
STAGES OF ACCEPTANCE OF A LEARNING DISABILITY: THE IMPACT OF LABELING

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Abstract. The research described here is part of a 20-year longitudinal project tracing the lives of a group of 41 individuals with learning disabilities. The article enumerates a small piece of the qualitative findings obtained using an ethnographic approach that emphasized the “emic,” or insider’s, perspective. Since several of the research questions addressed patterns of change over time, portions of the interview focused on changes in past and present attitudes, emotions, conceptions and meanings related to the learning disability. A salient notion emerged from participants’ narratives, which they described as “acceptance of the learning disability.” Further analysis revealed a shared set of understandings concerning distinct stages of “coming to terms” with the technical realities of their disability and with the social/emotional impact of being labeled. These included (a) awareness of their “differentness”; (b) the labeling event; (c) understanding/negotiating the label; (d) compartmentalization; and (e) transformation.

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This article was developed from data gathered in a 20-year longitudinal study of 41 students with learning disabilities (LD) who as children had attended The Frostig Center. The overall purpose of the study was to understand as fully as possible and describe the common “life-span experiences” of our students so that generalizations, implications, and recommendations could be made for all persons with LD. One aspect of the study involved obtaining quantitative findings to determine predictors of success. These have been reported elsewhere (Raskind, Goldberg, Higgins, & Herman, 1999). To a large extent, the quantitative analysis required that each participant be “reduced” to

a collection of characteristics or traits, to scores on IQ or achievement tests, to incidences of job changes, and to “average” income.

The overall purpose of the investigation, to describe the “life-span” experiences of persons with LD, cannot be achieved completely using a quantitative approach alone. At a minimum, there must be a treatment of participants as “whole persons.” Research strategies for studying whole persons focus on symbolic, shared systems, study persons one at a time, and regard participants as “expert” consultants (Heinemann & Shontz, 1983). Beyond methodology, as Bos and Richardson (1994) pointed out, the very nature of the phenomenon

studied with quantitative and qualitative research differs. These authors evoked Dabbs' (1982) comments, "Quality is the essential character or nature of something; quantity is the amount ... Qualitative refers to the *meaning* ... while quantitative assumes the meaning and refers to a measure of it" (p. 13, emphasis added). Similarly, Wolcott (1985) pointed out that the ultimate outcome of qualitative research (ethnography) is to describe the *sense of meaning that researchers have made* of what has been investigated; is a description of what has been observed, "*plus something special in the nature of interpretive emphasis*" (Wolcott, 1992, p. 21).

Although in agreement on the importance of the meaning derived by researchers, Spradley (1980) suggested that the "making" of *meaning* out of ethnographic information is the description and understanding of a culture *from a native or insider's point of view*. That is, what begins as mere inference made by the researcher must be verified over and over in various contexts with various insiders before a shared understanding is assumed.¹ He suggested that informants' review analyses (Spradley, 1979), as have other researchers dealing more specifically with educational settings (Goetz & LeCompte, 1984; Schon, 1991) or researchers specifically investigating persons with LD, such as Bos and Richardson (1994), Hellendoorn and Ruijsenaars (1998), or Reiff, Gerber, and Ginsberg (1997).

Spradley referred to the search for the insider's point of view as the "emic" perspective; the "etic" perspective, on the other hand, describes the culture from the point of view of the researcher or from the frame of reference of the researcher's culture. Similarly, Smith (1987) made reference to the emic/etic dichotomy as it applies to research in educational settings. In the field of LD, Reiff et al. (1997), Gerber and Reiff (1991), and Gerber et al. (1990) are examples of researchers who have employed an emic perspective to elicit accounts from informants with LD "in their own words."

In addition, the larger 20-year investigation was aimed at acquiring knowledge on what McKinney (1994) called the "natural history" of LD and to search for patterns of change over time. Therefore, portions of the interview were devoted entirely to questions concerning changes in past and present attitudes, emotions, conceptions and meanings, especially those related to the LD.

A salient notion for both researchers and participants emerged as an important subject of study early on, the development of "acceptance of the learning disability." Hence specific questions in the interview addressed the concept. Klass (1981) explored the development of "acceptance" (of death and other hardship) as a kind of symbol with a long history of associations and meanings in the American system of beliefs. He used Kubler-

Ross' (1969) stages of grief (upon learning one's illness is terminal) as an example of a current theory arising out of a pre-existing category. The last stage (or goal of the process) is acceptance. He placed "acceptance" more generally in the American culture and symbolic system as part of a larger, "private sphere" of symbols (as opposed to the public sphere), associated with domestic (and feminine) concerns. Klass pointed out that the notion of "stages of acceptance" has been extended to many phenomena and been popularized widely so that the stages are now incorporated fully into the American belief system.

Because the notion of acceptance has been applied to so many types of phenomena, it is important to point out that both Klass and the present authors are referring to *self-acceptance*, rather than to the (social) acceptance of a person with a condition by others. Acceptance of a child with an LD by others *with* the condition, as well as by teachers and by nondisabled peers, has been addressed specifically in several studies (Barga, 1993; Foster, Schmidt, & Sabatino, 1976; Guindon, 1993; Hanson, 1997; Kuther, 1994; Renick, 1985; Rolison & Medway, 1985).

To summarize, the present article attempts to utilize the emic perspective within a longitudinal design to capture from our participants their own descriptive language, categories, and organization of the concept of "acceptance" of their LD. The data upon which the researchers have based the following account were gathered in the context of a larger 20-year longitudinal study that included both qualitative and quantitative analysis. The specifics of the methodology employed in the larger study follow.

METHOD

Participants

For the 10-year followup study (Spekman, Goldberg, & Herman, 1992), questionnaires were sent to the parents of 206 former students of The Frostig Center who had been diagnosed with an LD and had attended the school for at least one year. Of the 206, 89 parent responses were received; 50 former students agreed to a more lengthy interview and were also assessed as to current achievement and IQ measures.³ The final 50 students were compared to the original 206 previous students as to socioeconomic status, age, gender ratio, ethnicity, verbal, performance and full scale IQ, achievement discrepancies, and original diagnosis. No significant differences were found along any of the measures. At the conclusion of the 10-year followup, approximately half of the individuals were rated as "successful" and half as "unsuccessful" based on clinical summaries of interviews, job and educational status, current testing, and questionnaire data. Criteria for the ratings were

based broadly on employment, educational, familial, social, and psychological adjustment criteria.

At the 20-year followup, researchers were able to reach 47 of the 50 students from Year 10. Of these, enough information was obtained from 41 to allow a rating of successful/unsuccessful. Extensive, direct interviews were conducted, which lasted from 4 to 6 hours and included specific questions concerning financial status, employment history, residence history, family relations, community relations, physical health, recreation, criminal contacts, drug and alcohol use, and a wide range of personal/psychological attitudes and behaviors. Databases were established for quantitative data, and transcripts were prepared of the interviews.

Other data included current achievement and IQ testing scores, additional cumulative file information, life stressor checklists completed by each participant, researchers' current ratings of success, researchers' ratings of each participant for the presence or absence of six success attributes (discussed below). For comparison and verification of information, public sources were consulted such as voter registration, criminal and civil court records, and so on.

The raw data for the current article for the most part were taken from transcripts of individual interviews conducted during the 20-year followup when participants were in their mid-thirties. The researchers began with the 10-year followup interview questionnaire that had been used to formulate the clinical summaries. Over several months the researchers met to revise and refine questions, and to formulate new ones that arose out of previous analyses, or reflected current research interests in the field of LD. Members of the research team, composed of an anthropological linguist, a developmental psychologist, a specialist in LD and a clinical psychologist, had each been working in the LD field for over 15 years.

During the development of the protocol questionnaire, constant contact was maintained with children and adolescents with LD currently at The Frostig Center. In addition, all the researchers had developed many relationships, both professional and private, with adults with LD. Questions and research strategies were refined continuously and elaborated according to feedback elicited from these LD persons. Consequently, our cumulative involvement with the LD community was wide, rich and historical, as well as current, reaching far beyond the 50 participants in the study.

Data Analysis

During the interviewing of the participants, the research team conferred on a weekly basis to refine interview techniques, strategies, and study questions,

as well as to develop tentative trends, commonalities, and themes. The taped interviews were transcribed and distributed. Weekly meetings continued to begin formal analysis of the transcripts and protocols. Typically, on the first discussion of a transcript, the researcher who had interviewed the participant would describe briefly the physical conditions of the interview (e.g., where it had taken place, distractions, etc.) and any difficulties that had arisen. For the quantitative analysis,⁴ rating sheets had been prepared that included overall success ratings as well as ratings on individual domains including employment, education, independent living, family relations, community involvements, crime/substance abuse, and physical and mental health. After all transcripts had been reviewed, group assignment was made into successful and unsuccessful participants, and domain ratings were collected and analyzed.

As the quantitative analysis progressed, the findings from Year 10 were further developed; specifically, a set of success attributes were refined that were identified as being highly characteristic of the successful participants. For the 20-year followup, these were operationalized and further quantified. Each participant was rated for the presence or absence of designated behaviors or attitudes characteristic of each attribute. For example, Appropriate Goal Setting and Self-Directedness was one of the original Success Attributes from Year 10. In Year 20, Goal Setting was operationalized as the following: participant (a) refers to current goals; (b) gives evidence of past and future planning; ... (f) expressed interest in developing a sense of meaning to his/her life (see Appendix A of the 1999 article for a complete listing of the Success Attributes). As expected, successful participants showed many if not all the behaviors and attitudes identified in the six Success Attributes, while unsuccessful individuals showed significantly fewer.

After the quantitative analysis, all transcripts were again read to identify prevalent qualitative themes. The success attributes again emerged as important concepts for our participants (all qualitative themes are currently being further developed for reporting in a later paper). One of the success attributes in particular was salient to both participants and researchers—acceptance of the LD, the subject of the current article.⁵ It had originally been defined in Year 10 as a part of another success attribute, Self-Awareness, which was operationalized in Year 20 as follows:

Self-Awareness

a. Acceptance of the LD

1. participant refers to him/herself as learning disabled;
2. participant describes events in terms of his/her LD;

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3. participant compartmentalizes the LD, seeing it as only one aspect of him/herself, rather than being defined entirely by it.
- b. General self-awareness
 1. participant refers to his/her individual strengths and/or weaknesses;
 2. participant refers to his/her individual behavior patterns, “hang-ups”, etc., apart from the LD

How was it that the successful individuals came to believe and behave as they did, while the unsuccessful did not acquire these attributes? Were there differences in rate of acquisition? In participants who possessed them, did they spring full-blown or develop over time? Do participants discuss a stage-like process? These were but a few of the questions the researchers hoped would be answered with information from the lengthy interviews.

Validity of Results

In preparing this manuscript, the authors grappled with the issue of what it was they were trying to describe with the “stages of acceptance of the learning disability.” Was it overt behaviors that occurred in a particular order? Was it a semantic reduction or summary of what participants actually had said during their interviews? Or was it an explanatory theory derived by the researchers of what the *meaning is, to the informants*, of “stages of acceptance of the learning disability” (which could later be “tested” or corroborated by the transcripts of individuals)? It was important to make such a determination so the researchers could identify data that would provide convincing evidence of the existence of the phenomenon and its prevalence. For example, if one were trying to develop a theory concerning overt behavior (perhaps for predictive purposes), evidence of what informants *said* would not be as convincing as actual *observations* of the participant’s behavior. If a summary of the descriptive terms associated with “acceptance” were the target of the study, then a summary of the *range and frequency of particular words* used in the interviews when asked about “acceptance of the learning disability” would be appropriate. But if the discovery of the shared meaning of a concept is the object of pursuit, then the totality of contexts and language surrounding the phenomenon must be examined, and a hypothesis generated concerning the meaning of it. Finally, a confirmation of its accuracy must be obtained by asking the participants themselves.

As appropriate, partial confirmation of the accuracy of the meaning of “acceptance of the learning disability” will be presented in the form of direct and relevant quotes below, chosen from the corpus of the interviews,

as appropriate. Further, during the development of the analysis that follows, networks of past and present LD contacts were consulted regularly and their feedback utilized in fine-tuning the concepts and stages. In addition, the researchers submitted drafts of the theory concerning their beliefs directly to participants after the major components of this manuscript had been drafted. Four informants were contacted for general responses to a draft of this manuscript which was read to them. Their oral responses were then transcribed. (See the Appendix for two examples of the transcribed responses from participants.)

RESULTS

As mentioned, participants had a great deal to say about the acceptance of their learning disability. Toward the end of the interview specific questions were asked concerning “coming to terms” with their LD; however, several participants voluntarily brought up the subject themselves prior to this direct probe.

I think I accept it. It’s a pain but I mean there’s nothing I can do about it. Other than try to learn more and learn ways to not show it or get around it using the computer or whatever it is. Notes to my girlfriend, writing them out on the computer first then writing them down. That’s a way of coping with it.

My acceptance of it happened when I was in junior high looking at high school. That’s when I finally said, “This is the way I am.” Then I dealt with it.

I pretty much accepted it from the very beginning. Other people had a hard time with it and nowadays everybody seems to accept it. Nothing much you can do about it. Some people try and say, “Well you should change it. You should work at it.” We work as hard as we can.

I’ve learned to cope with it much better. I have at my disposal some technology that I didn’t have back then. I coped around it. I made up my own mind.

Many described coming to terms with their LD as occurring over time, some indicating passage through various “stages” of acceptance over their lives so far.

But then when I was at the Orton Meetings [now The International Dyslexia Association] I would meet these people who had the same problems as I did. And I would see them at different stages. And I’ve already been through all those things.

That stress thing there is like you know when you're a kid, yeah it's a thousand percent stressful. Because you are striving to learn something you didn't know before. And as an adolescent, yeah, yes. I had the training to teach me how to do it and everything but it was still a major portion of my life. I was still trying to achieve in school. So it was still a major stress. But not as major as when I was a little kid. Difference in attitude. And when I became an adult I just looked at myself totally differently. It was not any problem at all.

"Acceptance" (of disability or other hardship) as a symbol (or therapeutic goal?) has been discussed in many contexts by many authors, most notably by Kubler-Ross (1969), who described the stages of acceptance of one's own death: denial, anger, bargaining, depression, and acceptance. In the field of disabilities, many authors have discussed acceptance as a general symbol of psychological or personal adjustment, and a few have extended or modified the stages suggested by Kubler-Ross to encompass acceptance of a "handicapping" condition. For example, Higgins (1980) discussed the acceptance of deafness by deaf individuals. Livneh and Antonak (1991), and Livneh and Evans (1984) described a stage-like process of adjusting to physical disability (working from earlier process models by Cohn [1961], and Fink [1967]). Icabone and Galley (1982) reported on the acceptance of mental retardation by students with mental retardation, whereas the acceptance of disability by the parents of a child with disabilities has been described by Martin and Nivens (1980), by Witcher (1987, 1989), and by Rundall and Smith (1990). Acceptance of a grandchild's disabling condition by grandparents was investigated by Murphy and Della Corte (1990). Even the acceptance of the experience of incarceration by criminals and their families has been investigated (Pledger, 1985). Finally, with respect to LD, Reiff et al. (1997) described a process of coming to terms with an LD they call "reframing," which includes as one of its four stages "acceptance." Reframing "... is a set of decisions related to reinterpreting the LD experience from something dysfunctional to something functional" (p. 105).

As the participants discussed having an LD, less attention was given to the actual disability than the researchers had expected, (i.e., being unable to spell common words, for example, or decode road signs quickly). These were often minimized, or portrayed as mere annoyances. Many participants mentioned that they had long ago found ways to compensate for, or work around, the situations in which the actual disability came up. A similar phenomenon has been noted by other researchers. For example, Higgins (1980)

referred to a kind of institutionalized joking about their "handicap" among the deaf. In fact, a national newspaper for the deaf contains a column entitled "The Hazards of Being Deaf," which is about nonthreatening, humorous, or absurd situations the deaf must endure because they are forced to live among and communicate with hearing folk (p. 87). A similar minimizing of the disability through the use of humor was also evident in some of the transcripts of our informants:

I have accepted it to the point where I can be humorous about it.

And they always laugh at me because there are people there that have much more experience in certain types of counseling than I do, such as working with gang clients or working with battering situations and some of these people do not have licenses and I always ask them questions and they look at me and say, "Well, you're licensed. Don't you know?" Just 'cause I have a license does that mean I can't ask questions or I shouldn't ask questions? So they laugh at me, and that I like, the open team work situation there.

However, as Higgins (1980) pointed out, there is no joking on real issues of concern for the deaf, such as the denial of rights and privileges through stigmatization by the larger culture.⁶ Our participants showed a similar partitioning of the day-to-day technical problems of the disability from the stigma attached to it by their culture, often responding with intense anger or sadness to being stigmatized:⁷

No. I didn't understand it exactly. Not then, but later I felt bad because of teasing, just being different. Going to a special school, they call you names. I knew I was different and that made me feel bad.

I think as I indicated to you, the most difficult time was fourth through eighth grade because the kids made fun of me.

Your peers call you stupid and retarded. They make fun of you. You don't feel good about who you are. Your self-esteem goes down. You think of yourself as a stupid child. Because that's what everybody's projecting onto you. So there are more disadvantages to having the learning disability than there are advantages.

The stages of "acceptance" of their LD, then, as described below by our informants, involve more than merely coming to terms with the technical realities of a

disability. Rather, it is coming to terms as well with the social/emotional impact of being labeled. Although the stages themselves have been well described by the informants, the authors have supplied names for them. Hence, they do not necessarily reflect the terms used by informants. The stages to be discussed include: (a) a period of awareness of their “differentness,” (b) the labeling event, (c) a period of accumulating an understanding of the limiting nature of their disability and of *negotiation* with service providers for assistance, which eventually leads to (d) *compartmentalization* of the LD, and finally, in some cases, to (e) a *transformation* of their negative attitude toward their disability into an appreciation of the positive influence it has had on their lives and character.

The organization of the stages along a timeline is dictated somewhat by the logic of the situation. For instance, understanding the limiting nature of the disability must precede compartmentalization. No attempt has been made beyond logically arranging the periods, however, to verify the order of stages. As mentioned, Reiff and colleagues (1997) also posited stages for what they have termed “reframing,” which includes acceptance of the LD. They suggest, “Some [highly successful adults with LD] moved through the stages almost in unison while others systematically moved from one to the next” (p. 106). The present authors have not investigated the speed or simultaneity of occurrence of the stages, nor do they make any claims concerning participants’ passage through them. Each stage is now discussed in more detail below.

Stage One: Awareness of a Difference

All participants described a time when, although the problem had not yet been pinpointed, they were aware of being different from other children.

I knew I was a little slower but I never really thought of it as a disability because I could always do whatever I wanted to do.

My parents knew something was wrong but they just, you know, the teachers would tell them that I wasn’t trying and was a bad student and didn’t have enough supervision and discipline at home.

I had a hard time when I was a child because I remember when I went to city schools I had this teacher that made me stand in front of the class and tell me, “C_ just isn’t trying. He’s not a go-getter. He doesn’t try.” And I remember her writing notes and stuff to my mother and going home. It was a horrible experience as a kid. Just a terrible experience.

Academic differences. Some described being different in terms of general academic progress or in specific subjects (reading, writing).

[I] was not able to read or form sounds.

I definitely wasn’t reading with the class and I certainly couldn’t do the spelling so I was way behind people in that regard and I think that’s when my parents got concerned in second grade and started having me tested for various things.

I wasn’t a behavior problem, I didn’t have an attention problem. “But Jes ... he just can’t learn his reading and writing. There’s a little something wrong, just give me another year.”

Academic-related differences. Several participants described academically related problems (attention, organization) *in addition* to their academic problems.

Reading wasn’t up to snuff ... Math wasn’t up to snuff ... I have attention deficit disorder.

On the other hand, a few participants characterized their “differentness” *entirely* in terms of academically related problems.

[Interviewer: What problems brought you to Frostig?] Participant: Concentration, hyperactive.

I may have had learning disabilities. I think it was just a matter of getting me to focus my attention on the subject and not give up. Learn some tenacity. I think that was my learning problem.

Nonacademic differences. Nonacademic difficulties were also mentioned by most subjects, such as physical deficits (e.g., poor coordination), or social, behavioral or emotional problems. Most informants described their nonacademic difficulties as *accompanying* their LD.

Academically I was failing. I had poor eye coordination. And I had a bad temper, a real bad temper. That was accelerated after the death of my father. That was the main issues [sic].

Inability at math and maybe not getting along with children very well.

Mathematics and motor coordination skills. I couldn’t do things. I mean I couldn’t catch a ball until I was about 11 years old. I just couldn’t figure out how it was coming or where it was coming

from. It was a real problem. I had to have some physical therapy. It was a physical thing, something physically wrong with my brain.

But a few characterized their “differentness” *entirely* as nonacademic in nature.

I think it was mainly social problems. Doing what you’re told to do. Disturbing the class. Not following instructions. Not being able to concentrate, that kind of stuff.

It [an LD] was just something that I had that they came up with that had to be dealt with at some point from the problems I was having in elementary school, maybe even before. In nursery school or primary school, I remember ... I had problems with discipline ... And I just remember that I wasn’t an above-average student. I was more of an average student. I think I had one or two low grades at some point. I went on to elementary school for a couple of years and I had problems with the teacher, particularly this one teacher. Then I had this other teacher the following year, and I think I still had learning problems in reference to acquiring information like everybody else without having to take more time with me so I could learn what I acquire through reading a book and following directions and all that.

Normative value judgments. However informants may have felt themselves to be different, there was an additional acknowledgment, as illustrated in many of the passages above, that the larger culture or society was negatively judging them (i.e., along a normal-abnormal, good-bad continuum—they definitely were not normal, and not good).

I think it’s something that was so hard, it was so ingrained in me it’s hard for me not to feel slower than the other children, right. [Interviewer: Still?] Participant: Right.

Everybody else noticed that I was dumber than everybody else. Interviewer: Wasn’t reading is what you ? ... M: That’s not how I remember it. I remember they said dumb. Those are the memories that I have of childhood. That’s why I don’t look back ... I look at being an adult as being a lot greater ... A lot of people have said, “You don’t look at childhood? Great.” I was so glad to become an adult you can’t believe it. First grade, really through high school.

It was me versus the normal people. And the normal people is everybody who doesn’t have a disability, isn’t dyslexic.

They want everybody to be the same. Normal, or what they think is normal. Learning disabilities I don’t think is a comfortable subject. I have to go on explaining what it is to everybody. A lot of people don’t like listening to your explanations. They want to believe what they want to believe.

I don’t think I really believed I wasn’t stupid ‘til long long time after that. You’re behind—everybody knows you’re behind.

That’s a very difficult question to answer in retrospect because it affects you in different ways. I mean emotionally, mentally and physically, it is an effect on you. You have behavior problems due to it. You have peer problems. You have the problems of the mental attitude about yourself and you have the physical problems of being able to read like everybody else does or being normal like everyone else is or considering yourself to be normal like everybody else is. So it makes it rather hard to specifically lay it down in terms of what it does to you, but I can tell you it does have a long-term effect on your life, for the rest of your life. Because it’s how you view yourself for the rest of your life.

Adaptive value judgments. Some informants expressed participation in another type of value system apart from the normative one imposed by the culture, which they considered private or personal—an adaptive or survival-based value system. An informant could consider himself to be different from the norm (good/bad) in a particular way, yet value that trait positively along an adaptive value continuum (strong/weak) in relation to peers. For instance, an informant might comment that he had problems in school with being physically aggressive, but that the aggressiveness itself stood him in good stead relative to his classmates.

Kids at school would call me dummy. I would turn around and smack ‘em [laughter]. But I had a very good social life—sort of lead the schoolground club.

I was just fine with being a rascal. That’s why we have parents. Ask a car to fix itself. It isn’t going to happen. That’s why we have parents and they did the right thing.

I guess it’s more my being self-conscious more than anything else. I mean you could put up with any of

this. At this point, all that stuff, teasing, changing schools, being held back a year, sounds so trivial because I could just tell them all to go to hell now. But I certainly didn't have that kind of fortitude when I was a child. That really hurt and I can still have nightmares where I remember stuff like this. I can almost still hear the names and stuff like that.

Some participants' transcripts also revealed an acknowledgment that the larger culture "cut them no slack" as to the expectation of a "normal" final outcome to their lives, regardless of the degree of disability they may experience, as may occur for more visible disabilities such as blindness.

See, my mistake was pretending it wasn't there and trying to be part of the mainstream. I wasted a lot of time doing that. Yes, I guess the best way to put it is I've accepted it more than I used to. My parents and the jobs I worked for, too, seemed to want to act like it isn't there. But I know now that it is there. I expected too much of myself as far as being part of the mainstream, I think. I just tried to do everything the way everybody else did. I didn't ask for help. I was afraid to say anything so they would over ... think I couldn't do anything. I floated around for a long time. But now I believe I'm on track better. I have a better idea of what I can do, and what it all means, having a learning disability.

Affective/behavioral domain. As evidenced by many of the above comments, most informants expressed strong emotional feelings surrounding the issue of their differentness long before being identified as LD, including fear, confusion, frustration, and anger, and/or described behaviors that may have resulted from these feelings, such as withdrawal, crying, aggression, and so on.

I was embarrassed and ashamed and ridiculed by other kids. It was not pleasant.

The teacher had found it and so that is how I was placed in the school. I remember when I was told I had to go. It was tough. I was forced to go there. I remember screaming the first day I went there.

Stage Two: The Labeling Event

Many informants describe not so much a single event, but a process whereby parents, doctors, teachers, and other adults were attempting to identify what was "wrong" with them. Events frequently included a general physical exam, referral to one or more specialists

(allergist, nutritionist, neurologist), a trip to the optometrist to check for vision problems, and often psychological evaluation of emotional or behavioral problems. On the school front, there were referrals for assessment by speech/language therapists, school psychologists, reading specialists, etc., etc.

Several labels might be applied to the participant over the period. Those mentioned by the informants include "nearsighted," "hard of hearing," "visual perceptual problems," "auditory sequencing deficit," "speech/language delayed," "emotionally disturbed," "schizophrenic," "obsessive/compulsive disorder," "underachiever," "remedial reader," "slow," "mentally retarded," "dyslexic," "attention-deficit disorder," "behavior problems," "troublemaker," "lazy" or "conduct disorder." Obviously, some of the terms have negative connotations, while others are more neutral. Some apply to academic difficulties (e.g., "underachiever"), others to academically related difficulties ("attention deficit") and/or nonacademic problems ("troublemaker").

The task to be accomplished by the informants during this stage, then, is not only to identify which labels actually reflect their difficulties, but also to reject the negative labels and settling on more neutral terms to describe them.

Participant: I thought some the tests they were giving me were ... like some of the psychologist's stuff was bull. Interviewer: Like what? Participant: [laughter] "What do you see in this picture?" I've seen that test about 50 times. Just them trying to put ... They also did brain scanning and blood tests and stuff. I think they used to try to put it together with defects, when it wasn't. I don't they were really looking in the right spots.

We went to all kinds of people. People thought it was my eyes, to all kind of people who came along. I think a lot of times people are looking for ... and certainly I think my parents wanted to look for an easy fix, too.

I just always remember taking bloody tests. I remember I took a test and they asked, "Like what items are similar?" There was a lawnmower, a frying pan, like maybe some dirt. "Say what two have in common." I said, "Well the lawnmower. Both conducted electricity. Both made out of metal." I remember that. I remember going to a couple of different testing facilities. I went to this one place and they stuck all these things on me. I mean EKGs on me I don't know if it's one of the Frostig things. I think they were trying to find if there was some neurological damage.

“Accurate” labeling. It is important to point out that during the time that informants were undergoing this identification process, the formal definition (not to mention definitions in more general use such as “folk” or “street” definitions) of exactly what constitutes an LD was in constant flux, and continues to change to this day as federal and state legislation is enacted and local school districts attempt to develop policy concerning eligibility for services and benefits (Kauffman, Hallahan, & Lloyd, 1998; Kavale & Forness, 1998). To give the reader an idea of the range of variation in defining LD, Hammill (1990) rated agreement among the 11 most widely used definitions over the years on particular elements such as how underachievement is determined, whether there is reference to central nervous system involvement, whether the definition purports underlying psychological processes (e.g., visual organization, auditory discrimination, etc.), whether LD is described as continuing over the life span, whether language impairment is mentioned, whether academic difficulties are mentioned, whether disturbances in “thinking” are indicated, and whether multi-handicaps are addressed. On none of these elements do the 11 definitions agree!

The diversity of opinion that has occurred across time and across geographic regions at any *given* time regarding the definition of learning disabilities has made it possible for informants and parents to “negotiate” to some extent the label they ultimately accept (other aspects of this negotiation process will be discussed again during Stage Three). However, whether an informant is “accurately” labeled can only be evaluated in terms of the fully described individual contexts and definitions under which each participant was identified.⁸ Further, this diversity of opinion raises the possibility that at any particular point in time, an informant may or may not have qualified as having an LD under the reigning definition and/or school identification policy. In fact, several informants reported the actual experience of “having” an LD (qualifying) in one setting or at one point in time and “not having” an LD (not qualifying) in another.

They called up a few universities and they called UCLA and they had me ... had a private tutor come in. The tutor said that I might have some kind of eye problem at first. So they took me to an eye doctor and the eye doctor said my eyes were fine. Then they took me out of military school and took me to a school called W__. That lady believed that whole learning thing was you're lazy. So they found that that didn't work, so they pulled me out of there and stuck me in UCLA for testing. I sat there for 12 months. Was diagnosed with a reading

difficulty but that was about all the word was. Went and saw a lady across the street from UCLA. She was the first person to come along and tell my parents that your son has dyslexia. [After 4 years at Frostig] I also went to UCSD down in San Diego and I had a psychologist and a professor down there give me testing for about three weeks. They diagnosed the total opposite and said I didn't have any handicap problems and it was just laziness.

As I was going to show you, this is the testing here which is only three years old. I had this at rehab and it is very interesting because I go from a 12 all the way down to a 1 on this. Look at this. So there are things, this was done only three years ago. One guy told me I don't have a disability, it's just the way I'm wired up. But that isn't right. This confirms that I have the disability and the state has acknowledged this.

When discussing the degree of “acceptance” (or denial) of one's LD, the question arises of whose definition of a learning disability to accept. The authors have opted for a discussion of “acceptance” or “denial” to be centered on the “folk” categories (descriptive terms) actually used by the informants (i.e., academic difficulties—reading, math, handwriting, academic related difficulties—concentration, organization, and nonacademic problems—behavior, emotional/social problems). In their own terms, the informants consider themselves as having an LD if, and only if, they have academic difficulties.

[Interviewer: Do you think you have a learning disability?] Participant: You know I was diagnosed as dyslexic and it really got better as I got older but now work, you work with numbers all day long and style numbers and stuff like that at this job, and it's come back.

[Interviewer: Do you think you have a learning disability?] Yes, but I think I've pretty much gotten over it. It's still there and I compensate for it by reading and my vocabulary, I'm always trying to expand upon that.

I still think I do [have an LD]. It still takes me extra effort to sit down and read. Sometimes I have to read something two or three times.

I don't think it's [my LD] ever really changed. I will always think of myself as a child with a learning disability. That doesn't change. It's an acknowledgement and an awareness that I've had a reading

problem and that a part of my emotional makeup is part of that.

Otherwise, participants typically reported having been labeled inaccurately.

[Interviewer: Do you think you have a learning disability?] Participant: No. I think I had a lot of emotional problems. I can't really say whether I have a learning disability or not. I do know that I have some trouble, but actually the other kids didn't do as well as I did when I got in class. I went faster than anyone there [at Frostig].

No, I think emotional problems. I was just too emotional. I had really bad problems and they affected me a lot and I'd get all emotional and then couldn't learn.

No, I think it was mainly social problems. Doing what you're told to do. Disturbing the class. Not following instructions. Not being able to concentrate, that kind of stuff.

Whether the participants who do not believe they have an LD were labeled incorrectly at one or another point in their lives, or are in "denial" about having a disability, is just as difficult to determine as answering the question "What is a learning disability?" and contains all the pitfalls of such a determination illuminated above. It obviously depends on one's point of view. Again, from the point of view of our informants, using their own folk categories, they believe themselves to have an LD to the degree to which they suffer academic difficulties.

Stage Three: Understanding/Negotiating the Label

Following the labeling event came a period where the participants (and their parents) struggled with two issues: (a) to understand exactly what having an LD meant in terms of what the child could and could not do, and (b) to resolve confusion as to what kind of help would be needed, especially as it related to school environment and special education placement. Although never stated specifically by informants, it appeared that the goal of this period was to choose the least stigmatizing label (i.e., between "mentally retarded," "severely emotionally disturbed," "learning disabled," "hyperactive," etc.), while still getting the maximum amount of one-on-one or small-group tutoring from service providers.

I didn't understand. I thought I was retarded. I thought that someone with a learning disability, because it wasn't explained to me, was second to

somebody with Down's Syndrome. That I was doomed to riding the short bus all my life, so to speak. I did not understand and it was very, very difficult.

I have a problem with arithmetic. There's a difference between arithmetic and math. Arithmetic is pure numbers, division. The only reason I have a problem with arithmetic is because I reverse things, just like I do in spelling. But in mathematics I have no problems.

They need attention. That's basically it. The way to cure someone, I think, with a learning disability, is to give them an extreme amount of personal attention. The problem is that it costs a lot of money to do that. There basically isn't that much attention to go around.

I've never had problems with reading or writing. I have good writing skills. That's not why I was at Frostig. I've had problems with math all my life. That is what held me back through college. I still have problems. I still count on my fingers. Even considering I manage a large payroll.

I went there another year and I had a more progressive type of teacher who I got along with, but I was still a problem with me with regards to the mainstream elementary school environment that I was later put into the private domain to help assess individually instruct me one-on-one in regards to the things that were causing me problems in the learning environment.

Stage Four: Compartmentalization⁹

Once the extent and nature of the disability is clear in the informant's mind, the adaptive response is to place the disability in perspective relative to the informant's other attributes, that is, to *minimize its importance*. This is especially important with regard to other academic skills the subject may have. But it is also important that the informants do the reality testing necessary to reject labels that are not applicable to them, such as "emotionally disturbed" or "hyperactive," if they are not. In brief, the task of this stage is to *minimize weaknesses and maximize strengths*, both inside and outside the classroom, and "contain" the disability to classroom situations. Informants describe beginning to *explore special talents*, as well as cooperating in the remediation experiences offered.

Actually I don't like the term learning disability. I don't like the term dyslexia because it has come to be known as a catch-all. I prefer reading and writing,

problems in reading or writing, or as S___ calls it a deficit in reading and writing. That's what I have. When you say learning problem, that doesn't mean I have a problem learning. The problem isn't learning. The problem is reading and writing.

I'm articulate. I like school, I just don't like school work. I mean I love learning; I love reading and being in classes. I just hate writing and trying to organize myself and writing papers and stuff.

But also I was really involved in photography and art. So that was really [inaudible] after school. I was good at something. [Interviewer: You had some special skills.] Participant: And I had something that didn't make me feel so bad. I knew I could do that. We had a photography lab and everything.

No, I think I'm pretty good at seeing the big picture. When I read the newspaper I get a good idea what somebody is saying here and get a feel for what they're really trying to get at, especially when you listen to politicians and stuff like that. I'm pretty good at figuring out where they're going to go with those arguments later on.

Like on my job today, there's almost no way for people to know I'm dyslexic. It's not something I wear around on a shirt or anything. But if I have to, if I go back to school, it will become a much more stressful thing because then I'll start noticing it more. As I have to start turning in papers and stuff like that, that's when it would certainly increase. And if I have to write handwritten notes, that's when it becomes stressful. Otherwise, there's nothing really there for somebody to put a label on. It's not like I'm missing an arm or something like that where somebody can see something.

At the time I kept calling it like a hospital school, I equated it to a special school. And I think the real reason I didn't like ___ I was beating my, my head was getting beaten against a wall on this reading and writing thing. I was starting to rebel right then and there. I couldn't take it anymore. I needed to move on. I needed to learn. After a while reading and writing, you just don't go anywhere.

Stage Five: Transformation

Similar to the task Reiff et al. (1997) described as "reframing," some of our informants reached a final stage of acceptance of their LD in which they saw the disability as a positive force in their lives.

Why don't you use the positive thing of being a dyslexic? Here's somebody who is going to carve a different path. Here is somebody who is going to learn in a different way. Society needs that. Acknowledge that and use that. That's a plus.

On the other hand, it is a benefit in that I know I can take anything that anybody dishes out at this point.

Proud of? Maybe just the ability to keep going. I have learned to keep going no matter what people said. No matter if it was inspired by anger or revenge or whatever, still it's ability to keep plodding along. It gives you mental toughness.

Yes. I notice that I have more tolerance for people than, say for example, my husband. Although he has tons of tolerance for anything that I do, but I realize he'll have little tolerance for maybe someone that happens to be working at the place at the time or something he doesn't think is up to speed. But I tend to have more tolerance for people and situations and I'm understanding. I don't think everybody should just be able to do things and know how to do.

As I said, I have dyslexia. I have never not had dyslexia. So it has always and always will affect my life. I don't know what it's like not to have dyslexia. I don't know that I want to do life over again without it. It's part of me. It will hinder me as it has and it will push me into places where I would never have gone before, like it did in college. I felt like I got a real smattering of everything, there's a term for it, liberal education. I wouldn't have gotten that if I didn't have dyslexia. I took everything.

DISCUSSION

The findings discussed above are in general agreement with the results of qualitative research by other investigators on adults with LD. As mentioned, Reiff et al. (1997) reported stages of "reframing" the disability to have occurred with all their highly successful participants (p. 107). Some individuals moved through the four stages of reframing (recognition, acceptance, understanding, and action) "almost in unison, while others systematically moved from one to the next" (p. 106). However, although our study made similar observations as to the variability of individual development patterns, not all our participants passed through all the stages described in the present article (awareness, labeling, understanding/negotiation, compartmentalization, and transformation).

We had made judgments previously about the life success of each of our participants using a multidimensional

model of success (Raskind et al., 1999) and found that passage through the stages of acceptance correlated highly with success. Most of our successful participants had at least achieved a degree of compartmentalization of the disability and could talk about their strengths as well as weaknesses, but only a few of the most successful showed evidence of reaching the level of transformation where the LD is perceived as a positive influence in their lives. When comparing the present study to the Reiff et al. research, it should be remembered that there were certain differences in the populations studied. First, the Reiff et al. participants were a select group made up of only “highly successful” and “moderately successful” adults, whereas our population included both successful and unsuccessful participants. Among the less successful participants we interviewed, there were subjects at each level of development described above. Second, some of our participants did not believe themselves to have learning disabilities, but to have another kind of difficulty (academic related or nonacademic), whereas Reiff et al.’s individuals had volunteered for a study on persons with LD and thus believed themselves to have LD. Finally, Reiff and colleagues were able to conclude that some informants moved quickly and others slowly through their stages, whereas our participants had little to say about time spent in stages, whether one could “recycle” through a stage, or whether one stage could co-occur with another (however, see the Appendix for one opinion).

The present findings are also in agreement on several points with Hellendoorn and Ruijsenaars (1998), who investigated Dutch adults with LD. First, they confirm the first stage we enumerate, “awareness of a difference,” pointing out “Almost all participants, even those with an early diagnosis, knew that something was the matter with them long before they were diagnosed” (p. 68). Further, they confirm the salience of “acceptance of the disability” by informing readers it was one of the 30 most frequently mentioned topics in their open-ended interviews.

In many regards, our transcripts point out how the difficulties faced by persons with LD mirror those of persons with other types of disabilities, especially in terms of dealing with stigma directed at them by the larger society. For example, Higgins (1980) summarized the line of research on stigmatization in sociology as it applies to the deaf, mentioning four processes of stigmatization: discrediting, master status, spread, and scrutiny. He describes *discrediting* (following Goffman, 1963) as focusing on a particular characteristic that is scorned and ridiculed. With the deaf it is often signing, while persons with LD get discredited on the basis of oral reading, spelling, or other academic deficits. The discredited characteristic then becomes a

master status (Hughes, 1945). That is, individual characteristics are ignored in favor of those possessing the “failing” and all persons with the same failing are treated similarly, regardless of their achievements or other distinguishing characteristics. *Spread* occurs when additional negative characteristics and limitations are attributed to the outsider (disabled) group based on their original “failing” (Wright, 1960). Finally, *scrutiny* of the outsider individual becomes more intense as the outsider attempts to develop more intimate relationships with members of the larger social group, such as dating or marriage. Examples of all the above processes are numerous in the corpus of interview transcripts and may even be found in the few examples that have been included in this article for other purposes.

However, the plight of persons with LD differs from that of other disabilities in important ways. First, in the case of other disabilities such as deafness, motor impairment, or even mental retardation, once the disability is acknowledged, expectations for future achievements, especially in the area of disability, are adjusted to fit the kind and degree of disability. A particular individual with a disability is compared to others *with that disability* to make judgments as to successful vs. unsuccessful outcomes. For example, a blind individual might be considered a success if able to live independently, let alone to educate himself or herself to qualify for skilled, full-time employment. Further, it is expected that a blind person will require assistance from various institutions for necessities such as transportation, specialized technology, reading of mail and other printed material, and mobility throughout the person’s life.

A person with LD, however, would be considered unsuccessful under the same circumstance of achievement, and prolonged assistance in the area of disability usually is not considered or planned for, much less provided by service organizations. While the comparison group for most disabilities is composed of others with that disability, persons with LD are compared to their nondisabled age cohort. For instance, the comparison group used by the researchers themselves (reflective of the view expressed by our participants, parents, and fellow service professionals) to determine whether our LD participants were successful was clearly typical individuals of the participants’ age. The research suggests that not only researchers, but the participants, their parents and teachers, and perhaps even society as a whole, do not modify their expectations of persons with LD in terms of achievement in adulthood. Perhaps because the field is relatively new, alternative adult settings such as protected workshops, assisted living environments, half-way houses, and various types of job support, and

so forth, have not been developed and are not examined as alternatives for those individuals with LD who are not able to be as "successful" economically and in terms of independent living as their nondisabled peers. As a result, each family of an "unsuccessful" adult with LD is left to fend for itself in terms of financial and social services support, often facing a lifetime of caring for a dependent child. When placements *do* occur, such as in jails, mental hospitals, or protected workshops serving individuals with developmental disabilities, they often seem woefully inappropriate, if not outright damaging, to individuals with LD.

The failure to adjust expectations is fed by the notion, in many cases, that persons with LD will "out-grow" it, be "remediated" (thus "normal" again), "catch up," and join the rest of the class. Although there are exceptions, research roundly disputes such beliefs (for example, Gerber et al., 1990; Gottesman, 1994; Kavale & Forness, 1998; Patton & Polloway, 1992; Spekman, et al., 1992; Spekman, Goldberg, & Herman, 1993; Vogel & Adelman, 1993). Further, even our "successful" informants report experiencing many difficulties and failures in adulthood, especially in the area of employment.

Despite their expressed feelings of "differentness," the participants' accounts confirm that they do not consider themselves a separate culture, subculture, community, or (social) association. This differs from such groups as The Deaf Community who, many have argued, comprises a separate culture (Hall, 1989; Padden & Humphries, 1988; Padden & Markowicz, 1975; Padden & Ramsey, 1993; Rutherford, 1988; Stokoe, 1980, 1995; Turner, 1994). For the most part, our informants carry the beliefs, mores, and social organization of the majority culture in the United States, including such symbols from the private (or domestic) sphere as the one discussed in this article, "acceptance" (of death, hardship, adversity).

IMPLICATIONS

By taking a contextual, ethnographic approach, new insights have emerged from the above research that indicate the strong influence of the positioning of our participants within the larger society, including social class membership, the relevance to our informants of being included in the category of persons with "learning disabilities," and the placement of "learning disabilities" among all disabilities, and thus among all outsiders, in the shared belief system of the majority culture. Those of us who have worked in the LD field over the past 20 years while these youngsters became teens, and then adults, realize that the composition of LD classrooms, schools and pullout programs has changed, becoming more homogeneously composed of

children with academic difficulties. It has been differentiated from other difficulties as much by the emergence of new categories or subdivisions of other "disabilities" (for example, severely emotionally disturbed, autism, conduct disorder, oppositional disorder, attention deficit disorder, ADHD vs. ADD) as by what has occurred within the field of LD itself.

The finding that some of our informants concluded that their difficulties were not academic, that the etiology of their differences in the classroom was due to other causes (e.g., behavior, emotional illness), and that they do not possess the critical "symptoms" that we now use to define "learning disabilities," reflects the fact that the definition was in a period of flux when their age cohort proceeded through educational institutions where they were most likely to be referred. This process of identifying members of the class "learning disabilities" has differed across time as well as across state and national geopolitical boundaries. The fact that some of our participants could, and did, "choose" to *not* be a member of the LD subgroup as adults, preferring another designation (emotionally disturbed, behavior problems, etc.), or no designation at all, regardless of the loss of potential social services, speaks volumes to the power of the label in itself.

In any discussion of "acceptance" of an LD, these historical facts must be taken into account. It would seem that in our attempts to assist persons with LD to reach a state of "acceptance," we must include a careful empirical validation of the actual difficulties each individual manifests, keeping in mind that the person may *not* exhibit criterion symptomology at a particular time and place, but that the difficulties do, in fact, exist. In service of the goal of accurate identification, it seems that the field of LD is in a position to assist persons experiencing difficulties in school by continuing its efforts to agree upon a uniform definition of LD (such as the NJCLD, 1994, definition) that can be accepted by various service professionals as well as researchers, policy makers, general educators, and other players in the LD game. Further, it is clear from the lack of specific information participants and their parents have concerning their difficulties that they are receiving inadequate and/or conflicting explanations from professionals regarding LD. Consequently, a unified definition of LD must also filter into the understanding of service providers, and renewed efforts to inform professionals in all fields likely to come in contact with persons with LD are indicated.

Our participants have shared painful experiences of being teased, hounded, bullied, and ridiculed. In almost every case, the stigmatization and abuse received by this group far exceeds the severity of their difficulties. However, as McDermott and Varenne (1995) stated,

It is one kind of problem to have a behavioral range different from social expectations; it is another kind of problem to be in a culture in which that difference is used by others for degradation. The second problem is by far the worse. (p. 330)

Perhaps it is time to move beyond the special education community and appeal to general educators and regular classroom teachers to discourage such blatant injustice. It is the hope of the authors that administrators and teachers of "mainstream" students will develop a proactive curriculum of tolerance and impartiality toward individuals with disabilities, and failing that, at least begin to admonish systematically their worst tormentors.

The above discussion bears one obvious outgrowth of the research, that is, to further develop a plan for facilitating acceptance. The information contained in this article may easily be used to develop a "curriculum" to assist persons with LD.¹⁰ The arrangement of the stages suggests its content, but the development of the finer points of "acceptance of the learning disability" should include such notions as *rejecting inappropriate labels* that do not apply to the individual, and *recognizing and combating the negative valuations by others*. Persons with LD, in particular, appear to be vulnerable to developing confused and often negative self-images, which in many cases are based on misinformation they have received from peers, teachers, and professionals. Often persons with LD are assumed to be at fault when social acceptance is not forthcoming. The research and our participants suggest that strategies for modifying the behavior of the individuals around them and facilitating changes in the existing social milieu might be addressed as well. Suggested activities for educators, school counselors, and parents include establishing counseling groups focused on coming to terms with an LD, implementing peer support groups, developing mentoring programs and the like, as well as strengthening disability awareness curricula and transition services to include consideration of the notion of acceptance of a disability and of persons with disabilities, as well as the labeling process and its consequences.

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APPENDIX

Excerpts of Transcripts of Two Participants' Reactions to the Manuscript

Participant #1:

I think you've got all the right things in here. The quotes seem to fit in the right places where they're supposed to be. I agree with a lot of it. The only thing would be [there's] too much of the negative stuff. What about the positive? I think a person reading this ... I would want to inspire people more. They need to be told that later it gets easier. I have a pretty good life now ... I have my own business I run by myself so I'm self-supporting through my own contributions. I thought I would be in the jewelry business [with my father] all my life but look what I've been able to do. I've made my own business and I do this completely on my own ... Kids today need to see an example of CEOs [who have dyslexia], and people who run their own businesses and are leaders in the world. What you said about [dyslexics being leaders within their]

families, about taking care of your parents, that's what I do now. My mother has [inaudible]. But it's OK because I'm here to help her when she gets weak and has to sit down. And after my father died, I was the one who took over and took care of the financial [arrangements] ... The leadership thing, I think that young people really need to know this. Even though they have dyslexia, they can do anything, be anything [they]want to be. They need to hear that message ... It's tough, especially when you are a kid. But they should hear more about the positive of what happens later, people feeling good about themselves. Their natural instinct is to be the follower, but they don't have to be. Later, they can do it. It's all about self-esteem. Having belief in yourself that you can do it.

Participant #2:

Like I said from the beginning, I can see myself in many of the quotes ... the emotions expressed by the other people were very accurate. Cuttingly accurate, in some cases.

I think yes, those stages are accurate. But it seems to me that some of those stages happen again. Like you cycle through them. Like my new job. I have to adapt again because the responsibilities are different. Now as a manager I have to do these performance reviews and I have to put together implementation plans ... things that require me to go back a step, say to myself, "It's OK. You can do this. You just need to adapt and figure out how you write these kinds of things." Whether I write more at home because I don't like people peering over my shoulder and seeing ... all my spelling mistakes. The fact that I work with the world's greatest spellers doesn't help. For a bunch of computer geeks, they sure can spell [laughter]. So I wonder maybe as you go through life if you don't go through some of these stages again. Maybe not all of them because obviously I've come to the acceptance that this will always be a part of me. I will always have this difficulty, but some of it you kind of cycle through.

FOOTNOTES

¹Anthropologists typically study face-to-face communities in which participants interact with one another continually. Hence, the expectation that one will find "shared" cognitions and concepts is reasonable. In the present study, most participants had never met one another, much less interacted over any period of time. Therefore, the authors did not expect a high degree of "shared" ideation to emerge, given that the participants did not form a community. However, since all participants belonged to the same larger culture and all held a similar position in it, we did expect a commonality in the difficulties they encountered and possibly a commonality of strategies for resolving them.

²The term "informants" is standard in the anthropological literature and is used interchangeably with "participants" in the present article.

³The pool of 206 previous Frostig students may have differed from other private or public school LD populations along some of the measures. For example, socioeconomic status was significantly higher than the average indicated by census data for the period for Los Angeles County (Raskind et al., 1999).

⁴For a detailed description of the quantitative analysis and findings, see Raskind et al., 1999.

⁵Hellendoorn and Ruijsseenaars (1999) also found that "acceptance" of the learning disability was one of 23 frequently mentioned topics in their open-ended interviews with 30 Dutch adults with learning disabilities.

⁶For example, for many years insurance companies charged higher premiums for deaf drivers, even though there was no evidence that being deaf had a detrimental effect on driving skill. Eventually, the deaf boycotted auto insurance companies by forming their own insurance pools.

⁷Several other authors have addressed stigmatization in special education (see Barga, 1993; Forness, 1976; Hanson, 1997; Jones, 1971; Osmon, 1982; Smith, 1979; Vaughn 1998; Witcher 1987).

⁸In fact, Bos and Richardson (1994) cite Bogdan and Kugelmass (1984), who concluded, "there are no disabled students in the sense of absolute measurement. Mental retardation, emotional disturbance, learning disability and even blindness and other specific disability categories are ways of thinking about others, attitudes we take towards them, ways of structuring relationships" (p. 196).

⁹Use of this term traces back as far as Sigmund Freud and has been widely described as a psychological process in many contexts in the clinical psychological literature (Pedrini & Pedrini, 1972). In sociology, one use of the term is in multiple-role management (usually with a gender focus) to indicate insulation of a private role (e.g., father) from a public one (e.g., college instructor). (See, for example, Bird, 1982; Bryant, 1980; Gmelch, 1992.) References pertaining to stigmatization, self-esteem and disability in education and other settings include Crim, 1998; Reiff et al., 1997; Spencer, 1984.

¹⁰The authors are currently developing such a curriculum as part of a larger project involving further description of the six "Successful Attributes" discussed in Raskind et al., 1999.

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