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The sociocultural constructs of race, class, and gender combine with the effects of disability to create powerful influences on the educational and work history of adults with disabilities.

Sociocultural Contexts of Learning Among Adults with Disabilities

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As adult educators, we are already encouraged to be aware of the sociocultural contexts of our learners. The need for such awareness is no less when the learner is one with a disability. This chapter explores how the sociocultural variables of race, class, and gender interact with those of disability; it offers implications for providing programs and services for an ethnically and culturally diverse group of learners with disabilities.

The Presenting Picture

As a starting point, it is important for those working in adult, community, and workplace education to become aware of basic data on the prevalence of disabilities, the status of adults with disabilities within the worlds of education and work, and the educational practices that have typically shaped their experiences.

Prevalence of Disabilities. Of the total U.S. noninstitutionalized population in 1992, 15 percent reported some activity limitation due to a chronic health condition, which is the definition used to determine disability by the National Health Interview Survey (LaPlante and Carlson, 1996). This survey also demonstrates several relationships between prevalence of disability and other sociodemographic variables. For instance, age-adjusted prevalence (accounting for women's greater longevity) reveals males to have a slightly higher rate of disability (15.2 percent) compared to women (14.8 percent); females have a rate comparable to that of males within each ethnic group except among non-Hispanic whites. Of the ethnic and racial groups identified by this survey, Asians and Pacific Islanders had

the lowest rate of disability (7.2 percent), with Hispanics showing the next lowest (10.4 percent). The survey also showed the highest rate of limitation among Native Americans (17.6 percent), for whom activity limitation was 40 percent higher than for non-Hispanic whites when age adjusted. Non-Hispanic blacks and whites appear to have similar rates at 15.9 percent and 15.8 percent, respectively, but adjusting for age (because the non-Hispanic white population is older) showed blacks with a greater prevalence (18.3 percent) than whites (14.9 percent).

Strongest predictors of disability were education, income, and age (LaPlante and Carlson, 1996). Educational attainment was highly inversely related to disability, with 38.4 percent of those with eight years or less of education reporting a disability-related limitation, a rate more than three times that of people with sixteen or more years of schooling (11.5 percent). A breakdown by income level showed a similar inverse relationship, with a ratio of three to one in prevalence of disability when those with an income of \$10,000 or less were compared to those with an income of \$35,000 or more. Finally, the proportion of the population with activity limitation increases with age; 56.6 percent of those eighty-five and older reported some activity limitation.

The Schooling Experience: Special Education or Lack Thereof.

Many adults with a disability that dates to childhood have been influenced as learners by encounters with the special education system. Although the outcomes have been positive for many, for others negative experiences dominate their recollection. Other adults have been shaped as learners by the system's failure to identify their disability, leaving them without the educational intervention that might have led to more successful learning. Experiences of either type may be a critical part of the learning history of the adult with a disability.

Race and Ethnicity as Predictors of Participation. Mitchell (1997) offers data on implementation of the Individuals with Disabilities Education Act (IDEA), supporting long-held claims that the percentage of blacks and Hispanics in special education is higher than in the general population, while Asian American and Native American children are often underrepresented. For instance, African Americans constitute 12 percent of elementary and secondary enrollment but 28 percent of total enrollment in special education (Mitchell, 1997). Although special education placement is intended to provide a more successful schooling experience, 50 percent of minority special education students in large cities drop out of school anyway (Mitchell, 1997).

Human elements in the referral-and-assessment process appear to play a significant role in the ethnically disproportionate placement rate. Coulter (1996) reports that sixty-two of sixty-six local education agencies showed disproportionate representation of African Americans in what he termed "socially determined" disabilities (learning, emotional or behavioral, and mental) and a substantially lower representation in "biologically

determined” disabilities (orthopedic, deaf, visually impaired). Similarly, using nationally representative data from former Head Start participants, Cluett and others (1998) found that different sources of information and criteria for functional impairment significantly altered the rate of identification of children with emotional and behavioral disabilities (EBD). Teachers using weighted criteria to rate behaviors and social skills tend to identify African Americans at a higher rate, but parents judging the same behaviors and skills tend to produce results that more closely resemble clinic results. Patton and Townsend (1999) raise questions about the role of ethics, power, and privilege in school practice leading to overrepresentation of minority children in special education and alternative education programs and parallel underrepresentation in gifted and talented programs. Pointing to an “ever-widening social, cultural, and economic chasm that exists between educators and their students,” Patton and Townsend (1999, p. 282) suggest that misinterpretation of social and communicative behaviors related to expression of cultural identity may play a significant role in such oppressive school practices.

Gender as a Correlate of Identification. Evidence also indicates that proportionate differences in special education on the basis of gender, long held to be due to genetic, biological, or developmental differences, are actually strongly influenced by social and cultural conditions. Caseau, Luckasson, and Kroth (1994) found that although girls constituted a small proportion (21 percent) of students identified by the public schools as having a serious emotional disturbance, they made up a majority (55 percent) of the group served in a program for adolescents with emotional problems in a local hospital and referred by private therapists (55 percent). These girls had serious problems of depression, family conflict, and suicide attempts but were less likely to exhibit the kind of external behavior problems that led to school referral (disruptive class behavior, academic failure, defiance, and truancy). Conversely, McIntyre and Tong (1999) postulate that cross-gender misunderstanding between female teachers and male students can greatly affect the educational process and may result in boys who display strong traditional male behavior patterns being labeled emotionally or behaviorally disordered when they are not. They suggest boys from lower socioeconomic status are at greatest risk because of the more extreme level of “male behavior.”

Young, Kim, and Gerber (1998/1999) cite two decades of accumulated evidence of gender bias in identification of learning disabilities, indicating that males have no greater statistical chance of LD despite the fact that the LD population served by public schools is 72 percent male. School-referred LD samples are more likely to have behavior problems than research-based samples, suggesting that girls, who are less likely to be disruptive in the classroom, are more likely to be overlooked. Citing studies linking unidentified LD in females with teen pregnancy, school dropout, and welfare participation, Young, Kim, and Gerber (1998/1999) posit that the consequences of underidentified LD among females can be

long-term and far-reaching. They recommend that adult programs take measures to account for lost time and opportunity among women with previously unidentified LD.

The Impact of Disability on Adults. The impact of living with a disability can be seen in multiple arenas of adult life. As with children and youth, race and ethnicity and gender appear to be related to differential outcomes among the disabled.

Participation in Services and Programs as a Function of Disability Status. Kaye (1998) reports that following implementation of ADA, the rate of labor force participation for those with disabilities remained more or less constant from 1990 to 1994 at 52 percent, while the gap in full-time wages between disabled men and their nondisabled peers actually increased during this time period. On the other hand, he reports a significant increase following ADA in the employment rate of those with severe functional limitations, rising from 27.6 percent in 1991 to 32.2 percent in 1994.

Jans and Stoddard (1999) provide data on participation in other aspects of adult life, including lower marriage rates (68 percent for women and 69 percent for men with no functional limitations) and parenting rate (30 percent of disabled adults eighteen to sixty-four). They add, "Compared to parents with no disability, parents with a disability were found to be economically and educationally disadvantaged, reporting lower incomes, higher rates of public assistance, higher high school drop-out rates, and lower college attendance" (Jans and Stoddard, 1999, p. 32). Disabled parents are also more likely to have a spouse with a disability and to have a child with a disability.

Gender, Disability Status, and Participation in Services. Lichtenstein (1996) reviewed several studies pointing to gender-related patterns in the adult outcomes of former special education students, including the National Longitudinal Transition Study, which tracked eight thousand students formerly enrolled in special education programs. On the basis of this review, he concluded that (1) young women experience a longer period and higher rate of unemployment and underemployment than their male counterparts, and (2) their experiences also differ from female peers in the general population in that among the latter the gap in employment between young women and men narrowed with time while the gender gap widened among young adults with disabilities. He further concluded that school programs chosen by or provided to many young women with disabilities support a postschool path involving home and child care more actively than postsecondary education or employment.

Data from Jans and Stoddard (1999) indicate that such a trend in gender-related labor force participation continues through later adult years, with disabled women less likely to be employed, more likely to earn lower wages, more likely to live in poverty, less likely to get SSI benefits, and more likely to earn lower SSI benefits than men. Surprisingly, the gap has actually increased since 1970.

Race and Ethnicity, Disability Status, and Participation in Services. Giles (1992) notes that although blacks and Hispanics represented a growing proportion of adults with work-related disabilities during the 1980s, whites represented a slightly increasing proportion of cases rehabilitated. He cites previous studies indicating that blacks were more likely to be found ineligible for vocational rehabilitation and to take longer to be accepted than whites, were less likely to be rehabilitated if found eligible, and were less likely to receive education or training. Johnson (1991) similarly reports that although American Indian and Alaska Natives have a higher rate of disability than the general population, they are underrepresented in the service delivery system of vocational rehabilitation.

Schmidt, Curtis, and Gregg (1996) share results of a survey of eighty-three respondents that included professionals from the fields of special education and vocational rehabilitation. Asked to rank the most important problems facing African American adolescents and adults with LD, the respondents ranked these five as most frequent: (1) assessment, (2) cultural insensitivity of service providers, (3) economic barriers, (4) negative perceptions of the African American community, and (5) culturally irrelevant instructional materials. Asked their perception of the adequacy of services available to this group, 57 percent responded that available services were not adequate, while 63 percent answered that educational options are not adequate.

The literature on the status of adults with disabilities generally portrays a picture of individuals with disabilities affected by unemployment or underemployment, reduced likelihood of participation in postsecondary education, and lower participation in marriage and parenting. Gender, race, and the severity of the disability appear to be related to diminished outcomes in one or more life roles. Furthermore, racial minorities and women appear less likely to receive certain benefits such as education and training sponsored by vocational rehabilitation and SSI benefits.

Reframing the Subject

Implicit in the discussion of youth and adults with disabilities presented to this point has been an interventionist perspective based on a medical model of disability. This perspective reflects the two fields that generated the status quo described here: special education and vocational rehabilitation. It is also consistent with how the Americans with Disabilities Act (ADA) defines disability: as a physical or mental impairment that substantially limits one or more major life activities of an individual. More recently, however, the social, cultural, and political dimensions of disability have come to the fore.

Disability Studies. Much of the impetus for reconceptualizing disability has come from the emerging field of disability studies. The field has its roots in the disability rights movement of the latter half of the twentieth

century, but for the most part it “came of age” in the form of academic units of study in the 1990s. What’s more, professionals concerned with the interdisciplinary nature of disability take more of an interactionist perspective. Adrian cites Davis and Linton (1995): “This new focus suggests that disability issues are more social than medical, more political than individual. Emphasis is placed on how society determines disability and how the definition of disability influences the societal response to people with disabilities. More specifically, the challenge of disability studies within this broader context is to dispel the notion that the status afforded to individuals with disabilities is an outcome of their condition. Rather, the expectations for people with disabilities are an outcome of each society’s view of and response to difference, including disabilities” (Adrian, 1997, para. 3).

The scholarly work of disability studies has come primarily from the liberal arts more than other fields, with significant leadership coming from scholars with disabilities (Peters, 2000; Pfeiffer, 1993; Zola, 1993) even though the disabled are largely absent from the academy (Linton, 1994). For instance, a number of university teachers have designed courses taking an interdisciplinary approach to disabilities in society, and several have described such courses in teacher education journals (Adrian, 1997; Linton, 1994; Linton, Mello, and O’Neill, 1995). However, curriculum and scholarly writing on disability in adult, community, and workplace education do not yet reflect this new perspective in any significant way.

Disability Rights and Self-Determination. Concurrent with the emergence of a sociopolitical analysis of disability has come greater interest in the legal and personal rights of the disabled. Several key pieces of legislation, most notably Section 504 of the Rehabilitation Act of 1973 and the ADA, have afforded greater rights to the disabled in the arena of education (Pfeiffer, 1993). Central to the discussion of personal rights has been emphasis on self-determination. Hence ADA requires that reasonable accommodations be made once a disability is disclosed, to allow the individual with a disability to demonstrate his or her learning or to perform required job functions.

Equal access, as supported by ADA, can certainly be seen as one of the essential conditions for self-determination for individuals with disabilities. Yet self-determination has proven to be an elusive concept to define overall. Wehmeyer (1998) differentiates the construct of self-determination into two dimensions: personal (having to do with controlling one’s own life) and political (the right of a people to self-governance). Particularly with respect to the severely disabled, Wehmeyer cautions against misinterpreting self-determination—for example, to require independent performance, absolute control, or consistently successful behavior. Indeed, the most severely disabled may require assistance from others in performing even the most basic of life tasks; yet they are no less capable of self-determination.

Other authors address the political connotation of self-determination through discussion of empowerment and leadership by individuals with disabilities. Abery and Sharpe (1995) note that many changes beneficial to

those with disabilities have resulted from leadership by the disabled. To avoid a leadership vacuum, they call for a broader vision of leadership on the assumption that each person has the potential to lead. However, developing this potential requires greater effort than perpetuating systems that foster dependence. Bolden (1995) cautions that even where special efforts exist to foster leadership development among the disabled, some individuals with disabilities may face additional barriers to developing leadership capacity because of bias related to race and gender. To solve these problems, she suggests service providers and advocacy groups ask specific questions about who is being excluded and develop explicit strategies to be inclusive in leadership development efforts.

Culture and Disability. Those who view disability as socially constructed recognize that there are strong ties between culture and disability. For instance, a disability in one culture may not be viewed as such in another. Correspondingly, numerous factors shape a given culture's response to disability, including the culture's tolerance of difference. More recently, the notion of a culture of disability has come to the fore. In this view, the notion of disability is one of group belonging and distinction from other groups who do not share the disability identity (Gilson and Depoy, 2000). Although some, such as McCune (2001), have questioned whether there is one common cultural experience that supports the notion of a disability culture, others such as Peters (2000) argue that such a culture clearly has emerged. Even those who question the existence of one culture common across various disability groups are likely to acknowledge the existence of specific disability cultures, for example. One frequently mentioned example of a specific disability culture is Deaf culture. Tucker (1998) distinguishes the usage of deaf (with a small *d*) to describe those who are impaired in ability to hear but assimilated into hearing society from the usage of Deaf (with a capital *D*) to describe those who see deafness as a cultural identity they wish to maintain and nourish. The protection of Deaf culture and American sign language was the rallying cry for Gallaudet University students who protested in 1988 for the appointment of the first deaf president of that well-known university for the deaf (Shapiro, 1993). More recently, Deaf pride has surfaced in debates over whether to provide surgical cochlear implants to young deaf children before they have had an opportunity to acquire their "first" language—American sign language (Tucker, 1998). This perspective obviously views disability as part of human variability rather than as a deficit.

Implications for the Practice of Adult, Community, and Workplace Education

Relatively little literature aimed toward, and authored by, adult and continuing educators has specifically addressed the educational needs of those with disabilities (Gadbow and DuBois, 1998; Jordan, 1996; Ross-Gordon,

1989; Polson and White, 1999; Vogel and Reder, 1998). It should come as no surprise, then, that a recent federal and state agency focus group meeting on literacy needs of adults with disabilities indicated in its report that adult education providers do not fully understand the implications of ADA and Section 504 of the Rehabilitation Act for adult literacy programs (“Disability and Literacy,” 1998). This finding is of significant concern given that a disproportionately high percentage of individuals in every disability group performed at level one on the 1992 National Adult Literacy Survey (“Disability and Literacy,” 1998). Educators’ poor understanding of their needs therefore precludes their offering the effective instruction that the disability community in all sectors of adult, community, and workplace education require.

As this chapter explains, our challenge as educators is to enhance our understanding of disability, disability rights, and the legal implications of our programs. We must also broaden that understanding to consider socio-cultural dimensions of disability. This review explains a number of implications relevant to adult, community, and workplace education. Whether designing a program within basic adult education, higher adult education, the workplace, or the community, we need to recognize that:

- Adult learners bring educational histories colored by their race, gender, and economic status as well as by the sociocultural meanings attached to their visible or invisible disabilities.
- Many adults with disabilities are acutely in need of appropriate education and training strategies and accommodations, given educational histories that may include misidentification or lack of identification of their disability and work history that often includes unemployment and under-employment.
- All adults possess learning abilities that can serve as the basis for identifying appropriate accommodations to enable them to demonstrate their potential in learning and work. Adults themselves are likely to be the best partners in identifying appropriate and reasonable accommodations.
- Because of past exposure to dependency-fostering educational and service practices, adults with disabilities may not be well prepared initially to exercise the level of self-determination and leadership of which they are capable.
- As instructors, trainers, administrators, and advocates, we often bring assumption and bias related to disability, acquired through our own sociocultural experiences, into our teaching. Part of our work, then, must involve becoming aware of bias and revising it.

Additionally, building on the knowledge presented here, several principles for action in program development can be suggested. For instance, we should:

- Offer and participate in professional development opportunities designed to increase awareness of legislative mandates having an impact on the education of adults with disabilities (Rothstein, 1998).
- Create learning and work environments that move beyond mere tolerance of difference on the basis of disability, race, class, and gender to promote full inclusion and social justice.
- Actively seek to enhance awareness among educational colleagues and employers of various types of disability—physical and mental, visible and invisible—as well as sociocultural interpretations of racial, cultural, and disability groups.
- Create learning and work environments that maximize the potential of all by using accommodations and assistive technologies creatively. To do so, we should capitalize on the self-awareness and experience of learners with disabilities.
- Create environments that foster self-determination and empowerment of individuals with disabilities, rather than dependence and compliance.

Although it may take some time for our efforts to produce tangible results, it is important that we start immediately to improve our level of awareness and the responsiveness of our programs to the diverse needs of adult learners with disabilities.

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