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DISABLED WOMEN: SEXISM WITHOUT THE PEDESTAL (#4)

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ABSTRACT

The position of the disabled woman in current U.S. society deserves political, theoretical and empirical attention. In this paper we have delineated the economic, social and psychological constraints which place her at a distinct disadvantage, relative to disabled men and nondisabled women. We evaluate the ways in which having a disability is viewed as an impediment to traditional or nontraditional sex role development. The construct rolelessness is introduced, defined and examined. We conclude with recommendations for needed research and policy.

Disability strikes one in every eleven Americans. It will be argued in this paper that disability is a more severely handicapping condition for women than for men. While 47% of the 11 million disabled American adults are women, the effects of disability appear to be significantly greater for 9.9% of women than for the 10.9% of men who are classified as disabled (President's Commiteeee on Employment for the Handicapped, US DHEW, 1978). In this paper we examine the profile of the disabled woman, propose a theoretical explanation of rolelessness imposed upon disabled women, speculate about how to fortify the roles and resources available to these women and advance policy implications for this population.

Introduction

In researching the problem of disabled women, we were confronted by a literature fraught with holes. Examining the situation of disabled women involved contrasting them economically, socially and psychologically with disabled men and with nondisabled women. Little theoretical or empirical literature was available to assist our search.

In this paper we propose, and try to substantiate, that the disabled woman in today's society fares worse than nondisabled women and disabled men. Fewer socially sanctioned roles are viewed as appropriate for her, and relevant disabled role models are virtually invisible. No doubt, disabled men too have to fight the stigmatized view of disabled people held by the nondisabled. They are nonetheless relatively advantaged in that they can observe and may aspire to the advantaged place of males in today's society. Women with disabilities are perceived as inadequate to fulfill either the economically productive roles traditionally considered appropriate

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for males, or nurturant, reproductive roles reserved for females (Broverman, Vogel, Broverman, Clarkson & Rosenkrantz, 1972).

Examining the Context

The unavailability of social roles for disabled women derives from a constellation of confounding forces. The disabled woman, like the racial/ethnic minority woman, is placed at a distinct disadvantage, in this case relative to disabled men and nondisabled women (Harrison, 1977). The disadvantage, one might say, is "double" in that the disabled woman fares worse than both relevant comparison groups in economic, social and psychological terms. To understand the place of the disabled woman in U.S. society, we examine her economic, social and psychological realities.

Economic Realities

The economic realities which describe disabled women are grim--and relatively grimmer for racial/ethnic minorities within this population (Glover et al., 1979; Greenblum, 1977; Medvene & Akabas, 1979). With estimates of between 65% and 76% of disabled women unemployed, the economic status of this class can not be expected to improve in times of economic crisis (O'Toole & Weeks, 1978; Rehab Group, 1979). Disabled men more likely than women to be referred to vocational school or on-the-job training, and while 94% of disabled men who are rehabilitated receive training in wage-earning occupations, 68% of the disabled women receive the same (cf. O'Toole & Weeks, 1978).

Census department and survey data underscore the consistent themes: disabled women are more likely to be unemployed than disabled men, somewhat less likely to be college educated, earn substantially less (for vocationally rehabilitated men vs. women, the mean annual incomes are \$4188 vs. \$2744, respectively; Greenblum, 1977), and are less likely to find a job post-disability. These women who do find a job post-disability are more likely to absorb a cut in pay than disabled men, and are still more likely to live in families with incomes at or below the poverty level (Medvene & Akabas, 1979; President's Committee on Employment of the Handicapped, 1970 Census; Rehab Group, 1979; Schechter, 1977). Because of these factors, disabled women have disproportionately lower levels of disability coverage and insurance benefits (Greenblum, 1977), furthering their economic disadvantage.

Social Realities

Within, and not unrelated to the economic factors, disabled women are disadvantaged socially. While marriage may not be a preferred status for an increasing number of women, we include it as a customary measure of social options and position. Given this, disabled women are less likely than nondisabled women to be married, are likely to marry later and are more likely to be divorced (Franklin, 1977). Of those individuals who are married with partner absent, separated, divorced or widowed, more are disabled women than disabled men. Similarly, a greater percentage of female heads of household than male heads of household are disabled (Rehab Group, 1979). Evidence collected on problem drinkers documents this even more dramatically--90% of women alcoholics are left by their husbands; 10% of men alcoholics are left by their wives (New York City

Affiliate, National Council on Alcoholism, 1980). Anecdotes and statistics alike suggest that disabled women are more likely to be and/or to be left alone than are disabled men.

Other social factors, including sexual and reproductive relationships, differentially affect disabled women. While empirical data are largely unavailable, a growing grapevine and media coverage indicate that disabled women are often advised by professionals not to bear children, and are (within race and class groupings) more likely to be threatened by or victims of involuntary sterilization than nondisabled women (Committee for Abortion Rights and Against Sterilization Abuse, 1979). Reproductive freedom, child custody as well as domestic violence are particular concerns for these women who are traditionally overlooked when "optimal" social programs are formulated.

Because public opinion assumes disabled women to be inappropriate as mothers or sexual beings (International Rehabilitation Review, 1977), relevant information, counseling, technology and research findings are lacking. Safilios-Rothschild notes, for example, that because coronary research is almost exclusively conducted with men, women heart attack victims who are physicians about resumption of sexual activity are advised about male-derived standards, or left with no answers (International Rehabilitation Review, 1977). The social neglect of the sexual and reproductive roles of disabled women worsens the circumstances confronted by these women.

Psychological Realities

Disabled women, in self-perceptions and as perceived by others, are viewed more negatively than are disabled men. Disabled women report more negative self-images (Weinberg, 1976), are perceived in less favorable ways (cf. Miller, 1970) and are more likely to be a victim of hostility than are disabled men (Titley & Viney, 1969). Self-concept research finds that negative self-concept is less related to one's level of ability/disability than to one's gender (Weinberg, 1976). Self-perceptions of these women conform to the perceptions expressed by others (Mead, 1934), and may unfortunately be an accurate internalization of their opportunity structures.

Disabled women are not only more likely to internalize society's rejection, but they are also more likely than disabled men to identify as "disabled." The disabled male possesses a relatively positive self-image, and is likely to identify as "male" rather than as "disabled." The disabled woman appears more likely to introject society's rejection, and to identify as "disabled" (Dailey, 1979; Meissner, Thoreson & Butler, 1967; Weinberg, 1976). In research conducted by Mauer disabled females were more likely than disabled males to identify with a disabled storybook character; the disabled males were more likely to identify with the able-bodied character (1979). Disabled men may have a choice between a role of advantage (male) and a role of disadvantage (disability). Their decision is frequently a strategic identification with males.

The combination of forces of a hostile economy, a discriminatory society and negative self-image possessed by disabled women contributes to a systemic rolelessness imposed on disabled women.

Perspectives and Responses

Prior to the passage of the Rehabilitation Act of 1973, the public probably thought of the disabled population as limited to obvious examples such as the deaf, the blind, the orthopedically impaired, and the mentally retarded. The federal government has defined disability property to include persons who have or who are regarded as having a limitation or interference with daily life activities such as hearing, speaking, seeing, walking, moving, thinking, breathing, and learning (Federal Register, Vol. 37, May 28, 1974; Federal Registers, Vol. 41, No. 75, April 16, 1976). The disabled population entitled to rehabilitation services and to protection against discrimination in employment and education now includes persons with invisible impairments such as those with arthritis, diabetes, epilepsy, heart and respiratory problems, cancer, developmental disabilities such as mental retardation, psychiatric disorders, or facial disfigurement or obesity. The population is diverse in the kinds and amounts of problems with daily life activities. Some persons such as those who are disfigured or obese, may have no actual limitations, but are regarded as having them. Others, by employing a range of alternative techniques, carry on in all manners of daily life activities in spite of the inability to walk, speak, see or hear. The very methods of defining disability confuse problems intrinsic to the health condition with those imposed by attitudinal, institutional, environmental, and legal barriers of society.

For the purposes of this paper, we are considering the situation of that disabled girl or young woman who becomes disabled with a severe impairment of vision, hearing, mobility, or body structure (such as loss or deformity of an arm or leg) before defining herself vocationally or socially. We recognize that this represents only a portion of the total population, but we suggest that examining their situation best illustrates the difficulties of all disabled women.

Stereotypes and Roles

. . . the satisfied fervour of one who has at last pinned a label on a rare specimen: "She is, of course, one of your typical English spinsters. . . I suppose she has given up?" "Given up what?" I asked.

Doris Lessing, "Our Friend Judith," 1958.

A social role involves those behaviors in which an individual in a particular situation engages, based on the normative demands and/or the expectations of others (Merton, 1968; Goffman, 1973). A role set is that configuration of social relations in which an individual is involved because of his/her social position(s), e.g., daughter, wife, manager, therapist (Merton, 1967). From this constellation, people move in and out of roles. Roles are, for the most part, situationally determined.

Stereotypes, on the other hand, are those behaviors expected from an individual by virtue of a stable characteristic (e.g., disabled women) (Sennett, 1977). People are often perceived as a function of a single, salient characteristic and a composite of characteristics are stereotypically attributed to that individual. Stereotypes help perceivers order the world and prepare for predictable interactions (Goffman, 1973),

but they can be both narrow, and often inaccurate.

Roles shift with situations, stereotypes persist across situations. Stereotypes function to constrain the number and diversity of roles which women can appropriately fill. While this is changing for women in general (Locksley, Borgida, Brekke & Hepburn, 1980), disabled women still are viewed primarily through rigid constraining stereotypes (cf. Anderson, Lepper & Ross, 1980).

Caricatured profiles of women and of the disabled do reflect some economic, social and psychological realities. But they also perpetuate and justify often the most unfair aspects of these realities (Kanter, 1977). To illustrate the tautology of stereotypes, consider the presumption that "A disabled woman needs a man to take care of her; if she can find one" (Governor's Conference on Families: Session on Disabled Women, 1980). While a disabled woman may choose to enter a relationship with a man, the extent to which she needs to may result only from the fact that a woman's social and economic status still derives largely from her relationship with a man. Disabled women, at considerable economic and social disadvantage, may need a male provider to compensate for social and economic inequities. Disabled women generally receive inadequate training for personal and professional self-sufficiency and suffer the brunt of labor force discrimination. As a class, disabled women are consequently less able to earn living wages. Tautologically, these women may need a man largely because the stereotypes justify and self-fulfill an unfair reality (Merton, 1968).

While men and women, disabled and not, fall prey to many stereotypes, disabled men and disabled women have varying access to distinct social roles. Disabled men may perceive a choice between two relatively incongruous roles--being male and being disabled. Disabled women may perceive a choice between two more congruous roles--being female and being disabled. To be male in our society is to be strong, assertive, and independent; to be female is to be weak, passive, and dependent (Broverman et al., 1972; La France & Mayo, 1979), the latter conforming to the social stereotype of the disabled (Schroedel, 1978). From both categories the disabled woman inherits ascriptions of weakness and passivity (Baker & Reitz, 1978).

Through the 1970s and 1980s, however, men and women have begun to reject traditional rigid notions about sex-appropriate roles. If men were to be wage earners and women homemakers/mothers (Komarovsky, 1946; O'Leary, 1977), today each is exploring alternatives. While sex-role ambiguity continues to complicate (if liberate) the lives of the nondisabled (cf. Horner, 1972), the disabled woman is still not viewed as able to fulfill either role--that of wage-earner or that of homemaker.

Disability: A Predominant Characteristic

Being disabled is a characteristic sufficient to stereotype an individual. Disabled men and women are viewed, and often come to view themselves, as primarily disabled. Societal perceptions of disabled persons tend to be influenced entirely by the disability. Whether born disabled or having become disabled, the nondisabled world insists that disability is the predominant characteristic by which a person is labeled.

To illustrate this point, let us examine how national statistics on the prevalence of disability have been gathered. Organizations such as the National Center for Health Statistics, in order to estimate the numbers of disabled persons, ask people about their "limitations" in addition to their health conditions. In order to distinguish a "disorder," which would be a physiological/psychological deviation from the "norm," an "impairment" which involves limitation of individuals to perform specific tasks, and a "handicap" which involves limited social functioning of an individual, distinct questions need to be asked (cf. Peterson, Lowman & Kirchner, 1978). Often questions are phrased in such a way that health status is linked to limitations in kinds or amounts of work or activities to be performed, rather than simply asking if there are health problems. Many severely disabled persons who, because of quadriplegia, deafness or blindness, require attendants, interpreters, readers and/or other technological and social resources to function successfully, refuse to answer the questions with a "yes" to anything that would categorize them as "3" or "4," in spite of the obvious necessity for assistance to overcome what could otherwise be physical limitations. Furthermore, those respondents who do answer "yes" may be accurately reflecting discrimination they have encountered, fears they may have in seeking employment, or the realistic inaccessibility of transit systems, office buildings and housing. The problem in short remains--that when a "disorder" is recognized, a "handicap" is assumed.

The label of disability carries with it such a powerful imputation of inability to perform any adult social function that there is no other descriptor needed by the public (Gliedman & Roth, 1980; Lukoff, 1960). The exception to our assertion that disabled people are viewed myopically is the successful disabled person. He or she is not considered an exception but rather is remembered for performing some function well, and not for doing that while disabled. Gliedman and Roth contrast the legacies of Beethoven, Milton, FDR and Julius Caesar (all disabled, by the way, in midlife and post-success) with the ways in which black successes are conceptualized. The black success is viewed as both successful and black, reminding minority and majority persons that there are exceptions to the generally devalued status of the black person in the U.S.

One might take issue with Gliedman and Roth's notion that the blackness of Paul Robeson or James Baldwin enhances the public view of blacks. Nevertheless, the crucial point is that the disabled person, as conceived by the nondisabled world, carries no abilities for social functions. Those who do perform successfully are no longer viewed as disabled.

Writings by disabled women themselves bear out the dominance of disability in their own self-definitions. A black disabled woman writes, "Of the three minorities of which I am a member, the handicap has dominated my life" (O'Toole & Weeks, 1978). In the absence of data, we speculate that the reason for this statement stems from the dominance that this characteristic assumed in her family--a dominance assumed to be present in the family of every disabled child who grows up with nondisabled parents imbued with a profound fear of disability (Featherstone, 1980).

Rolelessness: The Outcome

Rolelessness, the absence of sanctioned social roles and/or institutional means to achieve these roles, characterizes the circumstances of disabled women in today's society (Merton, 1967). While it may sound like a blessing to have no socially prescribed roles to reject, in actuality to have no roles to aspire toward, internalize or reject is likely to be costly. The absence of sanctioned roles can cultivate a psychological sense of invisibility (O'Toole & Weeks, 1978); self-estrangement, and/or powerlessness (Blaurer, 1964).

With roles to adopt, or reject, and without role models to emulate or deviate from, disabled girls grow up feeling not just different but inferior. While we recognize that role models alone would not solve the problem, the absence of role models and sanctioned roles may introduce feelings of worthlessness which complicate disability. For example, a study of disabled adults indicates that a full 20% of the respondents volunteered the fact that they make social comparisons to no one. They have no basis on which to appraise their own abilities or achievements (Strauss, 1968). Disabled girls may find themselves unable to estimate their actual abilities or speculate on what are realistic aspirations. Nondisabled parents, siblings and teachers discourage these girls from using nondisabled role models because they, as much as the rest of society, believe the disability is the most salient and defining characteristic for that child.

At the intersection of two socially devalued roles, it is no surprise that disabled women subscribe to more traditional notions of femininity than do nondisabled women (Cook & Rossett, 1975). Why this is true is left to speculation. It may be difficult to reject a role which you have never had. The "costs" of sexist remarks, unpleasant harassment, and sexual objectification may be less apparent to disabled women who have been more the victims of social (e.g., male) neglect. One woman, disabled from birth and a feminist, commented at the Governor's Conference on the Families (1980), "Though I'd probably hate it, I don't know what it's like to be whistled at on the street." To be denied the opportunity to fulfill the social role prescribed for women may make the role more appealing (or less unappealing) to disabled women (Brehmn, 1966). To be perceived as attractive, nurturant and supportive by men, the women must overcome what is routinely neglect and/or hostility from nondisabled men (Titley & Viney, 1969). These men express more negative stereotypes of disability, have less contact with disabled individuals and are more likely to exhibit hostility to disabled individuals than are nondisabled women (Gottlieb & Corman, 1975; Higgs, 1975; Titley & Viney, 1979; Smith & McCulloch, 1978). Such dynamics frustrate heterosexual disabled women in attempts to fulfill the traditional "feminine" role.

Contrary to women's perceptions of what men want in an "ideal mate," men report that their "ideal mate" would be assertive and independent (Steinmann & Fox, 1974). This may explain the documented hostility of nondisabled men toward disabled women (Titley & Viner, 1969) whom they might view as hyperdependent. Clearly, this dynamic is an important area for future research.

Rolelessness may induce high dependence on external forces for self-definition. Rival theories about sex role development, formulated by Bandura and Kohlberg, offer perspectives on the ways in which little girls come to identify "female." Bandura (1969) suggests that children imitate like role models so that girl children pattern themselves after their mothers and other adult women. Kohlberg (1966) offers a more cognitive classification system in which children learn "I am a girl" and then adopt appropriate attitudes and behaviors. Because disabled girls are viewed first as disabled, their parents may not know what sex role notions to prescribe, and they may not know which to adopt. If this formulation of the situation is correct, disabled girls may internalize expectations established for girls through the media, television, teachers, school books, etc. (Gillespie & Fink, 1974) and fall prey to a set of influences that devalued female roles. In the absence of countervailing forces--such as supportive parents, teachers or significant others--disabled women may be more likely than nondisabled women to assimilate traditional notions of their "place" in society (Cook & Rossett, 1975). With whom disabled girls identify raises another significant area of research.

The absence of social roles for disabled women is a handicapping condition. It is a condition which is likely to limit career and personal options, hinder full development and obstruct free choices. The labor market, family attitudes and sexism in schools reinforce these limitations. We have argued that for men and women with disabilities, disability stereotypes and the "disability" role dominate their lives. Yet, we are presented with the interesting fact that for men, disabled and nondisabled, their self-concept is reported to be better than that of women, disabled and nondisabled (Weinberg, 1976). The male sex role is more valued than the female sex role in America (McKee & Sherifs, 1957). In this light, one may not be surprised by this finding. However, the fact that disabled men have better self-image than nondisabled women is puzzling (Weinberg, 1976). If we can believe this finding, we propose that disabled men, if they figure out how to adopt the male characteristics of assertiveness, independence and pro-activity, can get an "edge on the disability that is unavailable to disabled women. By refining their adeptness at the "male" role they can escape some of what the "disability" role imposes. Such an escape hatch is unavailable to disabled women. Perfecting their sex role only reinforces the stereotypic disability role.

Disabled men have mentioned another strategy by which the escape some of the traditional role-baggage associated with being disabled. In a study of successful disabled scientists, respondents were asked to indicate effective coping strategies. Noted frequently by the male respondents was "my wife" (Redden, personal communication, 1978). These men commented that their wives helped them manage, instrumentally and with support, in their personal and professional endeavors. Disabled women, as we well know, have no wives. Nondisabled women have, for years, expressed the need for a "wife" (Syfers, 1973). Because women's success in the past has been defined primarily as deriving from marital rather than occupational status, many women have come to view themselves successful if chosen by men. Disabled women, as we have noted, are less likely to have this "privilege." They are therefore less likely to be socially defined as having and filling the "women's role," and less likely to personally feel successful. The fact that disabled women are more likely to be without a spouse at all

limits, relatively, the extent of personal and professional support they can expect.

A Critical Review

In this paper we have taken the position that disabled women suffer economically, socially and psychologically more than their disabled male and nondisabled female counterparts. While we acknowledge that disability is costly in fact, and in discrimination, for men and women, we argue that the latter bear the brunt of double discrimination.

It is important, however, for the reader to be cautious of such assertions. It is far too easy to pity the disabled woman-as-victim, and to feed the helpless stereotype we have just critiqued. We would like to, therefore, qualify our perspective with a reminder that we do view disabled women as victims of economic, social and psychological forces but that we see disabled women as neither helpless nor hopeless victims unwilling to change their circumstances. Many disabled women are in fact emerging as traditional successes in professional and personal endeavors. Others are even making untraditional choices, breaking out of the confines of their gender-specific and their disability-specific constraints. But, there is, again, a catch when disabled women challenge long-adhered-to stereotypes.

More and more, across the last fifteen years, nondisabled women have challenged options available (and unavailable) to women, and created new ones. For single motherhood, professionalism or nontraditional career or lifestyle choices, many women can justify to themselves and to the world that they have made a choice (recognizing, of course, economic and social constraints). To justify a nontraditional choice is less possible for disabled women. The disabled woman who chooses to be a lesbian, opts to be a successful professional, or assumes an assertive, independent lifestyle may be viewed as having made these decisions of necessity rather than of choice. Again, the predominant characteristic looms large. In this perspective, the disabled woman is perceived as a disability-determined entity: lifestyles, sexual preference and personal decisions are viewed as consequences of the disability rather than choices.

While economic and social conditions do impede choices available to all women, and many disabled women are placed in circumstances which they would not choose, to perceive all decisions of disabled women as disability-determined is a dangerous presumption. If disabled women subscribe to the notion of limited potential choices, if they accept the consequences of discrimination and view their outcomes as independent of their actions, a sense of helplessness may evolve (Seligman, 1975). The woman who sees herself as a hopeless victim may be oblivious to the potential for collective options that could be developed, and to the injustice around her (Fine, M., 1979). While the unjust economic and social realities need to be confronted, the extent to which they have been, or will continue to be entirely limiting needs to be questioned.

In light of these social psychological observations, a rapidly changing legislative policy toward the disabled, the long-awaited incorporation of disabled women into the women's movement, and the more general

visibility of disabled women, a number of implications are indicated (cf. Title V, Rehabilitation Act of 1973: P.L. 94-142 Education of All Handicapped Children).

Implications

The theoretical focus of this paper has been on the rolelessness imposed upon disabled women. The data we have presented are derived from census materials and literature reviews. Integration of these materials allows us the opportunity to glance at what the "facts" say--slim as they are--and to identify the implications of these concerns. We are aware that many of the implications to be noted are appropriate to disabled men as well as disabled women, given the predominance of disability in our society. Some of the concerns are specific to women, however, and others have more difficult impact on women. These receive particular attention below.

Economic Implications

In recent years there have been legislative mandates to hire the disabled, to create accessible structures and to provide adequate benefits to disabled individuals. While legislative and judicial activity is critical, these accomplishments alone are insufficient to improve substantially the living standards of the disabled population. A complementary way to affect change, economically, is through grass roots political activity. In this arena the potential for change is enormous.

Disabled women are coming out: they are beginning to examine their issues publicly, forcing other groups to address their issues politically, and are organizing (Kitsousa, 1980). This journal volume stands as evidence of a long-closeted private trouble becoming a public issue. The most apparent aspect of this public emergence is within the women's movement and within the disability movement. Ironically it is within these movements that the distinct role (and rolelessness) of the disabled woman is most clear. Although there certainly are prominent exceptions, most disabled activist women would agree that males obtain most of the leadership positions within groups of disabled persons. Disabled women activists have voiced the view that at meetings with disabled males they are expected to carry out traditional female roles of taking minutes or serving food and are expected to let the men dominate and act as spokespersons (Women's Caucus of the White House Conference of Handicapped Individuals, personal communications). Others note the reluctance with which the women's movement has incorporated a disability perspective. Both movements have been conservative in recognizing or in advocating for the issues unique to disabled women.

For disabled women to organize as a political unit, they must achieve both differentiation and integration (Katz & Katz, 1978). As a political strategy, the women need to differentiate their issues, needs, demands and rights as distinct from those of disabled men and nondisabled women. As well, to mobilize resources effectively and to broaden their social roles, it is politically advantageous for disabled women to integrate with other political groups--women, ethnic minorities, labor, etc. To encourage economic changes, disabled women must come to view their circumstances as

politically and economically influenced. They must then educate others about the economic roots of the conditions faced by most disabled women, while they align with other political groups struggling with similar issues.

Social Implications

The social area of implications involves working with individuals who interact with and are influential in channeling the lives of disabled children and adults. Services for parents are of the utmost importance: information guides, counseling or self-help groups may be critical to the healthy development of disabled children and the healthy development of a society which integrates rather than isolates its disabled members (Featherstone, 1980). Child advocates can help parents interact forcefully and efficiently with relevant institutions (Brown, 1979).

Training for teachers is also critical. With the implementation of mainstreaming, many teachers work with children with special needs and are under-equipped to respond effectively. In the absence of appropriate information, the teachers may overprotect, neglect and/or transmit negative messages to the disabled child. Vocational rehabilitation counselors and employers also need to understand that disability and gender do not necessarily interfere with work performance.

As well, the child custody, reproductive freedom and domestic violence movements need to encompass the concerns of disabled women. For example, battered women shelters which are not accessible to the disabled, or are not advertised as accessible can do a disservice to those disabled women who suffer abuse from husbands or lovers they may think they can't leave. While we argue that disabled women need to reach out to many political movements, this linking needs to be reciprocal.

Psychological Implications

Many of the psychological issues which trouble disabled women can be abetted by parents, teachers and employers who are supportive and encouraging of these young women. Nonetheless, other problems are likely to persist. Most important, the socio-genesis of these problems needs to be understood by the disabled women (and men) and by mental health practitioners who work with disabled individuals. Living in an unsupportive social environment, often without a job, can be psychologically unhealthy. Poor self-image, a sense of rejection or awkwardness is a reasonable response to such social treatment, or rolelessness.

To provide support to disabled women, therapeutic and/or support groups could be organized so that the women do not--as women tend to do--internalize their problems and identify them as individual rather than social. These groups can provide information as well as support. Similarly, involving disabled women in heterogeneous women's groups is important. While it is tempting to organize disabled women's groups, and disabled mothers' groups, etc., it is dangerous to over-identify the disabled aspects of these women and ignore the rest of them.

Research

It has been presumed that while the disability role dominates identity, disabled men have access to many of the role models and resources available to men, while even the unique place preserved for women, in today's society --that of wife-mother-sexual being--is withheld from disabled women. Accordingly, these women suffer what we have considered rolelessness and we suggest that attitudes and behaviors of parents, teachers, employers, potential social partners and the disabled women themselves contribute to the situation. Below are eight categories of research appropriate for examining the extent and impact of rolelessness among disabled women.

1. Who are the role models identified by disabled girls (vs. disabled boys)? To whom do they self-compare; to whom do they aspire? To what extent do these girls (relative to disabled boys and nondisabled girls) perceive limited opportunities to fulfill personal and/or professional aspirations?
2. To what extent do parents contribute to differing aspirations, opportunities and role models for disabled boys and girls? How do the parents of boys vs. girls envision their children's futures? How do they prepare the children for these futures?
3. What balance of self-identification with women, with disabled others, and/or with disabled women is appropriate for a disabled girl/young woman to develop a self-image which incorporates, but does not deny nor is dominated by, the disability?
4. How do personal and professional aspirations of disabled girls evolve over the years? At what point (if any) do they begin to conform to stereotypic expectations? What paths are pursued? What are the barriers--internal and external--to realizing the original aspirations?
5. How do school teachers, rehabilitation counselors and educational materials deal with disability for girls and boys? To what extent do schools offer sex education that considers the disabled? How is mainstreaming perceived by the children, the teachers and the parents?
6. To what cause do disabled women (vs. men) attribute personal difficulties? Are disabled women more likely than disabled men to attribute personal or professional difficulties to self, rather than to other external factors? To what extent do mental health practitioners, counselors, employers, etc. collude in this self-blame rather than understand the social circumstances which create Catch 22s for disabled women?
7. Under what conditions is it possible for some disabled women to put disability back into their lives and affirm themselves as people who have rights, while disabled, to first-class citizenship? What permits some people to be successful without denying, hiding, or escaping from their disabilities?

8. To what extent does rolelessness characterize the situation of the woman who becomes disabled during adulthood? Is rolelessness mediated by marital status, work force level or participation or status as parent?

Research on the physical impact of disability on women (e.g., Safilios-Rothschild's comment about the female heart attack victim) and the social psychological impact needs to be conducted if disabled women are able to develop heterogeneous and socially valued self-images.

Conclusions

In this paper we argue that the position of the disabled woman is inextricably linked with the position of disabled people and the position of women, disabled and nondisabled. The devalued roles of women and disabled persons create the rolelessness experienced by disabled women in the United States. The disabled woman confronts the sexism experienced by most women, but is deprived even of the fragile pedestal on which non-disabled women are often placed.

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