

Inclusivity and the remote doctorate supervision experience of a student with disability in a South African university

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Abstract

These are personal accounts blended with literature on higher education in South Africa that reveal my experiences as a patient and a disabled online doctoral student. In recovery, I encountered challenges in reading, walking, speaking, and swallowing. Using the narrative technique, this article highlights the academic challenges that I experienced as I transformed into a disabled online doctoral student. To demonstrate the strength of habitus as espoused, the faculty of education demanded an abeyance letter explaining the delay in my doctoral studies. The paper reveals delays in receiving feedback, lack of physical, and intellectual feedback from PhD colleagues and my experience of the burden of critical thinking about doctoral studies. The paper recommends that the department of education along with higher education institutions should spell out what should be done when a higher education student(s) develops disability(ies) while enrolled and the extent to which they can be included in institutions of higher learning.

Keywords: *disability, feedback, supervision*

INTRODUCTION

This article highlights my online supervision experience as a disabled doctorate candidate at a University in Johannesburg, South Africa. I present the impact of the often invisible and unspoken details about my experiences as a student with disability as I undertook doctoral studies. This is not because the scientific and objective approach is inadequate, but partly because Merleau-Ponty (1962) points out that

I cannot shut myself up within the realm of science. All my knowledge of the world, even my scientific knowledge, is gained from my particular point of view, or ... some experience of the world without which the symbols of science would be meaningless (p. ix).

My desire to express these experiences in a candid and personal approach is also informed by Foucault's view that "the partiality of discourse does not imply the existence of some absolute truth that could, under the right conditions, be accessed," (cited in Shildrick, 2012, p. 35-36). This view is further reinforced by Kitty's (2009) perspective that "the close attentive eye needed to care for the dependent individual gives rise to perceptual capabilities that are not shared by those who have at best a glancing acquaintance" (p. 619). Kitty closely observed her intellectually challenged daughter until she (Kitty) gained a higher perceptual capability compared to the glancing acquaintances of her time, but still, she could not exhaustively express the daughter's experiences without her daughter's input. I also felt that "a shared experience does not necessarily mean a shared outlook" (Beauchamp-Pryor, 2011, p. 14). These perspectives convincingly make me imagine the very feeling one would add to the story in case of personal, first-hand information. Similarly, personal experiences with disability and academic supervision experiences can best be understood when told by those who experience the condition.

At this point, I have to narrate my own experience as a PhD candidate with disability, trying as much as possible to go beyond the partiality of truth. I present a background to the paper by describing my situation and how it came about.

PERSONAL BACKGROUND

I am a male former PhD graduate from a University in Johannesburg, South Africa. I graduated with a doctorate (PhD) degree in education in October 2020. I am in my early fifties, having developed a medical condition in my early forties. As a PhD student, I started learning on a full-time basis, with my upkeep and fees being met by my academic supervisor (the late supervisor). At the time, I was a normal, full-time student, participating in group discussions, seminars, workshops, field writing retreats, working in the university, and generally doing my PhD. I hardly bothered to read and acknowledge any kind of information relating to assistance, experiences, or support related to students with disability or why students engage in PhD studies online. Thus, before my current condition, I had always tried to be as independent as possible in most of my undertakings.

Although Shildrick (2009, p. 36) observes that “we should be deeply suspicious of any claim that disabled people speak the truth of their conditions”, I document personal experiences as a PhD student, trying as much as possible to present the truth about myself and my condition of disability. My disability condition arose in early 2015 when doctors, with the assistance of Magnetic Resonance Imaging (MRI), discovered a Schwannoma tumour in my brain, on the brainstem in a private hospital in Johannesburg, South Africa. The tumour was responsible for the continuous headache that I used to experience. It was located at the starting point of the spinal cord, in the head, rendering the removal a bewildering engagement that would easily lead to a complication if not cautiously done. However, the medical doctors in South Africa indicated that the only available and sure way to attend to my continuous headache was to perform brain surgery and remove the tumour.

I successfully underwent surgery in South Africa, but doctors using MRI pictures taken at Nyon public hospital in Switzerland, discovered that a major chunk of the tumour had not been touched or removed. This was one month after I had undergone the first surgery. Consequently, a second surgery on the brain tumour in Switzerland in September 2015 was inevitable. After a second surgery was carried out, I developed some complications related to the tumour, leading to several internal and external bodily difficulties including partial body paralysis, difficulty in swallowing, loss of ability to write, and speak, difficulty in seeing, food choking and loss of body balance. The surgery also affected my ability to think accurately and fast. As a result of these challenges, I was admitted to a rehabilitation *Hospital Universite Geneve* (HUG) facility in Geneva, Switzerland.

Since then, my lack of body balance, uncoordinated body movement, and inadequate ability to physically write using my right hand and the right-hand partial paralysis makes it difficult for me to pass for a normal person. I have also been experiencing a smaller amount of air inflow in my system, making it difficult to talk, eat, swallow, work on two activities concurrently, breathe, and generally work normally. I also get tired and breathless quite often apart from losing my right handwriting ability and the visual ability of my right-hand side-eye. This experience made it difficult to read quickly and respond to pertinent academic issues online. But still, my academic supervisor, keen on inclusion and diversity among his students, through well-coordinated contact kept encouraging me to try and work on my PhD. However, the most drastic effect of the surgery was the reduction of my ability to think fast and write. I discovered that I was unable to think and react to issues rapidly as I used. Thus, although my conventional body may make me look normal when standing upright, the facial numbness,

blurriness, sensitivity to light by my righthand eye, and asymmetrical facial appearance make it difficult for me to respond like a normal person.

The admission to the hospital rehabilitation unit aimed at correcting and recovering several bodily organs whose function had been grossly affected by the surgery. The non-functional form of these organs made it difficult for me to carry on with my doctoral studies on a full-time basis. First, having forgotten how to operate a computer, I started learning how to use my hands to write on a laptop in preparation for my studies and other functions performed by hands. I also had to learn how to type using my left hand alone, identify letters, construct sentences, and use my left eye correctly. Second, I had to move fast while writing in preparation to complete my studies given that I was working with a supervisor who confessed earlier that he had never supervised a student on an online arrangement. He scantily knew and understood my current condition. We had worked face -to - face when I was a normal full-time student. Third, I learnt how to check the mail and read newspapers online. All these rehabilitation teachings aimed at rebuilding my brain and conditioning it to re-learn how to coordinate various parts of the body that had been impaired by the surgery.

Physically, I was contained in a wheelchair having lost the ability to walk. My legs were weak and unresponsive to mental instructions. I used a wheelchair to reach important and basic areas as well as all venues designed for rehabilitation. To capture my ability to walk, the rehabilitation centre recommended daily exercises that targeted the movement of diverse body muscles.

From this situation, and slow but extensive reading online, I learned some truths about disability and online studies. As for online students who are disabled, I learnt through experience that their respective academic supervisors have to acknowledge and tolerate their disability from the technologically bridged geographical distance, using emails for my case. They are also blessed with abundant love and value for diversity and inclusion in education even as they convince themselves that they are dealing with disabled students.

Before the surgery and the accompanying disability, I had grown up with no knowledge of the medical or social-economic effect of disability and how it would affect schooling. I had come to learn about and experience it a few years after 2015. After the surgery, only my family, extended family, and close friends truly understood how much support and help I needed daily to survive.

It is this experience and disability condition and its relation to doctoral online supervision that I hope to share. However, I divert from my situation to illuminate on theoretical framework upon which these experiences are anchored, and the methodological approaches employed in the understanding of disability situations in higher education in South Africa.

THEORETICAL FRAMEWORK

Bourdieu's (1986) conceptual tools of habitus, social and cultural capital provide a way to conceptualise the social and academic life of disabled PhD students. The idea of change is also utilized to reflect on individual transformation as both the supervisor and the PhD student shifted from face-to-face academic supervision to online academic supervision.

Habitus in this context is defined as social actors 'conventional way of thinking, feeling, acting, being and making sense' (Maton, 2014). It is thus a 'structured, structuring structure' (Bourdieu 1994, p.170). It is structured by my past and present circumstances such as starting PhD studies as a normal student, getting disabled and the subsequent events in PhD educational experiences. 'Structuring' in that it shapes one's present and future practices based on the past. It is a structure because it is analytically ordered and encompasses a system of dispositions that generate perceptions, appreciations, and practice (Maton, 2009, p.51) related to the people who interact. Habitus is a product of both conditioning and construction (Naidoo, 2015). On one hand, it expresses relations of conditioning, that is the field structures the habitus ... on the other hand, it is a relation of knowledge or cognitive construction as exhibited in people. Thus, habitus renders a valuable contribution to constituting the field as a meaningful world (Bourdieu & Wacquant, 1992, p.127). It is therefore conditioned by social structures that "exist twice" in a given environment (Wacquant, 2007, p.7). The objectivity of this order refers to objective social structures that determine the distribution of material resources and means of appropriation of socially scarce goods and values (Wacquant, 2007). Habitus is thus supple, flexible, and transformable under varied conditions. Given this flexibility, my academic research supervisor and I had to 'unfreeze' from our former habitus and manage challenging (Cross, et al. 2009) health situations on online doctoral supervision. That is out of our capacity, we had "to critically shape [our] own responsiveness to problematic situations" (Emirbayer & Mische, 1988, p. 971).

Social capital should be understood as the contacts, social networking, and relationships an individual can be part of or operate as s/he operates (Huang, 2019). For

example, the relationship established between my academic supervisor, medical doctors and the faculty registration team describes the relationship I had with them. These relationships are well known directly or indirectly in their different fields. Those who have power in a particular field, such as the faculty registration office and my academic supervisor call for different social relations.

Cultural capital is gained mainly through an individual's initial learning and is unconsciously influenced by the surroundings (Bourdieu, 2000). It refers to the type of knowledge, skills, education, language, and merits a person owns that elevate his/her status in society (Bourdieu, 1986; Cole (2019). In the field of supervision, cultural capital inclines PhD supervisors and students towards a particular pattern of thought and behaviour (Wacquant, 2006) through the process of supervision. This understanding and urge to learn and engage in supervisory activities unconsciously stimulated our supervision interaction. Thus, the competitive nature of the world today requires that supervisory skills and knowledge, as well as PhD students' knowledge, be constantly upgraded, and accustomed to varying ability statuses.

Educational change occurs in economic, political, cultural, and technological aspects of life (Wedell, 2009; Shiundu & Omulando, 1992). Consequently, educational change occurs to deal with many new things that affect the world, thus taking the forms of innovation or reform to adapt to these changes (Wedell, 2009). However, educational change may at times be very minor, affecting as few as two people. Therefore, it touches on their habitus and social and cultural capital as they operate in a particular field. Habitus, social and cultural capital are activated in a people at any time prompting them to act in response to circumstances. Habitus "is a kind of transforming machine that leads us to 'reproduce' the social conditions of our production, but in a relatively unpredictable way" and therefore a function of systemic social imbalances that are constantly contested and reproduced (Bourdieu, 1990a, p.87). In this context, transformation refers to alterations that are experienced by individuals in their personal, academic, and social lives. The term 'change' in this paper refers to the continuous modifications that individuals make to deal with adjustments in any matter (Waraich & Bhardwaj, 2007). Change is thus a "process, skills and principles for managing" (Kliewe, Davey & Baaken, 2013) situations such as disability. In a demanding environment, where change is a result of illness, the affected participants are compelled to technologically link with each other to enhance PhD supervision on one hand and attend to the modern world calls for *inclusivity* on the other hand. This linkage activates the concepts of habitus, social and cultural

capital and their unpredictable expectations converging in the online engagement between supervisors and their students. Thus, management of supervisory changes was crucial for me as a form of continuity of my doctoral studies, regardless of my condition. Changes in an individual's behaviour may result from a system of forces that surround him/her in different contexts (Shimoni, 2017). Such changes may include both physical appearance and approaches to academic work, and the urge to carry on regardless of the current condition.

NARRATIVE TECHNIQUE: A METHODOLOGICAL APPROACH

A narrative approach fits current research partly because persons with disabilities constantly tell and retell their stories comprehensively by giving detailed explanations as requested (Mollow, 2004). Using narrative research methodology to explore disability experience has theoretical, political, and social significance. The use of stories in research helps us to better understand the world of teaching and learning, and therefore PhD supervision in economic, political, and social spheres of life. Subsequently, teachers and learners are storytellers who continuously engage in narrative acts to make sense of their and others' knowledge and experiences (Mendieta, 2013). Thus, what qualitative studies seek to convey is why people have thoughts and feelings that might in a way, affect their behaviour or perspectives in a particular way. Using narrative techniques can help to focus on any phenomenon in its social, economic, and political context. Telling my personal story was also a form of narrative research because I was convinced of expressing what had happened and how I was affected, (Valeras, 2010) and therefore described as a person with a disability.

Human beings are normal storytellers who can make sense of the world and the things that happen to them and the world around them by building narratives to explain and interpret events both to themselves and to other people (Sikes, & Gale, 2006). Thus, in the course of storytelling in this paper, the narrative provides connections, and coherence, and gives [my] experiences and understanding structure; thus, becoming our way "of being and dealing with time" (Carr, 1986, cited in Webster & Mertova, 2007, p.2) and therefore particular situations. I, therefore, focus on online supervision experiences in doctoral education as opposed to normal face-to-face doctoral supervision experiences. This is because the current paper presents a personal story that sees the present arising out of a past, heading into a future; perceiving reality in narrative form (Mendieta, 2013) but blended with related literature.

Finally, bear in mind that the very aspect of self-selection may further reveal the willingness, and desire, to share the personal and emotional narrative as I blend it with literature on higher education.

DISABILITY IN SOUTH AFRICA'S HIGHER EDUCATION

The social model of disability in South Africa seems not to refer to disability as related to the social environmental factors such as the individual, environmental, economic, and political aspects of life (Mutanga & Walker, 2015). An individual's state of health as they join higher education is just as unpredictable as a disability. Medically, "disability is a condition caused by an accident, trauma, genetics or disease that may limit a person's mobility, hearing, vision, speech or mental function" (Reynolds & Janzen, 2007, p.735). Therefore, the social disability model views the world as having created disability barriers. Issues such as one's inability to access certain important provisions in a building or place or the view that some people cannot do certain things are bound.

However, in its introductory note on policies that govern higher education based on the United Nations definition, South Africa defines disability as an evolving concept

which 'results from the interaction between persons with impairments, ... attitudinal and environmental barriers. It recognises persons with disabilities as those persons who have long-term physical, mental, intellectual, neurological, psychological, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (DHET, 2018, 18).

The recognition and perspective of long-term (where long-term partly means the said condition has been in existence for a long time) persons suffering from a certain condition by the South African government without mentioning those who abruptly become disabled (through diseases or accidents) technically excludes persons who develop disabilities while engaged in their studies, personal or other national tasks. This view also fails to consider internationally disabled students who engage in online studies (supervision). Although this has prompted international scholars to look at disability with a better understanding including intersecting economic, social, environmental, political, and cultural factors that impede the inclusion and success of students with disabilities (Strnadova, Hájková & Květoňová, 2015), this perspective hardly addresses the inclusion of people who become disabled while working or taking their studies in online higher education arrangement. Furthermore, it affirms that although the social

model of disability is adopted in South Africa, it neglects factors such as the individual, environmental, economic, and political spheres aspects of life (Mutanga, 2017).

Another perspective on disability is offered by those in social justice. Social justice is defined as the fair and equitable distribution of power, resources, and obligations in society to all people, regardless of race or ethnicity, age, gender, ability, status, sexual orientation, and religious or spiritual background (Van den Bos, 2003). Although social justice involves reading online and enhancing principles in a way that echoes equity, recognition, and inclusion according to Bell (2016), the situation in South Africa is unique, given its long-term duration of apartheid and colonization as well as having some distance education research students who are disabled. This duration makes it possible to develop policy frameworks that hardly include those who develop disabilities during their studies and resolve to online study. The definition and application seem to have been influenced by the urgent need to build an inclusive South African society.

World Health Organisation (2017) perceives disability as the interaction between features of a person's body and features of the society in which he or she lives. It is clear that when someone falls short of societal expectations, physically or mentally, she or he fits the description of a disabled person. Although some authors express dissatisfaction about this perspective, the current study agrees with it partly because of its perfect blend with the issue under discussion.

Although the term disabled are highly contested in South African literature (Mutanga, 2017), literature in higher education has not conceptualized the learning condition of students who develop disabilities during their studies and their experiences as they carry on with their studies in their new condition. It has not adequately paid attention to online disabled students, their learning experiences, and the need to include them in educational policies that govern higher education. Thus, these perspectives on disability as located in the South African department of education and the view by the United Nations helped to contextualize my situation as an online disabled student as I endeavoured to complete my studies. Besides, it is almost clear from the literature that South African universities have no clear policy on online disabled students.

There were numerous issues relating to thesis writing that required my attention as well as the attention of my PhD supervisor. They related to the University faculty registration,

responding to the supervisor's suggestions, critical thinking, and arrangement of issues in the thesis.

EXPERIENCES IN PHD SUPERVISION

a) *Faculty registration team*

I learnt from Riddell and Weedon (2014) that seeking assistance for full-time disabled students in countries that provide such assistance is long complicated process involving getting a medical certificate and other medical documents even if the university/institution acknowledged your disability. This is very challenging for online students. For instance, in 2016, the university through the faculty of education noticed that my studies were not making any progress. I was instructed by my academic supervisor to write a letter of abeyance, explaining my situation, and giving reasons as to why my studies should be extended. During that time, on 6th July 2016, my academic supervisor explained to the faculty of education that “[My name] was diagnosed with a brain tumour and has undergone two surgeries: here and in Switzerland. We want him to be fully recovered before he can restart his doctoral work, which was relatively well-advanced. Please advise on what should be done”.

The advice came demanding that according to established structures in the university, I was personally required to write a letter of abeyance to the faculty of education. I wrote this letter, which is part of my experiences as a disabled distance student.

Dear Sir/Madam,

I write to request abeyance for my doctoral studies at the University [...]. My request for abeyance is briefly explained as follows.

I was taken ill on the 17th, of March 2015 as I was finalizing my PhD studies. I was directed to a hospital in Johannesburg where I was diagnosed with a brain tumour. I was admitted there until the 14th of May 2015 when they carried out surgery to extract the brain tumour.....

I later, in June 2015 visited my family in Switzerland. On 26th, June 2015, while in Switzerland, I was rushed to the Hospital following an extreme headache An MRI revealed that the tumour had not been removed and was compressing certain parts of the brain and therefore the skull resulting in the painful headache. I was transferred to a bigger public hospital to be attended to.

In Geneva, Switzerland, on the 14th of September 2015, a repeat surgery, which resulted in a major complication and left me in a coma for three weeks was carried out to remove part of the tumour (80%). This particular surgery and the complication that followed left me longitudinally paralyzed, unable to walk, see well on the right-hand side, eat normally and talk. While learning to do all these things, I stayed in a hospital rehabilitation centre for six months.

Last year, (August 2016), I stayed in Hospital for thirty working days undergoing Radiotherapy in addition to the Physiotherapy that I [had] been undertaking since October 2015. I still undertake physiotherapy in a nearby hospital.

While today I can eat normally, I still struggle to balance and talk well. It is for these reasons that I kindly ask for abeyance.

This request revealed the institutional habitus expressed in education (Bourdieu & Wacquant, 1992) faculty. To authenticate my request, and therefore emphasise the power of social capital as reflected in my association with the medical doctor, I requested a medical doctor who had attended to me while in Switzerland, to write a letter to the faculty of Education, at the University, explaining further, my health condition.

Re: [Your student]

Dear Professor,

At the request of your pupil, please find this letter to inform you that I am following his medical progress. [He] is continuing the medical monitoring of his neurological condition.

As he is making progress, [he] is looking forward to admission back to the University after his recovery.

With my best regards,

Yours sincerely.

b) *Responding to the supervisor's suggestions*

While one of the greatest challenges full-time disabled students face in higher education in South Africa is physical access (Mutanga & Walker, 2015) to various spaces in the university, I was challenged by the nature of the academic feedback I received from my supervisor. As a PhD disabled online student, I reacted to all the issues raised by the supervisor at a very

personal level, devoid of different perspectives and critical responses from my academic peers. I lacked the input of my peers at PhD and master's levels that would have emanated from seminar discussions that could have further improved my thesis. Peer learning involves reading and responding to a particular work by a group (Hillyard, Gillespie, Littig, 2010) of students in a classroom setting, leading to a deeper understanding of the work at hand. Topping's (2005) adds that peer learning helps in the acquisition of knowledge and skills through active help and support.

I also lacked the bodily expressions that accompany conversational experiences in an academic setting. De Beer and Mason (2009, p. 223) point out that the

disadvantages of electronic communication include its inability to read body language cues and facial expressions; the difficulties surrounding the process of checking one's understanding of the material; and the risk of critiques being too brusque or being seen by inexperienced researchers as personal criticisms.

Ultimately, I was not exposed to face-to-face dialogue which Handal and Lauvås (2011, p. 228) note that it "is not just richer but also attains a stronger dynamic" effect in any setting that it is applied.

In addition, I also had to contend with delayed feedback from the research supervisor. While studies by Cekiso, Tshotsho, Masha, and Saziwa, (2019), Mouton, Boshoff, and James, (2015) and Guerin, and Green (2015) have revealed that delayed feedback is always experienced by postgraduate students, particularly for normal PhD students, as a disabled online student, I had to wait for a long time to receive academic feedback. My supervisor always valued *inclusion*, even as he acknowledged the delay. In one of his emails during the online supervision, on 16th February 2018, he noted, " Dear Benard, I hope you are well and in speedy recovery. I am sending this draft now because I do not want to **delay** you any longer. I have made comments up to chapter eight..... I am also preparing a joint paper with you which is along the lines of my comments and draws on some of your ideas."

This delay was against my thinking that my disability would positively influence my supervisor and quicken his response to my thesis-related work. Thus, my supervisor, on such issues, operated against Watson's (2002) view that exposing one's disability can be beneficial in terms of accessing support (feedback).

I later acknowledged that it made a whole difference when a supervisor sets his/her eyes on an online disabled student. This happened one time in 2019 when my academic

supervisor while attending an education conference in Geneva, Switzerland, requested me to visit him. During this visit, he physically acknowledged my disability and the subsequent efforts that I had dispensed in my studies for the previous three years. To encourage the full-time students, he promised to tell them that it was possible to do a PhD without allowing the prevailing conditions including where they come from or their health condition to limit them.

This action concurs with Brydon and Flynn's (2013, p. 9) view that the best supervisors are those who get concerned and can even act in a favourable way when they realize that their students are experiencing difficulties. It also reveals that intersecting contexts by Backhouse (2009, p.151) influence doctoral learning, particularly in the culture of the academic institutions in which doctoral education is undertaken, “the networks of peers, and friends, as well as the families of the students, influence how supervision takes place” (Backhouse, Ungadi, & Cross, 2015, p. 16). The physical interaction and realization of the transformation of a PhD student from a normal to a disabled student affected the supervisor, prompting me to think of the effect of such transformation on the entire student-supervisor relationship.

Thus, although learning is a result of positive interdependence between learners' social and transferable skills gained during the learning process (Altnay-Gazi & Altnay-Aksal, 2017), when the exercise of supervision is done online, the suggestions, and facial expressions associated with the work and opinions are not subjected to discussions, criticisms, and observations. In cases where internet access was a challenge and where PhD students could not convene an online PhD class to respond to my academic work, I felt overwhelmed and doubtful of my work. Interestingly, observations by academic supervisors attract varied opinions from PhD students. Thus, being in online engagement, without any physical human academic conduct is challenging and inconceivable.

c) *Critical thinking*

The previously discussed situation led to my involvement in critical thinking about PhD studies despite the effect of my previous surgery. Moore (2010, p. 4) looks at critical thinking as

thinking that is purposeful, reasoned, and goal-directed – the kind of thinking involved in solving problems, formulating inferences, calculating likelihoods, and making decisions when the thinker is using skills that are thoughtful and effective for the particular context and type of thinking task.

While it is easy to enlist the thinking of a research supervisor, the feelings, positions and emotions of a supervisor and fellow students are not registered. Therefore, I solely went

through critical thinking, focusing on emotional engagement and the needed conclusions without engaging my peers at the university. Generally, being an online student engaged in research on supervision encounters lacked the vital contribution of peers, making my experiences more challenging.

d) ***Arrangement of chapters in the thesis***

Arranging chapters and sections in a thesis presented another challenging experience for me. The arrangement of all the issues required academic-oriented writing. Like many researchers and academics, I struggled with numerous writing issues including the development of chapters, paragraphs and even subsections. I knew that as Li (2007) notes, issues of student writing in higher education presented a wide range of problems that are usually manifested at different levels that students experience in academic writing. Given my visual disability, I slowly could read academic papers from the internet and the University library, examining the way different issues are arranged and presented. This perspective entrenched writing organizational skills in me that I eventually employed in developing paragraphs and chapters. Against this perspective, correction and supervision online were extremely difficult and demanding for me. Issues like the flow of the argument, the arrangement of the chapters, the use of academic language, the consultation of fellow PhD students, and the document's ordering for submission were quite challenging.

e) ***Experiencing fatigue***

Apart from academic challenges, I also experienced mental and physical fatigue. Mental fatigue expressed itself in the way I waited for the much-needed feedback, the continuous reading of the draft chapters, the struggles I endured in terms of reading and thinking, and how I positioned myself to graduate with a PhD. Physical fatigue was repeatedly experienced in writing and rewriting, working on the computer, and general movement related to the writing. However, these two forms of tiredness could not stand in my way concerning my resolve to complete my studies. At times, I would sense that I was putting in too much effort at the expense of my disability. However, I had been brought up in a culture (*habitus*) where hard work was highly valued (Wacquant, 2007). Thus, mental, and physical fatigue could only be noticed by myself and people who were very close to me.

f) ***Building and sustaining a working academic relationship***

Brydon and Flynn (2013) point out the value of supervision as reflected in the learning alliance. They further reveal that mutual respect, flexibility, regard for personal and professional

circumstances, commitment to dissertation development and clear strategies for achieving agreed-upon goals constitute a learning alliance. In brief, this perspective constituted my supervisor, the thesis and myself. Although my academic supervisor was overly committed, his spirit and desire for inclusion were reflected in the way he attended to my work online. At one point in an email, he notes ‘I hope you are well and in speed recovery’.

CONCLUSION

This paper sought to express the personal experiences of a disabled PhD student at a University in Johannesburg, South Africa. The paper outlines the medical genesis of my disability and the various body parts that required training to enhance partial functioning. It also expresses the faculty of education requirements for abeyance. The paper acknowledges the disadvantages that students with disabilities face while studying at a university on an online basis. For instance, it established that disabled students experience some challenges in the arrangement of chapters in the thesis and academic writing during PhD supervision. It also noted that some PhD supervisors are instrumental in attending to online disabled/sick students, particularly when students attain disability and are on the verge of exclusion while studying. While South Africa does not have a clear educational policy that guides distance students who develop a disability while studying, this article provides the beginning of supervision experiences of disabled students at the University and the need for deliberate and purposeful commitment to inclusivity. Despite this outline, I continue feeling that having a disability means struggling to do a PhD which would have been easier if one was physically and mentally able.

As a way forward, the department of higher education in South Africa should come up with a clear policy on what should be done when higher education student[s] develop a disability while enrolled, the way and extent to which they can be included in their studies in their respective faculties. The policy should ensure that faculty members are notified, and efforts are made to ensure that affected students and lecturers are linked, informed, and supported to face the new developments. Again, there is a need for researchers to find out the feelings and effects of disability on student-supervisor relationships, particularly with the advent of Covid -19 pandemic and its effects on schooling/education.

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