DIIU Podcast S4E2

Intersectional Disability Identity and Higher Education

SPEAKERS

Dr Emily Gaspar, Professor Jackie Leach Scully

**Prof Jackie Leach Scully** 00:00

Music.

**Prof Jackie Leach Scully** 00:06

Welcome everybody. I'm Professor Jackie Leach Scully. I'm Director of the UNSW Disability Innovation Institute, and thank you for tuning into this podcast. Today we are discussing the intersection of disability identity and work in the tertiary education sector, but first of all, I want to pay my respects to Elders past and present, and extend that acknowledgement to all Aboriginal and Torres Strait Islander people listening into the podcast. As we share our knowledge and practices across our communities, we also recognise the knowledge and experience embedded within the Aboriginal Custodianship of Country. The UNSW Disability Innovation Institute is a world first initiative focusing on disability research, education and knowledge exchange, and we at the institute are undertaking work that is radically inclusive and crosses disciplinary boundaries. Our approach is to see disability not as a problem to be solved, but as an integral part of the human condition to be encountered and engaged with, rather than feared. So joining us today on the podcast is Dr Emily Gaspar, who's currently a Fulbright Scholar at Deakin University, and she's visiting from Coastal Carolina University in South Carolina in the United States. Emily's research, which builds on her PhD research, which was conducted in the United States, is looking at the employment experiences of Disability Services practitioners who identify as disabled themselves and who work at institutions of higher education in Australia, this research is focusing on the experiences of disabled Disability Services practitioners whose personal identity as disabled, coupled with their professional expertise regarding disability in higher education, make them lived experience experts in a particularly complex and interesting way. So thank you for joining us today Emily.

**Dr Emily Gaspar** 02:05

Thanks for having me. I'm really excited to be here.

**Prof Jackie Leach Scully** 02:08

So starting with your current research project, can you just tell us very broadly, you know, how did this come about, and how is it that you're now a Fulbright Scholar at Deakin in Australia doing this research?

**Dr Emily Gaspar** 02:21

Yeah, I was interested in doing this research. I have to say, I was inspired by Sarah Ahmed and some of the research that she's done that's comparative across different countries and cultures spaces that have a lot of similarities but also have contextual differences. And so as I was completing my dissertation research and working on that project, I thought, well, that would be really interesting if I could do something that's sort of similar, along the same lines, where I'm able to see what it's like, what the same kind of research is like in another context, but where I'm able to do it successfully as a person who is primarily an English speaker, I don't have proficiency in another language, so that helps narrow down some of the options for more comparative types of studies. And there's some similarities in the ways that the US and Australia have developed disability laws and those sorts of things over time. So there's some things that I think will naturally present themselves as similarities, but there is difference in our cultures and what happens in the tertiary setting, in the US as compared to Australia. So I also wanted the opportunity to keep researching and expanding the work that I'm doing as a scholar practitioner. I'm really primarily a practitioner. I serve in an administrative role at Coastal Carolina University, and so looking for opportunities to continue in the research realm as well, really important to me.

**Prof Jackie Leach Scully** 03:56

 Okay, that's interesting. When you say you're a practitioner, can you say a little bit about your background?

**Dr Emily Gaspar** 04:02

Sure. So most recently, I've been serving as an Interim Assistant Vice President in Student Affairs at Coastal Carolina University, and that's been for almost two years now. Prior to that, I served primarily as the Director of accessibility and disability services at CCU. I also serve as the ADA compliance officer there. So when I say practitioner, I think about literally working in disability services or disability resource center. That was what I was doing as I completed my dissertation, as I worked on my doctoral degree.

**Prof Jackie Leach Scully** 04:40

So what was it that first encouraged you to look at that interaction between people's personal identity as disabled and their work position at university, which is way back in your PhD research I think?

**Dr Emily Gaspar** 04:58

What got me interested in it is. Thinking about how many people in Disability Services identify as disabled. So in the US, there's the Association of Higher Education and Disability, which is called AHEAD, for short. And they've been doing reports, biennial surveys and then associated reports for some time now. And so they gather information about the demographic identities and some other things related to departmental demographics and resources, and what they have found in the most recent report is that about 43% of people who work in Disability Services identify as disabled, and that seems like a sizable amount. So on one hand, I thought, oh, 40% is quite a bit. And then on the other I thought, Well, why isn't it even higher than that? Because other identity serving spaces are usually staffed by people who also hold the identity. I think about LGBTQIA+ types of departments and student services, or if there are Multicultural Student Services at some institutions, there might be Black student services, and most of the time you would find a person who identifies as Black or African American working in those spaces, that it would be really unusual to find a White person leading those spaces. So that was part of what got my curiosity going. And then myself, I being a person who works in Disability Services. And when I was in my 20s, I acquired a disability, and as I was working through the dissertation, that really before the dissertation and the PhD process, I started to recognize that I had a lot more concrete feelings about my professional identity than I did about my disability identity. So I began to kind of pull that apart, and that revealed to me the depth of perspective and understanding that people who have a professional experience coupled with a personal, lived experience may have a different type of insight and perspective on what the campus culture is like.

**Prof Jackie Leach Scully** 07:17

Okay, that's a really interesting point, and we may come back to that, I hope, later on. So you did the this work in the US initially, and you're looking to have a comparator, I guess, in the Australian context, but just looking at your original research, perhaps, did you find that the experiences of disability service providers who do identify as disabled are different from those who don't, or broadly the same. Or what did you find?

**Dr Emily Gaspar** 07:49

The folks that I interviewed so the participants that I had all identified as disabled, so I didn't have a comparison between non disabled practitioners and disabled it was, it was really focused on people who had that personal identity. So I don't know that I have a comparison to speak to in that regard.

**Prof Jackie Leach Scully** 08:13

But did you find that it was something to do with a disability identity that had drawn people into that field of work.

**Dr Emily Gaspar** 08:21

In some cases, yes, so some individuals would talk about our own experiences as a student and what that meant to them, and what that revealed in terms of opportunities for their own profession. And in other cases, there are people who, even though they answered the call like seeking disabled participants who work in disability services, they would begin the interview processes by sharing; I don't, I don't really identify as disabled, like I don't actively go around saying that, but I know I qualify. And so even that really starts to interrogate the different kinds of models of disability, so the medical model versus the social model, and where people intellectually understand disability to be and that they, of course, they'll say, I absolutely see it as identity. But then there's some personal cognitive dissonance and how they identify. Am I disabled enough? Is somebody else more worthy of this identifier and the resources than I am? So there were lots of different ways that people came to be involved with Disability Services as it relates to their identity. There wasn't a single kind of pathway that came through.

**Prof Jackie Leach Scully** 09:48

So you've mentioned that people who, in a sense, were questioning whether they were disabled enough or no disabled in the right way, perhaps to to have that label or that identity. Were there any people who did identify as disabled but were reluctant to disclose that for professional or other reasons?

**Dr Emily Gaspar** 10:10

Yes, yes, absolutely. They're sort of to come at it from the end point. What I noticed is that there's a lot of disability hierarchy that exists, in general, in society, and then also even within disability communities, within a space like Disability Services, where it might not be expected, that shows up there as well. It's the internalised ableism, I would suggest that brings that about. And so, yeah, people would compare themselves with, sometimes more indirectly, comment on something about a different kind of disability identity that maybe seemed less complicated or difficult to navigate, and I don't think from the participants, I don't think any of that was malicious, but it does, it does highlight or shine a light on what is part of the systemic difficulties and things that are associated with ableism, like I said, that come up and are hard to fully tease out and pull apart, even if intellectually, we can recognise them and understand how they're limiting.

**Prof Jackie Leach Scully** 11:33

Yeah, I can see that. Okay, so, Emily, you mentioned a little while ago that you intrigued at the way that disability services had, you know, reasonably high proportion of people with disability, and then you looked at other, what we would call equity groups, or marginalised groups, or however you want to refer to them, in higher education, and found sort of the same kind of thing that particular services would be provided by, or at least they know they'd be populated by people with that characteristic. And I've often felt myself a bit of a bit of tension here, sort of push pull, push pull thing, both feeling that this is appropriate, that those services and advice should be given and provided by people with that experience, and not by people who are strangers, let's say to the experience. But at the same time, I find myself feeling a little bit of almost resentment at the way that it seems to be the people who are suffering from the particular oppression, or however you want to phrase it, are the ones who have to do the work to get around it in the way that you've described, that it's people with disability supporting other people with disability. I know you've also said that that proportion is different within disability services, and maybe you have some thoughts about why that is and why that's different from, say, gender services, a group supporting Black or Aboriginal students.

**Dr Emily Gaspar** 13:09

Right, a couple of things are coming to mind. The first one, which I alluded to a little earlier, is that I think that there's historically a more medical model approach to disability, so something to be corrected, fixed, taken care of, and that there has been a more recent understanding of a social model approach like, oh, there are barriers that exist. We remove those barriers. That's what's being corrected, not the individuals with the identity. So I wonder if the reason that there are people who are not as personally with their own individual experience connected to disability, if that's part of what allows a bigger entry point or a wider door for them to come through as non disabled practitioners, because of that, which isn't I don't know that I find that inherently negative or positive. I certainly believe that the social model of disability is the path forward, but I don't know that this, perhaps sort of outcome or side effect of the medical model is negative to have non disabled people working in Disability Services. None of the outcomes that I've suggested are focused on having only disabled practitioners work in Disability Services. I'm more interested in the analysis, and the data reveals a greater need for willingness of our institutions to advance people who identify as disabled and also for people at all levels of the institution, whether it's the students that we're serving, or the top level administrators to understand that disability is a part of our communities, a part of people's identity, and that that's what we really need to push on more so than only having disabled folks work in Disability Services, I agree with you that it is additional emotional labor for people who hold an identity to be the ones who are constantly trying to advocate for that identity or bring forth and try to help other convince other people like where barriers lie and where things are problematic. And it's incredibly meaningful and powerful to have allies who will do the same thing, whether or not the people who identify as disabled are present or at the table, but that the allies and the support people are speaking up just based on their own knowledge and understanding of what they see as the lived experience.

**Prof Jackie Leach Scully** 15:58

Thank you, Emily. It's a really powerful way of making that point. So to Australia, how are you finding the comparison with between Australia and the US?

**Dr Emily Gaspar** 16:09

Yeah, I'm finding it interesting. There's a lot I've completed the initial data collection. So I've completed 10 interviews here with folks in Australia, and there's a lot that is similar. The things that have stuck out to me that are just slightly different are interesting. Some are related to language choice, and not even just like differences in vocabulary, but more about person first and identity first language, and that there has been pushback, might be a strong word, but some pushback on using identity first language. So I often say disabled practitioners, and there have been some folks who have asked about that, and in an attempt to be helpful to me have said, I don't know that people are going to be comfortable with that, that that's the kind of language that we use here. And so I have found that interesting. I'm curious, from your perspective, if that's pretty specific to practitioners as opposed to scholars, do you find that scholars are are more open, like researchers are more open to identity, first language?

**Prof Jackie Leach Scully** 17:27

I think it varies an enormous amount. I know that commonly in policy, certainly in Australia, it's people with disability or people with disabilities. I come from a UK background, British background myself, anyway as you can probably tell and there, I'm very used to using the like the disabled people kind of language. And the logic there is that it's a way of saying people who are disabled by society. So it's a very social model, embedded phraseology. So I don't have any difficulty with using disabled people as a term. I've realised in coming to Australia that some people do, and I literally myself try to alternate between the two. If I'm writing something or saying something, I will switch between the two. Sometimes it's just, you know, the elegance of the sentence. It can get clunky one way or the other. I think that in the academic world, there's a little bit more flexibility than there sometimes is in the advocacy or policy spaces. I would hope, perhaps like you, that what actually matters is what people are trying to say with that rather than the niceties of a particular terminology,

**Dr Emily Gaspar** 18:44

Yes, and it has opened up room for conversation a couple different times with participants and in some other webinars that I've been able to participate in, that there are folks who haven't thought about it in that way and applied identity first other elements of language, and then when they think that through, like, oh, I probably wouldn't say I'm a person with a spouse, then then they're like, Yeah, huh? Let me think about that a little bit more. And not to say one is more correct than the other, but really, like you've just pointed out, to broaden it, to think about how can we use both, and then dependent on what an individual how they want to identify and what terminology they want to use, but create space for both. So that's been an interesting little difference that I hadn't anticipated. Another, another thing that I didn't anticipate, which is also proven to be interesting in the doing of the research and in possibly in the outcomes of the research. When I made a call for participants here in Australia, I had maintained some of the same kinds of qualifiers, inclusion criteria, and that. Included being a full time staff member. And I received responses about, why not part time staff, or why not people who are job sharing? And so I took that into consideration and reviewed the human ethics requirements, and it was okay to expand it, and I did expand the call for participants to include part time and job sharing, status, types of positions, and I've found that that, again, this is anecdotal, and I haven't done quality or quantitative research on this, but it seems like that's a bit more common in Australia, and there is more flexibility, or at least openness as a possibility for people to work in part time or job sharing roles as a part of what makes the workplace accessible to them and removes barriers and meets needs that they may have. I don't believe that anyone that I yes, no one that I interviewed in the US was in a part time role that didn't come up at all. I don't even know that that would be an option, though. I can't speak to all of the different HR policies at every institution in the US, but that's something that I hadn't anticipated that both impacted who could participate in my research, and then thinking about how they find their campus is in consideration of their lived experience, it certainly matters what your job status is and how you're able to access the workplace.

**Prof Jackie Leach Scully** 21:32

Yeah, for sure, I think that's actually something that's very often forgotten, is that accessibility can be to do with things like part time or changing hours in such a way that people can either not get fatigued, for example, or if they have particular issues with travel, or if they have particular health issues that need to be to be managed, It's quite easy to slip into the kind of mentality that looks at accessibility as being about, you know, ramps and screen readers, which it is. But there are also more subtle ways in which barriers are put in place or not so entry into employment, right?

**Dr Emily Gaspar** 22:16

And one of the things that came up in terms of intersectional identities, and that very thing is people who are caregivers of one sort or another, whether they're parents or in some other kind of caregiving role, it makes a difference to have a schedule that is more flexible and can work around other responsibilities.

**Prof Jackie Leach Scully** 22:36

Yeah, exactly. So that, I think, another highlight of the way that you know, sometimes we need, analytically, in a sense, and sometimes also politically, you know, just to focus on the one thing, the one characteristic, in order to make sense of something that's very complex. But in the back of your mind, you're always having to keep in mind that there's intersections with all sorts of other axes of identity. And speaking of that, and speaking of intersectionality, I know that your doctoral dissertation was called Disability Justice in Higher Education, the Lived Experiences of Disabled White Women Disability Services Director. So was that an issue about White was it to do with narrowing down the frame of your research?

**Dr Emily Gaspar** 23:23

The frame of my research. So it started with a pilot study that was open to anyone who served as a Director of Disability Studies, and that included both male identified and female identified participants, along with people who had, I think there was a variety a variety of racial or ethnic identities. So like you pointed out then, when it got to dissertation time, that my committee suggested narrowing to help to account for other mitigating factors. And so what I narrowed down was gender, and did a call for women who serve as directors and disability services. And from that AHEAD data that I mentioned earlier, it's like in the 70, mid 70s, percentage of people who work in Disability Services in the US are women. So that seemed like a reasonable characteristic to focus on as an inclusion criteria. Being white was not one of the inclusion criteria, but the individuals who responded to my call for participants ended up being all white, and I found that to be interesting and noteworthy. It certainly pushed me to think about what some researchers and scholars, Lissa Stapleton in particular, called Color evasiveness. There's an article, not another all white study, and so I spent some time thinking about that, and as a white woman myself, thinking about my influence on the potential participants. And all of these dynamics that we can't necessarily be definitive about, this occurred because of that or a equals b, but it's also, I think, for me in particular, as a person with quite a bit of privilege inappropriate to be like, Oh, I guess that's just how it worked out. You know, I can't make anyone participate. That's too neutral and doesn't account for dynamics like historically in the US disability services, whether intended to or not, it caters to white populations and people who identify as people of colour had many good reasons to avoid being additionally marginalised and identifying as disabled, or to engage with systems that might further potentially oppress them or give people reasons to discount them. And so there's other factors at play that I felt like I needed to really think deeply about as a researcher, and not just write it off as like that's just what happens. And also to acknowledge in disability services that same data set I keep referencing, it's in the 80, mid 80% of Disability Services practitioners who are white in the US. So yes, that is a large number. That is the but also why, I mean, just thinking about this just opens up more and more questions like, why is that? Why might that be? What can we do? Yeah. So there's just a lot to think about, and it shouldn't just stop at thinking about it. But that is a really important element of, yeah, being a researcher as well.

**Prof Jackie Leach Scully** 26:45

Oh, yeah. And I think it's, it's legitimate to say, you know, not, this is how it panned out. I can't do anything about it. Because it's legitimate to say that this is what happened. Because you as a researcher can't change the history of the country, or the, you know, the background of the phenomenon that you're exploring. But you can be aware of it, rather than in the way that you're talking about and interrogate it, rather than just saying, Oh, well no, so it goes sort of thing, right? It is, it is fascinating, and it's kind of exemplary, I guess, of the way that doing any bit of research opens up classically, opens up more questions than you started out with or that you ever hope to answer.

**Dr Emily Gaspar** 27:24

Yes.

**Prof Jackie Leach Scully** 27:26

You mentioned there briefly something about the methods that that you used here. You mentioned that you've used interviews, and I'm interested in the qualitative analysis that you've done. I think you used IPA, interpretive phenomenological analysis. I know that's not familiar to a lot of people. Can you tell us more about the method and why it appealed to you?

**Dr Emily Gaspar** 27:47

Yes, interpretive phenomenological analysis is yeah, that is quite the mouthful, and I often, as do others, refer to it as IPA when I'm thinking about how to explain what IPA is the three pillars, from my perspective, are phenomenology, hermeneutics and ideography. And so I think about again, really basic one sentence, phenomenology is focused on a personal experience, not cause and effect. Hermeneutics is making sense of someone else's lived experience, and then ideography focuses on a single individual experience. So the reason that that appealed to me, it kind of it kind of made sense at the end more than it did when I started, which is often the case, but as I as I learned more and better understood IPA, I realized that's something that I've been practicing, not in a research context, but as a practitioner for some time. So I mentioned I'd worked in disability services for probably. I think it was about six or seven years before I started the dissertation, and before Disability Services, I've always worked in student affairs. I worked in a dean of students office in a couple institutions in the US, and I worked in a case management type of settings, working with students who are experiencing something unexpected, and they need to figure out, what are my options. How do I navigate this institution? And so in hindsight, after working through the IPA process, I recognise I've kind of been using that as the process with students for some time now, and even with colleagues across campus, listening to individual experiences, seeking to understand the perspectives of whomever is sharing their situation, issue, problem, concern with me, and then working towards laying out, what are the options? How do we move forward from here? So that has made it feel sort of like it was a little bit meant to be, that I use that, that methodology now I hear from people that IPA is not often. Suggested to new researchers that some people find it to be unapproachable or intimidating, that sort of thing. What I like about it is that it does require a lot of in depth engagement with the data. So there's not as far as I know, a software that can be used to to use this research method, I literally do handwritten notes, exploratory notes, and then experiential statements, and I'm reading and rereading, and you have to saturate your the data with yourself and and really think through what you're taking in and what it means to the person who has shared it. I like the pulling apart those experiential themes with associated statements and quotes from the participants, and laying that out and visually seeing it as not so much a puzzle, but more like would be a good phrase for it, like a collage of their experience and then sorting and finding similarities and clusters. And while that's extremely time intensive, it's it feels deeply meaningful and like I'm really dedicating the time and attention to these very personal experiences that the participants have shared with me. So that's what, what draws me to the IPA method.

**Prof Jackie Leach Scully** 31:27

I'm really pleased that you were using it, because I was using it back in the early 2000s when it was, you know, first, first kind of out. And it was for exactly those sorts of reasons that it allowed me to really engage with line by line, making sense of what people were saying or trying to and that part of that was almost ideological, that it was a way of paying respect to that, know, the truth of their experience. And not, I don't want to, I don't want to say, not just skimming through it, looking for something that I could pull out as a theme. You know, it just felt a little bit more like I was really trying. So what's next? What's next for your research?

**Dr Emily Gaspar** 32:07

So I mentioned I have finished the data collection, and with IPA, there's initially the personal experiential themes, the pets, as they call them. So I've completed those and just sent out the member checking emails, which I think are a really important part of the process, because that helps to build the trustworthiness of the outcomes from this analysis. Once I receive back any commentary or insights from the participants in the member checking, then I'll work on the group experiential themes. So once the data is fully analyzed, my next steps are first to dedicate time to writing a report, a manuscript about the Australian experience. So Disability Services practitioners who identify as disabled in Australia. I want to focus on that. I have mentioned that I'm interested in the comparative analysis as well, and so I'll do that, but I want to be clear with myself and other people that that's not what I'm trying to hurry up and get to. I do think it's interesting to fully consider the Australian context, and even with the comparison, I'm also want folks to understand this is not about disability services or disability resource centers, and how do they do a better job? And so let's compare how they do it here and how they do it in the US. It's it's much more about what are our campus cultures and experiences like, and what can we learn from each other to create more inclusive and accessible campuses? So it's not a like, who did it better? It's more of what's similar, what's different. What can we borrow from each other?

**Prof Jackie Leach Scully** 33:56

I just have a couple more questions for you in our conversation. I know that in your research, you talk about what you've described as the 10 principles of disability justice. Can you say something briefly about disability justice and how you understand it?

**Dr Emily Gaspar** 34:12

Yes, those 10 principles were created by Patty, Byrne and a group called Sins Invalid and the in brief or on a high level. To me, Disability Justice really focuses on the intersectionality of both individual experience and also systemic realities and considering people and all of the elements of who they are, and that each identity piece is one piece of their personal puzzle. Similarly, but from a more, a bit more of a negative perspective, I think that disability justice also acknowledges that oppression is intersectional, unfortunately, to try to use that word and. A way that's less about a holistic person, but oppressions can amplify one another, and recognising that can help to create cross disability solidarity, cross issue solidarity, and that's the goal of what Sins Invalid in the 10 principles of disability justice is really putting forth and hopefully cross identity liberation ultimately.

**Prof Jackie Leach Scully** 35:24

Okay, do you see your research as contributing to that in some way?

**Dr Emily Gaspar** 35:28

Gosh, that seems like it's really bold. If I say, Oh yeah, I do (laughter)

**Prof Jackie Leach Scully** 35:32

(laugheter) go for it.

**Dr Emily Gaspar** 35:35

I do think that it contributes to disability justice or from the individual perspective, I think that it's really meaningful for the participants voices to not just be heard by me as the researcher, but to be amplified and put forth in any kinds of presentations and articles that I'm able to share with a broader audience. I also I don't want to speak for the participants, but it seems like it is meaningful for them when they receive back during the member checking process, the personal experiential themes, and they're able to not just review the interview transcript, but to see what are the themes that I identified using this qualitative research method, from the Things that they shared about themselves and their lived experiences. It's I think, that that is validating, and that people are able to say, like, yes, that is what I'm getting at. That is what I experienced. And that is meaningful, even if it's more on an individual level level, on the bigger Disability Justice level. I think that it hopefully this research is meaningful to people beyond disability services like Ultimately, my target audience would be folks who are at the highest level, working at our institutions. So University chancellors Provost presidents that they would recognize that this population, the people who work in disability services and have the lived experience of having a disability, that the insight that they're able to share is so rich and meaningful and really gives an important view of what it's like to be on our campuses. Like, wow, how Fortunate are we to have this insight? And we should really use that to inform how we create a more accessible campus, because creating a more accessible campus serves disabled students and disabled employees, but also it just makes it more accessible for everyone.

**Prof Jackie Leach Scully** 37:36

It's great, brilliant. That's great, powerful way to end, I think. Thank you so much for being with us today. Emily, how much longer do you have in Australia?

**Dr Emily Gaspar** 37:47

I am here until June 1.

**Prof Jackie Leach Scully** 37:49

Okay, not so long now. But enjoy. Enjoy the rest of your time here, and we look forward to hearing more about your research in the future.

**Dr Emily Gaspar** 37:57

Thanks so much, I appreciate this time to share about it with you.