

Preface: For anonymity purposes, all interviewees will be referred to as a letter. A voiceover of the interview and conclusion is also available.

**Q1: If you feel comfortable sharing, what are your official diagnoses?**

**P:** Schizophrenia-affective disorder, ADHD (attention deficit hyperactivity disorder), and reactive attachment disorder

**T:** Ehler's Danlos Syndrome, ADHD, Anxiety, tentatively: POTS and heart conditions

**A:** ADHD, difficulty learning in school, SSD at the University of Michigan

**Q2: Could you share some of the symptoms you experience as a result of your disability(ies)?**

**P:** What my struggles that I have with schizoaffective disorder is hearing somebody I know call me when they're not actually calling me and I stop but I'm going to go to that person. Another is hearing or seeing people from my side. Sometimes that's the reason I can't focus because I can see somebody on my side walking back-and-forth, but they're not really there.

With my ADHD it's the fact that there are so many meds that react with the schizo affective disorder meds that I can't take because it reacts with my ADHD meds so let's say I take Verozil which is a schizo affective disorder med I can't take that because it reacts with one of my ADHD meds specifically risperidone. And because of that, a lot of meds react with risperidone because of its main ingredient.

And with my reactive attachment disorder, which means I either get so close with someone that if I get taken away from them or they shoved me away, I feel as if it's my fault or I did something wrong or I push people away. It also means that it's really really hard for me to trust somebody or create relationships or attachments with people because I always have this mistrust and fear in people.

**T:** Chronic pain, chronic fatigue, lightheadedness, easy bruising, joint dislocation/injury, muscle weakness, poor wound healing

**A:** The fact that it is even hard for me to have a routine because I find myself starting a task and not being able to finish the task I was on before I move on to something else.

My ADHD and my inability to focus on one task has also made school more challenging than. I find myself losing focus in lectures and having to put in twice as much work to understand course material.

**Q3: Other than medication, is there anything else specific you do to help manage symptoms?**

**P:** With my schizo affective disorder and ADHD one thing that really helps me is music cause another side effect of ADHD is hypersensitivity to having a lot of people talking me at once it caused me to be overwhelmed or just third times I remember in certain things I just walked out because there were so many people Talking all at once and one thing that really helps me is putting my headphones in on full blast because then it just makes everything else go silent and it gives me one thing to focus on when I'm overwhelmed

Another is fidget toys like squish balls, fidget spinners, fidget cubes, fidget pens. I have a little like flick back-and-forth fans you open and close. I use those a lot.

And also journaling how I feel, as with adhd and schizoaffective disorder I hear and see thing or feel things that I don't understand, so I write them down, plus is gives me something to focus on

**T:** 504 plans and Advil

**A:** Besides medication, I find study apps to be helpful when it is hard for me to focus on a singular task. For example, I use the "study timer" app that has you study for thirty minutes then the app makes you take a five minute break after every thirty minutes.

**Q4: Do you remember a time before you were diagnosed/ recognized you had a disability? How has this recognition/diagnosis changed how you've approached problems and spaces?**

**P:** Before I was diagnosed I didn't have medications to help me, so I always had voices I could hear, or couldn't focus. Now that I have my meds I don't hear voices often nor do I have as hard a time focusing

**T:** Being diagnosed really helped me realize it wasn't just something I was imagining

**A:** I do remember a time before I was diagnosed but I did not know what was wrong. All I knew was that I was not doing well in school was my first realization that I knew I needed help, this is when I reached out to my parents and they were very understanding which I am so grateful for. When it comes to how I have approached different problems and spaces, I find myself coming at them with patience and understanding. I have learned that I value when people like my friends and family are patient with me as I deal with ADHD and I know others like me with this diagnosis would appreciate the same in return.

**Q5: Have you experienced ableism and people who expect a specific disabled stereotype? How have you navigated this in the past?**

**P:** I've been told I'm crazy when I tell others I have schizophrenia and I was told for years I don't have adhd and I was just seeking attention, I usually ignore them, and tell myself that their opinions don't matter

**T:** I think I almost push this onto myself and want myself to appear either visibly wrong or not at all, it is very scary to have that in between. I think the worst thing I've had is just some grunt looks when I take a seat on a bus or train that's for disabled. But it feels very scary due to the fact that I know from their perspective nothing seems visibly wrong. I just try to use aids as little as possible

**A:** I have not experienced ableism but I do think people have a certain stereotype for disabilities. Especially with ADHD people think it is more outwardly expressed like fidgeting and stuff but it truly is more internal than people may believe. I have been diagnosed with ADHD for a while so I have been navigating the same and finding better techniques here and there.

**Q6: How do your symptoms and symptom management shift depending on the day?**

**P:** Some days the voices are louder than others, and I can't help but wonder why this is happening to me. I usually take time to reflect, which helps some.

**T:** I think I spend a lot more time laying down or sitting than most people, and I also very strategically lay out my day so I do the exhausting things at the end. For example working out or volleyball. If I do them in the morning I won't have the energy or my joints won't work well enough to get me through the day

I think mainly I stay very in touch with myself and have to make sure I'm not overdoing it. And some days that means doing nothing and instead doing a lot on the days I do have more energy

- A difficulty in just doing basic tasks, everything takes more energy. I definitely struggle to do the sport I love, it's hard to know that something you enjoy doing so much is slowly breaking down your body.

**A:** It depends on the day because if I know I have an exam or something I need to really focus on, then I will take my medicine but if I do not then I usually will not take my medication.

**Q7: Was there information and resources readily available for you when you first recognized/diagnosed your disability(ies)? Did you research resources and if you did where did you look?**

**T:** Honestly not enough resources. I was stuck in a place where I had my diagnosis but it was very difficult to figure out where to go from there. There were endless doctor appointments that were scheduled out a year in advance. Or we would run into the problem that to see a doctor, we would have to see another one to get recommended. It felt like we were trapped in a mirror maze almost. Although Reddit surprisingly was one of the best resources.

**A:** Yes, there were resources available for me and it mainly has to do with my parents. When I opened up to my parents on my struggles, they immediately were willing to help me in any way they could. This was also seven years ago and I was very young, so because of this, my parents helped me a lot to find resources. Additionally, the University of Michigan's SSD program has been very helpful. They send me resources through Canvas and notify me about opportunities for my disabilities that could make schooling easier for me.

**Q8: Lastly, is there anything else you would like people to know about or overall would like to share**

**P:** Along with some downsides of adhd like hypersensitivity to sight and sound. There are perks to adhd like creativity and moving so much you can't gain weight, a lot of people with adhd are underweight or develop eating disorders. This can be due to forgetting to eat throughout the day or also that those with ADHD require more calories.

**T:** I think it's very important to listen to your own body and if you think something is wrong trust yourself. Don't let yourself convince you it's normal. And even if it is, it's completely valid to feel that way

**A:** I would like people to know that many people in your daily life have ADHD and a lot of people struggle to complete simple tasks because of it.

## **Conclusion:**

The tools and resources available today to modern-day people with disabilities, including those who were interviewed, are available due to the efforts of past people with disabilities, specifically those with other marginalized intersecting identities. These people were undeniably at the forefront of disability rights movements, yet because of their marginalized identities, most were not given credit or even properly documented.

While acknowledging their work and sacrifices, we must recognize that their fight for accessibility and equity is never over and that there is still work to be done so that people with disabilities aren't continually faced with systemic, social, societal, etc. barriers that deny their right to exist and live.

We often picture media and technology as a tool to end all be all, finally pulling away all human intricacies into a simple, perfect interface of facts and data. While technology does prove helpful in connecting, networking, and sharing, the idea that it is a factual truth teller is wrong. While technology does aid in the work of disability activists and volunteers, starting fundraisers and informing others, it also works to reinforce ableist beliefs that are deeply rooted in everything we do. For example, "Inspirational porn" is a phenomenon that was discussed in our class, which refers to inspirational material meant to motivate abled individuals by objectifying people with disabilities. Because this type of messaging also adheres to systemic beliefs of ableism, companies profit off of it and use it in advertising, making it much more prevalent. The loop of profit and consumption maintains ableist ideas in advertising and media and perpetuates ableist beliefs.

If not being used as marketing material or as objects to enable ableist ideas, people with disabilities are absent from discussions on accessibility and generally absent from any platform or seat of power. This absence calls into question if even the choices being made today that are meant to advance accessibility truly are.

In order to be the most inclusive of those with disabilities, first and foremost, we must adopt the "nothing about us without us" mentality, meaning that we cannot study or create disability resources without including those with said disabilities. Keeping this in mind would be much more ethical and bring more justice to the disability community as

a whole, as their voices could finally be heard. Those with multiple disabilities or with a wider range of disabilities are most impacted in the fight for accessibility. In this, we can learn that although we have come a long way in accepting and understanding those with disabilities, we still have a long journey ahead in order to truly reach inclusivity. As long as we choose to listen to those who have first-hand experience with disabilities, new resources will be more beneficial than they ever had been.

