

“IT WAS A MORAL BATTLE IN ME”

The Paradoxical Perspectives of Self-Identified Nondisabled Persons on Understanding and Interacting with Visibly Disabled Persons

An Exploratory Study

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ABSTRACT

Ableism – the beliefs, practices, and structures that oppress disabled persons – is prevalent in American society. While current literature examines the stigmatized experiences of disabled Americans, the ableist attitudes of nondisabled Americans, and interactions between the two groups, it lacks a critical analysis of how nondisabled persons understand themselves in relation to disabled persons. This research project asks how nondisabled peoples' interactional practices reflect and occasionally resist broader ableist norms. I interviewed twenty self-identified nondisabled undergraduate students and walked them through an in-depth reflection on their identity and their interactions with disabled individuals. I found that they interacted in paradoxical ways, upholding ableist norms yet pushing against them at various times. They inconsistently clung to interaction guidelines rooted in ableist beliefs while still expressing discomfort with these rules, recognizing how poorly the rules served both themselves and their disabled interactants. As a result of this paradox, their interactions with disabled individuals were often fear-filled and superficial. These findings challenge the privileged embodiment of nondisabled persons and suggest that sociologists should shift their research to focus on the relationship between nondisabled privilege, ableist norms, and social guidelines, in order to develop effective anti-ableist interventions.

1. INTRODUCTION

A conference that I attended two years ago focused on the belief that religious cooperation promotes societal good. Although the workshops and presentations emphasized the logistical aspects of interfaith collaboration, the basic premise was that diversity builds strong communities capable of addressing social injustices. My fellow attendees seemed conscientious in their manner of speaking, careful not only to avoid offenses, but also to use inclusive language. The atmosphere was generally relaxed and respectful, with questions about individual traditions and beliefs considerately asked and warmly received.

I paint this picture of cooperation and acceptance to contrast an experience I had during an informal social at the conference. While coordinating a regional event with a few other attendees, I noticed that the only student at the conference who used a wheelchair was slowly cruising the hall back and forth. I found myself distracted, watching to see if the person for whom he was waiting showed up. After five minutes, I realized that the student was not waiting for a particular person but rather was looking for a group to join. With most students sprawled on the floor or standing in tight circles, an individual in a wheelchair could not easily join a conversation.

As I observed the other conference attendees, absorbed in their discussions of inclusion and oblivious to their participation in social exclusion, I found myself growing angry. I have a sister who is hearing and cognitively impaired, so although I know little about wheelchairs, I am often painfully aware of people outside the usual circles of society. At that moment, however, I was engaged in an interesting conversation with a group sitting on the ground and did not particularly want to intervene. I only stood up and introduced myself to the other student when I

felt too ashamed of my inhospitality to continue comfortably sitting.

We had an interesting dialogue about accessibility and social justice, centered on our different experiences with occupational therapy, but I could feel myself talking to the fellow student in an artificial way. I understood my privilege in initiating the conversation, felt angry that an extrovert had not taken the initiative to be inclusive, and was ashamed of my attempts to casually talk as though we had both been each other's first choice of a social partner. I know that if the student had not used a wheelchair and been clearly excluded, I would not have introduced myself. I do not usually strike up conversations with strangers, and I wonder if I did so at this conference out of pity or out of a commitment to social justice. Looking back, it does not surprise me that the other attendees ignored this particular student. As the sister of a stigmatized individual, I am “wise” to disability (Goffman 1963) yet still experienced significant internal tension in determining the appropriate way to act.

In reading my description of this incident, I notice my careful word choice and my tone of controlled frustration. Also noticeable is what I did not include in my story: details about the actual content of our conversation; a physical description of the other student; my emotional understanding of how it feels to be excluded from social interactions; my exaggeratedly friendly tone of voice when I chatted with the fellow participant; and how I avoided later conversations with the same student. What do these observations reveal about my internal beliefs about disability and about how the setting of the interaction influenced its course? More importantly, how does this brief interaction reflect the oppressive cultural behaviors toward disabled persons in the United States?

The social marginalization of the student at the conference is certainly not unique.

Despite the Americans with Disabilities Act of 1990 and subsequent revisions, which prohibit discrimination based on disability in employment, public transportation, public accommodations, and telecommunications (Americans with Disabilities Act of 1990), the 56.7 million disabled Americans experience significant and measurable social oppression (Brault 2012: 4). These individuals are more than twelve times as likely as their nondisabled counterparts to be unemployed and three times as likely to live in households earning less than \$15,000 (Johnson 2006: 60). They are half as likely as the nondisabled to graduate from high school and college (Johnson 2006: 32). While some disabled individuals cannot work for health reasons, many do not work because of structural barriers. Of the disabled Americans who describe themselves as unemployed, 37% say that they cannot get the accommodations they need to work. Of all disabled Americans, 43% say that they have faced discrimination in the workplace at some point in their lifetime, with 26% saying that the discrimination has occurred within the last five years (Kessler Foundation et al. 2010: 10-11). Compared to 16% of nondisabled Americans, 34% of disabled Americans report regular difficulties because of inadequate transportation (Kessler Foundation et al. 2010: 15). In fact, of the 2 million disabled Americans who never leave their homes, 560,000 give transportation inaccessibility as the main reason (American Association of People with Disabilities 2012: 1). Housing discrimination, a violation of the Fair Housing Act and the Americans with Disabilities Act, has also been repeatedly reported: 45% of Americans who used a Telecommunications Relay Service to communicate with D.C. rental market agents were either refused service, told no units were available, given higher rent prices, provided no follow up, or told they needed to fulfill stricter requirements (The Equal Rights Center 2012).

1.1 Research Question

Current scholarship seeks to understand this discriminatory reality in different ways. Drawing from postmodernist theories emphasizing the subjectivity of reality, literature in disability studies largely focuses on the lived experiences of disabled persons (for examples, see Cahill and Eggleston [1994] and Morris [1996]). The research that others conduct on disability relies heavily on surveys asking about the attitudes people hold towards different impairments (for examples, see Green [2007] and Blascovich et al. [2001]). Most of this research occurs within the field of psychology or in the more applied sciences of rehabilitation studies and social work. Some sociologists examine the macro-social influences of the structural environment on the exclusion and discrimination of disabled persons (see Barnes, Mercer, and Shakespeare [1999] for a discussion). Others have increased work in the sociologies of disability and of the body (Hutchinson 2006; Edwards and Imrie 2003; Hughes and Paterson 1997). Despite this growing scholarship, sociologists as a collective remain relatively silent on ableism and how everyday interactions between the disabled and nondisabled reflect these broader social influences.

If the United States wants to curb the social exclusion of disabled persons, cultural attitudes that devalue disabled Americans must change, and routinely denied basic rights to shelter, education, and meaningful work must be secured. A key first step, critical reflection on privilege and on how the individual actions of the nondisabled contribute to larger social barriers, is missing from most discussions, policy, and research on disability (Hirsh and Olson 1995; Johnson 2006). If researchers only study oppressed social groups, they perpetuate the view that the privileged group is natural, normal, and perfect (Katz 1995). Sociologists will better

understand the social construction of disability if they more deeply examine nondisabled privilege and problematize nondisabled beliefs and practices.

My research explores this neglected aspect of social interactions surrounding disability: the in-depth perspectives of nondisabled persons. I ask: How do self-identified nondisabled individuals understand and interact with individuals who are visibly disabled? What rules guide their interactions, and how do these rules reflect the ableist social structures around them? What do their personal interpretations reveal about their awareness of their own privilege and identity as nondisabled persons? To frame these questions, I start with a theoretical explanation of how I approach disability, describing models and language. I next provide an overview of existing research, starting with Goffman's foundational piece on stigma and moving to three bodies of literature that derive from Goffman's work. Finally, I focus on my own research, describing my methodology, presenting my findings through five rules of social interactions and five anti-ableist strategies, and concluding with a discussion of my results' implications and where other researchers can go from here.

2. MODELS OF DISABILITY

Although many models of disability exist, I will review five: the biomedical model, the social/sociopolitical model, the embodiment model, the minority group model, and the liminality model. Most of the other disability models began in opposition to the biomedical model (Smart 2009; Barnes et al. 1999; Priestley 2003). The biomedical model seeks to eliminate differences between the disabled and nondisabled by addressing individual impairments. The medical profession relies heavily upon this theoretical view of disability, defining bodily impairments as unnatural, undesirable, and the source of individual suffering. Adherents to this perspective focus on adjusting the disabled person to society, since they see the disabled person as physically and functionally deviant (Barnes et al. 1999; Finkelstein 1980). Many of the modern beliefs about disability inherent to the medical model actually stem from the eugenics movement, which sought to “cure” disability, or at least to cure society of disabled persons (Snyder and Mitchell 2002). Under this model, therefore, disability falls within the jurisdiction of nondisabled people.

In contrast to the biomedical model's focus on the individual, the social model (Barnes et al. 1999; Green et al. 2005; Crow 1996), also known as the sociopolitical model (Smart 2009), emphasizes the societal construction of disability. Society constructs barriers that make the economic, political, educational, and social spheres unnecessarily inaccessible to certain persons (Barnes et al. 1999; Johnson 2006). At the same time, modern society chooses to accommodate other persons through environmental aids such as door handles, overhead lights, and stairs in places appropriate for their easy navigation (Finkelstein 1980:38). Similarly, schools and workplaces recognize as valid the accommodations that certain individuals need to function effectively, but they refuse to provide for others' needs. The social model thus does not use the

word 'disabled' to mean physically deviant, as the biomedical model does, but rather to mean that the socially constructed environment dis-ables certain people while en-abling others, through no moral or accidental fault of those dis-abled. Individuals are labeled independent and nondisabled because the physical and social environments welcome their particular bodies, not because they are inherently more 'normal' or 'perfect' (Barnes et al. 1999; Stubbins 1980).

Although the social model locates disability in the social sphere, it keeps impairment within the private sphere. Adherents to the model define impairment as the neutral loss of the full functioning capacity of some part of the body (Finkelstein 1980; Morris 1996). An impairment by itself does not equal disadvantage or have moral implications (Morris 1996), and disability does not emerge unless society disadvantages someone with an impairment. Under these definitions, people with impairments are not disabled if the environment or culture accommodates them (Green et al. 2005), and people without impairments can be disabled in hostile surroundings. This model emphasizes the social construction of disability and the individuality of impairment, calling for changes to society rather than to the individual.

The social model's language has been problematic in that it has ignored the daily challenges that come with impairment, fearing that any acknowledgment of suffering supports the medical model's view of disability as tragedy (Crow 1996). Adherents to this model have thus rarely discussed in public spheres how people with disabled bodies experience themselves and understand their own anatomies. More importantly, the distinction between impairment and disability has actually given power to the medical profession over the disabled body. Medical professionals, including doctors and rehabilitation specialists, have near total control over what constitutes impairment and have increasingly medicalized every type of atypical body or

condition (Barnes et al. 1999; Hughes and Paterson 1997; Dreger 2004). They thus have significant power in determining which bodies society labels as physically deficient.

In an effort to return the disabled body to the conversation and recognize disabled persons' agency, theorists have proposed a number of models. I classify them under the broad term “embodiment model,” although it could also be called a feminist model of disability since many advocates are feminist theorists (Wendell 1989; Morris 1996; Inahara 2009). This embodiment model argues that by artificially separating the individual from the social, and the material from the spiritual, social constructionists have ignored how the body is often the battleground of power struggles (Hutchinson 2006; Edwards and Imrie 2003; Hughes and Paterson 1997). A better definition of impairment, according to this thinking, may be the “material reality” of having a disabled body (Barnes et al. 1999:94). This model grounds disability in biological reality but also analyzes the social forces that shape how the body experiences the world and itself (Rhodes et al. 2008). Religious values define the disabled body as profane rather than sacred (Hutchinson 2006); policy makers decide that disabled bodies are non-productive members of society and should stay in the private sphere as recipients of charity (Wendell 1989); cultural values uphold independence above all else, ignoring the ways in which the supposedly nondisabled receive numerous assistance for education and advancement (Wendell 1996). Despite these forces, the disabled body does not passively accept its biological destiny or its socially constructed value, but rather actively engages with society, adjusting to the changing definitions of its ability and beauty through time and across cultures (Edwards and Imrie 2003; Hutchinson 2006). Above all, the embodiment model challenges the dichotomy of disability and nondisability, recognizing that the experiences of our bodies are fluid and that no

one has a perfect body (Inahara 2009; Rhodes et al. 2008).

A more openly political approach than the embodiment model defines the disability community as a minority group. This model draws significantly from research that analyzes privilege and oppression, focusing on how privileged social groups actively maintain their power over oppressed social groups. While most work on privilege has focused specifically on race and white privilege (Tatum 1997; Wise 2005; Rothenberg 2002; Warren 2010; McKinney 2005), researchers who apply the minority model to the disability community critique how nondisabled persons have the power to decide which abilities and anatomies are “normal.” Nondisabled people can reduce everyone defined as “not-normal” to dependence, discreditation, and dysfunction, pathologizing their ways of knowing and being (Hardaway 1991; Johnson 2006; Dreger 2004). Lumped together arbitrarily by scientists because of their supposedly maladaptive mutations (Snyder and Mitchell 2002), disabled people are in conflict with the government and medical professionals for control over the definition of disability and the process of rehabilitation (Albrecht 1992). They unite in their common experience of oppression.

The minority model extensively examines the practices and behaviors unique to members of socially privileged groups. Most researchers agree that a hallmark of privilege is the “permission to escape or to dominate” (McIntosh 2002: 100). Nondisabled persons “escape” the reality of their privilege by ignoring that they have unearned advantages or by arguing that their social dominance is natural (McIntosh 2012; Goodman 2011; Wildman and Davis 2002). They also “escape” the disadvantages that the non-privileged disabled have to regularly confront: the nondisabled are less likely to be placed into special education classes, more likely to be given work opportunities, held to higher standards of success, able to request assistance without fearing

that they will be seen as completely helpless, free to travel without fearing that the inaccessibility of buildings or buses will stop them, not as likely to be segregated into isolated institutions, and able to know that people will not treat them like children (Johnson 2006). The nondisabled “dominate” in a variety of ways: their group characteristics are the standard against which all others are measured; their group attitudes and appearances are seen as better, so everyone else strives to be like them; their ideology is the cultural norm, and thus their definition of reality prevails; they have unequal access to education, political positions, and wealth, and so resources are distributed to favor them (Goodman 2011; Johnson 2006; Wildman and Davis 2002; Tatum 1997). The minority model emphasizes that because these privileges are granted based on social identities, individuals do not have to feel privileged or discriminate against others to still benefit from their social position (Johnson 2006). The problem is with the social system and how individuals participate in it; the problem is not one of prejudiced and immoral individuals.

In a different approach, some academics argue for a model of liminality. From this perspective, disabled persons hang suspended between the two recognized states of healthy and sick (Murphy et al. 1988). Healthy people intentionally ignore the presence of liminal individuals because they do not know how to interact with people who lack a defined social role (Murphy et al. 1988). This model allows for the fluidity of disability identities and experiences since disability only refers to a suspended state, not to a specific type of body. However, this view also oversimplifies the power struggles between disabled and nondisabled persons, and it implies that the marginalization of disabled people is an understandable result of culturally logical categorizations of people (see Douglas [1966] for a discussion of anomalies and people in ambiguous social positions).

In my treatment of disability, I draw from the social, embodiment, and minority models of disability. In contrast to the biomedical model, these models problematize social behaviors and attitudes that devalue disabled persons. I find the social model especially useful in its emphasis of the unnecessary oppression of disabled persons through socially constructed identities and disabling social environments. However, I think the embodiment model better allows me to consider the body as an object of knowledge and power (Hughes and Paterson 1997). For example, nondisabled persons experience the world through their privileged bodies, and thus how they notice physical structures, interact with other people, understand social norms, and feel about themselves stems from their physical reality. Additionally, I borrow from the minority model in that whereas embodiment theorists traditionally discuss people whose bodies deviate from the culturally specific norms (Edwards and Imrie 2003; Hutchinson 2006; Hughes and Paterson 1997), my research focuses on the perspectives of nondisabled individuals and how their internal dialogues reveal discriminatory social values and expectations surrounding disability. I consider nondisabled members of society to be privileged and to participate in the structural oppression of the minority group of disabled persons.

As evident by this discussion of theory, the language surrounding disability matters because names and words convey social privilege and position in important ways (Linton 1998). The language chosen communicates how societies view disability: is it the individual's fault, society's fault, or no one's "fault" at all? Does the language give the disabled person agency, or does it make them passive (Winance 2007)? At a more basic level, do people even have the social power to define their own identities (Zola 1993)? No consensus exists as of yet, so however I write, I will inevitably use language that others find problematic and discriminatory.

As I am speaking from a nondisabled perspective, it troubles me that my imperfect language carries weight, and I fear perpetuating the oppressed state of disabled persons through my words. Nevertheless, I know that using imperfect language is better than saying nothing at all.

To ensure that my words, even if less than ideal, are not distorted, I will define how I use a few common terms. Within the word “impairment,” I include the embodiment concept of the material reality of having a body that functions differently from how the surrounding culture says it should function. To distinguish persons who have this body type from those who fall within the social norm, I use the phrases “disabled person” or “person who is disabled.” While the phrase “disabled person” opposes the person-centered approach, which calls for language that puts the individual at the center rather than his or her disability (The Arc 2012; Zola 1993), I am specifically focused on people's disability identity and intentionally put it in the forefront. The phrase “person who is disabled” is also distinct from the usually recommended phrase “person with a disability,” which implies that the cause of discrimination lies within the disabled person rather than within a disabling society (Barnes et al. 1999). Individuals may possess and “have” their own experiences and impairments, but they do not hold within themselves the source of their discrimination. Thus, I avoid the terms “person who *has* a disability” or “person *with* a disability,” instead using non-possessive language like “person who *is* disabled.”

In referring to people who do not identify or are not identified by others as disabled, I mostly use the terms “nondisabled person” or “person who is not disabled.” I avoid the phrase “able-bodied persons” since this implies that disability is located within an individual's anatomy, when in fact disability is a complex reality deriving from social, cultural, biological, and environmental circumstances. While some have suggested the use of “temporarily able-bodied”

instead (Zola 1993; Cherney 2009), I again feel that such a term focuses on the body too much and masks the power dynamics between disabled and nondisabled persons. By emphasizing this group as not-disabled rather than as abled, I attempt to put the focus on their unnatural privilege and remove them from the unexamined center. I hope to communicate how the social and structural environment privileges such individuals by not disabling them and how the diverse body types that fall within this category do so arbitrarily. I also frequently use the word “ableism,” which encompasses biases favoring the nondisabled, views that the disabled are inferior, and social institutions that actively marginalize disabled persons (Linton 1998). I thus use “ableism” and its derivative “ableist” in a similar manner to how sociologists use the terms racism, sexism, and classism.

3. SOCIOLOGICAL LITERATURE ON DISABILITY

The previous overview of disability theory hints at the many possible levels of sociological analysis. My research focuses on the micro level of analysis in that I study how nondisabled individuals experience their disability identity and how their interactions with disabled individuals unfold. I work from the perspective that the human body is a “bearer of value” (Edwards and Imrie 2003) and a source of power (Hughes and Paterson 1997), and that individuals negotiate the social world using the capital they have. I also draw from the macro level of sociological analysis in my understanding of how political, educational, and cultural systems work to discriminate against people who are disabled, and how these systems contribute to the construction of the roles of disabled and nondisabled in individual interactions (Barnes et al. 1999). To frame this analysis of nondisabled persons' embodiment of social values and expectations, privileged social identities, and self-understanding, I describe below three key bodies of literature that have motivated my project: attitudinal research that reveals the perspectives of the nondisabled; interactional research that examines how disability impacts social relationships; and experiential research that explores the lived experiences of the disabled.

3.1 Foundational Work on Stigma

In many ways, these three literatures – attitudinal, interactional, and experiential – descend from Goffman's 1963 sociological classic *Stigma: Notes on the Management of Spoiled Identity* (for a review of stigma research since Goffman, see LeBel [2008] and Dovidio, Major, and Crocker [2000]). Goffman (1963) explores stigma on a conceptual level and discusses the expectations individuals have for interactions. Stigma, the discreditation of someone from a

whole being to a 'tainted' one, occurs when individuals enter interactions carrying anticipated identities for their social partners (pp. 2-3). The interaction may confirm or challenge their assessment, but either way, they have marked the other as negatively different. These differences generally fall under three types of stigma: physical “abominations,” character “blemishes,” and tribal “contaminations” (p. 4). People who are visibly disabled, or “discredited,” because of bodily impairments fall in the physical abomination category of stigmatization. Significantly, this stigma only carries political and economic consequences because the stigmatizer has social power (Yang et al. 2007).

Goffman (1963) noted that the 'stigmatized' and the 'normal' are not persons but roles people play based on their conformity to or deviation from a particular ideal trait (p. 138). The strength of assigned stigma depends partly on the visibility of the deviation. When the hostile surrounding environment makes a physical disability evident, the stigmatization also depends on how clearly the impairment disrupts expected social etiquette and behavior, and how much the nondisabled interactant views the disabled interactant as competent (pp. 48-50). From this basic understanding of stigma, Goffman (1963) analyzed the different aspects of interactions between the stigmatizing and the stigmatized members of society. He proposed that while 'normals' hold within themselves stigmatizing ideas based on their experience of social norms, they expect their targets to carry the burden of these beliefs and feelings. Goffman's work is thus more sociological than psychological because of his emphasis on how social values and expectations inform even the most private interactions between two people. Conversations and relationships become symbolic exchanges of social power and cultural beliefs.

According to Goffman (1963), society teaches disabled targets to avoid reminding the

stigmatizers of how unfair their stigma is, and instead to provide comfort and confirmation that the stigmatizers placed their stigma well. The stigmatizers expect their targets to be cheerful, hard-working, accommodating, and willing to provide information to their stigmatizers on how to act (pp. 115-116). To manage the experience of stigmatization, disabled persons often fulfill their expected role by demonstrating either that the burden is not too heavy or that they are really no different than anyone else, despite their oppression. Above all, disabled interactants are expected not to threaten others' belief that the stigmatized role is accepted and palatable (p. 122).

In fulfilling their own 'normal' role, the nondisabled members of society enforce the dependency of disabled members, treating them as though they cannot lead fully human lives. At the same time, nondisabled individuals paradoxically expect the targets of their stigma to rise above their 'different' status and appear to live relatively normal lives. Thus, Goffman (1963) explains, nondisabled persons oppress disabled persons to protect their nondisabled physical norms, and they simultaneously demand that the stigmatized ease their discomfort and graciously accept any help as an offer of modified social acceptance (pp. 119-120). These 'normal' individuals avoid interactions with disabled individuals as much as possible so that their carefully constructed stigma goes unthreatened. To encounter a disabled person who acts either too "ashamed" or too "aggressive" means confronting a person who does not accept the narrow social role given to him or her (p. 18). The nondisabled interactants want to avoid disrupting the fragile state of their socially superior role, which

means that the unfairness and pain of having to carry a stigma will never be presented to them; it means that normals will not have to admit to themselves how limited their tactfulness and tolerance is; and it means that normals can remain relatively

uncontaminated by intimate contact with the stigmatized, relatively unthreatened in their identity beliefs. (p. 121)

In his understanding of this reality, Goffman (1963) wrote that knowing someone beyond surface-level public encounters would not necessarily reduce stigma (pp. 52-53). The roles of stigmatizer and stigmatized engage in a regular dance of interaction-management that changes based on the social context. Thus, some may never realize that they can like or dislike a stigmatized person for a reason other than that person's supposed disability (p. 40).

3.2 Attitudinal Research

The most common literature on disability is what I term “attitudinal” research. This literature derives from Goffman's (1963) exploration of the psychological processes of discomfort and self-protection within the 'normal' mind. Attitudinal research most closely aligns itself with Goffman's work on stigma and typically uses surveys to determine basic social attitudes. The literature, as a whole, views stigma as a condemning mark that distinguishes group outsiders from group insiders, thus reinforcing group norms and group solidarity (Falk 2001). Researchers ask who stigmatizes whom, and how the non-stigmatized perceive the stigmatized. They want to know the characteristics assigned to the stigmatized individuals, upon what norms these traits are based, and how the non-stigmatized justify their prejudicial treatment of the stigmatized. Additionally, they examine the aspects of interactions with stigmatized people that make others unusually aware of what they say and what they do.

The focus on the internal beliefs of nondisabled persons limits attitudinal research's contribution to understanding the actual social exclusion of disabled persons. Individual

attitudes reveal individual prejudices and individual discrimination, but they do not connect the stigmatizer to the larger social systems of power and oppression (Bonilla-Silva 2003). On the contrary, the treatment of stigma as a social psychological phenomenon tends to “neutralise” stigma as a natural reaction to difference rather than treat it as an unnatural act of oppression (Finkelstein 1980:31). Researchers study the disabled persons rather than the society that creates the category of disabled persons. Some studies (for example, Richardson et al. [1961]) contribute to the biomedical model of disability by phrasing interview questions as though the disabled person “elicited” certain responses from the “normals” (Finkelstein 1980). This unfortunately puts the disabled person at the center of the problem and isolates reactions to disability from meaningful social context (Tregaskis 2000). To truly understand the complexities of stigmatization, whether based on a trait or on a behavior, researchers must know the underlying cultural norms and idealized expectations. Attitudinal research, even if undertaken with a desire to reveal social injustice, does little to support the model of the social construction of disability, focusing instead on the internalized attitudes of individuals.

Despite these limitations, individual studies have contributed to social science's understanding of the stigmatization of disabled people. Many of these studies note a hierarchy of disability (Olkin and Howson 1994), illustrating the heterogeneous groups of people that fall within the constructed category of “disabled.” Survey respondents view persons with visible, functionally limiting impairments more negatively than they view persons with other types of physical impairments (Albrecht, Walker, and Levy 1982). Youth rate the temporarily disabled as more likeable than the permanently disabled (Richardson et al. 1961). The gender of both stigmatizer and stigmatized also impacts attitudes (Nario-Redmond 2010; Werner, Vilchinsky,

and Findler 2010): women have more positive feelings towards disabled persons than men, likely a result of their socialization as nurturing beings (Seo and Chen 2009). Additionally, how the perceived disability is expected to impact a social exchange matters. The more someone anticipates a person's stigmatized condition as causing inconvenient or atypical social interactions, the more likely that individual is to increase social distance between them (Albrecht et al. 1982). Although these questionnaire results are limited in what they tell us about large-scale social exclusion, they explain how stigma differs depending on the interactants involved.

Attitudinal surveys have also supported Goffman's work by examining the various dimensions of stigma held by respondents. Both nondisabled and disabled students expect disabled individuals to encounter social awkwardness and to face negative stereotypes. Disabled students, however, more often perceive that disability leads to devaluation and a lower emotional well-being (Green 2007). This supports the social model of disability because the stigma appears to negatively affect disabled individuals in ways beyond the inherent challenges of their physical impairments. Numerous studies have also detailed the uncertainty that people feel when interacting with those who are physically disabled, the distaste they express at the physical deviance, the social threat they perceive, and the guilt they experience for their own apparent health (for an example, see Albrecht et al. [1982]).

To causally explain the stigma found in attitudinal research, social psychologists propose different theories. Functional theorists claim that stigma acts to simplify social interactions for the stigmatizers; perceptual theorists say that cognitive biases cause individuals to amplify “perceived differences”; consensus theorists add that stigmatizers repeat the acceptable negative stereotypes of their culture (Stangor and Crandall 2000:67-71). Others argue from an

anthropological stance, stating that stigma is a consequence of feeling morally threatened because an aspect of another person violates some essential value (Yang et al. 2007). Neuberg, Smith, and Asher (2000) critique these proposed theories by stating that any causal explanation of stigma must not only describe how stigmatization elevates a group's status, justifies social privilege, or supports a moral value, but must also explain why certain traits fulfill these functions and others do not (pp. 32-33). To better account for the social aspects of stigma, these authors propose that stigma enables a group to mark the individuals who cannot contribute to the group's survival or who threaten the group's ability to function (p. 34). While nondisabled individuals may see the disabled as sometimes capable of contributing to society, especially intellectually or creatively, they still view disabled persons as potentially expensive time investments and thus avoid interacting with them (p. 40).

Attitudinal research has promoted many solutions for eliminating stigma towards disability, favoring those that focus on what the stigmatized targets can do. Some studies even imply that certain negative consequences of stigma result from the attitudes and expectations of disabled persons themselves (Green 2007), a thought more explicitly expressed by researchers who claim that the stigmatized can stop prejudiced attitudes by simply refusing to entertain them (Meyerson and Scruggs 1980). While this viewpoint acknowledges that disabled persons are not passive receptors of social values and attitudes, it trivializes the difficulty of challenging oppressive social structures. Other studies have proposed that the disabled members of society prove their usefulness through adaptive technology (Neuberg et al. 2000:52). This effectively removes the responsibility of adaptation from society, a common theme in attitudinal research. Focusing on the prejudices that individuals hold towards other individuals inevitably closes out

the possibility of seeing and understanding the societal contributions to disability and stigma.

3.3 Interactional Research

The “interactional” perspective takes its cue from Goffman's description of the stigmatizer and stigmatized roles (Goffman 1963). By focusing on the social nature of disability and stigma, this approach lends itself towards supporting the social model of disability, while also acknowledging aspects of embodiment theory, such as the role of the disabled body in representing anxiety and frailty (Barnes et al. 1999). Many researchers study interactions between disabled and nondisabled individuals through observation and experimentation (for examples, see Blascovich et al. [2001]; Kleck [1968]; Kleck, Hiroshi, and Hastorf [1966]). They examine the behaviors that manifest in both participants and consider the symbolic social meanings carried by these presentations of self. Although this literature existed chronologically before attitudinal research flourished, the difficulty of designing realistic experiments to obtain relevant data made interactional research obscure for decades. In recent years, social psychologists have called for its return since attitudinal research cannot explore attitudes towards disability in a social context (Hebl and Dovidio 2005; Tregaskis 2000). Interactional research seeks to right the methodological, and thus theoretical, imbalance of attitudinal research, reminding social psychologists that Goffman described stigma as a relational phenomenon resulting from particular socially prescribed roles (Hebl and Dovidio 2005).

Goffman himself described in depth the symbolism of social interactions. In *Interaction Ritual* (1967), he analyzed the concept of face, that “image of self” carefully constructed in social settings according to “approved social attributes” (p. 5). People work hard during

interactions to ensure that the choices they make uphold their “face” since breaking from their cultivated image results in shame and social disorder. If individuals feel that their face or the face of another will be threatened in an encounter, they try to avoid the situation. If they cannot avoid such an interaction, they shy away from potentially threatening topics, are excessively polite, and tactfully pretend not to see anything that might cause another to lose face (pp. 15-23). In this way, “...the handicapped often accept courtesies that they can manage better without” because they have a social obligation to save the face of the person offering assistance (p. 29). Despite these closely adhered to guidelines, interactants can easily alienate themselves. They might become too interaction-conscious, focusing on their role in the conversation instead of on the conversation itself; too self-conscious, considering excessively how to protect their face from threats; or too other-conscious, distracted by supposed defects in the means of communication of other interactants (pp. 117-124). Thus Goffman (1967) reveals just how much is at stake for participants in an interaction, a general theme that other researchers have applied to specific situations.

For example, researchers have found that interactions between stigmatizing and stigmatized people are quite threatening and uncomfortable because the stigmatizing individuals perceive fewer similarities with the stigmatized individuals and have lower expectations of success (Blascovich et al. 2001). Interactions are filled with “the guarded references, the common everyday words suddenly made taboo, the fixed stare elsewhere, the artificial levity, the compulsive loquaciousness, the awkward solemnity” (Davis 1961:123). Nondisabled interactants are too other-conscious (Goffman 1967) and thus must deal with the threat that their inappropriate distraction brings to their own self-images of kind, non-judgmental people. In

their classic experiment, for example, Kleck, Hiroshi, and Hastorf (1966) found that subjects ended interviews with disabled confederates sooner than interviews with nondisabled confederates, gave opinions in the interviews that were less consistent with follow-up questionnaires, and took longer to choose what questions they would ask the disabled confederate. Nondisabled subjects had a tendency to distort themselves in ways that realigned their interests with how they imagined a disabled student might think or feel, thus assigning more importance to academics and religion, and less importance to sports and physical appearance. A later experiment by Kleck (1968) analyzed behavior differences in interactions with disabled and nondisabled confederates, and found that students moved their bodies less often, described the other participant more favorably, and rated their interest in sports less favorably when in the presence of a disabled confederate.

Interviews with college students have revealed a host of reasons for why these uncomfortable and occasionally awkward moments occur: violation of norms, lack of experience, suppression of stigmatizing thoughts, misinterpretation of what the disabled person finds offensive, belief that people get what they deserve, and guilt for able-bodiedness (Hebl, Tickle, and Heatherton 2000:283-287). Nondisabled students might try to put themselves in the other person's shoes, but their consideration unfortunately requires them to make assumptions about what the other person wants rather than respectfully asking (Hebl et al. 2000). Despite these common reactions of distress and discomfort, nondisabled interactants know that their responses contradict social values of charity for those whom they see as less fortunate (Biernat and Dovidio 2000). They also know that social convention requires them to treat new acquaintances as whole beings: they cannot focus on the disability exclusively (Davis 1961).

After interacting with disabled individuals, nondisabled persons thus tend to more positively evaluate their fellow interactants, trying to internally balance their discomfort, guilt, and sympathy (Biernat and Dovidio 2000; Blascovich et al. 2001; Hebl et al. 2000) and maintain their carefully constructed face (Goffman 1967).

Although the results of these studies show how nondisabled persons interact with disabled persons and feel about the interactions, interactional researchers tend to make the same mistakes as attitudinal researchers. They declare that nondisabled individuals do not commonly stereotype disabled persons because their impairments are so varied, individual, and rare, and because disabled persons have historically been less politically organized than other groups of stigmatized people (Biernat and Dovidio 2000:105; Hebl et al. 2000; Davis 1961). The take-away from these conclusions is that stigmatization occurs on an individual basis: no collective stereotypes exist, only strong individual reactions (Biernat and Dovidio 2000). The offered solutions have mostly involved increased exposure to disability (Biernat and Dovidio 2000; Hebl et al. 2000), a proposal that Goffman (1963) critiqued since it assumes that stigmatization results from ignorance and isolation rather than from social contexts and values. This promotion of increased contact between disabled and nondisabled people is additionally problematic because it focuses on the responsibility of disabled people to improve social attitudes rather than on the role of the social environment in emphasizing the disability above all else (Finkelstein 1980). Other researchers also suggest that disabled interactants lessen the discomfort of nondisabled interactants by acknowledging their impairment and welcoming questions (Hebl et al. 2000:293), a solution that again puts the burden of removing stigma on the stigmatized rather than on the stigmatizers.

Critics have appropriately cited interactional research for not putting the interactions in context. Although interactional researchers acknowledge that they cannot isolate individual attitudes from the situations in which they arise (Hebl and Dovidio 2005), a serious concern for attitudinal research, they still tend to view each interaction as a unique phenomenon rather than as a symptom of a larger problem. Interactions with disabled persons are ambiguous and uncomfortable for many nondisabled persons, but researchers have not adequately explored the importance of social contexts and enabling environments in the creation of this discomfort and uncertainty. They have not sufficiently addressed why interacting with disabled persons poses such a huge threat to “face” (Goffman 1967). Because they accept stigmatization as naturally occurring, they also remove the responsibility to reduce stigma from the nondisabled interactant (Finkelstein 1980; for an exception, see Neuberg et al. [2000]). This research neglects the social construction of disability, even as it correctly analyzes the social nature of stigma.

To highlight an exception, Hebl and Dovidio (2005), advocates of research on stigma interactions, have written a guideline proposing a new kind of interactional research. Calling for a multi-layered approach to analysis, they say that researchers should study antecedents that could influence an interaction, including the nature of the setting, the power dynamics of the interaction, the personal characteristics of each interactant, and their past experiences. Investigators should also study stereotypes, participants' intentions for the interaction, and the types of stigma they hold. Once the interaction has begun, researchers should look at whether the verbal and nonverbal communication of interactants match, and what coping mechanisms and stereotypical behaviors each interactant displays. The study should include a reflection by both participants as to whether they fulfilled their goals for the interaction, how they feel about

the other person, and why they chose to continue or discontinue the interaction when they did.

The dynamic and nuanced research proposed by Hebl and Dovidio (2005) would explore the discomfort and emotional management of both the stigmatized and non-stigmatized interactants. They suggest that future researchers fully explore the emotions of both interactants, especially since one isolated study found that disabled subjects interviewed by nondisabled confederates demonstrate the same level of nonverbal discomfort as nondisabled subjects interviewed by disabled confederates (Comer and Piliavin 1972). For now, due to methodological challenges, most interactional research insufficiently explores how participants make internal meaning out of their experiences and how the social-environmental creation of disability influences the discomfort that nondisabled participants express.

3.4 Experiential Research

Exploring the lives of what Goffman called the “stigmatized,” experiential research also partially emerged in response to the biomedical model of disability that treated the impairment as the problem and the individual as the one responsible for the “cure.” This literature of 'experience' provides the internal perspective of the stigmatized, balancing attitudinal research's emphasis on the cognitive prejudices of the stigmatizers and interactional research's focus on the observable nature of social relationships. It explores how disabled persons feel about their experiences in a society designed for other body types, how stigma affects their individual psychological processes, how they manage social interactions, and how they confront discrimination and exclusion (Oyserman and Swim 2001). Whereas attitudinal research leans towards surveys, and interactional research leans towards experiments, experiential research

mixes autobiography, interviews, observations, and ethnography. This literature draws heavily from feminist and post-modernist theories that place the subjective and the personal above the quantifiable and the elusively objective (Tregaskis 2000).

The more psychologically focused studies in experiential research place much importance on the emotional well-being of stigmatized groups. Stigmatized groups must cope with shunning by their peers, cruelty, and prejudice, which negatively impacts their sense of self-competence and worth (Green et al. 2005; Major and O'Brien 2005). As Crocker (1999) observed, however, self-esteem does not universally decrease in stigmatized groups; it depends on the social context and on the beliefs brought by the stigmatized to interactions. Disabled persons are often acutely aware of negative stereotypes and can feel as though these stereotypes interfere with every interaction. They may fear confirming group stereotypes and then undermine their own performance because of the perceived pressure (Steele 2010). They may even internalize the biases of their culture and contribute to the perpetuation of these prejudices in a perverse “symbolic violence” (Edwards and Imrie 2003).

Cahill and Eggleston (1994) have extended this research on the emotional management of social interactions, studying how individuals in wheelchairs manage both their own emotions and the emotions of their fellow interactants. Like Hebl and Dovidio (2005), these researchers present disabled persons as active shapers of their social world rather than as passive reactants to prejudice. The authors found that wheelchair users often use humor to decrease their embarrassment in situations that highlight their physical disadvantage and also to relieve the anxiety of non-wheelchair users. Frequently treated as non-persons, wheelchair users display outward calm even while feeling private anger, apologizing excessively when requesting

assistance to assure nondisabled persons that they are duly penitential for their incapability. They are demoralized yet required to be gracious or face penalties for not appropriately responding to charity. Because interactions use emotion as an exchange currency, an inappropriate emotion can be seen as failing to fulfill one's social role (Hochschild 1983). Emotion signals people's inner perspectives, so a misalignment between how people feel and the rules about how they should feel requires them not just to regulate their expression of emotion, but also to regulate their internal beliefs (Hochschild 1983). This extensive emotion management falls disproportionately on the disabled participants of an interaction.

On the more personal and less psychological side of the experiential literature are actual stories, essays, and research articles written by disabled persons about their lived experiences. Feminist and post-modernist theorists have championed this literature as a direct way to give a voice to the disabled persons who have historically been studied more than they have studied. They argue, rightfully, that the individuals who live daily with the consequences of societal stigma, oppression, and exclusion know best what injuries these cause (Morris 1996; Hunt 1966). As individuals with bodies "in trouble," they best recognize the false mind-body dichotomy that separates lived experience from interpretations of it (Mairs 1996). For example, Crow (1996) challenged disability theorists for focusing too heavily on the social construction of disability and ignoring the reality that impairment does come with limitations and challenges (see also Kerr [1980]). She drew attention to the struggles of people with impairments but continued to call disability a problem requiring social change. Another researcher, Tregaskis (2000), proposed an ethnographic study that would challenge nondisabled subjects to think about their own beliefs and reflect on the context giving rise to their attitudes. She argued that if social inclusion of

disabled people is to become a reality, then nondisabled persons need to explore what about physical impairments threatens their ideal body type and their social norms. Tregaskis also promoted research that is participatory, explores the power dynamics in interviewer/interviewee and disabled/nondisabled relationships, and addresses individual attitudes within their broader social context.

Thus, while attitudinal research leans toward the theoretical and the impersonal and while interactional research focuses on the empirical, experiential research delves deeper into the reality of the disability experience. It commonly points out the physical barriers of the environment, such as unshoveled sidewalks or inadequate moving space between restaurant tables, which heighten awareness of impairment and make disability the defining feature of a person (Hebl and Kleck 2000:425; Davis 1987). Even more importantly, experiential research brings attention to how society as a whole treats disabled individuals. Western culture upholds “[a]chievement, productivity, vigour, health and youth” while lamenting “[i]ncapacity, unproductiveness, slowness and old age” (Townsend 1966:vi). These deeply rooted values have independence and efficiency at their core, which from the moment of birth, accident, or illness, puts individuals who are impaired at the edges of society. Industrialized nations' capitalism bases its image of an ideal worker on physically-abled bodies, relegating those who cannot squeeze into the mold to chronic unemployment, isolated institutions, and inadequate welfare pensions (Barnes et al. 1999; Johnson 2003). The medical profession supports this hierarchy with its esoteric criteria for function, strength, weakness, and for determining who belongs to the group of deserving deviants and who does not (Finkelstein 1980; Barnes et al. 1999).

The perceived dependence of disabled persons because of a maladaptive environment

prompts nondisabled persons to treat disabled individuals in child-like ways, thus eliciting more expressions of dependency from the disabled persons and creating a cycle of devaluation (Hebl and Kleck 2000). Disabled persons not only fight individual discrimination but challenge the basic assumption of what it means to be a full member of society (Townsend 1966). They forcefully reject the imperative that everyone must be as physically fit, healthy, and capable as possible, a social norm known as “compulsory able-bodiedness,” and instead radically explore how disability can be a valid and positive embodiment (Siebers 2004; McRuer 2009; Stevens 2011). Far more than attitudinal and interactional research, experiential research moves beyond stigma to highlight the oppressed state of disabled persons. Because the non-impaired avoid interactions with the impaired persons who are assumed to burden society, disabled persons are ironically kept from contributing to society and then punished for it (Thunem 1966).

When disabled persons do interact with the larger society, they often experience the maddening uncertainty of whether others will act as if they are invisible or as if they have no right to privacy (Cahill and Eggleston 1994). In their desire to help the 'dependent' individual, nondisabled persons may deny disabled persons the chance to be useful, and then react with anger when the disabled persons refuse their charity (Glanville 1966; Younis 1966). Hunt (1966), in his compilation of stories written by disabled individuals, united theory, experience, and sociology by discussing the problem of disability and how the disabled challenge the nondisabled. Disabled persons defy nondisabled persons' descriptions of their existence as “unfortunate” by living as content, fulfilled beings (p. 147). They force the re-evaluation of values that determine how a person contributes to society (p. 149). They challenge what “normalcy” means and press nondisabled persons to accept both their own differences and the

differences of others (p. 150). Disabled persons challenge the general reality of oppression by fighting for justice for other marginalized groups (p. 152). Last of all, they challenge the association between sickness, deformity, pain, and evil (p. 156). Disabled persons blur the line between health and illness, creating tension for a society that wants to give charity to the “sick” to make clear the line between whole and not-whole, between good and evil. Hunt's connection between the personal and the social, from the view of a disabled man, is unique even to experiential research.

4. RESEARCH METHODS

The three literatures on the social psychology of disability have significantly expanded sociologists' collective knowledge of disability. From attitudinal research, sociologists understand the stigmatizing attitudes that nondisabled individuals have towards disability and perceive others to have towards impaired persons. From interactional research, sociologists know how nondisabled persons attempt to save face, avoid prolonged conversations, and express their discomfort. From experiential research, sociologists know how disabled individuals interpret their interactions with nondisabled persons and how they cope with the reality of social discrimination and exclusion. Nevertheless, the attitudes people report in a survey do not communicate the whole truth (Bonilla-Silva 2003), and theorizing about why nondisabled participants did something during an experiment will only get researchers so far. If sociologists want to know how to address ableism in social interactions, they need to better understand how people process actual interactions, remembering that social structures inform views on disability: not every nondisabled person actively discriminates, but each one is part of the oppressive environment that promotes independence and enables only certain body types (Stubbins 1980; Barnes et al. 1999). My research approaches the subject of disability from this perspective.

I explore how nondisabled persons understand and interact with visibly disabled persons. What do their individual interpretations reveal about their views of disability and their awareness of their own socially and environmentally privileged bodies? How do they draw upon these various experiences, their embodied social values and expectations, and their self-understandings to make sense of disability? By soliciting the perspectives of nondisabled individuals on interactions they have had with disabled persons and on their awareness of the social

construction of disability, I hope to contribute to the growing body of disability theory. I draw from attitudinal research in my emphasis on the views of individual nondisabled persons since their beliefs and practices mirror broader social values and construct the societal norms that disadvantage people with impairments. I draw from interactional research in my focus on the social nature of disability and in my belief that interactions reveal how society excludes people. Lastly, I draw from experiential research in my aim to explore the subjective experience of people and to connect internal meaning with external social oppression. These motivating questions require an in-depth, guided exploration of participants' internal worlds, and I thus conducted semi-structured interviews for my research.

4.1 Sample

I interviewed twenty nondisabled undergraduate students between the ages of 18 and 22. I chose to focus on this particular subset of the population for several reasons. First, I selected nondisabled individuals because I am interested in dominant group ideas and their embodied privileges. A significant lack of in-depth research exists on these individuals' particular views and understandings of disability. To address social injustice and oppression, researchers need to better understand who exactly the nondisabled are, how they think and feel, how their behaviors and norms are problematic, and where the potential for change exists. I specifically sought *self-identified* nondisabled participants because I did not want to impose my own categorizations upon my participants. Instead, I wanted to explore how individuals create their own boundaries between disabled and nondisabled, and what pushes them to see themselves as being on one particular side of this constructed dichotomy.

Second, I chose to study individuals between the ages of 18 and 22 because they represent the generation born in the year that the Americans with Disabilities Act of 1990 passed, as well as in the first few following years. This age group is the first cohort born into a society that explicitly recognizes disabled people as valuable and essential members of their communities. They are the first to grow up in an environment where accessibility is a requirement for certain public spaces and where discrimination because of a disability can have legal consequences. Thus, these young adults are caught in the middle of a changing society. It is important that researchers study their beliefs and behaviors since the historical context surrounding them is different from what has surrounded past research participants.

Third, undergraduate students attending a large university have a unique educational experience. My participants will presumably graduate with college degrees, and because of the economic necessity of a post-secondary education in the U.S., they represent the nation's future leaders and workers. They constitute a large voting bloc that will push for the next major changes in policy, including those that deal with disability. Additionally, college is often a time of great personal exploration, especially for those attending a prestigious university in pursuit of a liberal arts degree. These undergraduate students attend a somewhat racially diverse school and have likely had some exposure to people different from themselves, potentially introducing them to issues of conflict and privilege that relate to my questions on disability.

After obtaining IRB approval, I recruited participants who met these criteria in the spring of 2012 from a large Midwestern research institution via two methods. First, I posted fliers on public bulletin boards in every academic building. These fliers asked for undergraduate students between the ages of 18 and 25 (although no one over 22 responded) who currently identify as

able-bodied or nondisabled to participate in research on how they think about visible disabilities. The fliers also offered a small gift of appreciation for the interview: a \$10 Visa gift card. Second, I recruited students from large classes in the Sociology department. My request for volunteers was scripted, short, and a verbal rendition of my fliers. Since I presented with instructor permission during class time, I also explicitly stated that professors would not know if their students contacted me, and thus students' participation in my research would have no effect on their class grade.

At the end of recruitment, my group of participants included twelve women and eight men. Nearly thirty people expressed interest in the study, but due to time and budgetary restraints, I only interviewed the first twenty students who responded and scheduled an interview. Of these twenty individuals, twelve identified primarily as White, four identified primarily as African American, and four identified primarily as Asian. Four participants were born outside of the United States, and two of them identified specifically as international students. My participants were predominantly of the Christian faith, although one respondent was Hindu and another five did not identify with any religion. One participant openly discussed her gay identity. While most did not have significant daily interactions with disabled persons, nine participants had relatives or close friends who were disabled, and ten described at least one volunteer interaction with people they described as disabled. Thirteen also had personal histories of temporary disabilities. Although I did not intentionally recruit my participants for racial, religious, national, or gender diversity, they do constitute a surprisingly varied group of individuals.

4.2 Method

I conducted the interviews in a small, quiet interview room in the Sociology department. I began the interviews with a written questionnaire to ascertain basic demographic information, to determine the participants' exposure to disability, and to allow the participants to become more comfortable with the disability theme. I then engaged the participants in a conversation centered around questions that required them to consider thoughtfully their internal understanding of disability. I asked them to describe their definitions of disability, their most recent interaction with a disabled individual, other memorable interactions they have had with people who are disabled, how they learned about disability, their perception of social rules and accommodations surrounding disability, and their awareness about what it means to be able-bodied or nondisabled. While my immediate goal was to collect useful data on the perspectives of nondisabled individuals, I also hoped to contribute on a micro level to heightened awareness within the participants. My questions thus focused on the interactions described rather than on the disabled persons in a conscious effort to treat the situation and environment as problematic rather than the individual.

At the completion of the interviews, I transcribed them and erased the audio recordings. I began analysis by creating a set of preliminary codes based on themes and patterns I wrote down in my interview notes. Drawing from the literature described above, I especially considered participants' disability identity, the norms and rules they followed, the motivations behind their interactions, their emotional reactions during conversations, the characteristics they ascribed to disabled persons, examples of discrimination, advantages they saw in having certain disabilities, values they highlighted, awareness of self-privilege, and experiences of temporary disabilities. I

then read the interview transcriptions line by line, coding chunks of the interviews into these big themes. To make coding more precise, I also created new sub-categories as I coded until I felt satisfied that every relevant aspect of the interviews had an appropriate code.

After refining the codes twice more, I spent considerable time writing memos about how the codes related to each other. The final codes focused largely on participants' definitions of disability, the social rules that defined their interactions with disabled persons, their stereotypes and refutations of stereotypes pertaining to disabled persons, participants' descriptions of their own nondisabled identity and privilege, and relevant examples of discrimination that they perceived disabled persons as facing. To strengthen my conclusions and ensure their accurate portrayal of the data, I made sure that I used stories and comments from every participant. In my discussion of results, every participant is referenced.

4.3 Reflexivity

Because disability is not commonly discussed, I felt that I needed to quite intentionally make my participants comfortable during the interview. I wanted them to see me as an ally, as someone with whom they could be honest and as someone interested in disability but nevertheless a nondisabled student like them. Thus, while I never verbally identified my disability status, I still presented myself as nondisabled. I waited for each participant inside the interview room, seated at a small table with an open door. When the participants knocked at the door, I invited them in and stood up to close the door. This routine allowed the participants to make several assumptions about my disability identity, regardless of accuracy since I could feasibly do all of these tasks while disabled. They could assume from my response to their

knock that I do not have a serious hearing impairment. They could assume from my movements that I do not have a mobility impairment. They could assume from the way I turned on the audio recorders that I do not have a visual impairment. They could even assume that I do not have any cognitive disabilities because I am doing an honors thesis.

In addition to how I presented myself, I also stressed at the beginning of each interview that I wanted to hear the participants' stories and know what they had to say; I was not interested in judging them or correcting them. Throughout the interviews, I acknowledged their statements and expressed genuine interest in their lives. When participants shared stories or ideas that they felt might be offensive or illuminated an aspect of themselves about which they were not proud, I encouraged them to continue by affirming that other interview participants had shared similar thoughts or experiences. While I never endorsed their beliefs or actions, I did make sympathetic facial expressions and encouraging sounds throughout. As one man commented, "You were super friendly and everything, so it was very easy to talk."

While it is of course impossible to verify the veracity of the stories shared, I believe that my participants were quite honest, at times surprisingly so. To conclude the interviews, I asked each person how the conversation might have been different if I had been visibly disabled. Most of the participants said that talking to a disabled interviewer would have altered the tone of the interview, the depth of their responses, and the honesty of their opinions. Their candid explanations about how much they would have filtered speak to how much they chose not to filter with me. As one man reflected,

I think that changes the tone of everything. I think that adds a different dimension in that it raises the awareness, it raises my sensitivity towards the subject. It raises my

expectations of what I should say and what I shouldn't say. It makes me want to be a lot more sensitive to the subject at hand. Really more carefully look at my word usage and stuff. I mean, I think that would change the whole tone of the conversation.

Because the participants also freely shared times when they had prejudicial thoughts towards disabled peers or engaged in bullying behavior, I feel confident that my participants did not hide certain aspects of themselves that they might have felt more inclined to keep buried with a different interviewer. Most also seemed to enjoy the interview for encouraging them to think about a taboo aspect of social life, perhaps to their surprise, as one respondent implied: “This was an awesome interview. Thank you so much. I *actually* enjoyed this” (emphasis added).

4.4 Limitations

The interviews do not by any means form a representative sample, despite the participants' diverse backgrounds. I cannot generalize these findings to people of different ages since my respondents could potentially have unique views being born right around the passage of the ADA and the push for greater awareness of disability. They might be more open-minded than older Americans but more prejudiced than younger individuals. Additionally, as college educated individuals, they might be more aware of social identities and social privilege than the average person due to a liberal arts education that emphasizes respect for differences. I do not have a large enough pool of respondents to make any claims about differences between men and women, between different racial groups, or even between people with different national or religious backgrounds. Nevertheless, despite these limits on generalizability, my research is important because so few studies have closely analyzed the in-depth perspectives of nondisabled

persons. Examining even a sliver of the nondisabled population can reveal certain trends in thinking and interacting that future researchers can then apply to different groups.

In addition to the limits on generalizability, the data do not capture what interactions between the participants and disabled persons look like. Do the participants' self-reflections mirror what their real-life behavior demonstrates? Do they accurately appraise their own beliefs and behaviors? It is likely that the findings over-estimate the prevalence of helpfulness and equal treatment since I rely on the participants' self-reporting, which can be skewed towards positive self-presentations. I chose to specifically study the internal dialogues of nondisabled persons, understanding that what I sacrifice in behavioral understanding, I make up for in my understanding of conflicting emotions, narratives of changing awareness, and self-exploration.

Finally, my participants openly acknowledged having limited interactions with people who are disabled, and they admitted to very rarely talking about disability with anyone. My interviews required these participants not only to think about a taboo, neglected topic, but also to reflect in depth on its presence in their lives. I thus guided them through the interview with a vast pool of prompts. I cannot comment, then, on which aspects of our conversation were likely to have spontaneously emerged or to have remained undisclosed if I had not initiated them. It was evident to me that many of the participants experienced a gradual exposure of their beliefs, rules, and interactions surrounding disability. Could these participants have questioned more social values and rules simply because of having heard them expressed out loud for the first time? It is an entirely real possibility, and future research should carefully examine the initial prevalence of disability awareness in participants as well as the potential for asking them probing questions about disability to stimulate personal change.

5. RESULTS AND DISCUSSION

5.1 Hypothesis: Nondisabled Identity

Before my interviews, I had hypothesized that the nondisabled participants would interpret their interactions through an ableist lens because of the ambiguity of interactions with disabled persons (Albrecht et al. 1982). I modeled this hypothesis on the phenomenon of colorblind racism: white persons deny being racist and claim not to think about race (Bonilla-Silva 2003; McKinney 2005). By negating both racism and white privilege, they subscribe to social ideals that demand equality and simultaneously avoid confrontation with their oppressive social position. I anticipated that nondisabled persons would similarly know that they should not discriminate against the disabled and would thus deny acting discriminatorily or holding ableist attitudes. I thought they would be aware of the social disadvantages of disability but would not openly acknowledge their own privileged state of constructed ability. Thus, I hypothesized that they would express an ableism that denies the social construction of both disability and ability, mirroring colorblind racism.

I further hypothesized that the awareness of privilege, if expressed, would occur in the stages outlined by Janet Helms' model of privileged identities (described by Tatum [1997] and McKinney [2005]):

1. Contact Stage: consider oneself normal, rather than nondisabled
2. Disintegration Stage: encounter ableism and recognize nondisabled privilege
3. Reintegration Stage: feel frustration towards disabled people and assert nondisabled superiority

4. Pseudo-Independent Stage: feel guilty about having privileges
5. Immersion-Emersion Stage: learn how to challenge stereotypes and begin to understand nondisabled identity
6. Autonomy Stage: have positive nondisabled identity, recognize unearned privilege, and challenge oppression of disabled

I thought that the participants, depending on their stage of awareness, would engage in psychological defenses meant to maintain their sense of entitlement or to avoid giving up power. They might deny oppression, blame the oppressed, blame past generations for creating oppressive systems, rationalize why oppression is necessary, minimize injustice by emphasizing how being privileged has its struggles, or focus on charity rather than on justice (Watt 2007).

Additionally, I anticipated that the described behaviors of nondisabled participants towards disabled persons would parallel their levels of awareness of privilege, following the hierarchy described by Davis (1961). Nondisabled persons would first offer surface acceptance of the disabled, neither treating them like second-class citizens nor going out of their way to acknowledge stigmatizing attitudes (pp. 126-127). Next, nondisabled persons would come to see disabled persons as having characteristics beyond their impairments. Disabled individuals with a good sense of humor would frequently facilitate this awareness, guiding nondisabled persons in discussions of common activities (pp. 127-129). Nondisabled persons would reach the last stage when they were reintroduced to differences. They would then understand that the impairment still requires accommodations even though the individual is a whole human being in every way (pp. 130-131).

These hypotheses were correct to a certain extent: the nondisabled individuals I

interviewed engaged in ableist practices, interpreted their interactions with disabled persons largely through an ableist perspective, and embodied varying levels of privilege awareness. What I did not expect, however, was to find that their awareness would vary *within* their own stories, rather than simply *among* different participants. The same participant might offer only surface acceptance of disabled persons in one moment, then completely challenge the arbitrary definitions of disability in another moment. While some participants expressed more overall awareness than others, all of them described beliefs about and behaviors toward disabled individuals that were both ableist and anti-ableist. Participants drew from the medical model in locating disability solely within the body of the person, seeing it as the result of a tragic, limiting impairment. They also drew from the social model, claiming that if it were not for inaccessible environments and prejudiced people, disabilities would not exist. They even drew from the embodiment model, acknowledging that disability is both a biological reality and the result of a disabling environment.

Social institutions influence individual behavior by encouraging participants to learn their particular social roles and to follow paths of least resistance (Johnson 2006). However, individuals actively participate in these systems; they do not passively channel the social world. Their culture does not dictate how they will act, but rather supplies them with a particular “tool kit” from which they can draw strategies to organize their behavior (Swidler 1986: 277). Thus, people can potentially choose paths of greater resistance (Johnson 2006) and challenge prevailing norms. Accordingly, these research participants collectively grappled with the nuanced concept of disability, engaging with the social norms of their cultural environment, accepting certain aspects, questioning others, and outright rejecting a few. As a result, they

interacted with their social environment in paradoxical ways, holding competing values and rules, which often created internal conflict. Unfortunately, these nondisabled individuals do not live in a world that pushes them to resolve their paradoxes and that challenges them to think about disability in new ways. Thus, they have difficulty reconciling their conflicting viewpoints or examining the ableist beliefs they hold and behaviors they practice. These participants are primed and ready to learn different ways of understanding and interacting with individuals who are disabled, but they feel little pressure to actually do so.

5.2 Providing the Framework

In the remainder of this section, I describe and analyze this paradox by outlining five social rules that the participants frequently used to guide their behavior during interactions with disabled individuals. These rules are rooted in ableism and reveal cultural ideology that devalues disability and perpetuates discriminatory behavior. However, every rule was challenged in some way by the participants, even sometimes by those who adhered strictly to a rule. These behavioral and emotional guidelines thus show how participants have embodied their society's structural ableism and yet are also becoming aware of the limitations of these rules as well as the oppression the rules perpetuate. Thus, after analyzing all the rules, I present some of the emotional consequences of following these rules, as well as different anti-ableist strategies that emerged when students challenged the rules. To better understand the paradoxical perspectives of these nondisabled participants, however, I first describe how participants define disability, have learned about disability, self-identify, and express awareness of privilege. This framework begins to reveal the conflicted picture that participants paint. I then turn to the five rules to

analyze how these social guidelines derive from and perpetuate ableist cultural practices, even as participants challenge them. At the beginning of each section, I also include a table summary of the relevant behaviors and beliefs discussed by the participants.

5.2.1 Defining Disability

The participants expressed uncertainty as to how to actually define disability. They generally agreed on basic characteristics but varied considerably in their details. The following table summarizes the cues on which they relied to identify disabled persons.

Cues for Identifying Disability	Number of Participants
Assistive device	16
Bodily differences	13
Interactional differences	12
Level of functioning	9
Specific conditions	8

In identifying disabled persons, participants commonly mentioned looking for an assistive device that could indicate incapability: a cane, a seeing eye dog, a wheelchair, a caregiver. They also discussed looking for physical differences: limping, missing a body part, moving with choppy body motions, having odd facial appearances. In interactions, they noticed deviations from expected behavior: not making eye contact, speaking slowly, stuttering, dripping saliva, exhibiting generally odd behavior, having juvenile interests, being in special education classes. In noting these signs, participants also distinguished between physical and mental disabilities, saying that the latter is harder to notice and depends on more subtle interaction cues. Eight participants discussed more specifically the types of conditions that count as disabilities:

physical, cognitive, emotional, mental, social, and communication. These examples illustrate that while participants generally agreed on what disability looks like, mainly relying on the distinguishing characteristics of people they saw labeled as disabled, they did not have an actual working definition. They operated from a privileged assumption that disabled is whatever they label as disabled.

When considering the duration of a disability identity, seventeen participants said disability could be both permanent and temporary, but they conceptualized these disabilities differently. In a typical statement, David, a white man with no religious affiliation, explained how his default response is to think of disability as relatively permanent, whereas “if just my friend broke his leg or something, and he's using crutches, I guess I don't really think of that so much of a disability. It's just kind of a temporary thing. Wait a couple weeks, they'll get their cast off, and they'll be fine.” In fact, throughout the interviews, participants referred to permanent disability as “disability” and clarified if they meant temporary disability, illustrating that the norm is permanent. A temporary disability does not define someone's identity in the same way as a permanent disability. Thus, whereas a permanent disability carries a degree of heaviness, a temporary disability can be joked about. In discussing a friend who broke his ankle, John, an Asian Christian, explained, “I mean, we just joke around. Like, you know, he's a cripple or whatever. But I think we just poke fun at it, but it's not like he's never - there's no radical change, like oh you're a different person now.” Whereas a permanent disability is “real” in that it transforms someone into a different person, a temporary disability is only a momentary inconvenience. The participants' language somewhat parallels that of the disability rights movement, recognizing that a temporary disability does not grant one access to the disability

community, which operates as a minority group.

In the same way they saw temporary disabilities as closer to the “normal” than permanent disabilities, the participants also did not see the old as truly disabled since their impairments are more “natural” than younger people's disabilities. While ten participants voluntarily included the elderly in their responses about disabled people, they felt uncertain about this inclusion. To them, disability related to old age felt expected, implying that disability is seen as something that should not normally happen. Emily, a white Christian, explained, “I don't think getting old is disabled. It's not something that you have a disability because you are old. Aging is a natural process.” In a blunt comment, Rebecca, an African American Christian, shared her belief that disability is usually unnatural and strange, but is more acceptable when it occurs during the aging process: “Because she's an older woman, it seemed more okay for her to be in a wheelchair.” To highlight an exception to this belief, Sarah, a white Albanian Greek Orthodox participant, expressed the social constructionist understanding that “there's a spectrum of disability” because “everybody becomes disabled at one point in their lives. We all become old, and we're all born disabled.” She, more than most, understood the arbitrariness of cultural determinations of who is disabled, although like many participants, she still abided by these arbitrary definitions when telling her stories.

5.2.2 Learning about Disability

These participants reported that they rarely received explicit instruction about disability or about how to interact with those who are disabled. Their level of disability awareness was thus fairly low. Nearly every participant, including those who had exposure to some overt

guidance, reported learning mostly from experiences, from observations, or by applying a more general rule – such as treating others how one wants to be treated – to specific cases. The repercussions of an absent intentional early education on disability showed up throughout the interviews, as participants regularly commented on not knowing what to do and on having misguided assumptions go uncorrected for long periods of time. The following table summarizes how many participants referenced these different ways of learning about disability.

How Participants Learned About Disability	Number of Participants
Observations	12
Past interactions and experiences	10
General application of “Golden Rule”	8
Parents	5
Public reprimand	5

Only five participants said that they had received explicit instruction on how to interact with disabled persons. They described how their parents proactively taught them about disability, in every case because a relative was disabled or because a parent worked in a helping profession. Another five said that they first learned about disability as part of a reprimand from someone older than themselves. Nicole, a white Catholic, reported that when, as a young girl, she asked her mother what was wrong with a man they saw in a mall using a cane, “I think she might have told me just to ignore it. And I did. Just ignore it was the advice I got.” Being told not to stare or to be quiet was a theme in the stories told by these five participants. Their first education was thus that they should not mention disability.

In contrast to the five participants who intentionally learned from their parents about disability, ten participants shared stories about gradually gaining, on a person-by-person basis, an

understanding of how to interact with disabled peers. In sharing one experience he had with an autistic classmate, David reflected: “It really kind of took away the mystery. You know? It just kind of made everything clearer to me, and it stopped being a little bit taboo and became...just pretty normal.” Having disability become more “normal” after experiencing multiple interactions was a shared theme. Katherine, a white Catholic, commented on how, in general, familiarity with different ways of being reduces discomfort: “The more you interact with people who are different than you or have different experiences or people who are disabled, like one, the more comfortable you get with it, and two, the less odd it seems because it just becomes a part of normal life.”

Twelve participants also mentioned that indirect experiences cued them to basic social norms. Participants were less specific about instances in which they relied on observations to know what to do, and those who had to rely mainly on this method of learning did not seem as confident with norms or disabled people as participants who had more experience and instruction. Expressing this anxiety about not knowing appropriate behaviors, John explained how he watched others' actions closely to blend in: “I just try to stick with the pack and not do differently.”

To further guide their interactions, eight participants relied heavily on the social rule of treating everyone with respect. Emily talked extensively about how coming from an educated, diverse background influences people to be respectful and open-minded. Rather than requiring specific educational attainment or a certain degree of experience, disability awareness and respect for disabled persons instead comes from learning to follow the Golden Rule and accepting differences: “I feel like my mom was never like, 'When you see a disabled person do

this.' [laughs] I mean, I was just always taught, you know, just to be kind, just simple more or less things, simple common courtesy, just be nice” (Anna, a black East Indian Christian). Other participants echoed these themes throughout their interviews, even commenting that people who bully are generally uneducated about many things, not just disability. Gender literature suggests that this emphasis on simply being “nice” to everyone is a particularly middle class girl approach (Martin 2003; Gilligan 1982). Of the eight participants who addressed this approach, however, two were men, and while I did not collect data on social class, the participants described being raised in a variety of community settings. Because five of the eight participants identified as Catholic, and the other three as Christian, future research might explore the influence of religious education on this Golden Rule approach to interactions between disabled and nondisabled persons.

5.2.3 Defining a Nondisabled Identity

The nondisabled participants freely admitted to rarely considering their own disability identities. They ignored their disability identity, described not knowing it even was an identity, and denied that temporary disabilities influenced their self-identities. The following table summarizes how many participants referenced these different understandings of a nondisabled identity.

Nondisabled as an Identity	Number of Participants
Ignored nondisabled identity	16
Did not include temporary handicaps in identity	16
Did not know nondisabled was an identity	9

Part of their disregard stems from their belief in the invisibility of disability. Twelve participants claimed not to see or interact with many disabled persons, another five denied that disabled people exist in significant numbers, and four participants explained that since it is difficult to identify disability, discovering someone's disability status can be surprising. Michelle, a white Atheist, expressed the common view that only a small minority of college students are disabled: “There's not a lot of that kind of diversity here. Especially during the academic school year, fall and winter, it's college kids.” This opinion can be read in two ways: first, it speaks to the barriers that disabled students face that prevent them from attending college in significant numbers; second, it reveals the stereotype that college students cannot be disabled. Interestingly, two participants shared that they regularly see peers both permanently and temporarily disabled on campus. Thus, the invisibility of disabled peers seems to arise from both being a comparatively small group and being ignored or forgotten by their nondisabled classmates.

In addition to rarely noticing disability, participants ignored their own disability identity because they did not recognize it as an important social identity. Nine participants said that they did not even realize being nondisabled was a social identity until a class – usually an introductory Women's Studies course – introduced them to its existence. Robert, a white Roman Catholic, described his shock at learning that “normal” had a name:

[T]hey gave us this sheet, and you're supposed to fill it out, and it's supposed to be your characteristics: gender, religion, race. And one of them would be able-bodied and disabled. And that was weird. I was like, I've never written down anything that says I'm able-bodied 'cause it's, in many ways, it's like, 'Well I'm normal.' And it opened up such a

different view.

Even when they learned about this identity, however, the participants felt it was a marginal one. Sixteen participants, including the nine just mentioned, admitted to ignoring their nondisabled identity. They felt that they had little reason to identify as able-bodied when that is the normal, presumed identity. Individuals would need to prove that they do not fit into that category to receive a different social name. Without explicitly recognizing this as an aspect of social privilege, Rachel, a Chinese American participant, went so far as to broadly state that only those who lack something really develop an identity: “I wouldn't consider those a part of my identity that I'm like able-bodied. It starts like when you don't have something that it becomes a part of their identity because you have to constantly think about it.” Thus only people who are “different” have a meaningful disability identity. This belief, shared by individuals with a variety of dominant group identities, is strikingly similar to the dismissal of White as a true racial identity by white Americans (Johnson 2006; McIntosh 2002; McKinney 2005; Tatum 1997; Wise 2005; Rothenberg 2002).

As a result, participants frequently described only remembering their nondisabled status when in the presence of someone disabled. Not having a disability label freed them from thinking deeply about others' perceptions of their bodies or abilities. In a typical statement, Lauren, a white Agnostic, explained,

[I] think it shows that it's something that people tend not to think about it on a daily basis because I feel like most people in a lot of situations that they're in, just everyone's able-bodied. So you don't really think about it. [...] They don't really stand out the way that maybe if they had a friend that was disabled, that they might be more aware or if they

were the only able-bodied person in a roomful of disabled people, that's something else that would maybe make them more aware.

This statement implies that she, like many participants, felt that disabled people are invisible. If they do not exist in someone's immediate proximity, the social identity also does not exist, or at least it remains dormant until the presence of a disabled person again disrupts the status quo. In retelling their interactions, participants thus frequently described feeling uncomfortable because they were confronted with a forgotten aspect of themselves. One participant, Nicole, recognized this phenomenon and, in a confused voice, struggled to explain it: “Why don't we talk about it? Why is the norm able-bodied? Why is the world we live in so ableist?”

Most participants, however, did not so explicitly connect their able-bodied privilege with their self-identity, thus failing to realize that they exercise significant control in how they combine their definitions of disability with their self-identities. Sixteen participants described either temporary handicaps or permanent traits that limit what they can do on a regular basis. In either case, they managed their self-perceptions: they could feel handicapped in certain circumstances without having to identify as disabled. Their “disability” was situation specific rather than identity encompassing. David, for example, explained how he identified by what he specifically could and could not do, rather than by being able-bodied or disabled:

I'm awesome at programming C++, but if you had me try and paint a picture, I'll fail miserably. Or just, I can cook pasta and I can make cereal, but if you try and get me to make a five course meal, I'm not gonna be able to do it. So I guess I identify with what I can do and what I can't do, and I don't really say, 'Oh, I'm able-bodied' or 'I'm disabled,' I mean, I'm artistically disabled because I can draw stick figures and that's about it. But I

wouldn't say that I identify as disabled because of it or I identify as abled because I can do other things well.

These participants operationalize what being able-bodied means: doing certain things and not being able to do other things, but not to the extent of being disabled. Michael, a black Christian, stuttered and regularly consulted another friend who stuttered on how to deal with the stigma, yet he did not see himself as disabled. Just as she was unique in her recognition of how arbitrary disability definitions are, Sarah was alone in her understanding of how socially and historically fluid self-identities can be: “I wear contacts, but it's like, some people have 20/20. So in that way, I am disabled. But I don't think we think about it because it's so easily fixed. Whereas if we were a couple centuries back, it was more of an issue than it is now.”

5.2.4 Awareness of Privilege

Surprisingly, given how they ignore their disability identity, participants expressed awareness of both naturally and socially granted privileges. They acknowledged body privileges, those residing within their physical capacities; social-environmental privileges, which derive from access to social spaces and institutional opportunities not given to those who are disabled; and social-relational privileges, which are granted in interpersonal exchanges based on disability identity. The following table summarizes these given privileges.

Privileges Acknowledged	Number of Participants
Body Privileges	
Can do more physical activities	14
Easier to do physical tasks	7
Have more independence	7
Environmental/Macro-Social Privileges	

Privileges Acknowledged	Number of Participants
No issues with structural accessibility	15
No issues with transportation accessibility	10
More job and college opportunities	9
Social-Relational Privileges	
Less social isolation	12
More social opportunities at university	7
Can avoid disabled persons	7
More romantic relationship opportunities	4

Nineteen participants described a variety of pervasive body privileges, but they interpreted these advantages as natural and expressed gratitude for not being disabled. Seven participants said that it is easier to do things with their nondisabled body because tasks take less time and effort:

I think when I am in the presence of somebody who has a disability, I'm more apt to be like, 'Don't worry about it, I'll do it.' You know, 'I'll take care of that.' Because I feel like I'll get it done faster and more efficiently [...] But I also feel blessed to know that I can do it and they can't. (Sarah)

Fourteen participants talked about how they can do so many more things with their nondisabled body than people with disabled bodies can do, usually in reference to sports or walking. Another seven participants also described having more independence because of their nondisabled body: “Just being independent, like being able to move around by myself, being able to do things on my own, like get dressed, drive, just do what I need to do for myself and not have to depend on other people” (Stephanie, a white Roman Catholic). Less than five participants expressed understanding that these values of activity, efficiency, and control derive from seeing the

nondisabled body as the ideal and the norm.

In the realm of education and careers, nine participants acknowledged that they have fewer limitations in job and college choices, but they differed widely in their explanations for why. Whereas half attributed their privilege to schools giving them more support and valuing their ability to multitask, the others instead felt that their advantages resulted from being naturally smarter and better able to study. Extending these arguments to jobs, half gave examples of disabled persons simply not having the innate abilities to do a job, and half gave examples of disabled persons having limited opportunities because of discrimination. Like five other participants, Brian, a white Christian, reflected on how his mental ability allowed him to attend college and how that seemingly natural advantage brought with it even more social advantages: “I guess just like being able to look back on my life and how I got to Michigan - like, there's people who will never be able to go to college. Or seeing how important it is to go to such a prestigious school and how much that can affect my life.”

In terms of socially granted privilege, the participants most frequently brought up how infrastructure – including buildings and transportation – is most accessible to their types of bodies. Fifteen participants discussed structural accessibility, and how physically disabled persons can only access buildings with ramps and wide spaces. The participants described how this limited accessibility could impact social relationships, educational choices, recreational activities, and living arrangements. They thus connected physical impairment, such as being unable to walk, with environmentally constructed disability, such as when a building does not have a ramp, and with social marginalization, such as not being able to access student organization meetings as easily. A few additional participants understood these disadvantages

but hesitated to call them significant: “I don't know about an advantage, maybe I guess it's more like a convenience thing. It's not as much that I have to think about, there's not as much planning, or there's not as much - a lot less time would go into things that way” (Steven, a white Christian). On the other hand, a few participants had exceptional levels of awareness. Paul, an Asian Hindu, addressed internet accessibility, perhaps because of his acquaintance with a visually impaired student on campus. Katherine mentioned always noticing when buildings lacked accessibility, which likely related to her work in a restaurant with many wheelchair using patrons and to her being a young mother needing ramps for her child's stroller. Nicole summed up what many participants said in a variety of ways: “And then there's always that connection between being disabled and having some struggles just because the world we live in is kind of built for able-bodied people.”

Ten participants also discussed transportation accessibility, and how disabled individuals face lengthened travel times when bus loading takes longer, rudeness when other travelers do not move out of their way, or limited opportunities when public buses or taxis are not accessible. Julia, an international student from Asia, talked about this issue extensively because of her own experience with a temporary disability that put her in a wheelchair. She showed insight into the thought process that takes place when an individual who uses a wheelchair needs to travel:

I feel like bus is the only way those who are mobility-wise disabled can use. For instance, on subways, no one can help them because subways have a limited time 'til the door closes for you to help them. For a cab, or whatever, it's still like harder because they don't have the platform thing, they still have to [stumbles over explaining thought] it's hard to put the person in the cab or whatever, so I feel like bus is kinda good.

While many participants did not elaborate with as much detail on their privileges in using transportation, they expressed similar sentiments of dismay at how troublesome getting around must be for the physically disabled.

Participants additionally talked about how they have more relational opportunities than do those who are disabled. They attributed this largely to how they have more access to social spaces, do not face as extensive bullying or avoidance, and are not sexually isolated. Of the twelve participants who discussed the social isolation of persons who are disabled, seven specifically mentioned how there are fewer social opportunities for disabled students on their university campus. Ethan, a black Christian, felt that the biggest challenge facing disabled college students is

just feeling like a normal student. Because there's so much promoted on campus for those who I guess would be considered able-bodied, the majority of fliers and everything that you see have to do with activities that involve either some type of physical movement or having to go somewhere to get there. Like...this is where the party is, but if you're gonna get in there, you've got to be able to get there and depending on what the disability is, you may not be able to go anyway because of how crowded it will be.

Four participants tried to address more in depth why this type of social segregation might occur in the wider society. Two expressed views similar to Ethan, discussing how the nondisabled people create boundaries separating themselves from those they see as disabled. Another two instead felt that disabled persons isolate themselves from broader society and create their own marginalization: "It's like there is the conflict between whether you want to reintegrate yourself into normal life and pretend that nothing else ever happened versus joining the wheelchair

community. You join the community, are you self-marginalizing?” (Rachel).

Participants finally brought up a variety of privileges that emerge in social interactions. Seven participants mentioned the ability to ignore or avoid people with disabilities when they wanted to, connecting this privilege with the invisibility of disabled students on campus. The second most commonly cited privilege was having more relational opportunities, especially in having friends and a family. Four women discussed how hard it would be to find a romantic partner if they were disabled because “people don't want to have relationships with limitations if they don't have to” (Rebecca). While most participants did not acknowledge this topic, two women who had taken an introductory Women's Studies course brought up the controversy surrounding disabled women's right to have children, and another two separately denounced the stereotype that disabled people are asexual and cannot have sexual lives. Thus, while most of the participants who discussed relationships believed that the limitations facing the disabled were unavoidable, a few participants did recognize and reject this denial of sexuality. Even if they did not acknowledge this specific social privilege, most of the nondisabled participants recognized to some degree that individuals who are disabled are excluded and oppressed often because the structural and social world around them simply refuses to accommodate them.

5.3 Rules That Guide Interactions

Having explored the knowledge that participants have about disability, their identities, and their privileges, I turn to the social rules that reveal participants' paradoxical acceptance and rejection of ableism: treat the disabled like normal, do not reference disability, help and accommodate the disabled, pity the disabled, do not tease or bully the disabled. The participants

often seemed torn between two general tracts for social interactions: be extra considerate and helpful to the disabled because they need the additional assistance, or treat them as equals and “like normal.” Participants tried to reconcile these two imperatives, and they did so in different ways, leading to some of the divergent stories they told. For example, not every participant expressed conflict over every rule or gave contradictory information. Some participants consistently presented one rule but were then ambivalent about another. Or, although they would not see the disabled as normal, they did not pity or feel that they should always help people who are disabled. As the following rules will illustrate, participants have an ambiguous set of cultural tools with which to work.

5.3.1 Rule #1: Treat Them Like Normal

Participants most commonly cited the rule that the nondisabled should treat the disabled “like normal.” Sixteen participants referred to this rule for interactions, but their use of the guideline indicates that it has a couple nuanced meanings. First, participants used the rule to reign in their belief that disabled individuals are not normal. They forced themselves to remember not to act differently around the disabled than they would around anyone else. As I discuss below, a surprising number of participants went on to challenge their own assumptions about who is normal. Second, participants used the “treat them like normal” rule to mean that disabled individuals actually *are* normal and thus should receive equal treatment. These participants commonly discussed behaving respectfully towards all people. The following table presents these two meanings of “treat them like normal” and includes a summary of participants’ definitions of normal, which I discuss below.

Treat Them Like Normal...	Number of Participants
...Because they are not	16
Normal is nondisabled	16
Normal is like me	9
Normal is functioning like nondisabled	8
Challenges to use of “normal”	10
...Because they actually are	12

Participants who saw disabled persons as not normal often invoked the “treat them like normal” rule when they wanted to limit how much disability entered a conversation. While they said that they should not act differently around people who are disabled, their stories illustrated just how differently they conceptualized these interactions, often describing specific conversational do's and don't's. These participants believed that they should not draw attention to a person's disability and should pretend it never entered their consciousness. Both Lauren and Emily acknowledged, respectively, that ignoring a disability “can be difficult sometimes” and “it's hard to make it not [the center of your focus].” Yet, like other participants invoking this rule, they did not feel they could be respectful towards someone unless they ignored the apparent damage and dysfunction by “relating and talking to a person *as if* they were normal” (John, emphasis added). These participants thus saw disability as something overwhelmingly and negatively different from the norm yet believed they had to deal with it so that the interaction on the whole resembled more typical ones. Robert summarized the absurdity of the situation in an unusually insightful way, although a handful of other participants expressed similar awareness:

The raised awareness causes you to try to force yourself to be normal, which is something you don't do. When I'm walking around, I'm not thinking about what I'm necessarily - I'm

not thinking, 'Oh, I'm being normal, I'm treating people normally.' But you get thrown into this situation where you're aware that, 'Alright, there's something different, there's something different going on. I need to change it.' And then you have to try to be normal. And it's not a natural feeling. That's where it's so different in that regard. You're trying to treat a person as you treat everyone else. But when you're treating everyone else, you never thought about it. You never really - you probably never gave it a second thought. And that is where it's so different. [...] it's seen as a societal norm to be able-bodied, and disabled is not necessarily going against - it's not explicitly going against that norm because that would be a rude way to put it. But it's not within the norm. So it's out of the ordinary to you. And that's why you kinda have to try to be normal or try to treat it as you treat everything else. There's an actual decision in front of you.

He explicitly pointed out the irony of the rule to treat the disabled “like normal” - if participants actually treated someone like normal, they would not need to remind themselves to do so.

The difficulty that participants faced in implementing this rule becomes clearer in considering how these nondisabled participants did not feel that the disabled are normal. Nine participants clearly equated a normal person with themselves. “Normal” is reserved for people who look like them, blend into crowds like them, and act like them. In describing his image of a person walking down the street “normally,” Steven haltingly explained, “[P]eople, I don't know, walking like me? I guess? Without a problem or without hesitating or I don't know, without help in some way. Just un-, just like characteristic, like un-noticeable, so, blend-in.” Once the participants hesitated and had to think more about someone, they placed that person into the nebulous world of not-normal. Lauren reflected on how the association of normal with oneself

likely originated from how many of the nondisabled participants were not directly taught about disability and learned instead by observation: “I think it was mostly looking around and comparing, and I guess you just kind of come to conclude, 'Oh, I'm normal, all these other people are normal,' which I guess gets a bad connotation because people that aren't like that are not normal.” Sarah put it the most bluntly when she stated that without any other guidance from people, she assumed as a child that “we're the norm, so they have to be compared against us.”

In a similar vein, sixteen participants used the word “normal” to apply more broadly to the entire nondisabled population rather than to simply themselves. Some participants created a clear divide between those who are the nondisabled normal and those who are not, using these terms to quickly communicate the people they described:

She's not a normal person, she's in a wheelchair. (Jessica, a white Catholic)

I think a big problem in society is that we do try to just make our kids pretend they're normal. And little kids know something's not the same. (Emily)

Because as normal as you try to be, in terms of interactions, with a normal 50 year old or a normal 25 year old, there's only so much you can do with somebody who is disabled in whatever way it may be. (Sarah)

I just talked about how the person in the wheelchair has this specific spot [on the bus], and usually people can lean on it - the normal people. (Julia)

For these participants, nondisabled persons make up normal society, and those who are disabled fall outside this core, existing on the fringes. Anna tried to understand this phenomenon when addressing the term ableism, and she, like Robert, recognized that able-bodiedness is defined as

the norm, and thus “if they aren't the way society views as normal, then you're automatically characterized as disabled.”

Participants finally applied the term “normal” in a third, more ambiguous, way. Eight participants used “normal” to refer to individuals who functioned like nondisabled persons. A few, like Jessica, only capitalized on this definition when they needed to point out how the inability to do a certain task might remove someone from the normal category: “Like even people who are overweight, that can be almost considered a disability because you can't function normal, like you walk slower.” Most participants, however, bestowed this term on certain disabled individuals. If someone could largely interact like an average peer, attend parties, understand social cues, have relationships, participate in the same activities as nondisabled people, have a fairly average IQ, or maintain some independence, then the nondisabled people elevated that individual to a certain honorary category: a more normal disabled person. Anna described how she reacted to a graduate student instructor first by noting her disability and then by minimizing it since it seemed not to interfere with her work: “I was like, hmmm, cool, she has 4 fingers, but they're like little, they don't look all developed. But she's a normal individual. She can write, she can use both her hands.” In a more direct example, Michael spoke of his aunt in an awed voice, referring to her as “basically like a able-bodied person in a wheelchair. She did everything by herself and drove. I mean, just nothing that she couldn't do.” The implication is that the best way to live is in the manner of the nondisabled. Disabled persons who can reach certain levels of normalcy, as defined by the nondisabled, become exceptional for not functioning as the dependent persons they are expected to be.

Many of the participants, despite having used the word “normal” at some point to matter-

of-factly refer to those who are like themselves, are nondisabled, or function like the nondisabled, expressed discomfort with the word and with the rule to treat “like normal.” Three of the six men who used the word “normal” at some point questioned this usage. Similarly, seven of the ten women who used the word challenged it. First, they did so by qualifying that they did not want to use the word normal since it implied that the disabled were not normal.

Lauren provided a typical parenthetical qualifier:

I guess, like I said, I wouldn't like to use the words normal and not-normal. But I guess I prefer able-bodied because it's more of a descriptor. I'm able-bodied. 'Cause I feel like there's already enough stigma on people that are different; you don't need to call them not-normal. Or insinuate that they are.

Nevertheless, she and other participants, like Michelle who stated, “I still don't like the word normal because I don't think that really exists anywhere,” continued to use the word despite their discomfort. By explaining that they did not like the word and would prefer an alternative, they could apologetically justify their reliance on its quick classification of people. It would not be unreasonable to consider that participants felt they could continue using the word “normal” because they were in the presence of a seemingly nondisabled interviewer. They saw me as part of the same social group and thus did not need to fully censor their language in front of me to save face.

Second, in a similar vein, participants acknowledged that “normal” is socially and arbitrarily defined before then using the word. Typically, participants would briefly qualify their statements so that they could without guilt rely on how conveniently the term communicated that the nondisabled form the center of society:

I personally may have my own feelings about public perceptions just with myself, that element of me being, or seeing me or appearing normal just from the very beginning *in whatever normal is to everybody.* (Ethan)

How they walk, how their body, is, I guess, normal. *However you say is normal...*
(Michael)

I italicized in these examples the qualifying statement and its tacked-on location.

Third, a subset of the participants (six total) discussed the idea that the majority of the population sets the standards of normativity. More so than the other challenges to “normal,” this one made explicit how the rule to treat someone “like normal” reflects the larger conflict over the power to define oneself. As John illustrated in a story he told about playing basketball with cognitively disabled young adults, normal is relative: “I think the surprising thing was some of these kids were better than us at basketball. Like it was just crazy to see because they were, to us, disabled kids, but to themselves, they're just normal.” He did not just qualify his use of the term “normal” but challenged its very existence as an objective reality. Other participants went beyond the imperative to treat someone like normal and questioned what that would even look like. In a thoughtful moment, Stephanie vehemently rejected her prior self-identity of normal, explaining, “I hate using normal and abnormal, or non-normal. Because who defines normal? I mean, just because the majority of us... [voice trailed off] but still. Just because you're in a wheelchair doesn't mean you're not normal.” These participants asked who gets to decide who is normal, and two even recognized the implied power differential. Katherine described the power that the majority has in categorizing people: “It's even like a kind of a majority-minority thing. Like, the majority of people are running around but this minority isn't. So, the majority is

quote-on-quote normal or whatever, and that's kind of how our world works.” Although other participants questioned the arbitrary labels of normal and abnormal, they did not go so far as to recognize that as nondisabled participants, they share in the power to label the minority, as some participants in fact did.

As evident, most of the participants invoked the rule to treat disabled persons “like normal” as a reminder not to behave differently. They did, in fact, see the disabled as not-normal and needed to carefully monitor their words and actions. Despite the ableist foundation of this rule, many participants also challenged their own use of the word “normal” in a variety of ways. While they still used it frequently as a contrast to the disabled population, they recognized some of the word's powerful social implications. In returning to the original rule of treating the disabled like normal, twelve participants used the rule in an entirely different way. They declared that disabled individuals really *are* normal and should be treated with the same degree of respect given to everybody else. I should make it clear that participants were not divided evenly between the two applications of this interaction rule. Instead, a participant would invoke the rule one way in telling one particular story, and then switch to its other meaning in a different story. Thus, participants did not consistently apply this rule, suggesting that cognitive dissonance existed to a large degree in these nondisabled individuals.

Most the participants using the rule in this second way alluded to a previous time when they had seen disabled individuals as less-than-human and not at all like themselves. During the interviews, they would describe reminding themselves that being disabled does not make someone less of a person or abnormal:

I noticed that he was stuttering, and I never knew that he stuttered. I was like, oh this is

cool, like, okay. And so, you know, it wasn't, I didn't feel like, 'Oh my gosh, he stutters, so I feel..' I was like, okay that's cool, be patient with him, he speaks like me, he just stutters and it takes him like a minute. (Anna)

The participants would at times still use the term “normal” to indicate a core of nondisabled people, but they also expanded the term to include disabled persons, thus challenging the term more indirectly:

I think when you put all the different lens on disability, of everything that we've talked about, then they just become normal people like you and I. Do you know what I mean? I think it's just like, well, they need help with some things, but hey, I need help with some things, too. Maybe they need a little bit more help than me, but it doesn't mean anything.

It doesn't make them any less of a human being. (Sarah)

In a more typical realization, Jessica described finding commonality and eliminating the sense of Otherness through “similar interests. She's into music. I'm into music. And again, it makes me realize that we're the same: people.”

As an outpouring of this same-as-me perspective, the participants used the “treat them like normal” rule to declare that it is not just about trying not to have different interactions, it is about actually not having different interactions. Whereas the first application of the rule paid particular attention to self-monitoring to eliminate all strange behavior, this application said to simply go about one's regular routine. Be “normal.” If someone normally smiles to others, still smile. If someone normally ignores everyone, still ignore them: “I guess we just tried to do that, like 'Okay, they're normal kids. We'll just ignore them like we ignore normal kids.' You know? We don't talk about the other thousand kids in our school” (David). Many discussed following

the Golden Rule and being courteous, a rule that applied to everyone, disabled and nondisabled alike: “So, treat people how you want to be treated, and that goes a long way. Everybody want to be treated like a human. Normal. I mean, if they have disability or not, I say, why can't you just sit down and talk with them?” (Michael). In an unassuming way, Steven illustrated this concept by sharing how he interacted with a band member at the restaurant where he worked in a casual, unforced manner. Although he did not have the vocabulary to describe the band member - “One of the guys who played in the band was in a wheelchair. I don't know, he wasn't - I don't know what the correct - a little person or whatever? I don't - So he was a little person in a wheelchair” - he did not avoid the man and indeed “talked more with him than the rest of the band. He got there early and it was kind of slow, so we chatted a little bit, nothing serious or anything like that. Just like what he played and how long he'd been playing with them, and where they'd been playing before.”

As Steven demonstrates, these participants pushed themselves to go beyond a surface-level respect that would merely require them to ignore the disability to conform to basic social standards. Instead, they communicated having a sense of honor for whom that person is: “You have to just let them be them, and you be you” (Sarah). Paul, for example, talked about respecting someone's boundaries and only interacting with a person when invited to do so. Similarly, although she unequivocally stated that she would not want to be a mother if physically disabled, Emily talked extensively about respecting that other people can make different choices and indeed should be able to do so. Michelle described how this respect meant that while she was aware of someone's disability, she was “not making it control the situation.” She noted enough details to “amend and alter [her behavior] to fit the situation” and accommodate the other

person, but “not so much that it's like you act one way around people with disabilities, then completely differently around other people.” These examples of treating like normal by having genuine respect differ from the previous examples of treating like normal by ignoring the disability (the aspect of self that makes one abnormal) because they acknowledge that people who are disabled have agency and their own sense of self.

Thus, most participants believed they should treat the disabled like normal, using it commonly in a context that illustrated how they did not see the disabled as truly normal. However, even when using that rule, they would pause and consider its ableist assumptions, challenging their prejudiced use of the word “normal.” At times, the participants even tweaked the rule to mean that the disabled are normal and should be treated with the common decency given to everyone. On the whole, however, these nondisabled participants were not consistent in how they related normalcy and normal behavior to disabled persons.

5.3.2 Rule #2: Do Not Reference the Disability

The second rule, mentioned by nearly every participant, is comprised of a variety of specific conversational do's and don't's that together communicate one basic idea: do not discuss disability. Do not stare at the disabled person; do not joke lest it be received the wrong way; do not mention anything that the other person might be unable to do; do not say too much lest you let slip a reference to the disability; be extremely cautious with one's word choice since land mines are everywhere in common lexicon. The following table summarizes these sub-rules, as well as their justification and participants' challenges to them, which I discuss in more detail at the end of this section.

Do Not Reference Disability	Number of Participants
Sub-rules	
Do not talk about someone's disability	10
Do not stare	8
Do not joke	6
Do not mention activities someone cannot do	8
Do not say too much	4
Be generally cautious with word choice	15
Why?	
Belief that disabled are more sensitive	8
Challenges	
Direct challenges to specific rules	6
Indirect challenges via uncertainties and fears	9

While these specific guidelines seem to fly in the face of what participants said with regards to treating people who are disabled “like normal,” the rules actually function to operationalize the first imperative. Participants outlined what they needed to do to appear as though they had not noticed the disability and to keep up the pretense that the interaction was quite normal. In other words, participants explained what behaviors they believed were necessary to protect the “face” of their disabled interactants, assuming that acknowledging a disability would be insulting and an affront to their interaction partners (Goffman 1967).

Throughout the sub-rules of this general rule, the participants acknowledged that disability is still a taboo subject and severely stigmatized, and thus should be avoided at all cost: “It's a touchy subject, like politics or religion or something” (Brian). Rachel described eloquently how the stigma surrounding disability made her uncomfortable:

I think by nature disability is awkward. Or not just disability, any kind of illness. If you

find out someone has cancer, no one really knows how to talk about it, and then it just becomes, like, 'Should I avoid the subject?' And that makes it more awkward. But how do you go about talking about it? [...] Hypothetically if I became friends with someone who was in a wheelchair or had a disability or something, it would be difficult for me to sort of bring it up. Even though I know they would be open to talking about it, I think, it's just like weird to be the first one to bring it up.

Yet, these rules also acknowledged on some level that the participants understood they should not make disability the center of their interactions: “Don't bring up disability. Like obviously, they probably talk about it enough that they don't want that to be the center of your focus. If you're really talented with something else, you much prefer that be the focus than your disability” (Emily). Understandably, the participants did not want to seem insensitive or politically incorrect; however, instead of asking the other person about what would be appropriate, they presumed to know either what was insulting or that the other was easily insulted. Nicole, for example, in explaining how she never used words that referred to disability, assumed that if she did, others would be quite offended: “I definitely avoid using any word that's mentally handicapped, physically disabled, disabled anything. 'Cause I think that makes me uncomfortable and definitely them uncomfortable.”

In considering the many sub-rules, the one that condemns staring is unique in addressing non-verbal references to disability. Yet, it most clearly illustrates the bind that participants put themselves in by believing that they need to ignore a disability. Eight participants referenced this rule, commonly connecting it to the fear that other people would assume the participants were judging them because of their disability. Rather than face the possibility of being thought an

insensitive person, the participants described actively looking away or not staring at the perceived impairment. As Robert explained,

I think you just want to [avoid] saying anything or doing anything that reminds a person of their disability or throws it in their face. I mean, like, you don't wanna be caught staring at them because you'd feel as though maybe they're thinking that you're staring and noticing them more because maybe they could think they're different.

Katherine modified the belief that one should not stare by noting that one should avoid looking at only the disability, not the entire person:

You don't want to ignore them or act like they're not there 'cause they want to be acknowledged, you know, like 'Hi, how are you?' or this or that, or 'Can I get the door for you?' But at the same time, you don't want them to feel like you're staring at them or that you think that they're weird or something like that, so there's definitely – like, you don't want to stare but you also feel like you should look and smile.

This relates to the interwoven theme that disability is not a natural embodiment but an abnormal, taboo, tragic, uncomfortable appendage. The participants believed that they could separate out the disability, but by denying an integral aspect of the other person, they failed to see the whole individual. On the surface, they felt they were being polite and considerate, but they really just reinforced the stigma of disability. Steven insightfully recognized the irony that by consciously not staring at someone to avoid making them different, he and other nondisabled participants had already perceived a difference: “I don't want to stare at anybody, so maybe sometimes it *feels* like I'm trying to look away more than I would normally [...] So it's more of a conscious thing where I don't think I would think about that if they weren't in a wheelchair, if they weren't disabled”

(emphasis in original).

Other sub-rules relating to the over-arching imperative to avoid disability address more casual verbal references to disability. For example, six participants discussed joking about someone's disability, largely agreeing that one should be careful not to hurt anyone's feelings or be excessive, even if teasing friends. Robert even went so far as to state that he would not joke even if it were appropriate to the social situation:

Even if that person was like poking fun at themselves, my natural indication would tell that it would be very hard to play along with that or continue. You know, just poking fun, it would be hard for me to poke fun too. It would just be awkward. It wouldn't feel right. It wouldn't feel natural.

This illustrates how participants often projected their own discomfort onto others. The avoidance of disability as a topic, even when the disabled person appeared comfortable with it, reveals that the nondisabled participants were not simply guarded for the other person's sake. They felt uncomfortable themselves, perhaps because they knew disability is a taboo topic, and they wanted to avoid any subject matter related to something for which the rules seemed vague and mysterious.

Eight participants also described how they would not mention any activity that the disabled person might not have the ability to do. Most of the examples they gave were quite basic, such as when Michael would not bring up sports: "I mean, I guess when there's obvious - like they don't have hands, don't talk about playing baseball, basketball, or something like that. Wanna go play catch? [sarcastically] Yeah." As innocuous as this minor rule seems, it required participants to make several assumptions about their disabled peers' abilities without actually

consulting them. Like other participants, Steven explained that he would never just ask outright about someone's preferences:

I guess that's more mentally for me deciding or maybe trying to imagine their situation, then deciding if I had that disability, if I was in their situation, what would I not want to talk about or not want to do? 'Cause I don't think I would feel comfortable asking them directly, so I guess it's more me guessing or trying to think about what they think.

Like other participants, he presumed to know what others could or could not do, and that any discussion that included something they could not do would be offensive. Participants avoided the topic of disability because they did not want to insult someone, implying that disability is a limiting and shameful trait.

Considering the many ways that they could accidentally let slip a reference to disability, all but five of the nondisabled participants said to be extremely cautious with their words.

Lauren explained the heightened awareness that comes with this rule of thumb: “If someone does have a disability, you're a little bit more aware of what you say around them and a little more careful about not saying anything that would be construed negatively.” The participants frequently warned of not saying anything offensive, although they rarely specified what might seem offensive beyond the previously mentioned avoidance of jokes and presumed limitations. A few participants did say that they would describe a disability using words “as close to the scientific definition or medical term as possible” to “try to be politically correct” (Ethan). They seemed terrified of being offensive both because of the hurt experienced by the disabled person, which would cause the other person to lose face, and because of appearing like an insensitive person, which would cause themselves to lose face (Goffman 1967). Rachel described both

these fears when she explained why she never asked a good friend about her disability:

I think it's half because I don't know whether she wants to talk about it or not, 'cause she's a little bit sensitive about it, and half the time, [...] I think it's mostly like I'm worried that she's going to think about me, like if I start bringing it up and whether I would say something offensive or something. It's not like I don't want to know about it because I do, I'm actually very curious [laughs], it's just I don't know, 'cause there's a lot of language that you're supposed to use when you're talking about that kind of thing. I feel like I'll say the wrong thing or something.

Anxiety about offending her friend limited their relationship since Rachel could not ask about a basic part of her friend's life.

Four participants even stated that conversations with disabled persons should be kept as short and simple as possible to make it easy to be cautious. Rebecca described it as almost like talking to a kid. Because I feel like if you keep it basic, use basic language, you don't have to think that much. Whereas if you were to talk about a political argument with them, you'd be coming out with 'Obama, healthcare, blah' like a lot of random big numbers and language, and it causes more thinking, and [is] therefore more real [laughs], if that makes sense. And your thoughts would go faster, and you'd probably talk faster, and it'd be more likely for you to slip up and say something that offends someone.

Other participants, while not recommending shortened and superficial conversations, did admit that they would not necessarily represent themselves accurately to disabled persons. In imagining how our interview would have played out had I been visibly disabled, Brian admitted, "I would not have been as open and honest. I would've been careful with how I worded things.

Probably awkward the whole time.” David also confessed that he would not be honest in describing his beliefs and would have “maybe tried to sugarcoat things a little bit, but unintentionally of course.” Like many participants, he felt that he needed to be extremely careful in his language so as not to reference disability in an offensive way, yet he also recognized on some level that this behavior would be deceptive. He thus tried to justify it by explaining that he would do so without awareness or intention.

The fear of offending the disabled interactant seems to stem partly from the cultural belief that those who are disabled are more sensitive and hyper-alert. Eight participants described walking on eggshells because disabled persons frequently seemed reactive to any suggestion that they were different or inferior. Paul commented extensively on how people who are physically disabled are more emotionally vulnerable. As he explained,

It's always connected to the body-mind-and-soul thing. [...] So, when the body is affected in some manner, you actually feel that sadness, that emotional depression. Okay, you can't do, you were able to pick up this, but you are not able to pick up this. A simple task you are not able to complete that in your daily life, and you are able to depend on a couple other people. So that sadness actually affects your mind.

The supposed pain of having physical limitations would manifest in emotional sensitivity. Other participants seemed concerned that some individuals might be depressed about their disabled status and thus would be quite hurt if anyone reminded them of it. Rachel described how she was certain that her friend was sensitive about one of her legs being shorter than the other:

I know that she doesn't really bring it up. Like she does when she has to, like when she can't run to the bus. But she doesn't really, she kind of ignores the whole thing. [...]

Unless it's inevitable that she has to mention that she's different than everyone else, it's not really something that she'll willingly bring up. That's why I think she's uncomfortable talking about it.

Rather than consider that her friend does not bring up her leg because she is entirely comfortable with it and simply does not think about it as much as Rachel clearly does, Rachel assumed that her own discomfort with the leg must also exist in her friend. Rachel was not alone; as the entire rule of not discussing disability reveals, the nondisabled participants projected their own discomfort and fears onto disabled peers, whether rightly or wrongly, and thus further Otherized their fellow interactants.

Participants who challenged these rules directly usually described specific exceptions. For example, a couple of the six participants who referenced the rule against joking about someone's disability mentioned teasing friends with temporary disabilities or joking with family members about their condition. For example, Jessica acknowledged that while some might be offended by her family's behavior, her relatives are not uptight about disability:

Yeah, 'cause you know we have the brain injured uncle, we all joke about it. [laughs] Not behind his back but it's fun. [...] This is really awful [laughs], but he has these seizures. We were just joking about how, like at Christmas time, don't make him laugh too hard or he'll go into a seizure! And he just laughed with it, like ha ha ha. But my mom's family is pretty laid back and all that kind of stuff.

Similarly, when participants challenged the rule against bringing up limitations, they frequently pointed out how the rule makes sense generally, but it is more important in specific interactions to not assume to know what someone else can or cannot do. For example, Katherine explained

how she would ask “more open questions about what they might prefer or that sort of thing rather than assuming that I know them. Just because they have a disability doesn't mean that I know them any more than anyone else. I don't know.” Both she and Michelle also pointed out how it is absurd to make this rule unique to disabled people since conversations in general should relate to all participants and allow them to equally engage in the subject: “Like, I wouldn't talk about calculus with a person who can't write numbers because it's just not a good conversation topic” (Michelle). Julia also challenged the rule against bringing up supposed limitations because she felt that if individuals seem comfortable with themselves, there is no reason to avoid the topic: “Maybe I did try avoiding some kind of topics, things that I did but they couldn't. But if they're super optimistic, then I don't mind telling them. It depends on how open they are, I guess.” Similarly, Emily explained that she would not avoid bringing up anything related to disability if “they want to bring it up and they feel comfortable.”

Nearly half of the participants also quite indirectly challenged the rule about discussing disability by expressing their fear and awkwardness in interactions. They described not knowing what to do in specific situations and not feeling as if they could ask. Jessica expressed her frustration at being stuck in this bind but wanting to know how she should act:

Whenever I'm presented, like have a new situation, I don't know if it's alright to kind of ask like, 'What's wrong?' Because then I feel like I can understand the situation better, like figure out, feel it out and how to treat it? I wouldn't want to treat anyone...I mean, treat everyone the same but if someone has a particular disability that needs special accommodations, I want to know that. But I don't know if I should ask that ahead of time, if I should just try and figure it out? I don't know.

Like many participants, she felt trapped by the rule to avoid discussing disability, yet she still adhered to it faithfully. Sarah talked about how “it's important to know a person's disability if you're going to interact with them because if something happens, you want to know what to do to help them out. 'Cause if they're freaking out, and you're freaking out, it's only going to make it worse.” In her eyes, the rule against bringing up disability is not ableist, but rather impractical and potentially dangerous. Several participants recognized that they learned this rule from the silence of their parents. Rebecca expressed frustration that she could not figure out how to interact with a blind cousin because no one talked about it: “I mean I just knew stuff was wrong, but I didn't know what. Like, when he was a kid he lacked oxygen? What? No one ever really said anything. They didn't want to talk about it. Part of me wonders if I asked the question, would they have even acknowledged it?”

In comparison to the number of participants who challenged other rules, fewer participants challenged this rule against bringing up disability. This seems to relate to the general apprehension and uncertainty the participants felt when interacting with a disabled person. Even those who did challenge the rule often only addressed specific examples where the rule might not apply or certain situations where they would need to ask about the disability to behave appropriately. Participants largely learned from their parents and teachers to ignore disability and not to discuss it, and it seems as though they have had the most difficult time shaking off this legacy. They rarely considered interactions with disabled persons to be mutual discoveries of interests and personalities, instead learning from their families and schools that such reciprocity does not exist.

5.3.3 Rule #3: *Help and Accommodate*

Participants described a wide range of helping and accommodating behaviors. They strongly believed in helping those who are struggling and who need activities or structures modified, although they did not widely agree on specifics. Within their use of helping, they included accommodations that allow disabled persons to participate more fully in society, as well as more symbolic acts of charity that the disabled persons could easily do without. The students frequently conflated the two types of “helping” into one category, seeing unneeded offers of assistance as the same as socially required accommodations. As a group, participants discussed many helping behaviors for when they meet a disabled person in public: help them cross the street, go around a sales counter if it is too tall, accommodate their needs in choosing a location for a conversation, ensure they get on the correct bus, guide them in parking their motorized scooters, speak in a louder or more exaggerated voice, personalize lesson plans, walk slower, modify weights for easier lifting, assist with ordering food. The following table summarizes the more frequently mentioned ways of helping and accommodating, as well as their underlying beliefs and participants' challenges to this rule, all of which I discuss further in this section.

Helping	Number of Participants
Accommodations	
Open doors	9
Create more personal space	6
Move to a different seat on the bus	5
Other	14
Beliefs that motivate helping behaviors	
Disabled persons are child-like	7
Disabled persons are incapable/dependent	13
Challenges to helping behaviors	

Helping	Number of Participants
Feel discomfort in helping	16
Disabled people might be offended	7
Helping takes away independence	5
Not personal responsibility	3
Helping does not do any good	3
Disabled persons can be smart	8
Needing help in one area does not equal needing help in all areas	14

The most commonly cited task involved opening doors for people who are physically disabled. Nine participants mentioned this rule, although most of them had difficulty recalling a specific instance when they might have actually held the door open for someone. The participants usually expressed a degree of goodwill, feeling happy to help in some way, and assuming that if they did not open the door, the disabled people would be unable to do it themselves: “If someone is in a wheelchair or on crutches, just holding a door open for them. That makes me feel good about myself like, okay, I was able to help them do something, instead of just sitting there and letting them struggle with it” (Lauren). Interestingly, only Stephanie mentioned the large buttons that automatically open doors when pressed. Rather than discuss how such innovations allow the physically disabled to enter buildings without assistance, she said that she presses the button for people using wheelchairs when she sees them coming.

In many ways, this particular rule relates to the controversy surrounding the tradition that men open doors for women. Whereas some men and women see the gesture as one of politeness and point out that women can also hold doors open, others contend that the gesture has historically signified who holds the power in an interaction (men) and who is dependent upon

their good graces (women). In a parallel way, nondisabled participants feel they should open doors, even though on this particular university campus, accessibility buttons are ubiquitous and most disabled students have little need for assistance. As Rebecca explained, even students unlikely to hold doors open for anyone else would pause in the presence of a disabled person: “But there's some rude people on campus [...] if they saw someone in a wheelchair, they'd be a little more likely to actually hold the door. They might actually become extra nice.” If such a gesture indicated only politeness, why would these rude students open doors only for disabled peers? It suggests that something more symbolic is occurring: nondisabled students recognize their privilege and show how they control even these basic interactions. In certain situations, however, the buildings are actually inaccessible and lack automated doors. Anna described having to open the buildings doors for one student in a motorized scooter because he otherwise could not enter. Thus, both symbolically and in actuality, these students monitor the gates of accessibility to public spaces.

Five women and one man also described trying to create more personal space for disabled people. The participants feared that disabled persons might not be able to navigate public space with a lot of people around them. Sometimes this fear had a logistical grounding, as when participants did not want to crowd a person in a wheelchair so that it became difficult to maneuver: “I don't want to be in their way, because I know if you're dealing with something like that, then you kind of need your space. Like it's harder to move around” (Stephanie). At other times, the fear stemmed from an uncertainty of the protocol they should follow in the presence of a disabled person. A couple participants expressed discomfort in seeing people use guide sticks because they thought they could easily confuse the visually impaired individual: “So you give

them a wide berth because I don't want to trip them up and get in the way of them and confuse them as to where they are, what they're gonna run into [...] Because they already have it more difficult, so I'm going to stay out of their way. Not make it harder” (Lauren). Ethan expressed such an intense fear of confusing people that when a stick tapped him, he felt “like I messed up something or I guess just did something wrong, or did something disrespectful, just because I invaded their space.” The participants associated a level of fragility with people who are disabled. They appropriately considered how crowded spaces can pose accessibility issues, but they went beyond this consideration in fearing that disabled persons can be easily shaken. Thus they created a larger circle of personal space around a disabled person than they would typically create for other nondisabled people.

Five participants, all of whom rode public buses regularly, discussed the protocol of moving to the back of the bus if a person using a wheelchair entered so that the individual could use the accessible seating area. Paul expanded on this basic rule in explaining how nondisabled people have a responsibility to consider their privilege in moving more easily on the bus:

If a normal person walks into the bus, he or she can maneuver through the crowd and go into a certain place that he or she finds comfortable or sit somewhere. But that is not possible with certain other people. I think, so, there should be more of an understanding on people who are already inside the bus.

Unlike Paul, few of the other participants directly associated this common accommodation with their own accessibility privileges.

Most of the participants attributed little agency to the disabled people they described helping. Of the five participants who talked about generally helping those who are struggling,

only Steven said he would offer assistance. The others said that they would simply help.

Stephanie went even further in explicitly stating that she would not ask before helping: “Oh, no, I just go and open it. I don't even ask. 'Cause sometimes I feel like people would feel bad, inconveniencing others, so it's like if you know that somebody needs help, just do it. Don't even ask.” In trying to spare the other person feelings of shame, she instead stripped them of agency. Besides Steven, only Katherine mentioned giving choices to disabled persons and not making assumptions about their needs. She described how as a restaurant hostess, she would not make assumptions about what someone wanted or needed in a table, instead allowing patrons to choose between a booth, a table, and a half booth-half table:

You kind of just want to ask them because you don't want to sort of assume that they can't because maybe they want to get up out of their wheelchair and go sit in the booth, and maybe that's like how it works for them, so you don't want to make assumptions about what they are, like judging them or something, so it's better to sort of just throw it out there, and that's just good customer service anyway: understanding what people want. So giving them the option, but also not like making them feel uncomfortable or anything.

Katherine was unique in her respectful treatment of disabled persons as valuable patrons.

These helping rules connect with participants' views that those who are disabled are incapable and dependent on others. Participants saw disability as a marker of lacking something and of being unable to care for anyone. Seven participants described individuals who are cognitively disabled as child-like, in need of moral correction and a protective environment. This sentiment typically arose when the disabled person had communication problems: “Or physically you can tell if people [...] can't interact in a conversation or communicate in an adult

way or something like that, then that's more obvious" (Katherine). Because participants expected adults to have the same mental capacities as themselves, they did not see adults who had different cognitive capacities as fully grown. The word "adult" is reserved for nondisabled individuals. Thus, John referred to adults who attended a church camp at which he volunteered as "kids." While he noted that it seemed a little strange that "some of them were in their thirties, but they still needed to be taken care of by us, like high schoolers," he attributed it to their inability to inhibit their desires and their underdeveloped sense of morality: "[their] judgment wasn't perfect, so we had to tell them, 'This is wrong.'" He felt that their poor judgment could be corrected by not getting "carried away" in discipline since "you're not helping them get over the disability if you keep babying them." He even went so far as to suggest that "if you didn't treat them the same way [as you treat the nondisabled] then they would never grow up." Again, the concept of being grown up is divorced from actual age and instead married to having the behaviors and thoughts of a typical nondisabled adult. Sarah suggested that how often the cognitively nondisabled "baby" the cognitively disabled so much and "take advantage of them in terms of doing harm unto them is a factor of how society looks at them: weak." Thus, participants' beliefs about cognitively disabled persons mirror cultural attitudes that view such individuals as non-contributing members of society, just like children.

Thirteen participants additionally described the physically disabled as incapable and dependent. Participants frequently associated needing help in one area of one's life with complete helplessness, seeing disabled persons as "disabled all the way down." A few participants even identified disabled people by their need for assistance:

I guess that's a form of disability, when you depend on somebody else because that's how

disabled people are looked at, always dependent on somebody else for everything.

(Sarah)

Whenever I think of someone's disabled, I think of them being with someone else 'cause usually they need support from someone else more regularly throughout the day.

(Rebecca)

In a society that values independence, it is no wonder that participants sometimes reacted strongly to disability, imagining it as “being stuck [...] not being able to go somewhere, not being able to move around or walk [...] just being, not trapped, but stuck. Or wanting to do something but not being able to” (Steven). They feared having to rely upon other people. Lauren pointed out how something as simple as using public transit would frustrate her a lot because she would have to have someone help her get on. Ethan insightfully noted that his association of disability with being “broken, torn, or incomplete” comes largely from the word's implications: “[A]ll the images and words pretty much slide toward the negative aspects of it. Because it just makes it more of a sense of something's missing or for whatever reason isn't working right because of the 'dis' part.” Rachel expanded on this point, realizing that all the different types of disability are unified by defining “disability as lack of something. Except everyone lacks something.” She once again returned to the basic question of what really separates the disabled from the nondisabled: who exactly are the nondisabled helping and why?

On the other side of this rule, a surprising number of participants, sixteen in all, expressed at least some discomfort with helping. Seven wondered if helping offends the other person. In a few cases, this fed into the previously mentioned stereotype that the disabled are excessively sensitive. Robert worried about unnecessarily reminding someone of a disability: “Some people

don't want to be catered to. [...] And I can see it not coming off necessarily as offensive, but it kinda reminds him of everything. Like it reminds him of his disability, and I'm sure that would hurt a lot.” He implied that he saw disability as a tragedy and assumed that the disabled person in question would share the same perspective. Thus, he wanted to preserve disabled people's self-esteem and protect them, ironically, from themselves. Ethan shared a similar fear, but he focused less on how helping might remind someone of a disability and more on how helping is often unsolicited: “I think I just felt awkward because I feel like I gotta seem like I was trying to do something for them that they couldn't do. So it seemed like I was imposing on them or trying to be this helper for them that they technically didn't ask for. I felt like it was an imposition on my part.” Connecting to one of the fears behind the rule to not bring up disability, participants most commonly feared offending because then they would be perceived as an insensitive, prejudiced person: “I don't want them to think that we think that they're unable to or it's a pity thing” (Anna).

Another five participants worried that helping would take away disabled persons' independence. While John expressed this opinion because he saw helping as enabling the cognitively disabled to never grow up, most participants expressed a confidence in the ability of disabled persons to do things for themselves. Michael derided people who feel an obligation to help disabled individuals do basic tasks like cross the street, explaining, “I mean, if you've made it this far, I will assume that you know what's going on.” Lauren expressed the same sentiment that people have likely adapted to their disability and are not in need of undifferentiated help: “Don't feel the need to help them with every single little thing because there are probably a lot of things they've gotten used to doing with their handicap and that they can do on their own.”

Again, challenging the belief that people who are disabled are “disabled all the way down,” these participants understood that people not only “want to be self-abled” (Sarah) but are actually capable of such. In recounting a story about how a friend of hers with Asperger's “felt powerless a lot of the time,” Michelle emotionally explained that she thought it quite unfair to take away someone's power to do something themselves: “I think I wanted to make sure that everyone had at least some control over their own situation. That's pretty important to being a human.” In an insightful comment, David discussed the difficulty in fulfilling a genuine need while avoiding offensive mannerisms: “I didn't want to seem patronizing, but at the same time, I really didn't want to seem callous. So just finding that balance there of being kind of supportive and helpful, but not talking down to a person because that would piss me off if I was in that position.” In putting himself in the other person's shoes, he regarded the nuances of helping someone, although he still did not necessarily speak of the person as an equal.

Three of the participants also objected to helping because they did not feel it was their personal responsibility to provide assistance. They recognized that just because they are nondisabled does not mean they are automatically qualified to make accommodations. Three additional participants questioned helping because they wondered if they actually did any good in providing assistance. For example, Nicole had an internship in which she advocated for public transportation. After an intense confrontation by a man who used a wheelchair, she experienced an unsettling understanding that she was not actually advocating for the good of *all* community members: “I was taken aback at first, but definitely opened my eyes a little bit to more issues that I didn't even consider - that I would be causing more hurt than help for these people.” All of these examples have a common foundation of respecting the wishes of the other

person. As Paul explained, sometimes the best way to help people is to pay attention to their desires: “But if I think, okay, this person wants to be by himself or herself, then I do that. Always giving them space would be much more understanding of them.” Having a disability does not eliminate someone's right to privacy and to not have strangers interfere with routines.

Many of the same participants (fourteen total) who at one point described the disabled as incapable, later described situations in which they learned that someone can need help in one area without needing help in all areas. Jessica talked about confronting her own prejudice and reminding herself that someone does not have to be “disabled all the way down”: “I kind of have this stigma attached to disabled, meaning they can't do something as good as normal, therefore that means they can't do anything as good as normal, when really it might just be the one thing. Like maybe their legs don't work rather than they can't do anything else.” She noted how she constantly has to correct herself when she notices thoughts about the limitations of disabled people. Other participants came to this realization because of a close friendship. Ethan shared the story of how his color-blind friend revealed his disability. His friend patiently answered questions, and after the two of them joked about his occasional color mistake, Ethan realized that his friend was capable of memorizing shades of gray so that he could dress appropriately and independently. Michelle also took cues from a friend with Asperger's to learn that people who are disabled have the ability to do many things autonomously: “He said that it would bother him a lot when people would try and do things for him all the time. So, I just kind of took that approach. You know? And he was like, 'I may have what people call a condition, but that doesn't make me incapable of doing everything.’” In a more general sense, Anna recognized that with accommodations, adaptations, and creativity, “I feel like whatever I can do, somehow,

someway, somebody who's disabled can do it too.”

Eight participants also argued that those with social disabilities can be incredibly smart. Similar to her self-corrections on general ability, Jessica had to consciously remind herself not to judge disabled students as mentally slow: “She rides in a wheelchair and there's someone helping her. And it's weird for me to think that she's a UofM student, like, again, I think, 'Oh, she probably can't do it,' but who knows? [...] She has a brain and everything. She can think just as much as I can.” Her personal experiences with people who judge her noticeably disabled uncle helped with pausing her judgments, but she noted how automatic the biased thoughts are:

People around will kind of look or, 'Oh, he's kind of moving slow,' but once people talk to him they seem like surprised almost because he's really witty and faster at coming up with something than I am, even. [...] I think it's kinda sad. I mean I realize that I probably do the same thing to people, and I don't know why I do it, but I guess having him, I always try to think back to my uncle and his situation and remember that it's, everything's different and try to not judge everyone else like that. Like they probably judge him.

Three participants described friends with Asperger's who influenced their view that people with mental disabilities, and even physical ones, can be mentally active. Michael shared his awe in realizing that someone who is cognitively disabled can actually be more capable than he is at something:

When you talked to them, they were smart. Like one of the people I met [...] if you told him when you were born, he would tell you what day it was on this year. [...] I was thinking to myself, like, I can't even do that. And I'm supposed to be able-bodied, you know? So, I guess people that have different strengths...it was mind blowing to see that.

Although his story can be read through the lens of the “supercrip” stereotype, in which people who are disabled are lauded for being able to accomplish ordinary tasks because nondisabled people are surprised that they can do anything, I would argue that Michael reached a deeper understanding. He noted that he himself was not as good at math as some of the disabled people he met, and this shook his own self-identity as a nondisabled person. He moved a little in the direction of questioning the usefulness of labels like “disabled,” wondering which abilities someone actually needs to have to receive the societal label of nondisabled. As Sarah said, “Just overall, I think we as a society need to be a little bit - we need to give people with disabilities a little more credit because they do understand a lot more than we think.” In general, both the rule to help disabled people and the challenges made to it show how these nondisabled participants did not really know how to acknowledge disability and accommodate it without making it the center of their focus and Otherizing the person.

5.3.4 Rule #4: Pity Them

While related to the “help and accommodate” rule in that the nondisabled participants largely saw disabled persons as the recipients of charity, the “pity them” rule focuses more on managing emotions of pity and sympathy. This rule is unique in that participants did not verbalize it, instead demonstrating through their stories and emotions that they felt an almost uncontrollable impulse to pity. I first recognized this rule when a couple participants denied that nondisabled people should feel pity. They seemed to be challenging an unspoken imperative to feel “bad” for disabled persons. While it may be difficult to understand a belief about emotions as a social rule, sociologists' work on emotional labor and emotion management have

demonstrated that the interactive control of emotions follows as many social norms as any other interactional rule (Hochschild 1983). I coded for this subtle “pity them” rule by identifying times when participants described feeling “sorry,” “bad,” “sympathetic,” or “sad” that people are disabled. I also identified stories where these feelings were implied because the participants associated disability with “tragedy,” “hardship,” “lack,” and it being a “terrible fate.” The following table summarizes the prevalence of both the pity rule and challenges to it.

Beliefs Related to Pity	Number of Participants
Disabled persons are objects of pity and charity	14
Challenges to pity	
Being disabled can have its advantages	14
Pity is in the eye of the beholder	6

Nondisabled participants described acting nice towards the disabled because they felt bad that those who are disabled have to face so many hardships. As stated by Rebecca, they engage with the disabled in especially considerate ways because “there's something wrong with them.” Rebecca talked about feeling a need to try to make up for their unfortunate deficit with additional kindness. Thirteen other participants also used language detailing disabled persons as objects of charity and pity. In subtle ways, the nondisabled participants communicated that they saw their abilities and lives as superior to the abilities and lives of disabled individuals. Julia wished that a man who used a wheelchair could be physically abled “because he's a really nice person, he deserve a better life, I guess, without all the inconvenience and stuff.” The implication of this sentiment is that the better life is the “easier” life of a nondisabled person. Robert communicated the same basic pity when he envisaged living as a blind person: “It's such a limiting thing to not be able to see. I couldn't imagine. [...] That'd be just a terrible fate.” He saw blindness as a

complete lack rather than a productive way of living. Being blind is experiencing life without sight (a negative) rather than experiencing life through a multitude of non-visual senses (a positive). It is little wonder that these participants, accepting the belief taught to them by their families, schools, and communities that a disability is a tragedy, saw unguarded pity as the appropriate response. Steven even shared a story about how, when his high school football coach's daughter was born with a neurological disability, “the environment was really, I don't know, sobering [...] When he told us about what had happened, it was actually quiet and not as much celebration or anything.” In the face of disability, a birth becomes a cause for grief rather than for joy.

The pity that many of these nondisabled participants felt was not balanced by the belief in a just world that some social psychologists presume to be prevalent (Hardaway 1991). Instead, the participants believed in a cruel, indifferent world where tragedy strikes randomly. Brian struggled with understanding this reality: “It isn't fair, I don't understand why they have to get burdened with it and I didn't. Just makes the world seem more cruel, you know, that kind of thing.” Several participants felt almost angry that people become disabled without deserving it: “I felt really bad because it was something he couldn't control. And I didn't think that was fair. [...] Like that's terrible” (Robert). Although these participants expressed a genuine sense of anger and understanding for the injustices that disabled people often face, they channeled that frustration towards the disability rather than towards the environment that makes the disability unnecessarily challenging and limiting. Their language reveals how they saw disability as a “burden” and something beyond anyone's control. Disability is a tragedy that befalls a few unlucky people, and the nondisabled participants Otherized these disabled persons as victims of

uncontrollable circumstances.

Participants' descriptions of some people with whom they interacted as “supercrips” reinforce this view of disability as a tragedy that requires feelings of pity. A supercrip is a disabled person who is treated by nondisabled society as inspiring for having “overcome” the “obstacle” that is the disability. The language used to describe these supercrips is often complimentary, and so the insult – that the disability is a negative, detracting aspect of self – is subtle. In describing disability as an obstacle, participants said things such as, “She won't limit herself to her room only, *even though* she's disabled” (Julia, emphasis added) or “It's kind of inspiring - he doesn't let his disability *get to him*” (Jessica, emphasis added). Just as subtle were the expectations that being disabled should create an undue burden: “It made me feel more comfortable, because it didn't seem like that [disability] was an issue for him” (Ethan) or “I was just happy that he was happy. It was kind of like, 'I'm glad this hasn't brought you down, that you don't want to just end your life, that you can still see that there's a reason to live’” (Stephanie). The socialized reaction of these nondisabled people was to expect bitterness and limitation, and so when they found happiness with life, they were pleasantly shocked and assumed it must be due to a special gift. Stephanie even went so far as to speculate, “It's like they don't really even know what happiness is or what they can have” when she observed a boy with a degenerative condition playing happily. In perhaps one of the most interesting presentations of a “supercrip,” Robert described how he learned from his mother to have such low expectations and pity for disabled people that when they go about their daily routines, it is cause for applause:

When I was growing up there was this one man we'd always see who lived in our

neighborhood who was blind. And we were always amazed because he would go for a walk every morning [...] And my mom would always point out, [...] 'It's amazing he still goes out for a walk and still does that despite being blind and that's pretty incredible.'

People who can successfully live with such a condition are not normal humans but gifted with super-human strength and courage. Nondisabled persons do not expect resilience or successful adaptation in the face of assumed tragedy.

Emily had an interesting take on pitying disabled people. She felt “it is normal for people to feel bad for people who don't have the same access to everything they do.” The pity is less about a pervading sense of tragedy and more about a feeling of loss that the other person cannot share an experience in the same way: “Like a blind person's never gonna see. And I feel bad. There's a lot of awesome things to see.” Emily was not alone in expressing these opinions, but she did stand out as someone who constantly repeated that these were just her opinions, that this was “just my perspective.” For example, she openly admitted she would rather be dead than be physically disabled:

Because from my perspective, if I had that quality of life, I wouldn't want to even be present. I just wouldn't. [...] My mom and I have talked about where if we get to the point where we can't contribute to society we just don't want to be, like I don't want to be retired and be supported by the state in a bed like a vegetable. I would just rather not be present. And so that's just my perspective. So I actually feel bad for these people. And maybe they wouldn't feel that way, but just from my perspective, [...] I wouldn't want to be in that situation. So I feel bad.

Despite her assumption that such a life would not be worth living, she was oddly objective in

describing how she felt bad because this disabled person had a life incongruous with her values, but that she did not feel the person's life was inherently pitiable. In spite of her stereotypical perspective on disability as an awful and unproductive fate, she understood more than most that this is only her opinion and that it does not reflect how other people view their disability.

In the course of their interviews, at least five other participants recognized their pity as subjective and as reflecting only their sadness that others cannot share the same experiences. For example, Ethan shared that after his friend revealed his colorblindness, he felt bad for him at times, especially because he could never know colors' beauty and how much they add to experiences. However, he explained how realizing that his friend “never really experienced colors, so he didn't really know much of what he was missing in the first place” allowed him to become “aware of our perspectives and aware of what I value opposed to what he valued and the fact that he still enjoy life and enjoy doing so many things and this was regardless of him actually being able to see all the colors that I can see.” He understood that the loss he felt on behalf of his friend was not shared by his friend. Robert similarly learned not to pity others for perceived “lack.” He used to visit an elderly woman who was blind and used a wheelchair but could get around her house and take care of herself with few difficulties. Among other things, she would constantly remind him to pray, to be thankful, and to be positive: “It taught me while I appreciate what I have, don't pity others who don't have that.”

These participants also occasionally described being confronted and told that their pity was misplaced. For example, although she mostly reacted to disabled peers with sympathy and sadness, Stephanie shared one experience in which she learned to question those feelings:

[My ex-boyfriend's] little brother was born without one arm, so he only had one. But to

him it was like completely normal. It was like he was born like that, so he could do everything normally. And I mean, it just became so normal, being around him. At first, I was kind of like, 'Oh wow, I'm so sorry.' He's like, 'Why? It'd be so weird having two hands!'

As Anna learned from a documentary about a group of disabled women, “They just shouldn't be looked down upon or sympathetic, because they can do it as well, was just the bottom line.”

Despite expressing pity, some participants later said that they should not feel pity because people who are disabled can be perfectly happy and can even be advantaged in certain ways. Fourteen participants described a multitude of possible advantages to being a disabled person: autistic students can sometimes be smarter; disabled persons are different from everyone else; visually impaired individuals can really focus in on conversations; disabled persons treasure being alive more; those in wheelchairs can dance in unique ways; Deaf culture is rich; physically disabled persons have heightened sensory awareness; disabled persons have more knowledge on disability; physically disabled persons are better aware of the human body's possibilities; disabled persons have more creativity; neurologically disabled persons can sometimes think faster; disabled persons have unique life experiences; disabled parents have a greater sense of responsibility; disabled persons perceive the world differently; disabled persons are more aware of space; physically disabled persons can attain a higher mental state; disabled persons are more adaptable; disabled persons have more persistence and room for growth. Participants did not deny the personal challenges of being disabled and doubted that these advantages would ever out-weigh those of their own nondisability, but they could imagine value in the embodiment. Some felt that this potential value resulted from having to consciously focus on one's abilities

and strengths. According to Paul, whereas nondisabled persons' "energies are concentrated both on the physical and mental," limiting their capacity to focus on one or the other, "the disabled, they might be able to, in filling that void, reach a higher mental state, intellectual state, or something like that."

In some participants, this acknowledgment of value almost became an epistemological argument that disabled people have access to knowledge that those who are nondisabled cannot access firsthand. As Anna explained,

I feel like as far as the guy who doesn't have both his hands, I'm pretty sure he has adapted and can probably do a lot more things with just one hand than I can do with both. And that's because he's been forced to kind of just learn that way. I feel like probably [they] would be able to use their body to their advantage [...] [We] couldn't even imagine an alternative to doing something because we do have both hands instead of learning how to just use just the right or the left.

Rather than receive pity, people who are disabled can teach the nondisabled new ways of using their bodies. Michelle even described learning from her friend with Asperger's how to let go and be creative: "He didn't feel the need to hold back anything he wanted to write. It wasn't like, 'Are kids gonna think this is weird when I share it with the creative writing class?' It was like, 'Here's what I'm thinking, I'm going to write it down now.' I always had a hard time with that." David was the most explicit in noting how being disabled in one aspect of life is not enough to warrant pity since that person still has so many other areas of life in which to excel:

Look at Stephen Hawking. [...] He's arguably the smartest person alive. And I mean, sure, [...] he might be considered physically disabled, but he's smarter than everybody

else on planet earth. You know? So by the strict definition of physically disabled, yes he's physically disabled. But is he disabled as a person? No. [...] Maybe he can't walk but he can do complex equations and basically know how the universe works just in his head. And nobody else can do that. So does that mean we're disabled because we can't do that? I don't know. I think it's just something that he can do that other people can't do.

The general message of this rule is to pity, which has its basis in ableist assumptions that disability is a tragedy, but like most other rules, there is some recognition that this is not always the most appropriate emotional reaction.

5.3.5 Rule #5: Don't Tease or Bully

At first glance, the final rule seems different from the four previous ones. This “don't tease or bully” rule can be applied universally to all people and hardly seems like the sort of thing to which anyone would object. Indeed, whereas the underlying assumptions behind the previous rules were ableist in nature, this fourth rule at its core challenges the nondisabled abuse of the disabled. Participants expressed their socially learned prejudices and fears in far more nuanced and subtle ways than before, revealing how the application of this rule becomes messy in reality, though clear-cut in theory. The following table summarizes the prevalence of bullying stories in the interviews, the different responses to witnessing bullying, and the underlying beliefs about stigma. I discuss these different categories in more detail in this section.

Bullying and Harassment Behaviors	Number of Participants
Prevalence of bullying in social environment	
Witnessed peer harassment	9
Never witnessed peer harassment	5

Bullying and Harassment Behaviors	Number of Participants
Joined in harassment	3
Responses to witnessing harassment	
Did not respond	9
Only challenged close friends or family	4
Challenged general public	3
Stigma	
Disabled persons often face stigma	12
Stigma is a natural reaction to disability	7

The presence of this rule is likely related to the specific age range of the study's participants. If I had interviewed older adults, the topic of school bullying might not have surfaced, or it would have taken the more age-appropriate form of workplace harassment. As recent high school graduates, these particular participants spent significant time during the interviews reflecting on their own and their peers' behaviors in high school. Indeed, Milner (2004) has suggested that teenagers are more influenced by their peer relationships than by their parents or the more formal school institutional rules. Although teenagers gain gradual autonomy in their daily activities, they do not have parallel gains in political or economic power. The only power they really have during high school is status power (p. 25). Thus, they spend considerable time reinforcing a hierarchy system not unlike the Indian caste system. They avoid friendships with people of lower status groups, conform to the behavioral norms of their status group, mark their membership with symbols and rituals, and restrict engagement in vertical social group mingling or mobility (pp. 23-24). Students threaten their own status by extending privileges to students from lower status groups. Thus, they have social incentives to tease and bully individuals below themselves. Students from very low status groups especially target disabled

students as scapegoats for their anger at their own low status, as practice victims for developing verbal aggression skills without risk, and as ways to enforce the punishment of deviance (p. 90). Thus, the outright bullying of disabled individuals is supported by the high school hierarchy and is not likely to be deemed immoral until after high school, when students have other powers beyond status.

Supporting this analysis that would make bullying a common behavior, nine participants told stories about witnessing nondisabled peers making fun of people who are mentally disabled. Robert recounted a story that mirrored many others. High school students would laugh at a peer with Asperger's who breathed heavily when stressed:

It'd almost be the same as saying, it'd be like laughing at a person, I think now, that was like in a wheelchair and can't walk up the stairs. It'd be like laughing at them because they can't walk up the stairs or can't walk down. I mean, he wasn't doing these things because he thought it was funny. He's just doing it because it's who he was.

Other stories ranged from this rather passive laughing at a disability to intentionally befriending someone in school solely to gather information for making fun of that person later. While some of these participants expressed more horror than others when sharing these stories, all of them said they experienced significant awkwardness. Seven participants additionally expressed disapproval of the word "retarded." As John explained, "You should avoid using "retarded" or "retard" [...] derogatory terms like that." They recognized that the term is commonly used as an insult to both disabled and nondisabled individuals, implying that slower mental processing and limited cognition is not just negative but a marker of a deficient, degraded person. Michelle reacted strongly to the word, rejecting the idea that mentally disabled students cannot understand

the insult behind the word:

I mean, kids use the word 'retarded' colloquially around the kids from special needs class, and that always made me mad. Like, come on, they're not stupid. They get what you're saying, and it's not okay. Like, even if they can't necessarily show you that it makes them upset, that doesn't mean they're not.

Interestingly, five participants adamantly denied ever witnessing teasing or bullying, although their reaction to the idea communicated their belief that no one would violate such a basic rule: “Wow, I don't think so. Like teasing or bullying or that sort of thing? I really don't think so. That would be outrageous” (Katherine).

When attempting to explain how such behavior could occur, participants did not completely agree. For example, Brian said teasing continued because the target girl was so different and did not seem hurt by the behind-her-back comments. He implied that if the girl had clearly sustained emotional injury, the teasing would have ended. Without that external cue, however, the students continued in their ill-natured fun. On the other hand, Emily said that young children bully because they cannot understand what it means to be disabled: “When you're little, again, it's being mean because you don't have [...] the capability to understand.” She implied that the mean behavior is almost understandable because children cannot possibly comprehend disability and thus cannot relate to a disabled peer. Emily often turned to innate motivations to explain behaviors, believing that people are inherently cruel to those perceived as Others and that only a certain degree of education and maturity can suppress the impulse. Even when she discussed how young men would not be able to handle a class on disability because they are socialized to be immature and to not take responsibility for others, she saw the social

influence as deeply rooted and unchangeable:

I just don't think it would be dealt with in the right way just because of societal norms.

Like, they would immediately - the most immature ones would immediately poke fun afterward and they would all join in because that's what they're supposed to do. So that's not something, I don't even know how you change that. I think it's just something that has happened.

Even in retrospective reflection, Emily found it difficult to imagine any school context in which bullying would not be a norm.

Participants also causally connected the phenomenon of stigma to the maltreatment of disabled persons. While Emily was unique in her explicit rationalization of teasing as natural, seven of the twelve participants who discussed stigma made comments implying that stigma was a natural, immediate reaction to disability because people do not understand differences. While still viewing such reactions as deplorable, participants felt it made sense that people would respond negatively to individuals stereotypically presented as different, disgusting, asexual, stupid, less human, inferior, and incapable. As Brian explained, "It's just human nature to instinctively judge people inside." Sarah expanded on this idea by recognizing that judgment happens regardless, but it stems from the negative labels privileged nondisabled persons attach to minority groups: "I think the wording of the labels that we choose for people reflect on how we're going to act towards them as a society." She went on to describe how noticing differences, however natural, still does not require others to respond with prejudicial treatment, a common sentiment among the other participants. Rachel agreed but noted that because the non-stigmatized identity is the one usually considered "normal," stopping the judgment is "hard

because whatever you consider the normal thing that you should have is going to be the one that is superior, I guess.”

Even though participants felt that being rude to people with disabilities was unacceptable, they seemed uncertain about how to approach actual situations. Their awkward and ambivalent reactions to these real-life decisions reveal their deep-rooted ableist beliefs, likely stemming from their socialization to ignore disability because it is such a terrible thing. Three participants actually admitted to joining in the teasing despite their discomfort. Jessica hesitantly revealed how when a middle school peer, who was overweight and attended special education classes, fell down the hallway stairs, she joined her friends in laughing even though she “knew it was wrong.” She took full responsibility for her behavior, stating, “At that moment, I was just as guilty as the person who made the joke, you know, laughing at it,” but implied that her laughter was related to peer pressure. Even now, she would not call out the instigator directly but would jokingly and privately tell that person to stop. Similarly, Brian laughed at a high school classmate whom he described as having “something wrong with her face,” reflecting on his current guilt and why it seemed acceptable at the time:

I was in high school, everyone else thought it was funny, so it seemed okay. But looking back, it's absolutely terrible. And I was never directly mean to her. I don't think she was ever harmed by something I said. But I just feel bad. Like I kinda made fun of her behind her back.

Emily, as mentioned before, said she joined in her elementary-aged classmates in laughing at a slower peer because she did not understand disability.

More often than not, these participants neither reported joining in the bullying nor

outright opposing it. Nine participants shared that they never directly responded to the bullying of disabled individuals, rationalizing their privileged ability to do nothing in a variety of ways. Some participants implied that they did not care enough in the moment to intervene; they were not invested in the matter of disability rights:

I don't get into it. I kinda just watch it, which I know is very passive or whatever. But usually there's no little conversation about it. They just do it and move on to the next thing. (Rebecca)

I was just like, 'Ah, I don't want to deal with this right now.' (Nicole)

Other participants found the abusive behavior disturbing but did not know what they should do. Michelle, for example, described how she did not know how to confront people who talked to disabled students at her high school in baby voices:

It's kinda harder to explain to someone why that might make you upset. You know? 'Cause I bet a lot of people weren't really aware of their tone of voice. [...] So I think maybe I'm just hypersensitive to it? I don't know. I bet it's not as big of a deal as I thought it was. I have no idea. I never talked to anybody about it. It didn't really seem super important since no one was really being hurt in that situation.

Lacking the necessary confrontation skills, she reverted to justifying her silence by saying that no one really got hurt and that she was just excessively sensitive. Robert also felt ill-equipped to intervene in similar situations in high school, although he saw very clearly the damaging impact of other students' cruelty on their target. With clear regret in his voice, he suggested, "I just wasn't ready to stand up or go against the crowd. You know, what is it, like the bystander effect?" Emily also cited staying with the crowd as a reason to avoid confrontation. She

explained her reasoning in high school for not telling a friend that jokes about a disabled peer were inappropriate: “You're just like, this person is kind of my friend, whatever, let it go. Pick your battles.” Although she rejected this logic at the time of the interview, her thinking in high school illuminates a hidden but not uncommon problem: the bullying faced by disabled classmates was not a battle worth fighting.

Another disturbingly common comment about not standing up for a disabled peer involved the belief, “I'm not going to tell you what to say or do” (Katherine). As Brian clearly explained,

Like I don't want them to think I'm preaching the good word or something. It's just not my place to change someone's moral values. If I was in a room with very few people and they started saying like, 'Disabled people are worthless' then I would be like, 'Alright, listen here.' But I don't know anyone who would actually say that.

In other words, unless the situation went beyond “normal” teasing and bordered genocidal language, participants felt they did not have the right to tell someone what is or is not appropriate to say. A certain degree of harassment is taken for granted and seen as expected in high school environments. Facing no institutional punishment for their inaction, the participants did not realize that when they hesitated to take away the autonomy of fellow nondisabled people, their passivity resulted in the loss of safety and social standing for disabled people. The seemingly extreme situation of bullying exposes the relative values that participants placed in the past or continued to place on different groups of people. They have been socialized to adhere to a strict status hierarchy.

When participants did respond to instances of bullying or teasing, they only felt

comfortable speaking up to close friends and family about basic issues, such as using the word “retarded” or telling offensive jokes. In a typical response, Michelle explained, “So I'd usually, if it was a close friend, then I'd wait until after school: 'Hey, watch it.' But if it was someone I didn't really know, I would just glare and not really know what to do.” David gave an exceptionally insightful and detailed explanation for what initially motivated him to begin challenging people assertively:

I mean, back in high school, 'retard' was really popular as an insult. And I never used it, but I never would be like, 'You shouldn't say that. That's not okay.' But then I actually, a couple things happened. One of my friends, her brother was autistic and not really functional on his own. I actually met him over at her house one day, so that kinda changed things. And I also met this girl in my French class who was just, like she was diagnosed with autism, but she was extremely smart. Like, just kind of a little bit socially awkward and couldn't really handle emotions quite as well. [...] And then she was talking about how one of the worst things that happens is when people say 'retard' in a 'You're so retarded' kind of way. And I think after that I tried to tell people, 'Let's not do that anymore.' [...] I don't remember the context of the situation, but someone said, 'Oh, you're being such a retard' or 'You're being so retarded.' I was like, 'You know, one of my friends actually is, so maybe you shouldn't say that.' They were embarrassed by it. They were like, 'Oh, sorry.' And I'm like, whatever. You know, it's the same thing as 'gay.' I know gay people, and some of them don't care, but some of them do. So just watch what you're saying.

David was unique in his confident ability to matter-of-factly correct peers. His experiences

actually gained him respect from others, even though the other nondisabled participants frequently expected to be shunned for speaking up.

Julia also presented an unusual case in noting how she takes a more active approach to discriminatory situations, doing what is within her power:

Maybe like, again, from the bus case, from some driver, they're not too enthusiastic, sometimes they just load the platform and won't get off the bus, just let the person come, uh get on the bus, and then they'll start driving again before that person in the wheelchair even plugged his seat-belt. Cause they still have the seat-belt over them. So, this is kinda rude, so sometimes when I was the person who was after the wheelchair person, so I'll be trying to walk slower I guess so the driver won't close the door because I'm not on the bus yet, so he has enough time. But there is some little things that I could do maybe.

Another unusual case is Paul who stated again and again that the responsibility to change the discriminatory actions of some falls “with the whole able-bodied people rather than just one person.” These participants, while they still frequently made ableist statements or described stereotypical beliefs, certainly took an unusually active approach in confronting oppression when they saw it.

5.4 Implications for Behavior and Emotions

These nondisabled participants engaged with disabled individuals by following particular rules, which often reflected ableist beliefs and behaviors. It is striking how uniform the participants were in their rules, with no discernible gender or race differences. This pattern points to the pervasiveness of ableism on the participants' university campus and potentially

throughout American culture, as well as to how disabled persons as a minority group quite frequently fall to the very bottom of the social hierarchy. Although the nondisabled participants challenged some of these oppressive and discriminatory practices, they possessed the social privilege to avoid interactions with disabled persons. With few societal incentives to more coherently develop an anti-ableist world view, they could simply bury any confusion they felt. In the words of Emily, “I think that is probably a society thing: avoid. Because you don't always know what to say, especially the average person.” The nondisabled participants could shorten uncomfortable conversations and did not have to figure out specific rules – they could simply make the disabled invisible.

When these nondisabled participants had to interact with disabled persons, they filled with fear and tried to follow general rules to make sure they did not say or do something inappropriate that could cause them to lose face (Goffman 1967). This fear was present both when participants were only in the company of a disabled person and when they were in the company of other nondisabled persons as well. This suggests that a disabled interactant has at least some social power to make a nondisabled person lose face and to threaten the nondisabled person's self-image as a considerate, respectful being. If nondisabled people viewed disabled individuals as completely inhuman and invisible, it is unlikely that breaking a social expectation or using inappropriate language would cause nondisabled persons to lose face. Nevertheless, while the capacity of the disabled to make the nondisabled lose face is a positive indication of disabled persons' increasing social status, the resulting fear in nondisabled persons paradoxically interferes with the development of meaningful relationships between the two social groups.

Nondisabled participants' conversations with disabled persons were thus limited, and they

had few opportunities to clarify their uncertainty about rules. Rebecca neatly summed up how her few interactions meant that she would “be more hyper-aware of it [...] for a long period of time. I'd have to really figure out what's really happening and therefore a conversation of what can I, can't I say? Like all these things would just pop up as far as what I should do or not do.” Their uncertainty about specific rules made the participants feel a nervous awkwardness because any interaction seemed different and unpredictable; they were not entirely sure how it would play out. For example, Nicole shared her anxiety when she had to meet the deaf parents of one of her friends:

I don't think I was fully vested in the conversation because I was just thinking about other things, about [my friend] being here, and I've never dealt with a translator before, and what they would think of me. Do they think I'm acting normal around them? Or acting too ---. I'm trying to make my words longer or, I don't know - I wasn't fully vested in the conversation. I was just thinking about 'Is this right? Am I doing this right?' because I wasn't sure.

Rachel analyzed this uncertainty and wondered if it developed from a fear of internal ableism, engaging in what Goffman (1967) would call excessive self-consciousness:

I think people are more afraid of themselves and how they would act because if it's like something that is totally different, you have no idea how you would act toward that situation, and so maybe it has something to do with your interior mind of yourself versus any kind of external mirror. Like whether you secretly found out you were a bigot [laughs] you had some kind of thing against disabled people that you didn't realize before.

Considering the anxieties that participants described about being offensive or doing something

wrong, she might not have been far from the truth. This again points to the capacity of disabled persons to potentially cause nondisabled persons to lose face by exposing prejudiced tendencies.

Robert shared one of the most genuinely troubled stories about how he did not know how to interact with a lacrosse rival in high school. He addressed each rule in his telling of his uncertainty of whether to treat the disabled like normal, to ignore the disability, to accommodate, to pity, and not to tease. He began by explaining why this particular rival invited a unique response:

And he actually - he started for his team, and he only had one arm, and he had to find a way to, like, he had something on the other side of his elbow to help him rest his stick there. But he still played, and I remember I played defense, and he actually would play attack, which is an offensive position.

Robert went on to describe his emotions as creating “a really difficult personal battle” because “we have to go against him.” At a fundamental level, he questioned whether he should follow the first rule of treating a disabled person like normal: “It’s a certain level of well, how much effort do you give? Do you go all out against someone who has one arm, or do you - and treat him like you treat any player? Or do you give him that, do you kinda say, I’m gonna back off?” Although his descriptions reveal that he did not know how he should feel about the rival, he did contemplate how the rival player might have felt:

I’m sure he wants to be treated like another player. I guarantee he would not play if he thought he could play just so he could be treated differently. I don’t think he - he was our age, too, and I was a senior at the time - so I don’t think he would stick with lacrosse for however many years he played in the hopes he could just get by and people would treat

him differently. So I tried not to.

In this statement, which Robert gave as a justification for his ultimate decision, he rejected the rule to accommodate, arguing that it would have inappropriately disrespected the player. At the same time, he still felt odd in playing against this rival with equal force: “Lacrosse is very physical, and you're pushing people, and when you have the ball you're allowed to check them and stuff, so I'm like checking him and it's weird, it's different. You know? Definitely an experience.” To explain this emotion, he compared it to wrestling: “And I think the only other thing in terms of liking it to there's always been this controversy in wrestling, competitive wrestling. Like when girls wrestle. And it's the guy versus the girl. It's one of those awful decisions you have to make.” He described the decision as “a moral question more than anything,” implying that he felt there was a right answer but did not know if he had chosen it.

While he ultimately rejected the rule to pity the other player as a charity case, it was not necessarily easy for him to do so: “And I try to treat him as you would any other player and not look at him as being disabled 'cause he's still on the other team. He scored goals against us, so he was contributing on the other team, but it was a moral battle in me. With like confusion.” He also implied that his team broke the rule to avoid mentioning someone's disability because they were so uncertain as to how to act:

I remember we all at the end of the game, we'd take the buzz. Kids would kinda hint that especially defensive, how do you go about playing this kid? You know, how do you - do you go all out and throw your best shots and be as physical as possible? Or do you kinda ease back just in the hopes that maybe he'll pass it off and you don't have to deal with him anymore?

Although he admitted freely that it “was definitely an interesting situation to be in,” he expressed great relief that he did not have to add into his uncertainty the question of how to respond to mockery:

Everyone has a lot of respect for him, so we weren't the mocking sort of team, luckily. But I could see a situation where that could happen. 'Cause it's a physical sport, you know, people talk a lot, chirp at each other. They're always saying stuff. And I could easily see that something would happen.

He was “glad too that our team didn't stoop to a lower level. 'Cause I would've been particularly embarrassed if I saw my teammates verbally berating this kid for something that I'm sure he has no control over, that he was born with or by accident occurred to him.” Thus Robert acknowledged the rule against bullying and expressed his gratitude that he did not have to defend this rule. In describing the general dilemma of how to approach his rival as a moral battle, Robert touched upon a common theme: how do nondisabled people do what is right and respectful, when they are told to accommodate and thus to acknowledge difference *yet also* to act as though nothing is different or wrong? Although the five rules are integrated in subtle ways into this participant's story, the example illustrates how participants grappled with fulfilling these social norms despite their uncertainty and the complexity of daily life.

5.5 Strategies to Challenge Ableism

Participants best illustrated their conflicted feelings about disability and their uncertainty in how to fulfill social norms when they challenged various aspects of ableism. Their challenges are encompassed by five anti-ableist strategies that can serve as a road-map for future researchers

and educators in determining how to address nondisabled privilege: self-reflexivity, active listening to disabled persons, developing alternate ways to understand disability, committing to social justice, and learning from anti-ableist role models. The first strategy of self-reflexivity encompasses an awareness that privilege and oppression exist, and that they show up in the everyday lives of nondisabled persons (Johnson 2006). For example, in response to the first rule to treat the disabled “like normal,” participants questioned the use of the word “normal.” They considered not only if their language was politically correct, but what its implications were, and also if their behavior demonstrated true respect for disabled persons and not just surface denial of anything different. They reminded themselves that being disabled does not make someone less human; they pushed themselves not to act superficially around disabled peers; and they reflected on how the word “normal” implies that the nondisabled are not actually normal and how whatever the majority group embodies becomes what is considered normal.

The second strategy is listening to what disabled persons have to say (Johnson 2006). This strategy moves beyond awareness and reflexivity to taking action to develop meaningful relationships with nondisabled persons (Warren 2010). For example, in challenging the second rule to not reference disability, a handful of participants noted the importance of not assuming to know what the other person wants. They emphasized *asking* about disabled persons' interests instead of presuming to know what people can or cannot do or presuming that people would immediately become uncomfortable by any mention of disability. Additionally, when participants addressed the belief inherent to the third rule that disabled persons are “disabled all the way down,” they frequently did so after developing close friendships with disabled classmates. Participants explained, after learning from their friends, that needing help in one

area does not mean needing help in all areas of life, and that being disabled does not prevent someone from being smart. They understood, based on their relationships, that disabled persons contribute in meaningful ways to society.

A third strategy is using one's imagination to develop alternative frames of interpretation. Part of this strategy involves the basic practice of putting oneself in another's shoes. For example, in challenging the social imperative to pity disabled persons, participants deliberately recognized that pity is subjective. They reminded themselves that even if they felt sad that their disabled peers could not experience life in the same way, their peers might not have the same sense of loss. However, this strategy involves much deeper thought processes as well. When participants moved beyond the “disability as tragedy” narrative to consider how being disabled can be advantageous and a positive embodiment, they were able to describe unique and meaningful experiences. While they still did not want to be disabled, they could imagine ways in which a disabled person could add to human knowledge about the creative adaptations of bodies. By imagining disability as constructive, the participants, at least for a moment, could think of disabled persons as teachers rather than as objects of pity. It was easier to remember in this mindset that disabled people need accommodations, not charity, since they are valuable members of society.

A fourth strategy is cultivating a strong commitment to social justice. Although students infrequently confronted bullies in the stories they told for the fifth rule, a few students did stand up. David, who gave several examples detailing his confrontation of inappropriate language towards disabled peers in high school, approached each situation with the mindset that he was in the right. He confidently and firmly told classmates to stop their behavior because he had friends

who were disabled. Julia used a non-verbal strategy to prevent bus drivers from not waiting for disabled passengers to be seated: she got on the bus last and took a long time to board to give the other passengers time to sit. Other students, even if they did not confront peers, similarly corrected family members and close friends when they believed a wrong was being done. They began to practice small risks to challenge the privilege of fellow nondisabled persons (Johnson 2006). These few students show that confronting aggressive ableist behavior is possible; it mainly requires a commitment that confronting ableism is worth doing and essential for a just society (Warren 2010).

A final strategy has less to do with participants' behavior than it does with their social environment. Sociologists know from research on race that providing role models to privileged persons teaches them that alternative ways of acting exist. They can choose paths of greater resistance in their interactions and can know that they are not alone (Johnson 2006).

Accordingly, several students cited Women's Studies courses as important for introducing them to the oppression faced by disabled persons. In these classes, students learned to critically reflect on the social construction of their identities and on how most aspects of the social world have meaning beyond the surface level. The value of such skills cannot be understated, and potentially just as important, students actually get to learn from adults who consider their own privileges and work to address oppression. Additionally, the participants with parents who taught them about disability really appreciated their early lessons. Participants did not feel that disability was as mysterious or invisible when they had close friends or family members who were disabled. They likely grew up watching a variety of nondisabled persons interact with disabled persons respectfully. Although they still had many ableist behaviors and practices, an

expected result of being socialized in an ableist society, they could feel comfortable interacting with disabled persons and considering their nondisabled identity.

6. CONCLUSION

6.1 Summary of Findings

The inductive empirical research of this project reveals the paradoxical rules and beliefs that govern members of the nondisabled world in their interactions with disabled persons. The current literature does not recognize this paradoxical inner world of nondisabled young adults. While researchers do analyze this social group's attitudes about disability, what their interactions with disabled persons look like, and how disabled persons experience these encounters, they do not sufficiently address how this social group experiences its nondisabled identity. A problematization of the privileged embodiment of nondisabled persons and an analysis of how their beliefs and practices simultaneously develop from, reinforce, and challenge the ableist norms of the nondisabled society is largely missing. My research has aimed both to support the work of scholars already examining this neglected area and also to push for empirical research that goes beyond theoretical work.

By interviewing twenty nondisabled students about their definitions of disability, their interactions with disabled persons, their rules for interacting with disabled persons, and their own nondisabled identity, I found that the nondisabled students follow five main rules when interacting with disabled persons: treat the disabled like normal, avoid referencing disability, help the disabled, pity the disabled, and do not bully the disabled. The rule to treat the disabled “like normal” maintained a belief that the disabled are not actually normal. The second rule to avoid referencing disability developed from the assumption that disability is a shameful, insulting trait. The third rule to help the disabled reinforces assumptions that disabled persons

are incapable and dependent. The fourth rule to pity the disabled rests on beliefs that disability is tragic and an undesirable way of being. The fifth rule to not bully disabled persons reveals the many ways that the nondisabled mistreat the disabled and see disabled persons' rights as not worth fighting for. Thus, I have shown how each rule is rooted in ableist practices resulting from a broader social context that breeds and enforces the privileged nondisabled ways of being.

This study also found that despite their prevalent ableism, the nondisabled participants were not just unthinking perpetrators of cultural prejudice and oppression. Rather, they challenged some of the rules, expressed discomfort with others, and imagined different possibilities even while clinging to the very rules that served them poorly. While not consistent in their departure from ableism or in considering the deeper implications of viewing disabled persons as incomplete, they did engage in anti-ableist strategies. The nondisabled participants practiced self-reflexivity, active listening to disabled persons, imaginative development of different interpretations of disability, and a commitment to social justice. Those with exposure to anti-ableist role models – either parents or educators – especially benefited from observing others take paths of greater resistance. On the whole, however, these nondisabled individuals do not live in a culture that encourages them to address their cognitive dissonance over their ableist and anti-ableist beliefs and behaviors. Even still, they had the capacity to think critically and indeed did so when faced with certain situations and questions.

6.2 Implications for Future Research

While these particular nondisabled participants might only represent one phase of the privileged identity model, being at a particular time and place in their social development,

sociologists should nevertheless take note of how these individuals construct their privileged worldviews and how they both accept and challenge American society's prevailing ableism. For example, the paradoxes imbedded in the five interaction rules used regularly by the participants suggest that researchers should work to better understand the relationship between social guidelines and privilege and power, rather than simply study the psychological aspects of prejudice or the discomfort prevalent in interactions between the disabled and nondisabled. The nondisabled participants' surprising use, however hesitant or inconsistent, of the five anti-ableist strategies also suggests that sociologists should analyze the active participation of nondisabled individuals in internalizing and modifying social norms.

While necessary, a clearer understanding of nondisabled persons' privileges in interactions and their roles in establishing or changing social norms, however, is not sufficient to change an ableist culture. To address systemic ableism, nondisabled persons need to understand the ableist assumptions behind their actions and attitudes, and how they can behave and interact differently. Researchers could implement different interventions teaching a variety of anti-ableist strategies, including those mentioned in this paper, to measure the effectiveness of these early intentional lessons in reducing later ableist practices. A small-scale campaign to change how students in a school or a town think about disability could serve as a starting point for researchers to develop a broader cultural campaign to change how nondisabled American society understands and treats disabled Americans. Perhaps as the younger generation enters a world where people, such as these nondisabled participants, regularly and intentionally question their ableist norms, the oppression of disabled persons by nondisabled persons will no longer be taken for granted or seen as an unavoidable reality.

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APPENDIX

Interview Questionnaire

STUDENT PERSPECTIVES ON DISABILITY

1. Age: _____

2. Gender: _____

3. Racial/ethnic identity: _____

4. Religious affiliation: _____

5. How do you identify in terms of ability/disability?

6. How many of your close friends and family members have disabilities? _____

How many of these people are visibly disabled? _____

7. How often do you interact with individuals who are disabled? _____

In what context? _____

8. Have you ever been temporarily disabled by an injury or medical condition? _____

Please clarify:

9. Have you ever participated in a dialogue on disability and ability? _____

If so, when was the dialogue? _____

Interview Guide

Attitudes towards Disability

1. What words or images first come to mind when you hear the word “disabled”?
 - a) Why these particular thoughts?
2. What do you think of when you hear the phrase “visible disability”?
3. How do you determine if someone is disabled or not disabled?
4. Do you tend to think of disability as something permanent, temporary, or in between?

Interactions with Disability

1. Can you think for me of the most recent interaction you had with a visibly disabled person?
 - a) Describe the other person for me.
 - b) Describe the setting in as much detail as you can.
 - c) Walk me through what happened.
 - d) How did you feel during this interaction?
 - e) What were you thinking?
 - f) Some students have told me that they use different strategies to minimize their awkwardness and discomfort. Did you do anything during the interaction like that? What?
 - g) Once the interaction ended, how did you feel?
 - h) How do you think the other person felt about it? How could you tell?
 - i) How would the experience have been different if the other person weren't disabled?
2. Some students have described to me times when they tried to avoid interacting with someone who appeared to be disabled because they thought it would be uncomfortable or awkward. Can you think of a time when you purposely avoided interacting with someone who was disabled?
 - a) Describe the person/setting for me in as much detail as you can.
 - b) Walk me through what happened.
 - c) How did you avoid the interaction?
 - d) What were you thinking?
 - e) How did you feel during and afterward?
 - f) Why did you choose to avoid that particular interaction?
3. Thinking about other interactions you have had, what was the most positive encounter you had with a visibly disabled individual?
 - a) Describe the person/setting in as much detail as you can.
 - b) Walk me through what happened.
 - c) How did you feel during the interaction?

- d) What was running through your mind?
 - e) How did the social/physical setting influence the interaction?
 - f) What made this encounter so positive for you?
 - g) How do you think the other person felt about the interaction? How can you tell?
4. What about the least positive (most negative) encounter you've had with a visibly disabled individual?
 - a) Describe the person/setting in as much detail as you can.
 - b) Walk me through what happened.
 - c) How did you feel during the interaction?
 - d) What was running through your mind?
 - e) How did the social/physical setting influence the interaction?
 - f) What made this encounter so negative for you?
 - g) How do you think the other person felt about the interaction? How can you tell?
 - h) Do you still feel negatively about that interaction?
 5. Some of the really emotional situations that students have described to me were when they heard someone say something rude or do something to a disabled person that made them feel uncomfortable. Has something like that ever happened to you?
 - a) Can you describe what you saw?
 - b) What did you do?
 - c) Why?
 - d) How did you feel?
 - e) How would you respond if you encountered this situation again?
 - f) Why?
 6. Do you remember ever having any classes with other students who had disabilities?
 - a) What about volunteer interactions?

Beliefs about Interactions

1. How did you learn about how to interact with someone who is disabled?
 - a) By whom?
 - b) When?
 - c) How?
2. Do you think there are certain words or phrases that someone who is able-bodied should not say in front of someone who is disabled or about someone who is disabled?
 - a) Why?
 - b) Would it be okay to say these things if you were disabled?
3. Besides language, what kinds of accommodations, if any, do you feel you are personally responsible for making for someone who is disabled?
 - a) Are there accommodations that you feel are not your responsibility?

- b) How do you decide when to make accommodations or help someone?
 - c) Can you tell me about the last time that happened?
4. Thinking beyond yourself, how do you think the University of Michigan does with accommodations?
- a) Are there accommodations that the university is not responsible for?

Awareness about Ability Status

1. How did you learn about what it means to be a physically abled, or nondisabled, person?
 - a) From whom?
 - b) What were the messages?
 - c) Did you ever learn about this in school?
2. What things can you do because of your ability level that others can't do?
 - a) How important to you are these things?
 - b) Why can't other people do these activities in the same way as you?
 - c) Was there a particular time when your ability level gave you an advantage over others?
3. Are there things you can't do because of your ability level that others can do?
 - a) How important are these things to you?
 - b) What keeps you from doing these things?
4. What are some experiences that have made you aware of your ability?
 - a) Can you describe the most memorable one for me?
5. Have you ever been in a situation when you felt handicapped by the environment or by a personal characteristic?
 - a) Walk me through what happened.
 - b) What were you feeling?
 - c) What were you thinking?

Closing

1. In the beginning of the interview, I asked you to think about what words or images came to mind when you heard the word "disabled." What do you think of now?
2. Have you heard the term "ableism" before?
 - a) If no, what do you think this means?
 - b) If yes, how do you understand this word?
3. How do you think this interview would have been different had I been visibly disabled?
4. Is there anything else you would like to tell me?