionate and shared this idea within his interview, which concludes the aforementioned testimonies completely.

The problem is that because there is something different about you, you're broken. Society tells you you're broken. That idea alone is very difficult to think about. Especially because you function normally, but because there is a little trait about you that is different, suddenly you aren't one of us, you're one of them... That's probably one of the main reasons I became depressed, is because I became a perfectionist. I wanted to do everything perfectly, because I knew I couldn't be.

All of the participants within the current study provided incredibly passionate, empowering, and meaningful responses. Overall, the research findings point to the complexity of the transition from high school to post-secondary for those with LDs. The narratives reflect a need to consider how the intersections of disability and marginalization are an integral part of the transition process.

Chapter Five: Discussion

In this study, I have sought out to understand the complex social, cultural, and political influences that govern how a group of students labelled with LDs transition from secondary to post-secondary school. The arguments here have been deliberately framed to articulate specific research questions and findings that reveal implications far beyond the obvious aspects of a transition process, such as a new school, new professors, etc. Although the benefits of a positive transition program are well researched, poor transition planning and lack of programs is not the issue. The current study has shown that for students with LDs to experience a positive transition it becomes more about equity of opportunity, values, and challenging labels of disability. This study has reinforced the importance of utilizing a CDS framework when actively researching *with* students labeled as having an LD. I have argued that the transition process for students with an LD must be viewed from a standpoint that recognizes marginalization and resistance. Therefore, studies including the voices of those with disabilities must place those individuals themselves central to theories of disability, privilege the knowledge derived from these lived experiences, work with the participants with disabilities as informants, shift the view of disability as a dysfunction to a natural part of human diversity, and support students with disabilities to develop a positive identity (Connor, 2012). This last chapter will reintroduce the four central research questions previously mentioned by discussing and comparing the findings presented in this study from those within the current literature. This chapter will then present the study's limitations and implications for future research, while posing concluding remarks for those wishing to understand LD and the transition to post-secondary from a CDS perspective.

Research Question One

What are the academic and socioemotional needs of students with LDs that must be acknowledged to ensure a smooth transition from secondary to post-secondary is experienced?

In this study, students with LDs reported having a wide range of academic, social, and emotional needs during their transition to post-secondary. Participants in this study discussed the importance of these in relation to their current experiences. However, it should be noted that the overall theme across all participants was the need for other individuals to understand the capabilities and potential those with LDs attribute. According to the literature, students with LDs face substantial amounts of academic pressure to maintain a certain level of achievement during their first year of post-secondary (Herridge, 2017). Academic demands are more than just basic requirements and expectations, but include environmental risks, goals, and personal traits. Therefore, one's competence refers to a collection of related behaviors, abilities, knowledge, attitudes, and skills that allow the student to manipulate one's environment to recognize an objective (Proctor et al., 2006). Academic protective factors may include things such as utilizing of support resources in combination with a personal understanding of one's learning style (MOEQ, 2012). Some participants within the current study indicated how their case worker and the accommodations given were generally helpful for them to achieve. Participants discussed how having things such as extra time on assignments and exams acted as a type of safety net, that was there if needed, but did not *have* to be utilized. Students also discussed the need for organization and time management. Although some knew that it would take them longer to complete certain tasks compared to their peers, they had to learn to come to this realization and acknowledge when their work had to be started in order to finish on time.

Recognizing that students with LDs are at an increased risk for social and emotional difficulties is crucial for understanding one's socioemotional needs during their transition. Just as the OPA (2018) stated, in order to understand the socioemotional needs of those with LDs, one must consider the student's self-awareness, nature of one's self-esteem, social competence and social relationships, as well as one's internalizing and externalizing behaviors. The participants within this study exemplified these considerations in multiple instances. The low popularity rates associated with LDs complicates one's ability to build the necessary social connections (Geisthardt & Munsch, 1996). Therefore, the socioemotional needs of students transitioning to post-secondary may involve things such as a close relationship with family and at least one close friend, self-care, and physical activity. One of the biggest challenges that participants mentioned was a change in living environments. This is a common concern for incoming post-secondary students, but for students with LDs who are dealing with additional stressors, such as understanding their diagnosis, knowing where and how to get accommodations, and having to choose to disclose their disability to others this can be increasingly more challenging. The ways in which students with LDs cope with these socioemotional stressors is equally, if not more, important to uncover (Geisthardt & Munsch, 1996). Therefore, some of the socioemotional needs of students with LDs while they transition includes areas built on self-advocacy.

Generally, students had neutral thoughts on whether or not their high schools prepared them for university. Some students touched on how teachers in high school were generally more helpful and tried to be of support as much as possible. However, many participants spoke about how they felt as if their high school created an altered experience and image of university. High school teachers would often indicate to their students that university will be a much more intense, fast paced, and challenging environment than what they are used to. Although some

claimed that at certain times this may be the case, or the majority, university often made it easier to grow as a student. Therefore, transitional efforts that work to liberate and build self-confidence for the university environment would be extremely beneficial for students with LDs. The initiatives to ensure students experience a smooth transition should include personalized sessions on academic goals and learning strategies that focus on the individualized needs of those with LDs. It is also important that the individual completely understands their LD and the types of learning styles that may be of most benefit. In order to do so, sessions of self-advocacy skills will benefit students as they can learn to become increasingly more assertive and develop self-worth, which may be uncommonly felt.

A valuable tactic that could provide benefit to students with LDs entering post-secondary is giving current post-secondary students with LDs a platform and opportunity to share their experiences, both positive and negative, to these incoming students. This can work to facilitate a more positive transition from high school to post-secondary and educate students of the types of experiences and feelings they may also encounter. By sharing information about LDs in general and the accommodations that can work to create further equity for students is a proactive insight to provide awareness and reach a greater number of students who may fear post-secondary and/or may otherwise not consider self-identification to the university for various reasons. Fundamentally, there needs to be a common goal among all support staff, administrators, program coordinators, and professors to reduce the stigma of LDs not only on campus but in larger aspects of society as well. The types of programs that aim to do so can facilitate interactions between students with and without LDs and offer greater support during the transition from high school to post-secondary.

Research Question Two

What are the perceived consequences of ineffective transitional strategies during the high school to post-secondary transition?

Banks (2014) states that, as a result of the stigma associated with disability culture, many students choose not to disclose their disability or seek the necessary accommodations until after they have experienced academic failure. This was illustrated within the current study when participants expressed how they proceeded to take a full course load, knowing that they had the option not to, but wanted to “fit in” with their peers and undergo the “typical” five course university semester. While many expressed experiencing academic difficulties, they resisted seeking disability services or utilizing the appropriate accommodations due to the disability stigma that was previously experienced in high school. Knowing that the current ableist society is not always open to disability, some students feel shame, embarrassment, and regret surrounding their accommodations (Ryan, 2007). This notion was supported within the current study as every participant expressed feeling guilty or as if they were “cheating” when using their accommodations. Some participants discussed how they knew this was only creating a level playing field and equity for themselves, but still struggled being able to feel equally as “successful” as their peers with additional help, such as extra time on assignments or exams. These findings are supported within the literature when Hall and Webster (2008) discuss how students often feel uncomfortable within a merit-based system while relying on accommodations. It could be argued here that these underlying feelings of guilt or “cheating” a merit-based system may be due to the underlying construction of disability culture. This supports the previous discussion of the neoliberal subject who is capable of taking care of themselves in a capitalist society. The idea of independence and “success” being prioritized in today’s merit-based society

is rooted in capitalist individualism, making people with disabilities fear any type of additional support or help from others. Seeking assistance is deemed a weakness in a capitalist society predicated on competition. This oppressive discourse continues to marginalize, problematize, and stigmatize LDs as an individual deficit.

CDS deconstructs the discourse of dependence and incompetence that surround people with LDs. In doing so, CDS propose a focus on exploring and revealing the interdependencies that feature in daily life, the point being that people do not operate independently from society but rather engage interdependently (Cocks, 2006). This becomes particularly crucial when related to those with LDs as they tend to be “assessed according to their own dependence and perceived competence, rather than the interdependent social structures of which they are a part and in which they have a role (Cocks, 2006 p. 257). The stigma surrounding accommodations works in conjunction with the idea of university symbolizing success. Many subjects in the current study discussed the notion of “normal”, understanding how this was a construction placed upon individuals in an ableist society. The participants expressed feeling as if proceeding onto university was the only option that they would be deemed as “successful” or a valuable contributor to society. Their LD made them feel as if going to university would not only prove to themselves but to others around them that they would be able to achieve high levels of achievement. The contemporary Western drive for an “autonomous individual” offers a powerful critique to explore the current society’s viewpoint on the lives of those with LDs (Hall, 2019).

By positioning those with LDs as “other”, it generates social marginalization where these subjects are viewed as being unable to contribute like the “typical” student. Therefore, the presence of disability disrupts the idolized normative neoliberal subject – being independent and autonomous (Goodley et al., 2019). When people with LDs are receiving assistance on certain

tasks, while others are not, society has engrained the feelings of being “unsuccessful”, as a result of independency being so heavily valued. The participants in this study expressed the idea that others perceived them as “lucky” or were jealous of the additional resources and assistance they were given. CDS works to reconfigure the idea of ‘assistance and ‘dependence’ as a strength, rather than a weakness. Success is viewed as rhetoric, as it perpetuates both ableism and the myth of the independent subject (Karmiris, 2016). Mitchell, Snyder, and Ware (2014) encourages others to embrace failure as a form of resistance; as a refusal of the limits of success. A CDS perspective can help understand how most people are unaware of the role equality vs. equity plays. We simply cannot expect a student to live a rich and fulfilling life without recognizing one’s unique strengths and weaknesses. Thus, the embedded stigma that is associated with accommodations within the university and larger cultural environment acts as a concern for an effective transition to post-secondary. CDS poses the question to consider what it would mean for those who deviate from the ‘norm’ to live in a world alongside others, while knowing that who they are in any given moment is enough, rather than more or less of what they should be? (Karmiris, 2016).

LDs are often characterized as an invisible disability, unlike physical disabilities. Therefore, the characteristics associated with LDs may only be apparent in certain circumstances, such as within educational environments. The invisible nature of LD often perpetuates differential treatment and ignorance (Waterfield & Whelan, 2017). Upton, Harper, and Wadsworth (2005) found that the perception of accommodation “deservedness” was much greater for visible disabilities with more recognizable educational implications. These findings propose that a lack of physical cues for invisible disabilities obstructs students without LDs from understanding the respective educational impact of the LD conditions (Upton et al., 2005).

Several participants touched on this within their interviews by claiming how many people did not believe that they had a formal LD diagnosis or thought they were taking advantage of a system by requesting and making use of the provided accommodations.

Therefore, it could be hypothesized that the visibility/invisibility in relation to the ignorance posed within society acts as an important influence on the formation of disability perceptions and this initial misunderstanding (Upton et al., 2005). Once the specific accommodations are made known and the disability becomes “visible”, there is a common perceived discriminatory reaction among others. This reaction is what was feared by the students in this study. Many voiced not wanting their professors to think any less of them or have greater expectations as a result of getting extra time or other accommodations. Denhart (2008) found that post-secondary students often avoided using accommodations out of fear that their professors would misunderstand the accommodations as cheating and stigmatize the student due to the LD label. These frequent misconceptions of accommodations being an unfair advantage (Denhart, 2008; Hall & Webster, 2008; Olney & Kim, 2001; Ryan, 2007; Upton et al., 2005; Waterfield & Whelan, 2017) can explain the manifestation of discrimination and stigmatization too often faced by those with LDs.

One common theme that emerged from the current research was the lack of knowledge surrounding LDs that participants expressed. Although LDs are common, there is a concerning lack of consistency and knowledge from the general population regarding what LDs are, what they entail, and how individuals are impacted by them. All of the subjects in this study expressed a concern with the lack of education surrounding the nature of LDs further perpetuating negative connotations and stigma. Many participants stated how they too were unaware of what their diagnosis truly meant and had to learn a majority of the details on their own. This lack of

knowledge and awareness acts as a barrier to a smooth transition as many feel it creates negative connotations that are in need of defining. Therefore, one of the most influential and moving takeaways from this study should be how further awareness is needed in order for those with LDs to feel at peace with their diagnosis in a society that too often works to resist or ignore their differences. CDS works to identify how theoretical notions of impairment emphasize the political, cultural, and social origins of meanings and treatments that are assigned to those labeled with an LDs (Goodley et al., 2003). Many participants shared that the word “disability” needs to be redefined and deconstructed to encompass far more than what the general population thinks. When asked how the participants would define an LD, similar findings to those of Goodley et al. (2003), indicated that whether ability or capacity was referred to, it inevitably involved consideration of the ways in which other’s reacted to, perceived, and treated them. However, instead of viewing abilities or impairment in terms of individualized qualities, the people with LDs in this study clearly understood the nature and meaning of LDs on a larger scale. Just as CDS suggests, when we work to centralize disability we are able to look at the world from inside out, in order to expose the perspective and expertise that is silenced (Linton, 1998). It is the individuals, like those within this study, that must be given greater opportunities to voice their experiences and opinions of disability studies and how we must actively navigate the world with them at the forefront of advocacy, agency, and change.

Research Question Three

What are the effective strategies that act as perceived benefits during the high school to post-secondary transition?

From the current data, it could be hypothesized that positive support networks, including family, friends, case workers, and other support staff members are beneficial for students with

LDs during their transition. Almost all participants mentioned how their university caseworker helped make the transition as smooth as possible. This caseworker communicated the university's accommodations and their role in the students' academic journey. Although many discussed not having any advice or assistance in the personal or social realm, it seemed to be of great benefit for the academic realm. The case worker was assigned to the student to ensure their needs are being met and the university is doing all they can to guarantee the student is able to achieve at the level of any typical student. Family and friends were reported as one of the largest support networks during one's post-secondary transition. Support from those close to these students was shown to provide positive advice and encouragement that helped to develop and maintain their self-confidence and perseverance. This close reciprocal support shifts notions of dependence and independence to a space where interdependency can be recognized and appreciated. Participants expressed internalizing feelings of support and confidence when family members were able to encourage their development.

The young people within this study greatly valued the role of peer relationships and friendships during this transition period. Social networks of people with LDs have been found to be smaller, with proportionately fewer friends, when compared to those without an LD (Forrester-Jones et al., 2006). Although friendships were not specifically measured in this study, the narratives of the participants suggest their situations reflect those of previous research. According to Berndt (2004), the teenage years symbolize a period of decreasing dependency on family members and an increased dependency on friendships for emotional support. However, the multiple participants within this study spoke solely of their family's support. Several expressed knowing the importance of peer relationships and social networks but had a very difficult time creating and maintaining these during their transition. The support networks

provided to students with LDs increase one's positive personal attributes, such as self-efficacy and self-motivation (Connor, 2012). Acclimating to a new institution or, for many, a new living environment, is imperative for students with LDs' academic success and overall well-being. For many participants, regardless of whether external support networks were present, self-advocacy was one of the crucial tools needed for a positive transition.

Developing self-advocacy skills prior to entering post-secondary is imperative for one to undergo a positive transition (Geller & Greenberg, 2009). These skills allow students to feel more comfortable disclosing their disability and requesting the appropriate support systems and accommodations needed (Herridge, 2017). Since university is naturally an increasingly more independent environment than high school, it is the responsibility of the individual student to take charge in one's overall learning and well-being. Most participants in this study discussed previously suffering from low self-esteem and, although sometimes this is still present, they have learned about their personal strengths and needs in order to become the best version of themselves. The participants were knowledgeable about the circumstances of their LD, as well as the influences it had on their own behaviors and those in their immediate environment. Therefore, the role of self-advocacy here is a beneficial strategy to ensure a smooth transition, as the student can come to appreciate their disability and become masters of their own learning to an extent where they can teach others.

The participants resisted some of the stigmatized perceptions received from others. All of the students were aware of their personal strengths and believed they were just as, if not more, academically competent to manage the university level of coursework, all while meeting the expectations of professors and teaching assistants. Despite the internal and external challenges participants experienced throughout their lifespan, it was the belief in one's own capabilities that

truly motivated them. CDS works to explore the construction of LDs, particularly through the stories and narratives that were collected during data collection. All of the participants' understandings of LDs coincide with those of CDS, which highlight how impairment is constructed in a variety of interpersonal and sociocultural contexts (Goodley, Armstrong, Sutherland, & Laurie, 2003). Therefore, the notion of impairment, in terms of LDs, is relational. Many discussed the idea of their disability being non-reflective of their true potential, and with appropriate support in combination with working to destigmatize disability, they could and would be anything they desired. CDS scholars remain anchored in personal experiences and narratives yet demonstrate how their accounts resonate with social theories (Goodley & Cole, 2013). The people with LDs in this study challenge norms and goals associated with expected standards of disability. Those with LDs who are strong self-advocates work to challenge the perceptions of others who view them as incapable or less than. Here, it is clear that CDS works to encourage self-advocacy as it constitutes a thriving political and sociocultural movement (Goodley et al., 2003).

Thus, it is not enough to provide resources to increase the likelihood of students with LDs experiencing a positive transition to post-secondary, but also demands nurturing positive behaviors, encouraging agency, positive self-esteem, integration, and socialization. The participants worked to challenge the definition for self-growth, which helped these students see their own strengths and potential for a positive university experience. Participants discussed how they came to understand that their diagnosis does not define their future and have learned that one's learning style may be one of the only differences compared to the typical learner. The role of self-advocacy here is actively resisting the stereotypes and constraints placed upon those with disabilities. The ability to understand one's own strengths, regardless of what society has told

them, acts as a beneficial method to ensure that students with LDs experience a positive transition to post-secondary.

Research Question Four

Are students with learning disabilities more at risk for mental health concerns following the high school to post-secondary transition?

According to previous research, students with LDs are increasingly more susceptible to experiencing mental health related difficulties (Bender et al., 1999; Cobigo & Stuart, 2010; Piers & Duquette, 2016; Wilson et al., 2009). This was supported by the current study's findings which suggests that those with LDs are at a greater risk for mental health concerns following the transition to post-secondary. Many participants expressed struggling with issues such as anxiety, depression, a poor self-esteem and self-image, and lack of social skills. Those with LDs are more likely to experience peer victimization and bullying, which results in those exerting their time and energy trying to "fit in" with others (Rodis et al., 2001). Specifically, the construction of one's LD felt by many participants meant that the feeling of constantly being "different" resulted in feelings of depression, elevated stress, and anxiety.

Many of the mental health struggles expressed by participants were a result of prior experiences but were exaggerated during and after they approached post-secondary. Consequently, without the appropriate supports necessary, participants discussed struggling and not knowing how to get help. An LD is often viewed as a solely academia-based disability, which belittles and ignores mental health issues that are often also present. Participants discussed being stuck under a restrictive label, where many felt as if their diagnosis was a prescription for judgement from others. This has tremendous effects on people's self-esteem. Many participants

disclosed feeling not good enough for university or thought that their LD was cause for others to bully or shame them, which resulted in self-loathing.

The mental health piece within the current study is an innovative area of research, that must not be undervalued. The role of anxiety, depression, low self-esteem, and poor social relationships coincides with one's overall transitional experience. Without addressing how students with LDs are increasingly more vulnerable to the negative experiences of a poor mental health, these individuals will continue to struggle in silence. The role of this study was not to belittle the academic hardships many students with LDs face, instead it was to acknowledge how it is well-known that these exist, but also work in conjunction with other issues such as socioemotional adjustment difficulties. LDs are too commonly considered an intellectual or cognitive-based concern, but struggling in academia means larger, more significant things. This means struggling to be happy, confident, and live up to the unrealistic standards of success set by a capitalist society that is fixated on "success."

Students with LDs are often criticized or dismissed, however the participants in this study demonstrated through their interviews and experiences that they *are* intelligent, thoughtful and capable of succeeding at post-secondary education. However, despite this, students with LDs often experience a diminishing self-esteem from an early age (Gumpel, 2007; Buonomo et al., 2017) and after years of repeated failure, frustration, and being discouraged by others, optimism for a fulfilling future seems impossible (Martinez et al., 2011). The participants in this study indicated how they are just trying to "get by" and survive in a society that was never made for them. This has the ability to spiral into more chronic symptoms such as anxiety, depression, and, for one individual, an eating disorder. Aggression, self-injury, self-hatred, and other anti-social behaviors have been statistically linked to LDs (Carroll & Iles, 2006; Maag & Reid, 2006; Piers

& Duquette, 2016), which were all mentioned by the participants within this study. As a society, we must work to reconsider the behaviors we deem as lazy, insubordinate, or unmotivated. Over time, the negative connotations placed on those with LDs become internalized by that student, contributing to a climate of stigma and shame (Arrowsmith-Young, 2013). There is a clear parallel between the discrimination faced by those with LDs and those who endure the stigma of mental illness (Arrowsmith-Young, 2013), which was apparent within the current study by nearly every active participant. Those young people who struggle with LDs, eventually become adults with LDs, who are over-represented in several marginalized populations. We must work toward creating a world where those with LDs or any label that deems them as different, will not feel discouraged, embarrassed, stigmatized, and marginalized.

Summary of the Findings

The findings from this study unmask a larger concern for students with LDs as they make the complex transition to post-secondary. These results provide a unique and significant perspective on the high school to post-secondary transition experience – that of first-year students with LDs. Many studies address the transition experience as the combination of physical, academic, and socioemotional challenges. However, there is a large mental health aspect that cannot be further discounted. If individuals are unable to maintain a positive self-esteem, create and maintain peer relations, and receive adequate support services for anxiety and depression, we are ultimately failing to ensure the basic needs of those with LDs are being met. CDS provided an innovative lens to the research done in this study. The transition to post-secondary for those with LDs has yet to be studied from this type of theoretical framework. By understanding the personal narratives from this type of background, it is revealed how there are several contesting factors that are both actively and passively altering one's transition

experience. It is suggested that in order for those with LDs to experience a positive transition, there are much larger underlying issues that need to be addressed, such as those deeply rooted in marginalization and discrimination. People with LDs work to become self-advocates for not only themselves, but the LD community. CDS works to identify the fundamentals of the transition experience in this study. It has revealed how the real issue is not with the individual, but the society that has constructed the disability. These participants expressed the idea of feeling “broken” in a society that was never built on acceptance.

Limitations

The present research provided insight regarding the experiences of eight first year students with LD. Students with LDs chose to participate in this study as they wanted to create awareness of the LD experience and to introspect on their personal perceptions, which encourages more emancipatory research. While the findings of this analysis provide an in-depth insight into students’ lived experience transitioning to post-secondary with an LD, the generalization of these findings should be considered within the context of several limitations. The small number of participants provided for an in-depth analysis of these student’s experiences. Although the participants experiences were studied in-depth, the participants were recruited from one university course at the same educational institution, and therefore the findings cannot be generalized to students with LDs in other educational settings. The sample also serves as a limitation to the current study. The interview data presented within this study represent the understanding of a small sample of students who have disclosed their disability to student accessibility services on campus. Research (Newman et al., 2011) has suggested that 70% of students with accommodations in high school do not disclose their disability upon graduation. Additionally, many students with suspected LDs are not formally diagnosed for a

number of reasons (e.g., receiving a private assessment being too costly for some families or the waitlists to receive a psycho-educational assessment being months or even years long). These students would have likely been on an IEP (individualized educational plan) in high school in order to receive accommodations but would not have been able to take advantage of all accommodations and services within post-secondary. In other cases, students who receive a LD diagnosis in elementary school would require an updated psycho-educational assessment to receive accommodations in post-secondary. Therefore, I acknowledge that these experiences vary depending on the individual and that greater student participants may have provided perspectives that were not characterized in this study.

I also acknowledge that all of the participants have experienced a wide range of high school experiences that were not included in this analysis. Participants may have received different resources and services before and during the time of their transition. Therefore, the views of the participants are not generalizable. This study does not “speak to” or represent the voices of every student with an LD or other disabilities. By deliberately focusing on the perspectives of one particular group of students with LDs, as a researcher, I acknowledge there are multiple realities here. The interpretations of others involved in the transition experience such as parents, peers, educators, and other professional would have offered diverse findings. Nevertheless, the present study provides a rich understanding of the way students with LDs navigate their diagnosis in relation to the first-year university experience.

Implications for Future Research

There is a need for further research based on the current findings. Students’ with LDs transition experience was impacted by peer and family, individual, institutional, and societal factors. Therefore, research in the field of higher education and LDs is warranted so that faculty,

administrators, and other support staff members can continue to improve services provided to students with LDs while they transition to post-secondary. These findings can be used to inform both prevention and intervention practices of administrative staff who work to prepare and support students with LDs before, during, and after the critical transition period. It is crucial for support staff to listen to and acknowledge that the concerns of these students are not a homogenous group. Meaning, although many of these students shared similar experiences and concerns, each participant is different and represents their own personal history, feelings, and opinions. Although some participants expressed receiving some support to prepare them for their transition, many claimed that this type of support was insufficient. Therefore, it would be beneficial for transitional efforts to be implemented as young as elementary school to provide comprehensive support. However, these supports must also include a general awareness of the stigma associated with LD and the associations of mental health many students tend to embody. This awareness can include specific difficulties students with LDs encounter and how to become more sensitive and understanding toward these.

According to the LDAO Transition Planning Resource (2003), in order to create a successful transition from secondary to post-secondary, individuals must be able to understand their LD, present a positive self-image, develop positive personal strategies (such as self-motivation), and develop positive social and pro-social skills. Therefore, school boards and staff, as well as parents and the students themselves are the key components in ensuring that the transition process reflects a positive experience. This cannot be done without a recognition that these students are able to achieve their full potential. The focus must then resonate with their competencies and abilities ahead of the barriers represented by the label of being diagnosed with an LD (LDAO, 2003). This study will also inform local organizations, such as the LDANR,

which will be able to use this knowledge to develop transition programs for students with LD that effectively meet their individual needs. These programs should reflect a culture of participation and awareness that enables those with LD to combat the stigmatizing stereotypes that view disability and “difference” as a natural and integral part of identity (Connor, 2012).

Future research involving students with LDs should focus on self-strategizing, which will help others understand LDs from a strengths-based approach. By doing so, there will be a recognition that everyone has mixed abilities, and our notion of “success” is highly contextual (Connor, 2012). In a world saturated by misunderstandings and stigmatization about disability, self-doubt, anxiety, depression can all prevail. Therefore, it is the role of all stakeholders involved in this transition to understand that there are far more challenges than solely the commonly acknowledge academic realm. Without the proper coping and self-confidence skills, students with LDs may find it more difficult to live a positive and fulfilling life. Through obtaining a more comprehensive understanding of and assessing ways to alleviate the concerns of those labeled with LDs, post-secondary institutions could potentially be able to better assist students in need of academic, social, and emotional support (Herridge, 2017).

Conclusion

Students with LDs are an extensively studied group, yet their emotional, social, and academic challenges remain prominent. The objective of this study was to give voice to these students to share their stories and experiences addressing their accomplishments and challenges faced while transitioning from high school to post-secondary. The findings indicate that the transition to post-secondary for those with LDs is a complicated process as a result of the confluence of individual, peer, family, institutional, and societal-related factors that directly and indirectly impact their experience. This type of research redefines how young people with LDs

experience and adjust to university in order to assist educators, case workers, support staff, and accessibility services improve transition efforts and inform healthy interventions. These findings may also offer clinical relevance for identifying particular types of support that can promote positive resilience and psychosocial adjustment for students with LDs. The current study proposes several questions in regard to the reclaiming of system that is fixated on independence. Since education is a foundation of change, how do we ensure difference is not being reinforced as ‘other than normal’? What needs to be done in order to make CDS a mainstream perspective? How can we work to reshape dependence as a strength, rather than a weakness?

Reducing barriers is crucial for students with LDs transitioning to post-secondary. From this study it is evident that some students managed certain barriers with the support of significant stakeholders (i.e., family, friends, case workers), which enabled a positive transitional experience. Apart from the granted accommodations, which provide support for participants, those with LDs continue to experience mental health related struggles which were intensified due to the stigma associated with this diagnosis. Therefore, it is not enough to provide services, resources, and supports without considering the input from students with LDs. This input is necessary for productive agency so those with disabilities can communicate their needs and desires for not only university culture but the larger disability culture as well. Without the right mindset necessary stakeholders become inadequate of showing interest to support those with disabilities. “These students are denied personhood and rendered invisible or hyper-visible; thus, they are susceptible to prejudice, stigmatized labeling, and are predisposed to failure regardless of their learning and high-achieving capabilities” (Ressa, 2016, p. 539)

Rather than assuming my research itself will directly change the lives of future students with an LD transitioning to post-secondary, my role must be viewed as standing alongside the

participants and making space for their voices to be heard. CDS researchers have an obligation to integrate the voices of those too often relegated to the margins (Ashby, 2011). Thus, it is my responsibility to actively participate in the de-centering of medical or professional knowledge in favor of listening to the voices and the silences of individuals considered to be disabled (Ashby, 2011). My goal was to give voice to the experiences and perspectives of the students with LDs in an effort to make visible, and hopefully to disrupt, those systems of power and privilege that work to marginalize. By doing so, researchers can consider how to best support those with disabilities to represent themselves, instead of being the objects of other's representation (Ashby, 2011). The experiences of current post-secondary students featured in this study confirm the value of narrative within the field of CDS. These empowering stories act as a testimony to the individualized experience of students with LDs while they transition to university. Therefore, we need research to facilitate agency by making every effort to include those with disabilities in the research process, not just as objects, but also as researchers. This means shifting the focus of research from telling stories *about* people with disabilities to a process by which those with disabilities are able to tell their own stories (Ashby, 2011).

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Appendix A. Ethics Approval Form



Brock University
Office of Research Ethics
Tel: 905-688-5550 ext. 3035
Email: reb@brocku.ca

Social Science Research Ethics Board

Certificate of Ethics Clearance for Human Participant Research

DATE: 1/30/2020
PRINCIPAL INVESTIGATOR: MCNAMARA, John - Child & Youth Studies
FILE: 19-171 - MCNAMARA
TYPE: Masters Thesis/Project STUDENT: Emma Peddigrew
SUPERVISOR: John McNamara
TITLE: Making the Transition: Giving Voice to the Unique Experiences of
Students with Learning Disabilities Transitioning to Post-Secondary Education

ETHICS CLEARANCE GRANTED

Type of Clearance: NEW

Expiry Date: 1/1/2021

The Brock University Social Science Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement. Clearance granted from 1/30/2020 to 1/1/2021.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before 1/1/2021. Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Office of Research Ethics web page at <http://www.brocku.ca/research/policies-and-forms/research-forms>.

In addition, throughout your research, you must report promptly to the REB:

- a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) All adverse and/or unanticipated experiences or events that may have real or potential unfavourable implications for participants;
- c) New information that may adversely affect the safety of the participants or the conduct of the study;
- d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved:

Lynn Dempsey, Chair
Social Science Research Ethics Board

Robert Steinbauer, Chair
Social Science Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspices and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.

Appendix B. Online Letter of Invitation

Hi, my name is Emma Peddigrew and I am a second-year master's student in the Child and Youth Studies program working with John McNamara. Please see the information below for the opportunity to become an advocate for disability culture and give voice to the experiences that are often misunderstood and misrepresented.

Do you have a learning disability and are interested in participating in a study that aims to empower and give voice to YOUR unique experience? This is an opportunity for you to participate in a research study focused on understanding your experience transitioning from high school to university. This study will involve a single-time individual interview which will allow myself to assess what the academic, social, and emotional needs of students with learning disabilities are during their transition. The interviews will also identify what obstacles create school-related stress and put individuals at-risk for co-occurring mental health concerns. Interviews will be conducted at Brock University for your convenience and take approximately 45 minutes. All data will remain anonymous to ensure confidentiality among participants. Participation in this study is voluntary and not a course requirement of CHYS 1F90. Participation or withdrawal at any time from the study will have no bearing on your academic standing. If you choose to withdraw from the study, all of the data collected from you will be destroyed. A \$10 Tim Hortons gift card will be given to participants immediately following the interview. If you do choose to withdraw from this study, you will still be entitled this compensation. This is a great opportunity to not only see what doing a research study here in CHYS looks like but will also shed light onto disability studies and create room for self-advocacy and self-empowerment. If you are interested in participating, please email me at epeddigrew@brocku.ca. REB Clearance granted: File #19-171

Appendix C. Semi-Structured Interview Guide

1. Tell me about your LD (diagnosis, history, etc.). When were you diagnosed, and can you tell me about that process?
2. What made you want to participate in this study?
3. How do you define learning disabilities?
4. Do you like university? Why/why not?
5. How is university different from high school?
6. What were some good things about coming to university?
7. What were some challenging things about coming to university?
8. What expectations did you have from university?
 - a. Where did these expectations come from?
9. What was your experience like transitioning from grade 12 to university?
 - a. Do you think the transition was easy/hard/both? Why?
10. Do you feel that your high school prepared you for university?
11. Did you have accommodations in high school? If so, what were they?
12. Do you currently have accommodations in university? If so, what are they?
13. Did your accommodations in high school transfer to university?
 - a. Were there barriers to getting the support you needed in university? If so, can you talk about those?
 - b. Were you told by anyone to seek out accommodations? If so, who?
14. Were your accommodations in high school effective?
15. Are your accommodations in university effective?
16. Were there support networks or specific individuals who helped your transition?

17. Were you concerned about coming to university because of your learning disability? Why or why not?
18. Can you talk about any potential barriers that you faced specifically, because of your learning disability?
19. Do you think university does a good job with people who have LDs?
 - a. Can you give me an example of what went right/wrong with your accommodations?
20. Do you feel as if having a learning disability made it harder for you to transition to university?
21. Did you feel there was a stigma associated with your LD/having accommodations?
22. Do people ever see your LD as the sole definition of yourself?
 - a. Do people have a hard time seeing the strengths/positive attributes of your LD?
23. Are you open to telling people about your learning disability? Why or why not?
 - a. What about your Professors/TAs?
 - b. What do you tell people?
 - c. Do you change the story depending on who you are talking to?
24. Have you ever regretted disclosing to someone about your LD? Why/who?
25. When has talking about your LD been useful?
 - a. When has it been hurtful/harmful?
26. How have other people defined your learning disability?
27. Would you say that other people's understandings of learning disabilities are similar to your own? Why or why not?
28. Does having an LD ever cause individuals to perceive you in a certain way? If so, how?

29. Did you experience any social or emotional stress or hardships during your transition as a result of your learning disability?
30. Does having an LD make it any harder for you to maintain a positive self-esteem?
31. Has your LD ever made it difficult to maintain social relationships or friendships? If so, why or why not?
32. Do you think that having a learning disability puts an individual at a greater risk for mental health concerns? If so, why do you think?
33. What do you wish people knew about learning disabilities?
34. Would you say that having an LD makes you any more vulnerable to issues like peer victimization, and a negative self-esteem and self-confidence?
 - a. In what ways?
35. Have you ever experienced feelings of anxiety or depression during your transition as a result of your LD?
36. Has having an LD created a stigmatization of academic underachievement? How?
37. What do you wish you knew prior to your transition to university that you know now?
38. What are some things that would make your transition process more successful or positive?
39. What would you say to someone who is struggling with their learning disability?
40. Is there anything you wish to share to the field disability studies that you wish everyone would know?

Appendix D. List of Themes

1. Lack of LD Knowledge
2. University Symbolizing Success
3. LD and Self-Image/Esteem
 - 3.1. Societal Views
 - 3.2. Consequences for Self-Esteem
 - 3.3. Challenging the Definition for Self-Growth
4. Stigma Associated with Accommodations
5. Support Networks
 - 5.1. Family and Friends
 - 5.2. Support/Case Workers
 - 5.3. Self-Advocacy
6. The High School vs. University Environment
 - 6.1. High School Creating an Altered Experience
 - 6.2. University as a Positive Environment
7. Mental Health Vulnerabilities
 - 7.1. Mental Health and High School
 - 7.2. Mental Health and The Transition to University
 - 7.3. Does Having an LD Make Someone More Susceptible?