1-1-1999

Listening to the learning disabled : college students self-perceptions of learning disabled identity.

Susan Marcia Pliner
University of Massachusetts Amherst

Recommended Citation

Pliner, Susan Marcia, "Listening to the learning disabled : college students self-perceptions of learning disabled identity." (1999). *Doctoral Dissertations 1896 - February 2014*. 5368.
https://scholarworks.umass.edu/dissertations_1/5368

LISTENING TO THE LEARNING DISABLED: COLLEGE STUDENTS SELF-PERCEPTIONS OF LEARNING DISABLED IDENTITY

A Dissertation Presented

By

SUSAN MARCIA PLINER

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial
Fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

May 1999

School of Education

LISTENING TO THE LEARNING DISABLED:
SELF-PERCEPTIONS OF LEARNING DISABLED IDENTITY
AMONG COLLEGE STUDENTS

A Dissertation Presented

By

SUSAN MARCIA PLINER

Approved as to style and content by:

Maurianne Adams

Maurianne Adams, Chair

Patricia S. Griffin

Patricia Griffin, Member

Theodore Slovin

Theodore Slovin, Member

Bailey W. Jackson, Dean
School of Education

DEDICATION

At the absolute perfect moment in time, the completion of this dissertation, I received a gift from a friend and former student. He sent me a copy of a personal statement he submitted to graduate schools in the admissions process. In his personal statement he describes a few of his experiences as a LD student and his process of self-acceptance and identity development. While the entire statement is powerful and significant, with his permission I include only three paragraphs here, to share what I believe to be truly a gift.

With his words, I dedicate this work to learning disabled students and their mentors. May we all arrive at a place of self-acceptance and empowerment!

> Block after block and puzzle after puzzle, I came to realize over time that I had learning difficulties. Through much hard work, dedication and perseverance, I learned how to compensate for my weaker areas and achieve success. Needless to say, success did not come easily. I faced constant teasing from my classmates, the feeling of humiliation when I was pulled from the classroom for remediation and the stigma of having to go into the 'dummy room' for extra help. In addition to the external pressure, I had to deal with the internal pressure of not feeling like the others and wondering what I had done wrong to 'deserve' learning difficulties.
>
> Until I reached college, I looked at my learning difficulties as deficits. However, during my first year of college I met a woman who mentored me and helped me see my learning differences as strengths. She pointed out to me that the compensatory skills and strategies I had acquired throughout high school gave me an edge over my new peers: I had become an expert at planning, organization, and time-management. More importantly, she made me recognize the strength of my commitment to education.
>
> My educational experiences, especially those pertaining to my 'diagnosis' with learning disabilities, increased my awareness of and interest in students with disabilities. I know first hand the harmful and stigmatizing results of being labeled 'disabled,' the embarrassment of being separated from other students and the anxiety associated with being the target of ridicule. Fortunately, I was surrounded by many supportive people who helped me through tough times.
>
> Jason

ACKNOWLEDGEMENTS

For me, writing this dissertation has not only been an academic endeavor but a significant personal journey. I owe a great deal of gratitude to many people who, over the last nine years, have contributed to my journey by encouraging, challenging, and believing in my ability to continue my education. I am both touched and grateful to the many people, far many more than I can list below, who have contributed to this process.

I would like to thank my advisor, Dr. Maurianne Adams, who expertly guided me through the process and believed in the importance of my research. Maurianne's insightful critiques, her ability to summarize and synthesize issues, her unparalleled ability to both support and challenge me, and her willingness to nurture me academically and professionally, has made working with her an enriching and invaluable life experience. Thank you for believing in me and helping me to believe in myself. I also enthusiastically thank my committee members, Dr. Pat Griffin and Dr. Ted Slovin, both of whom have been influential in my personal and academic process as well as contributing their valuable time, guidance, and intellectual energy to this research.

I gratefully acknowledge the sixteen students who participated in this research and thank them for sharing their time, energy, insights and perspectives. The opportunity to listen to their experiences has truly been a gift. A special thanks to Dr. John Body, as well as others who helped me to find willing participants.

I am indebted to Mary Gannon for her unconditional support and encouragement, as I am certain I wouldn't have survived this process without her. Much of my thinking about this research emerged from innumerable conversations during "dissertation

retreats" and study sessions in our secret library study space. Words cannot adequately describe my feelings about her presence in my life. Thank you!

I am thankful for my community of friends and family which have helped sustain and support me through this often-isolating process. Specifically, to Vivian Ostrowski who, during periods of time, managed my daily life tasks so I would be free to write and graciously edited many drafts. I am thankful to Vicki Lindsay for consistently inquiring about my progress, supporting me through many emotional swings and sharing too many meals to count. Vivian and Vicki's trust and belief in me has never wavered, making their friendship invaluable to my own growth and development. My dear friend Julia Johnson sent me many packages from the West Coast, which inevitably produced a smile. Her unconditional support, along with her amazing ability to anticipate the type of support I needed and flexibility in providing it, are irreplaceable gifts in my life.

To my mom, thank you for your continued support, love, and pride. I am thankful for our relationship and friendship.

I want to thank my colleagues at Brown University who have encouraged me to complete my dissertation, listened to my endless descriptions of the process and generously provided me with the gift of time. I am grateful for all of your support during this process. A special thanks to Kris Renn, who has been an amazing role model and support person as well as James Stascavage, who provided me with many belly laughs and opportunities to vent.

Finally, on the home front, I want to thank my partner Maureen (Mickie) Conroy, for her unconditional support, nurturance, and love. Her proof reading and stimulating suggestions have been invaluable. I am thankful daily for your presence in my life because I know I couldn't have done it without you!

ABSTRACT

LISTENING TO THE LEARNING DISABLED: SELF-PERCEPTIONS OF LEARNING DISABLED IDENTITY AMONG COLLEGE STUDENTS

MAY 1999

SUSAN PLINER, B.A., UNIVERSITY OF MASSACHUSETTS AMHERST
M.Ed., UNIVERSITY OF MASSACHUSETTS AMHERST
Ed.D., UNIVERSITY OF MASSACHUSETTS AMHERST
Directed by: Professor Maurianne Adams

The purpose of this study is to examine how entering and exiting college students with learning disabilities (LD) understand and make meaning of themselves as learning disabled. The study is exploratory in that it attempts to identify, describe and analyze the processes involved in LD identity development.

There have been few research studies that address the issue of identity and self-understanding for college students with learning disabilities. Overall, this study has theoretical and practical significance because it bridges the gaps that exist between current theoretical frameworks of social identity development and the field of learning disabilities. This will be achieved by providing descriptions of the ways in which college students with learning disabilities (LD) understand and make meaning of their learning disabilities. It is my intention that this study will assist educators and practitioners foster and create opportunities for LD college students which challenge their internalized perceptions of themselves as LD.

This study utilized an exploratory qualitative research method consisting of three data collection methods: individual interviews, a focus group, and a written description of participants' learning disabilities. The interpretive framework for this study was constant comparative method (Bogdan & Biklen, 1992) and inductive analysis (Patton, 1990).

Two findings of special significance emerged from this research data. First, the process of being labeled LD with its subsequent attached stigma negatively affects one's self-esteem and self-acceptance. In essence, LD students, who almost always internalize prescribed socially constructed stereotypes, initially believe the dominant ideology, experience feelings of shame, embarrassment, isolation and most often remain invisible in an attempt to pass as non-LD. Secondly, the data suggests that the process of identity formation for LD college students appears to be developmental, as suggested by three stages, denial, transition, and acceptance.

TABLE OF CONTENTS

CHAPTER

APPENDICES

LIST OF TABLES

Table Page

CHAPTER 1

CONCEPTUAL FRAMEWORK

Purpose and Background of the Study

The purpose of this study is to examine how entering and exiting college students with learning disabilities (LD) understand and make meaning of themselves as learning disabled. The study is exploratory in that it attempts to identify, describe and analyze the processes involved in LD identity development.

My interest in this topic comes from my experience working with the learning disabled population at the University of Massachusetts Amherst. Throughout my Masters degree in special education I worked as a case manager for the Learning Disabled Support Services from 1990 to 1993. In my daily meetings with students, although the disabilities varied by individual, I was struck by the similarities in their experiences as college students. Even though many learning disabled students have received years of special education prior to college, some have little understanding of their specific learning disability and were thus unable to identify how their LD affects them in both academic and social spheres.

Understanding and accepting one’s learning disability is an essential component in the process of identity formation for people with learning disabilities. The social stigma attached to being learning disabled often interferes with this process of self-acceptance and positive identity development. This became evident as I met individually with students who denied being learning disabled by claiming they were "cured" or "fixed" in high school, thus no longer needed to be identified as learning disabled.

Conversely, students who did self-identify as learning disabled expressed feelings of isolation, fear and invisibility.

The isolation expressed by students is due, in part, to the structure of support services and its associated stigma. The case management model, used by LDSS, provides counseling and support individually, rather than in a group setting, for many reasons including the necessity for confidentiality required by law and the different manifestations of learning disabilities for each individual. This individual case management model emulates the medical model approach, in that it relegates LD to "illness" which is "treated" individually. Within this model, I experienced professionals perpetuating the socially assigned stigma by maintaining the invisibility of learning disabilities and ignoring the oppression people with LD experience. I believe, in many ways, the use of this model inhibits students' personal growth, self-understanding and identity development. The presence of a visible and supportive community has the potential to diminish the isolation people with LD experience as well as contribute to the process of positive identity development.

In response to the beliefs I was developing about isolation and invisibility, and as a way to examine the role of community in positive identity formation, I developed and coordinated a Peer Mentor Network (PMN) for students with disabilities, from 1991 to 1997. The goal of the PMN was to provide a forum for learning disabled college students to participate in a supportive environment within which they could explore their LD identity and possibly create a community with other LD students. This was a difficult venture given the incredible stigma that most LD students feel about themselves and consequently others with LD. I found that students had accepted the negative stereotypes about being abnormal or stupid and they were unwilling to associate with others who they thought were also abnormal or stupid. However, the PMN persevered and provided a place for students with LD to learn more about themselves and others as well as find their voice to share their experiences with others.

An outgrowth of the PMN was my realization that through community, people with learning disabilities were beginning to challenge their internalized misperceptions and stereotypes about themselves as LD and begin to claim their LD as an identity. Witnessing the growth in individual development of self-knowledge, self-understanding, and self-empowerment as well as the group cohesion and development, confirmed my belief that current service delivery models, provided by most educational institutions, foster and perpetuate oppression, whether consciously or unconsciously. These observations directed my research toward exploring LD identity development in order to propose alternatives to the current models of service delivery.

In 1996 I conducted pilot interviews with learning disabled students on one campus. I interviewed two undergraduates using a qualitative research approach, in-depth interviewing (Seidman, 1991). Two main themes emerged: the negative impact of social stigma on one's self-concept; and the self-acceptance of being LD embedded in a developmental process. These initial interviews informed my decision to pursue LD identity development further in my dissertation research as well as constructing the research questions guiding this study which are presented in detail in a subsequent section.

I began interviewing participants for the dissertation research study in the Fall of 1997. The dissertation research study developed from my desire to incorporate my knowledge of the experiences of college students with learning disabilities with my understanding of social justice and oppression theory, in order to examine LD identity development. The field of learning disabilities lacks a critical analysis of the social construction and oppression of learning disabilities, both of which impact positive identity development. Thus, this research attempts to bridge the gap by exploring student's self-perceptions of their LD identity.

This study listens to the voices of college students with learning disabilities. Listening to college students with learning disabilities will help service providers to better understand how students view their adjustment to college, their understanding of themselves as learning disabled, and how they name and identify themselves. This study will be an opportunity for students with learning disabilities to share their stories and insight. In essence, the methodology on which this research study is based utilizes an empowerment approach, in that it attempts to study the subject's own point of view, as opposed to a medical model approach which relies on clinicians as experts.

In the next section, I will provide a context for general perspectives from which to understand the assumptions guiding this research.

General Perspectives Used in the Study

The importance of presenting the theoretical and practical perspectives derived from the special education and LD literature is to highlight its grounding in the medical model approach, which I believe to be both oppressive and stigmatizing for students with learning disabilities. In order to examine the process of forming a positive LD identity for college students with LD, it is necessary to understand the complexities of the current social oppression experienced by members of a targeted group. Thus, I believe it is also essential to include a discussion of oppression theory in order to provide a social context for the medical model approach and its subsequent impact on identity development.

Oppression theory is also a necessary component of social identity development theory, which is discussed in greater detail in chapter 2. It is impossible to examine the process of social identity development within a social context, without a social justice framework of oppression theory. The connections between oppression theory and social identity development are also presented in chapter 2. In the following sections, I will provide brief discussions of both special education and social justice perspectives in order to ground the research within the current social context of being learning disabled.

Special Education Perspective

Since the passage of P.L. 94-142 there has been a steady increase in the number and visibility of students with learning disabilities in higher education. Institutions have created service delivery models in order to meet the needs of students with disabilities on campus. Due to the large number of students with LD entering college, service delivery programs have had to standardize their services in order to meet the majority of needs. However, the result of this standardization is programs that meet the needs of those that fall within the parameters of the services provided and failing to meet the needs of those who do not.

Many current delivery models are based on an individual, case management format in which students meet with a service provider in order to receive accommodations. Service providers have standardized the accommodations that exist for students in order to meet the needs of an overwhelming number of students with learning disabilities. However, these standards were constructed using an approach in which the learning disabled as a group are seen as deficient in one or more areas. The attitudes of service providers who offer "solutions" for the learning disabled are not empowering but rather based on a medical model, which is deficit driven. This model of service delivery does not explicitly encourage its providers to listen to the voices of those with learning disabilities in order to facilitate self-understanding of LD and become empowered as individuals and as a member of a group. That is, negative characteristics are used to describe these students and continue to define the ways in which they are provided services on campus.

Most historic and current approaches to LD are grounded in the medical model, which purports individual pathology. Relegating learning disabilities to the status of “illness” establishes the distinction between “normal,” non-LD and “abnormal,” LD. Service providers help to “fix” or “compensate” for the LD in order to help them conform more closely to the rigid norms of learning created by our society. Gliedman (1980) explains this phenomenon:

> Defining the situation as essentially medical relegates it to the realm of physiological defects and assigns central responsibility to a specialized group of professionals. What is omitted is everything that is most vital to the lives of the handicapped: the socially learned preconceptions and reactions of the able-bodied; the absence of societal place and provision for people like them; the socially communicated sense of stigma and doom; the socially generated expectation that handicapped children have no real future as adults. And, conveniently for the able-bodied, the medical paradigm absolves them of all responsibility (xiv).

The limitations of the medical model create what I believe to be an isolating, oppressive and hostile environment for the learning disabled. Creating community, reclaiming negative stereotypes and turning them into positive references, and redefining learning disabilities in our educational institutions are not essential components of the medical model. The medical model will be discussed in greater detail in chapter 2.

Some service providers, however, challenge the medical model and have identified several areas in which students with learning disabilities need assistance or skill building in order to be successful in college. One area, self-advocacy, is a major topic for some service providers who challenge the medical model. The focus for these service providers is to increase students' ability to self-advocate for their needs on campus. In this way, service delivery programs attempt to individualize their services and empower students to better understand themselves. Although this approach in some ways attempts to challenge the medical model, focusing on self-advocacy skills locates the “problem” or need for accommodations within individuals, thereby perpetuating the “pathology” approach of the medical model.

Brinkerhoff (1993) defines successful postsecondary students with learning disabilities as those whom possess strong self-advocacy skills. Self-advocacy is defined as the ability to recognize and meet the needs that are specific to one's learning disability without compromising the dignity of oneself to others (Brinkerhoff, 1993). However, as service providers have experienced, many beginning college students, both learning disabled and non-LD, may not be developmentally ready to self-advocate, nor possess two necessary components of self-advocacy, self-understanding and self-reflection.

Many students with learning disabilities begin college with little understanding of themselves as learning disabled. They may identify as learning disabled, without understanding how the LD affects their learning, daily life, personal relationships and career decisions, nor how to access support systems both on-campus and off-campus. A majority of students have little, if any experience advocating for themselves about their disabilities. Instead, service providers and parents have been the main catalyst in establishing needed services. In essence, service providers expect incoming students to understand their LD and its implication in order to self-advocate, although many students have little experience with self-advocacy.

Brinkerhoff (1993) suggests service providers must help LD students to develop self-advocacy as a skill over time, pointing out that before students can effectively advocate for themselves, they need to develop a greater understanding and acceptance of themselves and their disability. Such an understanding requires students to be self-reflective, as well as comfortable with themselves as disabled. However, the medical model, as well as some current practices in special education, perpetuate the stigmatizing stereotypes associated with learning disabilities, thus further hindering the process of self-acceptance and self-understanding for students with learning disabilities. One specific consequence of such models, then, is the majority of college students with learning disabilities who enter college without the essential abilities to self-advocate.

The literature on adolescent and adult development suggests that the ability to be self-reflective occurs when one is able to identify patterns in one's life as well as analyze the meaning those patterns have for their life (Kegan, 1982). For most students with learning disabilities the special education system has not helped to develop or encourage the ability to identify patterns, nor has the current educational system attempted to de-mystify the socially constructed stigma attached to being learning disabled. Professionals, parents and educators have so focused on "repairing," "fixing" or accommodating students with learning disabilities that they often do not listen to the voices and experiences of those students with learning disabilities.

In order to transform the oppressive medical model into a more liberatory and empowering model, it is essential to listen to the voices of those who experience themselves as learning disabled on a daily basis. An opportunity to listen to the experiences of people with learning disabilities may begin the de-mystification process for students with LD by illuminating commonalities, thus normalizing personal experiences and providing a context for personal meaning-making, rather than the current isolating emphasis on individual deficits. It may also be a model from which students with learning disabilities are able to contradict their internalized negative beliefs about being LD and become empowered to redefine who they are as learning disabled as a positive identity.

In the next section, I will briefly discuss general oppression theory in order to provide a context from which I view the medical model and its connection to the identity development process for LD college students.

Social Justice Perspective and Oppression Theory

As previously mentioned, I believe oppression theory is essential to this research because it positions the personal experiences of learning disabled college students within a larger social context as a member of a subordinate or targeted social identity group. Thus, we move away from the focus on individual deficiency, the medical model, to examining LD identity development within an unequal social context. One's identity does not develop within a vacuum, and one's assigned membership or status as a member in a targeted social group inevitably impacts one's identity development as well. Being labeled learning disabled automatically assigns one membership in a stigmatized and devalued social group, thus locating one in a group that experiences systematic prejudice, discrimination and oppression. For this reason, examining oppression theory is essential to this research study as it provides a framework from which to understand the individual experiences of participants as members of a targeted group, rather than as isolated individual experiences.

In this section, I will briefly describe the components of oppression and its subsequent relationship to LD identity development, in order to provide a rationale for grounding this research study within a social justice framework. A more detailed discussion of oppression theory and its relevance to the discussion of social identity development theory is presented in chapter 2.

In order to engage in a meaningful discussion of oppression theory as an important component of LD identity formation, I must first define my assumptions about the nature of oppression. Our current understanding of oppression is derived from the most recent social political movements of the 1960's, 1970's, and 1980's, such as: the Black civil rights movement, the Feminist movement, the Lesbian and Gay rights movement, and the Disability rights movement. From these movements, as well as historical representations of oppression, institutional injustices and social domination are understood to be pervasive societal constructs in the United States, operating as results of well-intentioned everyday practice (Young, 1990).

The following two definitions of oppression provide the framework for my discussion of oppression theory in this research study. The first definition of oppression is taken from, *Oppression and social justice: Critical frameworks* (1993), in which Andrzejewski uses the following definition of oppression from the Minnesota Department of Education:

> Oppression exists when an entity (society, organization, group, or individual) intentionally or unintentionally inequitably distributes resources, refuses to share power, imposes ethnocentric culture, and/or maintains unresponsive and inflexible institutions toward another entity for its supposed benefit and rationalizes its action by blaming or ignoring the victim (1977, 6).

Similarly, in their chapter in *Teaching for diversity and social justice: A sourcebook*, Hardiman and Jackson define social oppression:

> Social oppression exists when one social group, whether knowingly or unconsciously, exploits another social group for its own benefit. Social oppression is distinct from a situation of simple brute force in that it is an interlocking system that involves ideological control as well as domination and control of the social institutions and resources of the society, resulting in a condition of privilege for the agent group relative to the disenfranchisement and exploitation of the target group (1997, 17).

Both definitions highlight the existence of oppression as resulting from pervasive social structures of domination and subordination, which derive from the dominant or agent group's control of a society's power, resources, and ideology. As oppression is defined above, the systematic structure of oppression positions people as either subordinate or dominant based on their group membership and assumes an unequal and hierarchical relationship between the two in order to maintain the system of oppression. The following few paragraphs define the concepts of domination and subordination, as well as the roles of each in perpetuating oppression.

Social groups are situated in positions of dominance or subordinance in order to perpetuate institutionalized privilege of one group over another. One's group membership is not personally chosen but rather assigned as a "part of the method of establishing dominance in the system of oppression is the naming of the target group by the agent group." Thus, the agent group has the power to define and name reality and determine what is "normal," "real," or "correct" (Hardiman and Jackson, 1997, 17). This results in the devaluation and stigmatization of members of the target group by often being "labeled as deviant, evil, abnormal, substandard or defective" (20).

Oppressed, subordinated, or targeted social group members are restricted by the dominant or agent group in both self-development and self-determination. Targets experience pervasive institutionalized and systematic forms of exploitation, harassment, disenfranchisement, discrimination, and thus are victimized by the agent group with differential and unequal treatment. Hardiman and Jackson (1997) state, "targeted or stigmatized people are kept in their place by the agents' ideology which supports oppression by denying its existence, and blames the condition of the oppressed on themselves and their own failings" (20). Accordingly, the target group internalizes the stigmatizing representation of their group membership by the agent group, thus colluding with and helping to maintain the system of oppression.

The hierarchical nature of oppression establishes the distinction between agent and target in which agents are privileged and benefit from their position of dominance, by the unfair advantage of agent group status. These advantages often do not require the conscious thought or effort of individual members of the agent group but are rather part of business as usual that become embedded in social structures over time (Hardiman and Jackson, 1997).

It is important to consider the complexities of domination and subordination in relationship to social identity and social group membership, in that individuals have multiple identities which may position them simultaneously in both agent and target roles, thus making power and privilege relative to their positionality. It is also important to acknowledge that along with the privilege of agent group membership, is the confinement established by prescribed roles and stereotypes set in place by the same system that establishes their privilege.

The preceding paragraphs define oppression, as well as the concepts of domination and subordination. The ensuing paragraphs examine the relevance of oppression theory for this research study by applying it to the learning disabled as a social group and establishing how oppression operates specifically for people with LD as a marginalized group.

Within this definition of oppression, people with learning disabilities can be understood to have been assigned membership in a targeted social group by the agent group, regardless of individual willingness to identify as a member of the social group. In this case, the dominant group has placed socially constructed and narrowly defined normative values on the learning process, thus locating those outside the norm in a subordinate position. As previously described, the agent group determines what is "normal" and subsequently maintains control of power by naming the target group as "abnormal" or LD. The medical model maintains power by positioning physicians, psychologists, and educators as "experts," who are generally non-disabled, as well as providing them total control of the naming process. In essence, only physicians or "experts" can determine whether a person is LD, which also associates LD to "sickness," requiring individual treatment.

As the system assigns "sickness" (LD) to an inferior status it devalues and stigmatizes group members, thereby providing the dominant group a rationale for differential and unequal treatment. The cultural representation of LD as a "sickness," then, establishes non-LD as the "healthy" norm to aspire to. Thus, the unresponsive and inflexible educational institution is able to blame the victim for lacking the ability to achieve the prescribed values of a "healthy" learner. One oppressive manifestation of this positioning is the demoralizing educational practice of separating or segregating learning disabled students from their non-LD peers, which is consciously or unconsciously deemed by agents as being in the best interest of the targeted group. Oppression, then, limits access to power and resources for the learning disabled and the dominant ideology creates a devalued and stigmatized identity.

The socially constructed stigmatizing stereotypes assigned to learning disabilities are inevitably internalized; thus, believing the dominant ideology leads people with learning disabilities to accept the dominant definition of LD and consequently, blame themselves and their own failings. Internalizing stereotypes also manifests for the LD in their devalued sense of themselves, as well as a lack of self-esteem, self-respect, and self-confidence. These prescribed stereotypes often lead to a self-fulfilling prophecy of failure or lack of achievement. Internalized subordination is enhanced by the virtual invisibility of being LD, thus collusion occurs when one maintains their invisibility by "passing" or denying its existence.

Positioning LD identity within a system of oppression is important to this research because oppression theory establishes a contradiction to the current medical model approach to learning disabilities, which I believe provides an essential perspective when examining the data on LD identity development. Thus, a working assumption for this research study, is that the oppression college students with LD experience informs, in some way, participants' meaning-making of being learning disabled. A further discussion of the findings from the data, in terms of the effects of oppression and stigma on LD identity development is presented in chapter 5.

Research Questions

In this study LD college students' understanding of themselves as learning disabled will be explored. The following research questions characterize the issues that are the focus of the study:

1. How do entering and exiting college students describe their learning disability?
2. How do entering and exiting college students make sense of themselves as learning disabled?
3. How have entering and exiting college students' thinking about themselves changed since they were initially diagnosed and labeled learning disabled?
4. How do entering and exiting college students incorporate their learning disability into who they are as a person?

Significance of the Study

The importance of this study is the contribution that it can make to the field of learning disabilities by re-conceptualizing the current and demeaning medical model of support services toward a more empowering model. It is one of the few studies that attempts to analyze LD identity development in college students from their own perspective. Thus, the body of knowledge regarding student's self-perceptions of their LD will be expanded upon by including voices of students themselves.

The field of learning disabilities has only within the last decade begun to look at college students and adults with learning disabilities. Within this research the focus has been on models of service delivery in higher education, accommodations for the learning disabled college student, and self-advocacy for this population. However, there have been few research studies that have addressed the issue of identity and self-understanding for college students with learning disabilities. This study is essential in order to hear the voices of college students with learning disabilities, not only to understand how to best provide resources and accommodations, but also to recognize and validate the individual and collective experiences of living with and being learning disabled.

Service providers and educators who understand the differing developmental levels of identity development will better be able to meet students where they are individually. Practitioners will benefit from a comprehensive understanding of students' perspectives as well as incorporate results of this study into their own practices as support service providers. Thus, skills and knowledge will be enhanced and taken into consideration when working with students with learning disabilities.

This study will contribute to the understanding of how those with learning disabilities make sense of and meaning for themselves and how they incorporate that understanding into who they are as a whole individual. The field will benefit from this understanding by incorporating this information into their existing beliefs and assumptions about who this population is and what they need in order to achieve their goals in life.

Overall, this study has theoretical and practical significance because it bridges the gaps that exist between current theoretical frameworks of social identity development and the field of learning disabilities. This will be achieved by providing descriptions of the ways in which college students with learning disabilities understand and make meaning of their learning disabilities through the students' narratives. This will enable educators and practitioners to design and implement meaningful programs which supports the developmental process of accepting oneself as LD. It is my hope that this study will help educators and practitioners to foster and create opportunities for LD college students to challenge their internalized perceptions of themselves as LD.

Dissertation Outline

I begin the next four chapters with a review of the literature on learning disabilities and social identity development theory. Chapter 3 describes the methods I used to collect and analyze the data. Chapter 4 presents the results of the data analysis by research questions. The final chapter includes a discussion of the research results, implications for future research, implications for practitioners and limitations of the study.

CHAPTER 2

LITERATURE REVIEW

Introduction

The purpose of this chapter is to explore social identity development theory literature in conjunction with an overview of the learning disabilities literature in order to challenge the current beliefs about learning disabilities and the oppressive practices within the field of special education. In order to answer the four research questions presented in chapter 1, a review of both the LD and social identity development literatures are necessary. In reviewing both bodies of literature, I hope to build a bridge from the existing attitudes and beliefs in the field of learning disabilities, which pathologize the learning disabled, to one of empowerment, in which the learning disabled form positive social identities. I will explore social identity development theory in the United States and its implications for college students with learning disabilities. My purpose in looking at the literature on social identity development is to examine, in detail, the mechanisms for creating social group identities and understand the dynamics of group development and individual identity development. As of yet, there have been few works that discuss learning disabilities as a social identity or as a defined social group. These two bodies of literature are conceptually distinct and have historically grown out of different traditions.

The first body of literature examines the historical development and social contexts of learning disabilities, as well as current beliefs and practices. The second body of literature is rooted within a social justice framework which developed out of historic civil rights movements such as: the Black civil rights movement, the Feminist movement, and the Lesbian and Gay rights movement, in which social groups re-conceptualized imposed social stigmas to determine who they are and what meaning that specific identity has in their lives. It is no accident that re-framing identity is also a part of the Disability Rights Movement which has taken place within a social justice context. The Disability Rights Movement is credited with civil rights for the disabled and increased visibility for the disabled. However, my major assumption is that, for the most part, people with learning disabilities have yet to embrace or engage in the Disability Rights Movement, thus missing the empowerment of positive social group membership.

Much of the research within the framework of oppression theory and social identity theory has focused on ethnic and racial identity development. How then can one make the leap from ethnic or racial identity to learning disabled identity? There are fundamental differences that exist between these identities, yet researchers exploring other areas of social identity development have made this leap. For example, Vivienne Cass (1979, 1984) has used social identity theory to develop a model for homosexual identity formation. Epstein (1987) explores the connection between ethnic identity and gay identity. Glickman (1993) looks at the identity development of the deaf within the context of minority identity development theory.

One of the earliest statements of the importance of social identity was made by Lewin (1948), who asserted that individuals need a firm and positive sense of group identification in order to maintain a sense of well being (Phinney, 1990). A firm sense of group identification and positive community are missing for the learning disabled population. For this reason, in order to make a distinction between the differences of the medical model and an empowerment model one needs to consider social identity. Social identity theory will be explored in greater depth at a later point in this chapter in order to make these connections. However, the similarities between positive Black identity and positive LGB identity through community are analogous to what needs to happen for the learning disabled in order to form a positive LD identity. The theory of racial identity, which is based on a highly visible social group category, has applicability to other less visible social groups. For example, Cass's homosexual identity formation model applies social identity theory to an invisible social group category. Glickman's work with the deaf population modifies social identity theory in order to apply its relevance to the experiences of a relatively invisible social group. Thus, it is my belief that social identity theory is relevant and applicable to the learning disabled population, as a way of reframing the existing medical model and moving toward a liberating empowerment model.

There are pieces that are missing in the field of learning disabilities that I believe can be addressed by looking at identity development and social identity development. The components of personal identity development, self-understanding and self-knowledge are detailed in the literature as a part of adolescent development, but do not take into consideration a LD identity; so, people with LD lack self-understanding about themselves as LD. Currently, there is no model of social identity development for people with learning disabilities. Thus, I believe that both general and specific theories of social identity will offer guidance in exploring the developmental process of LD identity formation.

The pathologizing of the learning disabled, as demonstrated by the medical model, is significant throughout the literature and thus limiting to the learning disabled.

In this chapter, I will present literature that addresses non-academic areas of learning disabilities as a way of demonstrating how the medical model is still pervasive in the field. I am proposing new directions for the LD literature which will involve re-conceptualizing the existing medical model, whereby experts provide "care" or "accommodations" for the learning disabled, to an empowerment model, which incorporates social identity theory and developmental processes as being integral components of self-understanding and the formation of a positive LD identity.

In order to accomplish this, I will deal with the two bodies of literature separately in this chapter. I will first review the LD literature, particularly with reference to concepts which are adjacent to identity but are not exactly the same; self-concept, social-skills, and identity. Secondly, I will define identity and social identity and conclude with a review and comparison of racial identity development and other minority identity development models. This second body of literature to be reviewed is an essential piece of my transition to a new paradigm for the field of learning disabilities. I believe that the literature needs to take from the medical model that which is beneficial to people with LD and move away from its assumptions of pathology. In its place should be an empowerment model, which encompasses a social justice paradigm and incorporates an analysis of the issues of oppression. A large piece that is missing from the LD literature is an analysis of its basic assumption that the learning disabled are a targeted group and thus are considered inferior to the dominant non-LD population. This analysis should include the status issues integrally related to a dominant-subordinate paradigm. Thus, my movement to a social justice empowerment paradigm in the latter portion on *Social*

Identity takes into consideration the issues of status and oppression for the learning disabled.

In the following section, I will review the existing learning disabled literature in order to examine the grounding and foundation from which the field is based. Within this context I maintain a belief that learning disabilities do not necessarily equate with "unable" but rather as an acknowledged difference. This is the distinction between the medical model used in the LD literature, which pathologizes people with learning disabilities and the social justice empowerment model used in the social identity development models, which values difference. I will compare these two models in greater detail in the latter portion of the chapter.

Learning Disability Literature

Historical Perspective

The field of learning disabilities has been through many changes since its beginnings in the early 1950's. Yet, what has remained constant is the belief that those labeled as learning disabled have individual deficits, whether neurological, behavioral or cognitive, that educators, parents and professionals must "cure," "adapt" or "remedy." This is the main assertion of the medical model, which maintains that the learning disabled are in need of "fixing" or "curing." What distinguishes learning disabled students from others is a social fact: they differ from the "able-bodied" or the non-learning disabled norm, and for this reason they are assigned a stigmatized, negative and deviant social role because of group affiliation (Gliedman & Roth, 1980). The medical model perpetuates this stigmatized, negative and deviant social role, by maintaining a belief that learning disabilities are a problem of each individual, whether the root causes is medical, cognitive, or psychologically based. Denti and Katz (1995) aptly state this issue within the framework of a diagnostic model which is derived from the medical model and is currently a popular model in the field:

> Unfortunately, in our view, the diagnostic model makes all problems appear to be individualistic: Problems are always *the individual's problems*. Thus, the student with a disability is viewed as an atomistic unit, to be studied and treated apart from his or her social relations. In our view, the diagnostic model allows little room to examine a student's interpersonal or group relationships, for these relationships are not seen as essential to what the individual needs to become a socially productive group member or "citizen." The diagnostic model places a diminished emphasis on students as social beings (Tomlinson, 1982). As a result, a concern for group and interpersonal relations is seldom viewed as central to the special education process. Because the grounding assumptions of special education and learning disabilities seem to reduce the individual to a person with particular cognitive deficits, it is difficult for the field of learning disabilities to address the central normative issues of what it is that a healthy social person does, what competencies she has acquired, and what character traits she has developed (416-417).

The four major models under which the field of learning disabilities has operated include: the medical model of the 1950's; the psychological process model of the 1960's; the behavioral model of the 1970's; and the cognitive/learning strategies model of the 1980's. Each of these models have distinct differences but as Poplin (1988b) points out, all four models are drawn from the early medical model origins and reductionistic learning theory. They all share the basic fundamental values that reveal their similarities as far more striking than their differences. Although some of the practices have changed since the medical model of the 1950's, the attitudes and beliefs of pathologizing learning disabled students has remained constant. The major assumptions regarding etiology, diagnosis, educational assessment, instruction, and goals are presented in Table 1.

Table 1 - Overview of Theoretical Models of LD 1950-1990's

	Medical Model 1950's	Psychological Process Model 1960's	Behavioral Model 1970's	Cognitive/ Learning Strategies 1980's
Emphasis	Neurological pathways	Prerequisite skills for academic success	Academic product or consequent behavior	Info. processing & meta-cognition necessary for academic success
Etiology	Brain damage or dysfunction	Minimal Neurological Dysfunction	Lack of learned behaviors or learned non-adaptive behaviors	Insufficient strategies or study skills with which to process info.
Diagnosis	Largely neurological	Soft neurological signs, psychological process testing; some intelligence and academic tests, or modality frame of reference	Discrepancy bet. IQ & academic achievement, criterion-referenced tests, & observation of academic & social school tasks	Discrepancy bet. IQ & academic achievement, with cognitive skills tests and/or observation of specific strategies
Assessment	Academic assessment, largely anecdotal case studies	Psychological process, some basic academic skills	Testing of student behavior against task analysis of skills, examination of reinforcement contingencies	Testing of student behavior and processing against known cognitive and/or learning strategies. Often task analyzed
Instruction/ Treatment	Extremely structured, clutter-free environment; neurological training; basic skills; some medication	Psychological or psycholinguistic training with less emphasis on actual academic skills; medication, sensory integration, and/or modality training	Direct instruction using task analysis of skills and application of reinforcement principles	Direct strategy instruction; also use of principles of reinforcement, particularly self-management and self talk
Goals	Function in community	Function in school; less community emphasis	Almost exclusively school-related goals, some social but primarily academic mainstream	Almost exclusively school-related goals some social but primarily academic mainstream

Adapted from Poplin, 1988b, 391

There are both benefits and limitations in the sole application of the medical model or the social justice empowerment model. The medical model offers legitimacy to the learning disabled for a phenomenon which is usually perceived as children being "stupid and lazy." Thus, by asserting that there are neurological and physiological reasons for having such a disability, learning disabilities are legitimized. However, this assertion seldom transfers into practice nor are learning disabilities established as a "learning difference" but rather a "learning deficit." This is the key difference between the two models, disability versus difference.

The medical model and its later counterparts have transformed students with learning disabilities into second class citizens who are thought of by others as "less" (Denti & Katz, 1995). Thus, a sense of inferiority is continually reinforced by an educational structure which imposed this social status by deeming people with learning disabilities "inferior" based on their social assigned group membership. However, this same system, as stated previously by Denti and Katz, manufactures the learning disability as a individual trait that can only be "cured," "remedied," or "accommodated" by those within the system, mostly on an individual basis. Thus, the very system assigning social group membership, perpetuates an isolated individualistic experience rather than creating an empowering culture and/or community.

Oppressive Cultural Beliefs

In reviewing the learning disabilities literature it became apparent there were examples of oppressive beliefs and attitudes underlying the research and writing. Clearly, one underlying reason for these oppressive beliefs stems from the influence of the medical model which pathologizes those with learning disabilities. However, the medical model did not just appear, it grew out of a much larger social context in which social norms dictate a rigid standard of attitudes, beliefs, and cognitive ability. Although I believe the medical model perpetuates a socially stigmatized identity for people with learning disabilities within the current social context, its creation and historical roots have scientifically legitimized learning disabilities. In other words, scientifically, the medical model has benefits in understanding the etiology and biology of learning disabilities; however, socially, the medical model continues to perpetuate a devaluing oppressive belief system about people with learning disabilities.

I believe it is important to identify these underlying assumptions in order to determine the prevalent thinking of this body of literature. Also, acknowledging the oppressive belief systems is one step to aid in shifting from a medical model paradigm to one of empowerment. I will be discussing further steps for this shift in paradigms at a later point in this chapter.

In an extraordinary research article addressing the identity of learning disabled children through narrative, Reid and Button (1995) have articulated the oppression of young learning disabled students in our educational system. They believe interviews of students with learning disabilities have traditionally been driven by a deficit model in which questions address the investigators' purposes, such as planning programs, conducting assessments, and so forth. However, few investigators have interviewed students with disabilities in order to hear from them, to give them voice. It seems as though these students are the forgotten element in the educational equation. "Few sources have acknowledged the importance of a student's previous knowledge and experience in the active construction of knowledge" (Gallagher & Reid, 1981; Poplin, 1988a). Even fewer recognize the roles they play in the social construction of their selves (Polkinghorne, as cited in Reid & Button, 1995, 607).

The results of the study conducted by Reid and Button illustrate the negative impact of the medical model on students' experiences and sense of self in school as several themes emerged. The interpretation of written narratives suggest students unanimously reported feeling isolated, victimized, and betrayed. A second theme related to the misunderstanding and devaluing they experienced in school. "These students repeatedly reported feeling what is more accurately labeled as oppression in its political sense" (Reid & Button, 1995, 608). A third theme highlighted the oppression students experienced from teachers, peers, parents, and siblings as well as the rigidity of the school structure. They noted that students seldom have any input into what happens to them. "They want to be like everybody else. They want to spend more time in general education classrooms to get to know their general education peers, instead of being physically set aside" (Reid & Button, 1995, 610). Furthermore, not once in their interviews or during discussions did any of the students ever describe *themselves* as learning disabled. "The label itself, like most everything else in their school lives, was imposed by the school because, as the students understood it, they were 'having trouble' or 'getting bad grades.' Most of the students did not have any clear recollection of why they had been labeled in the first place" (Reid & Button, 1995, 610).

In conclusion, Reid and Button critique the medical model as an institutionalized system of oppression, as well as the lack of critical analysis of the established system which clearly has a negative effect on students self-concept. I offer this concluding paragraph as it so aptly illustrates the connection between oppression theory and the current medical model:

> For we do, as a society, *create* many of these categories of disability. We must not lose sight of the fact that handicapping conditions are socially constructed....Its primary diagnosis relies on measuring de-contextualized cognition against the institutionalized norms for successful schooling as they have been embodied in intelligence tests. Learning disabilities have been defined largely by age-related standards imposed by achievement expectations, when intelligence is not a contributing factor. The difficulty has been that we have reified these conditions, attributing them to students as if they were personal characteristics in the sense of the medical model. Perhaps, unintentionally, we have used such labels as a means to justify the exclusion of some students from the system, rather than addressing the question of how to reform our entrenched bureaucratic educational system in ways that will answer their needs. We have paid lip service to the idea that 'all children can learn,' while simultaneously limiting the potential of many students, including those we have discussed here, by the way we conduct business as usual in our schools. We must empower our students, because the answer to the question 'Who am I?' leads to decisions about 'who I can become'" (Reid & Button, 1995, 612).

Denti and Katz (1995) have also addressed the issue of oppressive beliefs within the field of special education in their article entitled, *Escaping the Cave to Dream New Dreams: A Normative Vision for Learning Disabilities.* As mentioned earlier, one premise of the medical model is the belief that learning disabilities are intrinsically individual in nature and therefore, must be individually remediated. This is an important distinction to make because of its effects on all of the models used in this field. Although the models change in strategies and approaches to working with this population, to this date, there has not been a shift in beliefs in which individuals with learning disabilities are part of a larger social group that has distinctiveness as a group and can find empowerment as such. Poplin (1988b) reviews the different models that have been used throughout the history of special education: the medical model, psychological process model, behavioral model and cognitive/learning strategies model. Poplin then presents her perceptions about the failures and commonalities of these models. To illustrate my point of the oppressive belief system inherent in these models, the following brief synopsis, reviews her perspectives:

> 1. Learning disabilities are seen as a discrete phenomenon rather than an explanation of a phenomenon. Our trouble in diagnosing the condition reveals the fallacy that Angeles (1981) refers to as the error of explaining a phenomenon and regarding its explanation as being real rather than the phenomenon being explained.
>
> 2. Each model ultimately places the onus of responsibility for cause and/or the cure for learning disabilities directly on the student. The desired *change* in each model lies *within* the student, even though the designated *agent* of change may be teacher or school.
>
> 3. Each model proposes a diagnosis, the goal of which is to document specific deficits. In each model, the hypothesized problem becomes the set of symptoms to be diagnosed. In essence, then, one model deviates very little from the other. The over reliance on cause-effect paradigms is characteristic of reductionism in the human sciences. Our language gives away our reliance on symptomatology and medical model assumptions-diagnosis, diagnostic-prescriptive teaching, treatment, intervention, and differential diagnosis.
>
> 4. Instruction in each model is deficit driven. Because diagnosis is primary to special class placement (though, no doubt, this is true primarily for political and economic reasons) and because diagnosis drives instruction, the instructional methodology in each model becomes almost exclusively deficit driven.
>
> 5. Each model supports the segregation of students into categories. The way we categorize students by test scores and the way we segregate handicapped from the nonhandicapped students as well as the various handicaps from one another, are all results of reductionist thinking. There remains little evidence that reducing any classroom to a small homogenous group provides a more effective instructional environment.
>
> 6. Although we know that students with LD are often quite talented outside of the traditional academic arena, our methods are not designed to enhance their talents and interests. I believe this is because (1) we are so overly focused on the deficits that have to be documented in order for students to receive services, and (2) we ultimately believe that we can work on school deficits structured in isolation from the total person (Poplin, 1988b, 398).

The field of learning disabilities has adopted a narrow trajectory focused on improving student's deficits. "The broader sociological context of participation in school life and membership in schooling cultures appears to have been sacrificed for a rational-technical approach and has failed significantly, for it has sanctioned a separate, segregated educational system with limited benefits to the identified students" (Will, 1986, cited in Denti & Katz, 1995). Public schools act as agents of social control confirming labels for means of specific diagnostic criteria that apply for special education. Such a process often creates a sense of legitimacy for the symbols that may lead the learning disabled to think of themselves in negative terms (Krutilla & Benson, 1990).

As I move into a discussion and critique of the learning disabilities literature let me note that it is a subset of a broader interdisciplinary field, that of special education. The special education field is formidable in its cross-disciplinary origins and approaches, such as psychology, sociology, education, and medicine. The sheer volume of these combined literatures prohibits their individual analysis within this chapter. However, the learning disabled literature that comes out of these areas is consistent in its representation of learning disabilities within the context of the medical model.

The literature has been extensive in its exploration of the effects of having a learning disability on: individual psychological processes (self-concept, self-esteem); the social implications for learning disabled individuals within schools, home, and the workplace; new strategies for learning and social skill development; and the biological causes of specific learning disabilities. However, as a field, research has not yet been conducted on meaning-making or how people incorporate their understanding of themselves as learning disabled into their complex identities. Reid & Button (1995) offer a summary of research in the field of special education:

> It is ironic that in special education, a field devoted to improving the quality of life for people with disabilities, we have almost no acquaintance with those *people* in our literature. We have an array of means and standard deviations that characterize students with disabilities as "subjects" in groups or subgroups, and a significantly smaller set of case studies that report investigators' observations about these "subjects," but it is difficult to find instances in which we hear from people themselves. We do not know how *they* understand their problems and needs. We have studied them, planned for them, educated them, and erased them. We have not listened to *their* voices (602).

It is precisely because of this lack of listening to "their voices" that I have chosen to explore the learning disabilities literature in conjunction with social identity development theory, so that we may understand their connection to the developmental processes of forming a self-identity and social identity as learning disabled. I am searching for information that will shift the belief systems and models of service provision for people with disabilities. It is my intention to explore the meaning that students with learning disabilities make about their identity as learning disabled.

Defining Learning Disabilities

The field of learning disabilities is a relatively young field beginning in earnest in the mid-1960's. Although the field of learning disabilities emerged in the mid-1960's, there is a long history of pioneers researching learning and "slow learners." The first, and most widely accepted formal definition of learning disabilities, was formulated by the National Advisory Committee on Handicapped Children (1968) and was later incorporated into the Education for All Handicapped Children Act of 1975, Public Law 94-142. It states:

> Children with specific learning disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance or to environmental disadvantage (Federal Register, 1977, Sect. 121a.5.) (Vogel, 1993, 3).

This definition refers specifically to "children" and has since been revised several times to reflect the increase in awareness that learning disabilities do not disappear in adulthood (Hammill, 1990). This early definition includes language such as minimal brain dysfunction and developmental aphasia, phrases that were coined by physicians and psychologists to describe the learning disabled. Because this early definition does not reflect the implications for the learning disabilities to span the lifecycle, and because the language was outdated and no longer applicable, the definition was revised in 1981. The most widely accepted definition of learning disabilities was developed by the National Joint Committee on Learning Disabilities (NJCLD). It states:

> Learning disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences (NJCLD, 1981 cited in Vogel, 1993, 4).

Extensively revised and rewritten, this definition is still highly controversial and not universally accepted. Nevertheless, most definitions of learning disabilities include three common themes: (a) The LD child has a measured IQ that is average or above average, (b) there is a significant discrepancy between potential (as measured by IQ) and achievement, and (c) the disability is not due primarily to other psychological, environmental, or physiological conditions, although these may exist concurrently.

This field is young, based on a medical model, and has little to no analysis of the marginalization of those with learning disabilities. It is evident from this last definition that professionals, educators, parents and advocates view a learning disability as "intrinsic to the individual" and thus can embark on the route to finding a "cure" or "fixing" the individual. This definition lacks a recognition of the social system's failure to meet the needs of all students, thus, students who experience difficulty in school are pathologized as individually deficient (LD), rather than re-conceptualizing the current social construction of "normal learners." Very few people in the field discuss the reconstruction of how we view people with disabilities in a way that is empowering.

This definition also includes language about problems in "self-regulatory behaviors, social perception, and social interaction," which represents a shift from previous thinking in the field to include social development as a component of learning disabilities. This recognition of social skills deficits has led to increased research into the areas that effect social skill development. However, again there has been little mention about learning disabilities as an identity and its implications for social perception (Denti & Katz, 1995, Stainback, et al., 1994, & Wilczenski, 1992).

Learning Disabled Identity Development

Few researchers have focused on how the educational mainstream influences the development of a positive self-identity among students with disabilities (Stainback, et al., 1994). Branthwaite and Rogers (1985) contend that a person's self-identity influences the way s/he interacts with the environment. Gliedman and Roth (1980) believe that it is important for people with disabilities to develop a positive self-identity that includes their disabilities. Ferguson and Asch (1989) described the issue as follows:

> How do disabled people come to think of themselves in ways that incorporate their disability as an important part of their personal and social identity? It is a theme that complicates the call for educational integration. In both the literature and our personal reflections we find an undeniable recognition that a well-developed sense of identity as a disabled adult needs some significant involvement as a child with other people (children and adults) who have similar disabilities (Cited in Stainback et al., 1994, 486).

There is little research in special education on issues surrounding the development of a self-identity, and consequently, little research on social identity development.

Cohen (1986a), in his article entitled *Learning Disabilities and Psychosocial Development,* addresses several key aspects of identity development for people with LD. He believes that being LD not only seems to have a significant effect on various aspects of self-experience and the emotional life of the person but acts as an organizer of development as well. As previously suggested, one's ability to positively identify as learning disabled depends on one's self-understanding as learning disabled. Learning disabilities are cognitive weaknesses and weaknesses are always determinant in one's sense of self and identity. Learning disabilities are also intermittent in nature, for the mild to moderately learning disabled, thus contribute to the belief that frustration and failure are unpredictable and uncontrollable. Cohen (1986a) offers insight into these issues:

> All the youngsters studied, both the LD and the non-LD, showed feelings of incompetence, inadequacy, low self-esteem and anxiously believed they would fail. However, there was one aspect of self-experience that did uniquely characterize many of the LD youngsters studied. A consistent and core aspect of these youngsters unconscious self-representation was that of being painfully damaged, inadequate, dumb and vulnerable. These negatively colored, disparaging unconscious self-representations crystallized and were becoming an integral aspect of the children's' character by the age of seven or eight (2).

Thus, a beginning step to developing a positive social identity must incorporate one's understanding of their learning disability in order to transform the negative messages received by the larger society.

In a chapter on the adult development of the learning disabled, Bassett et al. (1994) mention the importance of accepting one's learning disability as a critical step in positive identity development. They suggest that if one is unable to resolve this issue, ensuing development may be significantly altered, also implying that the learning disabled may be slower to move through the developmental process of adult development.

Orzek (1984) presents a support group model to address the needs of college students adjusting to college. Within the text of her article, a very small section entitled "Establishing Identity" refers to social skill development, personal appearance and appropriate usage in social situations as the only factors in establishing a LD identity. This presumption lacks a broader understanding of the many components of identity development. The theoretical basis for the exploration of identity in which the article is based comes from Chickering's (1969) vectors of development and is defined as the "self or person one feels oneself to be" (Orzek, 1984, 406). A major proponent of Orzek's assertions is the stated belief that LD students have as part of identity a concept of "self" as an individual with acceptable social skills. Again, the emphasis on identity development for the learning disabled is described here as one's ability to fit into society's norms of appropriate social skills. Although, this section is not comprehensive, Orzek makes an important assessment of identity development for the learning disabled:

> for LD students there will always be the issue of how much their identity is founded in their having a learning disability. This may influence who they choose to tell (dean, professors, friends, roommates, etc.) and how much support to elicit and accept because of their special status. As development in the other vectors occur, it is reasonable that the identity based on disability will fluctuate also. Although this is certainly a viable topic for discussion in-group, those who perhaps need the discussion most may decide not to attend such a group because they have chosen not to be identified as "learning disabled." In general, however, the LD itself and its effect on interpersonal behavior are important influences on the identity of the LD student (406).

This statement demonstrates several of the issues the LD must deal with in establishing a positive identity: the effect of the learning disability on social interaction; the stigma of having a LD which has the potential to effect participation in LD-sponsored activities such as support groups; and how much their identity is grounded in being LD.

In the rather short history of the field of learning disabilities there has been much research conducted on the LD population. Historically, the trend has been to focus on children with learning disabilities and the subsequent academic effects. Educators and other professionals have traditionally focused "almost exclusively on the academic aspects" of learning disabilities (Wilchesky & Reynolds, as cited in Spafford & Grosser, 1993, 178). Research on reading, writing, mathematics, visual and perceptual deficits are in abundance. However, there has been a shift in the field of learning disabilities for some researchers, to focus on adolescents and adults with learning disabilities and to include within this research, issues that are not related to academics but rather involve "social competence." Social competence is not a subset of social identity development, however. Because little research or discussion exists about the social identity development of people with learning disabilities, research being conducted on areas of 'social competence' will be explored in order to make connections to theories of social identity development.

I have found but two articles that address issues of social identity for people with LD (Wilczenski, 1992; Bassett, et al., 1994). Therefore, in order to make the leap to social identity, I explored LD issues currently being researched and discussed in order to extrapolate their relationship to social identity development. The following non-academic issues have been drawn from the literature and synthesized under the rubric of "social competence;" social skill development, self-concept, self-advocacy, self-awareness, self-understanding and identity development.

Traditionally, professionals have viewed the social difficulties of children with learning disabilities as products of either school failure or some intrinsic psychological deficit (Spafford, 1993). Some recent research is concerned with growth in such non-academic areas as self-concept (Martin & McLaughlin, 1993; Bender, 1987; Spafford & Grosser, 1993; Huntington & Bender, 1993), social skill acquisition, (Spafford & Grosser, 1993; Cordoni, 1982), and identity (Heyman, 1990; Orzek, 1984).

Gajar (1992) conducted a comprehensive review of the literature dealing with adults with learning disabilities. More than 200 articles were reviewed, many of which were themselves either reviews of the literature or descriptive studies which were categorized as pre-post assessment articles. Gajar presents an outline of major topics discussed in the research and the following is an abbreviated synopsis of Gajar's findings:

1. Learning disabilities identified in childhood persist throughout the lifespan.

2. There is a pressing need for research in the area of adults with learning disabilities.

3. The self-reported characteristics and needs of adults with learning disabilities included problems in academic, social, personal, and vocational domains.

4. Little information is available about training programs or intervention strategies.

As we see from this survey, there is a paucity of articles addressing the adult with LD within the context of social identity development.

Gajar (1992) suggests a lack of research concerning adults with learning disabilities in community settings, as well as problems with personal relationships. Although Gajar's suggestions imply the importance of research exploring the social functioning of adults with learning disabilities, which is a relatively new focus, his focus still perpetuates a stigmatized deficit model. Within the literature there is the belief that LD adults have difficulty integrating in a community setting due to their deficits in communication or social competence. Thus, the underlying assumption is a belief that the goal for the LD adult is to be included into a community setting that has rigid social norms and expectations around behavior, communication and social competence. This assumption does not allow for the researchers to reframe their "deficit or medical model" approach to include a community of other LD adults that could provide supportive role modeling and a safe environment in which to explore themselves as social beings. Gajar represents community to mean a non-LD community, rather than a LD community.

Chesler (1982) reported that social relationships and skills are the major area of concern for adults with LD (Gajar, 1992). Cordoni (1982) states her staff came to believe the greatest need of the learning disabled was in the area of social skills development.

Other problem areas include: career counseling, concern with self-esteem and confidence, overcoming dependency on others, vocational training, job success, academics, management of personal affairs, and organizational skills. Vetter (1983) found that adults identified as learning disabled were less satisfied with their social lives, came from lower socioeconomic backgrounds, were dependent on families, and did not tend to pursue an education after high school (Gajar, 1992, 509).

The literature that addresses the field of learning disabilities is vast. This body of literature includes academic areas such as, reading, writing, mathematics, memory, and so on. Although I believe research addressing academic difficulties experienced by students with learning disabilities is essential to understanding the complexities of cognitive functions, this research is voluminous, thus, I have chosen not to review this area of the LD literature. The ways in which one's learning disability effects the modality of learning is intrinsically intertwined with one's social identity or the way one makes sense of oneself as a learner. However, academic research focuses on the mechanics of learning and intervention techniques for assisting those with learning disabilities. For the purpose of this chapter I will review only the literature addressing the previously mentioned non-academic areas. The following sections will focus on issues raised in the research and their subsequent relationship to social identity development theory, self-concept and social skill "deficits."

Self-Concept

There is much controversy in the field of learning disabilities about whether or not children with learning disabilities have significantly lower self-concepts than their non-LD peers. Studies addressing issues of self-concept for LD adolescents have yielded inconsistent results during the first decade of research (Huntington & Bender, 1993). The research findings concerning self-concept differences among adolescents with and without LD are mixed. Johnson and Myklebust (1967) were some of the first practitioners to identify social perception problems affecting one's self-concept within the context of LD (Spafford & Grosser, 1993). Harris and Sipay (1990) surveyed the literature on self-concept and reported that students with learning disabilities have low self-concepts. Because children with LD experience more frequent peer and teacher rejection, than children without LD, self-concept is diminished in many children with LD. However, Silverman and Zigmond (1983) found no significant group differences on general measures of self-concept and self-esteem. They did find a difference on the academic sub-scale of the Piers-Harris Children's Self-Concept Scale, indicating a lower academic self-concept in adolescents with learning disabilities. The discrepancy in these findings suggests that students with learning disabilities may have a lowered self-concept in one area, but not necessarily in all areas.

Huntington and Bender (1993) believe this early confusion around self-concept for people with learning disabilities became clearer when a more refined understanding of self-concept was developed and explored. They suggest, "global self-concept, which was the typical measure used in early research, refers to the general view one has of oneself; academic self-concept refers to one's perception of himself or herself as a student" (160). Thus, when researchers began to compare adolescents with learning disabilities to non-disabled adolescents on academic self-concept, learning disabled adolescents demonstrated serious deficits. The adolescents with learning disabilities scored significantly lower than did non-LD adolescents in terms of academic self-concept

(Huntington & Bender, 1993). Also, there was no change in the academic self-concept of the adolescents with learning disabilities over time, suggesting that academic success was not experienced or did not significantly alter one's academic self-concept. Thus, years of academic frustration experienced by students with learning disabilities may increase their negative views of themselves regarding negative tasks.

Erikson (1968) believes the growth of a positive self-identity is intimately tied to psychosocial stage resolution. Pickar and Tori (1986) conducted a research study contrasting learning and non-learning disabled adolescents on three variables: Erikson's stages of psychosocial development, self-concept, and delinquent behavior. The study predicted the learning disabled subjects, due to years of failing at school tasks, would be unable to develop a sense of industry and inferiority which is reflective of Erikson's fourth stage. As predicted, learning disabled adolescents showed less resolution of Erikson's fourth stage. Erikson's model is a linear model in which each stage needs to reach resolution in order to progress to the next stage. The fifth stage of Erikson's model is "identity." Although research has not been conducted on learning disabled adolescents' resolution of the fifth stage, one might assume that lack of resolution in the fourth stage, industry and inferiority, would inhibit movement to the "identity" stage. Further findings suggested, while learning disabled subjects were not found to have overall lower self-concepts than non-LD subjects, learning disabled males did obtain significantly lower scores on the intellectual and school status cluster of the self-concept measure, and LD subjects of both sexes reported feeling less popular than their non-disabled peers. The findings on the self-concept scale demonstrated that while these adolescents felt unpopular and inferior about their academic skills, the overall self-concept of the learning disabled sample was not significantly different than that of the comparison subjects (Pickar & Tori, 1986).

Heyman (1990) suggests that students who have learning disabilities tend to generalize specific areas of academic difficulty to more general dimensions of self-concept. If one were to critically observe the oppressive environment in which the learning disabled are schooled, it would be quite clear that being continually reminded of one's failures would lead to generalizing a negative self-concept to the whole of a person. Bender (1987) suggests a possible explanation for the negative findings on general self-concept as representing a developmental trend in which, as these children grow older, they develop more positive and realistic self-images which may be independent of school failure. It is clear from the research that no conclusive evidence exists indicating learning disabled adolescents as having a lower overall self-concept than their non-LD peers. However, significant differences have been demonstrated between academic self-concept and a more generalized self-concept.

Social Skills

Within the literature on learning disabilities there has been increased discussion of social skill deficits and lack of peer relationships. Many individuals "are not well accepted by their peers, have social skill deficits, and have difficulties making and maintaining friends" (McIntosh et al., cited in Spafford & Grosser 1993). Krutilla and Benson (1990) suggest one reason for these difficulties:

> One of the characteristics of many learning disabled youth is a deficit in social skills. Whether this is a cause or a consequence of low self-esteem has yet to be determined, but the relationship between the two appears disturbingly high. Being able to interpret verbal language and symbolic behaviors enhances the potential for LD adolescents to adapt and appropriately respond to their peers and teachers. At present, this ability appears to be suppressed by negative evaluations by significant others with a subsequent reduction in the extent to which LD adolescents believe that they can interact successfully with others (4).

Although these negative behaviors may involve the neglect of only subtle cues, they nevertheless give credence to the perception that individuals with learning disabilities may be socially less than adequate. Also, Spafford and Grosser (1993) suggest that parents, teachers, and peers perceive some children with learning disabilities as socially deficient in interpersonal interactions and in self-regulatory behaviors such as acceptance of authority, having a positive attitude and expressing emotions.

This literature lacks a critical analysis of socially constructed norms of behavior and the subsequent impact. Within the literature, social skill development is based on a socially constructed belief system about what is appropriate social interaction. Acceptable standards of social interaction are so stringent in our culture that any deviance from those norms results in an inability to make and maintain friends, as well as creating difficulty in social interaction. Thus, people with learning disabilities, specifically perceptual disabilities, experience difficulty in picking up social cues or correctly interpreting social interaction and thus, may have what the field of learning disabilities has labeled "social skills deficits." Vogel and Forness (1992) reviewed the literature on possible causes of social functioning deficits in adults with learning disabilities. In this review, they focused on social functioning as a deficit, the root causes, research and interventions. Much attention has been focused on creating intervention strategies and techniques to help those with deficits in social skills become more socially acceptable.

Consistently, literature addressing social skill deficits for people with learning disabilities defines deficit within the context of observed social interactions with their non-learning disabled friends, peers, family and teachers. What is seldom discussed is the importance of interactions between the learning disabled and their LD peers. Thus, if students with learning disabilities were encouraged to participate as members of a learning disabled community, it is my belief there would be considerably more acceptance and value in one's social interaction.

People with learning disabilities, who accept themselves as learning disabled and consequently understand and accept others who are LD, offer a safe environment in which group acceptance is not defined by the wider society's views of appropriate or inappropriate social interactions. As a member of the Peer Mentor Network, I was able to witness these interactions, which consisted of gentle understanding of the difficulties for someone struggling with the inability to read social messages and cues. Isn't it possible for people with learning disabilities, who are able to self-identify as learning disabled, as well as to understand their disability and how it manifests, to build a positive social identity within a social context of others with learning disabilities?

In order to answer this question it is necessary to examine the social identity development literature, specifically its grounding in oppression theory. In the next section I will first present a discussion of oppression theory, as social identity development assumes an oppressive system exists, then I will move into a discussion of the parameters of social identity development theory in order to draw connections to a LD identity.

Oppression Theory

As discussed in chapter 1, oppression theory is relevant to this research study, as it provides a framework in which to situate individual experiences of LD college students within a social context in order to explore LD as a social identity rather than a medical phenomenon. Therefore, prior to examining social identity development literature, which is used as the basis for understanding LD identity, it is important to illuminate the social oppression experienced by people with learning disabilities. Social identity development theory presumes social group membership as a product of domination and subordination, thus is grounded in oppression theory. As a prelude to the social identity development literature, this section expands on the oppression theory discussion in chapter 1 by looking at oppression within a framework of disability oppression.

Disability Oppression

As presented in the LD literature review, minimal discussion occurs within the LD literature about LD as an identity. Subsequently, there has been little exploration of the oppression that exists for people with learning disabilities. However, the emerging academic discipline of Disability Studies, which arose from the Disability Rights Movement, has actively engaged in creating a social dialogue about the oppression of people with disabilities. Although the current focus of Disability Studies overwhelmingly examines the oppression of people with physical and visible disabilities, the concept of disability oppression is inclusive of and applicable to people with learning disabilities as well as other invisible disabilities.

There are many contributions in the field of Disability Studies that are relevant to this research study and should be explored in greater depth in the future. However, for the purposes of understanding the general perspectives and underlying assumptions present in this study, I will briefly describe a general theory of oppression, Young's (1990) "Five Faces of Oppression" and address similarities to Charlton's (1998) theory of disability oppression, as well as drawing connections to LD oppression.

In *Justice and the Politics of Difference* (1990), Iris Marion Young presents her theory of oppression as "The Five Faces of Oppression." Young's five "faces" of oppression are: exploitation, oppression that takes place in the process of labor; marginalization, the inability or unwillingness of the economic system to incorporate a group of people in its political, economic, and cultural life; powerlessness, a group's lack of power or authority; cultural imperialism, the demeaning of a group by the dominant culture's values; and violence, random or organized attacks on a group (48-65). The focus of Young's discussion of oppression is, for the most part, grounded in economic injustice and distribution theory. Nonetheless, several of her "faces" are relevant to the discussion of disability oppression, specifically marginalization, powerlessness, and cultural imperialism. In the following theory of disability oppression, I will intersperse Young's theory of oppression in order to draw relevant connections.

James Charlton's theoretical overview of disability oppression identifies and examines four components of disability oppression which are conceptually similar to Young's "Five Faces of Oppression." In this section I will describe Charlton's four components of disability oppression: Political Economy and the World System;

Culture(s) and Belief Systems; (False) Consciousness and Alienation; and Power and Ideology, while concurrently drawing connections to Young's "faces of oppression."

Political Economy and the World System

Charlton suggests that "political economy is crucial in constructing a theory of disability oppression because poverty and powerlessness are cornerstones of the dependency people with disabilities experience." The political economy is significant as it is primarily concerned with issues of class, which locates groups of people in relation to "economic production and exchange, political power and privilege" (23). He asserts that the political economy of disability is easily established as one in which the vast majority of people with disabilities are powerless and poor.

Young (1990) also describes this condition of oppression in one of her "five faces," marginalization, in which whole groups of people are expelled from useful participation in the political economy. People with disabilities are often marginalized and subjected to "material deprivation" which may lead to dependency on the established welfare state or in the non-welfare state, may lead to homelessness. "Dependency in our society thus implies, as it has in all liberal societies, a sufficient warrant to suspend basic rights to privacy, respect, and individual choice" (54).

For people with learning disabilities, marginalization occurs within educational institutions which perpetuates a larger cultural belief that only those who excel are worthy of being considered productive members of society. Thus, segregation (special education), which often leads to substandard educational practices or at the very least, lowered performance expectations, is a product of marginalization. In essence, learning disabled students aren't being prepared to contribute to the political economy or perhaps are expected to contribute minimally, thus creating a system of oppression, which automatically assigns them subordinate status.

Culture(s) and Belief Systems: The "Other"

As discussed in chapter 1, culture is a milieu and medium of domination and subordination. In another of Young's "faces of oppression," Cultural imperialism, she describes the role domination plays in creating a subordinate "Other," which is a category most always applied to people with disabilities. Young, describes Cultural Imperialism as, "how the dominant meanings of a society render the particular perspective of one's own group invisible at the same time as they stereotype one's group and mark it out as Other" (1990: 58-59). Thus, the beliefs, ideas and values of society not only reflect the dominant culture they help to reproduce it.

Charlton (1998) offers this insight into cultural oppression:

> Beliefs and the attitudes they spawn are not solely determined by religious convictions or education or class or words, symbols, and expressions, or even the mass media. They are informed by the interplay of all of these. Beliefs and attitudes about disability are individually experienced but socially constituted. They are, with few exceptions pejorative. When blatantly pejorative attitudes are not held, people with disabilities often experience a paradoxical set of "sympathetic" notions like the courageous or noble individual. (51)

The culturally dominated are at once distinguished by stereotypes and yet rendered invisible within the culture. The contributions culture makes to the oppression of people with disabilities include "not only the omission of experiences of disability from cultural representations of life in a society, but also culture stereotyping of people with disabilities, the selective stigmatization of physical and mental limitations and other differences, the numerous cultural meanings attached to various kinds of disability and the exclusion of people with disabilities from the cultural meanings of activities they cannot perform or are expected to perform. The lack of realistic cultural representations of experiences of disability contributes to the 'Otherness' of people with disabilities" (Wendell, 1996, 43).

Creating "the Other" is an aspect of the social oppression of people with disabilities. Wendell (1996) identifies two essential processes in creating the concept of "the Other:" "When we make people 'Other,' we group them together as objects of our experience instead of regarding them as subjects of experience with whom we might identify, and we see them primarily as symbolic of something else – usually, but not always, something we reject and fear and project onto them. To the non-disabled, people with disabilities symbolize, among other things, imperfection, failure to control the body, and everyone's vulnerability to weakness, pain, and death" (60).

The concept of "the Other," as Wendell describes above, creates the foundation for demeaning and degrading stereotypes so assigned to "the Other." In the next category of oppression, Charlton illustrates the sociopolitical and psychological implications this concept has on people with disabilities.

(False) Consciousness, Alienation, and Collusion

This third category, (false) consciousness and alienation, addresses the internalization of society's negative beliefs about disability for society, by people without LD, as well as those with LD. Charlton believes this psychological internalization creates a (false) consciousness and alienation that divides people and isolates individuals. "Most people with disabilities actually come to believe they are less normal, less capable than others. Self-pity, self-hate, shame, and other manifestations of this process are devastating for they prevent people with disabilities from knowing their real selves, their real needs, and their real capabilities" (1998, 28).

Hardiman and Jackson (in Adams, et al., 1997, 16-29) refer to a similar condition of oppression as psychological colonization, in which the targeted group internalizes and colludes with the stereotypical representations and ideology established by the social system. Young (1990) also examines the effects of internalization as a component of cultural imperialism, in which the dominant group constructs the "Other" as deviant and inferior in order to justify the cultural invisibility of the "Other." This category is significant for people with learning disabilities, as internalizing negative stereotypes about learning disabilities manifests as believing themselves to be "stupid," "lazy," or "incapable of learning." The psychological ramifications of this process of psychological colonization or collusion are profound. Charlton aptly describes the ramifications for people with disabilities, which includes people with learning disabilities:

> Their evolution of consciousness is informed for the most part by lives of economic and social deprivation in which they are told every day, in one way or another, that they are pathetic, grotesque, and most significant, inferior. This message is reinforced by a variety of social institutions. Families hide them, tell them they will always be dependents. Those lucky enough to attend school are segregated and taught they are *special* (read: inferior) (1998, 70).

Regardless of whether this condition is analyzed as (false) consciousness and alienation, cultural imperialism, or psychological colonization, it establishes a social system steeped in domination and subordination. Hardiman and Jackson (in Adams, et al., 1997, 16-29) suggest that social oppression "is an interlocking system that involves ideological control as well as the domination and control of the social institutions and resources of the society, resulting in a condition of privilege for the agent group relative to the disenfranchisement and exploitation of the target group." For people with learning disabilities this manifests in many ways, but most significantly, as a lack of access to appropriate education and information. The ramifications are profoundly experienced socio-politically, socio-economically and psychologically, specifically in relationship to the established social power structure.

Power, Ideology, and Control

Charlton (1998) suggests, oppression is a phenomenon of power in which relations between people and between groups are experienced in terms of domination and subordination, superiority and inferiority which at its core manifests through one's position to control. Thus, it is evident that those with power, control and those without power, lack control. Charlton identifies the numerous ways students with disabilities are oppressed due to their lack of power and control in the educational environment:

> (1) labeling; (2) symbols [e.g., "Handicapped Room" sign]; (3) structure [pull-out programs, segregated classrooms, "special" schools, inaccessible areas]; (4) curricula especially designed for students with disabilities [behavior modification] or having significant implications for these students; (5) testing and evaluation biased toward the functional needs of the dominant culture; (6) body language and disposition of school culture [teachers almost never look into the eyes of students with disabilities and practice even greater patterns of superiority and paternalism than they do with other students]; and (7) discipline [physical restraints, isolation/time-out rooms with locked doors, use of Haldol and other sedatives] (1998, 33).

In the educational setting students with learning disabilities are virtually powerless to control their own learning process. Young (1990) speaks to this in a "face" of oppression, powerlessness, in which she asserts that the powerless are those who lack authority and those over whom power is exercised. Young believes, "power consists not simply in a person or group in power unilaterally imposing its will on another person or group, but rather an ongoing system that is mediated by well-intentioned people acting as agents of oppression, usually unconsciously, by simply going about their daily lives. Oppression operates through everyday practices that do not question the assumptions underlying institutional rules and collective consequences of following those rules" (41).

Disability is a social construct based on social and functional criteria, thus disability is not a medical category but a social one. As a social construct, the power to define disability is controlled by dominant members of society and is used to position people within a social group for social and economic benefit of society. Disability oppression, then, is experienced by members assigned to the socially constructed category of disabled. Therefore, in order to understand social group development and formation of a positive identity, the next section will review social identity development literature.

Social Identity Development Literature

In this section, I will present what I consider to be the most usable definitions from various fields on the following concepts: the self, identity, social identity and learning disability. I recognize, however that this is by no means an exhaustive piece on definitions. At this point, it is important to note that the literature on learning disabilities, does not, for the most part, discuss identity development, social identity development or definitions concerning sense of self. Thus, exploring social identity development for the learning disabled requires compiling definitions from each of the major fields within the social sciences, especially psychology, sociology and education.

Defining Identity/Self

As a psychological construct, the self is described in a developmental process evolving throughout the lifespan and is "a process by means of which the organism derives and constructs self-products which, taken together, represent the organism's interpretation and meaning of itself" (Horrocks & Jackson, 1972, 22). The self is seen as an "integrated, hierarchically organized set of self attributes or components that defines how an individual perceives him or herself and that influences perceptions and social behavior" (Hecht, et al., 1993, 36). In simpler terms the self means the person as seen from his or her own point of view or "the meanings one attributes to oneself as an object" and how the self is experienced in interactions with others (Hecht, et al., 1993, 36). The meanings that one attributes to the "self" are then organized into identities. Thus, all behavior is related to some sense of self, and a sense of self is part of all social behavior which is continually changing based on interaction. Identity, then, is conceptualized as an "internalized, self-selected regulatory system that represents an organized and integrated psychic structure that requires the developmental distinction between the inner self and the outer social world" (Adams, 1992, 1).

As a sociological construct, the self emerges in relation to social interaction. Charles Horton Cooley (1902) presented his idea of the self as the "looking-glass self," meaning we can know ourselves only by the reactions of other people to us (Skolnick, 1986). He believes that society acts as a mirror that shows us ourselves and without society we would have no self. Thus, forming a sense of self as a part of a larger social context requires our sense of membership in groups. In sociology, then, identity is described as the meaning one makes about one's role as a part of various social groups and as an individual member of particular social groups.

Identity is a process that continues throughout the lifespan and much research has been conducted outlining the critical times in identity development. Adolescence is a time in which the capacity to "abstract" patterns in one's personal history is a dimension of cognitive development and has implications for adolescent identity formation. Adolescence, Erikson argues:

> can be viewed as a psychosocial moratorium during which the individual through free role experimentation may find a niche in some section of his society which is firmly defined and yet seems to be uniquely made for him. In finding it, the young adult gains an assured sense of inner continuity and social sameness which will bridge what he was as a child and what he is about to become, and will reconcile his conception of himself and his community's recognition of himself (quoted in Rosenthal, 1987, 208).

This is the process of identity formation that begins in adolescence and is denoted by Erikson's stage five, identity vs. role confusion.

Erikson, in his early works on identity, divides identity into two distinct areas: personal identity and ego identity. "The conscious feeling of having a personal identity is based on two simultaneous observations: the perception of selfsameness and continuity of one's existence in time and space and the perception of the fact that others recognize one's sameness and continuity" (Erikson, 1968, 50). Personal identity concerns one's feelings and attitudes about oneself, such as anxiety, self-esteem, temperament, traits and skills (Helms, 1990). Ego identity, on the other hand, is defined as "the awareness of the fact that there is selfsameness and continuity to the ego's synthesizing methods, the style of one's individuality and that this style coincides with the sameness and continuity of one's meaning for significant others in the immediate community" (Erikson, 1968, 50). The significance of Erikson's distinction between personal and ego identities is the location of the "I" in one's identity as either a member of a group or as an individual. For example, personal identity describes the "I" as a member of groups whereas ego identity describes the "I" as an individual.

Identity is formed, maintained, and modified through social interaction. Identities are formed through the naming or locating the self in socially recognizable categories. Thus, "we create an identity through applying these categorical labels to ourselves, and these identities are confirmed and validated through social interaction" (Hecht, et al., 1993, 47). One of the difficulties with this definition or explanation of identity for any targeted group is its inherent implication that all people can self-identify. For all social groups, categories and labels have been socially imposed and are stigmatizing. In particular, this occurs for the learning disabled because labeling is not an individual process but part of a medical diagnosis. In other words, one does not get to "apply" these labels to oneself; they are imposed by educational and medical institutions. Those diagnosed with learning disabilities must contend with identity in terms of the self as learner and knower, as well as the self as labeled LD, and as a part of a targeted group.

Defining Social Identity

Tajfel (1972) defines social identity as the "individual's knowledge that he/she belongs to certain social groups together with some emotional and value significance to him/her of the group membership" (2). Social identity, then, is one's self-conception as a group member. However, Dashefsky (1976) suggests social identity is the definition by outside others as an individual, according to group membership (cited in Hardiman, 1992). The differences between these two definitions of social identity lies in whether one self identifies or is identified by others. However, because group membership is socially constructed, the definition of social identity is inherently defined by outside others. The difference between self-identifying and being identified by others could be considered a component of a positive social identity rather than a negative one. A distinction can be made here between highly visible group memberships and those which are not. For example, race and gender are generally more highly visible characteristics which allow others to categorize and define one's identity. On the other hand, learning disabilities and sexual orientation are generally less visible characteristics and thus, individuals may self-identify. However, the difficulty with this thinking for the learning disabled is that although the disability is not visible, people with learning disabilities generally have been diagnosed and labeled by external authority figures. Therefore, in some environments the individual has the ability to self-define but in the educational environment others define the individual based on diagnostic information. The ability to self-define in certain environments is an element of non-visible group memberships and not true of all group memberships.

Due to the nature and influence of the socialization process, a definition of social identity is inherently a collaboration of the two definitions just presented. One's social identity includes both the ability to self-define and decide on the significance that group membership holds, as well as the identity assigned by others. Thus, social identity needs to take into consideration the aspects of the socialization process that either adds value to or stigmatizes an individual based on social group memberships. Hardiman (1992) proposes a definition of social identity that considers these dual ends to a continuous process within the social context. She defines social identity as "all the various social groups that an individual consciously and unconsciously has membership in and the conscious and unconscious use of a social frame of reference in self-perception, social perception or in social interaction" (76). Therefore, social identity impacts the way one perceives self, others and the interactions with others that are influenced by how others define them.

In order to illustrate this point, the remainder of this section will explore the similarities and differences between a generally visible social category, race, and a generally non-visible social group, learning disabled, using the definition of social identity that includes both one's self-defining and the defining by others. In so doing, three specific areas will be addressed: definition by others outside the social group membership; definition by others within the social group membership; and self-defining. Although I am choosing to separate these two identities and discuss them as though they were distinct and different, I recognize the complexity of multiple identities plays a role in social identity development for both people of color and the learning disabled. I have chosen to simplify these two categories as isolated primary identities in the hope of offering some clarity to the points I am trying to make.

It is important to consider some of the differences between visible and hidden social identities or categories in order to recognize how the development of social identity occurs for the learning disabled. In looking at an example of what is most often a visible social group, the racial identity of people of color is defined, in this country, by the white dominant group and holds a social stigma. If one were to maintain that social identity also includes one's own self-definition, then in order to have a positive social identity around race, a person could identify with the history, culture, and institutions available for people of their race. For example, African Americans have created a spiritual and cultural celebration in Kwanza, allowing them to formally honor parts of their history and culture. This is an example of socially transmitted behavior patterns, arts, beliefs, institutions, and is characteristic of a community or population. In this way we can see that culture provides an avenue for a positive social identity related to group membership even if that social group also carries with it the stigmatization of a targeted group membership.

This is a critical point to make because having access to the cultural aspects of one's social identity does not hold true for the learning disabled population. Though I have seen small pockets of work being done to define certain aspects of LD culture, initiatives such as the Peer Mentor Network (Pliner, 1994), and the Disability Rights Movement (Shapiro, 1993) these instances are extraordinary and not visibly accessible to the general LD population nor the society at large. Also, for many with learning disabilities there is a resistance to identify with other people with disabilities because of their socialization which establishes disability as deviant. Therefore, some individuals with learning disabilities do not consider the Disability Rights Movement as a part of their history, culture, or social group membership. The absence of a LD culture needs to be factored into the discussion of the definition of social identity, since the way it is defined does not fully reflect the realities of those with learning disabilities. Although the social stigma exists, the possibility for positive social identity is complicated due to the lack of culture defined above for the African American group.

An initial characteristic of one's social identity is socialization as a member of an existing group. Continuing with our example of African Americans and those with learning disabilities, there are distinct differences between them as members of one's respective group. In other words, if a child is born into an African American community, that child is likely to be socialized by his/her community to hold that identity as part of the "self." Thus, this child is not self-identifying, nor is only being identified by an outside other but is also being identified by an in-group other. Since the larger dominant society targets or stigmatizes African Americans, then African Americans are likely to internalize that stigma and pass it on to their children as well as pass along the positive aspects of African American culture. And, in this way, a young child can be socialized with both the positive and negative aspects of being a member of the African American social group as defined by others both inside and outside the group. Thus, although one self-defines themselves as African American, she/he has been previously socialized as a member of that group.

This does not hold true for the learning disabled since there is limited or no in-group social membership and the passing on of community, history and culture does not occur. Within this discussion we must consider the invisible nature of LD which differs from visible identities and thus impacts the development of culture and community. Therefore, when one takes on the social identity of learning disabled he/she has not had access to positive aspects of in-group socialization. One has, however, been grouped by the outside, or dominant culture, which establishes him/her as a member of a devalued and stigmatized group, rather than the experience of empowerment that occurs for those who belonging to a dominant social group. Thus, once one self-identifies she/he is merely manifesting an internalized negative identity as a member of that social group.

The second characteristic of one's social identity is one's ability to self-define one's social identity. Self-definition is greatly influenced by the ways in which people are socialized and internalize the messages from both the in-group and the out-group. However, self-definition can also emerge from within an individual. People can choose to react or redefine the stigmatized social beliefs and thus there is an opportunity for change to occur. Creative self-expression is one way in which this change may manifest. For example, some African American people who choose to self-identify with that social group membership have historically referred to themselves by category names given to them by Whites. As members in the social group, some have claimed their identity and the right to self-define by changing the categories or language that have negative connotations to language that is empowering and creates community. In this way, an individual may add to her/his self-definition, and clearly, when increasing numbers of people are embarking on this redefinition they have created the opportunity as a group for creative self-expression and empowerment.

As previously mentioned, the learning disabled population does not have specific representation in a community that has chosen to recreate a negative and stigmatizing identity into a positive one, with the exception of those who relate to the Disability Rights Movement. However, it has been my experience that people with LD have not focused on self-identification and have not redefined or shed the internalized oppression or created an empowered language, culture and community. This is not surprising due to the fact that, as previously mentioned, the learning disabled are most frequently diagnosed and labeled by the out-group and the labels only reflect a deficit driven model of the learning disabled as learners.

Social Identity Development Theories

Most models of identity development have emerged in response to some historical movement or zeitgeist (Myers, et. al., 1991). For example, out of the civil rights movement came both Cross's (1971) model and Jackson's (1975) model of Black Identity Development; the woman's movement produced the Feminist Identity Development models from Avery (1977) and Downing and Rousch (1985); the gay rights movement prompted the Homosexual Identity Development model written by Cass (1979); and the disability rights movement prompted further research on specific issues in disability identity such as Glickman's (1993) Deaf Identity Development Model. Highlen, et al., (1988) suggests that such models may reflect elements characteristic of a particular time rather than elements of a more universal process. This perspective, then, implies that individuals are reactors to events in the environment and therefore, the environment effects change in identity development (Myers, et al., 1991). If identity development is seen as a continuous process of interaction between the individuals and the socio-cultural environment they encounter then, one must consider social identity development in the much larger social context for both the oppressed and the oppressors.

Social identity is defined as the "individual's knowledge that he/she belongs to certain social groups together with some emotional and value significance to him/her of the group membership" (Tajfel 1972, 2). Thus, social identity is the individual's self-conception of themselves as a member of a group regardless of whether that group is valued or stigmatized. One's knowledge of themselves sharing a social category membership with others (even without necessarily having close personal relationships with them or, knowing or having any material personal interest in their outcomes) derives a sense of involvement, concern and pride in that group (Abrams & Hogg, 1990). However, if the dominant group in a society does not value traits or characteristics of a particular oppressed social group, then these group members are potentially faced with a negative social identity.

Being a member of a LD social group is a difficult issue for those with learning disabilities, who for the most part, do not identify with others with learning disabilities because of the social stigma, low self-esteem and internalized oppression they may experience. As a member of an oppressed group, the learning disabled have little or no role modeling for involvement, concern and pride in their social group membership. Myers, et al., (1991) state "that to be oppressed is to be socialized into a world view that is sub-optimal and leads to fragmented sense of self, regardless of racial or ethnic group membership. Adherents are left feeling vulnerable and insecure because self-worth is based primarily on external validation" (56).

According to the Social Identity Theory, proposed by Tajfel (1978) and Turner (1978), a person's self-concept is partly derived from the various social groups to which he or she belongs as well as the value and emotional significance attached to them. Thus, simply being a member of a group provides the individual with a sense of belonging that contributes to a positive self-concept. Abrams and Hogg (1990) suggest that one's social identity is clarified through social comparison, but generally the comparison is between in-group and out-groups. An individual's desire for positive self-evaluation leads to the differentiation between groups, which is likely to be greater on dimensions of general social value. As we have seen from the previous section on learning disabilities, one's self-defined LD social group membership is not usually considered a factor in one's self-concept nor is the learning disabled deemed a positive in-group with general social value.

Social comparisons are essential to an individual's identity formation (Tajfel, 1981); when they are adverse, one's identity and self-concept may be negative. Social Identity Theory suggests that members of socially disadvantaged or oppressed groups have two options to relieve the stress of stigmatization when they cannot escape the stigmatized identity: (1) to attempt to pass for "normal" in the mainstream; or (2) to construct a positive identity based on being different (Wilczenski, 1992). For many learning disabled college students, the option for passing as normal is the chosen way to cope with a disability. Due to the lack of positive role modeling and social group structure, redefining their identity as LD into a positive identity is extremely difficult.

Turner (1987) defines a social group as "two or more individuals who share a common social identification of themselves, or, perceive themselves to be members of the same social category" (15). This definition, which can also be described as the Social Identification model, stresses that members of a social group seem often to share no more than a collective perception of their own social unity and yet this appears to be sufficient for them to act as a group. Dizard (1970) indicates that the two significant contributors to a perceived collective or group identity are "[a] a common thread of historical experience and a sense that each member of the collectivity, regardless of how distinct he [or she] may be, somehow shares in this historical experience, and [b] a sense of potency or strength inhering in the group" (Helms, 1990, 4).

The theory in the Social Cohesion model suggests that, at a minimum, a group of two or more persons are in some way socially or psychologically interdependent for the satisfaction of needs, attainment of goals or consensual validation of attitudes and values (Turner, 1987). Such interdependence, it is thought, leads to cooperative social interaction, communication, mutual attraction and influence between individuals. Turner (1987) describes an aspect of the Social Cohesion Model as follows:

> A group structure should evolve as a product of mutual interaction and influence. In general, therefore, a group has been conceptualized as some small collection of individuals in face-to-face relations of interaction, attraction and influence who may or may not stand in differentiated, structural positions with respect to each other (16).

Thus, the concept implies that individuals become a group insofar as they develop mutual and positive emotional bonds; what matters for group-belongingness is how individuals feel about each other and, in particular, whether they like each other.

The Social Cohesion Model contends that group-belongingness has an affective basis and also that a group is bound together by their cohesiveness. Thus, members must have an attraction to each other, to the group as a whole and to group activities. However, as Lott and Lott (1965) have argued, "it is most simply and probably best understood as interpersonal attraction based on the direct or indirect rewards which members mediate for each other" (Turner, 1987). The Social Cohesion Model, as of yet, seems to be out of reach for the LD college student population because of the intense social stigma that exists. This stigma interferes with what has been described as group cohesiveness and the affective nature of the model. It has been my experience that college students with learning disabilities, for the most part, are unwilling or unable to view themselves as members of a LD social group. Furthermore, the rewards that are distinguished as part of this model are intrinsically based and dependent upon, at least in part, one's developmental ability to have self-knowledge. An additional deterrence to social group cohesion for LD students is that the LD aspect of their identity is less visible, and thus, not as compelling as some other social group identities may be.

On the other hand, the Social Identification Model assumes that psychological group membership has primarily a perceptual or cognitive basis. This model maintains that individuals structure their perception of themselves and others by means of abstract social categories, that they internalize these categories as aspects of their self-concepts, and that social-cognitive processes relating to these forms of self-conception produce group behavior (Turner, 1987). The fundamental aspect of this model is how one perceives and defines oneself and not how one feels about others. Due to the individual nature of learning disabilities, the key components of the Social Identification Model do allow for individuals who have some understanding of themselves as LD to participate in or form a social group.

Turner (1987) suggests that there are four reasons to distinguish between the Social Cohesion Model and Social Identification Model and for preferring the latter model to the former:

> 1. The cognitive definition appears to be consistent with more empirical data. We may not, after all, tend to join people we like so much as like people we perceive ourselves joined to.
>
> 2. The concept of social identification seems to provide a heuristic, explanatory integration of several characteristics of intra-and inter-group behavior in terms of two causal processes which follow directly from it. One has to do with the cognitive functioning of social categorizations. The other derives from the fact that, in extending the self-concept, social identification also extends the sphere of operation of motives associated with it. Specifically, the need for positive self-esteem motivates social-comparisons to differentiate oneself from others in terms of positively valued group characteristics and to differentiate one's own group from other groups and thus, play a role in both intra- and intergroup behavior.
>
> 3. The cognitive definition has novel theoretical and research implications.

4. There is some polemical value in stressing single-mindedly the virtues of a new idea and playing down those of the old.

We see from these distinctions, that the Social Identification Model may more accurately represent the development of LD group social identity.

After examining social identity development theories and finding aspects useful as well as limiting in applying to the LD population, I also chose to do the same examination of other identity development models. In the following sections, I will look at racial identity development models and other minority identity development models.

Racial identity development models are useful for this discussion because of the historical context from which they were drawn. Throughout U.S. history, Black identity has existed and has also carried with it a negative social stigma because of the oppression that is present in the United States. During the civil rights movement the Black community fought for a positive social group identity by negating the social stigma that perpetuated their negative internal messages. Out of this movement came community, positive social identity and a way to understand and disengage from the negative messages of the dominant White culture. The relevancy of the Black identity models for the learning disabled population is the transition from a negative social group to a positive social group through community engagement. Researchers have documented the movement through stages of identity development for Black people in order to create a positive social identity. It is my belief that aspects of these models also apply to the learning disabled population.

Racial identity development models are inherently linked to an understanding of the dynamics of racism, as part of a larger social system. In essence, these models are fundamentally based on the belief that individual identity development occurs within a social system which oppresses people of color, thus the contextualized dynamics of oppression are evidenced as racist beliefs, stereotypes and practices. Therefore one's identity development includes being socialized by the oppressive social system as well as components of internalizing and colluding with that system. Members of both agent and target groups, then, systematically internalize racism. Similarly, systemic disability oppression or ableism includes a socialization process of ableist beliefs, stereotypes and practices. Identity development for people with learning disabilities also includes a process of internalized subordination. Thus, the significance of the dynamics of oppression for racial identity development models is also true for LD identity development.

Racial Identity Development Models

Racial identity development theory concerns the psychological implications of racial group membership, that is, belief systems that evolve in reaction to perceived differential racial group membership. Racial identity theories describe the process engaged by individuals as they identify with their racial group and interact with challenges and new information from social experiences. Existing theories of racial identity development attempt to describe the various ways in which targeted groups identify with members of their racial group while moving away from identities resulting from oppression.

Stage models of racial identity development do not imply that an individual is ever located in a single fixed place in their identity development. Stage models offer a continuum of possible locations for individuals to travel through on their way to and from a given stage of development. Such models represent identity development as linear processes in which one moves from stage to stage until reaching the final stage. I do not view identity as a linear process nor a process that has finality. An individual may or may not travel through any given stage thoroughly with a specific issue. For example, as a Jewish woman, I may have cognitively reached what authors of identity models view as the final stage of development. However, on any given day I may experience a combination of circumstances, power dynamics, or a triggering event that will affect me in a way that I respond from an earlier developmental stage. Thus, cognitively I may spend the majority of my time in the final stage and behaviorally I may be re-triggered in ways that evoke responses characteristic of an earlier stage. Therefore, if one were to conceptualize this in terms other than a linear model it may take the form of a spiral in which people may travel forward and backward through the stages.

Due to the complexity of multiple identities, one may experience different levels of identifying or acknowledging with one specific identity in various social contexts. Therefore, stage theory models offer us a place to ground our understanding of particular experiences we might have in developing a racial identity. There has been criticism of these stage models because theorists may tend to label attributes as part of fixed stage-related traits rather than behavioral reactions to specific situations. Another criticism of these models is that they fail to acknowledge movement of individuals throughout different stages of a model. I have chosen to view these models, not as linear stages but rather as cyclical in nature, as previously described in which individuals may experience movement depending in part upon situation or context.

Cross's Black Identity Development Model

Cross's model of psychological nigrescence has been the primary model for focusing on racial identity development. Cross envisioned his identity model as an aspect of developing Black psychology which would be a psychology of Black liberation. Within this framework he conceptualized styles of consciousness pertaining to both oppression and liberation, and this theme has been relevant for all subsequent targeted groups' identity development models. In this section, I will focus on two racial identity development models: Cross (1971) and Jackson (1975), and compare them to instances and examples for the learning disabled.

Cross postulates five stages of identity change: pre-encounter, encounter, immersion-emersion, internalization, and internalization-commitment. In the first stage, pre-encounter, individuals are programmed to view and think of the world as if they were race-neutral and anti-Black.

> Persons who hold low salience views do not deny being Black, but this "physical" fact is thought to play an insignificant role in their everyday lives. Being Black and having knowledge about the Black experience have little to do with their perceived sense of happiness and well-being, and Blackness contributes little to their life (Cross, 1991, 190).

During this phase the goal is integration and assimilation which they believe is the most effective solution to their problem of being an outsider. Cross suggests that during this pre-encounter stage Blacks are inclined to accept a "blame the victim" analysis of Black problems and thus are focused on assimilation and integration; that is, that Blacks should be able to overcome their self-made problems and become part of the system and solve the race problem. This stage is similar for learning disabled college students who have bought into the belief system that their learning disability is an individual "problem." If they work harder, concentrate more, and learn to "overcome" their problems then they will be cured and there will be no difficulties in school. This belief that one can "pull themselves up by the boot straps" exists for both Blacks and people who are learning disabled. For example, learning disabled individuals in the pre-encounter stage believe that their learning disability effects them only in the educational environment, that it is not part who they are as a person, and that it has little implications for their life outside of the educational environment.

The second stage is the encounter stage where some experience or chain of events causes dissonance for their current pre-encounter beliefs and shatters the person's current feelings about him/herself and the condition of being Negro, as Cross puts it. There are two ways in which someone enters the encounter stage: "experiencing an encounter and personalizing it" (Cross, 1991, 200). In this distinction, the difference is between experiencing an event with the possibility of that event having a transformational affect and actually personalizing that event so that it becomes transformational. This is a minor but essential distinction because personalizing an encounter affects the movement to the encounter stage while at the same time gaining the credibility of something called Blackness. The encounter stage engenders a range of emotions: anger, guilt, confusion, and general anxiety, which in turn may increase the rapidity of movement into this stage. Also during this stage, people may experience an "inner-directed guilt, rage at white people, and an anxiety about becoming the right kind of Black person which combine to form a psychic energy that flings the person into a frantic, determined, obsessive, extremely motivated search for Black identity" (Cross, 1991, 201).

While this stage is an essential component for an awakening of positive racial identity it is not as clear for those with learning disabilities. Experiencing a transformational encounter outside of ourselves is not necessarily a likelihood for a person with LD. For example, Cross uses Martin Luther King Jr. being shot as an example of a historical encounter that moved Black people out of pre-encounter and into encounter. Similarly, the Lesbian and Gay liberation movement, in the late 1960's, had as an encounter the Stonewall Riots, in which as a community GLB people rose up against the establishment as the beginning of transforming the previously stigmatized identity into a positive social group and community. These examples illustrate how the magnitude of events and their cultural and societal implications are important factors in the rage, anger, and consequent move to find a Black and/or gay, lesbian, or bisexual identity.

No equivalent historical social movements or public acknowledgements have yet occurred for the learning disabled. So, events that have led to the raised consciousness of the Black and GLB communities have yet to happen for people with LD. This is due to the nature of institutional oppression and isolation from community that the learning disabled experience. Thus, to date most shifting from pre-encounter to encounter will occur in the absence of a larger LD community social movement. Therefore encounters that occur for the learning disabled in order to make movement into this stage will occur intrinsically and without the aid of a historical movement. The learning disabled college student may experience continued oppression, as a member of a LD group, in the college classroom; this oppression may build up to create what Cross describes as an encounter. However, in order to make this a movement to search for a LD identity, there needs to exist a reference group with which to identify. Educational institutions, which provide services for the learning disabled, represent the learning disabled as individuals rather than a group of people. Thus, the individualistic nature of the system places them in a isolated position which does not support continued development of identity in relation to a reference group. Therefore, to enter this stage is an intense personal and developmental struggle for the learning disabled college student.

The third stage in Cross's model is immersion-emersion. During this time everything of value must be relevant to Blackness. "During this period of transition, the person begins to demolish the old perspective and simultaneously tries to construct what will become his or her new frame of reference" (Cross, 1991, 202). It is a time of intense reaction against and liberation from the White establishment and Whiteness and intensive declaration of the superiority of all things Black. There are two stages to this phase, the first of which is immersion, where the individual immerses themselves in the world of Blackness: political organization, cultural meetings, literature, history, media, etc. There is also an attitude during this phase that Cross refers to as the "Blacker-than- thou" syndrome. The dominant affect of this stage is "generalized anger." The person is angry at Whites and their role in the racial oppression and angry at him/herself for the role he/she played in perpetuating the racial oppression. The second part of this stage is emersion, which is an emergence from the emotionality and either/or mentality of the immersion experience. This phase is marked as a time of personal and emotional growth.

The distinction between these two sub-stages is subtle. Cross believes that immersion refers to the entry into a stereotypically Black world and emersion refers to leaving "the emotionality and dead-end, either/or, racist, and oversimplified ideologies of the immersion experiences" (202). One emerges out of this particularly rigid and superficial world view and becomes ready to discover a more personal and complex vision of Blackness.

Again, for the learning disabled population this stage has an imperfect fit or application. From my observations, it is difficult for this population to reach the immersion phase because of the absence of available cultural and political resources or role models and the intense internalized oppression that exists. As a community, there are few, if any resources for the learning disabled college student to experience. Some study groups and counseling sessions are offered but do not focus on the experiences of a community of people who share having a learning disability in common. Even if the learning disabled person feels as though the establishment has been oppressive and interferes with his/her identity as an intelligent, capable learner, there often exists a underlying belief that this oppression only occurs in institutions of learning. It is important to acknowledge the complexities of multiple identities here. For an individual who experiences other forms of societal oppression or multiple oppressions and have moved out of pre-encounter on these issues, it may be easier to understand the potential for a positive learning disabled social identity. However, for those who have not experienced this movement, it may be even more difficult to form a positive identity around their learning disabilities.

During this stage an individual who moves to immersion-emersion, may join political organizations focused on equal rights under the law or perhaps protest the stigma of labeling and propose alternative naming. In my experience, the few LD students who get to this stage become active protesters of the oppressive institutional system and focus on the implications of the law that protects the disabled, the ADA, and join with the Disability Rights Movement to create change.

The fourth stage of Cross's model is internalization. This stage is marked by an individual taking in and owning one's Blackness. Cross (1991) suggests the benefits of internalization from a psychodynamic point of view:

> the internalized identity seems to perform three dynamic functions in a person's everyday life: (1) to defend and protect the person from psychological insults that stem from having to live in a racist society; (2) to provide a sense of belonging and social anchorage and; (3) to provide a foundation or point of departure for carrying out transactions with people, cultures, and situations beyond the world of Blackness (210).

One of the key markers of internalization is a sense of peace and dissonance resolution. During this period, being Black is taken for granted and is also a source of strength and leaves one free to explore other areas outside the parameters of one's Blackness.

This phase, Internalization, applies to few learning disabled people because of its demarcation of resolution and peace. For the learning disabled person, this phase is not about peace but rather a search for a culture that may or may not as yet exist. When individuals with a learning disability come to understand and accept their learning disability and form a positive LD identity, it is possible for them to take for granted that knowledge and focus on or explore other areas. The similarities of this stage between those identifying as Black and those identifying as Learning Disabled are marked by the ability to maintain one's identity in one's everyday existence and have internalized the knowledge that racism and ableism still exist.

The fifth and final stage, internalization-commitment, marks the difference between those in internalization who do not sustain their interest in Black affairs and those in internalization-commitment who do. This stage is simply the demonstrated sustained interest and commitment in Black affairs. Cross (1991) suggests that this stage has yet to be empirically studied and discussed as a stage following nigrescence. Since there have been so few studies or writings that even suggest that learning disability is an identity, it stands to follow that there have been no empirical studies suggesting that this stage exists for the learning disabled which is what I have found.

Jackson's Black Identity Development Model

Jackson (1975) independently developed virtually the same identity development model, which he calls "Black Identity Development." His four stages, which correspond to Cross's are: passive acceptance, active resistance, redirection and internalization. Jackson's model focuses on how Black Americans develop their identity in the midst of an oppressive society. In order to not replicate the complexity of Cross's model, I will briefly describe the components of Jackson's model.

Passive acceptance is the phase where Black individuals accept white social and cultural value standards and simultaneously reject and devalue all that is associated with being Black. Consequently they rely on White society for approval and a sense of worth. There is little or no sense of power and control. This stage corresponds to Cross's model in that it assumes a pre-encounter consciousness. The second stage, active resistance, which assumes some type of encounter occurred, is characterized by individual attempts to gain resources and power by rejecting White social, cultural and institutional standards. This separation may be overemphasized due to an effort to cleanse oneself from years of oppressive beliefs that have been internalized by that person. In the third stage, redirection, which parallels Cross's immersion stage, the goal is to gain inner resources, pride, and self-esteem by developing unique Black values, definitions, etc. Thus, individuals are no longer reactive to White society, either by embracing it, passive acceptance, or rejecting it, active resistance. The fourth and final stage, internalization, is the same as Cross's fifth stage, suggests that the individual seeks to gain a sense of wholeness by integrating a positive Black identity with other aspects of his/her total identity. Table 2 offers a summary of both Cross's and Jackson's models.

Table 2 - Comparison of Black Identity Development Models

Cross (1971)	Pre-Encounter	Encounter	Immersion/ Emersion	Internalization	Internalization/ Commitment
Jackson (1975)	Acceptance	Resistance	Redefinition	Internalization	

Pliner, 1996

The process of Black identity formation can best be summarized as a developmental one in which people experience movement through the following points: acceptance of the established norms of Whiteness, its values and standards, toward the recognition of an oppressive system and the effect it has on the individual; to a complete rejection of all that is White and immersion in Black culture; and, ultimately to a positive identity as a Black person and the development of greater concern for the widespread oppression that exists in the United States. Both Cross and Jackson describe similar processes, although Jackson suggests that his model is intended for use as a tool by teachers, counselors, and practitioners, and not as empirical research. Therefore, more emphasis is placed on internal consciousness and behaviors at each stage than do other models (Jackson, 1975).

Other Minority Identity Development Models

Although most of the early identity models discussed here were created out of the development of Black consciousness, the basic principles and stages can be generalized to other targeted groups. Due to the many common experiences of social oppression for targeted groups, parallels can easily be drawn from the Black identity development experience to other targeted groups. "Women, 'gays,' the aged, the handicapped, and other oppressed groups have become increasingly conscious of themselves as objects of oppression, and this has resulted in changed attitudes toward themselves, their own minority groups, other minority groups, and members of the dominant culture (Atkinson, et. al., 1983, 34). In this section I will review the Minority Identity Development Model (MID) (Atkinson, et. al., 1983), the Deaf Identity Development Model (DIDM) (Glickman, 1993) and components of an identity model for college students with learning disabilities (Wilczenski, 1992).

Minority Identity Development Model

Probably the most widely cited MID model is that of Atkinson, Morten and Sue (1983). This model attempts to be applicable across minority groups and not a specific racial group. The Minority Identity Development is not presented as a comprehensive theory of personal development, but rather as a way to help counselors understand minority client attitudes and behaviors within existing personality theories. They explain that developmental models of minority identity are meant to be advances over the typological models. MID models are designed to account for individuality in the context of culture. Although the authors of this model present five distinct stages of development, they believe the process of development to be fluid, in which one stage flows and blends with the others. They clearly state their intention was not to create a hierarchically structured model, but rather the model is intended to reflect the process of their work as counselors working with minority clients.

The five stages of the MID model are as follows:

1. A conformity stage where people prefer the dominant culture's values, disparage their own minority group and internalize stereotypically negative views of that group.

2. A dissonance stage where people's conceptions of the dominant and minority groups are challenged and the individual begins to search for new answers.

3. A resistance and immersion stage in which people actively reject the dominant culture and embrace the minority culture.

4. An introspection stage and emersion stage in which they question the extreme separatist stance in stage 3.

5. An awareness stage where they come to a realistic understanding of both cultures and develop a bicultural identity.

As can be seen, the process in this model is similar to that of Jackson's and Cross's models: the oppressive culture is accepted uncritically, then rejected, and finally there is an integration of minority and majority perspectives. Atkinson's first stage, conformity, mirrors Cross's pre-encounter stage as well as Jackson's acceptance stage, in which one has the preference for the values of the dominant culture. As with both the Cross and Jackson models, several of the stages of the MID model are applicable to the experiences of learning disabled college students, in this study, as they describe their developmental process of forming a LD identity. These connections will be discussed in greater detail in chapter 5. A summary of the Minority Identity Development model is included in table 3 below.

Table 3 - Summary of Minority Identity Development Model

Stages of Minority Development Model	Attitude Toward Self	Attitude Toward Others of the Same Minority	Attitude Toward Others of Different Minority	Attitude Toward Dominant Group
Stage 1-Conformity	self-depreciating	group-depreciating	discriminatory	Group appreciating
Stage 2-Dissonance	conflict between self-depreciating and appreciating	conflict between group-depreciating and group-appreciating	conflict between dominant views of minority hierarchy and feelings of shared experience	Conflict between group-appreciating and group depreciating
Stage 3-Resistance and Immersion	self-appreciating	group-appreciating	conflict between feelings of empathy for other minority experiences and feelings of culturo-centrism	group-depreciating
Stage 4-Introspection	concern with basis of self-appreciation	concern with nature of unequivocal appreciation	Concern with ethnocentric basis for judging others	concern with the basis of group depreciation
Stage 5-Synergetic Articulation and Awareness	self-appreciating	group appreciating	group appreciating	selective appreciation

Atkinson, et. al. (1983)

Glickman's Deaf Identity Development Model

Glickman (1993) offers a Deaf Identity Development Model that incorporates the works of Cross (1971), Jackson (1975) and Helms' (1990) racial identity development theories. In his work, Glickman suggests that there are similarities and differences between racial identity development theory and Deaf identity. These differences may be relevant to the learning disabled population as well.

The Deaf Identity Development Model proposes the following four stages of development: culturally hearing, culturally marginal, immersion, and bicultural. Within this development model, Glickman postulates three "beginning points" that distinguish Deaf identity as different from racial identity development models. The first beginning point depends upon the age of onset of hearing loss as well as the particular circumstances of Deaf people's lives, which may determine whether deaf people grow up culturally hearing, culturally marginal or bicultural. Secondly, because 90% of Deaf children are born into hearing families, they are usually not enculturated into their minority or targeted group culture by their own families. Thirdly, the most prominent issues for Deaf people are not civil or political rights but language and communication. In this model of Deaf identity development, there are really three stage 1's, depending upon the age of onset of hearing loss and the context in which the deaf person is raised.

With these complications in mind, I will proceed to reviewing the stages of Deaf Identity Development Model and its relevance for the learning disabled. Table 4 provides a visual view of the Deaf Identity Development Model with the onset of deafness as a determining factor for the stages of development.

Table 4 - Comparison of DIDM to Cross's Model at Age of Onset

	DIDM at Age of Onset		
Cross's 1978 Model	Pre-Adolescence To Hearing Parents	Pre-Adolescence To Deaf Parents	Post-Adolescence
Pre-Encounter	Culturally Marginal	Bicultural	Culturally Hearing
Encounter	-----------------------	-----------------------	--------------------
Immersion	Deaf Culture	Deaf Culture	Deaf Culture
Internalization	Bicultural	Bicultural	Bicultural
	Erickson's Pre-Identity Stage		Post-Identity

Pliner, 1996

Stage 1, culturally hearing, refers to those deafened after adolescence and is "not meant to be a stage of development through which all deaf people pass but rather one which grows out of a particular experience of deafness" (66-67). Late deafened people have established hearing identities, and prior to their hearing loss, typically are uninformed about deafness and the Deaf community. Interestingly enough, Glickman classifies this stage as characterized by a sense of loss, shock, denial, anger, guilt, depression and adaptation. This stage is conceptualized as having the following features:

> 1. Deafness is understood solely as a medical pathology, never as a cultural difference.
>
> 2. Medicine and technology are looked to for ways to help deaf people become full members of hearing society.
>
> 3. Hearing people are assumed to be more healthy and capable than deaf people. One strives to be hearing in attitude, behavior, world view, communication style, etc.

> 4. Deaf people are stereotyped as socially awkward, isolated and lonely, less intelligent, etc. One strives to avoid contact with other deaf people.
>
> 5. One strives to overcome the barriers imposed by deafness. The successful deaf person is the one who is fully functional within the hearing society without the support services and without sign language.
>
> 6. Hearing deafness professionals are sought for advice and direction. They are presumed to be wise, informed and benevolent.
>
> 7. Educational and social policy will most easily align with Oralism. Use of residual hearing speech training, speech reading and mainstreaming are positive values. Grouping deaf children together is seen as 'segregation,' and exposing them to positive adult role models is seen as 'contamination.' Sign language is disparaged (74-75).

An interesting aspect of this stage for the culturally hearing is that deafness is seen as a terrible tragedy, a profound loss or absence, an unrelenting source of pain, shame and isolation. This is similar for the learning disabled who are in "denial" about the existence of or the effects of having a learning disability and experience a loss of identity, shame and isolation. For the learning disabled, this stage resonates on many dimensions. For example, those learning disabled college students that are seeking accommodations rely heavily on medicine, technology and service providers to inform them, guide them and help them to succeed much in the same way the Deaf do. Another similarity is the belief that learning disabilities are understood as a medical pathology and never as a cultural difference. The most striking similarity to the Deaf is the belief that a learning disability can be overcome with the right strategies, medicine, and growth and development, just as the Deaf look for ways to hear. Many of the characteristics above apply to the learning disabled because of the culturally dominant institution that defines and labels them as learning disabled.

Another aspect of stage 1 for the Deaf is adaptation to their deafness. However, during stage 1, the adaptation takes on a hearing perspective which is characterized by: actively pursuing rehabilitation options; hearing aids; discussing their hearing loss easily and without shame which reflects adjustment; calling themselves "deaf" but the word only has audiological meaning; and no affiliation with the Deaf community. The symptomology that characterizes this stage for the deaf are almost interchangeable for the learning disabled in that there is a continued exploration of medicine and technology to "cure" the learning disability and an internal denial of its effects on the whole of one's life.

The second stage, culturally marginal, is described as a stage of identity development most relevant to children deafened early, prior to adolescence. Glickman considers the stages of both culturally hearing and culturally marginal as pre-encounter stages because of the similarities with Black Identity Development Theory. However, there is an important distinction between racial identity and Deaf identity. For example most pre-encounter identity models describe Blacks as holding anti-Black views prior to an encounter that shatters their beliefs of the dominant paradigm. In contrast, a pre-encounter person who was deafened late had already established a hearing identity, thus, the encounter was the onset of deafness which may shatter the previously established identity.

"Culturally marginal deaf people do not, by definition, have a well formed prior identity" (76). The difference in this stage from that of Black identity models is the environment that the child is being raised in. Also a distinction must be made for those whose onset of deafness is post-adolescence in which they have already formed a hearing identity. It is proposed that most deaf children are born into hearing families where they do not develop positive identities around their deafness. For example, Black children are, for the most part, raised in Black families where they have access to language, culture, etc. For the deaf child born into a hearing family there is little to no access to language and culture. The effects of this can be psychologically damaging. Glickman makes a call for therapists to be aware of the difficulty of marginality for the deaf:

> Marginality in deaf people has been reinforced by both Oral and Total Communication educational programs for deaf children. The failure of deaf educators and mental health professionals to take Deaf culture seriously has had profound and tragic consequences for deaf children. It is primarily the limitations of deaf education that make marginality such a relevant theme for deaf people (87).

The following are characteristics of the stage of cultural marginality:

> 1. Poor communication skills in both English and ASL. The inability to adapt communication for reasons of cultural appropriateness in a variety of settings.
>
> 2. Social behavior that is inappropriate for both Deaf and hearing communities.
>
> 3. Difficulty in establishing and maintaining intimate relationships with either Deaf or hearing people. A deep, all-pervading sense of isolation and often bitterness.
>
> 4. Confusion regarding identity.
>
> 5. A sense of fitting in nowhere, being 'between worlds', and nowhere at home.
>
> 6. Shifting loyalties towards Deaf and hearing people. Sometimes the person feels most comfortable among other Deaf people and other times he or she hates being with other Deaf people. The person idolizes hearing people and strives to be like them, but also feels anger and resentment towards hearing people.
>
> 7. Search for an elusive middle ground, especially as regards to communication. Marginal Deaf people are likely to value simultaneous communication and signing in some variant of English (92-93).

This stage represents the experiences of many learning disabled people because so many learning disabled people are labeled when they are young school aged children.

Although there has been some research that suggests that learning disabilities may be hereditary, for the most part, children are raised in households as the only learning disabled person. The medical model pathologizes the learning disabled and expends enormous energy to "normalize" children into non-learning disabled. Thus, children grow up desperately trying to conform and fit in to the non-LD world. Comparatively, for Deaf children with access to the mostly hearing world and learning disabled with access to the mostly non-LD world, both produce marginal identities.

In Black Identity Theory, pre-encounter is followed by encounter, which is marked by a critical event that catapults the person out of pre-encounter. Glickman does not include such a stage in his development model for two reasons. First, it is difficult to distinguish this stage from pre-encounter because encounter is a transitional stage. In Deaf identity development, it would refer to the "moment" of discovery of one's deafness. This would likely be a time of confusion and emotional volatility, which makes it difficult to operationalize reliability. "Secondly, those Deaf people moving into Immersion from Marginality, are not so much rejecting a prior identity as forming an original identity. They may literally, for the first time, have a language for thinking about themselves" (94).Immersion into the Deaf World, stage 3, is characterized by embracing everything Deaf and involvement in political Deaf movements. A summary of this stage follows:

1. An enthusiastic embrace of everything Deaf.

2. Idealization of the Deaf World and disparagement of the hearing world.

3. Either/or thinking such as the tendency to believe Deaf can do no wrong and hearing can do no right, and a rigid definition of true cultural Deafness while writing of others as 'hearing impaired' or 'hearing-minded.'

> 4. The reversal of traditional hearing values: ASL is superior to English. Deaf people should never use their voices. Signing and speaking simultaneously is never appropriate. Only Deaf people should run Deaf programs or teach or counsel Deaf people.
>
> 5. Generalized anger, but especially directed at hearing people. A readiness to confront Hearing people for perceived injustices.
>
> 6. The early part of this stage is characterized by being more anti-hearing than pro-Deaf. Positive Deaf values are defined by their opposition to traditional hearing values rather than by what works for Deaf people. The late part of this stage is characterized more by the attempt to define a Deaf-affirmative vision rather than being anti-hearing per se. As one progresses through this stage, one's vision of affirmative Deafness grows and becomes more inclusive (99-100).

Although I believe that this stage would be akin to a stage for the learning disabled, there is not as distinctive a LD World as the Deaf World has been described. The social construction of learning disabilities has led to very little or no cultural and historical grounding. Therefore, it is difficult for those with learning disabilities to experience this stage and immerse in a LD culture. The learning disabled are faced with total immersion in the non-LD world and have few options for a LD community support. Support and community does exist in microcosms but not on a level in which one could totally immerse oneself.

The final stage, bicultural, is characterized by affirming deafness as a cultural difference and feelings of profound connection with other Deaf people. However, simultaneously, one can also recognize the cultural value of the Hearing world. Thus, the person has a "personal and balanced perspective on what it means to be deaf" (100). The following are the main components of a Bicultural Deaf identity:

> 1. Clear cultural pride as a Deaf person while recognition that both Deaf and hearing people have strengths and weaknesses.

> 2. Some feeling of comfort and skill in both Deaf and hearing settings which does not preclude a preference for one or the other. The feeling of being at ease, if not at home, in both worlds.
>
> 3. An appreciation and respect for English and ASL as distinct languages of equal value, and conversational abilities in both languages.
>
> 4. The ability to recognize and oppose hearing paternalism and other forms of Deaf oppression while maintaining friendly alliances with hearing people who are judged to be trustworthy allies (104).

Table 5 provides a summary of each stage of the DIDM based on the following components: reference group; view of deafness; view of Deaf community; and emotional theme.

Table 5 - Deaf Identity Development Model

Stage	Reference Group	View of Deafness	View of Deaf Community	Emotional Theme
Hearing	Hearing	Pathology	Uninformed and stereotyped	Despair, Depression
Marginal	Switches	Pathology	Shifts from good to bad	Confusion and conflict
Immersion	Deaf	Cultural	Positive, Non-reflective	Anger/ "in love with Deafness"
Bicultural	Deaf	Cultural	Positive, integrated	Self-accepting and group pride

Glickman (1993)

Components of the DIDM have relevance for the development of a LD identity, specifically the distinction Glickman makes about the age of onset as a determinant factor of one's beginning point in the developmental process. The significance of the DIDM to LD identity development will be discussed in greater detail in chapter 5.

In order to get a sense of the commonalities between the racial identity development models, other minority development models and the Deaf Identity Model, Table 6 below will illustrate the comparison.

Table 6 - Comparison of Black, Minority Identity Model, and Deaf Identity Model

Cross (1971) Jackson (1975) Atkinson (1983) Glickman (1993)	Attitude toward others of same minority or racial group	Attitude toward dominant group
Pre-Encounter	Anti-Black	Preference for dominant group
Acceptance	Anti-Black	Preference for dominant group
Conformity	Group depreciating	Preference for dominant group
#1 Hearing	Anti-Deaf	Preference for dominant group
#2 Marginal	Pathology	Questioning and Conflict
Encounter	Questioning and challenging	Questioning and conflict
Resistance	Questioning and challenging	Questioning and conflict
Dissonance	Questioning and challenging	Questioning and conflict
None	-------------------------------	----------------------------------
Immersion/ Emersion	Immersion in Black culture	Rejection of White culture
Redefinition	Immersion in Black culture	Rejection of White culture
Resistance/ Immersion	Immersion in minority culture	Rejection of dominant culture
Immersion	Immersion in Deaf culture	Rejection of Hearing culture
Internalization	Values Blackness and Black culture	Concern for oppression of minority groups
Internalization	Values Blackness and Black culture	Concern for oppression of minority groups
Introspection	Concern for separatism of culture	Concern for oppression of minority groups
Bicultural	Values Deafness and Deaf culture	Concern for oppression of minority groups
Internalization/ Commitment	Sustained interest and commitment in Black affairs	Concern for oppression of minority groups
-------------------	---------------------------------	------------------------------------
Awareness	Group appreciating	Group appreciating
None	---------------------------------	---------------------------------

Pliner, 1996

Wilczenski's LD Development Model

Wilczenski (1992) conducted a research study that consisted of ten learning disabled college students who discussed their experience of a "learning disabled" identity during twelve counseling sessions. She found that group members progressed through three stages in clarifying the personal meaning of learning disabilities and in examining the social stigma of that identity. The focus of this study was coming to terms with the loss of their pre-LD identity, which is often associated with being classified as learning disabled during college. The following are three stages of group process she identified: denial, exploration and acceptance.

Anxiety and general denial or lack of acceptance and acknowledgement of the learning disability characterizes the first stage, denial. During this stage, participants distanced themselves from the label by railing about the injustices of testing and special education. Also during this stage those firmly entrenched in denial seek to detach themselves from a sense of group entirely.

The second stage, exploration, is a time marked by in-depth discussion about personal experiences and the impact the learning disability has had on them. Also, during this stage an acknowledgement of the social and academic embarrassments and stigmatization is experienced. Much confusion existed for this group about the diagnostic classification of learning disability and none of the students could explain the specific nature of their underlying learning disability. From this second stage three themes emerged: "(1) learning disabilities experienced as specifically versus globally handicapping; (2) learning disabilities seen as modifiable versus permanent handicapping conditions; and (3) learning disabilities viewed as stigmatizing versus non-stigmatizing identity" (Wilzcenski, 1992, 55).

The third and final stage, acceptance, manifests by positive statements about oneself. "Several of the group members arrived at a personal meaning of their learning disability that was not globally negative" (55). Part of this acceptance is a recognition of one's strengths as well as weaknesses. Wilzcenski suggests that movement through these three stages is made possible by group interaction. In her study, the group was able to develop a positive group identity and thus group members came to recognize other college students with learning disabilities as persons from whom they could obtain support. Also, emotional acceptance of one's own strengths and weaknesses could facilitate acceptance of others leading to a shared group identity.

Wilczenski's developmental stage approach in working with learning disabled college students will be a useful reference point in determining the process of LD identity development in this research study. A discussion of its application to the research will be discussed in chapter 5.

Conclusion

This chapter was written to provide an overview of the field of learning disabilities and perspectives on social identity development. The reason I have chosen to review these two bodies of literature is my interest in and belief that learning disabilities are in fact a social identity. With this belief, I set out to explore the learning disabilities literature in order to examine what exists in terms of identity and what aspects of the field will be useful in a discussion about social identity and what is missing in the field. The social identity literature, specifically the models of identity development, were chosen in order to make a distinction between the two different fields: LD and identity, and the two different paradigms: medical model versus a social justice empowerment model. As with the LD literature, I looked for ways in which a LD identity was similar to and different from the identity development models presented.

Three areas have emerged from the process of reviewing the literature: the applicability of identity models to a LD identity; the distinction between the two paradigms, medical model and social justice empowerment model; and the benefits and drawbacks of both paradigms to a LD identity. In this section, I will explore these three areas and make recommendations for further research on LD social identity development.

As we have seen from viewing Cross's (1971) and Jackson's (1975) Black identity development models and Atkinson's, et al., (1983) Minority Identity Development Model, there is specific applicability to a LD social identity. One must consider the differences between a visible Black identity and a non-visible learning disabled identity when using the Black Identity Development Models as a model for learning disabled identity.

However, regardless of visible versus invisible identities, there are similarities in the process of LD identity development to those of Black identity development models. For example, Cross's, encounter and Jackson's resistance stage are dependent on a critical event occurring in order to move into this stage. Although the lack of a visible empowered community may impact the intensity of such a critical event for people with learning disabilities, experiencing overt prejudice and discrimination may lead to a critical event. Also, as students with LD are exposed to a larger population of students, as in college, they are likely to encounter contradictory evidence which challenges their internalized negative stereotypes about being LD. The absence of a cultural group may make the movement into a different stage more difficult, however critical events are still likely to occur. Thus, because of a lack of a pre-existing cultural group for the learning disabled, movement into this stage will most likely occur as an intrinsically motivated phenomena rather than an extrinsic critical event.

Similarly, the third stages, immersion/emersion and redefinition, respectively, are difficult for many learning disabled because of the lack of access to community. The final stage of both models, internalization, represents a stage in which some learning disabled people may participate as a component of their identity development. Both models offer a grounding place in which to further explore identity development.

Glickman (1993) offers a Deaf Identity Development Model that comes out of the works of Cross, Jackson, and Helms but adapts the previous frameworks to a distinctive population, the Deaf. Glickman's model is particularly relevant for the learning disabled in that it accounts for the cultural deprivation that exists for both groups. Deaf children raised in a hearing family are often deprived of Deaf culture simply because of lack of access. Similarly, LD children who are raised as the only LD family member may also experience a sense of isolation from others with similar experiences, however, a lack of existing LD culture outside of the family system may further contribute to cultural deprivation.

Secondly, an aspect of Glickman's model that resonates for the learning disabled is an adaptation to one's Deafness or learning disability. In the early stages of development that adaptation takes on the form of the Hearing norm or the non-LD norm. As people move through the stages, adaptation becomes less about fitting into an impossible norm but rather creating adaptations that are beneficial to the individual. However, a specific difference between Deaf people and those with learning disabilities, again is the lack of culture that has already created those adaptations. A similarity for both groups is the struggle with a dominant culture that focuses on a medical model in order to "cure" their differences, thus the DIDM is a useful framework from which to explore the identity development of learning disabled people.

A final commonality between the DIDM and people with learning disabilities, Glickman describes as the age of onset of deafness. The age of diagnosis and labeling as LD is also a contributing factor to one’s identity development process. The significance of age at the time of LD diagnosis or onset of deafness includes the potential loss of prior identity as well as willingness to identify with a stigmatized identity. This will be discussed in further detail in chapter 5.

A paradigmatic switch from the medical model to that of a social justice empowerment model is an essential component for looking at social identity development for the learning disabled. As discussed throughout this chapter, the medical model offers as its main premise a belief that those with learning disabilities have something wrong or abnormal about them and that as a field they must find a way to release the learning disabled from their terrible lot in life. Even though there has been shifts in the field to move away from this model it has remained at the foundation of the field and practices within the field. I believe in order for the learning disabled to create a positive social identity, a positive community and a positive culture, as a field we must negate the pathologizing of those with learning disabilities. This is why I have proposed a transition from the medical model to that of a social justice empowerment model, presented in chapter 1.

A social justice perspective embraces the belief that we as a culture should value difference and work to demolish the existing hierarchical structure that maintains dominant and subordinate status positions. At the core of social identity development models is an analysis of the oppression of marginalized groups, as they consider the impact of subordination and domination on the process of identity development. An analysis of oppression is not prevalent within the learning disabilities literature, nor does include a developmental perspective of a LD identity.

A paradigmatic shift to an empowerment model re-positions LD from a devalued "deficit" to a valued "difference." However, one must be careful with this model to not minimize the reality of a disability. In other words, if we begin to assert that learning disabilities are not disabilities but simply a difference in learning, we minimize the effect a LD has on an individual. For example, if we believe that a LD is simply a difference, then someone with a severe form of dyslexia that manifests in the inability to read the written text simply reads differently. However, the reality is that this person may never read the way we understand reading. This is a similar argument often held in conjunction with gay, lesbian, and bisexual people as people assert their belief that being LGB is a "deviant choice" rather than a biological phenomenon. People with learning disabilities cannot make the choice to become "less different" or "non-disabled," although they can deny its existence.

In essence, both paradigms have positive aspects to offer the learning disabled in terms of identity development. Due to the pervasiveness and negativity of the medical model, I believe the empowerment model offers an opportunity to examine LD identity development as a positive social identity. Thus, the empowerment paradigm is more flexible in its beliefs about difference and diversity.

This study begins to address the needs for a paradigm shift by exploring the process of identity development for LD college students. This research study is unique as it connects social identity theory, oppression theory and learning disabilities within an empowering model of establishing the voices of students with LD as the experts on their experiences. The next chapter addresses the research methodology for this study.

CHAPTER 3

METHODS

Introduction

Marshall and Rossman (1989) describe three criteria to be considered when conducting exploratory research: to investigate little-understood phenomena; to identify/discover important variables; and to generate hypothesis for further research (78). In this study, I used an exploratory research approach along with constant comparative analysis (Strauss & Corbin, 1994), to conduct a phenomenological qualitative inquiry into how entering and exiting college students with learning disabilities make sense of themselves as learning disabled and how they construct a LD identity. In this chapter, I will describe the research study in the following sections: participants, methodology, data analysis, limitations and role of the researcher.

Research Questions

1. How do entering and exiting college students with learning disabilities describe their learning disability?

2. How do entering and exiting college students with learning disabilities make sense of themselves as learning disabled?

3. How have entering and exiting college students' thinking about themselves as learning disabled changed since they were initially diagnosed and labeled learning disabled?

4. How do entering and exiting LD college students incorporate their learning disability into who they are as a person?

Participants

Site Selection

In order to explore possible differences in race, class or gender, I originally chose three institutions which together represent a diverse student population from which to enroll participants in this study. However, due to a general lack of response from the third institution, a local public community college, I enrolled participants from only two institutions which I am calling: the University a large public land grant liberal arts university, and the College, a small private women's liberal arts college. The University is a large coeducational institution in the Northeast drawing applicants from both a national and international pool, with the majority of students in attendance residing within the state. The College is a residential college for women in the Northeast also drawing on national and international applicants. Both institutions have established support services for students with learning disabilities and neither institution has a separate application or admission process for students with learning disabilities. I selected these institutions based on several factors: access to the learning disabled population, similar geographic location, availability of support services for LD students, and their differences in size, selectivity, and diversity.

In the 1996-97 academic year, the University had a total of 18,036 undergraduate students and 6,104 graduate students enrolled. Approximately sixty seven percent of students are state residents and thirty seven percent are enrolled as out of state residents. Tuition and fees for state residents was $9,641 and for out of state residents was $16,408. The combined SAT scores for entering first year students were 1092 for females and

1137 for males. The percentage of students receiving federal financial assistance was fifty eight percent.

The College had an approximate undergraduate population of 2000 women. These women represent forty eight states and sixty countries. Approximately ten percent of the student body is international students. The College is residential and houses most of the student population. The percentage of students receiving federal financial assistance was approximately seventy percent. Tuition and fees were approximately $28,700.

The University provides comprehensive services for learning disabled students who self-identify and provide qualifying documentation including individual case management, tutoring, adaptive technology, classroom and testing accommodations, assessment, an additional orientation, study skills instruction and a peer support group. The College provides services for students including individual case management, assessment, classroom and testing accommodations, and study skills instruction. It is interesting to note that both institutions provide services for students with learning disabilities separate from students with physical or psychological disabilities.

Sample Selection Criteria and Recruitment

Participants were selected through purposeful sampling (Patton, 1990). Participants were chosen on the basis of certain criteria with no attempt to produce a random sample. The criteria for participant selection were as follows: a participant must be diagnosed as learning disabled or ADD/ADHD, either an entering or exiting college student, willing to participate in this study, and willing to provide demographic information. Within the stated criteria, an effort was made to include a diverse group of participants according to race/ethnicity, socio-economic class background, and sex. I originally planned to interview between 15 and 20 participants, at least five from each of the three institutions. In total, I interviewed seventeen participants, including one from the third institution, whom I chose not to include in the data. Of the sixteen participants included in this study, nine were from the University and seven from the College (see table 7 for participant demographics). Although I had intended to select participants based on individually provided demographic information, participant response rates were such that I interviewed all those whom initially responded to the invitation and information letter.

At the University, participants were recruited from a discussion section of an introductory psychology course designated specifically for students with learning disabilities. Entering students who self-identified as learning disabled and registered for the large lecture course were placed in this discussion section. The undergraduate teaching assistant facilitating the section is learning disabled and designed the discussion section to incorporate additional study skills training and alternative discussion methods as part of an Honors research project. Students were given the option of remaining in the specially designed discussion section or choosing another discussion section. I was asked by the teaching assistant to facilitate a series of study skills workshops for the discussion section, as a way of making initial contact with these students. After the first workshop, I distributed both an informational letter and participant information sheet (see appendix A), gave a brief explanation and entertained questions. Of this group, two entering female students requested to participate.

Additionally, I recruited two female entering students who participated in a student support group for students with disabilities at the University. The group provided me an opportunity to present an explanation of the study and distribute the initial letter and participant information sheet. Of the five males interviewed, three were referred by colleagues and two were personally contacted based on my prior knowledge of their LD. It is interesting to note that all of the males were personally recruited by me or a colleague, because none responded to the initial letters requesting participation.

At the College, the Dean of Learning Skills provides services for students with learning disabilities. He agreed to send my initial letter and participant information sheet along with a brief letter of introduction and support from him to all entering and exiting students. Those requesting participation returned the participant information sheet to the Dean who forwarded it to me. Of the seven women who responded, four were entering and three were exiting students. I telephoned all of the respondents and scheduled interviews.

Table 7 - Participant Demographics

Name	Sex	College	Year	Age at Diagnosis	Race/ ethnicity*	Class Background**
Alex	F	College	4	19	EA	M
Bob	M	University	4	8	Jewish	UC
Celine	F	University	1	3	EA	M
Hilary	F	College	4	8	Jewish	M
Jack	M	University	4	14	Jewish	M
Liz	F	College	1	12	EA	M
Lynn	F	College	1	13	EA	M
Marie	F	College	4	20	EA/Latina	W
Mick	M	University	1	15	EA	M
Meghan	F	University	1	6	EA	M
Molly	F	University	1	17	EA	M
Nora	F	College	1	12	EA	M
Sarah	F	College	1	16	EA/Asian	UC
Vivian	F	University	1	6	EA	UC
Zack	M	University	4	7	Jewish	M
Zap	M	University	4	11	EA	W

*EA = European American, **M = Middle class, UC = Upper class, W = Working class

Methodology

Data Collection Techniques

Three data collection techniques were used in this study: individual interviews, a focus group, and a written description of participants' learning disabilities. I believe utilizing a range of data collection strategies enhances participants' opportunities to express themselves and their understanding of themselves as learning disabled.

In-depth interviewing is often described as "a conversation with a purpose" (Kanh & Cannell, 1957 in Marshall & Rossman, 1989, 82). Thus, individual interviews provided participants an opportunity to respond in depth to questions asking them to describe their learning disability, how they make sense of it now, and to reflect on any changes in their thinking about themselves since the date of diagnosis. A focus group accomplished several different goals: an opportunity to clarify themes and patterns from the individual interviews; an opportunity for participants to interact and share ideas with peers; and an opportunity for me to observe group interactions as participants discuss their LD identity development.

The individual written descriptions provided a format from which additional data about how individuals describe their learning disability could be analyzed. In this section I will discuss each data collection method in detail.

Individual Interviews

Prior to scheduling interviews, participants received an initial invitation letter describing the research along with a participant information sheet, in order to construct participant demographics. The participant information sheet (see appendix B) requests information on social group memberships, family demographics, personal demographics and a written description of their learning disability. Prior to the interview, participants were asked to sign a written consent form (see appendix C) which included a brief explanation of the study; how the interview material would be used; a confidentiality assurance; and their right to withdraw from the study at any time. We discussed the consent form in detail and either agreed on its current format or made changes based on the individual's needs. All participants were asked to participate in a focus group after an initial analysis of the data was conducted, in order to clarify themes and create a community dialogue about the issues. At the time of interviewing, only one participant expressed an unwillingness to participate in the focus group.

Each participant was interviewed individually, with interviews ranging in duration between one and two hours. Interviews were held at a convenient time and location for the participants with most interviews taking place in an office space at their home institution. Each interview was audio-taped, with participant consent, for later transcription and coding. I transcribed several interviews myself and hired a professional transcriptionist for the remaining interviews. Interviews were transcribed verbatim. During the interview, participants were provided open-ended questions from which to respond. Interview questions were based on a protocol separated into three major categories: a description and understanding of their learning disability, construction of a LD identity, and description of developmental changes over time (see appendix D). The protocol was used in each interview and specific questions were asked of all participants, although responses and additional questions were generated based on their unique experiences and frames of reference. All participants were given an opportunity to provide any additional information prior to ending the interview.

Focus Group

Prior to each interview participants completed a consent form which invited participation in a focus group with other participants in the study. In addition, I telephoned each participant to extend a personal invitation to participate. The focus group was scheduled for the evening of May 1, 1997 and lasted two hours. Of the sixteen participants in the study only one male marked the consent form as unwilling to participate in the focus group. Another male participant graduated and was unavailable to participate. From the remaining fourteen participants, five women from the College, and one woman and one man from the University attended the focus group. The focus group was held at the University and I arranged transportation for the five women from the College. The focus group was videotaped and audio-taped. One of my peer debriefers volunteered to work the audio-tape during the focus group. She was introduced to the group but did not participate in any of the discussion.

The focus group began with introductions including name, college, year in school, and reasons for participating in the focus group. Following introductions, I explained the reasons for including a focus group in the study, my hope for what they might gain from participating and my personal reasons for facilitating the focus group. Confidentiality was agreed on and participants were provided an opportunity to ask clarifying questions about the process. The group process and questions were written on newsprint for the participants to read and refer to. The following three questions were posted:

1. A. What are the situations, people etc. that have been helpful to your thinking about yourself as learning disabled?

   B. Is it helpful or supportive to think about yourself as LD?

   C. What is difficult or scary for you in thinking about yourself as LD?

2. A. What has been the process for you in thinking about a LD identity?

   B. How did the interviewing process affect your thinking about yourself as LD?

3. A. Do you think you have a LD identity?

B. Describe your LD identity.

Written Descriptions

As a component of the participant information sheet participants were asked to describe their learning disability in as much written detail as possible. Participants received the information sheet with the initial letter of invitation and were asked to complete it prior to the interview. A written description was requested to provide participants with another modality, other than oral interviews, to describe their understanding of their learning disability. All participants completed the information sheet. Of the sixteen participants, thirteen provided a completed written response and three left the question blank. A summary of participants written responses is included in Chapter 4.

Data Analysis

The data for this study consisted of audio-tapes, transcripts, videotape, and written responses. Again, the interpretive framework for this study was the constant comparative method (Bogdan & Biklen, 1992; Glaser & Strauss, 1967), and inductive analysis (Patton, 1990). The strategy of inductive analysis (Patton, 1990) consists of immersion in the specifics of the data in order to discover important categories and patterns. Two goals of this study are to gain an understanding of participants' meaning-making and generate LD identity theory by listening to the voices of those with learning disabilities. For this reason, inductive analysis is a compelling methodology to use for this study.

Following an inductive analysis process suggested by Bogdan and Biklen (1992), data analysis began with interview transcripts being analyzed and hand coded. Words and phrases were generated to represent emerging topics and patterns and descriptive data was sorted into common themes. After hand coding each transcript, marked passages were reviewed and a list of codes based on expressed feelings, specific experiences, identity, developmental changes over time and personal narrative descriptions was created. Ethnograph 4.01, a qualitative analysis computer software program, was used to code line by line, building coding themes throughout the course of data collection. Codes were then separated into categories addressing each of the four research questions. The data was organized within each question into patterns, categories, and basic descriptive units to further search for patterns and themes. An inductive analysis of the data was performed, the findings from which are presented in Chapter 4.

Individual written descriptions from participant information sheets were analyzed using the same criteria and themes constructed from interviews relating to how one describes one's learning disability. This data was integrated in the section with the data from interviews. In order to maintain consistency of data analysis, the focus group videotape was reviewed and hand coded for subsequent themes. Sections of the videotape were transcribed verbatim. Pertinent data from the focus group is incorporated into relevant sections in chapter 4.

The impact of my own identity as learning disabled on the data analysis was a concern and will be addressed in further detail in the ensuing "Role of the Researcher" section. In order to corroborate the coding, I enlisted two peer debriefers familiar with identity development theory but relatively unfamiliar with learning disabilities, to code two transcripts each. Both peer debriefers have been objective observers of the process and have challenged and confirmed my data analysis. They independently verified many of my major coding themes and each made suggestions for modifying the subcodes, which I incorporated in to the coding schemes. Additionally, I presented the emerging data at several national conferences focusing on learning disabilities and Attention Deficit Disorder/ADHD (Pliner, 1998, 1997). I received feedback from several professionals in the field of learning disabilities, which also helped shape my thinking.

Limitations

In conducting qualitative research, questions about the generalizability of the data often informs the researcher as to possible limitations (Marshall & Rossman, 1989). It is not my goal to generate any "truths" nor convince others that the findings are "true" but rather to describe the patterns that appeared to be present in the data. In this study the following limitations should be considered:

1. The small sample population of sixteen, is homogeneous in race and ethnicity, as well as demography. Of the sixteen participants, all but two identified as European American, with the remaining two identifying as bi-racial: European American/Asian and European American/Latina. A more culturally diverse sample would strengthen the study. Further, the sample is imbalanced in gender, with more than two-thirds of the sample being female. Thus, the sample population by nature omits a variety of other experiences and this demographic limitation should be taken into consideration when drawing conclusions.

2. The focus of my interest is on the exploration of identity development in traditional-aged college students and thus, I have chosen to limit the study to traditional-

age college students (17-23) on primarily residential campuses in the Northeast. I selected this population, in part, because of my experience and interest in their identity development. I also selected this population in order to draw comparisons to existing theories of identity formation which consider this age a crucial moment in identity development. Students at this age on college campuses are often dealing with the construction of identities and issues of identity politics. Finally, the decision to select this group was logistical; I had already established access to both campuses from which to draw participants.

3. I depended upon the learning disabled support services at both institutions to identify learning disabled students. In order to be identified and invited to participate in the study, students had to be registered with the support services and thus, to some degree they have already established some sense of themselves as learning disabled. Therefore, this study excludes those who have not self-identified as learning disabled to the institutions. It is important to consider the socio-economic imbalance this self-selection may represent because of the exorbitant expense of the assessment process. Thus, we don't know the possible implications of immigration, poverty and the lack of testing on the results of the data.

4. Another limitation of self-selection exists when we recognize that those students with learning disabilities attending college have in some way established themselves as academic achievers. Therefore, we must consider the participants in this study to be exceptional students with strong compensatory strategies. Generalizing the results of this study to other non-college populations should be researched.

5. Not only are these students self-identified (#3 above), the sample is homogenous in its exclusive focus upon learning disabilities as opposed to other disabilities or multiple disabilities. With the exception of one participant, participants are homogeneously learning disabled without self-identified multiple interacting disabilities. Therefore, the results of this study do not reflect a diverse group of co-morbid disabilities. While not diverse, given the above limitations, the manifestation, impact and experience of being LD varies greatly among participants.

6. The study of postsecondary students with learning disabilities can be difficult due to the lack of a universally agreed upon operational definition of learning disabilities. The definition of what constitutes the diagnosis of a learning disability is a broad concept varying not only from state to state but assessor to assessor, thus there is a possibility of wide discrepancies in thoroughness of assessment and in diagnosis. Although this is important to consider, the exact nature of the learning disability and diagnostic accuracy are not the focus of this study. The focus of this study is identity formation and development, thus diagnostic accuracy has little effect on the results (refer to chapter 2 for review of definitions of learning disabilities).

7. My own subjectivity, bias and experiences as learning disabled creates inevitable filters through which I conducted interviews and analyzed data. Conversely, the very fact of being interviewed through such a lens, may have created emotions and self-questioning where none existed. The process of conducting research often influences the participants' experience and affects the study's replicability.

Limitations are inherent to any research study, thus must be considered throughout the research process. In conducting research on social phenomena one must consider the influence of current social and historical contexts as influencing the results of the study. Any generalizations made from this research should contain an exploration of such contexts. As Cronbach (1975), one of the major figures in educational measurement and evaluation, has concluded, social phenomena are too variable and context-bound to permit very significant empirical generalizations (in Patton, 1990).

Role as Researcher

Patton (1990) suggests a basic principle of the role of a researcher is to report any personal and professional information that may have affected data collection, analysis, and interpretation, either negatively or positively. He maintains that neutrality and impartiality are not easily achieved and that every researcher brings preconceptions and interpretations to the problem being studied, regardless of methods used. Therefore, as Peshkin (1988) advocates, a researcher should systematically seek out his or her subjectivity and an awareness of how subjectivity shapes one's inquiry and its outcomes. Peshkin asserts the importance for a researcher to work on the awareness of one's own subjectivity with its fluidity as ever changing. In essence, it is common for personal issues to connect researchers to their subject and we often chose to conduct research in which we are deeply personally implicated. I have taken Patton and Peshkin's thinking about subjectivity to heart and in the section that follows, I reflect upon my own history and identity development, both as bisexual and LD, in order to come to terms with my own positionality as a researcher.

Early in my educational history I came to believe I was not smart. I have spent my entire educational career believing that I was "stupid" but gifted in hiding it.

Memories of parent-student conferences are reflected in teacher comments such as, "If only she would pay attention in class and not talk with her neighbors she could be a good student." I believed that I faked my way through school and had yet to be caught. The first evidence contradicting this belief was my success in college as an undergraduate. I chose classes carefully in order to avoid possible failure. I learned quickly my aptitude for courses pedagogically grounded in discussion based, experiential learning with a variety of opportunities for assessment. I moved through my undergraduate years with little self-reflection or knowledge of my abilities.

My decision to return to school for a Masters degree in Special Education was founded in my desire to be a facilitator of others' learning process. The accomplishment of being accepted to a Masters program was astounding to me and I continued to move through the world in total disbelief. In my first semester, I was fortunate to be hired as a Case Manager in the Learning Disabilities Support Services. Working with students with learning disabilities came completely naturally to me. I was able to relate, understand, and empathize with their struggles and learn an increasing amount about myself in the process. Some time during my first year, I began to incorporate my studies into the existing information I had about myself and it became clear to me that all of my struggles with learning and attention were real, not imaginary, and existed for many people. My spiritual belief is we are guided to seek out what we need to know and learn about in ourselves. I believe my journey of self-discovery through the Masters degree in special education is a reflection of my spiritual need for peace and understanding.

Although my newly gained information about learning disabilities created a context for my learning difficulties, I was resistant to accept myself as learning disabled.

Instead, I quickly became an advocate for disability rights issues and in my mind an ally to those with disabilities. Even though in some ways I acknowledged the connection between my life experiences and learning disabilities, I continued to deny that I had a disability. At the same time, I constructed an elaborate response for my disbelief in the assessment process, asserting that IQ testing was invalid and all psycho-educational assessment was biased and discriminatory. I was adamant about the uselessness of assessment in order to insulate myself from having to admit the need to be assessed.

I was aggressive in my denial and sought out evidence to contradict the possibility of my being LD. I once off-handedly remarked to the Director of LDSS, who was also a graduate professor in special education, that I believed I might have a LD in order for her to confirm that it was not true and thus maintain my denial. Instead, I was shocked to hear her remark that she thought it would be a good idea for me to be tested because she noticed that I had difficulty with my writing. Her comments destroyed my ability to hold the concept of a LD outside of myself. I took away from that meeting a feeling of intense resistance to exploring a LD any further for fear that I may either be truly "stupid" or I was "disabled."

I felt a personal connection and empathy in my work with LD college students and their experiences while maintaining the emotional and professional distance of not having common experiences. In my research and work I explored issues of community and identity from the comfortable position of a professional outsider. I developed a Peer Mentor Network for students with disabilities in order to create community and address the isolation and internalized oppression that exists for this population.

At the conclusion of my Masters degree in Special Education, I still had many unanswered questions about LD identity formation and decided to continue my research in a doctoral program. My doctoral studies in Human Development and Social Justice Education focused on adolescent development, oppression theory and social identity development. I made little progress in my own acceptance and resistance of my possible learning disability. I entered my doctoral research process with what I thought was a firm understanding of myself as a learner and learning disabled while continuing to resist diagnosis.

After the first year of my doctoral program I "came out" as a bisexual woman. My concentration and attention shifted from myself as LD to myself as bisexual. I became immersed in Lesbian, Gay, Bisexual (LGB) politics and LGB communities. I began the process of educating others about LGB issues and continued my work around disability oppression. Even through the process of "coming out" and acknowledging my sexuality, I was unable to make the connection to myself about "coming out" as LD and ADHD. I attribute the relative ease with which I accepted and named myself as a member of a stigmatized and oppressed minority group to the existence of a strong gay, lesbian, and bisexual community of support and a visible history in which to connect. A wealth of lesbian/gay/bisexual literature, both theoretical and narrative, addressing the "coming out" process, bisexual identity development and identity politics exists. The existence of accessible resources and positive role models were major influences in my claiming and naming an otherwise invisible identity, bisexuality.

"Coming out" as bisexual was a liberating and empowering experience, after the initial fear of alienation from family and friends. I have several other invisible social identities, which are socially stigmatized in the current social context. Forming a positive bisexual identity paved the way for me to explore my other invisible identities in greater depth. This marks the emergence of my exploration of LD identity development.

I continued my doctoral research with new theoretical and personal knowledge of identity development and oppression. In my work with college students with learning disabilities, I began to explore the process by which they identified as learning disabled or not. I now understand my research interest in how students came to accept or deny their learning disability, was also a way to make meaning for myself, although I was not aware of this at the time. I conducted my doctoral research as an outsider in that I was still undiagnosed, exploring as a researcher the experiences of LD college students, although I was fairly certain that I was indeed LD and ADHD.

During the process of interviewing, however, I became deeply affected by the emotional and often painful experiences reported by participants. I felt an enormous amount of dissonance during the interviews as I acknowledged to myself feelings of dishonesty in representing myself to participants as non-LD and at the same time personally relating to their experiences. Although, as a result of my professional practice and extensive research, I knew I must be LD, I felt unable to claim this identity as my own nor disclose to participants, because I lacked an official diagnosis. I realized in order to be truthful to myself, participants', and the research, I needed to be diagnosed. In order to preserve consistency in my role as a researcher, since I had begun the research prior to diagnosis, I completed the interviews while maintaining the distance of the researcher role. My diagnosis then occurred after all of the interviews were completed and transcribed, but before analyzing the data.

I arranged for a psycho-educational assessment a month after I concluded interviewing research subjects. I was confident in my pre-determined knowledge of the assessment outcome and indeed was diagnosed as LD and ADHD. The process of being diagnosed as LD resulted in a sense of peace in knowing I could openly acknowledge myself as LD. The liberation and empowerment I experienced in "coming out" as bisexual was both similar and different from that of being diagnosed as LD.

There are intriguing similarities between my bisexual identity development and my LD identity development, although they also differ. A significant difference between the two processes of identity formation is access to positive role models, community and literary resources. As I described previously, having access to a visibly supportive LGB community, history and an abundance of resources positively enhanced my process of acceptance as a bisexual woman. Conversely, the absence of community, positive role models and personal narratives, hindered my process of coming to terms with my LD identity. This particular stigmatized identity, LD, is to a major degree constructed and controlled by the non-stigmatized majority.

The importance of finding a community to share my experiences became an essential component of my process. The focus group confirmed my belief that community can be a powerful tool for self-empowerment and liberation. My process of identifying as LD occurred in direct response to my research and the shared experiences of the participants. At the conclusion of the focus group, I took a few moments to "come out" as LD, recognize participant contributions, and thank them for assisting me with the research as well as my personal process. It has been very important for me to share my process of self-discovery and LD identity development with participants in order to acknowledge the impact their participation had on not only the research but me personally.

The purpose of discussing my identities as a researcher is to acknowledge how my subjectivity may have shaped the research and its outcomes. I believe my LD identity is an asset to this research as the researcher remains a human being during the process. It is important to reiterate my relationship to participants remained as a researcher not a counselor or evaluator.

In the following chapters I will discuss my findings and their implications for those with learning disabilities and service providers in higher education.

CHAPTER 4

RESULTS

Introduction

This study examines the ways in which college students with learning disabilities understand themselves as LD and form a LD identity. A review of the literature suggests a large gap exists connecting the currently held social construction of learning disabilities as a medical phenomenon highlighting one's "deficits" with the possibility of individuals and communities forming a positive social identity (Denti & Katz, 1995). The review of the literature suggests also that analysis of multiple developmental domains, including self-concept, self-understanding, and identity development, are appropriate foundations from which to conduct this qualitative research study (Glickman, 1993; Heyman, 1990; Poplin, 1988a; Reid & Button, 1995; Wilczenski, 1992).

The data that I use to analyze the results for each question comes from individual interviews, demographics, and the focus group. The interpretive framework for this study is the constant comparative method (Bogdan & Biklen, 1992; Glaser & Strauss, 1967), and inductive analysis (Patton, 1990). The strategy of inductive analysis (Patton, 1990) consists of immersion in the specifics of the data in order to discover important categories and patterns. A goal of this study is to gain an understanding of participants' meaning-making and generating theory by listening to the voices of those with learning disabilities. For this reason, inductive analysis is a compelling methodology to use for this study. Qualitative analysis of the data began with a content analysis in which all interview transcripts were hand coded for themes related to the four research questions, followed by an inductive analysis.

This chapter describes the results and analysis of the research study with regard to each research question. The chapter is organized into four sections, by research questions.

Question #1: How Do Entering and Exiting College Students with Learning Disabilities Describe Their Learning Disability?

The purpose of this research question is to examine the complexity of student's thinking, understanding and personal meaning-making of their LD. Two methods were used in this research to elicit participants' descriptions of their learning disabilities. The first method asked participants to provide a written description of their learning disability on the demographic survey. In the second method, individual interviews, participants were asked directly to describe their LD. A summary of each method of data collection can be found in table 8.

Although participants varied in the depth of their responses, the ways in which participants responded fell into two categories, which for the purposes of this study are designated as simple and complex. By simple responses, I am referring to rudimentary or basic answers which are not expanded upon. For instance, a simple reply such as, "I have dyslexia," without further explanation does not suggest a comprehensive understanding of one's learning disability because of the various ways in which dyslexia is experienced. A complex response, on the other hand, is characterized by participants' thoughtfully providing intricate detail and insight into their experience of LD.

The majority of participants answered the initial interview question with simple responses, and a few with more complex responses. In order to determine the extent of complexity with which participants think about their LD, I asked each participant for further details. I found, when students were probed, the majority of initial simple replies were replaced with complex thinking and descriptions of their LD. Thus, many were capable of demonstrating a more complex understanding of their LD even though their initial response had been to reply simply. In a few other cases, follow-up questions revealed no complexity of thinking or internalized meaning-making. A summary of written, initial and prompted descriptions can be found in table 8. The implications of the distinction between initial and probed responses will be discussed in greater detail in Chapter 5. In keeping with developmental theory, within which more complex responses are taken to be indicative of an individual's further developmental level, data presented in this section will be coded on the basis of the most complex response from each participant.

Within the two categories, simple and complex, two subcategories emerged as participants' descriptions ranged from responses based on technical thinking to anecdotal thinking. The first subcategory, technical is composed of participants' descriptions based on specialized language, derived from psycho-educational assessments. In essence, participants who gave technical responses described their learning disability based on the terminology used and the label(s) that emerged in the diagnostic process. It is important to note here, labels and professional lingo often have limited significance in describing how the learning disability may actually manifest for an individual in any given environment. It differs in personal significance from the second subcategory, anecdotal, which is based on participant's personal and narrative accounts of their learning disability. In other words, participants' describe their LD by using personal meaning-making of their lived experiences.

The data have been coded and divided into two categories, simple and complex, and two subcategories, technical and anecdotal. Two patterns thus emerge from the technical subcategory within the simple category. First, despite further questioning, some participants do not move past the LD label to provide anecdotal evidence of internalized meaning-making. Second, participants rely on external sources for definition rather than their own personal experiences. Participants offer simple descriptions in only technical terms and appear not to consider the self-reflection and personal meaning-making called for by anecdotal thinking. Therefore, in the simple category, the data represents solely the technical subcategory.

On the other hand, descriptions in the complex category are characterized by a variety of technical and anecdotal responses. Two patterns have emerged from the data in the complex category as well. First, the data suggests participants' fluid use of both technical and anecdotal thinking in describing their LD, according to which, data cannot be assigned to a fixed category but rather requires analysis based along a continuum. Complex thinkers move back and forth on the continuum between technical language and personal meaning-making. Furthermore, technically complex responses proved difficult to differentiate from anecdotally complex responses. Given previous descriptions of what constitutes both technical and complex thinking, one would need to demonstrate clinical training and experience in order to typify a technically complex response. Participants in this study did not demonstrate a sophisticated knowledge of neuropsychological assessment nor its related terminology, so that technically complex thinking includes anecdotal components.

The second pattern for complex thinkers that derived from the data, is antithetical to the second pattern for simple thinkers. While simple thinkers rely on an external frame of reference for definition, complex thinkers generate their own personal meaning and rely on an internal meaning for definition. Complex thinkers have incorporated external labels and meanings into their self-knowledge but rely on their own interpretations and personal experiences in order to describe their learning disabilities.

Table 8 - Summary of Descriptions of LD

WRITTEN*	INITIAL RESPONSE	PROBED RESPONSE	
Alex Bob Lynn Marie Meghan Mick Zap	Alex Bob Hilary Jack Liz Lynn Meghan Mick Molly Zack Zap	Bob Hilary Molly	SIMPLE
Hilary Jack Liz Nora Sarah Zack	Celine Marie Nora Sarah Vivian	Alex Celine Jack Liz Lynn Marie Meghan Mick Nora Sarah Vivian Zack Zap	COMPLEX

*No written response given: Molly, Vivian, Celine

The data will be presented in the following sections, Simple Descriptions of Learning Disability and Complex Descriptions of Learning Disability. As previously noted, two methods of data collection were collected and analyzed in order to answer this research question. The data presented in response to question one is based on oral interviews and is confirmed by written descriptions.

Simple Descriptions of Learning Disability

As previously mentioned, the majority of participants gave complex descriptions of their LD when probed for further detail by the researcher. However, three participants, Molly, Hilary, and Bob, described their learning disabilities simply by providing limited and basic descriptions of their LD. Throughout the interview, with increased prompting from the researcher, these participants remained consistent in describing their learning disability with technical terminology from their earlier diagnosis, documentation and accommodations processes.

The data suggests two common patterns for these participants describing their LD in technical terms, which are interwoven and best illustrated in tandem. The first pattern the data illustrates is participants' reliance on information provided by external sources for self-definition. The subsequent result of the first pattern highlights the second pattern, in which participants have yet to internalize the LD label, thus haven't taken personal ownership of their LD nor developed any personal meaning. They rely heavily on technical language as descriptors, offering no further explanations, thus the meaning they construct around their learning disability remains as it has been assigned by an external authority.

Hilary, for example, describes her LD as: "I have been told... I think, that it was just you had dyslexia. I have been told different things over the years. It was mostly like reversal stuff." In this statement, Hilary describes her LD using language such as, "I have been told," and "you had dyslexia," rather than phrases such as, "I am" or "I have," which suggests her lack of internalization and personal meaning-making. Her tendency to describe her LD in the language of a medical diagnosis, rather than a personal process, suggests that she still relies on an external frame of reference to define a label, LD. Thus, Hilary currently appears to not have engaged in the process of making personal meaning of the LD label.

Similarly, Bob provides another example of this pattern, when he uses technical language in describing his LD: "They told me that I had problems with sequencing and motor function. Also, that I was documented for slow reading speed." Bob's use of phrases like, "they told me" and "I was documented for," rather than possible alternatives such as, "I have problems with" suggests a lack of personal ownership or meaning-making. Relying on the "external authority" to create meaning implies that Bob believes the LD label has a definition which is not really his own, thus there is no need to internalize its meaning in order to create his own self-definition.

Although Molly's description doesn't specifically refer to an external authority as the source of meaning, she does describe her LD using technical language. She characterizes her LD as, "Math disability and test anxiety. There is a whole list of things." By referring to "a whole list of things," to describe her LD without further explanation, Molly suggests that the "list" holds no meaning for her. Thus, like Hilary and Bob, Molly appears yet to develop a personal meaning based on her experiences as LD.

All three demonstrate their reliance on an external authority as the definer of LD, by describing themselves using externally provided technical language. This suggests a common pattern of lacking a process of internalization in which one develops a relationship to themselves as LD and creates personalized language to describe LD. Although, each participant does provide a bit more information with probing from the interviewer it remains technically simple and mimics language used by clinicians, rather than enhanced by illustrations from their personal experiences.

Complex Descriptions of Learning Disability

A continuum of technical and anecdotal descriptions make up the complex category. The data suggests complex thinkers fall along the continuum within three distinctive classifications: those representing the technical end of the continuum; those representing the anecdotal end of the continuum; and those representing a middle place incorporating both ends of the continuum, technical and anecdotal. Within each classification, patterns have emerged which are both similar and distinctive of participants coded as complex thinkers. Data for the complex category is divided into the three places on the continuum to illustrate their distinctions (see table 9 for a summary of participants and patterns in each classification).

Table 9 - Classification Summary of Complex Thinkers & Patterns

Technical	Technical/ Anecdotal	Anecdotal	
Marie Zap	Alex Celine Liz Zack	Jack Lynn Meghan Mick Nora Sarah Vivian	Participants
➔External meaning ➔Struggle with personal meaning ➔Intricate detail	➔Technical terms as entry point for internalized meaning ➔No comparison to others ➔Internalized meaning & personal ownership	➔Internalized meaning ➔Comparison to others 1. -globally negative 2. -less globally neg. -compensation 3. -globally positive -compensation	Patterns

Technical Classification

The technical end of the continuum for complex thinkers represents similar patterns to technical language used by participants in the simple category. Participants within this classification continue to rely on the meaning established by external authorities in describing their LD. However, participants expand on the technical language, suggesting a more complex process of thinking which includes providing intricate details and examples of their struggle to create personal meaning from the LD label.

Two participants, Marie and Zap, fall on the technical end of the continuum in the complex category by providing mostly technical descriptions with a smattering of anecdotal examples which enrich the technical information. Both suggest similar patterns to those distinguished in the simple category when using technical language to describe LD, by assigning meaning based on external definitions; however, each offers more intricate technical details, as well as glimpses of personal meaning-making.

Marie relies on external sources to describe her LD but fluctuates between the external technical diagnosis and her internal knowledge of its manifestation. Similar to the simple category, Marie appears to lack internalized meaning by using "they" for definition rather than "I," as she relates:

> They came up with that my verbal ability was pretty good, maybe a little above average, probably closer to average, and my performance was really high. I know I.Q. scores don't mean anything but the difference between them was a real frustration zone. They found that I was a lot better in this area, than this, and that was causing frustration because I also have word search issues.

Marie differentiates herself from her peers in the simple category as she continues her description by illustrating its impact on her, which suggests some degree of personal meaning-making; "I get really frustrated and then I can't figure out the word. In my speaking and in my writing, it comes out in pretty much everything. If I'm nervous it is really bad, but if I'm not, then it's O.K."

Although she seemingly integrates technical language into personal experience, Marie's concluding remarks demonstrate her emphasis on external authority: "They found out that I was LD, and it was good to know, but I couldn't do anything about it, so it was frustrating. Then they saw in everything, that I have a really hard time focusing and remembering things." We can see from this response that she is struggling to integrate the LD label with her perceptions of her self as having a hard time focusing "in everything." Marie's struggle to develop personal meaning suggests a stronger reliance on the definition provided by external authorities.

Zap interprets the lack of written evidence of his learning disability as suspicion of its reality as a means of challenging the externally assigned meaning to the LD label and yet, at the same time he provides a description that uses the technical language of his diagnosis. However, his language suggests a sense of ownership as illustrated in the following excerpt:

> It is not written on anything. There is nothing written down saying, 'Zap has an organizational problem, motor whatever.' What I remember, which seems like myth now or folklore, is that I have an organizational problem that comes out of a mild dyslexia.

Zap's use of "I" suggests the beginning of a process of creating an internal meaning. However, the following example illustrates his struggle to contradict this process of internalization. He continues to describe his LD using technically complex concepts, by simultaneously making external references to his thinking, such as his use of "it" rather than "my" while at the same time demonstrating his knowledge of how his LD manifests for him:

> It was simplified to me by saying that my brain makes things too complicated. It takes a task and collects every possible avenue and because it doesn't know how to get the information out I just keep gathering more and more and more. It was the idea that I have organizational information difficulties, both output and input.

Both Zap and Marie symbolize complex technical responses by expanding on the diagnostic information presented to them with their own personal sense of it. However, it is evident that both are struggling with the concept of accepting the diagnostic information as well as integrating it into their own sense of self. As we will see, this differs from those at the other end of the continuum who make meaning of their LD based solely on their personal experiences and self-knowledge.

Anecdotal Classification

In contrast with previous categories, anecdotally complex thinkers portray their LD based solely on personal experiences, as opposed to how others characterize them. The data highlights participants' describing their LD in relationship to learning and the academic setting and/or in relationship to personal or social interactions. Because there is significant overlap and similarity in the way participants describe their LD as it relates to either the learning process or personal interactions, this section will focus only on descriptions in relationship to the learning process.

Participants coded on this end of the continuum as anecdotally complex thinkers commonly demonstrate internalized meaning-making in their descriptions of their LD. As we have seen, this represents a distinctive difference from the technical end of the continuum where participants still rely on external sources for meaning-making while struggling with the process of personal meaning-making. Anecdotally complex thinkers also share a pattern of comparing themselves to those without learning disabilities as a way of making personal meaning of their sense of difference. Although anecdotally complex thinkers share the above patterns they also demonstrate three distinctive sub-patterns and are categorized as such in this section.

Two participants, Mick and Meghan, make up the first sub-category, *Globally Negative Self-Perceptions of LD*, which is distinguished by common personal descriptions of their frustration, self-judgement, and globally negative self-perceptions of themselves as LD. In the second sub-category, *Minimized Negative Self-Perceptions of LD,* Jack, Nora, Vivian and Lynn offer personal reflections that differ from the first, as they describe their LD with less frustration and in a less globally negative way, as well as with an additional component of describing their compensatory strategies. A final sub-category was necessary in order to differentiate subtle distinctions Sarah makes in describing her LD. The third sub-category, *Globally Positive Self-Perceptions of LD,* differs from each of the previous two with characteristics of globally positive descriptions, internalized meaning-making and compensatory strategies. Data illustrating the consistent patterns of internalized meaning-making and comparison to others of anecdotally complex thinkers is presented within each of the three sub-categories described.

Globally Negative Self-Perceptions of LD

Participants describe a common feeling of frustration based on one's inability to "do" something, as well as global negative feelings about the ways in which their LD interferes with their learning process. Although complex in nature, Mick and Meghan similarly depict their LD as negatively affecting their learning process, as well as the personal frustration this produces. This is apparent in the ensuing excerpts, as participants describe their LD in relationship to their learning process.

Mick's personal ownership and internalized meaning-making is apparent as he describes his frustration with the reading process as part of himself, not an externally assigned definition. For example, Mick's reflections suggest his belief that his ADD adversely impacts his learning:

> I can read well but I read really slowly. If I don't put my finger on the line, I will read the same line over and over again. It takes me 5 seconds to read across a page as it is. It gets frustrating and I get bored with it because I have to try and read. I sit there and look at the book and my eyes will go out of focus and I will zone out on the book and start thinking.

Inconsistencies in attention and focus caused by ADD appear frustrating, as Mick relates the personal meaning he makes as a result:

> When I am doing something, especially that I like, I can focus on it. My ADD is more prominent when I am doing something that I have no clue about or that I am not interested in. Then it takes over. If I don't want to be there - sometimes I have to try and pay attention but I won't try and then I will start looking at the walls and reading stuff on the walls.

Mick's tendency to focus on his ADD's negative impact without any positive reframes or compensatory strategies distinguishes his descriptions from subsequent sub-categories as representing global negative thinking of his LD. Similarly, Meghan's description of her LD reinforces Mick's feelings of frustration and negativity, as well as her reliance on personal experiences to make meaning of her LD. Meghan compares herself to others in order to confirm her experiences and frustrations as different from those without learning disabilities, which confirms her sense of personal ownership. She describes her struggles with visual and auditory processing deficits, which reiterates the pattern of experiencing her LD as globally negative, when she relates her frustrating experiences with learning:

> It's like being really, really drunk and you are trying to understand something. No matter how hard you are trying you just can't get it until you try another way. It is like your whole concept of reality is swayed. You are looking at something that somebody else can read but you just can't read it until you close your eyes and just start again. No matter how hard you try, you just can't do it, you just can't spell it. People will tell me how to spell things and if they go too fast I just shut down. I can't do it. A lot of people just don't understand that.

Mick and Meghan use their personal experiences to describe their LD in relationship to their learning process rather than relying on technical diagnostic terminology. It is apparent that they share common perspectives, portraying their learning disability as a source of frustration and as having a globally negative impact on themselves as learners. The data suggests subtle differences between anecdotally complex thinkers as is illustrated in the second sub-category.

Minimized Negative Self-Perceptions of LD

Nora, Vivian, Jack, and Lynn also rely on their personal experiences to describe their LD in relationship to their learning process rather than relying on technical diagnostic terminology. However, they offer a less globally negative perspective than Mick and Meghan. For example, Nora explains how her LD manifests in a classroom when given multiple tasks and supplies how she addresses the issue now:

> I couldn't take multiple directions. So a teacher couldn't say, "Go get your pencil, go get your notebook, go get your book from the shelf, go get this from the library, come back here and be ready in fifteen minutes." What I have to do now is I have to write it down. I have to say it over again in my head and I have to be very familiar with it if I am going to just know it. I have to have something said to me several times or have it up on the board so that I can keep looking at it. I'll go get one thing. I'll come up, look at the board and I'll go get the other thing.

Nora has obviously taken personal ownership of her LD. As she describes her LD, she includes compensatory strategies which distinguishes her descriptions as less negative than Mick and Meghan. In the following excerpt, Nora identifies an area of strength, as well as deficit, which suggests a well balanced and realistic self-assessment of herself as a learner:

> I knew that I could work hard and I could work at the level of challenging myself at the advanced classes. I had always had a very strong vocabulary, so I wasn't worried about being able to understand things. The difficulty was with expressing the ideas and keeping control of the ideas all at once like a big television screen. I will focus on one idea. When I try to refocus on the big picture it will all be one blur and I will have to remind myself what the big picture looks like. I will have to go through the steps again and then I will go to another point. It is kind of difficult to jump around and leap between small ideas and big ideas.

Similar to Nora, Vivian's personal meaning-making includes areas of challenge, as well as identifying alternative learning methods which are most effective. However, Vivian does not render the same depth of understanding in her description as Nora. Vivian supplies a more simplistic description of her LD but also provides insight into her learning strengths:

> When I am in class and the teacher is doing something on the board or overhead and he goes on to the next thing, I am still trying to focus on what they were doing back here, when the class is up here. It is kind of delayed (nervous laughter) learning. When people read out loud it doesn't mean anything to me. I am more like a hands on learner. If I can see it and do it or have a couple of other things with it. Or, if I can talk it out loud, it is a lot easier.

Jack describes the effects of his distractibility and organizational deficits as frustration, which he experiences as profoundly affecting his daily life. The following excerpt highlights Jack's frustration as he describes his compensatory strategies:

> My LD is everywhere. I don't go to school any day without forgetting something that I needed. If I have papers or something due in class, I'll put them in my backpack the night before just because I know in the morning I won't remember that I don't have my paper for my professor. I wrote down our meeting today in three different places!!!

Finally, Lynn describes her LD and compensatory strategies as a component of her personal meaning-making. Lynn appears to have taken ownership of her LD and suggests how comparing herself to others helped her to reconcile her differences:

> I wasn't quite getting things as quickly as other kids and it was mostly in the area of numbers, things dealing with math. Reading took me longer than most kids and it did take me longer to learn concepts. I was really involved in choir and in music but I can't read music to save my life. I can get the big picture, but I can't do the little pieces. When you have a learning disability, you build a web and you have compensation skills and coping mechanisms and I had built my web up in elementary school and I knew how to get through the day.

Nora, Vivian, Jack and Lynn offer descriptions of their LD which distinguishes them from the previous sub-category as they appear to be re-framing their frustrations by noting their compensatory strategies. Participants in the final sub-category share common characteristics with the previous two sub-categories as they illustrate anecdotally complex thinking. However, Sarah and Lynn, appear to encompass positive feelings about their LD as a component of their personal process of making meaning.

Globally Positive Self-Perceptions of LD

Sarah illustrates this sub-category by providing universally positive descriptions of her LD. She does not have characteristics of self-judgement, frustration and negatively representing her LD, that are representative of the other two sub-categories. Sarah's description differs from previous participants in this category because it lacks the same level of frustration exhibited in other excerpts, and uniquely balances compensatory strategies for her deficits with areas of strength. She portrays her LD in relationship to herself as a learner in the following excerpt:

> I don't learn very well orally. I can't listen to something that someone is telling me and process it in my mind very well. I'm much better with reading and even better at looking at pictorial directions, especially with word problems in math. I have had to ask people to re-phrase, like I had to ask you, just because it is very difficult. It doesn't process right or something in my head. If someone shows me how to do something before I do it, than it is a lot easier for me. Sometimes with a lot of arts and crafts type of things I figure out how to do it by myself, I don't follow any instructions at all and just work through the process myself.

Technical/Anecdotal Classification

Participants in this category share patterns which emerged in the previous four categories, such as frustration and identifying the learning disability's negative impact, and relying on one's personal experience to define one's LD. However, participants in this final category diverge in two important ways.

The first significant difference emerged for participants who used technical language to describe their LD in this category. As noted in previous categories, participants using technical language relied on others or external meaning-making to define their learning disabilities which resulted in a lack of internalization of the LD label. But, participants in this category integrate the technical language into their own meaning-making of themselves as LD and use it as an entry point for further clarification based on their own experiences. In this way, participants combine technical terms with anecdotal examples in order to make the language their own. The subsequent self-knowledge and internalization of their LD is apparent in the language they choose to describe themselves as learning disabled.

The second significant difference from participants in previous categories is in the tone and focus of their descriptions. Participants in previous categories describe their frustration in negative terms, choosing to focus on its adverse affect in comparison to others or noting the lack of understanding those without LD have about its impact on their lives. Others choose to deny the LD has any impact on them and distance themselves from the label. Participants in this category identify their frustrations in a qualitatively different manner. They do not focus nor compare themselves to those without learning disabilities. These participants describe their frustrations as a component of themselves and how they understand its impact on their lives. Frustrations are portrayed simply as descriptions of themselves as LD and not as negative judgements about themselves. This self-description and self-knowledge lacks blame and harsh attacks on oneself, choosing instead to incorporate it into who they are as people.

This section illustrates the first difference described above. In a simple sentence, Liz exhibits an integration of the technical language by naming the LD and its subsequent meaning for her as a learner: "It is a visual perceptual disability and what it affects is my reading speed, my processing speed and my ability to pull the main topics out of a reading or a lecture and since I'm slow at that, I take untimed tests as well." Similarly, Alex uses limited technical language as an entry point to describing what her LD means to her:

> I have a slow reading speed which I am not sure is a learning disability or just one of those things. I have problems with visual short term memory with visual details. If you tell me something and ask me to write it down, frequently it comes out jumbled. It takes me a lot longer to process information. It takes me a lot longer to study in order for it actually to sink in there. I had always noticed that if I read something it really didn't sink in, but if I was in lecture and they told a story that went along with whatever we were learning I could remember the story, so I could remember the concept.

Alex demonstrates her ability to take the technical language and incorporate its meaning into her self-description by providing anecdotal information as illustration. Zack also demonstrates this ability as he describes several ways he might describe his LD to others:

> To some people, I just say, "I have some learning disabilities that makes time constraints difficult for me to complete the work on time." To some people I explain that, "I have auditory and visual perception (disabilities) and I don't always process all the information that someone speaks, or it takes me longer to process it and I get lost. The same thing happens visually, it would take me a while to process a sentence, so that's when I need the extra time to process the sentence and be able to understand it. So I can have the best shot at answering the question."

Zack clearly utilizes his internal knowledge of himself as LD to describe himself to others. The technical language provides a starting point from which to share his personal meaning of LD. Celine also uses the technical language as a starting point from which she embellishes with anecdotal examples as supporting information:

> I'm an extremely audio visual learner. I could listen to a lecture or watch the thing but I can't take notes too. Anything that involves an output of information either verbally or written at the same time as taking in new information, I can't do. For example, dictation, when you have to listen to a teacher, take your notes down, and repeat them like in a Spanish class. That would be totally hard because I have to listen and process the information and it takes me more time and then the teacher is on the next thing.

From these excerpts, it is evident that participants used language which demonstrates a difference in internalizing their descriptions of their LD from those in previous categories. Participants are describing themselves as LD without comparing themselves to others nor relying on external definitions.

The next section provides examples from the data to illustrate the second difference noted above. Participants in this category differ from those in previous categories in the way they describe their frustrations. Zack illustrates these points by describing how his LD affects him outside of academics and the ways he compensates:

> When someone gives me their phone number and they whip if off really quickly, I have to ask them to repeat it. Or when someone has given me their name, I don't spell well, I have to ask them to spell it out. If they spell it out really fast, usually I have trouble hearing all the letters and getting them down, so I have to ask them to repeat it and do it slowly. Socially, it is very difficult for me to have a conversation with someone when there are other people in the room talking. I need it to be quiet because I drift very easily to other people's conversations and I lose track of the person that I am talking with. So, when I am out with someone at a crowded restaurant, I have to look at their lips and get in their face to have full attention, even then I have a lot of trouble. ..... Sometimes I am really good at blocking out the outside noises and can do it, other times it is just really bad and I just need to not get into too much detail of a conversation.

Zack's description clearly demonstrates his self-knowledge as others have, but the difference rests in the tone. His frustrations do not result in self-deprecation or blame but rather as an intense understanding of himself as LD. Celine also demonstrates this point well as she portrays the impact of her LD on a work experience:

> I worked in a bookstore. You don't know how many times I have punched things in backwards. Credit card numbers are punched in backwards. So, I had to always triple check them. Sometimes I don't see spelling mistakes and working in a bookstore was like the hardest thing to do.

The four participants in this final category revealed a few differences from the ways in which their peers described their learning disabilities. A much clearer sense of themselves was apparent in the language and tone used to describe themselves as LD rather than simply describing their LD. By combining complex technical and anecdotal descriptors, participants move back and forth on the continuum which represents a distinctive difference from their peers while also maintaining similar characteristics to established patterns.

As we have seen, entering and exiting college students describe their learning disabilities in several ways. Each of the five categories represents how participants understand their learning disabilities and are able to verbally describe them. As the patterns have emerged in each category, we are able to identify similar attributes of participants in each category. Participants who describe their LD solely in technical terms manifest a reliance on external sources for definition and understanding. In order to maintain the "other" as the holder of information, one tends to distance themselves from the LD, so as not to internalize a stigmatized identity. A factor distinguishing participants using technical language from those using anecdotal language is that they did not compare themselves to others with or without LD when describing their LD. It may be that participants who do not internalize their LD into their sense of self have no basis to compare themselves to others. If the LD held meaning for them they may compare themselves to others in order to define their difference or uniqueness.

The next section of this chapter explores how these students make sense of themselves as learning disabled. An essential component of exploring how one makes sense of oneself is identifying how one describes oneself. The patterns and themes which emerged in this section will assist in exploring the relationship of self-concept and self-esteem to how one makes sense of themselves as LD.

Question #2: How Do Entering and Exiting College Students with Learning Disabilities Make Sense of Themselves as Learning Disabled?

In response to the preceding question, we have seen a process whereby some students can move from technical terms given by external sources to a meaning-making process where they produce experiential examples and identify the nuances of their learning disabilities. This process of understanding oneself and the meaning one makes of being learning disabled is the process I will be probing for in this section.

As participants reflected during the interview process on questions designed to elicit how they make sense of themselves as LD, two categories emerged from the data. The first category encompasses three issues related to the LD label and process of being diagnosed as LD, which I call Sense of Self. The second category, which I call Relationship to Others, includes several issues addressing the manifestations of how being learning disabled impacts one sense of self.

As discussed in detail in chapter 2, an essential component of how one describes and/or identifies oneself as learning disabled is embedded in the social construction and social status of the LD label. In order to understand how participants make sense of being labeled LD they were asked what it was like to be labeled LD and to reflect on any feelings they had in response to the label. As a result, several issues emerged from the data and are grouped under the first general category, Sense of Self. Participant reflections highlight three specific issues which are discussed in this category under the following sub-headings: *Impact of Diagnosis on Self-Concept*; *Re-Naming and Re-Defining the LD Label*; and *From "Deficit" to "Difference" -Normalizing the LD Label and Self as LD.*

The remaining category, Relationship to Others, encompasses the struggle for "normalcy" while experiencing the social stigma discussed in the literature review in chapter 2. Several issues emerged in response to two general questions posed to participants: What is it like for you to tell other people about your LD? and Does your LD affect you outside of academics and if so, in what ways? Responses to these questions are grouped for this category under the following sub-headings: *Proving Oneself Despite the LD Label and the Impact of Other's Reactions; Invisibility and Disclosure; Responses to Discrimination; Benefits of the LD Experience; Social Costs of the LD Experience;* and *Benefits of a LD Community.*

Sense of Self

Impact of Diagnosis on Self-Concept

Participants were asked to reflect on their experience of being labeled LD, in which they describe its negative impact on their self-concept. Refer to chapter 2 for a discussion of the connection between self-concept and a stigmatized identity. A pattern of accepting and internalizing LD stereotypes in the process of being labeled LD emerged from the data. Six participants, Jack, Marie, Nora, Alex, Sarah and Molly, tend to describe their diagnosis experience as having a negative impact on their self-concept as they internalized stereotypical messages about learning disabilities. It is interesting to note that all of these six participants were diagnosed during their adolescence, a factor which may have affected their response to being labeled LD. I will explore the relationship between the age of diagnosis and how one makes sense of oneself as LD in greater detail in chapter 5.

In the following passage, Jack illustrates how his acceptance of the LD label affects his sense of learned helplessness and self-fulfilling prophecy. He has internalized the LD stereotypes of inability, stupidity, laziness and using it as an excuse for poor performance:

> I felt really stupid. It was like they proved that I was an idiot!! I can't do it........If anything unfortunately, I think I have used it as a crutch a lot more, more than I know it. I think in some ways... it doesn't make you try as hard. I have heard psychiatrists say this about being coded. It is easy just to say, "Well, I'm coded. I can't do this and there is documented proof that I can't do this." It sort or makes you not want to try as hard. I do find myself doing that a lot.

As Jack demonstrates, the diagnosis process can often have a devastating impact on one's self-esteem. For students who have struggled academically without knowing about their LD, a pattern develops of questioning their intelligence and ability to learn. At the age of fourteen, when Jack was diagnosed as LD, he was unable to recognize his successes nor distinguish them from his challenges. The LD label became "proof" of his inability and reasoning for continued self-deprecation. Jack relates the negative social stigma of the LD label as, "being coded definitely made me feel bad. It took me a long time to be able to deal with it."

Akin to Jack's experience with the LD label, both Nora and Alex's perceptions of their abilities were affected drastically upon being diagnosed as LD. For Nora, being labeled at the age of twelve challenged her established sense of self. At the point of diagnosis, Nora was well aware of the stigma and discrimination associated with those with learning disabilities which she portrays as, "the students who had a hard time learning were not treated well, and definitely not supported by peers." She assigned the observed negative treatment to herself in describing her initial reaction to being diagnosed as LD:

> I went from, "Something is really wrong with me!" to "Oh, I'm useless." It was a break down of, "Something weird is going on," or "What's wrong with me, why do I seem so different?," to "Oh, oh, that explains it, I'm just useless."

Alex's diagnosis at nineteen produced comparable self-doubt as a learner. She had established herself academically as an achiever, which was challenged by the LD label. The LD label carries a pervasive social stigma equivalent to stupidity, which is internalized regardless of one's previous academic success. Alex illustrates this point:

> When I first found out it kind of threw me. I was like, "Wait a second, I've done so well in school." I have a twin sister and she was the pretty one and I was the smart one. That is the way it was. I was like, "Wait a second, I am not smart anymore." I really began to doubt myself.

Similarly, Marie portrays an internal struggle with her self-concept after being diagnosed at the age of twenty. Marie compares herself to a friend who was diagnosed at the same time and is perplexed by the differences in their reactions to the label:

> She was, "Yahoo, I'm ADHD! This explains everything about me!" While it explained everything about me too, it explains my whole life, it was really frustrating for me and for her it was liberating. I didn't understand why that was. I was more frustrated knowing now I just have this. This was supposed to explain me having a hard time.

Like Jack, Marie had internalized all of the negative experiences in an academic setting as a component of who she was as a person or learner. The new information did not provide her with relief but rather contradicted her self-knowledge. She was faced with the prospect of re-conceptualizing her self-concept and incorporating a "real deficit" (LD) as opposed to maintaining a self-fiction which has the potential to be untrue. The reality of the label poses a threat to her established self-concept. In the following passage we see Marie accepting a LD stereotype which challenges her beliefs about her intelligence:

> I went through a real phase of feeling very stupid. I know it wasn't true. My friend was saying, "You know, I feel great, we are smarter than the average person. We don't read the books, we don't pay attention half the time because we are off in La-La land staring out the window, and we still do well. We're smart." I heard that and I thought, "Yes, I guess when you say it that way we are, but most of me doesn't feel that way."

It is not unusual for people diagnosed as learning disabled to call one's intelligence into question upon initial diagnosis, as do Jack and Marie. Occasionally, as Marie's friend suggests above, the LD diagnosis is a relief to personal beliefs of stupidity. Sarah explains her relief as well as the impact on her self-concept of internalized stereotypes, which she suggests, sets her apart from others: It was definitely a relief that I wasn't just plain stupid. I didn't really previously think that. I still do have this feeling in the back of my head that I thought that maybe I'm not as smart as everyone else but to know that I have a problem and it had a name and that other people had it, it wasn't just me was a relief. At the same time, it did make me aware of the fact that I was, sort of different from everyone else, everyone else outwardly.

The isolation, described in chapter 2, is not perceived but rather a real manifestation of the current social construction of academic environments and its subsequent competitive nature. Professionals continue to maintain a system of beliefs, grounding learning disabilities in a deficit driven medical model, which perpetuates invisibility, isolation and internalized negative beliefs for those with learning disabilities. Molly characterizes these beliefs as she relates her fear of being different:

> I never wanted to go in to any of the programs at school because I wanted to be like everybody else and not have the label that your in one of those programs..... Well, see I never was labeled (learning disabled). It was all done privately so I never was and no-one ever knew. It is like a confidence thing, I guess, being labeled different. I don't like it personally..... Just, you're not like everybody else. Everything comes easy to them.

Molly demonstrates the complexity of being labeled LD and the ensuing dissonance it generates. She is clearly distancing herself from the LD label and others who share it by latching on to its invisible nature, her ability to hide the LD, and controlling who knows about it. At the same time, she identifies how the LD distinguishes her as different from everybody else.

Jack, Marie, Nora, Alex, Sarah and Molly all strive to make sense of themselves in relationship to the LD label. They all exhibit a pattern of accepting the LD label and internalizing prescribed negative stereotypes into their sense of themselves. Each of these participants grapples with the dissonance produced by being labeled LD during their adolescence, which has had a negative impact on their self-esteem. Distancing oneself from the stigma associated with the LD label is a common characteristic shared by those participants who tend to resist the label and its negative implications. For those with a tendency to resist the label, distancing oneself from the stigma may often be achieved by re-naming or re-defining it.

Re-Naming and Re-Defining the LD Label

Several participants expressed concern about the label "learning disabled" as it applies to themselves. The term itself, "dis-abled," implies an inability to do something and preceded by "learning" suggests one's inability to learn. Alex explains her thinking about the LD label and re-names it: "I really had a problem with the 'dis-ability.' Tell me I have a 'learning difference' because disability, learning disability, means I can't learn." For those who have knowledge of themselves as successful learners, the LD label directly contradicts such knowledge thus causing them cognitive dissonance in their self-perceptions. In order to address this dissonance participants distance themselves from the LD label by re-naming and/or re-defining it.

Lynn provides an example of her tendency to resist the imposed social stigma associated with the LD label by producing contradictory evidence to stereotypes, thereby denying their relativity and re-defining the LD stigma. In response to people's beliefs about her ability to be successful in a competitive academic environment, Lynn rebuts:

> My response to that is some of the most gifted and most amazing people of our time were learning disabled. Just because you have a learning disability does not mean that you are unintelligent in any way.

Lynn has taken an active stance in resisting the negative stereotypes assigned to the LD label, which appears to reinforce her resistance to internalizing the negative messages. Nora seems to disconnect from the LD label by defying stereotypical messages of being "unable" which she explains as: "You are not unable to do anything and I think that is what is important." For others a system of re-naming and re-defining provides the necessary distance from being different.

Hilary expresses her need to avoid being different by re-defining the LD label so as to circumvent being judged and penalized. Clearly, negative stereotyping and judgement from others has affected Hilary's perception of herself and produced an intense need for "sameness." She explains her conceptualization of the LD label:

> I think that there is something that everyone can overcome or work through. I don't think it is something that people should be penalized for and looked at differently for. I think it is just a different way of learning. But then, I always don't remember that. I sometimes am like, "What is wrong with me?" But it is really just a different way of processing and learning and people need to realize that it is not some kind of disease or something that you have.

Making sense of one's learning disability is directly related to how one perceives the meaning of the LD label. The preceding excerpts illustrate the variance and complexity associated with individuals' understandings of what it means to be learning disabled. Although participants differ in whether they accept or resist the LD label, each distinction is embedded in interpreting the socially imposed stigma. Those who accepted the label tend to internalize the associated negative stereotype, in contrast to those who by resisting the label also resist the associated negative meanings.

From "Deficit" to "Difference"- Normalizing the LD Label and Self as LD

Historically, minority groups seeking to gain more control over their lives have focused on the issue of naming. For many minority groups this has meant reclaiming vocabulary used for the sole purpose of degradation and reassigning to it an empowering meaning. This has yet to happen with learning disabilities in any cohesive way. However, several participants express a common desire to be rid of the label "dis-abled" and replace it with "difference" or "style." Placing an emphasis on "difference" rather than disability diminishes the disparity, of an imposed minority status, between those with LD and those without, thus producing a less stigmatized identity. Resisting the prescribed label allows for one to minimize "difference" as Alex so aptly expresses:

> I prefer to think about the learning disability as a learning difference, because I still feel like I am learning just as much as the person next to me, I am just learning differently. I know there are auditory learners, visual learners, and there are whatever. I guess I think of that as learning difference. I just feel like I have a few extra differences.

Liz shares Alex's sentiments and suggests that the label itself makes her feel different from others. In addition, Liz distinguishes between academic difference and social difference, determining her "difference" rests solely in the academic sphere.

> I personally don't like the label, LD, because I don't think of myself as different than everybody else. I just think that I learn differently and socially I'm no different. Being labeled makes me feel socially different.

In re-defining the LD label, both Liz and Alex compare themselves to others, presumably those without learning disabilities.

As discussed previously, in relationship to participants' response to the LD label, a pattern emerged from the data in which participants conceptualized their sense of difference in comparing themselves to others. As a member of a minority group, one's worth is often measured by established norms and expectations in comparison to the majority group. In this instance, comparison is used in a variety of ways. Participants compare themselves to those without learning disabilities as well as their peers with learning disabilities in an attempt to resist the imposed social stigma or reconcile the cognitive dissonance of competing information.

One of the most striking manifestations of those transforming their LD, is the strong desire to draw similarities between themselves and those without learning disabilities as Zack demonstrates "I don't think I am any different than someone who doesn't have a LD, I think they eventually figure out how they learn. We all learn how we need to learn and I don't think my LD makes me different than the next person walking by." In essence, this is a process of normalizing oneself as the same as those without learning disabilities and in so doing, distancing themselves from their learning disability and their sense of difference. Jack makes a comparison in which everyone becomes learning disabled if they aren't strong in an area:

> I really think that in some ways everybody is learning disabled. Some people just can't paint as well as other people. Some people can't cut a tree as other people can or drive a car or fly a plane. I get the points off in the academic area but I know there is something I can do that is just as good as someone else.

By assigning learning disabilities to others' areas of weakness, Jack is able to minimize the stigma associated with learning disabilities, thus he can distance himself from painful stereotypes. Bob confirms Jack's thinking in his attempt to normalize the label, "The way I look at it, everyone has problems with something in their life, whether it is personal or academic, everyone has got to learn to cope with these problems." Similarly, Lynn claims everyone is LD, noting her sameness, while simultaneously asserting difference as a gift:

> Basically the idea is that everybody is learning disabled and gifted in some way. We all have an area where we shine and we all have areas where, whether it be, we don't know how to swim or you have a hard time working with people. There are so many different ways to be learning disabled. Mine just happens to be in an academic area.

Celine also minimizes the stigma of LD. In the following excerpt, Celine confirms her differentness:

> Being learning disabled, I feel just like everybody else. The only thing is, I have a different learning set up. Some things don't work (the same). Like a computer, but I have alternate window system!! Everybody else may have the advanced version, and I might have the friendly basic version for processing.

Resisting the imposed negativity of being learning disabled by drawing similarities to the non-LD is a way in which one can feel positively about being assigned to this minority group. It is interesting to note here, that all of these participants chose to avoid technical language when distinguishing their similarities to the non-LD. Instead, participants chose to address personality traits rather than cognitive functioning.

While the above examples demonstrate one's distancing by noting sameness to non-LD folks, a few participants separate themselves from the stereotypical LD identity by noting their differences from others with learning disabilities.

Identifying stereotypical characteristics in peers with learning disabilities and establishing how they are contradictory for oneself is a way some participants distance themselves from being one of the stigmatized "other." Rather than resist the stereotypical characteristics, they assign them to "others" with learning disabilities and measure themselves against those stereotypes as Sarah does here:

> There were definitely more kids who were a lot worse off than I was and who had to go every week to the resource room. I was not nearly that bad off. I consider myself very lucky in the learning disability department just because I'm not nearly as bad as I could be.

Similarly, Liz demonstrates her need to re-define the LD stigma by noting how she wasn't considered an "outcast:" "I wasn't considered 'special ed' because I wasn't an outcast or anything in terms of the classroom or work or anything." Liz upholds her conviction that she is not like those "other LD" kids, thus distancing herself from the stigma. Finally, Vivian describes how confusing it was to understand herself in the context of *a LD* school where she felt very different from the other students. She notes her relief in finding other people who are like her and don't represent "weird" behavior:

> It was nice to be around kids that - more the realization that there are kids that are LD and that they are on your level. I think it is kind of weird to see kids running around the room and you are sitting there like, "God, I'm not like this what's wrong with me? Why am I here?"

The effects of labeling, placing one in a minority group and subsequently discriminating against them is an essential component of how one makes sense of oneself as LD. Regardless of whether or not individuals accept the label or minority status it has an affect on their self-esteem and meaning-making. In data from the focus group, Lynn describes the impact of the reactions from others and suggests an alternative way of framing her LD:

> We are all told there is something wrong with you. There is a lot of body language and subtle messages saying a LD is a bad thing. We are meant to believe that it is a pain in the butt for professors to give you extra time on exams. It is always a negative thing. If we can make it positive by showing others how we view the world differently, it can be a good thing.

In a group of LD college students, Lynn proposes a significant challenge to her peers to re-define the negative stereotypes of learning disabilities. In essence, she would like to resist others' beliefs by re-framing them as positive, thus resisting her own internalization of the negative stereotypes.

As we have seen in this section, participants struggle to make sense of themselves as LD which manifests in several ways: a tendency toward resisting the label, distancing themselves from the stigma associated with LD, or by normalizing the label by re-defining deficit as a difference. In chapter 2, similarities are drawn between being labeled LD and "coming out" as lesbian, gay or bisexual. It is important to again note the difference between being assigned an identity, LD, and the internal process for lesbian, gay and bisexual folk's personal process of coming to understand their own identity. Each has a stigmatized group status and similarities in identity development exist, however being assigned an invisible identity produces distinctive characteristics. The following category explores issues involved, which emerged from the data, in being LD in relationship to others.

Relationship to Others

Understanding oneself as a member of a devalued and stigmatized group, without an established history, subculture, or easily accessible role-models, presents many difficulties. Due to the invisible nature of learning disabilities and the ability to conceal it, participants described their efforts to be perceived as "normal" to avoid judgement or discrimination. Being perceived or accepted as "normal" (non-LD), assists in reducing one's sense of difference and represents a contradiction to the negative beliefs one has internalized about being LD. However, participant's self-doubt reveals how pervasive internalized stereotypes are in making sense of oneself as learning disabled.

Proving Oneself Despite the Label and the Impact of Others' Reactions

In reaction to others' perceptions of them based on their LD, both Marie and Vivian find it necessary to "prove" their abilities. The perception of others seems to be pervasive in how Vivian makes sense of herself as learning disabled. She explains, "Through my high school years I always had to show people that I really am smart. I think I let people's reactions toward me affect me a little too much." Vivian clearly demonstrates the phenomenon of striving to be perceived as "normal" or "smart."

Similarly, in the following excerpt, Marie is struggling to contradict negative messages received from a professor by proving she can accomplish the task while simultaneously doubting her ability to do so:

> She (professor) made me mad. I wanted to prove to her that I could do it but then there was, "What are the costs of proving something that I know is going to be hard for me?" In a way, I'm really afraid to risk failure. If I do it (student teach), and I'm supposed to do it, I don't think that I'll fail. But there is the fear, "What if I do fail?" I think I want to prove to them that they don't know anything about me.

While Marie wants to contradict the belief that she is "unable" to accomplish something, she lacks a clarity and understanding of her LD. She illustrates this lack of clarity as she grapples with trying to make sense of her disability:

> I still feel like I don't understand the difference between having a hard time and laziness. When am I lazy? When am I having a hard time because I am lazy? When is my procrastinating because of being lazy or when is it, I just can't sit down?

Marie's questioning and self-doubt have a negative impact on her self-concept. She has internalized the stereotypical messages about being "lazy" and incorporates it into her meaning-making. Again, Marie struggles to contradict external messages as she characterizes how she resists them: "It depends on how they react. Sometimes I think I can't do anything, I'm dumb. But usually I just say, 'Well, they don't know.'" Additional data from the focus group reflects Marie's struggle to change the negative messages ingrained in her sense of self. When asked what has affected her thinking about herself as LD, Marie reports a college service provider as having been most influential in her thinking: "He has really worked with me to boost my confidence. I have gone twenty-one years being dumped on as an idiot and bad. It affected my work and my confidence in myself." In essence, Marie is replacing externally imposed negative beliefs with externally imposed positive messages in order to make sense of herself as LD.

Zack typifies the extent to which stigma influences a sense of self. He is continuously proving himself to others as well as himself and he makes meaning of his self-doubt by suggesting it as common place for people with LD. He labels the process of self-doubt, "the LD syndrome" and explains how it appears, "Have I done this (been successful) because of all the help I have gotten or is it because it was me that I was able to do the work?" Zack expands on how "the LD syndrome" continues to plague him:

> Even now, I know that it is me that has done the work and it hasn't been the help because I really have not received that much help. But even when I get a grade in the class I think it is because the professor likes me or something like that. There are still times that I don't want to attribute what I do to my own, doing a good job on it or being proficient or whatever it is that I am doing.

Zack has most certainly internalized the deficit views of LD and incorporated them into his sense of himself.

Mick relies heavily on the perception of others which informs his sense of himself. He does not acknowledge his own self-doubt but rather draws upon the reactions of others for meaning-making. If the reaction is positive it enhances his self-esteem and if it is negative it has a diminishing affect. Mick identifies how he determines if his behavior is appropriate or not in describing the impact of his ADD outside of academics: "It depends on the reaction of everyone else. If people laugh and think it (my behavior) was appropriate it is fine but if I have to do push-ups I say, 'dummy you did it again.'"

Invisibility and Disclosure

The invisible nature of learning disabilities provides an avenue for hiding or keeping "closeted" a part of oneself. While hiding may be perceived as positive to many who experience discrimination, it often comes at a cost to the individual. As a result of hiding their LD from others, several participants expressed their feelings of shame, embarrassment and isolation. The realistic fear of prejudice and discrimination is evidenced as participants relate situations where they decide against disclosing their LD. Disclosing one's learning disability raises many concerns for participants and carries with it a fear of judgement, lack of understanding and discrimination.

As college students, academic achievement is a main focus and many conceptualize their learning disabilities as affecting only their academic learning process. For some, the discrepancy between the reality of how one is LD and the ideal of how one is expected to be academically competent in college challenges their self-esteem. As Lynn puts it, "The system fucks you up by placing such a high value on intelligence and you are constantly having your self-esteem knocked out from beneath you." Participants relate the impact of hiding their LD in a setting which continually reminds one of their "differentness" or disability. The subsequent isolation resulting from concealing oneself is addressed in the data and will be presented in the ensuing section.

The data illuminate a commonly held belief by participants that the majority of people without LD or direct experience with learning disabilities, possess a general lack of knowledge and awareness or carry misconceptions about learning disabilities. Participants developed this perception from personal experiences with stereotypes and discrimination, as well as witnessing the oppression of others with disabilities. The apparent repercussions for participants emerge as angst, fear and hesitation in disclosing one's LD.

Due to the invisible nature of learning disabilities, many participants choose not to disclose to others or restrict their disclosure to those they believe trustworthy. Molly explains the damaging effects of inaccurate representations of her character and ability: "They would look at me different and just feeling they thought I was stupid." The frequent contact with negative stereotyping, expectations and understanding makes students extremely protective of their identity and cautious about sharing it with others, as Molly again illustrates: "I guess it all comes down to being judged. I just want to be like everybody else, that's why I don't tell anybody." Many experience shame and embarrassment because of LD, concealing it often at great cost to their self-esteem as Nora so aptly describes: "It really made me feel very isolated but at the same time I was so ashamed, I couldn't bring myself to talk about it. I was just trying to preserve, in some way, the status quo."

As a result of internalizing negative stereotypes, Nora inwardly directed her feelings of shame, prohibiting her from sharing a significant part of herself with others. Vivian shares a similar sense of shame, although she attributes her silence to the fear of others reactions:

> It doesn't really come up in conversation, so I never bring it up. It is one of those things that if someone were to ask me, I would tell them, but only if it comes up. I don't really find that it is an issue or that people should know, which is probably my own small discomfort with it because I don't know how people will react.

Additional data from the focus group illuminates the experiences of both Vivian and Nora. When asked how one thinks about what is difficult or scary in contemplating oneself as LD, Hilary affirms the reactions of others challenge her self-concept: "It is hard to explain to other people and I started to believe that there was something wrong with it."

As noted earlier, Molly fears others' judgements as the projection of internalized shame. Like Vivian, she feels others should not be trusted: "They are not educated about it enough for me to tell them about it. I feel like I will be judged!" Such silence and fear has a significant effect on relationships as one struggles to conceal their LD in the context of the college experience. Molly exerts a tremendous amount of energy maintaining secrecy about her LD:

> Everything is secretive. I don't tell friends where I am going (when using LD services). I know that it is bad. I feel bad. I should tell them, but I can't do it. I still have a big problem telling people. Some of my friends know, but not really. I really don't talk about it.

A clear sense of shame and embarrassment dictates how one makes sense of oneself as LD within the current stigmatized framework. Meghan illustrates this point as she recalls her experiences and that of her peers in the high school resource room:

> Nobody really ever talked about it. It was just kind of like a hidden kind of thing, nobody talked about it because everybody knew about it. They hated being in there (resource room) but they didn't have a choice. That was basically the feeling.

The sense of difference and ensuing feelings of shame and embarrassment begins early for some, even amongst a group sharing common minority status. A system of discrimination perpetuates the stigma, isolation and secrecy which is sustained by the group itself with silence and invisibility. Many students with learning disabilities will go to great lengths to obscure it from the view of others, as Molly's pervasive concealment demonstrates. Like Molly, Alex recalls a strategy she used in classes to avoid possible detection and subsequent discrimination:

> I got to the point where I was like, "Oh, everyone else is finishing." So, I would look up like I was done and then I would keep reading when the teacher was talking because I didn't want anyone else to know that it was taking me that much longer.

Alex depicts the amount of energy expounded by students with learning disabilities as they go to great lengths to appear "normal." When the effects of one's learning disability becomes apparent to others, one is faced with choosing to risk disclosure or risk the possibility of judgement. Often, either choice produces a sense of shame and embarrassment. Jack illustrates his decision-making process when he feels unable to conceal his LD any longer:

> It sort of came up when I was living in the dorms. People would see how frustrated I would get when I was writing a paper and they would wonder what was wrong with me. That made me really embarrassed. I definitely tried... I wanted people to know where I was coming from. I finally remember telling my roommate, but it was hard for me to tell him and I was so embarrassed.

An essential component of how Jack makes sense of himself as learning disabled is embedded in his assertion that something is "wrong" with him. Thus, disclosing a belief of being "less than" others seems to represent a personal ownership of deficit, grounded in a socially prescribed stigma. Nora affirms this experience as well, as she describes how other's knowledge of her LD challenges her own beliefs about herself:

> I remember in senior year, I was talking to a teacher and a student came up behind us. I was talking to her about getting some extra time and there was a little part of me that was "ugh," because no one else needed extra time but I still needed it. A little part of me kicked in with, "Why did he have to walk up, I didn't want him to hear that. I don't want people to know that kind of thing." That part of me will kick in and it's very difficult.

As we have seen, some participants hide their LD at all costs, and others when confronted with exposure are overwhelmed with embarrassment and shame. Several participants describe strategies they employ to avoid these feelings which include choosing how and to whom they disclose. Marie chooses to elude judgement by prefacing disclosures with a disclaimer:

> I say, 'I'm ADHD.' It was hard at first. I used to say to people, "I know you are going to think this is weird, it's not an excuse, it's just an explanation." That was my favorite little key safety phrase.

Marie's strategy shields her from possible negative reactions from others. Mick also uses this technique by choosing only to disclose to those people he trusts and can guarantee acceptance, "I don't think that I would tell someone who I thought I would get a bad reaction from. I don't think anyone I know, that I would tell, would give me a bad reaction."

Several participants contend that the lack of understanding inhibits their disclosure process as Hilary expounds, "Sometimes you feel like people don't understand what you are going through or what it means." Zack is quite articulate in describing his LD to others but also identifies the difference between disclosing to those with LD and those with out:

> It is sometimes a little harder telling people who don't have it because they don't quite understand it fully and are not aware of what it is like. It is hard to imagine what it's like to have a learning disability when you don't have one.

Zack attributes others lack of understanding to personal inexperience thus, eliminating his need to internalize their negative reactions. However, he does relate the impact of negative reactions to disclosing his LD:

> It is pretty devastating. It makes you think a lot about telling people that you really don't know that well. Some people just intellectually don't agree with it or don't believe in it and believe you shouldn't get any accommodations, "if you can't do it like everybody else, then you shouldn't be doing it." Uneducated people who really don't understand, you try to explain to them and they just can't grasp the concept.

Responses to Discrimination

Up to this point, participants have discussed the disclosure process in terms of their personal interactions with peers. Personal relationships and how one is perceived by one's peers seems to be more resonant for participants than those outside the realm of peer. Although the majority of participants recount experiences with disclosure in relationship to one's peers, several participants offer their thinking about disclosure in the academic and work environments.

Alex, Bob and Zack are all exiting college students who have begun to think about their learning disabilities in a different setting. The prospect of interviewing for a job or graduate school program raises many issues about publicly acknowledging their learning disabilities. Concerns about the possibility of discrimination or prejudice from employers or graduate programs have led students to conceal their LD. Alex has been very thorough in her approach to hide her LD from prospective graduate programs because of her fear discrimination:

> I am currently applying for Ph.D. programs in microbiology. I am aware of my learning disability when I am doing the applications in that I didn't take the GRE's with extra time. So, that way when they get my GRE scores it is not noted on there and I am not going to say anything on the applications. I figure once I get in, if I get in, and it (LD) is an issue then I will say something about it. I don't want them to look at the application and say, "LD, she can't learn."

Rather than cope with the possibility of discrimination, Alex has chosen to risk admission to graduate school by not requesting accommodations on the GRE's. In her search for a graduate program, Alex has not considered researching the support services for students with learning disabilities as well. During the focus group, Alex confirms her responses from the earlier individual interview when asked what is difficult in contemplating her LD: "I'm not telling graduate school because for me LD means 'not able' and I don't want someone to think that about me." In essence, Alex has internalized the stigma of being labeled LD as well as acknowledged the potential consequences of discrimination, thus is choosing to deny its impact on her academics and conceal it from graduate programs. She illustrates a notion many LD students have: with each goal attained they have a sense of conquering the LD and thus negating its existence. Bob also struggles with the possibility of disclosing to a prospective employer. He too believes that disclosing his LD will affect how other's view his abilities and potential success at the job as he illustrates in this lengthy passage:

> I guess maybe I would tell them [prospective employers] but not right off the bat. I would first show them.... because you don't want to start out with one foot in the hole because then they are already looking at you like, "Oh, Bob has a LD, so maybe we can't hire him." I don't foresee a reason why I would have to say it. It is acceptable if I need extra time to finish a report and I didn't have the time. Then I would say I need an extension. It is not crazy for anyone else to ask for an extension. Why should my excuse be because I have a learning disability? I don't feel society is ready to...society just doesn't know, they are ignorant. Because they are ignorant then they don't know how to handle it. They look at is as different and down upon. I have learned to overcome, adapt and succeed despite my difficulties. Why do I need another difficulty of other people knowing. As long as I get the job done the same as the next person who doesn't have it it is nobody else's business.

Bob clearly states his concerns about others lack of knowledge and the difficulty he will experience if others are aware of his disability. He has made sense of himself as LD in an academic setting and is consciously choosing to contradict the belief that people use their LD as an excuse. He maintains his success will be based on his achievements and not impacted by his LD, thus, he can justify denying and hiding his LD.

Zack, on the other hand, is contemplating in what arenas disclosing his LD may help his cause and how to best represent himself:

> Probably in graduate school, I will [identify as learning disabled] just so I can have the academic accommodations. In the work force, I really don't know. It is an issue that I'm trying to deal with right now, whether or not it's going to hurt, help, or not influence at all but it depends upon what I go into. I don't think I will disclose in the first interview. It may be something I might disclose after an interview... after I have gotten and secured a job. I think I will have to put it in the most positive light as possible and show that I am not... that I compensated for it and it is not going to affect my job performance in any way, it might even help. I probably wouldn't bring it up unless it was brought up and then explain what the situation was.

As we have seen, many students make sense of themselves as learning disabled in relationship to situationally different societal expectations and discrimination. Some choose to deny their LD and its impact on their lives as well as conceal its existence from others. Internalizing negative stereotypes, which often results in a lack of personal ownership, seriously affects whether one incorporates their LD into a positive or negative identity. For many, achieving a positive sense of self around their learning disability is a source of constant and continuous struggle. One must manage the dissonance from acknowledging one's own achievements and intelligence, as well as imposed stereotypical messages. The sense of difference evidenced by how participants make sense of themselves in relationship to the social stigma is also demonstrated by a pattern of comparing oneself to others.

Benefits of the LD Experience

Although the majority of participants profess their similarities to the non-LD in order to contradict the negative stigma assigned to "learning disability," a few participants delineate how their LD makes them exceptional. Very few participants related their LD in positive terms because the need to distance themselves from the associated stigma was so intense. Some participants make a distinction of their exceptionality and how they surpass those without learning disabilities. Both Vivian and Meghan compare themselves to their peers and identify their strengths. Vivian attributes her strong work ethic as a result of being learning disabled:

> I know that because of my LD I am a heck more responsible about my work ethic because I had to do it in high school. I know I am better prepared when I see the kids around me being swamped. I have always been the person to know what I need to do so that I don't get overwhelmed. I always thought I was stupid and I am seeing others do worse than I do and I am the one with *a LD*. You shouldn't compare yourself, but it helps.

Meghan claims that being LD has made her a stronger person in comparison to her non-LD peers:

> I think it has made me a stronger person in the things that have nothing to do with learning disabilities, like just surviving, because you have such a strong survival mode when you are learning disabled. You have to survive and a lot of people don't have that if everything comes easy to them. They say "O.K., it comes easy" and then get into some situation where they just can't deal. But I know how!

Finally, Bob points out the limits of an academic setting for people with learning disabilities and claims an essential distinction between LD students and non-LD students is in how the non-LD take things for granted. Although earlier Bob suggested his intentions to conceal his LD, in the following passage he recognizes his positive attributes as a result of being LD:

> I know that I am going to have an easier time out there than I did in college because, college academic life is set up to outcast people with LD, and they don't show a student's other attributes. The focus is on the test and the grade, nothing else. They don't measure how much you work, your devotion, your everything else that goes into that grade. There are people who just get great grades and they don't give a damn, and they don't study and they take everything for granted. I could put money that almost any person with a learning disability doesn't take things for granted like people without them do.

Social Costs of the LD Experience

Another significant way in which participants compare themselves to their non-LD peers is by noting the sacrifices and costs of being learning disabled in both academic and social settings. For some, comparing themselves to their non-LD peers produces palpable feelings of difference as Alex so aptly illustrates: "I am like, 'I am trying to keep up here. What are they doing? What are they talking about?' I feel like sometimes I am a step behind in group situations depending on what we are discussing." When one is able to measure oneself against others' observable traits and experiences thus recognizing the sacrifices and costs of being different or LD, it is nearly impossible to avoid incorporating it into one's sense of self. Meghan demonstrates how she makes sense of herself as LD and the subsequent fear of being exposed as different in social situations:

> I won't read anything out loud no matter what it is or where it is for fear that I may read something wrong. Like, what is playing at a movie theater or menus or write anything down where anybody can see it just because I am afraid of writing something really odd.

Many participants portray common feelings of losing out on social interactions due to the choices they must make because they are LD. It is interesting to note that although many participants believe their LD affects them only in an academic setting, all describe the negative impact on their social interactions. Zack, Nora and Liz reflect on their high school experiences symbolizing sacrifices they made in order to achieve academically as well as the isolation from their peers as a result. For Zack, being in a different level of classes from his friends presented a barrier to establishing a close network, which created a social isolation:

> Going to the resource room and knowing that I had to work hard and I wasn't in the higher classes with them hurt because they were able to form more relationships with the other students in the upper level classes. It made making friends and keeping friends difficult because when you are in high school, you talk a lot about your work and do stuff relating to the class together. Not being in those classes really hurt my making friends with those people because I wasn't in the social atmosphere before classes and after classes, moaning and groaning about the teacher and things like that.

Although the social environment drastically changes from high school to college, Zack continued to experience a social isolation as a result of needing more time for his academics than his non-LD peers:

> I was spending a lot of time studying and people would always see me studying and probably think of me as not a friendly type that wanted to go out and do things, which I really did. More so in college it has affected me because I have had to work a lot harder and it has taken away from social interactions and making friends. At ten or eleven o'clock, they start hanging out after they get done studying and I would have to continue studying and I would be so tired that I would want to go to bed. People saw me...I think maybe... this is just my own thinking, saw me as someone who was always studying and not really sociable. They don't really know me.

For students without learning disabilities a freedom of time exists where they are able to choose extracurricular activities and social time with an ease that is absent for students with learning disabilities. Liz illustrates this point:

> Just work and work. I was so frustrated because I did not want to do that. I wanted to go to somebody else's house in the afternoon and do different things and just have more time. I knew that other people didn't have to work like I did because my friends just did not spend that much time on their work. That was really, really hard to deal with.

Like Zack and Liz, Nora confirms the social cost of being LD in high school:

> I think the hardest thing was explaining why I couldn't do sports or plays or be in any clubs because I had to spend extra time going to a tutor or to the resource room right after school. I couldn't do a lot of the stuff with the peers outside of school and that was something that I decided myself, but sacrificing peer relationships outside school was the hardest thing. It was actually then that I didn't even want to be with them because by the time the school day was done I didn't want to have to pretend any more.

The amount of energy Nora exerts to conceal her LD from peers in school takes a toll on any remaining energy left for extracurricular activity. The time she expends on her academics produces an intense isolation for her as an adolescent. Vivian also characterizes the intense impact of choosing academics over social interactions:

> At times it does drive me a crazy like, "Why can't I be like that?" Like my friends party on the weeknights and I have to study because I know that there is no way that I can do it all last minute. If I have to read all of the assignments, I know that with my LD there is no way I can read quickly to catch up. I know there are things I need to do as much as it kills me at times. You just understand at a point and do it.

Many students with learning disabilities often make choices in the other direction, choosing social achievement over academic achievement. Either choice represents a sacrifice and cost to how one makes sense of themselves as LD.

Benefits of a LD Community

For many participants, knowing other people with learning disabilities decreases their sense of isolation and increases their comfort with themselves. Forming or accepting a stigmatized identity is often enhanced when one is faced with information which contradicts negative stereotypes which have been socially constructed and assigned to that identity. When one experiences the stigmatized identity as insular there is a more difficult struggle to form a positive self-concept around the given identity. However, when interacting with others with learning disabilities and discovering external contradictions which disputes the stereotypes, it becomes more difficult to maintain and apply those internalized messages to oneself.

Participants consider interactions with others with learning disabilities or participating in a community in several ways. A majority of the participants characterize their connections to others with learning disabilities as helpful in developing a positive self-concept around their learning disabled identity. Opportunities to share experiences with others with learning disabilities produced a common sense of relief as well as a greater sense of comfort around people with LD than their non-LD peers and feeling less isolated. There is a consensus among this group that believes people without learning disabilities can't understand their experiences in the same way as those with learning disabilities. Thus, interactions with people with learning disabilities appear to be an integral component of positive identity formation. Conversely, a few participants suggest knowing others with learning disabilities but report neutral feelings about the importance of being connected to other people with learning disabilities.

In the previous section, *Invisibility and Disclosure,* participants describe their feelings of trepidation about disclosing their LD to people without learning disabilities. In contrast, participants describe positive experiences and feelings about disclosing to other students with learning disabilities. The data suggest that connection with others who share a common LD label produces the opposite effect of previously described invisibility and remaining "closeted," but rather creates a sense of relief. Molly illustrates this feeling of connection as she describes her experience attending a student organization for students with disabilities:

> I thought it was really good to be around other people with learning disabilities... to relate to and stuff. You can relate more to people that have a learning disability. Like you can say, "Oh yeah, that happened to me or I have a problem with this."

As she explained previously, Molly conceals her LD because she fears being judged by her non-LD peers. Her sense of relief and connection to peers with learning disabilities allows her to acknowledge herself as LD without the fear of judgement or reprisal. Similarly, Zack suggests that as a senior, his involvement in an organization for students with disabilities, PMN, allows him to act as a role-model for other students with learning disabilities:

> I think in the beginning it was helpful just to be around other people with disabilities and now I think it is helpful because it gives me an opportunity to share my experiences with other students. Now, I benefit from the group differently than I did when I was a freshman and a sophomore. I think the way I benefit from it now is just being there for the other students, more than for myself.

Zack suggests that his feelings about disclosing his LD to people with LD is a significantly different experience than his feelings about sharing with those he believes don't understand what it is like to be LD:

> Yes, definitely because they have the same thing, it's not like your are telling somebody who doesn't know anything about it or doesn't know what it is like. It is definitely easier telling someone that has a learning disability that you have a learning disability. It is also nice finding out about someone else that has a learning disability as well. I guess, it is sometimes a little harder telling people who don't have it because they don't quite understand if fully and are not aware of what it is like. It is hard to imagine what it's like to have a learning disability when you don't have one.

Bob suggests that sharing experiences with other people with learning disabilities helped him to feel less isolated:

> Well, it was nice to be around other people with learning disabilities. There were advantages because we used to plot together how we would overcome something. We would have a lot of the same difficulties or difficult professors. So it was more comforting to at least know that there are other people that go through the same thoughts and feelings as you do.

For Alex, concealing her LD from others provides a safe-haven from being perceived as different or not as intelligent. However, she describes her willingness to be open about her LD only with someone else who is LD:

> I guess if I were going to talk about with someone about it would probably be somebody that was LD because she has gone through the same experiences. She has been through the same kind of things I have.

Similarly, Jack describes feeling more confident with people who are LD because he is able to let down his guard and not feel as though he will be judged:

> I guess I get more confident when I am with people who understand me more. I feel like I can say things without thinking that they are just going to judge me or that they are going to laugh at me. I feel more confident in who I am. I am a lot more relaxed and self assured, rather than the opposite. I usually feel the opposite.

Jack suggests that finding a LD community in college helped him to feel more comfortable with himself as LD. He has internalized the negative stereotypes about being LD and is presented with contradictory information when he meets other students with learning disabilities whom he perceives to be intelligent. Jack identifies the contradiction as a factor in his own process of developing a greater sense of comfort with being LD:

> The thing that helped me deal with it a lot more was, I began to meet a lot more people with learning disabilities. I wasn't one of the ten learning disabled kids in my high school anymore, when I came to college. I started meeting a lot of people who I thought were very smart and friends or acquaintances and later I would learn that they were learning disabled too. We joked, What is yours? I think that definitely made me feel more comfortable because I wasn't alone. There were people that seemed intelligent to me and did well in school and had educated thoughts and interesting things to say, and they were in the same boat as me. Maybe there is more comfort in numbers or something.

A few participants relate their contact with other people with learning disabilities as being a rather neutral experience for them. Each identifies knowing other people with learning disabilities and acknowledges some related positive feelings. However, they do not place significant meaning on such contact nor report a sense of community as an important contributing factor in their sense of self-concept. For Hilary, associating with other students with learning disabilities means acknowledging she is different. Her strong desire is to be as "normal" as possible, which means maintaining a distance from other people who can be identified as LD:

> I don't really find... I mean it feels different at times when things happen but most of the time I don't feel any different from other people in the classes. I don't hang.. I mean I don't go up to people and say, "You have a learning disability, let's talk." It is not like.. I don't want it to be the center of my life and it is not.

As we have seen from the data, college students with learning disabilities make sense of themselves in very different ways. However, what remains consistent is the sense of difference they experience due either to external stereotypes and stigma or the internalization of such stigma. The issues which emerged from the data have been easily grouped into two categories: Sense of Self and Relationship to Others. In their reflections on the LD label, participants highlighted three particular issues: *The Impact of LD Diagnosis on Self-Concept; Re-Naming and Re-Defining the LD Label;* and *From "Deficit" to "Difference" -Normalizing the LD Label and Self as LD.* The data suggests an overwhelming desire to resist categorization as LD and its subsequent social meanings as well as internalizing such meanings. One's self-concept and self-esteem is continuously being challenged, representing a common theme of struggle and resistance for participants.

The second category illuminates issues which emerged from the data reflecting participants' thinking about themselves as LD in relationship to others: *Proving Oneself Despite the LD Label and the Impact of Other's Reactions; Invisibility and Disclosure; Responses to Discrimination; Benefits of the LD Experience; Social Costs of the LD Experience;* and *Benefits of a LD Community.* From these two categories we are able to see how several participants have evolved in their thinking in how they make sense of themselves as LD. The next question explores in depth this change.

Question #3: How Have Entering and Exiting College Students' Thinking about Themselves as Learning Disabled Changed since They Were Initially Diagnosed and Labeled Learning Disabled?

As we have seen, the data presented in the previous two questions demonstrates the complexities of how college students with learning disabilities describe their LD and make sense of themselves as LD. The data from the previous question illustrates the effects of being labeled LD and how participants make sense of their subsequent placement in a devalued and stigmatized group which experiences discrimination and prejudice. The issues discussed in question two are directly related to the change in one's thinking over time and are attributed as contributing factors in the process of changing one's thinking. As previously noted, participants' chronological age at the time of diagnosis is a significant factor affecting how one describes and makes sense of the LD.

This third research question asks for participants to reflect on their change in thinking about themselves over time. The purpose of this question is twofold: first, to identify whether a change in thinking has occurred; and secondly, to determine factors which contribute to significant changes in how one' thinks about themselves as LD differently from the time of diagnosis. The data addressing question three were collected from participants' reflection on changes in their thinking about themselves since the time they were diagnosed and labeled learning disabled. In analyzing the data a pattern emerged which supports the early assertion that chronological age at time of diagnosis as an important factor. As a result, when categorized by chronological age at the time of diagnosis, common characteristics were evident in each category. Therefore, results will be presented in three categories representing the following age groupings: childhood (3-12), early to mid-adolescence (13-17) and late adolescence to early adulthood (18-20) (see table 10 for a summary of participants in each category).

As demonstrated in the previous question, participants consistently acknowledged a lowered self-esteem as a result of internalizing stereotypically negative beliefs about themselves, prior to or as a consequence of the diagnosis. They expressed feelings of shame, embarrassment, denial, fear, secrecy and self-doubt as common to their initial thinking. In each of the following categories, participants acknowledge a change in thinking, as a movement from these initial feelings to commonly described new thinking about themselves as learning disabled.

Table 10 - Summary of Participants by Age Category

CHILDHOOD (3-12)	EARLY TO LATE ADOLESCENCE (13-17)	LATE ADOLESCENCE TO EARLY ADULT (18-20)
Bob (8) Celine (3) Hilary (8) Liz (12) Meghan (6) Nora (12) Vivian (6) Zack (7) Zap (11)	Jack (14) Lynn (13) Mick (15) Molly (17) Sarah (16)	Alex (19) Marie (20)

Diagnosis in Childhood

Half of the participants in this study were diagnosed as learning disabled in childhood, between the ages of three and twelve. Each of these participants characterizes their initial thinking about themselves at the time of diagnosis as negative. Although there is variance to the degree of which each incorporated the stigma of being labeled LD, all described a sense of secrecy, negative self-esteem and abnormality. Here is Vivian's perspective on the subject:

> I was like, "Well why am I LD if I am smart?" "Why do I have to be different?" I went through a lot of that. I always knew that there was something different. My books would be different if I went to someone's house after school to do homework. It was always bad and I would think, "Oh my gosh, I don't want anyone to know." I was upset with the world when I was little wondering, "Why did it have to be me? Why did I have to be the stupid one in the corner?"

It is powerful to acknowledge the extent to which shame and fear are personal burdens many people with learning disabilities experience and their subsequent impact on their sense of self worth.

Two transformative themes emerged from the data, typifying essential ingredients for participant's movement toward one's acceptance of self: learning about and understanding one's LD and the process of maturation. Although these themes are presented separately, they are integrally related to each other and should be considered as equally important in the change process.

In order to be diagnosed as learning disabled one needs to complete a battery of assessment tools administered by a certified clinician, which is often a long and arduous process for students. For students diagnosed in childhood, the compiled assessment results are provided to parents and school systems. Students are often absent from the meeting discussing assessment results, are unable to understand technical language used to describe their LD or are cognitively unable to assimilate the new information. Consequently, students lack a real understanding of their LD, its affect on their lives, and thus are unable to contradict the stereotypes and stigma they experience. Understanding one's LD is an important ingredient in forming a positive identity and is often missing for children. Participants in this category acknowledge that gaining knowledge about their LD led them to a greater self-acceptance and personal ownership.

Celine expands on this notion that coming to accept her LD has been a process of taking responsibility for herself and her beliefs. Celine states with great simplicity that her acceptance of the LD has helped her form a positive identity:

> I'm more confident in myself now. I think it took me a while because it affected stuff and coming to terms that I'm learning disabled. Once I accepted this, then that was it, that is just part of me. Once I said that, it was not a secret and it shouldn't be hushed. I think when the learning disabled student finally says, "I'm learning disabled," then she or he can cope with society and deal with things.

Liz illuminates this first theme as she describes how she has moved from resisting to accepting her LD as she learned more about it:

> Learning about my learning disability, understanding how to talk about it and understanding how it affected me made me become more comfortable with myself and myself in general, which was throughout high school. Before then I think I really didn't know how to explain it and I wasn't comfortable with my surroundings or with myself as much. I didn't want to reveal that part of me, but now it is not that way anymore.

While participants diagnosed in childhood have experienced years of social stigma, they also have had years of coming to know themselves as LD in an academic setting. Liz acknowledges her high school years as a significant period of self-discovery. From a developmental perspective, the later years in high school are generally marked by self-discovery and the beginning of individuation. Several participants contribute their change in thinking to accepting their LD as part of the maturation process. Liz suggests her age at the time of her early diagnosis interfered with her ability to understand the LD and as a result of her maturation, she is now taking personal ownership and responsibility of her LD:

> I was so little when I was getting tested and I didn't understand half as much as I understand now about myself. I'm so much older now and I just feel like I want to know. I wouldn't want to have just my parents know, I want to know as much as I can about what testing has been done.

Liz clearly acknowledges her maturing as a mitigating factor in taking control of her knowledge about her LD. Meghan similarly notes her senior year in high school as a changing point. However, unlike Liz, Meghan doesn't clearly associate this change in thinking as an internal process but rather as a reaction to the discrimination she experienced from others. Meghan does in fact experience a shift in her confidence and takes ownership of her needs for support which supersedes her fear of discrimination:

> Sometimes I would go for tutoring but I never wanted anybody to know what that I was going so I would always make sure that there was nobody in the hall when I went and make sure there was nobody in the hall when I came out. That was all the way up through my junior year. Then in my senior year, I just didn't care at all what people thought, so I just went in and it didn't bother me.

Vivian also attributes her maturity and experience as significant in the process of accepting her LD, which she notes is a change from her earlier negative self perceptions. Vivian has clearly utilized contradictory information and experience to re-conceptualize her LD identity:

> I became more... less thinking that I am stupid and more thinking this is how I learn. I have also been subjected to so many different experiences. When I was younger my world was so small, now I have had so many experiences and interactions with different people I am like, "O.K., this is who I am and it is O.K." I think when I became a lot more mature I had to kind of say, "Look this is what I am, this is how it is." Basically during my junior and senior year when I was looking at colleges I had to face it big time.

Vivian clearly asserts her acceptance of her LD, as does Bob. Bob, similarly denotes his acceptance as occurring in the latter years of high school and initial years of college. He marks his shift in thinking as a process of coming to better understand his learning disabilities and forming more realistic expectations of himself. He describes his struggle with being "different" and the point in which he had to "face the fact" in order to accept it. He notes having to change his internalized negative beliefs into positive messages in order to contradict those messages:

> I started to accept it in high school... not really in grade school, but when I got close to the end of high school I started accepting it. When I got to college I gained a higher understanding. I started to look at myself and my difficulties in a positive way, not as the glass is half empty but half full. Instead of focusing on the things I didn't do well, I started focusing on the things I did do well and how I can use that against the things I didn't do well. It was just finally facing the fact. The reality is that I can sit and say "Why? Why? Why?" about anything, but until I face reality of the obstacle (LD) that I have, and if I want to go forward I have to overcome it, get over it, do whatever I have to do to get through it, by accepting it.

Zack illustrates the complexity involved in challenging internalized stigma and taking personal ownership of one's achievements. He attributes his change in thinking as having evolved over the four years of college and acknowledges the change process as continual rather than static:

> I have always worked hard and I just think that I have matured more as a person. So, dealing with the disability and dealing with the work that I need to do to conquer or succeed has become easier over the four years because I have matured over the four years. My thinking is starting to change. I'm now starting to feel that I can do the work and I am capable of doing it myself, that it hasn't been the people that have helped me that has gotten me through, it has been my hard work. It is just now, I'm 21 and a senior in college and ready to graduate, that I have started to take new ownership for my own work and not that it was somebody giving me a break here, or it had something to do with somebody else and not me that actually did it.

Finally, of the eight participants who were diagnosed as children, Hilary and Zap are the least influential in their assertions of acceptance. Both represent the continuous struggle of coming to terms with the label that exists for all participants but not to the same degree. Each demonstrates this struggle as they relate how their thinking about themselves as LD has changed over time.

Although Hilary describes her greater understanding as contributing to her acceptance, she appears to maintain her difference as a component of internalized stigmatization. She relates a tenuous sense of personal ownership. Interestingly, Hilary notes her growth in self-understanding but attributes her sense of difference to it:

> I think I have a better idea of what the LD is. Obviously, in second grade you are not going to understand a lot of it. I also think that coming with better understanding is sometimes you are more affected by it and you dwell on it more. Where, as a child, it is like no big deal, "I am just slower at some stuff or I need more help in these areas." Whereas now you can set yourself apart from people more.

Zap relates his continuous struggle to make meaning of his learning disability as a part of the change process. He describes the process of thinking about his LD as fluctuating between acceptance and denial, which appears to be directly related to his resistance to accept the LD label. Even though his change in thinking has been and continues to be tumultuous, he explains accepting a sense of "difference" rather than a LD:

> Up until two years ago, at the same time as I was accepting my LD, I was continually saying, "I am not LD! I am not LD!" I never got to the point of accepting it and moving on. I didn't accept the label but I did accept that there is something going on for me that is different.

Diagnosis in Early to Late Adolescence

The second category, participants diagnosed as early adolescents between the ages of thirteen and seventeen, presents similar contributing factors as they describe their change in thinking about their LD. As established with those diagnosed in childhood, participants diagnosed in early to late adolescence all experience initial reactions of shame, embarrassment and secrecy. Early adolescence is a developmental period in which conforming to the established norms is extremely important. Adolescents are sensitive to any highlighted faults or value judgements from others. Thus, being labeled LD during this period can be especially traumatic for students. Many have struggled to achieve academically up to the point of diagnosis and have internalized a sense of lacking intellectual capacity.

The developmental period of adolescence is challenging in and of itself, and is especially so for adolescents diagnosed as LD and assigned membership in a devalued and stigmatized group. Six participants were diagnosed in early to late adolescence and experience both similarities and differences in their process of changing their thinking about being LD. Three participants, Nora, Jack and Sarah share a tendency to describe their movement from reactions of shame and embarrassment to feeling more comfortable with the LD label. However, a contributing factor inhibiting their total acceptance of themselves as LD is their preoccupation with the beliefs, perceptions and possible judgement from peers. The remaining three participants, Lynn, Mick and Molly, vary greatly from the commonalities of the other three. Lynn characterizes her diagnosis as a liberating event, which propelled her into self-acceptance. On the other hand, Mick and Molly, deny the relevance of their LD, and identify no changes in their thinking since the initial diagnosis.

Several participants describe their movement to a greater sense of comfort with the label while noting the impact that judgement from peers has on their ability to maintain it. Nora explains her increased comfort, as well as providing an example of how she conceals her LD by omitting information in conversations with peers:

> By that point it was junior year, so I was a little bit more comfortable with being LD. Not thrilled, but a little more comfortable with it. Some people thought that when I would finish a test after school that I had never taken it during the day and I didn't change that opinion. It was only maybe senior year that I started talking more comfortably with the people that I had known since sixth grade.

Nora's fear of retribution from others challenges her own comfort level. Jack also expresses feeling more comfortable disclosing his learning disability at this point. He identifies his shift in thinking as directly related to increased societal visibility and knowledge about learning disabilities. Thus, the change in thinking about himself more positively is contingent upon how others perceive him:

> Now I can say it more casually because I think it is more recognized. I think in the couple of years that I have been at college you hear a lot more about learning disabilities. I think that's what makes it more comfortable too, so people don't look at you like you are an idiot anymore. People are beginning to look at it like the system teaches specific ways, it is not that a person with a learning disability is not any smarter or dumber than anybody else, they are just not capable of learning the way that the system decides to teach it. I'm not just saying that to make myself feel better. I think other people are beginning to realize that too, so I don't feel as embarrassed any more.

Similar to Jack, Sarah appears to measure her self-worth based on how her peers perceive her. However, Sarah's initial reaction was to deny any change in her thinking about herself as learning disabled. The change in environments from high school to college appear to be a contributing factor in her change in thinking as Sarah explains:

> Like I said, it was how people treat me. In high school I was very willing to talk about it but nobody wanted to listen. It wasn't like they cared, so I didn't talk about it. If they wanted to know, if they cared to talk to me long enough, yeah, I would tell them. But here, we always talk about stuff like that. Everyone cares about everyone else.

Nora, Jack and Sarah note a significant reliance on the perception of others to their own thinking about themselves as LD. While they acknowledge more comfort with the label, the reliance on others for definition makes this comfort tenuous. It is clear each of these participants continues to struggle with making meaning of their LD. The change process is ever evolving as they continue to collect contradictory information. The next two participants represent additional possibilities for understanding the thinking of those diagnosed in early adolescence.

Although Lynn identifies her early educational experiences as traumatic and having a negative impact on her self-esteem, her descriptions are contextually different from the other participants in this category. For all of the previous participants, their early diagnosis and labeling as learning disabled subjected them to an educational system which designated them as "different" or "the other," and bombarded them with negative and stigmatizing messages. Lynn experienced internal dialogues and feelings about meeting social and cultural normative expectations of learning, which negatively affected her, but were not necessarily imposed by external voices or the larger educational system. Thus, her rapid movement from the date of diagnosis to a place of acceptance is distinctly different from the other participants in this category. In this way, Lynn presents a similar pattern to the previous category, those diagnosed in childhood. She identifies maturation and an increase in self-knowledge and understanding as the impetus for her change in thinking about herself and subsequent movement toward acceptance:

> In junior high, I was still an observer and still afraid to speak out, but at the same time I was much more at peace and had much more of a sense of, "O.K., this is a new facet of who I am, it has been there all this time, I just never knew it. Now let's deal with it." High school, I really felt like I took a step forward in knowing this is me. It really all came together into this connected human being. You sort of feel like this wall of power, you can't disassemble all these parts because they are all here. I just felt like a whole person in high school.

In contrast to Lynn's rapid acceptance of her LD, Molly is unable to incorporate its meaning into her sense of self. Molly clearly believes there has been no change in the way she perceives herself since being diagnosed at the age of seventeen. She adamantly denies the learning disability plays a role in her life and thus cannot identify any particular changes. The following excerpts characterize her experiences: "Not really. I am still me. Yeah, here I get more help and stuff but not that much I am still doing stuff pretty much on my own."

Finally, Mick also doesn't identify any changes in his thinking about himself since being diagnosed. He has chosen to resist the LD label and its subsequent stereotypical meanings by attributing characteristics of a LD to personality traits. Mick is similar to others in this category as he relies on the perceptions of others to help define himself. This is evident as he describes how he makes sense of himself in some social situations:

> It feels like when I do things that I don't intend to, everyone turns and looks at me and says, "Oh, that is Mick." They just think I am like... I guess it is a part that makes up who I am, not a serious person but very comic relief-ish.

Diagnosis in Late Adolescence to Early Adulthood

The final category typifies the similarities of participants diagnosed as LD during late adolescence and early adulthood, between the ages of eighteen and twenty. Both Alex and Marie were diagnosed in college after they had already established an identity as a learner. Being faced with a diagnosis after achieving academic success has been very difficult for both to comprehend. As with all of the other participants, the diagnosis challenged their established understanding of themselves. They immediately assumed the stereotypes associated with learning disabilities as being stupid and lazy. They represent a common pattern of struggling to make sense of themselves and incorporate the new information into their already formed self-perceptions. This process is apparent as they continue to question the reality of the diagnosis while acknowledging its life impact.

Alex characterizes the struggle she continues to have while depicting her process of understanding herself and her learning disability. She recounts the challenge she faced when diagnosed at the age of nineteen with contradicting the stereotypes she held about those with learning disabilities. A common connection to participants diagnosed during early adolescence is the way in which Alex compares herself to others when she struggles with her sense of self. Alex relates her process:

> I think it easier knowing that I have a learning disability or that I am learning disabled. Sometimes I still do question. I am like, "Well I am doing better than so and so is." When I first found out, I was thinking learning disabled meant doing poorly in school. Now, I am separating the two from, "I am LD therefore I am going to have trouble in school" to "I am LD so I am going to learn differently and it may take me a little longer."

Although Marie is still in the process of making sense of her learning disability, she was able to characterize her change in thinking about herself as learning disabled. She explains how she is just beginning to take in contradictory messages and re-conceptualize their meaning for herself. For Marie, this is the beginning of her struggle to continue to challenge her belief in herself. She portrays her experiences as:

> It is a good thing. It is definitely a good thing because I think that once I realize that it wasn't my fault, I will be able to really have a better view of myself. I'm definitely going through a big healing process, it is really good but it is really . hard.

The data clearly support a more extensive exploration of the relationship between the early age of diagnosis and the process of forming a positive LD identity. Although each of these categories highlights different patterns, participants all report their feelings of shame and embarrassment from being diagnosed as LD. It is important to acknowledge self-acceptance and identity formation as a continual process, which is challenged by membership in socially stigmatized group. The final question explores identity development in greater detail in the following section.

Question #4: How Do Entering and Exiting College Students with Learning Disabilities Incorporate Their Learning Disability into Who They Are as a Person?

Although the literature supports the belief that it is extremely difficult to develop a positive LD identity, we have seen from the previous sections the process many move through in developing their LD identity. The previous sections suggests several factors contributing to the process of identity development for LD college students, such as: their global self-perceptions as positive or negative, providing contradictions to their internalized stereotypes of people with LD, re-defining the meaning of the LD label, and the process of comparing oneself to others in order to establish an identity which is not globally negative.

Identity is conceptualized as an "internalized, self-selected regulatory system that represents an organized and integrated psychic structure that requires the developmental distinction between the inner self and the outer social world" (Adams, 1992, 1). Chapter 2 explores, in detail, several models of minority identity development. In order to understand LD identity development it is important to consider the psychological, social, and cultural aspects of being learning disabled. The research data suggest these aspects as integrally related to the process of identity development. Thus, the data highlight the developmental process college students with LD move through as essentially three stages of identity development.

The first stage, denial, represents a developmental stage in which participants had yet to engage in a process of internalizing the LD label nor deriving personal meaning from being LD. Stage two, transition, presents common themes which emerged from participant's struggle to assimilate their personal meaning of being LD with externally imposed negative meaning. The final stage, acceptance, illustrates how participants contradict their previously internalized stigma by re-defining the LD label and taking personal ownership of themselves as LD.

The findings for this section are organized by the three developmental stages: denial, transition, and acceptance (see table 11 for a summary of participants by stage).

Table 11 - Summary of Participants by Developmental Stage:

DENIAL	TRANSITION	ACCEPTANCE
Hilary Mick Sarah	Alex Jack Liz Marie Molly Vivian Zap	Bob Celine Lynn Meghan Nora Zack

Stage 1 – Denial

Stage 1 is entitled denial because it encompasses two patterns, which emerged from the data, describing how participants deny their learning disability as an identity. The first pattern characterizes how participants, by virtue of placing meaning on the external label rather than exploring any internal meaning, tend to distance themselves from their LD to avoid internalizing the stigma associated with learning disabilities. The second pattern illustrates the apparent ways in which participants minimize the impact their LD has on their lives. Although denial implies that participant's believe that learning disabilities are conceptually irrelevant to their sense of self, it is important to note that participants identified themselves as LD in order to participate in this study. They acknowledge having been labeled learning disabled and may also provide examples of how it manifests in their lives, however, conceptually they do not incorporate their learning disability into their sense of themselves. Thus, for the purposes of this research, denial does not represent a total refusal to identify as LD, but rather, a lack of internalization of the LD into their sense of self and a focus on the external meaning.

Three participants, Sarah, Hilary and Mick, tend to make sense of themselves as learning disabled by denying its relative importance in their lives. This section will highlight participants thinking about themselves as LD within each of the two patterns: Distancing and Minimizing.

Distancing

Although participants commonly distance themselves from creating an internal meaning of their LD, each does so in a distinctively different manner. Participants were asked how their learning disability effects them outside of academics and how they feel about it. As we will see, participants commonly negate that their LD effects them in any meaningful way.

Data from previous questions suggests that Sarah feels being labeled learning disabled is problematic and lacking significance, and demonstrates her need to distinguish herself as different from "others" with learning disabilities. When asked how she felt about being learning disabled, Sarah distanced her sense of "self" from the LD label by assigning to it the significance of a physical characteristic and debasing the question as trivial and lacking validity:

> It is something that I have always had so it is not... true it really didn't start showing until ninth and tenth grade. It is just how I am. I don't really feel any one way about it. It's sort of a funny question. How do you feel having brown hair?

In the previous sections of this chapter, Hilary consistently denies the significance of being LD for her thereby avoiding the process of internal meaning-making. She prefers to think of herself as no different from everyone else or more specifically, those without learning disabilities. She is vehement in her declarations of not requiring academic accommodations for her learning disability which, in turn, confirms her thinking about being the "same" as everyone else and assists her in avoiding being judged as different. When asked to reflect on the affect her learning disability has on areas of her life outside of academics she responded:

> I don't really think it does affect my life that much. I mean sometimes when I get stressed I just want to be alone and not around people but I don't think that it really affects that too much.

Although, Mick describes specific manifestations of the ADD, he does not incorporate them into himself but rather chooses to define them as isolated personality traits. As we have seen from the previous section, Mick was unable to identify any change in his thinking about himself since being diagnosed because he has yet to create any personal meaning from the LD label. Mick likens his ADD to a cold, requiring some attention, which suggests he thinks about it as lacking any type of permanence in his life:

> I just live my life like as if I didn't have ADD. I don't let it hold me back. I don't see it as a disadvantage but I don't see it as an advantage either. I see it as having a cold. You just deal with the cold.

All three participants appear not to have yet incorporated their LD into their understanding of themselves. Their reliance on the meaning imposed by external authorities becomes apparent in their disinterest in exploring its impact on their lives.

Sarah's statement, "It is just how I am," suggests her tendency to think about her LD as another common trait or characteristic. Similarly, Mick explains how he lives his life as if he wasn't ADD with a tendency to think of it as a "cold," thus implying his ADD is a temporary problem. These examples of distancing themselves from making personal meaning from the LD label are not antithetical to examples which illustrate participants' tendencies to minimize their LD. In fact, both patterns are integrally connected to their process of their thinking about themselves as LD.

Minimizing

Participants were asked to determine how much of a hypothetical pie chart, reflecting the whole of who they are, would be attributed to their identity as learning disabled. Responses to this question commonly describe the ways in which they minimize the significance of LD by assigning it a small percentage. Subsequently, their learning disabilities are portrayed as lacking significant value in their lives. In order to confirm their LD as a minimal component of themselves, participants highlighted what they consider to be positive pieces of the pie, which undoubtedly were assigned larger percentages of the pie. Participants suggest "getting around" their LD or "not thinking" about it as another way of minimizing its importance.

Sarah assigns 15% of her pie to her LD while suggesting how little of herself involves her LD, as she notes here:

> Really, really, little... maybe like 15%. Just because there is so much more to me. There really is! It is just that there are so many more things that I love doing that don't involve my learning disability. My learning disability is a very small percentage and I can usually get by it.

Even though Sarah includes her LD in the pie, her belief that she can "get by it" appears to minimize its significance further. Similarly, Hilary responds to the pie chart question by assigning a minimal amount of relevance, noting however, times when it becomes more significant because of its negative impact:

> It varies from time to time. I mean right now it is feeling like a lot because of the LSAT scores and stuff like that. Usually it is about 10%... usually, I don't even think about it.

Hilary appears to think about her LD as significant in her life only during periods when it has the potential to impact her, but regardless, assigns a small percentage of the pie. She suggests that in ordinary circumstances she doesn't "even think about it," thus implying its lack of importance.

Similar to both Sarah and Hilary, Mick assigns a percent which minimizes his ADD, preferring to highlight his positive personality traits and characteristics. Again, the focus on other personality traits or characteristics appears to suggest his negative feelings toward being LD:

> No more than 10%. There are so many different parts to my life. I am a very loving person, very much into my family, sports, and football. I played all sports in high school. I was in a play. My whole social life... friends, girlfriends, drugs. It [ADD] doesn't fit in a lot, it is not a big part of my life.

The tendency to minimize the importance of their LD illustrates how these participants actively distance themselves from the externally assigned negative meaning of "being LD," in order to maintain their patterns of denial. Participants in this stage have a tendency to limit their exploration of their LD in different domains to avoid being presented with contradictory information as Mick confirms in his statement, "it is not a big part of my life."

Denial, at least partial denial, is a stage most people with learning disabilities experience, especially during the diagnosis and labeling process. The patterns that characterize the denial stage are also intermittently present in the subsequent stages, transition and acceptance, as participants struggle to form a positive identity as LD. Denial is the initial stage of identity development participants move through as they assimilate contradictory information and are exposed to people with learning disabilities who have, to some degree, internalized their LD, thus may cause them to experience cognitive dissonance. Cognitive dissonance appears to move participants to a partial acceptance of themselves as LD, thus their movement into the next stage, transition.

The second stage, transition, differs from the denial stage primarily because of participant's struggle to integrate the contradictions between their internal self-knowledge and their reactions to externally imposed stigma.

Stage 2 – Transition

The research data suggest participants' movement from denial, which is characterized by patterns of minimizing one's LD and a tendency to distance oneself from creating an internal meaning of their LD, to a subsequent stage, transition. The transition stage is characterized as a transitional process moving from denial to acceptance, in which participants' focus shifts from the external LD label, as in denial stage, to a process of internal self-understanding. In this stage, participants struggle to make meaning of a conflictual process of partial denial and partial acceptance. The process of identity development is not static, but rather fluid and thus participants negotiate it differently.

These three stages signify a developmental pattern which is evidenced by participants reflections of having been in the earlier stage of denial. In general, participants describe their experience in the denial stage similarly to those participants presently in denial stage. Liz provides an example of her thinking as she appears to be in the denial stage as: "I used to be shy about telling people that I had a learning disability but I'm not any more. I'm not as self-conscious about it now, it doesn't make as much of a difference." Liz illustrates her transitional process as one in which she has moved from hiding her LD from others to a place of greater acceptance. Molly provides another example of an earlier stage of thinking, as she denies her LD label because others were unaware of it: "Well, see I never was labeled LD because it (assessment) was all done privately, no one ever knew."

Participants in this stage struggle to unite their thinking in separate domains of "self" distinguished as partial denial and partial acceptance. The common theme illustrating partial denial is participants' reactions to external stigma or stereotyping, which contradicts their internal meaning. Thus, partial acceptance is noticeable as a process of positive internal meaning-making. Although individuals navigate and express these domains differently, two different pathways emerged from the data suggesting commonalities in thinking during this process. In the first pathway, participants by and large no longer deny their LD in the academic realm but continue to deny its personal relevance in the social realm. Compartmentalizing their LD to only academics appears to assist participants with the process of dichotomizing the internal and external meanings, thus allowing for both partial denial and acceptance. The second pathway, similarly depicts the struggle to integrate external and internal meaning, however, participants acknowledge their LD in both academic and social realms. In order to demonstrate participants struggle in this transitional stage, data is grouped within each of the two pathways.

Pathway #1: LD in Academic Realm Only

Three participants, Molly, Liz, and Jack, tend to accept themselves as learning disabled solely in an academic setting. Each describes their struggle to integrate their internal acceptance of LD academically and their reactions to external stigma. This section examines this process by focusing on data from individual participants.

Molly, for instance, found it difficult to acknowledge her learning disability and she appeared to be uncomfortable talking about it throughout the interview. A significant percentage of her responses were short and evasive, demonstrating her discomfort. Molly tended to avoid expressing in-depth feelings related to her experiences as learning disabled and appeared to distance her sense of self from the label. However, in response to being asked to draw a pie chart of her "self," she appears to have partially accepted her LD, academically. Molly explains her acceptance as: "I would say it would be maybe half because school is a major part but it doesn't really affect my social life but it does affect my school. It is a major part." By identifying her LD as "a major part" of her pie, she illustrates her internal process of self-acceptance.

Conversely, Molly fears the possibility of judgement from others, thus choosing to be secretive about being LD. The external stigma creates a dissonance between her acknowledged acceptance of her LD and her reactions of fear and denial as a protective device. Molly describes this as: "There is something holding me back and I just can't tell people. I am so secretive about it." The transitional stage is one of conflict for Molly as she struggles to integrate both her partial denial and acceptance of LD to form a positive sense of herself as LD. Molly's concern and fear of possible stereotyping and discrimination obviously impedes her process of self-acceptance and is similar to Liz's description of her own process of self-acceptance.

The contradiction Liz experiences in taking on her learning disability as an identity is clear to see. Although she acknowledges the learning disability, she struggles to find how it integrates into who she is as a person. As we have seen from Liz's responses in previous sections, she has a strong need to be the same as everyone else, thus she tends to distance herself from the learning disabled label. This causes her dissonance when reflecting on her self as learning disabled. When asked how much of the pie chart would be her learning disability, Liz appears to have partially accepted it as "part of" her as it affects her "learning style" thus, suggesting her acceptance rests solely in academics. She struggles to include her LD in the pie chart of her whole self and concludes that if the issue were about "learning styles" the pie percentage would be significant:

> There are so many things... I don't know how much of it... it's hard to think of it and figure out how much. It is the kind of thing that might change a lot once I start thinking about it more and more and affecting more and more of...... I guess it is part of me so I don't know any percentages. I think in terms... if there was part for my learning styles or the way I think in the pie chart, it (LD) would be a pretty significant part of that. In terms of that in relation to everything else, I'm not sure how big that would be.

Liz demonstrates the friction between acknowledging her LD and minimizing its affect on her life as a whole. In response to the pie question, she initially identifies non-LD aspects of her identity which must be included in the equation, subsequently relegating her LD to "very little" in order to minimize its affect on her life:

> I don't know...I guess... that is sort of hard because ... am I saying my personality or what? Because, I think music has to fit in there somewhere and working with people. I guess in some ways it just comes down to very little because I know that I am going to be able to do what I want in life because I'll just be able to do it. I'm not the ideal. I won't be able to do everything, but I guess I don't see if affecting my life in terms of what I can or can't do.

Liz clearly asserts her belief of the lack of life impact her learning disability has. This excerpt suggests her struggle with the externally imposed message of LD as equal to "unable" which contradicts her knowledge of her achievements, thus she partially denies the LD as part of her "self." This dissonance is caused by contradictory messages between one's internal self-knowledge and negative external messages, as Molly and Liz have illustrated and Jack confirms in his descriptions.

Jack has demonstrated his continuous internal struggle with understanding his learning disability and its impact on his life, as well as, identifying the social oppression he experiences due to being labeled. He vacillates between holding his identity as learning disabled close and creating a vast distance from it. Although he knows the impact of his learning disability in an academic setting he is quite certain that it is contained solely in that arena. He resists the concept of forming an identity around being learning disabled and instead prefers to compartmentalize its meaning as significant only in the academic realm. This is demonstrated in the following response when Jack was asked to draw a pie chart of his identities:

> I don't know. It probably varies a lot. Like right now... just today, it is the whole thing because I'm trying to study for exams, and get papers done. It's the whole thing, that is who I am. Any other time, it is as small as possible. I try not to let academics be my real life. It's hard here but I very rarely think about academics outside of classes. I try not to talk to my friends about school so it doesn't really affect me as much then. It really only affects me when the work is in front of me and times like now with mid-terms. Every other time it is really not that big of a deal.

Jack has clearly assigned his learning disability to solely rest in an academic setting. Similarly, when asked if he would like his learning disability removed, he envisions changes solely within an academic realm. In the following excerpt, Jack clearly expresses the frustration and pain he experiences because of his learning disability and his desire to have it taken from him:

> Yes, I feel like if you could take it from me so much would make sense that never really made sense to me before. All those things that I have learned about school that I never really got... to this day. I never really understood and how much I really wanted to understand them. I felt it was fascinating but I just couldn't do it. I just couldn't think that way. If I could, that would be the greatest gift I think anybody could give me. I really want to understand but I can't and I get frustrated and I get annoyed.

Jack explores how he thought he might be different if he were no longer learning disabled. The following excerpts provide examples of the negative impact being a member of a targeted group membership has on his self-esteem. However, embedded in his reflections of a different "self" are subtle contradictions to his earlier assertion of being impacted by his LD solely in academics. Jack describes the impact of being defined as a member of a devalued and stigmatized group which affects how he makes meaning of himself as LD:

> It has definitely defined me a lot. It has defined psychologically, the way I feel about myself, how I perceive myself and how I perceive other things. I have to admit too that my whole world up until now has always been academic and academics has always been the big thing, even though there are other things to do in my life. But academics is the major thing that we are taught to do, we are brought up to understand and to succeed and to accomplish and because of being LD, it definitely has been a hindrance upon that. It has definitely helped make who I am because of that.

Jack appears to be in a transitional stage where he identifies with his learning disability and struggles to incorporate negative external messages to find his own personal meaning. Even though he briefly steps out of his established parameters of perceiving his learning disability only within an academic arena, it clearly illustrates his continued desire to compartmentalize its meaning.

Pathway #2: LD in Both Academic and Social Realms

The previous pathway illustrated participants' conflicted meaning-making solely in an academic setting because of their need to compartmentalize their LD as resistance to exposing their entire sense of self to this dissonant process. Participants in the following pathway express similar conflict to those above, however, their process of thinking about their LD identity is expanded to additionally include social experiences.

For instance, Alex appears to have partially accepted her LD and integrated it into her sense of self. She explains her thinking about herself in both academic and social situations with a positive sense of herself as LD:

> In lab a couple of days ago, I kept transposing things and I was like, "LD, what can I say." I totally blew it off to that because I realized that it is not always the case but a lot of times it is when I keep transposing things. Or the fact that I can't tell left from right. I was on the squash court the other day and someone was like, "We are going to hit rail shots from the right side." I was like, "Which side is right?" I was like, (shrugs) "LD." In a lot of ways I just joke about it but I know that's what it is. I don't really care who knows anymore. It is part of who I am.

In contrast to this excerpt, when asked to draw a pie chart, Alex appears to distance herself from being LD or more likely the stigma of being labeled learning disabled and thus "different." She clearly identifies her learning disability as a negative aspect of her "self" and therefore, the less significant meaning it has the more she is able to assign meaning to it when necessary. Alex explains:

> Very little. I look at myself as a student, as a part of a family, as a friend, as an athlete, as a volunteer, different things that I am involved in. Those all come first. The LD is way, way, way down there. When I think about identifying myself that is not really even on the list. It is in there but it is not something that I am like or the top of the list. I don't want it to affect me. I don't want it to be a disability. Very small. I think because I don't want it to be a part of my life. I mean it is there and it is part of who I am but I don't want to concentrate on that part. There are other parts that are more fun.

Alex has compartmentalized her LD, assigning it negative traits in order to deny or minimize her membership in a stigmatized group. Maintaining that her learning disability affects her minimally allows her to feel positively about herself when she "overcomes" it and in a way assigns external blame to its negative aspects. For Alex, the transitional stage represents a period of struggle to unite her situationally positive internal meaning with external negative meaning.

Similarly, Vivian appears to have partially accepted herself as learning disabled as she describes her internal meaning-making process. In previous sections, Vivian demonstrates her contradictory thinking with her tendency to distance herself from the label and subsequent stigma of categorization, as well as asserting the ways she has developed skills which are superior to those without learning disabilities. Her self-acceptance is evident in her realistic self-reflective process of understanding her learning disability as a part of herself. Vivian describes the percentage she assigns to her LD as a part of her whole self:

> Probably a big part. I don't know. I would say it makes up... since I have accepted it as something that is part of me, it is like a big part of me. I don't dwell on it like, "Oh god, I'm LD!" but just like, "OK, this is what I am." I am more likely to accept things like, "OK, this happened because and then do what ever I need to do to get it done." Like if I do badly on an exam I am like, "OK, obviously the way I studied for this test wasn't right. I didn't do what I needed to do. I should find another tactic." ...I guess like as a whole, you can't really say which part does it make you up because it is the whole, basically. I guess in every aspect of my life it does affect me. I guess socially... It is not like a horrible thing it is just something that is there.

Vivian struggles to reconcile her acceptance of being LD with her conflictual feelings of wanting for it to remain an invisible identity. She would like to minimize its impact but is unable to do so with the existence of contradictory examples. As we see in the following passage, Vivian alludes to her silence and invisibility as LD, but is beginning the transition to integrate her denial and acceptance in the process of disclosing or "coming out" as LD. Although Vivian does concede that her LD impacts her, her reluctance to do so is evident in the following excerpt:

> I guess it does affect me in some ways. I guess it does more than I care to believe. I don't know. I guess I am so used to not talking about it with people I am so quick to be like... I think it is something that I will probably still be like "Yeah, I'm LD" (nervous laughter). I mean it is not a big deal.

Vivian's discomfort disclosing her LD to others is palpable as she demonstrates the complexity of her struggle in the transitional stage.

The transitional stage, for Zap, is marked by his internal struggle to understand and accept himself as learning disabled with his contradictory thinking that challenges the reality of learning disabilities. Throughout the interview, he vacillates between intellectualizing the oppressive nature of being labeled learning disabled and his internal struggle with negative self-esteem. Zap's anger at being marginalized is present in his response when asked about being labeled learning disabled; "It sets me up to not obtain what the dominant notion of success is. So I am dis-abled. I become a disabled person and then I am disabled by their system of knowledge." It appears that Zap is more comfortable exploring the external oppression that exists rather than his internal process of meaning-making. Zap tends to describe his need for legitimizing learning disabilities as a component of his self-knowledge about being LD. As we can see from the following excerpt, Zap identifies the impact his learning disability has on his life when asked how much of a pie chart would represent his learning disability:

> First, I would probably say that it is the lines that you can see that make the distinctions rather than just a chunk. But I would say about half right now because it is pervasive in my work and how I do work. It is pervasive everywhere. If someone asks me a question it is the same confrontational restriction that goes on when I can't answer the question that the teacher asks because I get nervous and I get tense and I can't think of it.

Zap's description of his LD being a "pervasive" part of his life suggests his partial acceptance of himself as LD. Similarly, he confirms his self-acceptance when asked hypothetically, if he could return to the seventh grade, with a wave of a wand, making him never having had a learning disability, would he want to do it? Even in his struggle to make sense of the learning disability he is quite emphatic about his sense of self as LD:

> I would say no. Definitely not. I would say no because I like who I have become and I like who I am. I am alright. I am not hung up. I am not blocked. I am not terrified to admit anything.

In contrast, Zap partially denies his LD as "functioning in" him although he acknowledges it as part of his identity. Zap redefines his LD as a "learning style" in order to deny or minimize his membership in a devalued and stigmatized group. In the following excerpt, Zap appears to deny being LD as he explains his questioning about the legitimacy of learning disabilities and its etiology:

> I guess I don't refer to myself... I acknowledge that LD is a part of my identity but I don't acknowledge it as what is functioning in me. I honor more that I have a learning style and I don't give too much legitimacy to a learning disability because I don't know how real they are.... I don't know to what extent this is biological.

Although Zap's apparent denial suggests his continued search for concrete answers in order to contradict the externally imposed stigmatized identity, he articulates his acceptance of the pervasive nature of his learning disability in his life. As an earlier excerpt illustrates, Zap feels strongly about who he is at this moment but still continues to express his inner turmoil to understand. Zap illustrates this struggle with contradictory meanings in his response to the question, given who he is at this moment, if there were a "cure" for learning disabilities, would he want to be cured:

> Yes and no. Yes, because I would be able to have the memory of what is was like, which would bring in all of the things I want to focus on..... So, yeah I would totally do it because thinking that it would clear something up, why not. But at the same time I wouldn't because it is much more of a creative tension. If I didn't have it, if I took this pill five years ago you wouldn't be able to make this tape. And if everyone had, it still wouldn't answer the question of why it exists. I want to be as much of the studied as the studier. Yeah, I guess.

Zap is clearly grappling to hold all of his dissonant thinking about being labeled learning disabled simultaneously. At one moment he has accepted his LD and yet he continues to look for the reason why learning disabilities exist. This continuous struggle impacts his self-esteem with a need to combat his negative feelings by identifying a social structure, which makes him "dis-abled." Zap intellectually examines the oppressive system in order to make sense of himself as LD. Conversely, Marie's process of self-reflection remains as an internal process of self-discovery.

As we have seen in previous responses from Marie, she is struggling to understand what being labeled ADHD really means for her. She accepts the ADHD as a part of whom she is and yet continues to grapple with the internalized negative messages about being disabled. Marie's crying throughout the interview expresses the emotional toll of exploring her process of making meaning of being learning disabled. In response to the question about creating a pie chart, Marie appears to have accepted her self as ADHD with an acknowledgement of it encompassing all of who she is:

> I think I have all my identities in the pie chart and I think ADHD is a part in all of it. I think it describes a lot of who I am; my energy that a lot of people love and my creativity that a lot of people love, and my smothering that is hard. I think you would find it in almost everything. I don't think there is a percentage I can say but I think there is everything and if you were to draw a little line outside the pie chart, this much (an inch) would be around it all. I think it enhances the good things and makes it more vibrant or enhances the bad things and makes it more bad.

Similar to Zap's struggle to legitimize his experience as LD, Marie describes her struggle to extricate her sense of what is truly her ADHD from her personality in general. This process of questioning the reality of her ADHD contradicts her experiences and internal knowledge of herself as ADHD. Often times the reality of learning disabilities or ADHD is brought into question by external sources as a way of challenging its significance or belief in its over diagnosis. These external messages appear to impact Marie's sense of herself and leads to her own process of challenging. She describes her thinking here: "I still feel like I don't understand the difference between having a hard time and laziness. When am I lazy and when am I having a hard time because I am lazy?" Marie internalizes the negative stereotypes associated with ADHD as a way of denying its reality.

The transitional stage illustrates participants' conflictual process of integrating their partial denial and acceptance to form a cohesive sense of acceptance. Participants in the transitional stage, describe the dissonance caused by contradictions between their positive internal knowledge of themselves as learning disabled and the negative external messages. The contradictions cause dissonance, which in turn prevents them from reaching full acceptance. Those participants who understand the complexity of the contradictions as well as integrate them into their own self-knowledge, thereby maintaining a positive LD identity have moved into the final stage, acceptance.

Stage 3 – Acceptance

The acceptance stage differs from the common characteristics of denial and transition. Acceptance is characterized by positive descriptions of participants thinking about themselves as LD. In the transition stage, participants illustrated their difficulty in integrating internal and external meaning into a cohesive sense of "self" as LD. In contrast, participants incorporate their personal meaning-making with external meaning to re-define themselves as LD. In essence, participants reject the associated stigma of learning disabilities by creating a re-defined internal meaning to contradict the external meaning. Again, identity development is not a static process and thus elements of both denial and transition emerge from the data for those who have formed a positive LD identity. By and large, participants move away from negative beliefs about themselves, to a greater sense of understanding and acceptance.

For those with learning disabilities, reaching the acceptance stage does not mark the end of struggle because the inconsistency of being LD in different environments tends to suggest a continuous struggle to adjust. While many participants acknowledge the continuous struggle of being learning disabled, their acceptance manifests as a gentler, more forgiving internal struggle rather than negative denial or distancing which occurs in the earlier stages. Acceptance is manifested by positive statements about oneself and the ability to realistically assess both strengths and weaknesses. Participants who appear to be manifest characteristics of acceptance still struggle with their identity, on occasion, but they have arrived at a personal meaning of their learning disability which is not globally negative.

Acceptance is also characterized by a commonly held belief that their learning disabilities encompass the whole of who they are. Although the process of acceptance differs for individuals the data suggests many similarities in their responses. Participants have accepted their learning disability and incorporated it into their sense of themselves, thus forming a positive identity as learning disabled, as well as continuing to recognize their inconsistencies and compensatory strategies. A sense of humor and ability to laugh at oneself is also a commonality shared by participants in acceptance.

The patterns of re-defining and positive meaning-making, which emerged from the data will be illustrated in this section as each participant shares their thinking about self-acceptance.

Nora's process of re-conceptualizing her self as learning disabled suggests that she re-defined the negative label to make sense for herself and to form a positive sense of self. In the following excerpt Nora demonstrates her re-conceptualization when reflecting on the question about creating a pie chart:

> Well, I'll answer your question, then change it a little bit. I would say, up to this experience in my life, about three quarters. What I have started to be able to do is to take my LD and look at it more of a reflection on what is special about me. That is why I would go to the extent of saying three quarters..... I had an idea about the difference between being a student and being a learner. The student determines how you cope in school and how you fit that mold but the learner is the one who attempts to be motivated and interested and knowledgeable. So, I think that I am a pretty lousy student because I don't fit the mold in most cases. That is what the LD is. That is why it is a disability. But I think I have great potential to be a good learner and so that is what I think about when I say three quarters. I think about taking that portion which is pretty lousy and making it a much greater thing.....That identity makes up most of who I am.

Nora appears to have re-conceptualized her internalized negative beliefs about being LD in order to integrate it into a re-defined positive identity. In the following lengthy excerpt, Nora describes for some time her struggle with the LD label and again redefines its meaning to contradict the socially prescribed stigma attached to the label. I have chosen to present the entirety of this quote because I believe it provides a strong sense of Nora's struggle and her intense feelings about being labeled learning disabled. The way in which Nora redefines her LD suggests she views her learning disability as encompassing all of herself. In this way she diverges from Jack and Liz's perception of their LD impacting only academics. As we can see from this excerpt, even though Nora has a need to redefine the LD label she provides us with an example of how her learning disability impacts her outside of academics:

> The one thing that is a very big issue, I had an opportunity to speak at a panel about learning disabled children and parents. One of the boys in the audience said, "Why do you keep saying learning disability? It is just not a good word. It is not a disability." All of us on the panel were nodding our head, "Yes it is a really crummy word to have to use." It has been a challenge. I have had many fights and arguments with people about the nature of that word and what does it mean and why is it so important. You are not unable to do anything and I think that is what is important. I had an idea this summer and I have heard similar things to it like a paint box or a tool box, which is the mold. There are a certain number of tools that you get or a certain number of colors and some individuals, those with disabilities aren't given all the colors. The difference is that for those students, individuals (non-LD) that are given the set, the first set, their process of learning or entering the world and being educated is the process of learning how to use those tools and colors and how to express themselves. For students with learning disabilities it is the process of learning to make new tools out of what you have gotten. That is what you learn about. I think I have learned more about myself, myself as a learner and myself as a student and how to cope in school and knowing, "Oh, that is why I have trouble in aerobics," in the process of thinking about the nature of my LD. It doesn't feel like a disability when I think of it in that way. It is my process, I get to have the experience of developing my own tools and making my own colors. Someone without a disability has the task of just using those colors. It can achieve the same ends but the roots are very different and it teaches very different things. I think that really says how I view it.

Her multifarious thinking allows her to, at once, make a statement to others and to herself, which re-conceptualizes and normalizes what it means to be learning disabled.

Similarly, Bob appears to re-conceptualize a meaning of LD which asserts one's inability to achieve. His strong sense of his achievements contributes to a process of normalizing learning disabilities and accepting his own limitations. However, it appears that Bob does not rely on external definitions of what he can or cannot do but rather bases his choices on his own self-reflection and acceptance. He has maintained throughout the interview his acceptance of being learning disabled. He has moved past trying to understand its etiology to knowing he will compensate for his LD or alter his plan. He frames being learning disabled as a hurdle he is continually measuring and preparing to get over. In this way, Bob normalizes his LD by referring to it as an obstacle similar to obstacles others face. Bob views his learning disability realistically and in positive terms, exploring the skills and insight he has gained and adapting his life goals. Here is how Bob describes his LD as a piece of the pie:

> I would have to say a little less than a quarter. There are things that I can't do. It would take me two or three or four times longer to do but in reality I just don't have the time. I never really considered stuff like becoming a lawyer or an engineer because in high school that is what I would have liked to do. ...Maybe if you had the right teachers for every subject that are willing to help you and present things in a way that you would understand than I could say nothing. There would be no... I could do anything. That is what I need. Everyone can't do everything. Everyone is going to have a piece of the pie that they can consider a learning disability and it causes them not to or they just can't do it for whatever reason. Everyone has difficulty with something they just might not be categorized in the same terminology. I just think a quarter... there are a lot of professions or skills that I won't be able to do. You can't do everything and I accept it.

Although Bob has developed a seemingly realistic understanding of his limits as learning disabled, he continues to assign his weaknesses to his learning disability. Again, he normalizes learning disabilities by asserting that everyone has something to overcome which makes him no different than anyone else. Bob has relegated only a quarter of who he is as learning disabled, incorporating what he deems negative and grouping the remaining three quarters into his positive characteristics: "I would group the rest of the pie into everything I can do. Everything else I am good at. All of my strengths."

Even though he has established this dichotomy, Bob feels strongly about who he is. Bob was asked, if given the opportunity to have his LD removed or cured would he choose to. His strong response implies a positive view of himself, which contradicts his earlier assertion of its minimal impact:

> Now? No! I learned to live my life the way I am. Why would I want to start all over learning to live my life now as something different? ...I am going to be a little bold and say I think because I have it [LD], I learned something that a lot of people don't learn; a strong work ethic. That is why I am going to succeed more over people who didn't have it.

As we can see from this excerpt, contrary to his belief that his LD embodies only that which he cannot do, he assigns positive meaning to his learning disability as part of his life process. His emphatic desire to maintain his current sense of self suggests that it include his learning disability. Although Bob appears to have accepted himself as LD, he continues to believe it as an intrinsic problem, as opposed to the negative meaning attached to LD as being socially constructed. Consequently, he maintains invisibility of LD, choosing to deal with himself. Conversely, Celine's acceptance of herself as LD has propelled her to be very visible or "out" as LD.

Celine acknowledges her learning disability as an identity of which she is continuously aware. Celine seeks out opportunities to educate those without learning disabilities in order to diminish inaccurate perceptions and discrimination. She is also committed to assisting those with learning disabilities with the process of self-acceptance. Celine accomplishes both of these goals by being an outspoken advocate for herself and role-modeling her deep self-awareness and acceptance.

As mentioned, all participants in acceptance identify their LD as being incorporated into the whole of who they are. Celine demonstrates this in her response to drawing a pie chart of her identities including her learning disability:

> I think everything I do affects my learning disability. Like getting dressed in the morning, I lay out my clothes the night before..... I think everything I do... plan out every second of my day. The whole pie chart would be my LD. It would be one of those pie charts with stuff on top of them [overlay] and like everything would fit in on top of the LD.

Throughout the interview Celine relates the ways in which she educates others. She possesses a commitment to educate those without learning disabilities and to act as a role model for those with learning disabilities. Her positive sense of self is evident in the following excerpt describing a program in which Celine spoke to a group of students and parents about being learning disabled. Celine associates this experience as "a milestone for me, a major breaking point," in forming a positive LD identity:

> So, I was telling them about being learning disabled, and how it was O.K. and I used... I used Larry Bird's disability [as an example]. He could not play basketball right now because of his bad back. It prevents him from playing basketball or something he likes to do. So, I used that as how it affected me in school. I wrote things on the board. I wrote a sentence without even thinking about making a mistake and I did make a mistake. Then I said, "OK, read my sentence." They said, "You left out the AO≅, did you do that purposely." I said, "No." ... I told them straight out, you have to be confident about yourself....Then I told them... there was this incident... I wanted them to laugh but then I also wanted them to realize that there is discrimination out there. One day, my counselor introduced me to somebody as AHi, this is Celine, and she is a SPED student. I said, "you don't do that! You let me say that I have a learning disability."

The experience of speaking to a group of people about her learning disability has had a powerful affect on Celine's forming a positive identity. The more she is able to de-construct the invisibility of a hidden disability, the more empowered she becomes. Celine uses humor as a strategy to demonstrate her own ease about being LD and bring levity to a serious issue. She is strong in her identity as LD and her desire for others to be as well. Meghan is similarly strong in her own LD identity as well as, using humor as a tool. However, Meghan does not demonstrate a desire to educate others or a need to be a role-model for others with learning disabilities.

As a first year student, Meghan is confident in her abilities both in strengths and weaknesses. Meghan easily acknowledges all the ways being learning disabled impacts her. She describes her embarrassment in social situations and recounts her compensatory strategies for avoiding these situations. She accepts herself as learning disabled and has formed a positive LD identity while maintaining a realistic sense of her self with an added sense of humor.

When asked to make a pie chart of who Meghan is and identify how much of the pie chart would be her learning disability she describes her thinking about being LD as:

> I would say a good 45%. Actually, I am my learning disability! My whole life is that! Everything is that! Everything that I have done I guess derives out of that because you know you have to get around it, so you spend your whole day getting around your learning disability. Your whole day!

Meghan's statement that she is her learning disability indicates how she incorporates her LD into an identity. She uses her sense of humor in providing examples of her LD, which enhances her positive feelings about being LD. Meghan was asked if there are times when she would like to turn the LD off. Her response indicates the totality of her self-acceptance. She is, at once, realistic in her self-assessment and confident about who she is as learning disabled:

> Yes, but I know it is never going to happen. I wouldn't trade it in for anything, because I think it has made me a stronger person. A stronger person in the things that have nothing to do with learning disabilities. Like just surviving, because you have such a strong survival mode when you are LD. You have to survive. A lot of people don't have that.

While Celine demonstrates her strength by giving examples, Meghan verbalizes her beliefs about being a stronger person. For both Celine and Meghan, identifying their strengths encompasses their whole selves, rather than extracting one positive aspect. Lynn shares both Celine and Meghan's reliance on humor as a tool for self-acceptance and education. Lynn also possesses the same desire as Celine to educate those with and without learning disabilities about the gifts of being learning disabled.

During her years in high school, Lynn wrote and illustrated a book of poems and short stories about her experience being learning disabled. As part of publicity for the published book, she spoke to many groups of people as a guest speaker as well as at book signings. Lynn refers to this experience frequently as a major component in her process of self-acceptance. While telling her story and listening to others, Lynn incorporated her learning disability into who she is as a person and claims it as a gift rather than a stigma. As with others in acceptance, she has a positive and realistic sense of her self, including both strengths and weaknesses. In the following excerpt, Lynn explains her openness to sharing her thinking about being LD and how she relies on her sense of humor:

> It is a part of who I am, so it is me. I am really open about it. It doesn't bother me to have people know that I am learning disabled at all. My friends and I joke about it all the time.... You have to have a sense of humor in the end. You really do. It is just frustrating as heck.

In the above excerpt Lynn claims her LD as being who she is. However, she struggles to articulate how much of the pie chart would be her learning disability. The pie chart seems to be difficult for her to conceptualize and she eventually makes sense of it by conceptualizing it as "pudding." She begins by extracting her learning disability from sections of her "self" and circles back to her LD being a part of her whole "self":

> It’s hard to say. I guess I tend to see the pie chart as many levels and so that learning disability would affect pieces on all the levels.... I guess, in some respects it is 50/50 because it does sort of have... there are areas where it cuts down the middle and there are areas where it completely affects my ability... I guess in a way, it does affect every part of me, it does.... I think they are all inter-connected. I don’t know how to... there are all these pieces and they all... it’s not really like a puzzle, its more like pudding or something, all mixed together.

Lynn acknowledges the frustration she experiences with the inconsistencies of her learning disabilities but she maintains a positive sense of acceptance regardless. She describes an interaction with someone in which the person believed she was able to "turn it on and off like a light switch." In response, Lynn states "Heck, I would turn it off a lot but no. I am learning disabled 24 hours a day, 365 days a year. It doesn't go away!" This statement summarizes how Lynn makes sense of herself as learning disabled. Zack also conceptualizes his learning disability as encompassing all of who he is.

During the interview, Zack shared reflections on his four years in college as a period of growth and self-understanding. He recognizes the sacrifices he has made because of being learning disabled as well as the benefits. For Zack, identifying as LD acknowledges the impact of being LD but also includes a multitude of experiences and other identities. The following excerpt demonstrates his self-acceptance as being learning disabled:

> I think it would have to be kind of like, a chart so it could be see through because I think I would have to color in the whole pie but then put other pieces mixed in with it. I think that it has a lot to do with who I am because it's made me the person that I am. The fact that I have to work harder and be more organized and manage my time better has helped me because people don't know that I have a learning disability. They just see me being a conscientious person managing his time or being organized. For me, it is because I need to do that because that is the only way that I can get through a day or get through a semester by planning the time and working on each thing. In that respect, I think it's probably a lot of who I am but there are other things that have also made me who I am. I think it is definitely a huge part.

In previous sections, Zack describes his college social experience as feeling a sense of loss. He has a clear understanding of how he needs to compensate for his learning disability in both academic and social environments. When asked, hypothetically, if he would like to wipe away his learning disability and never have been LD, Zack acknowledges having explored this thinking before. However, he expresses his concern about not knowing how he would turn out and his desire to hang onto the option of returning to his learning disability. The following excerpt provides a glance into his strong sense of himself as learning disabled but an interest in seeing how he might be different without it:

> Would I wipe it away? I don't know, it is a tough question and something I think about a lot. If I didn't have this learning disability what else would I be able to do? I have had so many experiences where being LD has been good and I know I would be a different person had I not had it. I think I would like to try it out, definitely. Not having to spend double the time studying for an exam or worrying about getting the reading done. In that respect, I think I would like to try it out and see what it is like and see how I turned out and if I didn't like it, to go back. I am happy that I have had my learning disability. It is a part of who I am now and it's just something that I deal with.

This chapter presented an analysis of the ways in which college students with learning disabilities think about themselves as learning disabled. It is clear from the information presented above that the process of LD identity development is complex in nature. In order to engage in a dialogue about the nature of LD identity development, we need to be better informed about the ways in which LD identity is constructed and changes over time. This analysis contributes to the dialogue by providing rich descriptions of the ways in which college students with learning disabilities describe, make sense of and construct themselves as LD. The data also indicates that a developmental process of social identity development exists for people with learning disabilities.

In chapter 5, I will examine the ways in which college students with learning disabilities understand their LD identity by using the findings in this chapter to answer the four research questions.

CHAPTER 5

DISCUSSION, IMPLICATIONS, AND CONCLUSION

This study examines the ways in which college students with learning disabilities understand their LD identity. In the four sections of this final chapter, the research findings and their significance for expanding theory, practice and future research will be discussed. In the first section, I will discuss the results of the research. The second section will specifically focus on the implications this study has for practitioners and educators. Suggestions for future research will be explored in section three. Lastly, concluding remarks are presented in the final section.

Discussion of Results

In order to make connections and draw conclusions, this section will focus on the themes that arose in response to the four research questions, which structured this study. The contents of this section will be divided by these four research questions:

1. How do entering and exiting college students with learning disabilities describe their learning disability?

2. How do entering and exiting college students with learning disabilities make sense of themselves as learning disabled?

3. How have entering and exiting college students' thinking about themselves as learning disabled changed since they were initially diagnosed and labeled learning disabled?

4. How do entering and exiting LD college students incorporate their learning disability into who they are as a person?

Question #1: How Do Entering and Exiting College Students with Learning Disabilities Describe Their Learning Disability?

The purpose of this research question is to determine the complexity of students' thinking and understanding of their learning disability. In my early work with college students with learning disabilities I believed there was a direct correlation between students ability to describe and understand their learning disability and their self-acceptance as LD. My intent in asking this research question was to determine the empirical basis for my beliefs. My original expectation was that students with a complex understanding of their learning disability had formed, what I am calling, a positive LD identity. The data however, as noted in the preceding chapter, did not bear out this expectation, although the following interesting findings arose.

1. Participants often gave simple descriptions of their LD in both written protocols and in response to the original interview question. Oral interviews enabled the researcher to ask participants for more complex responses, which in fact generally resulted in more complex descriptions. Written protocols did not represent the degree of complexity with which participants were able to describe their LD in oral interviews. Thus, simple descriptions suggest LD students lack knowledge or understanding of their LD, when in fact they may possess a more complex understanding, which will only be revealed with further questioning.

2. In contradiction to my original expectations, whether or not responses were simple or complex had no bearing on whether or not they internalized LD identity. For example, Bob's simplistic description of his LD, even with further questioning, did not in his case imply a lack of personal meaning-making. In response to questions about his identity as LD, he appears to be in a stage of acceptance in which he describes his

personal ownership of himself as LD. Similarly, Molly describes her LD simplistically as well as describing the dissonance she experiences in the transitional stage of her identity formation.

3. Participants who consistently described their LD simply relied overwhelmingly on technical language. Those using technical language focused on external authorities to define their LD and make meaning of it, which is demonstrated in their descriptions of their LD as something outside of themselves. Students who use technical language appear not to have internalized or personalized their LD identity, thus the LD label remains simply a label assigned by someone in a position of power.

4. Participants who describe their LD using complex anecdotal language appear to internalize the meaning of their LD. They compare themselves to others as part of the internalization process and tend to experience global negative feelings about being LD.

5. Conversely, participants who use both technical and anecdotal language tend not to compare themselves to others but rather use technical language as a beginning marker to develop personal ownership of themselves as LD.

6. A final and unexpected finding from the data addressing this question is the connection between participants' age at the time of diagnosis and the complexity of their descriptions. I expected participants diagnosed during adolescence or early adulthood to describe their LD with greater complexity than those diagnosed at an early age. My assumption was that participants diagnosed in childhood lacked developmental maturity and cognitive ability to make sense of diagnostic labels. But the data suggests the age at time of diagnosis had no discernible effect on the complexity by which participants describe their LD.

Question #2: How Do Entering and Exiting College Students with Learning Disabilities Make Sense of Themselves as Learning Disabled?

Making sense of oneself as learning disabled is a complex process involving an integration of external messages and internal beliefs. While there is no single way in which participants come to make sense of themselves as LD, several themes emerged from the data. One consistent theme highlights participants' experiences in which the LD label establishes them as "different" than their non-LD peers, thus, consequently positions them as the outside "other." In Chapter 4, the data was divided into two categories: Sense of Self and Relationship to Others, thus for consistency, findings for this section are discussed within each of these two categories. The patterns that emerged within both of these categories are grounded in and encompass the overarching theme of "difference" or "otherness" described in the data.

Sense of Self

An essential component of how one describes and/or identifies oneself as learning disabled is embedded in the social construction and social status of the LD label. As discussed in chapter 1, the dominant social group maintains power thus creating a system of oppression, by controlling the naming or labeling process of targeted groups. Thus, the social stigma, prejudice and discrimination experienced by people labeled LD inevitably impacts how they make sense of themselves as LD. As discussed in both chapters 1 and 2, being a member of an oppressed social group informs the process of identity formation. Social oppression exists regardless of an individual's acceptance or denial of their targeted group membership. In other words, one's refusal to identify as a member of the target group does not negate the effects of oppression on one's sense of self, as the stigma is continually being represented institutionally, individually, and culturally within the larger social context.

A clear and consistent pattern emerged from the data reflecting participants' sense of self as "different" from their non-LD peers. The following significant findings emerged from this sense of difference.

1. Coming to terms with a stigmatized identity and label initially had a negative impact on one's self-concept. Internalizing the negative stereotypes associated with the LD label directly impacts one's self-concept and self-esteem both as a learner and outside the academic setting. Participants' who have accepted their assigned label and incorporated the socially constructed stigma of that label into their own meaning-making, describe the subsequent negative impact on their self-concept.

The manifestation of a negative sense of self or self-concept is consistent with the learning disabilities literature (Harris & Sipay, 1990, Huntington & Bender, 1993). Due to negative social stereotypes, many people with learning disabilities internalize the belief they are less "normal" and less capable than others. Learning disabilities are identified and diagnosed because of repeated failure in a traditional educational environment. Success or failure in school is an important way in which children develop an identity as a competent or incompetent learner. Being continually reminded of one's failures often leads to a generalized negative perception of oneself as a whole person. Thus, the LD itself is an obstacle to forming a positive sense of oneself as LD.

These internalized negative self-beliefs are carried into college and present a further obstacle to academic success. There is, then, a set of complex contradictions that include internalized negative stereotypes concerning LD, memories of academic and other forms of struggle in relation to LD, as well as, memories and experiences of meeting or not meeting the socially established and expected norms.

2. A second pattern suggests an alternative process for making sense of the externally imposed stigma of being LD than the previously described internalization process. Rather than internalizing the stigma and forming a negative self-concept, participants re-name or re-define the label to transform the negative into a positive meaning. Data addressing the final research question suggests a developmental process in which participants initially internalize the stigma and may eventually resist it by re-defining it.

3. The developmental process is one of changing cognitive understanding of what it means to be learning disabled and also what it means to be oneself. According to cognitive dissonance theory (Festinger, 1957), it is difficult for one to harbor contradictory ideas at the same time. Therefore, it is difficult for those with learning disabilities to deal with the many contradictions between those internal aspects of themselves that they see as "normal," those internalized negative aspects they see as LD, and internalized negative stereotypes associated with the LD label. The data suggests that participants deal with this contradiction by re-framing the assigned "deficit" as a "difference," thus transforming and re-conceptualizing their LD as positive.

Relationship to Others

As the previous section highlights, being a member of a stigmatized group greatly affects one's understanding of oneself. The process of making sense of oneself as a member of a stigmatized group involves not only personal understanding and meaning-making, but also sifting through externally imposed meanings. In order to engage in this process, participants locate themselves as LD in relationship to other people, as a way of comparing and contrasting their sense of difference. A number of important findings came out of how participants make sense of themselves as LD in relationship to others and are discussed within the following three categories: Comparison to Non-LD Peers, Impact of Others' Reactions, and Relationship to LD Peers.

Comparison to Non-LD Peers

Various strategies emerged as participants compared themselves to their non-LD peers, all of which manifest in direct response to being assigned membership in a socially constructed stigmatized group, which in turn establishes the "difference" or "otherness" they experience. The following three strategies illustrate how participants compare themselves to their non-LD peers.

1. The first strategy is an approach to dispel the stereotype that being learning disabled really means "unable" to learn or "stupid and lazy." Participants contradict this stereotype by comparing their academic achievements to those of their non-LD peers.

2. The second strategy, highlighting the benefits of being LD, is also employed as a means of contradicting the negative connotations associated with LD.

3. In the final strategy participants acknowledge some costs of being LD in college as they compare their college experience as significantly different from how they perceive the experience for their non-LD peers. A discussion of these strategies is discussed in the ensuing section.

A) Some participants compared their achievements to those of their non-LD peers as a way of contradicting negative stereotypes about learning disabilities. By being the best or at least better than others, some are able to prove to themselves that the stereotypes are false, thus allowing a greater acceptance of themselves as LD. The strong desire to prove one's abilities, as a way of contradicting negative stereotypes, does not however, alleviate the internalization of those stereotypes, as is demonstrated by those who achieve academic success regularly expressing their continual self-doubt in their ability to do so. Proving one’s academic achievement is meant to challenge both, external and internal, stigmatizing representations of learning disabilities. This reveals the pervasive nature and negative impact of stereotypes on one's self-concept and self-esteem as LD. The self-doubt, unanimously expressed by participants, in one form or another, then, can be attributed as a product of being assigned a stigmatized identity.

B) Another way in which participants compared themselves to those without learning disabilities was to identify the benefits of being LD. In the process of taking ownership of being LD, participants reported their experiences as LD having made them more responsible than their non-LD peers. For example, Bob believes that he possesses a stronger work ethic than his peers because he has had to work hard for everything. Meghan also believes being LD has made her a stronger person because of her experience and confidence dealing with adversity.

C) Finally, many participants found that compared to their non-LD peers, they experience more social isolation, due to the extra work and effort they expend in order to achieve academically. They recognize the social costs of being LD, as they require more time studying and thus have less extracurricular time. Participants felt as though their peers viewed them as "not as friendly" or "not as competent" because of the extra study time. Being separated from their peers in school also limited their social contact and contributes to their feelings of being less connected socially to their peers.

Impact of Others' Reactions

Two significant findings emerged from participant descriptions of how the reactions of non-LD people affects them.

1. Participants are distrustful of the reactions of others when disclosing their LD. There is a general belief that people don't understand learning disabilities or the experience of being LD. Because of this, many choose to remain "closeted" as LD, to avoid possible discrimination from both individuals and institutions. The impact of remaining invisible creates a sense of isolation for a person with a learning disability. They experience shame and embarrassment in their thinking about themselves as LD. The fear of making mistakes in front of peers and being found out confirms their need to remain "closeted."

2. Those participants who describe themselves as being "out" as LD experience similar fear of discrimination, but take greater risks in disclosing. However, they are often selective in their disclosure process, to avoid negative reactions. One's self-esteem and self-concept is continually being challenged by external reactions. They report, the "coming out" process gets easier as they become more comfortable with themselves as LD thus, are not as affected by reactions of others. Although, they still experience some devastation when faced with unexpected prejudice and discrimination.

Relationship to LD Peers

As discussed in chapter 2, being assigned an identity locates one within a larger social group. In contrast to other targeted groups, the learning disabled "community" does not, as of yet, have a history of empowerment or visible role models to assist with the process of forming a positive self-concept. A "community" of people with learning disabilities is often difficult to locate or devalued by people with learning disabilities. Yet, with few exceptions, most participants in this study felt that knowing other people with learning disabilities was positive for them. They note a sense of comfort and ease, as well as, an opportunity to be themselves, when around other people with LD. This supports the study Wilzcenski's (1992) study in which students with learning disabilities benefited from the support and guidance of other students with LD in a support group setting.

Limited literature exists addressing community development of LD culture and its impact on individuals with learning disabilities. However, participants expressed feeling no longer isolated and alone when around other people with learning disabilities who could understand their experiences. Participants also report that knowing other students with LD provided them with more examples, which contradict the stereotypes associated with learning disabilities helping them to feel more positive about themselves, and supporting their own self-knowledge. Thus, community affords a sense of empowerment for the learning disabled in much the same way as do other invisible identities such as Deaf culture and lesbian, gay, and bisexual culture.

Question #3: How Have Entering and Exiting College Students' Thinking about Themselves as Learning Disabled Changed since They Were Initially Diagnosed and Labeled Learning Disabled?

The purpose of this research question is to determine how one's thinking about oneself as LD changes over time, as well as identifying factors which contribute to such a change. Cognitive development theory among college students has been described as involving orderly changes in thinking from simple ideas to complex forms of thought (Kegan, 1982; Perry, 1970). The developmental process is one of changing cognitive understanding of what it means to be learning disabled. Because the dominant society has expected educational norms and many educational professionals work from this perspective, it is easy for students with learning disabilities to incorporate this "normal learner" thinking and their exclusion from this category, into their sense of themselves, as they struggle to define an alternative perspective. People with LD, then, have a psychological image of what it means to be "normal" and define themselves in relationship to this image. They are then faced with the contradiction between their desired sense of themselves as "normal," given negative stereotypes assigned to LD, and their personal experiences with academic and social success.

Based on cognitive development theory, my original expectation was that the orderly change from simple to complex thinking in college students would also show up in college students' understanding of themselves as LD. In other words, I originally expected that participants diagnosed at a later age, late adolescence or early adulthood would have a better understanding of themselves as LD because they had formed an identity as a learner prior to diagnosis. However, the data showed that of the nine students diagnosed at an earlier age, eight appear to have a better sense of themselves as

LD (they manifest strategies of either transition or acceptance) than those diagnosed in later years. This is consistent with the earlier unexpected finding mentioned in the discussion of the first research question, in which the age of one at time of diagnosis had no discernible effect on the complexity by which one describes their LD. A discussion of this finding is presented in the following section.

In the discussion that follows, I draw on the three categories presented in chapter 4: Diagnosis in Childhood, Diagnosis in Early to Late Adolescence, and Diagnosis in Late Adolescence to Early Adulthood, as a structure for presenting the findings for this research question.

Diagnosis in Childhood

As discussed in the literature review, coming to a place of acceptance and/or identifying with a stigmatized label requires a change in the meaning of or a re-conceptualization of the cognitive category of the identity prior to placing oneself in that category. This change in cognitive understanding is often predicated upon access to contradictory information and experiences. Thus, for some participants, reaching a place of acceptance has meant contradicting external and internalized negative stereotypical messages. Each participant illustrates a movement from initial feelings of shame, embarrassment, and self-doubt to a place of self-acceptance and greater understanding of themselves as learning disabled. Participants diagnosed in childhood recognize similar motivating factors in changing their thinking about themselves as LD.

Participants diagnosed in childhood, identified the most significant change in thinking and appear to be more positive about being LD than those diagnosed at later ages. The following three important factors emerged from participants diagnosed as LD in childhood between the ages of three and twelve, as contributing to their change in thinking.

1. Participants attributed the key component of their increased comfort as LD to an increased understanding of their learning disability. All suggested a lack of understanding the meaning of LD upon being initially diagnosed. However, exposure to more information and experiences enhanced their understanding of the manifestation of their LD personally. Understanding their own learning disability allowed them to take personal ownership of it. Although they report years of being stigmatized by the label and the school system, they also acknowledge that understanding their LD enabled them to resist the stigma and discrimination.

2. Most participants came to terms with their LD in the last years of high school or during their beginning college years. Participants who were diagnosed in childhood form some conception of what it means to be LD and, to varying degrees, define themselves as such. Thus, it is possible to conclude the cognitive changes and experiences that occur over time result in an increased ability for self-reflection, which attributes to the shift in thinking about oneself as LD. Therefore, an increased understanding of one's LD may be attributed to the consequences of everyday experiences as LD for students diagnosed and labeled LD.

3. Participants describe a final factor contributing to changes in one's thinking as the impact of critical events. For some, the critical event was family support or the positive influence of an adult figure. Several participants' report having another person

re-conceptualize the LD to hold less negativity and stigma. These positive interventions or critical events influenced participant's process of change.

Diagnosis in Early to Late Adolescence

The process of being diagnosed in adolescence represents a radical re-conceptualizing of one's sense of self, which had been a work in progress and is thus a shock and disruption to the prior self-system. Incorporating a newly assigned group membership, especially a targeted and stigmatized group, then, is a difficult endeavor during adolescence. Group membership and subsequent identity formed as a group member are significant components of adolescent development. As Erikson describes in the following passage, adolescence is essentially a period in which one locates oneself within a group. Thus adolescence:

> can be viewed as a psychosocial moratorium during which the individual through free role experimentation may find a niche in some section of his society which is firmly defined and yet seems to be uniquely made for him. In finding it, the young adult gains an assured sense of inner continuity and social sameness which will bridge what he was as a child and what he is about to become, and will reconcile his conception of himself and his community's recognition of himself (quoted in Rosenthal, 1987, 208).

Adolescence is often characterized as a period in which adolescents experience an intense need to conform to group norms. Conformity is jeopardized when one is diagnosed as LD and assigned membership to a devalued and stigmatized group. Participants diagnosed during adolescence experience difficulty accepting their LD and developing a positive sense of themselves. By the time they are diagnosed, they have been exposed to the prejudice and discrimination heaped on other students with learning disabilities, and have witnessed the separation and segregation other students with LD experience in schools.

For some, the presence of internalized negative messages about their lack of intelligence or ability because they went undiagnosed for so long, is compounded by being labeled LD, thus providing proof of their lack of "normalcy." These feelings, combined with witnessing the oppression others with learning disabilities experience, often make it difficult for them to resist internalizing the social stigma of their new group membership. The following two significant findings emerged from the data.

1. Participants' focus on the perceptions of others and the possibility of judgement from their peers emerged as a significant theme. Charles Horton Cooley (1902) calls this phenomenon the "looking-glass self," meaning we come to know ourselves by the reactions of other people us (Skolnick, 1986). The findings suggest that the perceptions of others have the most significant impact on those participants diagnosed during adolescence. Participants struggle to separate their self-meaning from the meaning others attach to them as learning disabled.

2. Participants characterize the experience of being assigned a minority group status during a vulnerable period in one's development, adolescence. For some there is an overwhelming desire to conceal all evidence of such group membership which affects the way they think of themselves. In order to change internalized negative beliefs one must continually challenge them and produce contradictory evidence as confirmation. This is difficult to achieve in an academic setting, which highlights one's deficits rather than strengths. As adolescents, the exposure to and observation of, discrimination and

oppression directed at LD students in an academic setting produces a struggle to make sense of themselves as members of the oppressed group.

Diagnosis in Late Adolescence to Early Adulthood

The two participants in this category describe their difficulty in assimilating the new LD identity into their existing identity, which is confounded by their knowledge of negative LD stereotypes. Both describe the challenge of making sense of the negative stereotypes associated with LD, which repudiates their previously established understanding of themselves.

Although both participants diagnosed in this category struggle to understand their new group membership, one interesting finding suggests that they move from denial to an exploration of its personal significance rather quickly. This rapid movement is in keeping with the kind of cognitive development and meta-cognitive skills generally attributed to the college years (Kegan, 1982; Perry, 1970). They appear to have a greater capacity to integrate this new information into their sense of themselves. Thus, one can conclude that those diagnosed after adolescence may have the cognitive skills to move more rapidly through the process of identity transformation initiated by LD diagnosis during the college years.

Question #4: How Do Entering and Exiting Learning Disabled College Students Incorporate Their Learning Disability into Who They Are as a Person?

As discussed in the literature review in chapter 2, identity is formed, maintained, and modified through social interaction. Identities are formed through the naming or locating the self in socially recognizable categories whether through attribution or self-identification or some combination of the two. Thus, "we create an identity through applying these categorical labels to ourselves, and these identities are confirmed and validated through social interaction" (Hecht, et al., 1993, 47).

Social identity involves both attribution and personal choice. On the one hand, social identities are socially constructed categories, such as race and gender, which are visibly obvious, and on the other hand, when a category, such as LD, is not obviously visible there is a degree of self-selection. In other words, although identity invokes an interior subjective process, the LD identity itself is a social attribution and the process of identity formation involves a complex interaction between attribution of LD on the one hand and self-definition on the other. One of the complexities for the learning disabled is that the LD label is itself an attribution derived from the process of diagnosis, which may or may not fit a persons prior self-definition as "different" in how one learns. In particular, for the learning disabled, labeling invokes a socially imposed category. In other words, one does not get to "apply" these labels to oneself; they are imposed by educational and medical institutions. A LD identity is usually formed after one comes to terms with and internalizes the meaning of an externally imposed labeling and categorizing process.

As discussed in chapter 1, social identity development occurs within a social context, which in the United States manifests as an oppressive system of domination and subordination. In order to examine LD identity development from this study's research data, it is important to do so within a framework which includes social identity theory, social identity development theory and oppression theory. Thus, prior to answering this research question, I would like to review first, the major insights about social identity theory and then, social identity development theory, both of which assume a cultural context of oppression, and are discussed in detail in chapter 2.

Social comparisons are essential to an individual's identity formation (Tajfel, 1981); when they are unfavorable, one's identity and self-concept may become negative. One component of a system of oppression is the power of the dominant group to establish normative standards by which agency and domination are determined and perpetuated. Thus, members of a stigmatized social group are assigned pre-established negative identities. Social Identity theory takes this a step further by suggesting that members of disadvantaged groups have two major options in dealing with a stigmatized identity: (1) to attempt to pass for "normal" in the mainstream, which may have troubling educational, social, and psychological consequences or (2) to attempt to construct a positive identity based on being different (Wilczenski, 1992). For many learning disabled college students, the option for passing as normal is often the chosen way to cope with a disability. Due to the lack of positive role modeling and social group structure, re-defining their LD identity into a positive identity is extremely difficult.

According to the Social Identity Theory, proposed by Tajfel and Turner (1979), a person's self-concept is partly dependent on the various social groups to which he or she belongs as well as the value and emotional significance attached to them. Thus, simply being a member of a group provides the individual with a sense of belonging that contributes to a positive self-concept. Abrams and Hogg (1990) suggest that one's social identity is clarified through social comparison, but generally the comparison is between in-group and out-groups. An individual's desire for positive self-evaluation leads to the differentiation between groups, which is likely to be greater on dimensions of general social value.

Social identity theory proposes, then, that social group membership and subsequent social comparisons have a significant impact on an individual's self-concept. Social identity theory suggests that positive self-concept is derived from simply being a member of a group and it is enhanced by membership in a group that holds social value. As previously suggested, there is an absence of a visible LD group, which affects the positive value of belonging to a group suggested by social identity theory, thus it is difficult to consider group membership as a factor in developing a positive LD identity.

Within our current social context of assigning social value to group memberships, as basically, in-groups having social value and out-groups being socially devalued, membership in a LD social group is deemed an out-group. Thus, positioning oneself as a member of a LD social group is a difficult issue for college students with learning disabilities, who for the most part, do not identify with other LD students for among other reasons, social stigma, low self-esteem and internalized oppression they experience. As a member of an oppressed group, LD, they have little or no role modeling for involvement, concern and pride in their social group membership. Myers, et. al. (1991) state "that to be oppressed is to be socialized into a world view that is suboptimal and leads to fragmented sense of self, regardless of racial or ethnic group membership. Adherents are left feeling vulnerable and insecure because self-worth is based primarily on external validation" (56).

Social identity development theory encompasses the components of social identity theory discussed previously. Social identity development theory also describes attributes that are commonly shared by members of both agent and target groups in the identity development process. The attributes, described in the social identity development process, offer valuable insight into LD identity development. For this reason, both the Social Identity Development Model (SIDM) (Hardiman & Jackson, 1992) and Glickman's Deaf Identity Development Model (DIDM) (1993) can be helpful in understanding the process of identity development for students with learning disabilities. Table 12 offers a summary of identity development models, including Cass's Homosexual Identity Formation Model as well as the three LD strategies or stages. Although I have named the three strategies, which emerged from the data and are seen as occurring in a developmental pattern, differently from the stages of the Social Identity Development Model, the findings suggest many common characteristics. In order to compare the two models, I will present the SIDM stages when relevant.

The results of this research study suggest that participants employed different strategies in establishing a LD identity, which can be viewed as a developmental process, in which people with learning disabilities move through essentially three stages of identity development. I have used the terms denial, transition, and acceptance, as labels for the three strategies that I see as occurring in a developmental pattern or stages of development.

Table 12 – Comparison of Identity Development Models

Cross (1971) Black	Jackson (1975) Black	Atkinson, et al. (1983) Minority	Glickman (1993) Deaf	Cass (1979) LGB	Pliner (1999) LD
Pre-Encounter	Acceptance	Conformity	Hearing or Marginal	Confusion	Denial
Encounter	Resistance	Dissonance		Tolerance	Transition
Immersion/ Emersion	Redefinition	Resistance/ Immersion	Immersion	Acceptance/ Pride	Acceptance
Internalization	Internalization	Introspection	Bicultural	Synthesis	
Internalization /Commitment		Awareness			

Pliner, 1999

In designing this research study I interviewed entering and exiting college students because I expected to find significant differences in identity development between the two. My original belief was that students' developmental movement through the college years would have an impact on their ability to form a positive LD identity. But the research did not support this belief. Instead, the most significant finding for positive LD identity formation related to the cognitive development process, which I presumed to be determined by year in college, was actually determined by age of participants at the time of diagnosis, specifically diagnosis in childhood. However, as we have seen from the findings for question 3, age and developmental level play a role in the speed at which participants develop a positive LD identity. Additional significant findings will be discussed within each of the three stages.

Denial

The first stage is characterized by participants' utilization of denial strategies, in which, participants have yet to engage in a process of internalizing the LD label, nor have they derived personal meaning from being LD. Three important themes emerged from the data characterizing the denial stage of LD identity development. These themes are similar to several characteristics of Deaf people in the *Culturally Hearing* stage of Glickman's Deaf Identity Development Model (1993). For a more comprehensive discussion of the DIDM, please refer back to the literature review in chapter 2. For the purposes of this discussion, I will highlight the similarities between the DIDM and strategies used by participants in this study in the ensuing section.

1. "Deaf people are stereotyped as socially awkward, isolated and lonely, less intelligent, etc. One strives to be different from these stereotypes. One strives to avoid contact with other Deaf people" (Glickman, 1993, 74). Similarly, participants who I characterize as utilizing a strategy of denial, distance themselves from the LD label in order to avoid internalizing stigmatizing stereotypes into who they are. Thus, they avoid disclosing their LD to others and avoid participating in activities associated with LD. They place no value in sharing their experiences with other LD students because they fear discrimination and prejudice.

2. "One strives to overcome the barriers imposed by deafness. The successful deaf person is the one who is fully functional within Hearing society without support services and without sign language" (Glickman, 1993, 92). Similarly, participants minimize the effects of their LD on their lives. They often choose to avoid established support services for the learning disabled because they believe they don't need them. Minimizing the impact and importance of being LD allows them to "pass" as non-LD, thus contradicting stereotypes and perceived barriers of others. Often, they acknowledge the detrimental impact of not utilizing support services or accommodations on their academics but take pride in functioning without them.

3. Finally, Glickman describes how deafness is constructed to be a medical disability, thus those who are *Culturally Hearing*, may call themselves 'deaf' but the word has solely an audiological meaning. Participants in this study using strategies of denial may call themselves LD, but do not internalize any meaning into who they are as a person. They consider the diagnosis as an assigned medical term as a way of keeping its meaning outside of themselves. These findings can also be compared to the *acceptance* stage of the SIDM. *Acceptance* is characterized by targets' (LD) acceptance and internalization of negative messages including the inferiority of targets and target culture. Hardiman and Jackson suggest negative/oppressive messages are often held simultaneously in contradiction to positive messages. Thus, targets experience varying degrees of cognitive dissonance on a daily basis. In comparison, LD participants utilize strategies of distancing and minimizing their LD so as to avoid challenging their passive acceptance of their LD. In essence, participants who deny LD do not internalize its meaning.

Transition

Stage two, transition, presents common themes which emerged from participants struggle to assimilate their personal meaning of being LD with externally imposed negative meaning. The transition stage can be compared to stage 3 of the SIDM, *resistance*. The *resistance* stage is characterized as one of increased awareness of the existence of oppression and its subsequent impact. Participants who utilize strategies which suggest a process of transition acknowledge the existence of oppressive attitudes and behaviors toward the learning disabled, which in turn is the impetus to re-conceptualizing their own internally held negative beliefs. This process creates a dichotomy in which they struggle to make sense of themselves as LD, including both their dissonant internalized negative and positive meaning-making, while assimilating a new awareness of the impact of an oppressive social system.

One significant finding emerged from the results of those participants who appear to be in a process of transition. Participants experienced major conflict with the process of assimilating their internal self-knowledge and meaning, which includes positive self-beliefs, with the socially imposed negative construction of LD. Thus, the transition process is characterized by continually changing self-knowledge as they have yet to integrate this dualistic thinking. In order to deal with this dissonant thinking, participants create a dichotomy, in which they compartmentalize contradictory internal and external meanings, thus experiencing periods of utilizing strategies of denial as well as strategies of acceptance.

Acceptance

The final stage, acceptance, illustrates how participants contradict their previously internalized stigma by re-defining the LD label and taking personal ownership of themselves as LD. Strategies for acceptance are characterized by a shift in thinking from "Who I am not" to "Who am I." These characteristics can be compared to those of stage 4 of the SIDM, *redefinition*. Hardiman and Jackson (1992) state the focus of the *redefinition* stage is creating an identity, which is independent of an oppressive system based on hierarchical superiority and inferiority. Thus, they are primarily concerned with defining themselves in terms that are independent from those prescribed by the agent group. This occurs in *redefinition* by renaming the oppressive paradigms to reflect the newly formed self-definitions.

For participants in this study, acceptance is typified by rejecting imposed social stigma and re-defining their learning disability, thus, students formed a more globally positive sense of self. The data suggests that participants who take ownership of themselves as LD experience less isolation and shame. They no longer felt as though they must remain invisible as LD. Participants, then, identify their LD as part of who they are as a whole person and they no longer assign negative attributes to themselves.

Implications for Practitioners and Educators

How one perceives oneself, either positively or negatively, has an obvious impact on the learning process. I encourage special educators and service providers to consider where students are in their developmental process when developing accommodations or learning strategies. Based on the findings of this study, I recommend the following be considered in our work with students with learning disabilities.

1. Learning disabled students generally describe their LD simply unless given the opportunity and challenge to provide more complex descriptions. I encourage practitioners to ask students for more complex descriptions in order to get a complete picture of their understanding. This study illuminated the fact that one cannot determine a student's understanding of his or her LD by initial descriptions alone. This study demonstrates that with further questioning, most participants expand their descriptions and provide a more complete picture of their self-understanding.

2. Targeted groups are socially constructed for the benefit of the agent group. However, in comparison to some other "targeted" group memberships, membership in the LD group is initially assigned by an external authority, thus establishing the external source as the expert. In essence, for the most part, being diagnosed as LD and becoming a member of a target group is a passive process, which seldom includes the results of an internal process of self-discovery. Therefore, since individuals are not active agents in the process of becoming LD, the expectations of educators and practitioners that LD students utilize self-advocacy skills, implies an ownership or agency of their LD which may be unrealistic when considering the systemically established passive role expected of them.

3. Imposing a label with its subsequent membership in a stigmatized and devalued group impacts the process of one's self-acceptance. As practitioners concerned with a students ability to self-advocate, it is important to help students make the connections between prior experiences, their internal sense of self, and their understanding of what the LD label means for them.

4. Participants overwhelmingly reported the negative impact of experiences with discrimination and prejudice in the school system. This study confirms the findings of Reid and Button's (1995) study, in which students felt isolated, victimized, and betrayed as well as experiencing misunderstanding and a sense of being devalued in school. The oppression and rigidity students' experience in school systems should be addressed along with their individual learning needs. The isolation reported can be eliminated with a collaborative approach to the learning process. The benefit for students knowing that they are not the only one with learning disabilities is immeasurable.

5. We have seen that emotional issues are a significant part of the experience of students with LD. All participants in this study describe their feelings of shame and embarrassment when diagnosed as learning disabled. Shame and embarrassment suggests that diagnosticians should be aware of the ramifications of the LD label and engage in a counseling process that helps students to re-frame the label in a way that is not negative.

Suggestions for Future Research

This study addresses a gap in the learning disabilities literature, which has traditionally tended to focus on remediation, accommodation and etiology. While acknowledging the importance of these issues, it is essential to understand how students come to know themselves as learning disabled. The field of special education often excludes developmental theory. It would behoove us as professionals to understand the complexities of social identity development and oppression theory in order to draw connections from a larger social context to the individual experiences of our LD students and integrate this knowledge into practice, thus creating a more liberatory model for people with LD. It is my hope that this research study has raised as many questions for practitioners and educators working with students with learning disabilities as it has for me.

In the following points I make suggestions for future research based on questions that arose from this research study.

1. As the findings highlight, the age at time of diagnosis is a significant factor in one's identity development. This study did not explore the impact of counseling or therapy on the process of one's acceptance of self as LD.

2. A longitudinal study focused on the effects of an established community on one's identity development would be useful. Participants describe the importance of being connected to other students with learning disabilities to their thinking about themselves as LD. In my experiences with the Peer Mentor Network, as well as other populations of LD college students it has become clear that for many reasons it is difficult to create a community of students with learning disabilities. The social stigma associated with learning disabilities inhibits students desire to find such a community. The fact that LD is an invisible identity makes it difficult for students with LD to locate other students with LD, thus community development is extremely difficult to find. Also, many have internalized the negative stereotypes such as, stupid and lazy, thus it is often difficult for them to see the value in associating with others who represent these stereotypes. Another difficulty in creating community is the current practice of treating learning disabilities individually due to the compounding factors of the law requiring confidentiality and learning disabilities manifesting differently for individuals. It would be very interesting to conduct further research exploring the impact of community on one's process of LD identity development taking into consideration, social identity development theory.

3. The participants in this study did not represent the full racial, ethnic, class and gender differences among the LD college student population more generally. Although I initially set out to include such an analysis of the impact of race, socioeconomic status,

and gender on the LD identity development process, the relative homogeneity of my sample did not allow for such an analysis. Further research must explore the effects of race, socioeconomic status, and gender on LD identity development for college students. It goes without saying that LD college students are an exceptional instance of LD more generally and further study is needed among students with learning disabilities not accepted into college or those unable to remain in college.

4. It would be very interesting for future research to explore the impact of family acceptance and support on the LD developmental process. One participant, in the Denial stage of identity development, described his parents' resistance to his diagnosis over a period of time. It would be interesting to know the role of parents in the LD identity development process of their children, as well as the impact of the LD label on their own sense of themselves as parents of a LD child.

5. A longitudinal study would be useful to determine what factors contribute to the movement through different developmental stages over the life span.

6. In creating a framework for the results of this research I have drawn primarily from racial identity development models as well as Glickman's (1993) Deaf Identity Development Model. However, in analyzing the data I found many similarities and parallel identity development processes between LD identity and lesbian, gay, and bisexual (LGB) identity development.

For the most part, both LGB and LD identities are invisible. I have presented both literature and research findings addressing invisibility as a factor in developing one's sense of self as a member of a targeted group. Cass's (1974) model on GLB identity development was briefly mentioned in the literature review in chapter 2. The comparison of these two targeted groups identity development process would be an interesting study for future research.

7. The empirical data from this research suggests three stages of LD identity development. In comparison with other analogous identity development models (see table 12) which identify a fourth stage, the data from this research suggested only three. In relationship to these models the three stages of LD identity development are analogous. Generally, the fourth stage of racial, Deaf, and LGB identity models address issues of internalization in which individuals accept their targeted identity and identify the stigma and oppression as externalized imposed. Thus individuals experience a shift from locating the problem from within to an external source.

The empirical data from this research did not illuminate the shift representative of a fourth stage. I believe the fourth stage of LD identity is absent from this research data for several reasons including a lack of community, common history, positive role models, and access to empowering literature. The civil rights movement and LGB rights movement provide a foundation from which individuals have access to an empowering history. The disability rights movement does not appear to have provided individuals with learning disabilities similar empowerment. In order to examine the possibility of a fourth stage, further research on LD identity development should include an older sample with a broader age range as well as an in-depth examination of the past and current historical contexts.

8. Finally, this study did not explore the connection between specific learning disabilities and the LD identity development process. It would be interesting for future

research to determine the impact of specific learning disabilities on the LD identity development process, if any.

Concluding Remarks

In order to engage in a dialogue about the nature of LD identity development we need to be better informed about the ways in which LD identity is constructed and how it changes over time. This analysis contributes to the dialogue by providing rich descriptions of the ways in which college students with learning disabilities describe, make sense of and construct themselves as LD. This study does indicate that a developmental process of social identity development exists for people with learning disabilities.

A qualitative study, in which sixteen undergraduate college students with learning disabilities tell their story in their own voice, has much to teach us about the meaning individual's construct around their LD. This study does not, however, provide results that can be generalized easily to other institutions or categories of students. The limited sample did not provide results useful in determining any significant differences in the identity development process between men and women. Nor were we able to determine any significant differences between entering and exiting college students as the original expectation suggested. However, this study was able to provide results that suggest that the developmental process in college was a significant factor in the rate at which students developed self-acceptance and movement toward LD identity formation. At present, it seems to be more accurate to associate the age at time of diagnosis as a more significant factor.

The emergence of Disability studies, in the past twenty years, as an academic field of inquiry has as its focus what Linton (1998) describes as an "organized critique on the constricted, inadequate, and inaccurate conceptualizations of disability." This critique includes a challenge to the notion that disability is primarily a medical category. Linton (1998) examines disability studies as a field of inquiry and offers this insight:

> Disability studies takes for its subject matter not simply the variations that exist in human behavior, appearance, functioning, sensory acuity, and cognitive processing but, more crucially, the meaning we make of those variations. The field explores the critical divisions our society makes in creating the normal versus the pathological, the insider versus the outsider, or the competent citizen versus the ward of the state (2).

Disability studies is bringing to the forefront the stigma associated with socially constructed meaning of disability. Disability studies seeks to demonstrate that knowledge about disability is socially produced to uphold existing practices.

This study illustrates the impact of the socially constructed meaning assigned to learning disabilities. We have seen how stereotyping and stigma has a negative impact on college students' self-esteem and self-concept throughout their identity development process. However, we have also identified a significant difference for students in the developmental stage of Acceptance, in which they utilize their internal meaning-making and personal ownership to re-conceptualize the externally assigned stigma associated with LD. Personal ownership often leads to a positive sense of self as LD and a LD identity.

In the following passage, which concludes this study, Nora eloquently describes her process of re-conceptualizing the stigma of being labeled LD:

The one thing that is a very big issue, I had an opportunity to speak at a panel about learning disabled children and parents. One of the boys in the audience said, "Why do you keep saying learning disability? It is just not a good word. It is not a disability." All of us on the panel were nodding our head "Yes it is a really crummy word to have to use." It has been a challenge. I have had many fights and arguments with people about the nature of that word and what does it mean and why is it so important. You are not unable to do anything and I think that is what is important. I had an idea this summer and I have heard similar things to it like a paint box or a toolbox, which is the mold. There are a certain number of tools that you get or a certain number of colors and some individuals, those with disabilities aren't given all the colors. The difference is that for those students, individuals (non-LD) that are given the set the first set, their process of learning or entering the world and being educated is the process of learning how to use those tools and colors and how to express themselves. For students with learning disabilities it is the process of learning to make new tools out of what you have gotten. That is what you learn about. It doesn't feel like a disability when I think of it in that way. It is my process, I get to have the experience of developing my own tools and making my own colors. Someone without a disability has the task of just using those colors. It can achieve the same ends but the roots are very different and it teaches very different things. I think that really says how I view it. I would call myself a toolmaker!

APPENDIX A

INFORMATIONAL LETTER

October, 1996

Dear ________________________,

My name is Susan Pliner and I am a doctoral student in the School of Education at the University of Massachusetts at Amherst. I am conducting interviews as a component of my research for my dissertation. The focus of my dissertation is understanding how college students with learning disabilities make sense of themselves as LD and is entitled *Listening to the Learning Disabled: Learning Disabled Students' Perception of Their Identity*. The literature in the field of learning disabilities is vast and focuses on types of disabilities and the affects they have on individuals. What is missing in the field is the voices of those with learning disabilities describing and naming for themselves their personal experiences being LD. It is for this reason that I am conducting interviews in order to give those participating, a voice. **By participating in this research you will be making an important contribution to the field of learning disabilities.**

I will be interviewing each participant for approximately one hour with the possibility of a follow-up meeting to clarify any information from the first interview. During the interview I will be asking you to reflect on your experiences as a person with learning disabilities. Follow-up interviews may be conducted over the phone if necessary. After all interviews are completed, I will be asking participants to meet with other participants as a group in order to discuss the themes that arise from the interviews. Please consider your comfort level in being a part of a group (10-15) people with learning disabilities discussing being learning disabled.

Let me again say that by participating in this research you will be making an important contribution to the field of learning disabilities as well as paving the way for those with learning disabilities who have yet to attend college. This is an unique opportunity for your voice to be heard and for you to share your wisdom and experience with professionals and others with learning disabilities. All interviews will be confidential. You will not be identified by name in the research or in any other area. Participation in this research will not affect your receiving services from your institution in any way.

If you are interested in participating please fill out the attached *Participant Information* sheet and return it to me, Susan Pliner, at 379 Hills South. I will contact you to set up a time to meet. If you have further questions about the research or would like to contact me personally please call me at 545-3620. I welcome any calls to help clarify the information.

Thank you for your time and hopefully your participation.

APPENDIX B

PARTICIPANT INFORMATION

NAME_________________________________PHONE________________DATE

To aid the researcher-interviewer with data analysis, please fill out the following form. All information will be held confidential or discussed in the research in a matter that will not disclose your identity.

Please indicate your social group membership by either circling the appropriate name(s) or by writing in the blank spaces provided.

SOCIAL GROUPS	SOCIAL GROUP MEMBERSHIPS			
Birth sex/gender	Female	Male	Transgender	______
Race/Ethnicity Biracial	Asian	Latino/a	Pacific Islander	
	Jewish	Multiracial	Person of African	
Descent				
	Native American	European American (White) ___		
Class Background	Poor	Working	Middle	Upper Class

FAMILY DEMOGRAPHICS

Parent(s)/guardian educational history (fill in blank:mother(s), father(s), primary caregivers)	#1_________	High School	College	Graduate
	#2_________	High School	College	Graduate
Parent/Primary caregiver(s) occupation	#1_____________________________________			
	#2_____________________________________			
Parent marital status	Single	Married	Divorced	Committed relationship
Family income	$5,000-$15,000	$16,000-$30,000	$31,000-$60,000	
	$61,000-$120,000	$121,000-		

Family size
(how many living in home) __________

Sibling educational history
(add more on back if necessary)

#1________ High School College Graduate

#2________ High School College Graduate
#3________ High School College Graduate

#4________ High School College Graduate

PERSONAL DEMOGRAPHICS

College enrolled in __________________________________

Date of birth __________________________________

Year in college 1st Yr 2nd Yr 3rd Yr 4th Yr 5th Yr

Age entered college __________________________________

Date/age of initial diagnosis __________________________________

Subsequent testing completed __________________________________

Please describe your learning disability in as much detail as possible.

Any additional information you would like to share with the researcher.

APPENDIX C

CONSENT FORM

Researcher and Purpose: My name is Susan Pliner and I am a doctoral student in the School of Education at the University of Massachusetts at Amherst. I am conducting interviews as a component of my research for my dissertation. The focus of my dissertation is to understand how college students with learning disabilities make sense of themselves as LD. The literature in the field of learning disabilities is vast and focuses on types of disabilities and the affects they have on individuals. What is missing in the field are the voices of those with learning disabilities describing and naming for themselves their personal experiences being LD. It is for this reason that I am conducting interviews in order to give those participating a voice. **By participating in this research you will be making an important contribution to the field of learning disabilities.**

Interview: I will be interviewing each participant for approximately one hour with the possibility of a follow-up meeting to clarify any information from the first interview. During the interview I will be asking you to reflect on your experiences as a person with learning disabilities. Follow-up interviews may be conducted over the phone if necessary. After all interviews are completed, I will be asking participants to meet with other participants as a group in order to discuss the themes that arise from the interviews. Please consider your comfortability in being a part of a group (10-15 people) discussion about being learning disabled.

Participant Information:
1. To ensure your privacy and confidentiality, your name and identity or any information that would identify you directly beyond coincidence, will not be disclosed in any written or verbal communication. Pseudonyms will be used in place of your name and participants may choose their own pseudonym.

2. Participants have the right to end the interviewing process at any time, not answer a question, review any materials that relate to themselves, request that portions of the interview not be shared or disseminated as long as you notify the interviewer-researcher within three days of the interview, and the right to participate freely or not participate in the research without prejudice to them.

3. All interviews will be audiotaped and participants may ask to stop recording at any point. Participants may request a copy of the interview tapes. Interview tapes will be transcribed either personally or through the assistance of a professional transcriber. If a transcriber is used, participant anonymity will be protected as a human research participant at all times leading to, during, and after the interview process.

4. Information from interviews, in addition to the dissertation research, may be shared with others through other possible publications such as journal article, book, chapter or conference presentation. Thus, the interviewer-researcher has permission to use any information without any further consent or the benefit of financial compensation.

5. Comments or additional rights and responsibilities not mentioned in consent form:

6. I agree to make copies of my documentation accessible to the researcher:
__________YES __________NO

7. Are you interested in participating in a follow-up group dialogue?
__________YES __________NO

Agreement: I understand that I am free to participate or not participate, without prejudice. In signing this consent form, you are agreeing to all of the outlined information unless discussed and changed with the interviewer. In addition you are aware of the purpose of this study and how the information will be used and are agreeing to allow the interviewer to use this information.

Date____________________

Participant name____

Participant signature____

Address____

Phone______________________________

APPENDIX D

INTERVIEW PROTOCOL

I. Describe your learning disability/ understanding of learning disability

1. How do you name yourself as a learner?
2. How would you describe your learning disability. What type of learner are you? How does your learning disability affect you in school?
3. How did you find out you had a learning disability?
4. What did it feel like to be labeled LD?
5. Can you remember a story about what it felt like for you to find out you were LD?
6. Did the people around you (teachers, parents, siblings, friends) treat you any differently?
7. After you found out you had a LD did things change for you in school? In what ways?
8. Can you remember a story about when things changed for you?
9. Are their other members of your family with disabilities?
10. What is it like to be learning disabled in your family? Are you treated differently? How does that feel?
11. Can you remember a time when you realized that you were learning disabled and what that meant to you?
12. Were you in special education classes or received accommodation for your LD?
13. What was it like to be in special education classes? Were you alone or with other students with LD?
14. Did you work together with other students with learning disabilities?
15. When you were first diagnosed did other people know you were LD?
16. Can you remember a time when someone important found out you were LD?
17. What was it like for you? Did you feel different?
18. Now that you are in college, does it feel different to be LD than in high school? How and why?
19. What is it like to be in college and be learning disabled?
20. Do other people in college know you are learning disabled?
21. How do you describe your learning disability to other people?

II. Identity

1. If you were to create a visual pie chart of who you are as a person, how much of the pie would be your LD?
2. What are some of the other pieces of the pie?
3. Does your learning disability affect you in other areas of your life?
4. What does it feel like to understand the way you do things is because of your learning disability?
5. Do you know other people with learning disabilities? Do you belong to any groups, organizations, etc.?

6. What is it like to be around other people with learning disabilities? Is this different than being around people without LD?
7. What does being learning disabled mean to you?
8. Do you think about yourself as being different than people without LD?
9. How often do you tell people you are LD? Are there some situations where it happens more frequently?
10. Has being in college changed the way you view yourself as LD? As a student do you see yourself differently?
11. What feel most significant about being learning disabled?

III. Developmental changes over time

1. Is the way you think of yourself different now than it was when you first found out about your learning disability?
2. How is your thinking about yourself different from others who have a learning disability?
3. Has your thinking about yourself changed over time?
4. Have there been any critical events that have changed your thinking about yourself as LD?
5. Can you reconstruct an incident or a time that feels important to because of your learning disability?
6. Tell me why it's important.

BIBLIOGRAPHY

Abrams, D. & Hogg, M.A. (1990). Social identity theory: Constructive and critical advances. New York: Springer-Verlag.

Adams, G. (1992). Adolescent identity formation. Newbury Park: Sage Publication.

Adams, M., Bell, L., & Griffin, P. (1997). Teaching for diversity and social justice: A sourcebook. New York: Routledge.

Anderson, J.A. & Adams, M. (1992). Acknowledging the learning styles of diverse student populations: Implications for instructional design. Teaching for diversity, new directions for teaching and learning. No. 49.

Andrzejewski, J. (1993, Fourth edition). Oppression and social justice: Critical frameworks. Massachusetts: Ginn Press.

Atkinson, D.R., Morten, G., & Sue, D.W. (1983, Third edition). Counseling American minorities: A cross-cultural perspective. Dubuque, IA: William C. Brown.

Avery, D.M. (1977). The psychological stages of liberation. Illinois Personnel & Guidance Association Quarterly, 63, 36-42.

Babad, E., Birnbaum, M., Benne, K.D. (1983). The social self: Group influences on personal identity, 144. Beverly Hills: Sage Publications.

Bassett, D., Polloway, E.A., & Patton, J.R. (1994). Learning disabilities: Perspectives on adult development. In. P.J. Gerber & H.B. Reiff (Eds.), Adults with learning disabilities. Boston: Andover Medical Publishing.

Bender, W. (1993). Learning disabilities: Best practices for professionals. Boston: Andover Medical Publishers, Inc.

Bender, W. (1987). Secondary personality and behavior problems in adolescents with learning disabilities. Journal of Learning Disabilities, 20 (5), 280-285.

Branthwaite, A. & Rogers, D. (1985). Children growing up. Philadelphia: Open University Press.

Brinkerhoff, L.C., Shaw, S.F., & McGuire, J.M. (1992). Promoting access, accommodations, and independence for college students with learning disabilities. Journal of Learning Disabilities, 25 (7), 417-429.

Brinkerhoff, L.C. (1993). Self-advocacy: A critical skill for college students with learning disabilities. Family and Community Health, 16 (3), 23-33.

Bogdan, R.C. & Biklen, S.K. (1992, Second edition). Qualitative research theory for education: An introduction to theory and methods. Boston: Allyn & Bacon.

Brown, D. (1982). Learning despite learning disabilities. In M. Schmidt, & H. Sprandel, (Eds.), Helping the learning disabled student. New directions for student services, 18. Washington: Jossey-Bass Higher Education Series.

Cass, V. (1979). Homosexual identity formation: A theoretical model. Journal of Homosexuality, 4, (3), 219-235.

Cass, V. (1984). Homosexual identity formation: Testing a theoretical model. Journal of Sex Research, 20, (2), 143-167.

Charlton, J. I. (1998). Nothing about us without us: Disability oppression and empowerment. Berkeley: University of California Press.

Cohen, J. (1984). The learning disabled university student: Signs and initial screening. NASPA Journal, 21(3), 22-30.

Cohen, J. (1986a). Learning disabilities and psychological development. Churchill Forum, 8, (4).

Cohen, J. (1986b). Learning disabilities and psychological development in childhood and adolescence. Annals of Dyslexia, 36, 287-300.

Coles, G. (1987). The learning mystique: A critical look at learning disabilities. New York: Pantheon.

Cordoni, B. (1982). Personal adjustment: The psychosocial aspects of learning disabilities. In M. Schmidt, & H. Sprandel, (Eds.). Helping the learning disabled student. New directions for student services, 18, 39-47. Washington: Jossey-Bass Higher Education Series.

Cowen, S. (1993). Transition planning for college-bound students with learning disabilities. In S. Vogel, & P. Adelman, (Eds.). Success for college students with learning disabilities. New York: Springer-Verlag.

Cramer, E.P. & Gilson, S.F. (1999). Queers and Crips: Parallel identity development processes for persons with nonvisible disabilities and lesbian, gay, and bisexual persons. Journal of Gay, Lesbian, and Bisexual Identity, 4 (1), 23-38.

Cross, W. (1971). The Negro-to Black conversion experience: Towards a psychology of black liberation. Black World, 20, 13-27.

Cross, W. (1991). Shades of Black: Diversity in African American identity. Philadelphia: Temple University Press.

Dalke, C. (1993). Making a successful transition from high school to college: A model program. In S. Vogel, & P. Adelman, (Eds.). Success for college students with learning disabilities. New York: Springer-Verlag.

Denti, L., & Katz, M. (1995). Escaping the cave to dream new dreams: A normative vision for learning disabilities. Journal of Learning Disabilities. 28, (7), 415-424.

Downing, N.E., & Roush, K.L. (1985). From passive acceptance to active commitment: A model of feminist identity development of women. The Counseling Psychologist, 13, 695-709.

Epstein, S. (1987). Gay politics, ethnic identity: The limits of social constructionism. Socialist Review, 17, 9-54.

Erikson, E. (1968). Identity: Youth and Crisis. New York: Norton.

Federal Register (August 23, 1977). Education of Handicapped Children: Implementation of part B of the Education of the Handicapped Act. Federal Register Part II. Washington, DC: U.S. Office of Education, U.S. Department of Health, Education, and Welfare.

Ferguson, P.M., Ferguson, D., & Taylor, S. (1992). The future of interpretivism in disabilities studies. In P.M. Ferguson, D.L. Ferguson, & S.J. Taylor (Eds.). Interpreting disability: A qualitative reader. (pp. 295-302). New York: Teachers College Press.

Festinger, L. (1957). A theory of cognitive dissonance. CA: Stanford University Press.

Gajar, A. (1992). Adults with learning disabilities: current and future research priorities. Journal of Learning Disabilities, 25, 507-519.

Gallagher, J.M., & Reid, D.K. (1981). The learning theory of Piaget and Inhelder. Austin, TX: PRO-ED.

Glaser, B. & Strauss, A. L. (1967). The discovery of grounded theory: Strategies for qualitative research. Newbury Park, CA: Sage.

Gliedman, J. & Roth, W. (1980). The unexpected minority: handicapped children in America. New York: Harcourt Brace Jovanovich.

Glickman, N. (1993). Deaf identity development: Construction and validation of a theoretical model. An unpublished dissertation at the University of Massachusetts at Amherst.

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Englewood Cliffs, NJ: Prentice Hall.

Graham, S., Harris, K.R., & Reid, R. (1993). Developing self-regulated learners. In E. Meyen, G. Vergason, & R. Wheelan. (Eds.). Promising practices for exceptional children. (pp.127-149). Denver: Love.

Hammill, D. D. (1990). Defining learning disabilities: The emerging consensus. Journal of Learning Disabilities, 23, 74-84.

Hammill, D. D., Leigh, J., & Geller, C. (1981). A new definition of learning disabilities. Learning Disability Quarterly, 4, 336-342.

Hardiman, R., & Jackson, B.W. (1992). Racial identity development: Understanding racial dynamics in college classrooms and on campus. New Directions for Teaching and Learning, 52, 21-37.

Harris, A.J., & Sipay, E.R. (1990, Ninth edition). How to increase reading ability: A guide to developmental remedial methods. New York: Longman.

Hauser, J. (1994). Help and fair play for college learning disabled students. ED379827

Hecht, M. L., Collier, M.J., & Ribeau, S. A. (1993). Self, identity, ethnic identity and African American ethnic identity. African American communication: Ethnic identity and cultural interpretation. Newbury Park: Sage.

Helms, J. (1990). Black and White racial identity: Theory, research and practice. Westport, CT: Greenwood Press.

Heyman, W.B. (1990). Academic self-concept and self-esteem. Journal of Learning Disabilities, 23,8, 472-475.

Highlen, P.S., et al. (1988). Self-identity development model of oppressed people: inclusive model for all? ED301623.

Hoare, C. (1991). Psychosocial identity development and cultural other. Journal of Counseling and Development, 70, September/October.

Horrocks, J.E., & Jackson, D.W. (1972). Self and role: A theory of self-process and role-behavior. Boston: Houghton Mifflin.

Huntington, D., & Bender, W. (1993). Adolescents with learning disabilities at risk? Emotional well-being, depression, suicide. Journal of Learning Disabilities, 26, 3, 159-166.

Jackson, B.W. (1975). Black identity development. Journal of Educational Diversity. 2, 19-25.

Jackson, B.W., & Hardiman, R. (1980). Social Identity Development Model. Unpublished paper.

Johnston, L., & Hewstone, M. (1990). Intergroup contact: Social identity and social cognition. In D. Abrams & M.A. Hogg (Eds.). Social identity theory: Constructive and critical advances. New York: Springer-Verlag.

Josselson, R.L. (1973). Psychodynamic aspects of identity formation in college women. Journal of Youth and Adolescence, 2, 3-52.

Josselson, R.L. (1980). Ego development in adolescence. In J. Adelson (Ed.). Handbook of adolescent psychology. New York: Wiley.

Kegan, R. (1982). The evolving self: Problem and practices in human development. Cambridge, MA: Harvard University Press.

Kim, J. (1981). The process of Asian-American identity development: A study of Japanese American women's perceptions of their struggle to achieve positive identities as Americans of Asian ancestry. Unpublished doctoral dissertation. University of Massachusetts at Amherst.

Kohlberg, L. and Gilligan, C. (1971). The adolescent as a philosopher: The discovery of the self in a postconventional world. Daedelus. 100,1051-86.

Krutilla, J. & Benson, D. (1990). The reflected self identity of learning disabled adolescents: Perceptions of "I Am" using symbolic interaction theory. Paper presented at the meeting of the International Conference of Learning Disabilities Association, Anaheim, CA. (ERIC Document Reproduction Service No. ED323738).

Levita, D. (1965). The concept of identity. Paris: Mouton & Co.

Lewandowski, L. (1994). The social adjustment and self-concept of adults with learning disabilities. Journal of Learning Disabilities, 27, 9, 598-605.

Lieberman, L. M. (1987). Is the learning disabled adult really necessary? Journal of Learning Disabilities, 20, 67.

Linton, S. (1998). Claiming disability: Knowledge and identity. New York: New York University Press.

Marcia, J. (1993). Ego identity: A handbook for psychological research. New York: Springer-Verlag.

Marcia, J. (1980). Identity in adolescence. In J. Adelson (Ed.) Handbook of adolescent psychology. New York: Wiley.

Marshall, C., & Rossman, G. (1989). Designing qualitative research. Newbury Park, CA: Sage.

Martin, M. & McLaughlin, P. (1993). College-level instructional interventions. In Bender, W. (Ed.) Learning disabilities: Best practices for professionals. Boston: Andover Medical Publishers, Inc.

Morten, G. & Atkinson, D.R. (1983). Minority identity development and preference for counselor race. Journal of Negro Education, 52, 156-161.

Myers, L., Sleight, S., Highlen, P., Cox, C., Reynolds, A., Adams, E., & Hanley, C. (1991). Identity development and worldview: Toward an optimal conceptualization. Journal of Counseling and Development, 70, 54-63.

Muuss, R. (1988). Theories of adolescence. New York: McGraw-Hill, Inc.

National Advisory Committee on Handicapped Children. (1968). Subcommittee on education of the committee on labor and public welfare: First annual report. Washington, DC: U.S. Government Printing Office.

National Joint Committee on Learning Disabilities. (1981). Learning disabilities: Issues on definition. Unpublished manuscript. (Reprinted in Journal of Learning Disabilities, 20, 107-108).

Nirbhay, S.N. & Beale, I. L. (1992). Learning disabilities: Nature, theory, and treatment. New York: Springer-Verlag.

Orzek, A. M. (1984). Special needs of the learning disabled college student: Implications for interventions through peer support groups. Personnel and Guidance Journal, March 404-407.

Patton, J., & Polloway, E. (1992). Learning disabilities: The challenges of adulthood. Journal of Learning Disabilities, 25, (7), 410-415.

Patton, M.Q. (1990). Qualitative evaluation and research methods. Newbury Park, CA: Sage.

Perry, W. (1970). Forms of intellectual and ethical development in college years: A scheme. New York: Holt, Rinehart, & Winston.

Peshkin, A. (1988). In search of subjectivity – One's own. Educational Researcher, 17, (7), 17-22.

Peter, A. (1986). Developing a language. Disability Rag, March-April, 25.

Phinney, J. (1990). Ethnic identity in adolescents and adults: Review of research. Psychological Bulletin, 108, (3), 499-513.

Pickar, D. & Tori, C. (1986). The Learning disabled adolescent: Eriksonian psychosocial development, self-concept, and delinquent behavior. Journal of Youth and Adolescence, 15, (5), 429-440.

Pliner, S. M. (1994). Peer Mentor Network resource guide. University of Massachusetts Amherst.

Pliner, S. M. (1998, March). Listening to students with ADD/ADHD: Perceptions of self-identity. Unpublished paper presented at the National Attention Deficit Disorder Association Conference, Washington, D.C.

Pliner, S. M. (1997, July). Listening to students with LD: Perceptions of their own identity. Unpublished paper presented at the Association of Higher Education and Disabilities National Conference. Boston, MA.

Pliner, S. M. (1997, June). Listening to students with LD: Perceptions of their own identity. Unpublished paper presented at the Postsecondary LD Training Institute, Saratoga Springs, NY.

Pliner, S. M. (1997, May). Listening to adults with LD: Perceptions of self-identity. Unpublished paper presented at the Fifth Annual Conference on Serving Adults with Learning Disabilities, University of Connecticut, Farmington, CT.

Poplin, M. S. (1988a). Holistic/constructivist principles of the teaching/learning process: Implications for the field of learning disabilities. Journal of Learning Disabilities, 21, 401-416.

Poplin, M. S. (1988b). The reductionistic fallacy in learning disabilities: Replicating the past by reducing the present. Journal of Learning Disabilities, 21, 389-400.

Poston, W. S. (1990). The biracial identity development model: A needed addition. Journal of Counseling and Development, Nov/Dec.

Reid, D.K., & Button, L. (1995). Anna's story: Narratives of personal experience about being labeled learning disabled. Journal of Learning Disabilities, 28, (10), 602-614.

Roffman, A., Herzog, J., & Wershba-Gershon, P. (1994). Helping young adults understand their learning disabilities. Journal of Learning Disabilities, 27, (7), 413-419.

Rosenthal, D. (1987). Ethnic identity development in adolescents. In J. Phinney & M.J. Rotheram, (Eds.). Children's ethnic socialization: Pluralism and development.

Rust, P.C. (1996). Finding a sexual identity and community: Therapeutic implications and cultural assumptions in scientific models of coming out. In E.D. Rothblum & L.A. Bond (Eds.), Preventing heterosexism and homophobia. CA: Sage Publications.

Seidman, I.E. (1991). Interviewing as qualitative research: A guide for researchers in education and the social sciences. New York: Teachers College Press.

Skevington, S. & Baker, D. (1989). Social identity of women. London: Sage Publications.

Skolnick, A. S. (1986). The psychology of human development. New York: Harcourt Brace Jovanovich, Inc.

Shapiro, J.P. (1993). No pity: People with disabilities forging a new civil rights movement. New York: Times Books.

Silverman, R., & Zigmond, N. (1983). Self-concept in learning disabled adolescents. Journal of Learning Disabilities, 16, 478-482.

Sleeter, C. E. (1986). Learning disabilities: The social construction of a special education category. Exceptional Children, 53, 46-54.

Spafford, C., & Grosser, G. (1993). The social misperception syndrome in children with learning disabilities: Social causes versus neurological variables. Journal of Learning Disabilities, 26, (3), 178-179, 198.

Stainback, S. et al. (1994). A commentary on inclusion and the development of a positive self-identity by people with disabilities. Exceptional Children, 60, (6), 486-490.

Strauss, A. & Corbin, J. (1994). Grounded theory methodology: An overview. In N.K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research. (pp.273-285). Thousand Oaks, CA: Sage.

Tajfel, H. (1972). Experiments in a vacuum. In J. Israel & H. Tajfel (Eds.). The context of social psychology: A critical assessment. London: Academic Press.

Tajfel, H. (1978a). The social psychology of minorities. London: Minority Rights Group, Report #35.

Tajfel, H. (1978b). Differentiation between social groups. London: Academic Press.

Tajfel, H. (1981). Human groups and social categories. Cambridge: Cambridge University Press.

Tajfel, H. (1982). Social identity and intergroup relationships. Cambridge: Cambridge University Press.

Tomlinson, S. (1982). A sociology of special education. Boston: Routledge & Kegan Paul.

Turner, J.C. (1978). Social comparison, similarity and in-group favoritism. In H. Tajfel (Ed.) Differentiation between social groups. London: Academic Press.

Turner, J.C. (1981). Intergroup behavior. Chicago: University of Chicago Press.

Turner, J.C. (1987). Rediscovering the social group: A self-categorization theory. Oxford: Blackwell.

Vaughn, S. & La Greca, A. (1993). Social skills training: Why, who, what, and how. In W. Bender, Learning disabilities: Best practices for professionals. Boston: Andover Medical Publishers, Inc.

Vogel, S., & Forness, S. (1992). Social functioning in adults with learning disabilities. School Psychology Review, 21, (3), 375-386.

Vogel, S. (1993). A retrospective and prospective view of postsecondary education for adults with learning disabilities. In S. Vogel, & P. Adelman, Success for college students with learning disabilities. New York: Springer-Verlag.

Wendell, S. (1996). The rejected body. New York: Routledge.

Wilczenski, F. (1992). Coming to terms with an identity of 'learning disabled' in college. Journal of College Student Psychotherapy, 7, (1), 49-61.

Young, I. M. (1990). Justice and the politics of difference. New Jersey: Princeton University Press.

Zola, I.K. (1993). Self, identity and the naming question: Reflections on the language of disability. Social Science and Medicine, 36 (2), 167-173.