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Membership at Risk: Representation of Disability in Popular Counselor Education Textbooks

Nancy A. Rosenau
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MEMBERSHIP AT RISK: REPRESENTATION OF DISABILITY IN POPULAR COUNSELOR EDUCATION TEXTBOOKS

Nancy A. Rosenau, Ph.D.

Western Michigan University, 2000

Representations of disability in American culture are saturated with negative images and meanings. Pervasive negativity threatens full societal membership and its related benefits of a sense of belonging, connectedness, and inclusion, and a source of identity, social networks and empowerment for people with disabilities. Disability pride is a resistant movement that seeks to denaturalize assumptions about the negative experience of disability.

The multicultural turn in counseling recognizes that competent practice requires awareness of diverse groups in society. Disability as the largest minority group in the U.S. requires counselor awareness. This study examined the representation of disability in a sample of popular counselor education textbooks. The study asked what can be known from textual representations of disability and what different ways of knowing about disability are possible. The methodology is grounded in social constructionism, feminism, and critical theory using subjectivity, power, social organization, and language as tools to analyze disability as a sociopolitical category. The analysis sought to expose the assumptions underlying representations of disability and to contribute to a deeper understanding of how disability and ability operate in the culture.
Comparisons revealed disparities between textbook representations of disability compared with espoused values, representations of other nondominant groups, and self-representations from literature written by people with disabilities. Many representations maintained rather than resisted the culturally embedded negativity that puts membership in the broader community at risk for people with disabilities. Missing are the views of people with disabilities who offer an alternative positive perspective. The analysis suggests that negativity is maintained by depictions of disability as unidimensional, totalizing, static, and inferior. An alternative perspective suggests disability is multidimensional, one of many characteristics, dynamic, and different. Recommendations for counselor development suggest that understanding disability-as-difference requires reconceptualization of disability/ability as a false dichotomy and recontextualization to primatize sociopolitical environmental factors. The textbook representations of disability deny readers awareness of the contribution of people with disabilities as resources of experience, knowledge, and creativity about the real body that is part of everybody’s embodied identity and autobiography.
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To my committee members, Dr. Mary Anderson, Dr. Karen Blaisure, and Dr. Jianping Shen, I offer my thanks for the balance of confidence and challenge.

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The thread of membership woven through this project has been unavoidably woven through my life, but with special awareness over the course of this pursuit. This adventure led me to rediscover my own family membership and re-appreciate the secure foundation it gives me and to discover new circles of personal membership that offer me the enduring sense of belonging, connectedness, and inclusion and source of identity, networks, and power that are the hallmarks of membership.

Nancy A. Rosenau
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CHAPTER I

INTRODUCTION

Background

With one fifth of the population of the United States having disabilities (U.S. Census Bureau, 1998), counselors encounter disability in their practices, whether they recognize it or not. Counselors encounter disability in their everyday lives, often without acknowledgment. Despite the prevalence of disability in American society, disabled people tend to be invisible (Asch & Fine, 1988). When they are acknowledged, their representation in American culture is saturated with images and meanings that are overwhelmingly negative (Asch & Fine, 1988; Thomson, 1997a). Unrecognized prejudgments of disability in the culture at large are problematic, particularly for counselors who engage or interact with individuals who experience both dramatic and subtle repercussions of disability on a daily basis.

Health, attractiveness, and vigor are morally valued in Western industrialized countries (Wendell, 1997). Disability can be understood only by its oppositional characteristic: ability (Carspecken & Apple, 1992). The opposition is hierarchical with one side superior to the other's inferiority, good to the other's bad, desirable to the other's undesirability. Disability is taken for granted as a misfortune, often described as a tragedy, usually calling forth condolences. It is rarely prized or valued. In such a cultural climate, the individual with a disability lives in a context
replete with negative implications (Linton, 1998).

One of the implications of a pervasively negative view of disability is that it abuts the very foundation of humankind in the phenomena of membership. Humankind defines itself by membership in a particular family, kinship group, communal group, or society as a source of identity (Hoare, 1991) and connectedness (Baumeister & Leary, 1995; Pistole & Watkins, 1995). In American culture today, membership is fundamentally threatened on a daily basis for people with disabilities who are removed from families, excluded from schools and communities, and marginalized from full participation in society. Sometimes membership is threatened by helping professionals' view of people with disabilities as a special kind of difference. Helping professionals contribute to the placement of people with disabilities on the margins or outside the bounds of membership with labels, interventions that separate and segregate, or determinations of unsuitability for participation (Biklen, 1988; Ferguson, 1994).

Multiculturalism has raised awareness of diversity and the experience of groups whose members are different from the dominant group (Arredondo et al., 1996). Difference has become a major theme in counseling captured under the rubric of multiculturalism. It is only recently that disability has been included as a form of diversity that warrants counselor awareness (Das, 1995; Henwood & Pope-Davis, 1991; Ivey, 1994; Pedersen, 1991; Reynolds & Pope, 1991; Speight, Myers, Cox, & Highlen, 1991). The inclusion of disability in multiculturalism sets an expectation for counselor education to address disability-related issues. Disability activism is
challenging stereotypic ableist notions in the wider culture and constricted, inadequate, and inaccurate conceptualizations in academic inquiry (Linton, 1998). Of interest here is how counselor education exposes counselors to ways of thinking about disability-as-difference in the culture.

The Problem

Counselor contact with disabilities comes in many forms. Counselors may come in contact with people with disabilities as clients. Counselors may come in contact with disability indirectly when working with family members of individuals who have disabilities. Counselors come into contact daily with members of society who hold attitudes and make meaning of disability. Counselors have contact with disability through their own beliefs and meanings associated with disability. The issues clients bring to counseling may or may not be explicitly about disability, but disability will be woven into their lives, as it is in all of our lives.

Despite the pervasiveness of disability in everyday life, counselors are poorly prepared in disability-related issues by their training programs (Hornby & Seligman, 1991; Prout & Strohmer, 1998). By default, counselor training represents the majority nondisabled viewpoint (Ibrahim, 1991). Lack of preparation in disability-as-difference is reminiscent of deficits in training about race, ethnicity, gender, and sexual orientation prior to the influence of multiculturalism in the mid-1960s (Sue & Sue, 1990). As other nondominant groups’ issues have become recognized in counselor education, disability must also be recognized as a cultural minority issue along.
with its corresponding problem of ableism, a bias toward physical and mental ability that privileges the nondisabled. A serious study of diversity would include disability. An adequate treatment of disability would infuse its discussion into the whole of professional work, not treat it as a specialty area of interest to only some practitioners (Vera & Speight, 1996).

The ethical standards of the American Counseling Association (ACA, 1995) and the American Psychological Association (APA, 1995) outline standards for professional practice. The standards require that counselors receive adequate training to work competently with clients. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) has developed training standards that require addressing social and cultural interaction patterns and societal subgroups in a multicultural society (Das, 1995). Adequate training assists counselors in self-reflexivity about biases and prejudices (Ponterotto, 1991; Ridley, Mendoza, & Kanitz, 1994). Counselor preparation needs to help counselors examine the biases they bring to their practice about disabilities in order to practice ethically.

Textbooks are an important tool in professional preparation, training, and development (Hogben & Waterman, 1997). The representation of nondominant groups in textbooks, whether explicit or implicit, influences counselor development. A search of the PsycINFO and ERIC data bases revealed no textbook analysis of the treatment of disability in counselor education textbooks to help illuminate representation of this nondominant group. In the related field of psychology, an attempted content analysis of textbooks for disability-related issues was abandoned because
coverage was so sparse that no meaningful analysis could be conducted (Hogben & Waterman, 1997). A similar finding of sparse coverage may exist for counselor education textbooks.

Content analyses have been used to assess the representativeness of minority groups in textbooks for other disciplines (Brown & Brown, 1982; Campbell & Schram, 1995; Coleman, Ganong, & Goodwin, 1994; Hogben & Waterman, 1997; Jensen & Burgess, 1997; Peterson & Kroner, 1992; Whitbourne & Hulicka, 1990). Content analysis is primarily a quantitative methodology (Krippendorff, 1980) which could shed light on the representativeness of groups compared to their presence in the population. The content analysis methodology has been critiqued for obscuring latent meanings and underlying assumptions that are inaccessible to a quantitative technique (Kracauer, 1953; Manning & Cullum-Swan, 1998; Miles & Huberman, 1994). It is the underlying assumptions that may be operating on the reader which need exposure in order to understand the social and cultural interaction patterns of this subgroup required by CACREP training standards.

My own experience of the representation of disability issues in reading a counselor textbook was the provocation for the present study. In a textbook on systemic family therapy, I was struck by the assumptions underlying the recommendations for working with families with members with disabilities. A glimpse at the passages of the textbook that sparked my interest will illustrate the problem that is the focus of this study.

Turning to a section from the table of contents labeled “Therapy with a
Handicapped Family Member" (Brock & Barnard, 1992, p. viii), the reader finds two paragraphs of recommendations for a therapist who might encounter a family with member who has “a particular disease or anomaly” (p. 178). Examples are identified as “Alzheimer disease, cerebral palsy, mental retardation, diabetes, learning disabilities, cancer, heart disease, and brain disorders” (p. 179). The advice is framed as follows:

Although therapy may help the family to organize and realign itself in ways that lessen the impact of these problems on their functioning, the wise therapist will also be alert to the many community resources that are developing to assist with these types of matters. (p. 179)

Community resources are subsequently identified as “respite care” and “support groups” which are “populated by others in similar circumstances” (p. 179). The text goes on to suggest the potential benefit of the advice:

This type of referral and subsequent involvement can often prove therapeutic by involving family members in the community outside of their obsession with themselves and their family. Certainly, most who have lived in a family with a member with a chronic disorder can understand how this sort of problem can exacerbate other problems of living. . . . Learning the name of a contact person in each of these groups to facilitate the referral process can prove to be the most therapeutic activity a family therapist can perform. (p. 179)

At first blush, the recommendations may seem to be helpful advice, attentive to the special needs of a family with a member with a “handicap.” But the “veneer of polite language . . . masks the underlying problems” (Ridley et al., 1994, p. 234). What assumptions underpin these passages? First, the text assumes the presence of a member with disabilities presents a problem in need of solution. Second, the text takes the paternalistic stance of a benevolent protector implicitly communicating weakness, pathology, pity, or disempowerment (Ridley et al., 1994). Third, families
are assumed to have an “obsession with themselves” as a result of having a member with a disability. Fourth, the person with the disabling characteristic is understood as a problem, nowhere referred to as person. All references are directed to the problematized characteristic with the words “these types of matters” and “these problems.” Fifth, the resources of help are assumed to be such that only similarly situated others or specialist resources could be of assistance and exploration of extended family members, existing social networks, or neighborly assistance is ignored. It is disability that “certainly . . . can exacerbate other problems of living,” not other problems that exacerbate living with disability. Finally, the “most therapeutic” activity a therapist can perform is to learn the name of someone outside the counselor’s expertise. By inference, the skills within the counselor’s therapeutic repertoire are acceptably inadequate. This places the referral not as an adjunct to therapy but superior to it. All of the suggestions are couched in terms of specialness, segregation along with similar others, and an assumption that disability is central to the reason for presentation to therapy.

To counter an alternative hypothesis that my own biases have overly sensitized my reading of these two paragraphs, I offer a contrasting section of the textbook. I was struck by a comparison of this section with one headed “Interacting with Young Children” (pp. 106-107). Regarding children the text warns:

A prominent danger in working with their families is to ignore the young children, only addressing the adults and older children who are capable of speaking the same logical language that the therapist does. In doing so, therapists deny themselves the rich advantage of joining the family through young children. . . . Attending to children also conveys to the family that children are valued in the therapy context, and they are perceived as being as much a part
of the family as any other member. (p. 106)

Both the recommendations and the language used in discussing young children are qualitatively different. The inclusive "rich advantage of joining" and the emphasis on the value of a sense of membership for young children stands in stark contrast to the language of referral and segregation used in the section for family members with disabilities.

If this textbook had been submitted to a content analysis, the presence of a specific section about disabilities in the table of contents might have directed an impression of inclusive coverage. However, such an analysis would leave implicit messages in the text unchallenged. An uncritical reading of this particular text may carry unrecognized messages as the reader is directed toward exclusion and non-membership for an individual with a disability. How the text directs the reader has critical implications for counselors and for people with disabilities. Possible hidden-from-view assumptions and implicit messages embedded in counselor education textbooks may benefit from an analysis that problematizes how the text can be read. Critical attention to language, inferences, and contrasts may illuminate alternative readings of textbooks, which in turn may expose understandings of disability that would be helpful for counselor awareness and development. How textbook representations direct particular understandings of disability is the problem of interest in this study.
Purpose of the Study

What it means to have a disability and how an understanding of disability affects basic human memberships background this study. Foregrounded is the representation of disability in textbooks used to influence counselor development. Textbooks reflect the zeitgeist of a discipline, but also help to shape it (Whitbourne & Hulicka, 1990). The purpose of this study is to reveal assumptions about ability and disability in counselor education textbooks. The study explores how the organization of a text, from general overall arrangement to details of language use, invites a particular reading and implicitly directs a particular understanding of disability (Atkinson, 1990). The study questions what is taken-for-granted by assumption and how that might shape the reader's ideas. Alternative ways of reading the text are suggested that disrupt a singular, able-only viewpoint (Atkinson, 1990).

The purpose has both theoretical and political objectives. At the theoretical level the objective is to increase understanding of the Otherness and the process of Othering that marginalizes people with disabilities. At the political level, the objective is to advance the interests of people with disabilities by challenging power and social organization that privileges nondisabled over disabled people. Disability has culturally been seen as an individual problem of people with impairments (Rioux & Bach, 1994). Considered a biological, genetic or acquired defect, disability has been considered an inferior condition. The perspective of this study is that defect conceptualizations and problematization are social creations, not immutable facts. Understanding disability as social/political/cultural construction (Linton, 1998) can inform
and potentially transform readings of counselor textbooks.

This study explores how text constructs representations of disability that reproduce or contest embedded cultural stereotypes. The analysis examines how the text works to direct the reader to recognize (or ignore) disability as a natural part of the human experience. It raises questions about how the directed reading works on the reader to promote (or deny) inclusive values, to prepare for (or prevent) competent and sensitive practice, and to conceptualize (or ignore) the helping relationship with people with disabilities (cf. Ferguson, 1996). The analytic strategy tries to uncover unspecified assumptions that hinder understanding (Richardson, 1998) of the experience of people with disabilities. Calls have been made by multiculturalism proponents, feminists, and critical theorists for research paradigms that illuminate meaning and experience; that emphasize description, discovery, and context of nondominant experience; and that promote fuller integration (Asch & Fine, 1988; Haring, 1996; Speight et al., 1991). The proposed inquiry is intended to answer that call for the nondominant experience of disability.

Exploratory Questions Guiding the Study

The overall research questions to be explored by this study are:

1. What can be known about disability and people with disabilities from reading these textbooks?

2. What different ways of knowing are possible?

The sub-questions are:
1. How are people with disabilities represented in counselor education textbooks?

2. What possible interpretations could representations hold for counselors?

3. What possible interpretations could representations hold for people with disabilities?

4. How do particular readings of counselor education textbooks reproduce or contradict negative cultural representations of disability?

5. How might people with disabilities be alternatively represented?

Importance of the Study

Counseling is a discipline that prides itself on respect for all people and attention to diversity (Vera & Speight, 1996). With 43 million people in the U.S. identified as having a physical, mental, or biological impairment (Zola, 1993), disability is a common form of diversity. The federal Developmental Disabilities Assistance and Bill of Rights Act identifies disability as “a natural part of the human experience” and confirms the rights of people with developmental disabilities to “experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society” (cited in Polloway, Smith, Patton, & Smith, 1996, p. 8). Discrepancies between counseling practices and espoused values of the worth and dignity of all people have been challenged by culturally non-dominant groups since the mid-1960s (Sue & Sue, 1990). The fit between counselor practices and espoused values for people with disabilities is an emerging challenge.
(Das, 1995; Henwood & Pope-Davis, 1991; Pedersen, 1991; Reynolds & Pope, 1991; Speight et al., 1991). Lack of awareness of the experience of people with disabilities is a form of counselor ethnocentrism and cultural encapsulation and as such presents an ethical issue in counselor competence (Ridley et al., 1994).

Education is a major arena in which dominant cultural views are both reproduced and contested (Carspecken & Apple, 1992). Critical researchers working in education have been concerned with textbooks as cultural products (Carspecken & Apple, 1992). Textbooks sit in a “circuit of culture” at once affected by the culture and affecting the production of culture (Carspecken & Apple, 1992, p.539). As cultural products, textbooks carry both explicit and implicit meanings not necessarily intended but nevertheless present. Disability activists charge that the absence of people with disabilities in textbooks renders them invisible and irrelevant (Linton, 1998).

Textbooks are an important means of shaping professional development. A 1994 survey of 5000 randomly selected college professors found 81% of professors felt that textbooks were critical to students’ success (Hogben & Waterman, 1997). Feminist, racist, and ageist challenges have been raised about textbooks as conveyors of cultural stereotypes (see Brown & Brown, 1982; Campbell & Schram, 1995; Coleman et al., 1994; Hogben & Waterman, 1997; Jensen & Burgess, 1997; Peterson & Kroner, 1992; Whitbourne & Hulicka, 1990). Similar challenges have been raised about stereotypes of people with disabilities in textbooks (Linton, 1998).

Ability and disability can be viewed as organizing principles of shared humanity (Linton, 1998). Looking at disability through the lens of membership gives
focus to the operation of disability as a meaning system in the culture. Disability is ultimately about idealization of normalcy (Douard, 1995; Linton, 1998; Wendell, 1996). The able experience is put forward as universally normal. Disability activists challenge that the nondisabled position is not a neutral position from which people with disabilities deviate any more than white is a neutral position from which non-whites deviate (Linton, 1998). Ability is a category of power and privilege. “Normality is a construct imposed on a reality where there is only difference” (Oliver, 1996, p. 88). Exposure of the processes by which cultural interpretations of disability are embedded in text and inference may contribute to counselor development by (a) raising consciousness, (b) facilitating counselor self-reflexivity, and (c) suggesting ways in which counselors may practice with more sensitivity toward disability in particular and difference in general. Beyond the role of counselor, the study may contribute to personal development through raising consciousness, encouraging self-reflexivity, and challenging everyday behavior.

The importance of this study is in (a) demonstrating how to read critically for representations of people with disabilities to expose hidden assumptions or absence, (b) suggesting alternative readings that may enhance valuing people with disabilities, (c) increasing understanding of the perspectives of people with disabilities, (d) increasing understanding of ability as a privilege, and (e) increasing understanding of difference as a universal part of being human (Berube, 1997; Linton, 1998; Oliver, 1996; Thomson, 1997a).
In order to contextualize the study I first situate myself as its author (Fine, 1998; Olesen, 1998) as a nondisabled, educated, economically secure, White female and a political ally of people with disabilities shaped by twenty-five years of work in organized human services. My experience and multiple privileged identities unavoidably influence what I have written and themes I choose to address.

To place textbook representations of people with disabilities in context, I look at understandings of disability in the larger culture to highlight the range of ways disability has been interpreted in the culture from predominantly negative to alternatively positive. I examine disability as a form of diversity. A diversity view directs a multiculturalist understanding of difference and a critique of dominant cultural viewpoints. I examine how culturally held interpretations of disability impact membership and its related benefits through inclusion and exclusion.

I believe the cultural understanding of disability is a fabric woven with the thread of membership. I use the conceptual framework of membership to draw out how nondisabled perspectives and assumptions put basic human memberships at risk for people with disabilities. Membership benefits with specific salience for people with disabilities include a sense of belonging, emotional connectedness, and inclusion; and a source of identity, support, and empowerment. The corresponding adverse effects of membership denial include a sense of alienation, rejection, and exclusion; and a source of restricted opportunities, marginalization, and powerlessness. Membership will be used as a lens to look at how representations of disability
Social constructionism, feminist theory, and critical theory are used to explore possible alternative understandings of disability and corresponding ways to "read" disability in the subtext of text. In the paradigm used for this study, disability is a social, political, cultural phenomenon rather than a medical, biological category (Linton, 1998; Wendell, 1996). I use this perspective to explore how ableism, like racism, sexism, homophobia, and ageism, is lodged in the everyday habits and cultural meanings of which people, including counselors, are for the most part unaware (Linton, 1998; Thomson, 1997a). I hope to bring to awareness how this everyday assumptiveness insinuates itself into readings of textbooks.

Researchers have been criticized for studying Others like "intellectual tourists" (Roman, 1992, p. 585). I hope to avoid a similar characterization. The research focus here is not on people with disabilities, but on the rest of us who co-construct the meaning of disability which is exposed in our selective attention, prejudicial attitudes, exercise of power and privilege, and exclusionary practices. It is not disability per se that I want to study; it is our assumptive responses to disability that are of interest.
CHAPTER II

LITERATURE THAT INFORMS THE INQUIRY

Overview

In order to place textbook representations of people with disabilities in context, I first look at understandings of disability embedded in the larger culture. The literature review explores the ways disability has been interpreted using cultural images that range from predominantly negative to alternatively positive. I use social constructionist, feminist, and critical theories to explore the discrepancies between these images. I examine disability as a form of diversity using a multiculturalist understanding of difference to critique dominant ableist cultural viewpoints. Finally, I examine how cultural representations reflect interpretations of disability using the conceptual framework of membership. I explore the way disability affects and is affected by membership and its benefits or denials.

This literature review is intentionally selective rather than exhaustive (Wolcott, 1994) and crosses disciplinary boundaries (Walker, 1996). What I want to capture is the pervasive way disability issues seep through our culture and the many angles from which membership threats for people with disabilities can be viewed. As background I introduce three ways to frame disability and understandings of disability. These three framings are used to contrast the nondisabled as a dominant cultural
group and people with disabilities as a nondominant group. I develop a postmodern perspective of disability, including social construction, feminist and critical theories, to challenge prevalent views and explain resistant alternative views. This perspective introduces disability as a form of diversity that fits within the prevailing discourse of multiculturalism in current counselor education literature. The postmodern and multicultural perspectives set the stage for discussion of disability using membership as a framework. Six different components of membership are presented to highlight the potential impact of cultural understandings. This selected literature review scaffolds the research questions and provides a rationale for the methodology to follow.

Framing Disability

To open an exploration of disability it is first helpful to make distinctions in terminology used about disabilities (Bichenbach, 1994; Linton, 1998; Oliver, 1996). Disabilities are distinguished from handicaps (Publication Manual of APA, 1994). The term handicap is used to refer to the environmental barrier that prevents or limits participation of people with disabilities. Handicap refers to a collection of disadvantageous social consequences imposed by the way society chooses to organize the environment (Bickenbach, 1994; Oliver, 1996). The term impairment refers to specific physical, sensory, cognitive biomedical characteristics (Bickenbach, 1994). The use of the term disability is used to refer to societal responses to impairments. It reflects social attitudes held about people who have impairments. Disability is a condition of incapacity identified by social expectations of what people ought to be
A disability is not automatically a handicap. Rather, a disability becomes a handicap when the social reception of the incapacity is unfairly or prejudicially disadvantageous to the individual. (Bickenbach, 1994, p. 114)

An individual can be handicapped by a mistaken belief that one is disabled without an actual impairment (Bickenbach, 1994). Failure to accommodate disability is a form of handicapping (Bickenbach, 1994). These distinctions in terminology highlight an understanding that disability is simultaneously a biological and an ideological category (Berube, 1996; Stockholder, 1994). Disability and handicap are socially constructed in contrast with the physical reality of impairment. Disability is therefore a social, political, cultural phenomenon (Linton, 1998).

In addition to terminology, a framework for considering disability is helpful to an appreciation of different ways of understanding it. Three theoretical frameworks have dominated an understanding of people with disabilities: (1) a functional limitations framework, (2) a minority group framework, and (3) a social constructionist framework (Jones, 1996). Different responses derive from each of the frameworks.

The functional limitations model focuses on the individual and casts disability as located in the body (Thomson, 1997a). It directs attention to the deficits of impairment and draws rehabilitation and adaptation responses (Higgins, 1992). This model holds a clinical perspective and has dominated how society defines people with disabilities (Biklen, 1988). In defining people in this way, the functional limitations model isolates and marginalizes the individual with a disability.
The minority group model focuses on these marginalizing tendencies. It casts disability in political language (Thomson, 1997a) and critiques the privileges of able dominant groups and their expression in discrimination and oppression (Oliver, 1996; Roman, 1992; Trent, 1994; Zola, 1994). The minority group model, paradoxically, perpetuates an emphasis on difference by focusing on the marginalizing characteristic as central to the individual.

The social construction model expands the analysis of disability to include both disabled and nondisabled persons. It shifts the focus of the meaning of disability to social interaction and attitudinal environments. Its premise is that disability is not a biological characteristic of an individual, but rather is an interactive, socially created, definitional process (Higgins, 1992). This perspective emphasizes that understandings of the world are created in historically situated social contexts and shaped collectively through language (Schwandt, 1998). It suggests disability is produced through the social responses to human variation that make disability meaningful (Higgins, 1992).

Each of these perspectives has contributed to and continues to contribute to the way we understand disability. The way we understand disability is in evidence in the cultural images we use to represent it. Importantly, cultural representations not only describe, but define how we are likely to experience the represented (Eisner, 1991). The prevalent ways we understand disability are demonstrated in the cultural images that follow.
Cultural Images of Disability

The social context for people with disabilities has been called a “cultural stew of images and stereotypes about disability that inevitably simmers on the back burner of everyone’s consciousness” (Ferguson, Ferguson, & Taylor, 1992, p. 8). Culture makes contributions to disability in two major ways: (1) through cultural stereotyping or (2) through ignoring the experience of disability (Wendell, 1996). Negative images and stereotypes in the cultural stew are pervasive. However, competing positive images of disability pride give evidence of a struggle to resist the predominantly negative depiction.

Predominant Negative Images

Although disability is routinely excluded from depictions of ordinary daily life, when it is included it is equated with personal adversity, misery, suffering, and weakness (Corbett, 1996). Disability is viewed as an unwanted occurrence described as “tragic news” (Cooley, 1992). This view is so prevalent in industrialized Western culture as to be almost unquestioned. Rather than one of many variations of human characteristics, the representation of disability in American culture is saturated with negative images. Disability is not just an unfortunate occurrence; disabled people are “unfortunates” (Linton, 1998, p. 67).

Everyday language highlights the negativity. For example, calling another a “retard” is still a potent put-down in teenage vocabulary. In a special issue of the New York Times Magazine devoted to “Being 13” a teenager girl pines: “Everyone
in our grade is so immature, not really the girls, but all the guys are... they act retarded" (Hay, 1998, p. 32).

Disability is commonly held to be unattractive (Hahn, 1993a). The antonym of the root word attract is repel. Discrimination and social distance are common reactions to unattractive people (Beuf, 1990). Several studies have shown that people perceived as physically unattractive have a higher incidence of psychopathology than people perceived as attractive (Baumeister & Leary, 1995). Beauty operates as a standard that privileges and interprets abnormality and inferiority (Thomson, 1997b). Studying standards of beauty in U.S. culture, Beuf (1990) reported parents of infants born with impaired appearance were less responsive as evidenced by less touch, smiling, and vocalization. In a longitudinal study of 100 families' intentions about placement of their developmentally disabled children, only the “normality” of appearance of the child was a consistent, strong predictor of inclination toward out-of-home placement, rather than other characteristics of the child, parents, or home life (Hanneman & Blacher, 1998).

It is not just in the minds of the general public that negative images abound. Professional interactions are equally telling of cultural prejudices toward disability. In a study of prenatal diagnosis of Down syndrome, all of the mothers reported healthcare professionals as unsupportive of their choice to continue their pregnancies. In most cases the professional assumed that the mother would terminate the pregnancy, and when informed otherwise, expressed disbelief or resistance (Helm, Miranda, & Chedd, 1998). In a study of attachment patterns of toddlers, research
assistants were observed to pick up and hold children with Down syndrome less frequently than nondisabled children in the study (Vaughn et al., 1994). Silverman (1993) found a difference in parent-doctor conversations about cardiac surgery for children with Down syndrome from conversations about the same surgery for nondisabled children. Beuf (1990) reported differences in criminal proceedings with reduced sentence length for more attractive offenders. Psychologists' expectations of improvement have been found to be higher for attractive than unattractive clients (Beuf, 1990). Helping professionals prefer and work best with clients who are young, attractive, verbal, intelligent, and successful (Schofield as cited in Sue & Sue, 1990) and not as well with clients who are homely, old, unattractive, nonverbal, and culturally different (Krumboltz, Becker-Have, & Burnett as cited in Das, 1995).

Dudley (1997) identified helpers as perpetrators in a majority of stigma-promoting incidents. Interviewed families of children with disabilities expressed strong perceptions of an "us versus them" mentality operating between themselves and professionals (Covert, 1992). Helping professionals, especially when presenting information about a diagnosis of disability, often foster feelings of alienation and abnormality rather than a view of disability as a normative and natural occurrence (Cooley, 1992). For example, a counseling strategy that has currency in working with parents' reactions to the birth or diagnosis of disability of a child is the grief model. Presented as tragedy requiring preparation for a life of "chronic sorrow" (Cooley, 1992), grief work responds to the loss of the expected child. The expected child is gone, replaced by some other not-as-good version. The grief model promotes
adjustment through the behavior of mourning (Cooley, 1992). Attachment to the replacement version is compromised while the original version is being mourned (Harris & Wideman, 1988). The persistence of the loss model is due in part to cultural norms that maintain ablebodiedness as necessary for happiness and acceptance. The grief model ignores the fact that many families with members with disabilities do not report feelings of loss, grief, and sorrow (Malone, Manders, & Stewart, 1997) and many individuals with disabilities do not feel victims (Oliver, 1996).

Even intentions to demonstrate acceptance can inadvertently deny or negate true acceptance of disability. Intended as the “supreme compliment,” the expression “I never think of you as handicapped” removes essential facts about a person (Zola, 1993, p. 167). Other misplaced attempts at acceptance convey disability in stereotypic hero narratives of “triumph over adversity” or “overcoming disability” (Linton, 1998). These narratives set a standard that increases the “Otherness” for the majority of people with disabilities who cannot meet it (Wendell, 1996).

Alternative Positive Images

Despite the saturation of negative cultural images, disability is not exclusively represented negatively. Positive images of disability are finding their way into popular culture in movies, advertisements, and newspaper stories (Hahn, 1997a). Movies like Rainman or Forest Gump portrayed leading men with disabilities as capable and having desirable personality qualities. In the television show Life Goes On one of
the characters is a man with Down syndrome whose life is portrayed as just as complicated and contradictory as any other young adult (Berube, 1997). Advertising circulars for Target stores routinely include models in wheelchairs. Television ads for Walmart feature greeters who sign. A newspaper article (“Father Sees Blessing,” 1998, p. D4) about a boy with Down syndrome quoted his father as saying:

I really believe this world would be a better place if every parent had a child with Down syndrome. Mark has been a blessing to us. He has all this love to give, and he gives and gives and gives.

Alternative positive images have been more visible in popular culture than in academic literature (Turnbull, Blue-Banning, Behr, & Kerns, 1986) although they have emerged in the past decade in qualitative research that captures the voices of people with disabilities (Felske, 1994) published in less mainstream journals. In one of the research studies reporting positive images, Turnbull et al. (1986) analyzed 174 letters to the U.S. Department of Health and Human Services commenting on the 1983 proposed Baby Doe regulations written to protect newborns with disabilities. They found the majority of comments cited positive attributes and contributions of people with disabilities. The study included the voices of people who live with disability. The mother of a child with Down syndrome and a severe congenital heart defect wrote: “I wouldn’t trade him for any other child in this world. I cannot begin to sufficiently articulate the profound joy this child has brought into our lives” (p. 131). A man described his disability as “the greatest thing that has happened to me. For without these limitations, I would not have been able to acquire some of the important character qualities of life” (p. 132). A review of 60 books written by
parents of children with disabilities concluded that the vast majority of parent authors felt their lives were enriched regardless of severity of disability (Mullins, 1987).

Voices of people with disability include more positive images than expected by the assumptions of nondisabled people (Wendell, 1996). In the words of disabled scholar Susan Wendell "most non-disabled people cannot wrap their minds around the possibility that someone can be disabled or ill and also work productively, have intimate relationships, or be happy" (Wendell, 1996, p. 4). Rosalyn Rosen, deaf, from a large Deaf family, and past president of the national Association of the Deaf has "no desire to be any different" (Lane, 1997, p. 155). K. Jernigan, blind and president of the National Association for the Blind says "we do not regard our lives . . . as tragic or disastrous and no amount of professional jargon or trumped up theory can make us so" (quoted in Lane, 1997, p. 157).

Subcultural values sometimes challenge dominant white European American cultural ideas about disability. In contrast to a white European worldview in which self-worth is based on external criteria, other conceptual systems may be more accepting of human variation (Jackson & Meadows, 1991). For example, some Native American languages have no words for disability and ignore developmental milestones of achievement such as walking in favor of social milestones like a child’s first laugh (Seligman & Darling, 1997). Reaction to disability seems to carry less distress for African Americans, Hispanics, and Native Americans whose cultures emphasize collectivism and harmony over individualism and competition (Harry, 1992; Rogers-Dulan & Blacher, 1995; Seligman & Darling, 1997).
Some people who have been labeled disabled challenge the view that the characteristic they have is a disability. Among deaf people are two competing views of deafness: one accepts deafness as a category of disability; the other rejects the attribution of disability completely and claims Deaf culture as a linguistic minority (Lane, 1997). To highlight the difference, activists use the lower case in writing that refers to audiological deafness and upper case when referring to cultural Deafness. Deaf people who understand Deafness as a linguistic minority think Deafness is a good thing (Lane, 1997). Expectant Deaf parents, like any other language minority, hope to have Deaf children (Lane, 1997). In a national survey of deaf adults, when asked if they would like an implant operation that would enable hearing, eight out of ten declined (Evans as cited in Lane, 1997).

Other people with disabilities who have less pride in the impairment, nevertheless have self-pride as captured in this expression by disability activist Jenny Morris:

My physical impairment is not something I would choose. I would rather be able to walk than to have to use a wheelchair. . . . I would rather I didn't have to worry about incontinence when I share a bed with someone. . . Yet I love how I am and the life I lead. I like what I see when I look in the mirror. (quoted in Corbett, 1996, p. 55)

Simi Linton (1998), a scholar with disabilities, described how startling it is for non-disabled people to learn that many disabled people “do not pine for the non-disabled experience, nor do they conceptualize disability as a potent determinant of their experience” (p. 100) but rather view positive aspects to disability experience.

The pervasiveness of negative cultural images contrasts with the alternative
images that emerge in the voices of people with disabilities. The disparity between the assumptions of able people and the actual experience of disabled people can be usefully viewed from a social constructionist vantagepoint. How the varying constructions of disability come into play in the culture can be explained using a social construction theoretical framework.

The Social Construction of Disability

Social constructionism draws attention to the socially constituted nature of how understandings of disability come into being (Lyddon, 1995). A social constructionist perspective assumes knowledge is created through the shared experience of social exchange and interaction (Lyddon, 1995). Social constructionist understandings encourage consideration of the locus of problems (Lyddon, 1995). The origins of problems are redirected from inherent attributes of individuals to conditions inherent in society (Dudley, 1997). A social constructionist perspective encourages exploration of the social, political, and economic barriers that profoundly affect members of marginalized groups (Lyddon, 1995).

The social construction of disability can be seen in the process of diagnosis. Gill and Maynard (1995) studied professional-parent interactions in a clinic for children with developmental disabilities. They found that diagnostic labeling, rather than being a static professional pronouncement of objective fact placed on passive recipients, was a complex interactional activity negotiated with strategic intention and awareness of the political and social advantages and disadvantages of the label. Both
parents and professionals participated in determining a diagnosis by negotiating modifications until the label carried an image each could accept based on their understanding of the meaning of disability.

Trent (1994) offers a compelling description of how images of disability have been socially constructed over time in describing the "invention of the feeble mind" in the United States. Historically, "feeble mindedness" has included mental retardation, epilepsy, cerebral palsy, delinquency, promiscuity, and poverty. Constructions of mental retardation have varied from a social problem requiring reform, a medical condition requiring treatment, a problem of productivity requiring training, a genetic problem requiring eradication, a danger requiring isolation and control, a tragedy requiring pity, a sin requiring punishment, a burden requiring charity, a moral flaw requiring reform, a deficit requiring amelioration, a vulnerability requiring protection, a source of stress requiring coping, a behavior needing conditioning, a developmental problem needing research, to a human condition to be accepted (Trent, 1994). A compelling piece of evidence of the socially constructed nature of cognitive disabilities is the invention of the classificatory system for designating levels of mental retardation. In 1973 the American Association on Mental Deficiency changed the criterion for the classification of mental retardation from one to two standard deviations below the IQ norm. With that single act, millions of Americans who had been mentally retarded the previous year were no longer so (Trent, 1994).

The history of treatment of people with mental retardation as a result of various constructions gives vivid evidence of the power of constructions. Terms that
have evolved over time include idiot, imbecile, feebleminded, moron, defective, high-grade, low-grade, backward, inmate, and more recently euphemisms of resident, client, and consumer. While not initially intended as derogatory, many terms later became so, conveying a long history of suspicion, derision, and condescension. Constructions of less-than-humanness led to less-than-human care in institutions. As recent as 1972, a television expose of conditions at Willowbrook State School in New York confronted the public with visual images as horrific as Nazi death camps with scenes of naked residents wandering in crowded barren day rooms or lying in their own excrement (Trent, 1994, p.258). Institutions in the U.S. used involuntary sterilization, castrated boys and men who masturbated, and subjected inmates to experimental craniotomy surgery (Trent, 1994). During periods of labor shortages in institutions, inmates performed unpaid the work usually done by staff. Involuntary servitude was called parole or work placement when women were placed as unpaid maids in private homes and men were placed on farms as unpaid farmhands (Trent, 1994). Deinstitutionalization, conceptualized as the right to live in the community, did not begin as a public policy until the late 1960s (Trent, 1994). It was not until 1975 that all handicapped children were guaranteed an education and not until 1992 that discrimination was made illegal through the Americans with Disabilities Act.

The meaning of human worth is at the core of social constructions of disability. Life-worth is embedded in current debates around life-saving and life-ending measures for people with disabilities (Trent, 1994). Prenatal diagnoses of disabilities assumes a legitimate abortion option (Wendell, 1996). Many of Jack Kervorkian's
assisted-suicide clients have not been terminally ill, but were disabled. It is commonly assumed that the rationale for wanting to die is the disabled person's physical condition, when it may be that the social environment and opportunities render the person's life miserable and meaningless (Wendell, 1996), and are not recognized as correctable (Oliver, 1996).

To know the history of disability is as important as knowing the history of slavery of African Americans. Lack of knowledge of the history of people with disabilities puts un-knowers out of touch with the experience of marginalization of this group (Arredondo et al., 1996). To understand the social construction of disability is to recognize the difference between the biological characteristics of impairments and the social implications of living in an environment that denigrates particular biological characteristics which are part of the range of diversity of human variation.

Feminist Theory and Disability

Feminism further contributes to an understanding of disability as a socio-cultural category. Feminism is an umbrella term covering a broad range of theoretical perspectives. A thorough review of feminist contributions to disability is beyond the scope of this review, but several parallels are highlighted for their contribution to framing disability in ways that may be useful for the investigation of representation in this study. Much of this discussion is taken from a thorough analysis by Rosemarie Garland Thomson (1997a), but is supported by many other disabled feminist writers (Browne, Connors, & Stern, 1985; Fine & Asch, 1988b; Hillyer, 1993;
Feminist theory offers parallel understanding(s) of disability and gender as social categories grounded in the body. Feminist thought resists interpretation of certain body configurations as deviant. Feminist and disability parallels challenge exclusion from full participation in public and economic life by virtue of an embodied identity that is viewed in opposition to a falsely “naturalized” norm.

Feminist theory has stressed representation and text (Olesen, 1998). Of particular usefulness in text analysis is feminist standpoint theory that recognizes every text as spoken from a particular vantagepoint with some claim to authority. Feminists call on researchers and writers to locate themselves as holding multiple identities and sources of privilege by virtue of race, class, experience, and histories that contribute to the claims they can make regarding others who are different from themselves. By identifying voice and authority as socially/culturally/historically situated, accounts can be correspondingly evaluated. Disabled feminists have criticized able authorial voice that claims to represent the experience of people with disabilities or fails to include consideration of the perspectives of people with disabilities (Morris, 1991).

Feminist theory is interested in the relationship between representation and meaning and how representation works to attach meaning to bodies. Representations implicate the complex role of the body in identity and selfhood. Feminist theory recognizes that Self is defined in opposition to Other and it is this space between Self and Other that is of interest in evaluating text for representations of “us” and “them” (Fine, 1998). Feminist theory problematizes representations by recognizing multiple
subjective positions and honoring resistant struggles against representations that essentialize. Problematizing of everyday language and social positioning in representations is a useful tool for this inquiry into the work of representations of disability in texts.

Critical Theory and Disability

Critical theory is another umbrella term that covers a range of perspectives that contribute to an understanding of disability as a sociopolitical category. Basic assumptions of critical theory are that certain groups in society are privileged over others and privilege is reproduced when the subordinate position is accepted as natural (Kincheloe & McLaren, 1998). Critical theory recognizes many faces of oppression beyond class and race (Kincheloe & McLaren, 1998). Critical theory directs attention to language as playing a central role in mediating subjective experience and power relations (Kincheloe & McLaren, 1998).

As the voices of people with disabilities have emerged in the political arena they increasingly direct our attention to a critical analysis of the structure of society and the social environment (Felske, 1994; Oliver, 1996, Rioux & Bach, 1994). The stories people with disabilities tell are about a group experience of exclusion and discrimination. A critical theoretical paradigm places their experience in a political context (Rioux & Bach, 1994). Critical theory recognizes the political dimensions of everyday life (Kincheloe & McLaren, 1998). Research framed in critical theory shifts an agenda about difference from description to a political critique of power and

A critical perspective requires that we attend to the multiple identities that position people in their social worlds as privileged or non-privileged by group memberships of race, ethnicity, and gender, and disability (Felske, 1994). From a critical perspective, the way we represent ourselves and others is a political and an ethical matter (Berube, 1996). Traditional research about disability has been dominated by the functionalist framework that defines disability as a problem located in the individual for which cures, prevention, or rehabilitation are sought (Rioux, 1994a). Disability activists claim this perspective fails to take into account the material constraints in the lives of people with disabilities (Rioux, 1994a). People with disabilities are grossly over represented in demographics of poverty and unemployment (Oliver, 1996). The critical framework looks at “the conditions that make the disability a liability in social and economic participation” (Rioux, 1994a, p. 5) with implications for power relations that enable or inhibit well-being. Critical theory also directs attention to text and textbooks as carrying the interests of dominant groups because those interests control the conditions of production (Apple, 1986; Fiske, 1998).

A central element of the critical paradigm is a critique of the reification of disability (Rioux & Bach, 1994). Reification is “to attribute a rigid thing-like status to what should more properly be seen as a complex and changing set of social relationships” (Jary & Jary, 1991, p. 412). A critical paradigm unmasks the process of reification by focusing on the social, economic, political and legal constructions of
disability (Rioux & Bach, 1994). A critical theoretical approach employs examination of language as a tool to analyze the construction of disability (Woodill, 1994). Close examination of language can reveal conscious and unconscious images of what it means to be disabled and how these representations can perpetuate oppression and marginalization (Woodill, 1994). A critical analysis attempts to identify patterns in what is suspiciously absent as well as what is present in the text (Krippendorff, 1980). Critical theory focuses on texts to reveal invisible structures of oppression (Denzin, 1998). Akin to the exposure of sexism and racism in representations, uncovering and debunking ableist representations of disability is a step toward emancipation from power imbalance and oppression which are the focus of a critical theory (Woodill, 1994).

Multiculturalism and Diversity in Counselor Education

Disability as a form of difference directs an examination of how diversity is treated in the culture. An awareness of difference and dominance is the underpinning of a discussion of the treatment of diversity in a multicultural society. There are many parallels between the treatment of issues of disability and issues of race and gender (Rioux & Bach, 1994; Thomson, 1997a) and sexual orientation (Browne et al., 1985; Thomson, 1997a) which have been targets of multiculturalism in counseling. Many of the issues raised about people with disabilities parallel the issues faced by racial and ethnic minorities in a white Western dominant culture.

Multiculturalism has become a powerful force in counseling (Pedersen,
Multiculturalism is increasingly included in graduate counselor textbooks (Speight et al., 1991) and its place in graduate training is no longer open for debate (Ridley et al., 1994). Multiculturalism has generally targeted issues of race and ethnicity. Emphasized early in the counseling field, ethnicity and race are increasingly recognized as only two subsets of culture (Pedersen, 1991; Ridley et al., 1994). In recent years multicultural theorists have called for broadened application embracing many different cultural characteristics including religious affiliation, gender, sexual orientation, socioeconomic status, geographical location, national identity, sociopolitical history, and lifestyle (Ibrahim, 1991; Pope, 1995; Ridley et al., 1994).

A number of multicultural writers have specifically called for an expanded definition of cultural backgrounds to include disability (Das, 1995; Henwood & Pope-Davis, 1991; Ivey, 1994; Pedersen, 1991; Reynolds & Pope, 1991; Speight et al., 1991). An inclusive definition suggests that an adequate perspective of multiculturalism includes racism, sexism, ageism, nationalism, classism, heterosexism, and other exclusionary perspectives (Pedersen, 1991; Speight et al., 1991). Including disability would add ableism to the list of "isms" requiring counselor awareness (Corbett, 1996; Linton, 1998). Ferguson (1996) has questioned whether indoctrination into the professional helping culture adequately challenges the unconscious, internalized processes that keep "isms" alive and active. Because little attention has been given to disabilities in counseling training (Henwood & Pope-Davis, 1991), adequate attention to the internalized effects of ableism may be questioned in counselor education.
With an expanded application of multiculturalism has come a shift in the counseling profession from a focus on understanding "exotic" groups of Others to counselor understanding of self (Pedersen, 1991). A multicultural perspective is essential for avoiding cultural encapsulation which looks at the world only from one's own culture and assumptions (Pedersen, 1991) and raising conscious awareness of the counselor to aspects of one's self (Speight et al., 1991). It recognizes that behaviors and attitudes that are outside a level of awareness may promote implicit assumptions with profound effects on others (Jackson & Meadows, 1991). Multiculturalism is increasingly regarded not as an "extra" skill but as a part of all competent counseling (Speight et al., 1991), requiring counselor assessment of perceptions from majority as well as minority perspectives (Ibrahim, 1991).

Shifting from an overemphasis on the uniqueness of other groups to a more balanced view recognizes both universalism and relativism, both the unique and the common, and characteristics that both differentiate and unite (Pedersen, 1991; Ridley et al., 1994; Speight et al., 1991). This balance distinguishes an emic approach that attends to the uniqueness of targeted groups from an etic approach that recognizes the common elements of human experience such as the need for self-esteem, self-worth, and empowerment (Das, 1995; Speight et al., 1991). A balanced view also distinguishes an autoplastic orientation where counselor interventions are targeted on changing the individual from an alloplastic orientation where counselors focus on empowering clients to shape their environments or actively intervene in the environment (Ridley et al., 1994). Exclusive use of either orientation can be damaging to
clients (Ridley et al., 1994).

For people with disabilities a balanced approach is critical. To highlight only the unique experience related to disability misses the universal human experience of people with disabilities. However, to ignore the pervasive impact of the cultural environment of disability misses the context in which people with disabilities live their everyday lives. The social environment and the individual experience make up an inseparable dialectic (Pedersen, 1991). Recognition of balance guards against a reductionistic tendency to see an individual on the basis of only one, presumably salient, characteristic that assumes the centrality of a single feature of difference (Speight et al., 1991). This reductionist tendency has been problematic for people with disabilities for whom it has been assumed that disability is their single salient characteristic. An assumed centrality sees disability at the root of all problems experienced by a person with a disability or a family with a member with a disability. This view leads to “specialized” treatment that separates people with disabilities and sees their needs as outside the range of common human experience.

Theories, textbooks, and training that have traditionally informed the counseling discipline have been challenged as based on assumptions that a white European perspective constitutes common experience (Das, 1995; Pedersen, 1987; Ridley et al., 1994; Speight et al., 1991). Educators who have primarily been white males have been critiqued for furthering Eurocentric biases (Pedersen, 1987). Educators and researchers have been criticized for failing to address the full range of human diversity by excluding the experience of people with disabilities (Oliver, 1996; Reynolds &
Educators who write and use textbooks need to be sure culturally biased assumptions are exposed (Pedersen, 1987). The Association for Multicultural Counseling and Development has developed standards for use in assessing counselor competence. The standards specifically call for attention to the assessment of textbooks used in teaching (Arredondo et al., 1996). The Multicultural Counseling Competencies of the Association for Multicultural Counseling and Development include detailed explanatory statements of 31 competencies (Arredondo et al., 1996) which provide criteria for competency assessment (see Appendix). Although all of the competencies are applicable, 10 of the 31 have particular salience because of specific reference to disability or focus of attention on counselor's self awareness as an embodied (able or not) person. Salient competencies are operationalized as: (1) challenges one's own attitudes and beliefs; (2) identifies, names, and discusses privileges personally received in society due to physical abilities; (3) maintains relationships with individuals different from oneself that are intimate enough to request and receive honest feedback regarding behavior and attitudes and their impact on others; (4) recognizes stereotyped reactions to people different from oneself; (5) can discuss viewpoints of other cultural groups regarding issues of physical ability or disability; (6) can identify the role of physical disability as it interacts with personality formation across cultural groups; (7) can identify current issues that affect groups of people in legislation and social climate; (8) can describe concrete examples of institutional barriers within organizations that prevent minorities from using services; (9) seeks a
translator when linguistic skills of the counselor do not match the language of the client [verbal or otherwise]; and (10) recognizes incidents in which others are being treated unfairly based on such characteristics as physical ableness.

Competencies such as these are intended to guide counselor self-awareness and self-reflexivity about disability. When linked to an awareness of the pervasively negative and resistant alternative positive images in the culture, the socially constructed nature of disability, and issues of dominance raised by feminist and critical theories; these competencies can serve usefully to guide an examination of counselor preparation and textbooks.

A multicultural perspective has a great deal to offer an understanding of disability. Understanding, appreciation, and learning about the meaning of disability in the culture can be amplified by considering the impact of that meaning on membership and access (or denial) of benefits.

Membership

Understanding the nature of disability as a nondominant experience in a culture where nondisabled experience dominates, introduces disability as an experiential world that is produced by members of that world in taken-for-granted ways (cf. Holstein & Gubrium, 1998). A culture that defines worth in terms of aesthetics, awards superiority to a narrow range of chosen characteristics, and assigns value in terms of abilities is socially organized in ways that put full participation for people with disabilities at risk. It is this sense of full participation that I want to capture in
the term membership. By considering how membership is accessed or denied, and what corresponding benefits accrue or are withheld, membership is used to explore implications of cultural constructions of disability.

Membership as used here should be understood phenomenologically as both a felt experience and a social organizing mechanism. Membership is the experience of complex interactional events. It is participatory, socially valued, incorporative, and image enhancing (Ferguson, 1994). Membership reflects relational transactions that are integral to human welfare.

Membership involves multiple social locations. An ecological model offers a useful framework to view the relationship of disability and membership. Bronfenbrenner (1986) conceptualized the components of an ecological model as environmental systems nested within each other like Russian dolls, innermost being the individual and moving out to familial, communal, and societal systems. The nested contexts of individual, family, community, and society are each environments in which different memberships are enacted. An ecological model recognizes how processes in one system of the environment affect, and are affected by, conditions in other systems. Environments affect, and are affected by, membership of people with disabilities in inclusive and exclusive ways. Membership evolves from a biological location at birth but becomes a social choice by continued acceptance or rejection or revocation. All human beings are born as members of a family, a community, and a society but not all human beings have equal opportunities to exercise their claims to membership.
Membership is fundamentally relational and inclusive. It cannot be accomplished alone, autonomously, or independently. To be a member or a non-member is transactional. To be a member is to be invited, included, and offered privileges. To be a non-member is to be uninvited, excluded, and denied privileges. Broken down to its barest essential, membership marks the border between “them” and “us.” People with disabilities in American culture are often “them” to the dominant “us.” Culturally determined standards of normalcy lead to exclusion from full participation for those who do not fit them (Wendell, 1996). Uninvited, excluded, or denied privileges, people with disabilities are frequently treated like non-members in families, communities, and society at large. Even when granted tacit membership, people with disabilities are sometimes banned from access to corresponding membership privileges. When society is organized so that members cannot get through the front door, or use the bathroom, or reach the minimum height bar, or follow directions offered only in writing or only by loud speaker, or afford the admission fee, or buy a house in the neighborhood, or live their childhood with their family; tacit members are essentially excluded from the benefits of membership.

Membership is a social organizing mechanism that awards privileged access. Membership is made visible by the discourse about it using the contrasting vantage points of “them” and “us” to create a shared public means for interpreting what members are to each other (cf. Gubrium & Holstein, 1987). Membership as a lived experience emanates from public collective representation (cf. Gubrium & Holstein, 1987).
Membership as a Metaperspective

Membership in this study is considered a metaperspective. As a metaperspective, membership includes a variety of interlocking threads that hold together in a conceptual fabric. Membership incorporates six related but distinct understandings:

1. Membership is experienced as a sense of belonging.
2. Membership is experienced as a sense of emotional connectedness.
3. Membership is experienced as a sense of inclusion.
5. Membership affords a source of political empowerment.
6. Membership affords a source of connection to social networks.

By distinguishing six components of membership which seem most salient to the cultural meanings of disability, I hope to draw out the complex ways in which the culture works on people with disabilities.

Membership as a Sense of Belonging

This perspective of membership focuses on membership as a felt sense. In a broad interdisciplinary review of literature, Baumeister and Leary (1995) present evidence of a powerful, pervasive, and universal human desire for a sense of belonging, the satisfaction of which is required for healthy human functioning. They cite physiological evidence to suggest that desire for belonging is as compelling as hunger and that the mechanisms that guide human beings into social groups and lasting relationships have an evolutionary survival basis. Baumeister and Leary suggest
much of human behavior is in service of belonging needs and many of the problems for which people seek professional help result from failure to have belongingness needs met. Feelings of being unwanted have been found to have a strong negative effect on mental health (Baumeister & Leary, 1995). According to Baumeister and Leary, belongingness satisfaction involves two criteria: frequent interaction and enduring reciprocal affective concern. They distinguish belonging from mere social contact suggesting belonging is marked by a more intimate bond. A sense of belonging is also distinguished from care-giving by its mutual, reciprocal quality. Membership is defined by its reciprocal nature.

Exclusion or inclusion in membership affiliations has implications for a sense of belonging for people with disabilities. If exclusion from close social bonds is strongly linked to unhappiness, depression, and anxiety (Baumeister & Leary, 1995), a society that devalues and excludes people with people with disabilities puts a sense of belonging at risk. Exclusion or inclusion in membership affiliations contributes to the well-being afforded by a sense of belonging.

**Membership as a Sense of Emotional Connectedness**

Emotional connectedness is underpinned by attachment. Much empirical work supports attachment as a universal phenomenon (Pistole & Watkins, 1995). One function of attachment is the provision of an affective tie of “felt security” (West & Sheldon-Keller, 1994). That tie provides the anchoring base for exploration and interpretation of interpersonal relationships (Pistole & Watkins, 1995). Attachment
contributes to a sense of worthiness and to expectations about the availability and responsiveness of others (Lopez, 1995; Pistole & Watkins, 1995).

One level of interest in attachment is the contribution of the cultural meaning of disability in childhood (Pistole & Watkins, 1995). Initial interest in attachment focused on the mother-infant bond as a necessary basis for human development. Attachment may be affected by parental reactions to the disability. A strong and negative response to disability will have consequences for the attachment process and the child’s psychological life (Harris & Wideman, 1988). Attachment underpins the notion of permanency that is a federally mandated child welfare policy that promotes permanent family membership over temporary foster or residential care. Permanency planning policy has only recently been extended to children with developmental disabilities (Taylor, Lakin, & Hill, 1989). The newness of its application to children with developmental disabilities suggests they have only recently been recognized as having the same attachment needs as other children.

In recent years the focus of attachment theory has expanded to adult attachment. Adult attachment recognizes the importance of a significant primary secure and enduring relationship with a special other or others for healthy adult functioning (West & Sheldon-Keller, 1994). Attachment figures include romantic partners, parents, other family members, and very close friends (Bartholomew & Thompson, 1995). The role that enduring affectional bonds play in a comprehensive account of life-span healthy functioning (Lopez, 1995) can be inferred from the fact that relationship difficulties are the leading reason for seeking therapeutic help (Prout &
Strohmer, 1998; West & Sheldon-Keller, 1994).

It is initial membership in an accepting family that gives a child the foundational security of a base. Later affective ties of connection give adults a sense of a secure base. It is through the reciprocity and a mutual sense of affection that membership affords members a sense of connectedness and attachment. Where disability carries pervasive negative cultural images, affective ties of emotional connectedness may be at risk for people with disabilities.

**Membership as a Sense of Inclusion**

The very definition of membership connotes inclusion. Membership is understood by the opposing referent of exclusion. Membership confers insider status and requires outsiders to exist in a phenomenological sense. Insider status is imbued with desirableness and promotes privileges for insiders over outsiders. The life experience of an individual with disabilities is often configured in the disability literature as a struggle for inclusion, a struggle against outsider, non-member status. Susan Wendell (1996), a university faculty member with disabilities, captures the experience in these words:

Knowing that your society is doing everything possible to prevent people with bodies like yours from being born is bound to make you feel as though you are not valued and do not really belong, especially when there are so many attitudes and conditions in the society that derogate and/or exclude you. (pp. 153-154)

Disability can lead to exclusion even within families where a strong sense of inclusion is usually expressed in membership (O'Brien & O'Brien, 1992). Debates
occur in neonatal intensive care units about the meaning of having a child with dis-
abilities as a member of a family (Affleck & Tennen, 1993; Rosenau, 1997b). In the
not distant past physicians routinely advised parents to place and forget their new-
born children with disabilities (Trent, 1994). Following this advice, families have
placed children with mental retardation in institutions and have not informed later-
born siblings of their existence (Trent, 1994), effectively excluding the child with a
disability as a family member.

Inclusion involves a moral community (Opotow, 1990). People who are ex-
cluded are considered to be outside the membership of the moral community. Moral
exclusion is the perception of individuals or groups as outside the boundary of moral
values, rules, and considerations for fairness. People and groups who are morally ex-
cluded are perceived as nonentities, expendable, or undeserving. The boundaries of
the moral community have been variously defined over cultures and historical per-
iods (Opotow, 1990). The history of mental retardation in the U.S. described earlier
provides an example of the way moral boundaries have been drawn for people with
disabilities (Trent, 1994).

Opotow (1990) described people with disabilities as experiencing moral
exclusion in ways ranging from mild to severe. Our culture supports a severe form in
selective abortion of disabled fetuses where the presence of a diagnosable disability
prenatally is seen as a "legitimate" reason for pregnancy termination (Linton, 1998;
Wendell, 1996). The Nazi term lebensunwerten Lebens "life unworthy of life"
(Opotow, 1990) captures the moral exclusion of American cultural acceptance of
pregnancy termination when fetuses with disabilities are judged to be expendable. Less severe forms of moral exclusion occur in ordinary everyday life through psychological and social distancing (Opotow, 1990). Moral excluders perceive the excluded with feelings of unconnectedness, differentiation, and categorization (Opotow, 1990). Opotow cataloged some ordinary life exclusions as believing in superiority and inferiority of some human beings; using unflattering contrasts to bolster one's superiority; repudiating the ability to feel by some human beings; and disregarding, disbelieving, or minimizing injurious outcomes to some human beings. Examples of everyday exclusions occur when the phrase “retard” is applied derogatorily and goes unchallenged in ordinary conversation (Stockholder, 1994). The unquestioned “legitimacy” of special education can be brought into question as a form of moral exclusion.

Moral inclusion, on the other hand, is a view that relationships are potentially reciprocal and deserving of sharing equally in community life (Opotow, 1990). Inclusion is at the heart of acceptance of people who are different-from-dominant groups in a diverse society. Membership is important for sense of inclusion and inclusion is fundamental to the embrace of membership.

Membership as a Source of Identity

Identity is built through notions of the self and selfhood is linked to family, group, and society through definitions in the surrounding culture (Ibrahim, 1991). Community life is essential for the full development of selfhood (Das, 1995). One's self-interpretation is built through responses received and not received in interaction.
with others (Carspecken & Apple, 1992). Identity is a product that is continuously evolving through public performances (Carspecken & Apple, 1992).

Membership rhetoric is an anchor of identity (Wendell, 1996). By belonging to social groups, individuals hold a particular social place and are known as members of social units (Bogdan & Taylor, 1998). Tribe, kinship status, religious sect, and other relational attributes are membership sources that provide a publicly known identity (Hoare, 1991). Identity claims are related to the groups of which one is a member. Membership offers repertoires of identity while exclusion from membership limits the repertoire available (Carspecken & Apple, 1992). Individuals cannot independently claim group identities for themselves, but require acknowledgment by the group to successfully exercise the claim (Carspecken & Apple, 1992) making membership essential to the related identity.

In Western culture where autonomy and capabilities are highly valued (Carspecken & Apple, 1992), definitions of disability affect a sense of identity (Wendell, 1996). The very label "dis-ability" frames people with disabilities through negation (Higgins, 1992) and threatens a positive identity as a legitimate member of society. Even claims of humanness are at risk for people with severe disabilities (Bogdan & Taylor, 1998) as evidenced in the legitimization of termination of life based on having a disability.

Shared minority group membership can offer a group identity and support as it often does, for example, through an ethnic identity (Carspecken & Apple, 1992). The struggle to assert an identity of personhood over the disability identity offered by
the dominant culture is evidenced in the name and thematic struggle of the national self-advocacy organization “People First.” Solidarity with others with disabilities, however, is more complicated than shared identity with an ethnic minority. While both groups have a shared history of discrimination, oppression, and segregation, both may not share pride in the attribute they have in common.

Membership options and their corresponding identity options have historically been limited for people with disabilities. People with disabilities “must struggle harder than non-disabled people for a self-image that is both realistic and positive, and this is made more difficult by other people’s reactions to them” (Wendell, 1996, p. 91). If an individual’s identity is single-featured and that feature is culturally de-valued, other memberships are threatened. When perceived as not fitting in, people with disabilities are denied a place in some membership units and corresponding identity options are foreclosed (Hoare, 1991).

Membership as a Source of Empowerment

Identification as a person with disabilities has political meaning (Wendell, 1996). Membership in a group of people who share social oppression and struggle together against it carries an opportunity for empowerment through collectivity. Empowerment is an outcome for which all people strive (Polloway et al., 1996). While the shared feeling and validated identity that comes from belonging to a group is felt at a personal level, when translated to the political level group membership becomes a phenomenon with collective power (Corbett, 1996). The shared strength,
support, and momentum of a political movement has been empowering for other minorities through the black civil rights movement, women’s liberation, and gay pride (Asch & Fine, 1988; Corbett, 1996). People with disabilities are following the way of other self-advocacy efforts (Dudley, 1997). Participation in the disability rights movement offers a source of empowerment.

The political vocabulary of solidarity uses a vernacular of membership as a source of empowerment. Disability rights struggles are couched in terms of the civil rights of citizenship as evidenced in the prohibition of discrimination made illegal through the Americans with Disabilities Act. Citizenship is a form of political membership. To be excluded from citizenship is to be excluded from the political entitlements of membership in the larger society. The disability rights movement makes a claim for the rightful place of people with disabilities as members in society and offers a source of empowerment.

**Membership as a Source of Social Networks**

People as social beings belong to social groups and are part of social networks (Bogdan & Taylor, 1998). Membership offers a place in a web of exchange networks (O’Brien & O’Brien, 1992). Primary groups belong to larger networks and offer a vehicle for inclusion in larger social webs (Bogdan & Taylor, 1998). People who are recognized as members are able to benefit in everyday exchanges of support (O’Brien & O’Brien, 1992). A good life is dependent on the social networks and associations that constitute social life.
Kinship is a form of membership. Stack and Burton (1998) coined the term "kinscription" to represent the obligatory kinwork responsibilities of family members. Kinscription recognizes that kin share a perception of inclusion in a family and interact according to culturally constructed member obligations. Membership in neighborhood associations and community groups work in much the same fashion. Membership has obligations but also earns privileges of utilitarian and emotional support (Rosenau, 1997a, 1998).

Being part of a supportive social network reduces stress, while deprivation of such a network has been linked to emotional and behavioral problems (Baumeister & Leary, 1995). Segregated services and specialized programs promote isolation of people with disabilities and deprive them of access to wider social networks (Covert, 1992). In interviews with 58 families raising children with disabilities, parents described their greatest needs as supportive community environments of connection with others for emotional support, resources, and acceptance (Covert, 1992). They indicated that denial of their disabled member by extended family members and the community contributed to "crippling isolation" (p. 122). Membership inclusion affords access to utilitarian and emotional support through social networks.

Summary of Membership as a Metaperspective

Membership as a metaperspective highlights the subjective experience of belonging, connection, and inclusion; and works as a social organizing mechanism that affords a source of identity, empowerment, and social networks. To be outside
the circle of membership puts basic elements of well-being at risk. Negative cultural interpretations of disability place many people with disabilities at risk of exclusion from membership and its privileges. Membership inclusions and exclusions are related to disability as a difference that is negatively interpreted against dominant cultural ideals.

Summary

The selected literature frames the exploration of the representation of disability in counselor education textbooks. The literature reviewed described (a) three frameworks that have been used to understand disability, (b) dominant cultural images of disability and alternative images from the perspective of people with disabilities, (c) theoretical perspectives of social construction, feminism, and critical theory, (d) multicultural competence, and (e) membership as a metaperspective.

Three ways in which disability has been framed are (1) a set of functional limitations, (2) a minority group, and (3) a social construction. Disability is predominantly viewed in negative images in a culture dominated by nondisabled people. In contrast, the experience of people with disabilities is not uniformly understood as negative. Interpretations of disability are constructed in the social interaction of people with and without disabilities. From feminist and critical theoretical perspectives, the voices of people with disabilities are often unheard in the culture by nondisabled people who hold power and enjoy privileges that are denied people with disabilities. Multicultural competency raises questions and challenges assumptions about disabled
people by the dominant nondisabled group. Multicultural competence in the field of counseling has heightened awareness of dominant cultural views of race, ethnicity, gender, and other differences and calls for a heightened awareness of disability—as-difference. Differences between dominant and nondominant groups, often framed as “them” and “us,” highlight the role of membership as an inclusionary/exclusionary force in social interactions. The meaning made of disability in the culture affects and is affected by membership. Cultural understandings of disability have implications for the experience of membership as a sense of belonging, connection, and inclusion and as a social organizing mechanism affording a source of identity, social networks, and empowerment.

As textbooks are a source of influence for counselors that can shape their views about themselves and others, the perspectives from the literature reviewed direct attention to the messages conveyed in textbooks that might direct a particular view of disability. Bringing disability to the forefront through these frameworks affords a rereading of human variation in counselor textbooks with the goal of examining how a particularly directed view of a particular range of variation might impact the privileges and inclusionary benefits of membership for those outside the range.
CHAPTER III

METHODS

Introduction

The study seeks to bring disability to the forefront in textbooks used in counselor education in order to examine how its representation may work on reader understanding. People with disabilities are generally devalued in society as disability is commonly understood as a negative experience. The negativism surrounding disability puts people with disability at risk for acceptance in membership in communal groups with potential impact on their subjective experience, identity, and access to privileges. Multiculturalism is a force in counselor training that seeks to recognize nondominant groups’ experience and access to privileges in society. Textbooks are used to heighten counselor awareness and knowledge about groups from whom the counselor differs as well as groups with whom the counselor identifies. How textbooks represent disability and people with disabilities and how representations direct particular understandings is the interest of this study. The major research questions are:

1. What can be known about disability and people with disabilities from reading these textbooks?

2. What different ways of knowing about disability are possible?

To answer these questions, the study used methods of textual analysis.
Overview of Methodology

This study follows the commitment of qualitative research to study human experience from the perspective of culturally situated individuals, working outward from our own biographies as researchers toward better understanding of others' worlds of experience (Denzin, 1998). Textual analysis seeks to place the text and its reading into alternative contexts in order to recode the text so that another voice can be heard and a new standpoint illuminated (Manning & Cullum-Swan, 1998). The methods employed in this study are intended to explore multiple possible understandings of the experience of disability by comparing alternative perspectives between selected passages of selected textbooks and selected passages of literature written by people with disabilities (Hodder, 1998).

The exploration uses textual analysis whereby meaning is excavated from the texts through deconstruction (Manning & Cullum-Swan, 1998). Deconstruction seeks to unpack the way representations of societal groups are framed, defined, and granted meaning that in turn mobilizes responses that fit the framed, defined meaning (Manning & Cullum-Swan, 1998). How disability is framed and defined grants meaning that in turn mobilizes responses that affect membership. Passages that include representations of disability are examined for underlying codes that produce meaning through associations, evocation of emotions, and activation of cultural practices that position social relations (Hodder, 1998). Deconstruction aims to subvert the meaning of a text to show how dominant meanings can be opposed and exposed as ideological and political (Schwandt, 1998). Deconstruction seeks to make us
skeptical about beliefs that are taken-for-granted in the culture (Olesen, 1998).

A postmodern framework underpins the methodology. Postmodern thinking shifts the emphasis from the intent of the writer to the codes and ordered meaning of the text that uses particular language that directs a particular view over another view (Richardson, 1998). The analysis permits differential meanings of the group identity of disability (see Manning & Cullum-Swan, 1998). I carefully consider text passages to focus attention on disability representations and examine how they maintain or subvert pervasive cultural negativity. The textual analysis problematizes representations of disability and opens a space for the possibility of resistance (Fine, 1998). I offer a re-reading of representations (Lincoln & Denzin, 1998) by advancing alternative possibilities through the introduction of the voices of people with disabilities. My intent is to question what appears obvious and undermine what appears to be natural in order to unsettle the taken-for-granted frames (Kinzeloe & McLaren, 1998; Olesen, 1998). Borrowing from literary criticism, the task is to defamiliarize the familiar in order to make the logic of how it works on the reader more perceptible (Eagleton, 1996). Textual analysis seeks to “lay bare the devices” that are used to construct disability by stepping back to examine the logic of particular representations (Eagleton, 1996, p. 248). My mission is to make visible the invisible features of the text to reveal the process by which text can lead us to “know” disability to be what it “is” (Altheide & Johnson, 1998; Higgins, 1992).

The methodology employs reader-response theory that theorizes that meaning-making is influenced by the interaction of the reader and the text in the
process of reading (Iser, 1980, Eagleton, 1996). Reader-response theory recognizes the very act of reading as potentially constitutive of disability (Kincheloe & McLaren, 1998). It recognizes written text as an artifact produced under conditions of a particular moment of social history. Text is unavoidably embedded within social and ideological systems within the culture (Hodder, 1998). Dominant views may be privileged or resisted by particular interpretations (Fine, 1998, Fiske, 1998, Kincheloe & McLaren, 1998, Richardson, 1998). The result is multiple possibilities, not a single definitive reading or understanding (Richardson, 1998). It is not my intent, nor is it possible, to capture a definitive representation of disability. Rather, it is my intent to capture the textual process used in possible readings that make disability what it is by clarifying the various meanings that can be sifted from the text (Lincoln & Denzin, 1998). I introduce alternative voices resistant to dominant cultural representations (Denzin, 1998). By offering different "takes" on the same topic (Richardson, 1998, p. 357), I hope to "provoke possibilities" (Fine, 1998, p. 152) that may foster a deeper understanding of the meaning of disability.

The following discussion further describes the methods used in the study. I identify methods that have been used in other studies to analyze textbooks as background to the choices made for this study. The analytic framework for this study is outlined followed by details about the analytic strategy that was employed. The analytic strategy is interpretive applying my judgement using a researcher-as-instrument method. Methodological assumptions, evaluative criteria, and limitations are identified.
Textual Analysis

The social sciences do not share consensus on a fully developed systematic technique for qualitative textual analysis (Manning & Cullum-Swan, 1998). Historically, the analysis of textual discourse has followed three major approaches, each with a long theoretical and research tradition: (1) content analysis, (2), narrative analysis, and (3) semiotics (Denzin & Lincoln, 1998). In content analysis themes, issues, and recurring motifs are isolated, counted, and interpreted (Denzin & Lincoln, 1998). Alternatively, the narrative approach analyzes text in a more interpretive manner by following the narrative story embedded in an understanding of the text (Denzin & Lincoln, 1998). The semiotic method more closely examines linguistic structures within the text in analyzing the meaning of messages in the text (Woodill, 1994). Semiotics takes into account linguistic structures such as metaphors, communication situations, and standpoints of voices encoded in the text or excluded from it (Woodill, 1994).

Scholars are increasingly concerned with the logic of text, especially in representing the point of view of the Other (Denzin, 1998). "All texts metaphorically speak with many voices and contain within them many potential readings" (Manning & Cullum-Swan, 1998, p. 258). The design attempts to discover some of the potential readings of disability in counselor education textbooks by deconstructing the logic of representations. Reading is an interaction between the text and the reactions produced in the reader (Manning & Cullum-Swan, 1998). In addition to exploring interpretations of what is present in the text, the approach also importantly asks what
is missing and why it is missing (Walker, 1996). The design is intended to display references, uncover inferences, excavate omissions, and offer alternative readings in order to expose assumptions that contribute to images and understandings of disability. The study examines how what is said in the text fits into more general understandings of disability.

The analysis approaches the text by asking two basic questions:

1. What kind of things can be known about disability and people with disabilities by reading this particular text in this particular textbook?

2. What different ways of knowing about disability and people with disabilities are possible?

Sub-questions raised by these larger questions are,

1. How are people with disabilities represented in counselor education textbooks?

2. What possible interpretations could representations hold for counselors?

3. What possible interpretations could representations hold for people with disabilities?

4. How do particular readings of counselor education textbooks reproduce or contradict negative cultural representations of disability?

5. How might people with disabilities be alternatively represented?

An examination of representations of people with disabilities is informed by examining how images are reflected against representations of people from nondominant groups in general and self-representation of people with disabilities in particular.
(Woodill, 1994). This essentially sets up a comparative process between dominant cultural representations and nondominant group representations. In order to answer the research questions three comparisons are explored:

1. How do values about difference espoused in the textbook compare to representations of disability?

2. How do textbook representations of differences of race, ethnicity, gender, and sexual orientation compare to representations of disability?

3. How do textbook representations of disability compare to the self-representation of people with disabilities?

The approach assumes that familiar references to disability will not necessarily be recognized as they are hidden in assumptions and taken-for-granted. The analytic strategy of defamiliarization is used to reveal these assumptions (Eagleton, 1996; Fine, 1998; Manning & Cullum-Swan, 1998). The interpretive project involves speculation about alternative readings of selected passages. It does not claim knowledge or interest in the authors' intent (Altheide & Johnson, 1998) nor does it intend to capture real readers' actual responses. Rather, the study's purpose is to expose possible reader interpretations of the ways disability can be understood. The method calls for examination of selected text passages as sociohistorically situated and written in a specific discourse that directs a particular reading that constitutes an interpretation of disability. The particularly directed reading is but one of many and can be accepted or opposed. The analysis moves beyond description to interpret how disability is constructed by various readings.
The strategy parallels the history of feminist analyses of the representation of gender in texts as it developed from initial description to later theorizing about the ways gender is constructed within texts and how representations of gender can affect readers (Thomson, 1997a; Weedon, 1987). Studies of gender in text identified normative assumptions that falsely limit knowledge and offered alternative perspectives for understanding gendered experience (Richardson, 1998). This analysis seeks similar exposure for limited knowledge and alternate perspectives of disability.

Previous Textbook Analyses

Textbooks dominate the curricula of graduate education (Apple, 1986) and reading textbooks is generally considered to be a useful introduction to counseling theory and practice (Ivey, 1994). Textbooks are used to communicate the attitudes, interests, and knowledge-based zeitgeist of a discipline (Whitbourne & Hulicka, 1990) and carry authority as representing legitimized official knowledge (Apple, 1986).

Content analyses of textbooks have been used to look at forms of bias or stereotyping toward gender (Campbell & Schram, 1995; Hogben & Waterman, 1997; Peterson & Kroner, 1992), sexual orientation (Hogben & Waterman, 1997), age (Hogben & Waterman, 1997; Whitbourne & Hulicka, 1990), racial-ethnic minorities (Hogben & Waterman, 1997), stepfamilies (Coleman et al., 1994) and theoretical orientation (Brown & Brown, 1982; Jensen & Burgess, 1997). Sleeter and Grant (as cited in Linton, 1998) documented the under-representation of people with

Content analysis has been one of the most frequently used methods to analyze textbooks (Manning & Cullum-Swan, 1998). Content analyses take as their objective making replicable and valid inferences based on systematically uncovering manifest aspects of the text (Krippendorff, 1980). Content analyses have typically used trained coders to count the frequency of key words, concepts, or categories that are subsequently tested for statistical significance compared to an expected frequency. Content analysis is less subjectively interpretive about underlying meaning using quantitative techniques to draw inferences by measurements of space, intensity, or bias. Content analysis is descriptive where other textual analyses are more intentionally interpretive (Fiske, 1998). Narrative and semiotic analyses emerging from literary and cultural criticism traditions are more interpretive than content analysis (Denzin & Lincoln, 1998).

Content analysis has been critiqued as a methodological technique that takes limited account of context because units of analysis are separated from their context (Kracauer, 1953; Manning & Cullum-Swan, 1998; Miles & Huberman, 1994). Texts with the same concepts can have quite different meanings when the relations among concepts are taken into account (Miles & Huberman, 1994). Krippendorff (1980) warned, "the counting game . . . may lead to excitement but not to insights" (p. 7).
Kracauer (1953) suggested that "content is no longer . . . content if it is detached from the texture of intimation and implications to which it belongs" (p. 641).

The limitation of a quantitative approach to textual analysis can be addressed by qualitative methods. For example, in an analysis of undergraduate psychology textbooks for evidence of ageism, Whitbourne and Hulicka (1990) supplemented a quantitative methodology with a qualitative analysis comparing the context of exemplars of positive and negative statements with ageist themes. Their qualitative analysis exposed particular meanings inferred through differences in language use and juxtaposition of contradictory ideas that would not have surfaced in the quantitative analysis alone. The design for the present study uses a qualitative strategy similar to the one employed by the Whitbourne and Hulicka (1990). The comparisons of espoused values and text representations of disability and representations of other minority groups, and self-representations are used in this study to expose differences in language use and juxtaposition of contradictory ideas. The design does not require frequent reference to disability to carry out a meaningful analysis. Rather than looking at representation of disability from a quantitative perspective of proportional representation compared to that expected by population distribution, the present study looked at representation of disability from a qualitative interpretive perspective. The research questions addressed are not whether disability is represented but rather, how disability is represented.
A postmodern paradigm directs the analysis. The postmodern paradigm shifts from a positivist quest for objective reality to a constructionist worldview where reality is invented through culture (Schwandt, 1998, Richardson, 1998; Woodill, 1994). Constructionism is concerned with the organization and production of differences shaped by conventions of language and social processes (Schwandt, 1998). Postmodernism identifies unspecified moral, aesthetic, emotional assumptions (Richardson, 1998).

Elements of the postmodern framework include social constructionism, feminism, and critical theory. The framework is contextual and recognizes socio/historical/political influences as ecologies of the broader culture in which the individual is embedded (Bronfenbrenner, 1986; Linton, 1998). A social constructionist perspective views membership as interpersonally and interdependently created and understands human life as inherently social, relational, and transactional (Lyddon, 1995). A postmodern feminist perspective highlights the importance of subjective experience and an awareness of voices not heard in dominant discourse, acknowledges multiple realities, and makes room for those who have been excluded (Munford, 1994; Olesen, 1998; Weedon, 1987; Wendell, 1997). A postmodern critical theory perspective highlights the role of hierarchy and power of dominant groups in the culture (Kincheloe & McLaren, 1998; Rioux & Bach, 1994). Social constructionism, feminism, and critical theory recognize that dominance is constructed by the use of language and the way society organizes itself. The paradigm takes an
interpretivist perspective that assumes that the way people are represented reflects how people are understood (Ferguson et al., 1992). Interpretivism involves explicating the rhetoric of collective representations as publicly recognized categories (Holstein & Gubrium, 1998). Representations are images that reflect and expose language based subjectivity, power, and social organization.

From the insights that might be utilized under the postmodern paradigmatic umbrella (Schwandt, 1998), I have chosen four analytic tools for this study because they have been identified by disabled writers as playing a powerful role in their representation in the culture. The four tools are (1) subjectivity, (2) power, (3) social organization, and (4) language. They are drawn from and blend elements of social constructionism, feminism, and critical theory that seem to offer the most fruit-ful and relevant opportunities for exposing underlying assumptions about disability. They are selected elements of a larger theoretical framework pulled together here to create a framework for analyzing these texts. Each of the tools has been used effectively by social constructionist, feminist, and critical theorists to expose cultural meanings and assumptions. The approaches are interrelated and overlapping but each gives an opportunity for a particular view that may illuminate the complexity of the cultural meaning of disability.

These tools were further chosen for their ability to convey the influence of membership or its lack. Membership is meaningful as a subjective experience. Access to membership is related to power differential. Membership is offered or withheld through social organization. Membership is constructed in and conveyed by
inclusive and exclusive language. Different aspects of membership access or block­age may be uncovered by each of the tools. The overall conceptual framework is displayed in Figure 1.

Awareness of the representation of disability in the culture

Figure 1. Conceptual Framework.

This conceptual framework assumes that the textbook content is directed at producing competent counselors and that multicultural competence requires awareness of dominant and nondominant groups. The conceptual framework oscillates between the representation of dominant and alternate views of disability exposed by the four analytic tools and the impact of those views of disability on membership. The conceptual framework links subjectivity, power, language, and social organization in the construction of representations.

Language is how social organization and power are defined and contested and the place where our sense of selves, our subjectivity, is constructed. Understanding language as competing discourses, competing ways of giving meaning and of organizing the world makes language a site of exploration and struggle. (Richardson, 1998, p. 348-9)
Language and power cannot be separated. By bringing the discourse into view, researchers can begin to illuminate those practices and forces that reinforce certain social, legal and cultural constructions of disability. Research can also point to the sources of more enabling social constructions and the ways in which the voices of persons with disabilities can begin to be heard in discursive spaces that have excluded them. (Rioux & Bach, 1994, p. ix)

The text in textbooks provides a site for exploration and struggle. Text can be excavated to reveal invisible structures (Denzin, 1998). Text can be explored by proposing alternative readings that contradict the taken-for-granted (Denzin, 1998; Weedon, 1987). The four perspectives of subjectivity, power, social organization, and language serve as boundaries for the textual analysis (Walker, 1996). Further discussion of the contributions of each of the four analytic tools follows.

Subjectivity

Subjectivity is the sense of self and one's own ways of understanding one's relation to the world (Weedon, 1987). Feminism is committed to valuing diversity and inclusiveness and a society that provides opportunity for all people (Fine & Asch, 1988b). The struggles of feminism and disability have much in common (Asch & Fine, 1988; Harris & Wideman, 1988; Thomson, 1997a; Wendell, 1996, 1997). Feminist theorizing has raised the subjective experience of the Other as fruitful to understanding the social positioning of people with disabilities (Harris & Wideman, 1988; Wendell, 1996, 1997). “When we make people ‘Other,’ we group them together as the objects of our experience instead of regarding them as subjects of experience with whom we might identify” (Wendell, 1996, p. 60).

A feminist perspective recognizes that human experience must be studied
from the multiple points of view of historically and culturally situated individuals (Asch & Fine, 1988; Weedon, 1987). In particular feminism, highlights understanding different perspectives of lived experience and especially embodied experience (Richardson, 1998) which is so salient to people with disabilities (Wendell, 1996). A feminist perspective highlights subjective experience and gives ear to silenced voices (Linton, 1998). It is through tracing the expression of multiple and conflicting voices that alternative perspectives gain expression (Browne et al., 1985; Hodder, 1998). The texts are examined for their representation of the subjective experience of people with disabilities.

Power

Feminist thought claims the personal is political. Politics is about power. The derivation of the word power comes from the Latin verb meaning “to be able” (Pfohl, 1994, p. 406). Critical theory seeks to unearth assumptions and uncover hidden perspectives to expose hierarchical power imbalances and taken-for-granted privileges (Carspecken & Apple, 1992; Roman, 1992; Trent, 1994). Critical theory is an interpretive perspective that directs attention to the raced, classed, and gendered hierarchical structures of society that result in privilege, oppression, and marginalization (Denzin, 1998; Richardson, 1998). Difference is politicized by exposing it as situated in real social and historical conflicts (Kincheloe & McLaren, 1998).

Text is a stage where power can be exposed (Denzin, 1998). A power analysis can alert readers to privilege in texts as “a battle in which the legitimation of
particular readings and the exclusion of others represents quite specific patriarchal, class and race interests, helping to constitute our common sense assumptions as reading and speaking subjects" (Weedon, 1987, p. 168). Power can be traced not just in selection of the words used, but also in what is available to be read (Weedon, 1987). A focus of critical theory is the way in which text constructs meanings and positions subjects for the reader implying power (Weedon, 1987). Legitimation and exclusionary power battles can be waged over abled privilege as well as race, class, or gender.

Disability pride is emerging as an oppositional discourse to dominant ableist discourse and practice challenging common sense claims that able is natural and desirable while disabled is neither (Wendell, 1996). Feminist textual analyses have critiqued gender representations where male experience is privileged as normative and desirable and women’s experience is silenced (Weedon, 1987). The presumption of ability as natural and desirable creates conditions for able privilege in the same way that the presumption of male normativeness creates conditions for patriarchal privilege. Reading critically can decenter the hierarchical positions that underpin gender, race, class, and abled privilege by showing how discourses achieve their effects (Weedon, 1987). The texts are examined for their representation of ability as superior and privileged.

Social Organization

Feminist standpoint theory highlights social organization by examining a
particular view and experience as emanating from a particular social position in relation to others (Olesen, 1998). People with disabilities have been politically and economically sidelined into special services that segregate (Munford, 1994). Disability holds a place on the margin of Western society, a position which disability activists resist. Simi Linton (1998), a disability rights scholar and a woman with disabilities, claims the voices of people with disabilities “express not despair at our fate but outrage at our social positioning” (p. 4). How we understand disability determines the type of society that we find imaginable, appropriate, and desirable (cf. Weedon, 1987). It is not only architectural barriers that handicap people with disabilities, but the social organization of life and discourse that assumes everyone is strong and healthy, ambulates, and uses sensory input similarly (Oliver, 1996; Wendell, 1987). The organization of care and compassion can be understood as paternalistic when it portrays caring as charity and people with disabilities as non-reciprocating recipients (Oliver, 1996). Reading for social organization can uncover how particular readings of textbooks contribute to social positioning. The texts are examined for their social positioning of people with disabilities.

Language

The way we talk about the world and the way we experience it are inextricably linked (Higgins, 1992; Woodill, 1994). Language has the power to shape the place of people with disabilities in society (Rioux & Bach, 1994).

In order to better understand the roots of inequality, marginalization and disadvantage faced by persons with a disability, we must research the meaning
and origin of the words and images about disability that form part of the cultural codes we all take for granted and in which we are all immersed. (Woodill, 1994, p. 201)

Language creates a particular view of reality through "textual staging" (Richardson, 1998, p. 349). Language acts through definitional processes to make disability what we "know" it to be (Higgins, 1992). Language has meaning in how it is framed or contextualized (Tannen, 1994). Contextually grounded discourses, vocabularies, and categories are interpretive resources for defining and classifying everyday life (Holstein & Gubrium, 1998). Subjectivity, power, and social organization are lodged in linguistic and conversational structures (Olesen, 1998). Through deconstruction of text, the framing and defining of experience can be exposed and taken-for-granted assumptions can be unsettled (Olesen, 1998).

The analysis examines linguistic devices including terminology, grammar, metaphors, narratives, and discourse that contribute to our understanding of disability (Linton, 1998; Lyddon, 1995). Vocabulary has connotative and associational reference in such terms as "suffering" or "afflicted" "victim" or "confined" (Zola, 1993). Usage of nouns such as "the blind" that essentialize and verbs such as "is disabled" rather than "has a disability" contribute to social distancing and invisibility (Zola, 1993). Grammatical structures expose particular vantagepoint in phrases such as "the child is labeled" (Gill & Maynard, 1995) that use the passive voice to disguise agency. Metaphors affect our ways of perceiving, thinking, and acting in our everyday lives (Lakoff & Johnson, 1999; Richardson, 1998). Metaphors are often so entrenched and familiar that they hide underlying values under a guise of neutrality...
but work in non-neutral ways (Richardson, 1998). For example, "I see what you mean" suggests knowing is seeing (Lakoff & Johnson, 1999). Representation is constructed in cultural narratives (Kincheloe & McLaren, 1998). The cultural stock of narratives often tell ability-preferred stories such as the stereotypic disabled hero who overcomes adversity (Linton, 1998). Discourse frames how disability is "known to be." Discourse reflects hegemonic systems of meaning and practice by determining what is irrelevant or bad (Weedon, 1987). Discourse reflects the intersection of language and social phenomena (Tannen, 1994).

Western society's view of disability is deeply rooted in the ways we communicate with and ask about our bodies and the ways language and myths have historically conditioned our views of what it means to be disabled. (Woodill, 1994, p. 203)

Language works by "controlling perspective" (Hodder, 1998, p. 119). Disability is often represented negatively in contrast to a valued difference and experience (Higgins, 1992). By looking at language, the analysis attempts to expose the taken-for-granted knowledge displayed in text (Manning & Cullum-Swan, 1998) that directs the reader to particular culturally embedded conclusions (Iser, 1980). Subjectivity, power, and social organization are conducted in language. Their operating mechanisms can be exposed in language. Texts are fundamentally constructed by language and meaning is constituted by language.

Analytic Strategy

The study examined eight textbooks widely used in counselor education. The strategy employed reader-response theory (Iser, 1980) and used a researcher-as-
instrument methodology (Clandinin & Connelly, 1998) wherein I was both the reader reacting to the reading, and the researcher interpreting that reaction. I read each text page by page and cover to cover. While reading, I held in mind and was alert to passages where application of any of the four analytic tools of subjectivity, power, social organization, and language uncovered a particular focus on disability. Passages of text are the units of analysis. Units of analysis ranged from single terms, to phrases, to sections of multiple sentences (Manning & Cullum-Swan, 1998).

**Reader-Response Theory**

Reader-response theory frames the analytic strategy (Iser, 1980). Reader-response theory recognizes the experience of reader and text as an interaction. The reader imposes certain limits on the text through preconceptions and expectations shaped by the culture, but a particular text also imposes certain limits on the reader in the way it circumscribes or directs a particular response from the reader. Reading texts is always partisan, offering particular meanings, organizing principles and modes of understanding (Weedon, 1987). Partisan representations in text are accomplished in two ways: through the presence of mechanisms which construct meaning for the reader and through absence of the experience of certain groups (Weedon, 1987). Interpretation of written texts recognizes that meaning does not reside in the text but in the reading of it (Hodder, 1998). “As the text is reread in different contexts it is given new meanings, often contradictory and always socially embedded” (Hodder, 1998, p. 111). In reader-response theory, imaginable alternative
interpretations offer new or different ways to experience a text (Iser, 1980).

**Researcher-as-Instrument**

A postmodern sensibility encourages researchers to put themselves into their research texts working outward from their own biographies (Denzin, 1998). Using the researcher-as-instrument strategy I plumbed my own experience for ideas (Eisner, 1991; Clandinin & Connelly, 1998; McCracken, 1988). In this strategy the researcher's experience is "called up" in the reading (Clandinin & Connelly, 1998, p. 159). In the study I am both the reader and the writer about the reading. I speak in two voices, both as the reader and the interpreter of reading (Clandinin & Connelly, 1998). The choice of passages selected from the texts was mine. The interpretation of selected passages was mine. In the interpretation as I looked for patterns, threads, tensions, and themes in the texts, my relationship to the inquiry shaped the research text that I produced (Clandinin & Connelly, 1998).

The use of the self-in-process makes use of the researcher as an expert. May (1994) argued the benefit of using an expert is that she is "primed for specialized pattern recognition" (p. 18) that allows her to see some kinds of patterns more readily than a novice might. The expert will notice more and know where to look allowing the possibility of seeing issues or observing connections that might otherwise go unnoticed (May, 1994).

In using myself in the process, I was guided by my experience working with people with disabilities and their families and its shaping of my interpretations of
disability. I have spent twenty-five years working with people with developmental disabilities and their families. At a personal level, I have talked with hundreds of families in many states and several countries as they have tried to create satisfying lifestyles for themselves and their family members with disabilities. In the course of that experience I have had an opportunity to interact with nationally and internationally recognized leaders in the field of developmental disabilities grappling with issues of inclusion and acceptance. It is this personal experience that was "called up" in my reading and interpretations in the textbook analysis.

My work has included visits to Canada, Great Britain, Eastern Europe, Australia, and New Zealand where I have worked as a consultant with human service systems as they have tried to organize services for people with developmental disabilities. The context of the work has seen a transition over the past twenty-five years from institutional care to community-based care to full citizenship. I have visited residential institutions in most of those countries and met with residents, family members, and staff of those institutions as they have sought to move to community-based settings and as they now seek full participation in their communities. This shift reflects a movement from an emphasis on professional definitions of what disability means and what interventions it necessitates to an increasing emphasis on self-advocacy and self-determination in which people with disabilities are struggling to reclaim the right to define their experience and what they need by way of support to live the lifestyles they choose.

Although I claim experience with disabilities, I do not identify as a person
with a disability. I can claim direct experience with disability for a brief period in my life after being struck by an automobile and a year of physical therapy to recover the ability to walk without an assistive device. I use the term "expert" in this study solely to contrast my experience with a lack of familiarity with the field.

Textbook Selection

I sought textbooks to include in the study that were both current and in wide use. I selected eight textbooks, one from each of the core areas of Counseling and Counseling Related Educational Programs (CACREP) accreditation: counseling theory, skills, ethics, multiculturalism, group work, career development, assessment, and research methods. I selected textbooks that had been published since 1994, four years after the Americans with Disabilities Act. To identify textbooks that are commonly used, I contacted the CACREP liaisons of the twenty largest CACREP accredited programs in the country. I asked them to identify textbook publishers routinely used in their programs. I received 13 responses. A total of 14 publishers were named. Of those, three publishers were identified by at least six of the liaisons. These were considered the most popular publishers. The remaining publishers were nominated by four or fewer liaisons; seven publishers were nominated by only one liaison. I obtained catalog offerings of the three most popular publishers. I identified textbooks from the offerings that had multiple editions (at a minimum in their third edition) and were described in the catalog with terms like "best selling" or "commonly used." No author was used more than once. Publishers were used in
correspondence to the frequency of their nomination. Only one publisher was named by all of the liaisons. Four textbooks were chosen from that publisher. The other two publishers were nominated by seven and six of the liaisons respectively. The selections were intended as a purposive sample of popular textbooks rather than a representative sample of all available textbooks (Miles & Huberman, 1994).

Self-Representation Literature Selection

Selections from the self-representation literature were made from a snowball technique where references from one text led to other authors. Self-representation literature reflected three general sources: (1) disabled scholars, (2) disabled participant interviews from research studies, and (3) anthologies of autobiographies of a literary or testimonial nature. I collected passages that struck me as surprising, revealing, or particularly eloquent. Selected passages were lifted and transcribed to allow for sifting, reordering, identifying themes and patterns, and facilitating comparison.

The selections I chose are those that struck me as making a point that might not be what non-disabled readers would assume. The writings and selected passages were further chosen as alternatives to specific textbook passages. I looked for alternative representations to counter the predominantly negative views of disability in the culture and mirrored in the textbooks. The self-representation selections reflect my intentional choice of a "disability pride" or "disability culture" perspective. I used references identified by authors who claim disability pride to identify others who
share their view. As a result the self-representation literature highlights a particular view of disability as a positive valued experience. I do not suggest this is the general perspective of people with disabilities nor do I suggest it is the "correct" perspective. Rather I chose to highlight this pride perspective because of its contrast to the ableist view and because it presents an alternative view that has little exposure in the general culture, and, as it turned out, no exposure in the textbooks.

Analysis Process

Each textbook was read in its entirety holding in mind the four analytic tools of subjectivity, power, social organization and language while looking for representations of disabilities. Passages were selected that would contribute to the three comparisons used to interpret representations of disability. The three comparisons included (1) espoused values compared to text representations of disability; (2) representations of race, ethnicity, gender, or sexual orientation compared to representations of disability; and (3) representations of disability compared to self-representations of people with disabilities. Comparisons between passages allowed juxtaposition of contradictory ideas (Whitbourne & Hulicka, 1990).

In order to illuminate representations of disability, every passage that directly referred to disability, regardless of intent, was marked in green highlighter. A passage was marked if it referred to disability in the sense of impairment but also if the reference was metaphorical such as "crippled by poverty." In order to make comparisons between disability representations and representations of other nondominant
groups, every passage that referred to a group by reference to nondominant status including race, ethnicity, gender, and sexual orientation, was marked in pink highlighter. In order to capture the ableist omission or exclusion of disability (Wendell, 1996) every passage which assumed a specific ability as universal was marked in yellow highlighter. These highlighted passages then formed the units of analysis. Highlighted passages were lifted and transcribed to allow for sifting, reordering, identifying themes and patterns, and facilitating comparisons.

I oscillated between reading textbooks and reading self-representation literature. By weaving back and forth, a selection in one would call attention to a selection in a later reading or alternatively might lead to recall from a previous reading. As I continued to read, themes began to emerge or repeat from one text to the next, stimulating reconsideration of an earlier text, to form a continuous cycle from which the themes emerged to form the basis for the findings and discussion that follow.

Textbook passages were examined at three levels: descriptive, analytic, and interpretive (Wolcott, 1994). The descriptive level placed the passage in context. The analytic level identified features and relationships highlighted by the four tools of subjectivity, power, social organization, and language. At the analytic level, deconstruction of a passage from one or more of these perspectives was used to call attention to how readings might work on the reader in directing one particular kind of understanding instead of another (Wolcott, 1994). All texts depend on rhetorical features at many levels, from general organizing arrangements to specific language use, in persuading the reader (Atkinson, 1990). Specific rhetorical devices and text
organization were unpackaged to show how they draw the reader to a plausible account of reality based on taken-for-granted perspectives and assumptions (Atkinson, 1990). The interpretive level identified what assumptions are made in a particular reading (Weedon, 1987) and speculated about alternatives. Discussion highlighted both reproductions of, and resistance to, cultural understandings of disability by contrasting representations that value people with stereotypes or omissions. I injected alternative possible readings from self-representation literature sources reflecting views expressed by people with disabilities. The self-representations offered an alternative way to view the passage and suggested an alternative way to read the text.

The process of examining selected passages used imaginative reconstruction which asks “What does the world look like when I hold these things to be true?” (McCracken, 1988, p. 20). The result is a reconstructed version of the world “taking up and trying on” different underlying assumptions (McCracken, 1988, p.20). The process involved “different takes” on the same topic (Richardson, 1998, p. 357). The process is not dissimilar to the counselor’s process of trying to understand the counselee’s world of assumption in order to bring to awareness alternative interpretations for consideration. The process attempts to recover beliefs and assumptions from the taken-for-granted cultural logic on which they rest (McCracken, 1988).

Through this analysis process I have illustrated the variety of ways disability can be read in a text. It was not my intent to judge specific authors. In order to keep the focus on representations, the selected passages are identified by a letter.
corresponding to the textbook content rather than the more usual reference to authorship. Authorship identification of a passage is available in the Appendix but is not referenced in the discussion. This strategy was used in a textbook analysis on ageism in order to keep the focus on issues in the broader culture rather than a critique of particular authors (Whitbourne & Hulicka, 1990). The focus of the analysis is the textual construction of disability.

Methodological Assumptions

The methodology for this study uses the researcher as an instrument in the research process (Eisner, 1991). It is understood that the “researcher’s relationship to the inquiry shapes the research text” (Clandinin & Connelly, 1998, p. 171). The investigator's experience is intentionally used in framing the design and specifying the focus of inquiry (Clandinin & Connelly, 1998; McCracken, 1988; Moore, Beazley, & Maelzer, 1998). In the qualitative tradition “personal reflections of the researcher as interpreter have come not only to be allowed but expected” (Wolcott, 1994, p. 256). Rather than serving to bias the research, the investigator’s own experiences are understood as “the very stuff of understanding and explication” representing “vitally important intellectual capital without which the analysis is the poorer” (McCracken, 1988, p. 20). Self-as-instrument assumes the investigator’s experience is “a bundle of possibilities, pointers, and suggestions that can be used to plumb” the data (McCracken, 1988, p. 19). The methodology trusts the imaginative capacity of the investigator to glimpse the meanings, both those that are familiar and those that
are alien (McCracken, 1988).

I am aware that the quotations I selected are selected, that each was chosen in favor over others not chosen in order to make a persuasive point (Richardson, 1998, Wolcott, 1994). In writing the analysis I explicitly acknowledge my position as a situated speaker, knowing and telling about the findings as I perceive them (Richardson, 1998). This selective attention is an acknowledged feature of an interpretive venture, but is a feature of all research, whether recognized or not (Clandinin & Connelly, 1998; Kracauer, 1953; Wolcott, 1994).

Evaluative Criteria

Evaluative criteria offer a basis for judging the goodness or quality of an inquiry. Of concern in qualitative research (as any research) is the risk that the methods employed produce exactly what the investigator is looking for, and that the evidence is carefully selected to illustrate the researchers' arguments (Dreher, 1994). To counteract this risk, the tests of trustworthiness of the findings need to be explicitly stated in external criteria for the reader's evaluation of the conclusions (Leininger, 1994). While researcher experience is integral to the investigative process, the final result should stand up to a higher test than researcher personal opinion. While there is lack of agreement in the research community about the appropriate basis for evaluation, trustworthiness in the qualitative tradition is agreed to be dependent on discipline and rigor (Leininger, 1994; Miles & Huberman, 1994).

This study is expected to stand up to the following seven interrelated tests:
believability, coherence, congruency, credibility, tightness of argument, insight, and usefulness (Eisner, 1991).

1. To be judged believable the thoroughness and contextualization of passage selection and analysis should be plausible (Leininger, 1994), not reaching, or needing too much pleading. (Altheide & Johnson, 1998; Hodder, 1998).

2. To be judged coherent, the selected passages and analyses should give a logical, connected overall impression that is aesthetically and intellectually satisfying (Sandelowski, 1994). The conclusions should follow from the premises and demonstrate correspondence between theory and data (Hodder, 1998).

3. To be judged congruent important elements should not seem to be lifted out of context or seem unconnected to an overall framework (Sandelowski, 1994).

4. To be judged credible, the process should be confirmable. It should be described in sufficient detail so as to allow another researcher to employ the same procedure and logic followed through to the end conclusions (Altheide & Johnson, 1998; Hodder, 1998; Leininger, 1994).

5. To be judged as tight, the argument should be persuasive. Alternative explanations should be considered but found less adequate. A tight argument should be supported by sufficiently recurring patterns or saturation (Hodder, 1998; Leininger, 1994).

6. To be judged as providing insight the analysis should offer new understanding and previously unconsidered perspectives. It should be evocative and interesting (Sandelowski, 1994).
7. To be judged useful the conclusions should be transferable beyond the specific data of the study. The conclusions should benefit the people who are studied as well as contribute to the emancipation and betterment of the human condition (Altheide & Johnson, 1998; Denzin, 1998; Leininger, 1994).

Overall trustworthiness should be judged by the convincingness of the discussion as both rigorous and imaginative (May, 1994; Sandelowski, 1994). In addition to the specific criteria above there should be an overall sense of satisfaction with the whole package. It should convey some sense of “movement and tension—something going on, something struggled against” (Sandelowski, 1994, p. 59). Sandelowski (1994) describes the “proof” of the quality of a research endeavor as how the results look to “your mind’s eye, whether they satisfy your sense of style and craftsmanship, whether you believe them, and whether they appeal to your heart” (p. 61).

Limitations

The focus of the study is limited to counselor education textbooks. The textbook is only a brief and static view of the field of counseling (Ivey, 1994). Textbook analysis can expose possible interpretations that may be made from a text, but can confirm neither the author’s intent or the reader’s understanding. The methodology is not designed to draw conclusions about counselor education, textbooks, or authors, but rather to suggest alternative readings. Attempts to make conclusive author or textbook generalizations or judgments of educational adequacy should be resisted as inappropriate to the design.
It is understood that counselor education includes a broad range of activities from classroom to practicum experiences, from conferences to supervision and consultation. A textbook analysis can say nothing about the reader’s use of read ideas in practice, much less the outcome for a counselee. The purpose of this investigation is not to answer these critical questions, but to expose issues that may be hidden from view for counselors whose professional ethics require self-reflexivity about assumptions and sensitivity to cultural differences. I hope that the ideas about disability that are uncovered by this textbook analysis will have applicability to similar inquiry in other counselor education formats.

A limitation of the study is a criticism raised by feminist and critical theorists about research which fails to include the subjects of study in collaboration on research design and analysis (Carspecken, & Apple, 1992; Roman, 1992). From this perspective, as a nondisabled person, my ability to speak “for” disabled others is suspect (Fine, 1998; Richardson, 1998). My intent is to connect the textbooks and the community of people with disabilities (Lincoln & Denzin, 1998), but my failure to include them directly risks the possibility that Others who are spoken for might offer “different tellings” (Denzin, 1998, p. 326). None of the voices has an opportunity to “speak back” (Hodder, 1998, p. 121). In an effort to provide accommodation to this challenge, I acknowledge my own voice in personal pronouns. Although not directly involved, the voices of real people with disabilities are included from existing literature. The voices of people with disabilities are readily accessible, within easy search-strategy reach in widely available resources. An advantage of
using existing published voices is the parallel with the use of the published voice of the textbook authors which is similarly non-interactive.

Summary

Textbooks are used in the professional preparation of counselors for ethical practice. The multicultural turn in counseling highlights the recognition that competent practice requires awareness of diverse groups in society. Representation of people with disabilities has the potential to shape the way disability is understood in ways that are powerful and sometimes harmful given the pervasive negativity toward disability in the culture (Berube, 1997). The representation of people with disabilities in counselor education textbooks has not previously been examined.

Of interest is what can be known about disability from reading selected counselor education textbooks and what different ways of knowing about disability are possible. The methodology chosen to address that inquiry is textual analysis. A postmodern paradigm underpins the methodology and embraces social constructionist, feminist, and critical theories. Framed in postmodern skepticism, the analysis deconstructs the text to excavate assumptions and learn how particular text frames and defines disability so as to lead the reader toward a particular view. The process problematizes representations of disability in the text so as to allow resistant alternative views to become visible.

The texts are examined using the four analytic tools of subjectivity, power, social organization, and language in order to bring to light dominant (ableist) views
and alternative views that have the potential to impact membership. Selected passages are used to examine how the representation of people with disabilities honors their subjective experience (or not), contributes to their empowerment (or not), positions them as valued members of families, communities, society (or not), through language that is enhancing (or not).

The method invokes reader-response theory whereby reading is understood as a process of interaction between a culturally embedded reader and a culturally embedded text rendering multiple possible readings. The method uses the researcher-as-instrument wherein, as the reader, I intentionally bring my experience to the interpretations I produce. Textbook selection criteria are set to include popular textbooks in wide use. Each selected textbook was read cover to cover highlighting all references to (a) disability, (b) other nondominant groups, and (c) assumptions of universal ability. Specific passages are selected, described in context, analyzed from multiple perspectives, and subjected to possible interpretations. Alternative representations are offered from disability literature written by people with disabilities. Selected passages are considered in three comparisons, (1) comparison of espoused values and disability representations, (2) comparison of representations of other nondominant groups and disability representations, and (3) comparison of textbook representations and self-representations of people with disabilities from other literature.

The methodology assumes particular readings direct particular meanings that are communicated through representations with important implications for privileges
and inclusionary benefits of membership. The task of the methodology is to make explicit the assumptions underlying representations of disability in counselor education textbooks and to suggest alternative readings with different assumptions. By provoking possibilities I hope to contribute to a deeper understanding of disability and ability as they operate in culture in ways that impact membership for people with disabilities.
CHAPTER IV

PILOT STUDY

Overview

I examined one textbook in a pilot study to see what underlying assumptions could be unearthed and what alternative interpretations could be read using the proposed analytic strategy. Using a “pseudo-snowball” technique, I selected a textbook by perusing the bookshelves of the Counselor Education and Counseling Psychology section of the Western Michigan University bookstore. On the assumption that each of the textbooks had been selected by an instructor in that program, I treated their presence as a referral. I was drawn by the term multicultural to a book titled *Intentional Interviewing and Counseling: Facilitating Client Development in a Multicultural Society* (Ivey, 1994). I recognized the author as well known in the field, and subsequently confirmed broad use of the textbook by frequent references in counseling literature.

The choice turned out to be illuminating. It supported the possibility of examining a textbook using the proposed strategy as a method to expose what would not be revealed by a quantitative or sampling content analysis (Miles & Huberman, 1994). The discussion that follows is not intended to exhaust the opportunities of the proposed methodology but to demonstrate the kind of information that can be exposed.
Findings From Pilot Study

A brief review of the textbook shows that neither the table of contents or the subject index included any reference to disability (or any other particular group). A complete reading identified that references to disability or its derivative terms occurred five times in the text. Although infrequently referenced, the text specifically instructs readers to attend to disability as a form of cultural difference. In a contextual reading this finding takes on additional interpretability.

The title of the book directs attention to intentionality and the multicultural focus of the textbook forecasts the highly diverse clients that counselors will meet. The opening remarks of the book set the stage for counselor awareness of the role of cultural/environmental/contextual factors in potential client interactions.

The word culture can be defined in many ways. Religion, class, ethnic background (for example, Irish-American and African-American), gender, and lifestyle differences, as well as the degree of a client's developmental or physical disability, also represent cultural differences. (p. 12)

In the closing summary of the book these issues are again highlighted in sending the reader off to practice with new sensitivities.

Culture in this book has been defined rather broadly as ethnic, spiritual, lifestyle, gender, disability, and more traditional cultural differences usually described as racial and geopolitical in origin. (p. 348)

Of note is the specific mention of disability in both the opening and closing as one of the cultural/environmental/contextual factors of which counselors should be aware. Significantly, disability (with the exception of AIDS) is not raised again between pages 12 and 348.
The textbook makes use of a vignette in each chapter, highlighted visually by boxing, which provides examples of particular counselees about whose cultural difference would-be-counselors need to be aware in reference to the material covered in the chapter. Referring to the vignettes, the author states that the “multicultural commentaries interspersed throughout this book are important indicators of the future” (p. 367) of the counseling field. Following is a list of the title of the vignette commentary from each chapter followed by the terms used in the text of the vignette to identify specific groups toward whom the discussion is directed:


2. “Use with Care: Culturally Incorrect Attending Can Be Rude”: Chinese.


7. “Can We Be ‘Nonjudgmental’ About Crime?”: age, youngster.


10. “What Can You Gain from Counseling AIDS Clients?”: person with AIDS.


With the exception of the vignette about working with clients with AIDS, no vignettes reference people with disabilities and no examples of disability-related issues are used. The AIDS vignette is embedded in a section which discusses “Multicultural Issues and Reflection of Meaning” (pp. 246-249). The vignette directs the reader to contrast the “bleak picture” usually associated with AIDS with recognition that “clients who face unthinkable pain and suffering but who still strive to live fully can help us understand the great strength that is the human spirit” (p. 247). The author closes the vignette with a comment that directs the reader to self-evaluation:

Not only do clients make meaning, but we counselors and helpers do as well. If we make negative meanings and interpretations of life experience, we inevitably pass on our bitterness and sadness to others. There are also some who wish to avoid dealing with disappointment and hurt who shield their clients from difficult issues; they take away from clients an important part of life.

Where are you in the making of meaning when you face difficult life experiences? If you find yourself avoiding difficult issues and reassuring clients, encouraging them to look at only the positive, you may need supervision in facing the truth. If you find yourself primarily dwelling on the negative, again you may need assistance in becoming more optimistic. Counseling is an ultimately affirming process for both ourselves and our clients. (p. 247)

From the perspective of opportunity missed, a situation involving a non-life-
threatening disability would present an alternative example to use to bring out similar issues, such as the nondisabled counselor who assumes disability is a tragedy. The missed opportunity to explore knowledge about disability is particularly highlighted by a comparison with the references to disability found in the final chapter. The reader is asked, “How appropriate are your interventions for those who may have issues of dealing with a society that is ill-prepared to cope with issues of physical ability?” (p. 358). No discussion follows the posed question to further develop ideas about disability that might warrant consideration in answering the question.

The vignette immediately following the physical ability question uses poverty as a socioenvironmental factor that requires counselor attention. The poverty example describes assisting an international student-client to find an affordable apartment and stores in the community. It directs the reader to consider concrete ways to assist clients: “I know that if a client has a special need and we know how to fill that need, we have a responsibility to help in very concrete ways.” (p. 360) and “At times, we must leave our comfortable offices and be with clients ‘where they are’” (p. 360). The lessons of this vignette provide another missed opportunity to present an example of environmental barriers as an issue related to disabilities. In keeping with the theme of poverty, for example, disability might be used in a vignette to highlight that two-thirds of the total population of people with disabilities live in poverty (Oliver, 1996). The opportunity to identify other environmental barriers could also be profiled in keeping with the theme of concrete help, such as assistance to find a barrier-free, affordable apartment. The vignette could offer an opportunity to assist the
counselor to disentangle the biological condition of a disability from the environmental ramifications that affect comfort and opportunities (Asch & Fine, 1988).

Of interest is a discussion entitled: “What Can You Gain from Counseling AIDS Clients?” (p. 247). The title and the vignette itself direct readers toward what benefits the counselor may enjoy, rather than what benefits their clients may gain from their work. The attention to self-interest is particularly noteworthy when contrasted with another passage where the author warns counselors that “clients may be significantly culturally different from you and require an orientation to helping that meets their needs, not yours” (p. 358).

In a chapter entitled “Client Observation Skills” in a section titled “Nonverbal Behavior” (pp. 73-75), the reader is instructed that “[d]ramatic and interesting patterns of movement exist between people” (p. 73). A distinction is drawn between movement synchrony and movement dissynchrony as people in conversation move their bodies in relation to each other. Movement synchrony is associated with people who are “communicating well” with each other (p. 73) while dissynchrony is identified as “common between people who disagree markedly or even between those who have subtle conflicts that they may not be aware of” (p. 74). Discussion follows about multicultural issues in nonverbal behavior. Readers are alerted to differences between traditional European-American nonverbal styles and those of other groups. Specifically mentioned are Russians, English, French, Puerto Rican, Arabic, Japanese, and Navajo. Detailed examples include studies of observations of the number of times people from different groups touch each other and the number of
inches people of different groups stand from each other during conversation. Warning is provided about misinterpreting body positioning and movement behavior of other groups by misapplying European-American standards. The discussion silently assumes that all clients have bodily control of nonverbal behavior. An opportunity to alert the reader to movement disorders of disabilities such as cerebral palsy, Huntington's chorea, or Parkinson's disease is missed as is a warning that conclusions about conflict should not be drawn from the movement patterns of some people. The assumption of a certain range of movement and disregard for another range of movement privileges ableness and leaves silent the experience of the group of people who hold the disregarded movement patterns.

A chapter entitled "Influencing Skills and Strategies: Taking Action for Client Benefit" includes discussion of developmental levels and counseling styles (pp. 264-271). Various cognitive/emotional orientations are detailed including sensorimotor, concrete, formal-operational, and dialectic/systemic orientations. The orientations are presented in levels from one to four and displayed visually in a diagram with level one in the lowest position and level four in the highest position. However, the reader is specifically warned not to consider the positions as hierarchically superior or inferior. "Each cognitive/emotional developmental orientation helps clients expand their worldview and awareness of possibilities. A higher level is not better—all forms of cognition and emotion have value" (p. 271). Although cognitive disabilities are not specifically mentioned, valuing all people whatever their level is clearly conveyed. An opportunity to specifically value the experience of people with
cognitive disabilities is missed.

In a final selection, the author specifically uses the vernacular of membership. In urging counselors to pursue self-assessment, self-reflection, and self-examination, the reader is challenged: "are you able to see yourself and your clients as members of a family and cultural system and see the impact of cultural/environmental/contextual factors?" (p. 369). The poverty vignette closes with the suggestion that counselors develop "new ways of being with other human beings" (p.360). The AIDS vignette closes with a description of counseling as "an ultimately affirming process for both ourselves and our clients" (p. 247). Discussion of how membership might be impacted by cultural/environmental/contextual factors related to disabilities presents another missed opportunity, not only to assist a counselor who might see a client with disabilities, but in the continued self-reflection about how cultural/environmental/contextual factors impact all human beings.

Discussion of Textbook Findings

The omission of disability-related issues contradicts the espoused values set out in the opening and closing passages. The omission is set against the query to consider clients' membership in cultures. How is the reader to understand how sociocontextual disability-issues inform a sense of membership? How is the reader to understand disability-as-difference to which the reader is instructed to attend? How is the reader to learn about this omitted group, especially when contrasted with the implications of difference that are so richly detailed for other Others? More
subtly, what might the reader infer, perhaps outside of consciousness, from the exclusion? In the absence of expression, the experience of disability is unavailable and the opportunity is missed to learn how it might affect both counselors and counselees, disabled and not.

Overall the findings divert the potential reader from challenging culturally embedded negative understandings of disability, in contrast to detailed challenges of culturally embedded negative understandings of other groups who are different from dominant culture. By omission and leaving negative cultural understandings of disability unchallenged, a reading of this textbook reproduces membership risks for people with disabilities where cultural/environmental/contextual factors may negatively impact a sense of belonging, connection, and inclusion and sources of identity, empowerment and social networks.

Of importance to the omission is not just the risk for people with disabilities, but the loss of an opportunity to gain an understanding of variation that is part of human life. The opportunity lost is significant. Since most people have personal experience with their own distance from culturally ideal bodies and will eventually face outright disability at some time in their lives, it is unfortunate that knowledge of “what it is like to be ‘too far’ from our cultural ideals” is not transmitted (Wendell, 1996, p. 109). “[W]e maintain idealizations at the expense of people who do not fit the ideals, and at the expense of much of everyone’s comfort living with our own real bodies and abilities” (Wendell, 1996, p. 110). As people with disabilities are routinely excluded from ordinary daily life and discourse, what are also excluded are the
thoughts, feelings, and struggles of the shared cultural understanding of human experience (Wendell, 1996).

Implications of Pilot Study for Full Study

The proposed methodology proved useful in highlighting the presence or absence of representation of disability. Comparisons between espoused values and disability representations and between disability and other nondominant group representations proved informative. Reviewing the findings points out the limitations of a method that only documents the presence or absence of representations and the richer understanding that can be gained from deconstruction of the text and comparisons with other representations. The methodology highlighted a number of missed opportunities to better understand disability. The missed opportunities open possibilities to inject the perspective of people with disabilities that is absent in the text. The addition of a comparison of the textbook representations of disability and the self-representation of disability from sources outside the textbook will contribute to the usefulness of the inquiry by providing a view of disability from the experience of people with disabilities beyond what I might offer as a nondisabled reader/researcher.
CHAPTER V

FINDINGS: ONE READER READING

Introduction

The interest of the study of how disability can be read in counselor education textbooks is explored through two related research questions:

1. What kind of things can be known about disability by reading this particular text?

2. What different things can be known about disability?

I apply the recognition of reader-response theory that the process of reading involves an interaction between the text and the reader. This chapter summarizes my findings as one reader reading. In this case I am the reader and therefore use myself as researcher-as-instrument. I read each textbook holding in mind the four analytic tools of (1) subjectivity, (2) power, (3) social organization, and (4) language as aids in uncovering assumptions. I approached the process of reading asking of each passage, What does the world look like when I hold the words within this passage to be true?

In the findings I deconstruct and examine passages that caught my attention raised by the four analytic tools, and discuss the passages at three levels: (1) descriptive, (2) analytic, and (3) interpretive. To organize the discussion I relate the findings through three comparisons:

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1. I compare the espoused values of the text with the representations of disability.

2. I compare the representations of other nondominant groups with the representations of disability.

3. I compare the textbook's representations with the self-representations of people with disabilities from literature authored by them.

Borrowing from literary theory where reader-response theory is most developed, my goal is to "make strange," to render the familiar unfamiliar, to defamiliarize (Eagleton, 1996). Through the process of estrangement I hope to make the text's assumptions about disability more perceptible by rousing a critical awareness of the way the texts work to invite a particular understanding of disabilities and not another.

It is important for the reader of this report, as it was for me the writer, to hold in mind the purpose of this exploration. It was a struggle for me, and may be one for the reader, not to make a judgement about a textbook. I was not trying to find the definitive representation of disability in the textbooks. That is counter to the understanding of representation I am trying to capture by this study. There is no single representation, but many. Many images emerge from multiple references and multiple contexts. While an overall image may arise, it was not my intent to find one. It was, instead, my intent to illuminate where images convey the commonly held, culturally formed, able dominated representations which are resisted by people with disabilities who are trying to insert alternative possibilities into the cultural imagination of disability. To reiterate, my analysis does not claim to demonstrate that the
passages I chose reflect The Representation of Disability in a particular text. Although there was a commonality within and between textbooks, my analysis was not in search of documentation of such a pattern. Instead, my analysis is in search of different ways to understand disability. The passages that captured my attention were those that most vividly captured the distance between imagined possibilities of the meaning of disability. The point of these highlighted discrepancies is to capture the way we make people Other who do not share our characteristics. The purpose of this study is to illuminate the ways people with disabilities are represented in a society dominated by nondisabled individuals.

Each textbook is reviewed separately. The textbooks varied not only by content, but by style, tone, organization, rhetorical technique, and voice. With such wide variation, not surprisingly, each text accentuates different aspects of representations of disability. I describe the various representations and identify features and relationships pointed up by the analytic tools. I offer interpretive comments about assumptions and offer contrasting representations expressed by people with disabilities. In Chapter VI, I discuss the issues that emerge from consideration of these findings as a whole.

Career Textbook Findings

The career textbook (see Appendix for citation) devotes an entire chapter to "Career Counseling for Individuals with Disabilities" (all passages from this textbook are identified by the letter C). With the exception of a few brief references, disability
Comparison #1: Espoused Values and Representations of Disability

The text introduces disability as a special need similar to the special needs of other groups.

Special needs of women, culturally diverse groups, and individuals with disabilities must continue to receive attention. (C-p. 20)

The first chapter sets the context for career issues and espouses values that are important for counselor's awareness. Career issues are described as affecting all areas of life across the life span.

Our career determines where we live, how we live, and to a great extent, with whom we associate. (C-p. 4)

Career development . . . is the total constellation of psychological, sociological, educational, physical, economic, and chance factors that combine to influence the nature and significance of work in the total life span of any given individual. (C-p. 7)

Career counseling includes all counseling activities associated with career choices over a life span. In the career counseling process, all aspects of individual needs (including family, work, and leisure) are recognized as integral parts of career decision making and planning. (C-p. 7)

The reader is directed to consider social and political environmental factors. The chapter on individuals with disabilities directs the reader to specific socio-environmental concerns for this group that includes inferior status, negative attitudes, and limited opportunities.

Individuals with disabilities, often ignored, have counseling needs that must continue to receive our attention. (C-p. 6)

[Individuals with physical disabilities are given an inferior status position in]
our society. (C-p. 458).

Individuals with disabilities face an impressive array of negative social attitudes, prejudice, and other social barriers. (C-p. 459)

Being identified as disabled or handicapped may limit access to the job market. . . . generalizations inhibit opportunities for employment. (C-p. 459)

The current lack of visibility of individuals with physical disabilities working successfully in a broad spectrum of career fields may reinforce low self-esteem and negative attitudes about labor market potential. . . . In early onset disability, an individual’s exposure to occupations is limited and career development is usually delayed. (C-p. 459)

The espoused values direct the reader to look beyond the individual with disabilities to social barriers. The text directs counselors to address environmental concerns.

One of the most successful methods of improving employers’ hiring attitudes is through placement of individuals with disabilities who turn out to be successful workers. An advocacy role through personal contact with potential employers is also an effective method of building positive attitudes. (C-p. 459)

Employers will need to provide “reasonable accommodation” to individuals with disabilities. This includes steps such as job restructuring and modification of equipment. (C-p. 457)

The text specifically warns the reader to look beyond the singular characteristic of impairment.

A disability is only one individual characteristic to be considered in the employment process. (C-p. 459)

The focus should be on the unique identity of a person as opposed to a label that implies that everyone with that particular label is alike and has a separate status. (C-p. 454)

The text encourages readers to be self-reflective about their own attitudes toward disability.

Can the stereotypes and negative attitudes toward disabilities be erased from
many professionals, including some members of the counseling profession? No doubt, some students with disabilities need individual attention, but counselors need to view these students' needs in perspective rather than in a stereotypic manner. (C-p. 468)

These espoused values are compared to artifacts in the text about disability.

The severity of functional limitations and the individual’s adjustment to his or her limitations are the most important factors to consider in career counseling. (C-p. 458)

Despite the strong emphasis on environmental factors the text locates the problems of disability within the individual. Individual impairments and individual adjustment are “the most important” factors.

In making the school-to-work transition, persons with disabilities often need assistance in establishing and clarifying goals. This transition also involves a change in environment, which is sometimes difficult for people with disabilities. (C-p. 469)

Rather than being difficult for many students, transition is difficult “for people with disabilities.” Despite the warning about stereotypes the text lumps all people with disabilities together.

Individuals with disabilities tend to limit their social lives to interactions with other persons with disabilities. . . . they are reluctant to develop friendships outside the disabled community. (C-p. 460)

Despite the warning about prejudice the text suggests people with disabilities as a group self-limit their social interactions. The text locates reluctance with people with disabilities rather than nondisabled society’s reluctance to interact with them.

This tendency toward individualizing problems and totalizing disability is evident in the following case studies used to illustrate counselor approaches.

Ron is returning to the work force after a serious head injury received in a car accident. During several months of recovery, his previous job in construction
work was terminated. He is now interested in ‘looking for other kinds of work.’ An aptitude battery was administered to determine possible deficits resulting from the head injury. As the counselor suspected, the test scores indicated poor finger and manual dexterity. Jobs requiring fine visual-motor coordination had to be eliminated from consideration in career exploration. . . . Ron's deficiencies were found and considerable time in career exploration was saved. (C-p. 151)

Ron's case is one of three examples of the use of aptitude tests. The case example just preceding Ron is Susan.

Susan is a senior in high school. . . . Her interests have not crystallized to the point at which she would be able to specify a particular occupational interest. Several assessment inventories were used to discover areas of specific strengths and weaknesses for inclusion in Susan's career exploration program. Identification of specific aptitudes was seen as a stimulus for discovering potential career considerations. (C-p. 150)

In Ron's case the assessments are used to “eliminate considerations.” In Susan's case they are used to “discover potential.” In Ron's case they are a time-saver. In Susan's case they are a stimulus for further activity.

Another case study used in the chapter on disability issues involves Dora.

The following is an actual case of an individual who received rehabilitation services from a state agency. . . . Dora was a self-referred high school graduate and never received rehabilitation services. She was 40 years old, divorced for approximately three years, and had two children. . . . Dora had married at age 18 and had lived in several cities and states with her salesman husband. Sam noted in his report that her mood was very flat and than she seemed remorseful and lethargic. She became extremely emotional when she referred to her marriage, stating, 'I resent that my husband left me because of my arthritis.' . . . Dora reported that she had suffered serious problems with arthritis for the past ten years, requiring five surgical procedures on her hands. . . . Dora's only source of income was $600 monthly child support, and she had no savings. She was unable to insure her five-year-old automobile, and her current rent and utility bills totaled $310. Dora's work experience was very limited; she had worked as a teacher's aide for approximately nine months but was unemployed at the present time. (C-p. 464)

The text suggests the issues the counselor needs to consider regarding Dora.
Rehabilitation clients often need extensive personal counseling designed to assist them in accepting their disability, adjusting to reactions of others to their disability, reintegrating their self-concepts, and adjusting to changes in relationships with family and others in their lives. (C-p. 466)

In essence, individuals with disabilities may require extensive personal adjustment counseling. (C-p. 467)

The primary focus to which the counselor/reader is directed is Dora’s personal adjustment and acceptance of her disability. Issues related to her gender, income, work experience, socioeconomic class, and limited life opportunities are not attended to in this case despite admonitions earlier to attend to sociopolitical factors and to see disability as only one of many characteristics.

Another case study involves a group counseling program for individuals with disabilities.

The following counseling program illustrates a group counseling procedure for individuals with disabilities. . . . The counselees were hospitalized male patients. . . John had been injured in a car accident and was almost totally paralyzed. The other counselees had been injured in industrial accidents. Rex’s right leg was amputated below the knee. Roberto had lost three fingers. Harold’s injury prevented him from bending his left leg. (C-p. 470)

The reader is guided to see the men as a specialized rehabilitation cases, a view that overwhelms the career strategies that a reader might otherwise consider. In this group counseling example there is no reference to job accommodation or job restructuring. Roberto is identified as having been hospitalized for eight months following the loss of three fingers in an industrial accident. Even if it is realistic that Roberto would be hospitalized eight months for the loss of three fingers, his removal from his social support systems, an important factor in job searches, goes without remark. The image of a specialized segregated setting is exacerbated by the segregated
location of the case in a chapter that segregates disability. Other representations in this chapter further contribute to segregation and specialized treatment.

Goodwill Industries of America serves as a good example of a national network of programs for individuals with disabilities. Goodwill Industries of America is generally recognized as the world’s leading privately sponsored agency for training individuals and with facilities for individuals with disabilities. . . . Many Goodwill Industries collect donated clothing, furniture, household goods and appliances, books, art objects, radios, and televisions for repairing, refurbishing, and rebuilding by individuals with disabilities. (C-p. 462-463)

Sheltered workshops, supported by a number of private rehabilitation agencies, provide a workplace for individuals who are unable to meet work requirements in the competitive job market. (C-p. 463)

Charity programs and sheltered workshops further distance people with disabilities from career issues of any other clients and focus on the singular characteristic of disability. The reader is instead distanced by time and place from an image of the men of the career counseling group returning to their jobs with accommodations for their new injuries, despite the text reference to the Americans with Disabilities Act that requires,

Employers will need to provide “reasonable accommodation” to individuals with disabilities. (C-p. 456)

The reader is guided toward an image of the men repairing donated appliances in a sheltered workshop. The use of a group of men who are hospitalized reinforces the specialness and distance of people with disabilities from the folks who will present to the general career counselor’s practice.

The case examples used to illustrate the application of counseling principles to people with disabilities ignore the espoused values. The consideration of
environmental factors is forgotten in favor of a focus on individual adjustment. The reader is directed to special problems located within the individual. Career success is tied to personal adjustment rather than environmental accommodation. No examples are given that help the reader understand the many and varied ways accommodations can be arranged for individuals to pursue their desired career or return to their previous work. Instead, the reader is led toward the image that disability implies giving up aspirations and settling for a lesser life.

The espoused values that emphasize negative attitudes, lack of opportunities, and the need for counselor advocacy with potential employers seem forgotten in depictions that tend to stereotype and define issues in terms of personal adjustment. The predominant counselor strategy is to assist in successful adjustment to a lesser status. Disability pride is not imagined.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disability

The text is organized to include chapters devoted to particular groups identified as “special populations.” These special populations include women, men, families with dual careers, multicultural groups, and individuals with disabilities. The chapters dedicated to these specific groups includes these titles and subtitles:

- Special Issues in Career Counseling for Women (C-p. 365)
  Identifying Women’s Special Needs (C-p. 370)

- Special Issues in Career Counseling for Men (C-p. 388)
  Identifying Men’s Special Needs (C-p. 392)

- Special Issues in Family Systems Featuring Issues for Dual Careers (C-p.
Issues Facing Dual-Career Families (C-p. 411)

Career Counseling for Multicultural Groups (C-p. 421)
   Cultural Differences in Work-Related Activities (C-p. 423)

Career Counseling for Individuals with Disabilities (C-p. 454)
   Special Problems and Needs of Individuals with Disabilities (C-p. 458)

Of note only people with disabilities have "problems" while other special populations have "issues." While there might be benefits to organizing the text around special populations, in the case of disabilities, it is not parallel attention. The "specialness" is difference that is inferiorized as a problem.

Separate chapters focusing on gender, race, and ethnicity are strongly oriented to environmental contexts that influence career opportunities.

[Environmental characteristics serve as barriers to the career development of those whose culture differs from the dominant one, and they establish the need for specific counseling strategies that help overcome these barriers. (C-p. 440)

Readers are alerted to stereotyping, bias, and discrimination which has resulted in limited job opportunities and high rates of unemployment for women, gays and lesbians, African and Native Americans, and Hispanics.

Career counselors need to assist clients in combating gender stereotyping, which limits career options. (C-p. 66)

[W]omen have a special need to develop strategies for negating employer discrimination. (C-p. 377)

Gay Men . . . recommendations for counselors: (1) keep in mind the subtle, insidious nature of heterosexual bias. (C-p. 397)

African Americans and Hispanics have a greater unemployment rate than do
white; an advocacy role for ethnic minorities should be a priority for career counselors. (C-p. 291)

Native Americans have not been exposed to a wide range of careers and have limited opportunities to attend college because of high unemployment rates. (C-p. 439)

While the chapter on individuals with disabilities includes some reference to discrimination and stereotypes, there is a subtle shift away from environmental factors toward individual factors emphasizing personal adjustment and accepting one’s difference. Contrast the location of gender issues with the location of disability issues in the following representations. In the following passages readers are directed toward a limited range of opportunities and underutilization of abilities for women. In contrast the reader is directed to individual deficiencies in assertiveness and independence for people with disabilities.

[A] restricted range of options and underutilization of abilities [are] important factors hindering women’s career development. (C-p. 77)

[ I]ndividuals may be deficient in assertiveness and in independence if they have experienced early onset of disability. . . . Later onset of disability (1) may have disturbing effects on personal adjustment, (2) may be related to lower levels of educational or vocational aspirations and (3) may be related to indecisiveness in career choice. (C-p. 460)

In another contrast, women are described as influenced by gender-role socialization. People with disabilities are described as inherently deficient by skill or desire without reference to role socialization factors.

Gender-role socialization has created a masculine/feminine polarity: . . . Masculinity is associated with: . . . [s]trength, bodily prowess, toughness, and stamina to undertake long, grueling work and endure severe bodily stress without quitting . . . Femininity is associated with: . . . [w]eak, frail, submissive, and unassertive behavior; victimized by others who have more power and are ready to use it exploitatively; limited bodily resources to sustain a
persistent effort toward valued goals. (C-p. 392)

Individuals with disabilities need special help in developing skills for independent living. For some, the greatest problem is learning to accept limitation that may restrict their ability to become fully independent. For others, increasing their desire to be independent may be the counseling challenge. (C-p. 461)

Another example of differences in the problematizing of career issues comes from a comparison of the depiction of Hispanics and disabled individuals.

[Debunk . . . the idea that cultural traits have restricted Hispanics in career choices. Instead, socioeconomic status and lack of opportunity have restricted Hispanics from access to higher education and subsequently to their occupational aspirations. (C-p. 436)

Individuals with disabilities resulting from physical trauma may have difficulty adjusting to and accepting disability, which may interfere with motivation to seek retraining and employment. (C-p. 458)

[Losses and supervisors do have a pretty tough job and they are generally good guys if you act like you want to work with them and do a good job. This will be especially important as a worker with a disability. (C-p. 472)

The reader is directed away from personal traits as responsible for limited work opportunities for Hispanics but directed toward the disabled person’s adjustment and need to please a boss because that is “especially important as a worker with a disability.” The focus is on the individual when disability is involved, but on the context of work opportunities when ethnicity is involved.

The chapter on race and ethnicity identifies unemployment rates for African Americans and Hispanics as ranging from 7.9-9.6 % (C-p. 291). Unemployment rates for people with disabilities that exceed 60% (Oliver, 1996) are not noted. The end of the chapter on disability provides the reader with exercises intended to provide supplemental learning.

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Supplementary Learning Exercises. . . Visit an industry that employs individuals with disabilities. . . Interview a personnel director for an industry that employs individuals with disabilities to determine common problems experienced by these workers. Develop components to help individuals overcome the common problems reported. (C-p. 479)

In directing the reader to locate an industry that employs people with disabilities, the reader by implication can assume that there are entire industries where people with disabilities are not employed. Earlier the espoused values suggested,

[C]areer counselors should support community education and training programs to foster acceptance in the work world. (C-p. 461)

An advocacy role through personal contact with potential employers is also an effective method for building positive attitudes. (C-p. 459)

While the espoused values suggest an advocacy role to influence employers, the reader is directed here to "individual overcoming" rather than employer education.

In these contrasts between disability and other nondominant groups, the location of problems shifts from the environment to the individual. The counselor's responsibility and help strategies correspondingly shift. The counselor is directed to the internal responses of the individual rather than the environmental adaptations that might accommodate differing abilities. The discourse is framed as an individual problem in contrast with race and gender that are framed as societal problems. Gender, race, ethnicity, sexual orientation, and disability are all body-based differences, but the "problem" for disabled people requires their personal adjustment, while the "issues" for raced, gendered, and sexually oriented people is confrontation of institutional "isms." The "special" targeted chapters are problematized quite differently: race and gender are issues for all of Us, while disability is an issue for Them.
The overemphasis on individual adjustment and underemphasis on socio-environmental factors is a major contention of the disability rights movement.

Academics and professionals play a key role in influencing the meanings which non-disabled people give to disability and in determining the policies and services which affect our lives. The models of disability that most commonly inform this role are the 'personal tragedy' and medical models of disability. Those who subscribe, consciously or unconsciously, to these models view disabled people as individuals whose experience is determined by their medical or physical condition. Someone who is blind is thus viewed as experiencing a 'personal tragedy' and it is the role of the professional to mitigate the difficulties caused by not being able to see. The individualist assumptions that are at the heart of this definition of disability also encourage a particular psychology of disability. By this I mean that disabled people’s behavior is often interpreted in terms of individual pathologies. Our justifiable anger about our oppression is interpreted as a self-destructive bitterness which arises out of a failure to ‘accept’ our disability. Our difficulties in getting access to the resources we need to live independently are treated as a ‘lack of motivation’ or similar individual inadequacies. (Morris, 1991, p. 180)

My life has two phases: before the social model of disability, and after it. Discovering this way of thinking about my experiences was the proverbial raft in stormy seas. . . . Suddenly what I had always known, deep down, was confirmed. It wasn’t my body that was responsible for all my difficulties, it was external factors, the barriers constructed by the society in which I live. I was being dis-abled—my capabilities and opportunities were being restricted—by prejudices, discrimination, inaccessible environments and inadequate support. Even more important, if all the problems had been created by society, then surely society could un-create them. Revolutionary! (Crow, 1996, p. 206-7)

In the case study of Dora, her contention that her arthritis “caused” her marital breakdown is not disputed. Her lack of a job is problematized as failure to accept her disability and adjust to her husband’s and society’s perceptions of her disability. Disabled authors resist this view of disability as totalizing.
Mainstream explanations have centered on impairment as “all”—impairment as the cause of our experiences and disadvantage, and impairment as the focus of intervention. (Crow, 1996, p. 207)

A serious disability [i.e. impairment] inundates all other claims to social standing, relegating to secondary status all attainments of life, all other social roles, even sexuality. It is not a role, it is an identity, a dominant characteristic to which all social roles must be adjusted. (Murphy quoted in Keith, 1996, p. 73)

The text does not imagine the possibility of the resistant voice of disability pride or disability culture.

Disability culture. Say what? Aren’t disabled people just isolated victims of nature or circumstance? Yes and no. True, we are far too often isolated. . . . But there is a growing consciousness among us . . . disability culture is passing the word that there’s a new definition of disability and it includes power. (Wade quoted in Charlton, 1998, p. 199)

[We] strongly believe that there is joy to be found in disability. (Mackelprang & Salsgiver, 1999, p. 242)

[We] believe that disability is beautiful and that most people with disabilities are actually happy with themselves and their lives. (Mackelprang & Salsgiver, 1999, p. 243)

[We] have one fundamental difference from other movements, which we cannot afford to ignore. There is nothing inherently unpleasant or difficult about other groups’ embodiment: sexuality, sex and skin color are neutral facts. In contrast, impairment means our experience of our bodies can be unpleasant or difficult. (Crow, 1996, p. 209)

It is this confronting of disability and aspects of impairment that underpins the notion of disability pride which has become so central to our movement. Our pride comes not form “being disabled” or “having an impairment” but out of our response to that. We are proud of the way we have developed an understanding of the oppression we experience, of our work against discrimination and prejudice, of the way we live with our impairments. (Crow, 1996, p. 223)

The voice of a disabled counselor speaks to the images found in this text.

Stereotypical attitudes are pervasive in society, and human service
professionals are as susceptible to them as anyone. Close monitoring of personal reactions to people with disabilities can help professionals identify and deal with their personal attitudes based on stereotypical beliefs. It is important to acknowledge that stereotypes are not always borne of negative presuppositions. Some are borne of compassion and sympathy. However, even these stereotypes have negative results. . . . Human service professionals have a direct effect on the general public's view of disability. Their attitudes are also perpetuated as they influence their students, the future human service professionals. They can reinforce the perception that problems rest exclusively with individuals and small systems, ignoring meso and macro impacts on people's lives. (Mackelprang & Salsgiver, 1999, p. 9)

The career textbook refers to the ways that the environment acts on people with disabilities as a group through negative stereotypes, limited opportunities, and focusing on disability as the single important characteristic. The text then guides the reader away from these contextual issues by representing individuals with disabilities in ways that reinforce rather than resist awareness of the contextual nature of disability. The individual representations of disability maintain the pervasively negative view of disability as an individual problem that requires reluctant adjustment.

Skills Textbook Findings

Disability is introduced in the first chapter of the skills textbook (see Appendix for citation) alerting the reader to consider the needs and problems of special populations (all passages from this textbook are identified by the letter S). However, in contrast to the career textbook, the skills textbook does not segregate disability to a special chapter, but weaves disability issues throughout the text through the vehicle of mini-vignettes of imagined clients and their presenting problems.
Diversity is defined broadly and disability is specifically included in the broad definition.

Do not define diversity narrowly. This client’s concern about unattractiveness deserves the helper’s engagement just as much as that client’s concern about racial intolerance. (S-p. 49)

While clients have in common their humanity, they differ from one another in a whole host of ways—accent, age, attractiveness, color, developmental picture, disabilities, economic status, education, ethnicity, gender, group culture, national origin, occupation, personal culture, personality variables, politics, problem type, religion, sexual orientation, social status, to name some of the major categories. (S-p. 47)

Both the differences among and the needs of minority groups—whether race, ethnicity, disability, or some other kind of difference is at issue—together with the contribution such groups make to society have been systematically ignored or misunderstood. (S-p. 47)

Counselors are advised to be attentive to their personal biases.

Like everyone else, helpers are tempted to pigeonhole clients because of gender, race, sexual orientation, nationality, social status, religious persuasion, political preference, lifestyle, and the like... self-knowledge... includes ferreting out the biases and prejudices that distort our listening. (S-p. 76)

Helpers do not always have a clear idea of what their values are. Or the values they say they hold, that is, their espoused values—do not always coincide with their actions—their values-in-use. (S-p. 57)

The counselor is advised to attend to social context and direct attention to changing social situations rather than exclusively to changing clients.

It is essential that helpers understand clients and their problem situations contextually. (S-p. 47)

Some clients are treated unfairly; they are victimized by the behaviors of others in the social settings of their lives. Although they can be helped to cope with victimization, full management of their problem situation demands
changes in the social settings themselves. (S-p. 68)

The text uses vignettes to flesh out the espoused values. The predominant image of people with disabilities in the vignettes is embedded in catastrophic circumstances. Many case vignettes feature disability as a result of dire circumstances.

[The] bullet severed John’s spine, his legs collapsed under him, and he was left paraplegic. (S-p. 14)

[He] has lost a leg in a car accident. (S-p. 106)

He had been so severely beaten this time that it was likely that he would suffer permanent physical damage. (S-p. 226)

Jay, a single man, age 25, tells a story of driving while drinking and of an auto accident in which he was responsible for the death of a friend as well as his own severe back injuries. (S-p. 337)

[The] son of Antonio and Consuela Garza is in a coma in the hospital after an automobile accident. He needs a life-support system to remain alive. . . . They have been told there is practically no chance their son will ever come out of the coma. (S-p. 248)

The traumatic circumstances reinforce the disability-as-tragedy plot consistent with the cultural stock of stories common in the culture. A narrow range of disabling circumstances is presented in these traumatic scenarios. These representations foster a view of the able body as the original and correct version that has been damaged. Furthermore, disability is conflated with pain and illness. Reconciliation with a different body is accomplished only by overcoming almost insurmountable obstacles, another in the cultural stock of stories about disability.

A patient in a long-term rehabilitation program who had been listless and uncooperative said to her counselor after a visit from her minister, “I’ve decided that God and God’s creation and not pain will be the center of my life.” (S-p. 222)
Yolanda not only believes that participation in a rather painful and demanding physical rehabilitation program following an accident and surgery will literally help her get on her feet again (an outcome expectation), but also believes that she has what it takes to inch her way through the program (a self-efficacy expectation). (S-p. 196)

An AIDS patient who said that he wanted to be reintegrated into his extended family managed, against all odds, to recover from five hospitalizations to achieve what he wanted. (S-p. 222)

I met an AIDS patient who was, in the beginning, full of self-loathing and despair. Eventually, however, over time he painted a new scenario in which he saw himself not as a victim of his own lifestyle but as a helper to other AIDS patients. Until close to his death, he worked hard, within the limits of his physical disabilities, seeking out other AIDS sufferers, getting them to join self-help groups, and generally helping them to manage an impossible situation in a more humane way. (S-p. 245)

These passages direct readers to focus on their own imagined reaction to trauma, rather than environmental barriers and societal attitudes related to disability as difference.

Disability is referenced indirectly through the use of metaphor.

In a flash Dillard sees himself as not addicted to drugs but as a person with a crippling disability. . . . The image of “throwing away the crutch” and “walking straight” proved to be very appealing to Dillard. (S-p. 260)

[Harry] came through the operation quite well . . . however . . . took on many of the mannerisms of a chronic invalid. . . . Whereas right after the operation he had “walked tall,” he now began to shuffle. (S-p. 326)

[A] single parent, father of a mentally retarded son, was challenged one day by a colleague at work. “You’ve let your son become a ball and chain.” (S-p. 307)

These narrative metaphors inferiorize disability. The text also uses a number of metaphorical terms.

[B]lind spots . . . refers broadly to ways of thinking and acting that clients fail to see or don’t want to see. (S-p. 148)
Questions to Uncover Blind Spots . . . What do I refuse to see? (S-p. 149)

[B]lind spots—that is, self-limiting ways of thinking and acting that clients fail to see or don’t want to see. (S-p. 150)

In these three passages, blindness is self-imposed, a choice, and a stubborn refusal.

Ableist assumptions are embedded in instructions about nonverbal behavior. Counselors are universally assumed to have body control and vision, as are their clients.

The averted face is too often a sign of the averted heart. (S-p. 62)

[F]acing another person squarely is often considered a basic posture of involvement. . . . Crossed arms and crossed legs can be signs of lessened involvement with or availability to others. . . . leaning forward over the table as a natural sign of involvement. . . . a slight inclination toward a person is often seen as saying ‘I’m with you, I’m interested in what you have to say’. . . . Leaning back (the severest from of which is a slouch) can be a way of saying ‘I’m not entirely with you’. . . . Maintaining good eye contact with a client is another way of saying ‘I’m with you; I’m interested. (S-p. 63)

The images in the text are totalizing and unidimensional and readers attention is focused on the experience of disability as a traumatic event rather than disability as a form of diversity subject to environmental influences and but one of many individual characteristics with varying degrees of impairment and multiple causation. Representations inferiorize disability and assumes universal body control and sensory capacity that excludes the experience of some people with disabilities.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disability

Representations of other nondominant groups also include numerous traumatic incidents.
Jennie, an African American college senior, was raped by a “friend” on a date. (S-p. 66)

Simon, a victim of torture in a Middle Eastern country . . . [is] aimless and minimally cooperative in exploring the meaning of his brutal experience. (S-p. 222)

Bea, an African American woman, had been arrested when she went on a rampage in a bank and broke several windows. (S-p. 239)

Although other group members experience traumatic life circumstances, they do not consider ending their lives, a scenario that is part of ableist discourse and finds representation in one of the scenarios of disability.

Nora found it extremely depressing to go to her weekly dialysis sessions. She knew that without them she would die, but she wondered whether it was worth living if she had to depend on a machine. (S-p. 321)

Client vignettes of rape, incarceration, and torture are not linked to questions of whether life is worth living, but a once weekly life-saving machine is represented as a challenge to life worth living.

The linkage of disability to trauma camouflages disability as a natural range of human variation and a likely occurrence of later stages of life. By contrast the text specifically resists the deficiency depiction of menopause in favor of naturalizing the experience.

[I]t is time to challenge the outmoded medical view that many women have unwittingly adopted of menopause as a “deficiency disease” and as a sign of “getting old.” Rather, menopause is a natural developmental stage of life. (S-p. 152)

The reader is drawn to a view that centralizes disability as an individual problem while problems of others are viewed more contextually. The reader is led to a view of disability as unnatural and deficient where other body-based experiences are part
of the range of human experience.

Comparison #3: Textbook Representations and Self-Representations of Disability

The text does not imagine the possibility of disability as a non-traumatic or non-dominating aspect of a complex life. The disability literature asks for a more complex understanding of disability.

Our disabilities need not dominate our lives and identities if the individual differences of all people are valued and accommodated. (Browne et al., 1985, p. 174)

[T]he perception of impairment as personal tragedy is merely a social construction; it is not an inevitable way of thinking about impairment. Recognizing the importance of impairment for us does not mean that we have to take on the non-disabled world’s ways of interpreting our experience of our bodies. In fact, impairment at its most basic level, is a purely objective concept which carries no intrinsic meaning. Impairment simply means that aspects of a person’s body do not function or they function with difficulty. Frequently this is taken a stage further to imply that the person’s body, and ultimately the person, is inferior. However, the first is fact; the second is interpretation. If these interpretations are socially created then they are not fixed or inevitable and it is possible to replace them with alternative interpretations based on our own experience of impairment rather than what our impairments mean to non-disabled people. (Crow, 1996, p. 211)

In the following scenario from the textbook disability is presented as a reaction of the able to the imagined “correct” response to disability.

Harry, a man in his early 50s, was suddenly stricken with a disease that called for immediate and drastic surgery. . . . [H]e had a problem with the drugs he had to take following the operations. . . . He talked constantly about his symptoms and generally used his “state” to excuse himself from normal activities. At first Harry’s friends were in a quandary. They realized the seriousness of the operation and tried to put themselves in his place. They provided all sorts of support. But gradually they realized that he was adopting a style that would alienate others and keep him out of the mainstream of life. Support was essential, but it was not enough. They used a variety of ways to challenge his behavior: mocking his “invalid” movements, engaging in serious
one-to-one talks, turning a deaf ear to his discussion of symptoms, and routinely including him in their plans. . . Harry did not always react graciously to his friends' challenges, but in his better moments he admitted that he was fortunate to have such friends. (S-p. 326)

Harry’s reality is denied him by the able who “know better.” People with disabilities experience a dilemma in trying to capture their reality without embracing a disability-as-trauma narrative.

[T]alking about the experience of impairment . . . feels a very dangerous thing to say, in that we feel it makes us vulnerable to non-disabled people turning round and saying—“there you are then, we always know that your lives were awful because of illness or incapacity, we always knew what a tragedy it is” . . . [O]ne of the reasons we developed the social model of disability was to protect ourselves from the feelings of pity directed at us by non-disabled people who felt they had a right to tell us how we should feel about our experiences. In reality, such people were projecting their own fears of loss and pain, dependency and mortality onto us. (Morris, 1996, p. 13)

Nora's case, the woman wondering whether life was worth living if dependent on a machine, conforms with the ableist scenario. Her scenario erases the time between dialysis sessions and totalizes the once-a-week experience. This depiction does not imagine the use of technology as liberating or lifesaving.

To have invented a way to move about without legs was to invent walking. This was a task reserved for the gods, and to perform it was deeply satisfying. (Hockenberry, 1995, p. 79)

Because I was having problems with mobility, I started using a wheelchair in 1975. I saw the wheelchair as a wonderful mobility aid that would allow me to continue my work. (Hurst quoted in Charlton, 1998, p. 118)

People like myself, who rely upon a wheelchair for mobility and independence, see it as a piece of liberating equipment. . . it is a distinctly minority view to see the wheelchair as an object of liberation. For most people it symbolizes a vast range of negative attributes which include dependence, need, infirmity of mind and body, sickness, and a curious combination of the qualities which are seen to pertain to both childhood and old age. (Keith, 1996, p. 75-76)
Representations in the text direct the reader to define disability-as-trauma and lead the able reader to imagine the trauma rather than the full range of possibilities that exist for people living with disabilities. Representations of disability are totalizing, unidimensional, and static; and life with disabilities is an inferior life.

Assessment Textbook Findings

Disability is once again introduced early in the text as an issue for counselor awareness. In the assessment textbook (see Appendix for citation) disability is introduced in the preface, referenced occasionally in brief comments interspersed throughout the text, but covered most extensively in a special chapter on “Assessment of Exceptional Children” (all passages from this textbook are identified by the letter A).

Comparison #1: Espoused Values and Representations of Disability

The preface sets disability in a rights context emphasizing equal opportunity.

Concern for the rights of all individuals without regard to color gender, disability, or any number of other characteristics has become a central issue that has led to attempts to provide optimal educational experiences for all children. Society at large has been pressured to assure that everyone is given equal opportunity for access to higher education and to desirable employment. (A-p. v)

Readers are cautioned about classification and potential implications of labeling as a result of the assessment process.

We never measure a thing or a person. We always measure a quality or an attribute of the thing or person. (A-p. 10)

[L]abeling carries with it implications which may influence how people are viewed and treated in the education and social-service system (e.g., mentally
retarded, emotionally disturbed). When people are responded to as if they are representative of a broader class of people, and particularly if the traits have little or no basis in reality, these labels deprive the person and other members of the class of their individuality and worth as individuals. (A-p. 435)

The rights theme is based on the vulnerability of people with disabilities.

Because [social] services are provided to the most vulnerable segments of the population (e.g., children, older adults, persons with disabilities), extra care and attention to the regulation of these services is absolutely essential. (A-p. 423)

[The government has identified several groups of people who are considered to be particularly vulnerable and for whom special protections are afforded: children, prisoners, pregnant women, persons with mental disabilities, and persons who are believed to be economically or educationally disadvantaged. (A-p. 436)

[The ADA adds persons with disabilities to the list of protected segments of the population. (A-p. 397)

The rights perspective emphasizes vulnerability and protection. Disability issues are placed in a chapter addressed to children. A discussion of the Americans with Disabilities Act, which is directed at equal employment opportunities for adults with disabilities, is discussed in a chapter on children. The linking of vulnerability and protection with disability, and linking children with disability directs attention to dependency and weakness rather than a need for protection based on unfair treatment, discrimination, and privilege. The emphasis on vulnerability focuses attention on the recipient of the protection, rather than the perpetrator of behavior from whom protection is needed. While recognizing the need for protection, this reference standpoint directs attention away from the privileged whose discriminatory behavior prevents fair treatment.

The use of the term “exceptional” invites the reader to focus on the
differentness of the person so labeled. Exceptional can denote difference of either
greater or lesser position. A comparison of more able children with less able children
highlights subtle differences.

Gifted and talented children are those whose level of performance in the
classroom places them among the highest percentiles on most standardized
measures of intelligence. But for these students, other criteria such as mea­
sures of creativity must frequently be used to understand their unique blend of
skills and abilities. (A-p. 404)

Many school districts encourage or even require their children with disabili­
ties to take these exams. But not all children are able to take group admini­
stered tests and many who do take these tests do poorly and must also take
individually administered tests of achievement. (A-p. 410)

By contrast the assessment of gifted and talented children requires special criteria to
understand their “unique blend of skills.” Disabled children, however, “do poorly”
and require “individual administered tests.” Another comparison illuminates a subtle
difference.

The decision to place a student in a special class might mean more efficient
learning for that child, and a higher ultimate level of achievement, but the
decision might also result, to a degree, in the student’s social isolation from
the mainstream of the school. (A-p. 439)

The decision of a student to apply for admission to a particular law school
might involve such satisfying consequences as personal prestige and future
economic benefits, if admitted, but might result in such costs as the loss of
self-esteem or missed opportunities at other institutions if the candidate is
rejected or fails to meet the demands of the program. (A-p. 439)

In this comparison, an educational decision for a special education (read disabled)
has implications for “efficient learning,” “achievement,” and “social isolation.” For a
law school (read able) student, the decision has implications for “prestige” and
“economic benefits” and “self-esteem” and “opportunities.” The effect on disabled
students is not discussed in the idiom of the personal experience of esteem and aspirations as it is for the law student. Special students are not as readily imagined to enjoy prestige, economic benefits, or to lose self-esteem through rejection.

**Comparison #2: Representations of Other Nondominant Groups and Representations of Disability**

The text discusses the history of challenges to assessment practices raised by minorities.

"Testing Minority Individuals" is included in the first chapter entitled "Fundamental Issues in Measurement." This discussion does not include disability as a minority group. Assessment of disabled children is located in the chapter on "Assessment and Exceptional Children." Issues related to assessment of people with disabilities are placed in a special chapter, removed from issues of other minority groups who share a chapter.

The textbook identifies parallels issues between race and disability.

Brown v. Board of Education (1954). This court case was built on the premise that all children are members of a broader class of citizenry (i.e., students) and, therefore, must all be treated equally when it comes to educational services and opportunities. While the U.S. Supreme Court’s 1954 decision was initially designed to protect children who were Black against unfair discrimination in the provisions of such services, the Court’s decision has been used...
as a precedent for similar practices involving children with disabilities. For children with disabilities, just as with children of color, educational services may not be denied on the basis of an enduring and unalterable trait that is beyond their control. (A-p. 397)

In fact, the case was not about denial of education services but unequal education as a result of segregation. Having pointed out the parallel issues the text then goes on to identify non-parallel application.

Disparate racial impact and the higher failure rates of minority students are areas of great concern. The courts have ruled that it is not necessary to prove discriminatory intent when the differential test scores were the result of past discriminatory policies of school segregation. . . . [S]chool systems . . . have not been required to defend the existence of disparate impact on special education students, which stands in sharp contrast to the judicial response to testing students from minority backgrounds. (A-p. 414)

The controversies about rights are tied to resource allocation.

Few will argue with the need to provide services to children with exceptionalities. . . . the difficulty stems from how the special segments of the population are defined and how the various goods and services are made available within the context of limited economic resources. (A-p. 398)

The argument for differential treatment of parallel issues suggests that limited resources override rights when it comes to disability. The reader is led to consider limited resources for disabled children, but directed to the rights of citizenship for other minorities.

The notion of “naturalized” inferiority is specifically resisted for sexual orientation. Discussing the Minnesota Multiphasic Personality Inventory’s Masculinity/Femininity scale, the reader is directed to a historically situated shift in assessment from homosexuality as a defect to recognition of homosexuality as normal.

At the time the test was developed, homosexuality was considered a disorder and the scale was initially intended to identify homosexual individuals. . . .
The subsequent focus on gender-role interests and behavior actually foreshadowed later psychological research that resulted in professional organizations recognizing homosexuality as normal. (A-p.332)

The text does not raise a similar historically situated challenge to assessment of disabilities (Rioux & Bach, 1994).

The text directs attention to the need for accurate instruments.

The development of accurate measurement methods was a way to differentiate children with true mental handicaps from those who suffered from disadvantaged backgrounds. (A-p. 3)

[F]acts . . . may imply a different prediction for a minority group member whose experiences before testing were far from typical (A-p. 17).

The text directs the reader to individual "true" characteristics for disabled children and environmental disadvantage and atypicality for other minorities. It makes invisible the "disadvantaged background" and "far from typical experiences" afforded to children with disabilities by a society that excludes them and an educational system that segregates them. The reader is guided away from the citizenship right of inclusion and directed toward innate features of the disabled individual as a legitimate rationale for their differential treatment.

[There is concern about the disproportionate numbers of minority children enrolled in special education classes. (A-p. 375)

Despite the fact that testing is most often carried out to achieve positive outcomes both for the individual and for the larger society, it is sometimes difficult for members of the general public to appreciate how a system built on discrimination (i.e., discrimination between individuals of differing ability levels) can assure egalitarian principles. (A-p. 436)

The assessment project provides a rationale and a confirmatory process for the "appropriateness" of unequal opportunities.
The text fosters the dichotomization of ability/disability and attends to innate deficiency rather than the social, economic, political and legal construction of disability.

Comparison #3: Textbook Representations and Self-Representations of Disability

Disability activists resist the location of disability as a defective characteristic of an individual requiring specialized segregated treatment.

The limitations of the dominant curriculum with respect to the accurate representation of disability. . . . and the methods of inquiry employed each contribute to misinformation, and gaps and weaknesses in the knowledge base. In its placement of disability inquiries in the specialized fields, the curriculum medicalizes and individualizes disability. In restricting representation of disability issues to pathologized quadrants of the curriculum, it reinforces the idea that disability is deviant and undesirable, for an individual or a society. Disability is a thing to be avoided and contained rather than an inevitable part of life that can be responded to more effectively and positively. (Linton, 1998, p. 115)

Disability viewed as a social construction invites assessment of the environment rather than the individual.

We must cease measuring individuals exclusively and instead measure resources and “disabling” environments. And if, as some people claim, there is the possibility of disability culture and disability pride, then we must cease measuring or conceptualizing disability as an exclusively negative and undesirable characteristic or experience and, therefore, something to be automatically eliminated. These are truly radical forms of questioning “the nature of disability.” (Zola, 1994, p. 62)

Included in the disabling environments must be a critique of deficits of pedagogy and educators as opposed to deficits of learners.

The rationale for continuing to segregate students, based as it is on a judgement of whether a child has the capacity to learn, perpetuates the historical prejudice about people with disabilities and their abilities without
considering the limitations of pedagogical theories or the general quality of education being delivered under the existing system. (Rioux, 1994b, p. 77)

The textbook directs the reader to see special education as an issue for disabled children. The focus on the individual draws attention away from nondisabled individuals.

Students directly impacted by PL 94-142 [are] typically classified as either mentally retarded, emotionally disturbed, or learning disabled. (A-p. 196).

In fact, the law impacts all students. Regular education students who are not educated with other students with disabilities are also affected by their separation. The text acknowledges the negative affect of segregation on children with disabilities. It does not address the issue raised by disability activists that inclusion benefits all children.

Researchers have consistently found improved social development for children without disabilities who are educated in inclusive classrooms. . . . [A]n overwhelming amount of research documents extensive benefits for all children educated in effective inclusive classrooms. (Kliwer, 1998, p. 319)

The text is ambivalent about the assessment process that relegates children with disabilities to special education. This ambivalence is embedded in the dominant culture's negative view of disability. On the one hand "special" education is intended to be a beneficial experience for a child with certain characteristics. On the other hand, the implied benefit of "special" education is betrayed in the following passages.

[C]hildren who no longer need special education services are to be released from its added assistance as soon as is recognizable. (A-p. 403)

[M]any students can, with the aid of additional in-class supports and instruction, avoid placement in the special education program. (A-p. 401)

Despite the fact that special education services are used by nearly 10% of the
children in the public schools, and that they really form a system designed to provide extra care and attention to the children who are most in need, many parents are understandably hesitant about placing their children in such services. (A-p. 400)

Reference to special education as something to be “avoided” from which to be “released” and about which parents are “understandably hesitant” contrasts with an image of benefit. People with disabilities, their parents, and inclusion activists challenge the specialness of special education as a kind of specialness no one else is seeking to get.

[Proponents of inclusive ideas . . . recognize a severe flaw in the logic of segregation: One does not learn membership apart from being a member. . . Indeed, one cannot claim a culture without being part of culture. (Kliwer, 1998, p. 317)

The representations tend to locate disability in the individual, tend to naturalize the inferiority of disability, and emphasize dichotomization. The legitimizing of segregation contributes to the totalizing and unidimensionalizing representation of disability.

Group Work Textbook Findings

The group work textbook (see Appendix for citation) makes no introductory remarks regarding diversity in general or disability in particular (all passages from this textbook are identified by the letter G). Brief references to diversity and disability are interspersed occasionally in the text. A chapter called “Dealing with Diversity” addresses “ability and skill diversity” (G-p. 443) but does not deal with disability directly.
Comparison #1: Espoused Values and Representations of Disability

The text espouses the value of heterogeneity in groups. The value of heterogeneity is specifically applied to disability.

Include diverse people in the group... Value, respect, and take seriously everyone's contributions. Help all members, regardless of their status, to speak out confidently. ... Any inference of incompetence or weakness and any hint of rejecting another member should be avoided. (G-p. 316)

[H]eterogeneity of types and levels of ability increases productivity ... heterogeneity of ability levels is beneficial. (G-p. 450)

Especially when individuals are heterogeneous (differing in terms of intellectual ability, handicapping conditions, ethnic membership, social class, and sex), cooperating on a task results in more realistic and positive views of each other than do competing or working individualistically. (G-p. 109)

The text asks readers to reflect on their own position relative to others and potential for contributing to prejudice, stereotyping and egocentrism.

[M]isunderstandings often occur because we assume that everyone sees things from the same perspective as we do. (G-p. 368)

People collude with discriminatory practices and prejudiced actions through ignorance, silence, denial, and active support. (G-p. 458)

There are many events that seem neutral to one [group] member that are offensive and hurtful to members from other backgrounds. (G-p. 458)

Social perspective-taking is the ability to understand how a situation appears to another person and how that person is reacting cognitively and emotionally to the situation. The opposite of perspective-taking is egocentrism, or being unaware that other perspectives exist and that one's own view of the conflict is incomplete and limited. (G-p. 367)

The text warns about the power of language and social categorization specifically including disability.

The use of language can play a powerful role in reinforcing stereotypes. (G-
The social categories we use to process information about the world controls what we tend to perceive and not perceive. (G-p. 391)

Use words that are inclusive rather than exclusive. (G-p. 459)

Avoid adjectives that spotlight specific groups and imply the individual is an exception, such as black doctor, woman pilot, older teacher, blind lawyer. Avoid terms that define, demean, or devalue others, such as cripple, girl, boy, agitator. (G-p. 459)

The espoused values set an expectation that should be conducive to valuing people with disabilities. The text makes frequent reference to abilities, competence, attractiveness, interdependence, and autonomy, all issues of importance to people with disabilities. There is frequent reference to a range of abilities without specific reference to disabilities.

There are two major sources of member diversity. Members may differ on personal characteristics and members may differ on the abilities and skills they bring to the group. (G-p. 445)

Heterogeneity of ability level is beneficial. (G-p. 450)

It is unclear if references to a range of abilities are inclusive of disability. However, the invisibility of people with disabilities coupled with overt ableism in many exercises and examples that assume all people are able does not lead the reader to include the differences associated with disability in the range.

The text uses exercises as part of each chapter to prescribe activities for experiential learning. Exercises assume participants (and by implication readers) have no disabilities. Exercises unnecessarily require walking and seeing and thereby exclude people with some disabilities.
Exercise 9.7: Group Power... Stand by the wall of the room... Stand in the circle with your classmates touching fingertips. (G-p. 429)

Exercise 9.4: Power Politics... Each participant needs a pencil and a pad of paper for writing notes... members write notes to one another... no verbal communication is permitted. (G-p. 417)

Exercise 10.1: Greetings and Goodbyes... give each pair something (such as colored ribbons or armbands) that visually distinguishes them from one another. (G-p. 460)

Other exercises involve make-believe scenarios of athletic or survival skills that use able-bodied characters that are unnecessary for the teaching point of the activity.

Exercise 7.3: Stranded in the Desert... The purpose of this exercise is to examine the dynamics of controversy and its effect on the decision making of a group... Your position is that the group members have to walk to the nearest ranch if they are to survive. (G-p. 296)

[Intended to teach creativity... invent a new sport... such as running, batting, kicking, hanging from their knees. (G-p. 323)

[The task is one that allows group members to pool their efforts (such as pulling on a rope in a tug-of-war). (G-p. 240)

The fictitious activities rarely include disabilities and if they do, they are used in a light-hearted, obviously tongue-in-cheek way presumably to make the activity interesting.

Exercise 5.7: The Furniture Factory... Lazy-Days Manufacturing... manufactures school furniture... Most of the 400 workers are women and young people just out of high school. Lazy-Days also hires some physically and mentally disabled adults... the current workers are very set in their ways and are highly resistant to and suspicious of changes at work. (G-p. 213-214)

In this exercise disabled workers are “lazy,” “set in their ways,” and “resistant to change.”

Exercise 3.5: Plane Wreck. The purpose of this exercise is to provide participants with an opportunity to experience cooperation based on a division of
labor as well as a joint goal. . . . The situation: A and B were flying a plane that suddenly developed engine trouble and crashed on a desert island with no water. They will be rescued in a few days, but they must have water if they are to survive. . . . The only problem is that B received a heavy blow on her head and is now both blind and mute. (G-p. 86-7)

This problem . . . requires group creativity to solve. . . . Joe Doodle Bug, a strange sort of imaginary bug . . . can only jump, not crawl, fly, or walk. (G-p. 325)

The invisibility of real disabilities and the attempted levity of the scenarios are set against an instruction about sensitivity.

[B]e aware of the genealogy of words others view as inappropriate. It is the connotations the receiver places on the words that are important, not the connotations of the sender. (G-p. 459).

There are loaded words that seem neutral to some group members but highly judgmental to others from different backgrounds. (G-p. 460)

Despite the espoused valuing of diversity, the invisibility and exclusion of people with disabilities, coupled with the choice of humor and the ableist assumptions of exercises have a cumulative effect in leading the reader toward collusion with able-dominated culture attitudes toward disability.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disability

Gender, race, class, ethnicity, and religion are specifically addressed with warnings about stereotypes and collusion.

Southern Europeans have been stereotyped as more emotional than Northern Europeans. Tall, dark, and handsome men have been stereotyped as mysterious. We stereotype others on the basis of surface characteristics, such as gender, ethnic membership, physical attractiveness, and appearance. Stereotypes function as social categories that lead to misunderstandings because they are inaccurate or biased. . . . "those people are born like that." (G-p. 391)
If one person dislikes others simply because they are members of a different ethnic group, sex, or religion, the person is prejudiced. Typically, stereotypes are widely held beliefs within a group and focus on what other cultural and ethnic groups, socioeconomic classes, and so forth are really like. Women have been stereotyped as being more emotional than men. Men have been stereotyped as being more competitive than women. (G-p. 452)

If group members are not sophisticated and skilled in building relationships with diverse peers, they are in danger of unconsciously colluding with current patterns of discrimination. Collusion is conscious and unconscious reinforcement of stereotypic attitudes, behaviors, and prevailing norms. (G-p. 458)

The text specifically addresses racism, sexism, and ageism. Although it does not specifically identify ableism, it acknowledges other “isms.”

Racism is prejudice directed at people because of their ethnic membership. Sexism is prejudice directed at a person because of his or her gender. Ageism is prejudice against the elderly. There are many other “isms.” (G-p. 392)

Despite the many admonishments and rhetoric about the value of heterogeneity, the chapter that discusses diversity is titled “Dealing with Diversity.” The term “dealing with” connotes an imposition contradicting the claimed benefits of embracing and valuing diversity. The value of inclusion of people with disabilities is subtly contradicted.

Groups that spend time processing their functioning (compared with groups that do not process and individuals working by themselves) have higher achieving members on a daily and long-term basis and more positive relationships among members even when some of the members were handicapped. (G-p. 29)

The embellishing word “even” adds a connotation of unexpected surprise at either achievement or positive relationships when people with disabilities are included.

An ableism that idealizes physicality is communicated through a preponderance of athletic and survival exercises and examples. The effect on the reader is to
reinforce the idealized body, a body that is problematic for people with disabilities. Using dramatic examples to create activities for learning trivializes the day-to-day struggles of people with physical differences. Presumably the exercises were intended to provide a chance to practice skills in a safe, albeit make-believe environment. Lost is the opportunity to create safe and make-believe but realistic scenarios where learners could practice interacting with diversity in scenarios they might actually encounter.

Comparison #3: Textbook Representations and Self-Representations of Disability

A number of the analogies, examples, or stories used to illustrate points use themes that rankle disability activists trying to resist dominant portrayals of disability.

To end world hunger, to prevent the pain and anguish of children dying of cancer, to allow the deaf to hear with an artificial ear, to find a drug to prevent the body’s rejection of transplanted organs are all visions that bring tears, laughter, bitter disappointment, determination, hope, depression, enthusiasm, and joy. (G-p. 76)

Deafness here is a deficit equated with world hunger and anguish. Deaf people resist this depiction.

Many Deaf people . . . do not see themselves in the category of disabled, preferring to call themselves a linguistic minority. (Davis, 1995, p. 3)

The story of Beauty and the Beast is invoked to foster inclusion of diversity.

In the story ‘Beauty and the Beast,’ Beauty . . . agrees to live in the castle with the Beast. While very fearful of the Beast, and horrified by his appearance, she is able to look beyond his monstrous appearance into his heart . . . [S]he reveals her love for him, which transforms the beast into a handsome prince. They not only live happily ever after, but all those who stumble into
their domain in despair are changed, finding on their departure that their hearts are now filled with goodness and beauty. . . . Nowhere is the lesson of ‘Beauty and the Beast’ more apparent than in small groups. For it is in small groups that diversity among individuals is most often faced and eventually valued. (G-p. 444)

The messages here expose aesthetic values. Beauty is equated with goodness. The Beast is valued only when he becomes a handsome prince. The lesson is that if we look beyond and around unattractiveness we can transform the unappealing characteristic into an appealing one to see goodness. The use of this passage to value diversity is contradicted by maintenance of the idealized body, not only idealized but enhanced by moral virtue. Disability pride offers an alternate image.

We do not have good parts, bad parts or inner beauty. We come in many sizes, shapes and colors. Our bodies deserve our love, tenderness and pleasure. (Browne et al., 1985, p. 247)

I'm thinking that I do look beautiful. That who I am is OK. I'm not ashamed or embarrassed to be me or to be in a wheelchair. It's because of that wheelchair that I have learned about a part of myself that I have always felt disconnected from: my body. (Sager, 1985, p. 270)

In one of the rare appearances of a person with a disability, the text portrays him in a hero narrative.

On July 15, 1982, Don Bennett, a Settle businessman, was the first amputee ever to climb Mount Rainier. He climbed 14,410 feet on one leg and two crutches. (G-p. 207)

This “Super Crip” hero plot is one that people with disabilities are trying to resist.

[A]ble-bodied persons tend to view us either as helpless things to be pitied or as Super Crips, gallantly fighting to overcome insurmountable odds. . . . [T]he damage these images do to disabled people . . . rob[s] us of our sense of reality. (Thompson, 1985, p. 78)

“Overcoming” stories have the important role of lessening the fear that disability holds for non-disabled people. (Morris, 1991, p. 101)
The image of the disabled hero may reduce the "otherness" of a few disabled people, but it creates an ideal which most disabled people cannot meet, it increases the "otherness" of the majority of disabled people. (Wendell, 1997, p. 271)

The use of ableist metaphors coupling bodily differences with negative images is another way that the reader is distanced from a valued view of disability.

Many people think of conformity as a blind, unreasoning, spineless, weak, slavish adherence to the demands of the majority of peers or of authority figures. (G-p. 433)

[B]lind arguments rather than rational discussion. (G-p. 249)

[F]ollowed blindly as a form of emotional anarchy. (G-p. 500)

A blind woman describes her reaction to such imagery about disability.

Eventually, while I continued to believe that there was something indefinably wrong with me, I grew to understand that there was also something wrong with the way I was being treated. . . . I began to sense a plot. . . . "Blind" meant helpless, irrationality, hopelessness, darkness, even association with death itself. "Sighted" meant hope, rationality, capability, life. (Franchild, 1985, p. 38)

The text makes much of optimal outcomes afforded by seeking "positive interdependence" and heterogeneity. However the lack of presence of people with disabilities in the text predicts their lack of presence in groups. The reader is not directed to expect them to participate or lead groups. No environmental accommodations are suggested in order to include them or facilitate their contribution in groups. The net result of the taken-for-grantedness of ableness is to render people with disabilities invisible to the reader, and to steer the nondisabled reader away from anticipating that they might encounter people with disabilities in groups and need to accommodate differences which are espoused to be beneficial. Frequent examples of
athletic prowess reinforce a bodily idealization people with disabilities resist. The subtle ableism is particularly disconcerting given the explicit expression of values about the benefits of diversity. The text superiorizes ability, idealizing the athletic body and inferiorizing the disabled one. The reader is, therefore, directed to understand only certain kinds of differentness as beneficial.

Ethics Textbook Findings

Disability is introduced in the introductory chapter of the ethics textbook (see Appendix for citation) and is specifically referenced, albeit briefly, in almost every chapter (all passages from this textbook are identified by the letter E).

Comparison #1: Espoused Values and Representations of Disability

Not surprisingly, the ethics textbook devotes a great deal of discussion to the espoused values underpinning counseling. It specifically includes disability as an issue for ethical practice. It defines multiculturalism to include disability.

Everyone, regardless of age, sex, race, ethnicity, disability, socioeconomic status, cultural background, religion, or sexual orientation, is entitled to equal access to mental-health services. (E-p. 13)

It is our position that counselors can learn to work with clients who differ from them in gender, race, culture, socioeconomic background, physical ability, age, or sexual orientation. (E-p. 335)

All counseling can be regarded as multicultural if culture is defined broadly to include not only race, ethnicity, and nationality but also gender, age, social class, sexual orientation, and disability. (E-p. 320)

It is critical that [group] leaders become aware of their biases on age, disability, ethnicity, gender, race, religion, or sexual orientation. (E-p. 414)
Readers are cautioned to be self-aware of the subtle influences of their own culturally embedded values, assumptions, and encapsulation.

If practitioners are not aware of the more subtle ways in which their behavior can adversely affect their clients, such behavior can go unnoticed, and the clients will suffer. (E-p. 5-6)

The culturally encapsulated counselor . . . is characterized by:

• defining reality according to one set of cultural assumptions
• showing insensitivity to cultural variation among individuals
• accepting unreasoned assumptions without proof and without regard to rationality
• failing to evaluate other viewpoints and making little attempt to accommodate the behavior of others
• being trapped in one way of thinking that resists adaptation and rejects alternatives. (E-p. 320)

All counselors must be vigilant to avoid using their own group as the standard by which to assess appropriate behavior. (E-p. 323)

A good place for counselors to begin to move toward widening their encapsulated perspectives is to become more aware of their own cultures. Knowing your own cultural framework provides a context for understanding how diverse cultures share common ground and also how to recognize areas of uniqueness. (E-p. 321)

Readers are specifically directed to consider sociocultural environmental conditions.

People seek counseling largely because of problems that emerge out of sociocultural conditions. (E-p. 320)

[M]ental-health professionals have moral and professional responsibility to (1) become aware of and deal with the biases, stereotypes, and assumptions that undergird their practice; (2) become aware of the culturally different client’s values and worldview; and (3) develop appropriate intervention strategies that take into account the social, cultural, historical, and environmental influences of culturally different clients. (E-p. 322)

The text makes frequent use of case scenarios to illustrate points. Three scenarios deal with disabilities.

Might there come a time in your life when there is nothing to live for?
Imagine yourself in a rest home, growing more and more senile. You are unable to read, to carry on a meaningful conversation, or to go places, and you are partially paralyzed by a series of strokes. Would you want to be kept alive at all costs, or might you want to end your life? (E-p. 91)

Emily, who is in her early 40s, is suffering from advanced rheumatoid arthritis. She is in constant pain, and many of the pain medications have resulted in serious side effects. This is a debilitating disease, and she sees no hope of any improvement. She has lost her will to live and has expressed her desire to end her life. (E-p. 96)

When he is 14 years old, Larry is sent to a family guidance clinic by his parents. . . . he tells the counselor that he is ‘heavy into drugs.’ . . . one night when he is under the influence of PCP he has a serious automobile accident. As a result of the accident, Larry is paralyzed for life. (E-p. 162)

The scenarios reinforce the common view of disability as a traumatic tragedy. The first two scenarios are located under the subheading “End-of-Life Decisions” linking disability and death. The first scenario reinforces the image of life with disability as not worth living. The scenario is specifically addressed to the reader by the heading, “Your stance” and asks readers to imagine for themselves whether life would be worth living with a disability. The second scenario directs the reader to imagine disability from the perspective of Emily who wants to die. This scenario involves constant pain. The third scenario is embedded in a narrative of self-caused disability. With the exception of AIDS, no other scenarios involve a person with a disability and no other representation of a person with a disability is offered. The text presents no clients who are disabled and dealing with an issue that is not centered on their disability nor any counselors who are disabled.

The text devotes a fair amount of attention to AIDS. The Americans with Disabilities Act recognizes AIDS as a disability. However, it is a special case of
disability in that it is a terminal illness. The index identifies 18 different pages where AIDS is discussed. Disability is not a topic area listed in the index. The preponderance of AIDS scenarios complicates the picture of disability. 

A young man in his 20s, Andrew is HIV positive but without any symptoms. He says he wants to participate in a physician-assisted suicide before he gets to an intolerable state. Andrew has watched too many friends die agonizing deaths with full-blown AIDS. . . . Andrew wants to be remembered as the vital person that he is, not the person he fears he will eventually become. (E-p. 91)

The discussion of this case raises issues for the reader about the right to self-determination. This scenario occurs in the same end-of-life discussion as the first two disability scenarios. The discussion does not direct the reader to distinguish between “agony” and “being vital.” The confounding of pain, terminal illness, and impairment prevents the reader from considering the distinctions and imagining the range of possible experiences of disability. The absence of disabilities that do not involve pain, or terminal illness, or self-causation directs the reader toward culturally embedded stereotypes and beliefs. In contrast to the espoused values and warning about perspective taking, the text does not imagine a positive experience of disability.

The issues presented in the discussion of AIDS offer comments that are applicable to disabilities in general, but the issues are addressed only to AIDS.

AIDS affects a large population with diverse demographics and will continue to gain prominence as a public health and social issue. All mental-health practitioners will inevitably come in contact with people who have AIDS, with people who have tested positive as carriers of the virus, or with people who are close to these victims. (E-p. 183)

Training mental-health counselors to respond to the AIDS crisis, begins with the premise that all counselors will eventually work in some capacity with people who are affected by it. We think that mental-health professionals

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have an ethical obligation to be knowledgeable about the disease so they can ask the right questions. (E-p. 190)

[Emphasize the importance of incorporating HIV-related issues into graduate student training. (E-p. 190)

The topics of stigma, demographic incidence, training, and education are important disability issues. The identification of AIDS with these issues, coupled with the absence of any separate application to disability, leaves the reader unchallenged about his or her own values and ethical responsibilities around other disabilities.

Disability is presented most often in the abstract. Readers are advised to become knowledgeable about disabled abuse reporting, civil commitment procedures, and assessment techniques for people with disabilities. The ethical helper is directed to confront her or his own biases about disability, but the case examples present no challenges to dominant ableist stereotypes. In the case scenarios, disability is central, a singularly negative individual experience, confounded with issues of pain or terminal illness. The impact of sociocultural environmental barriers and dominant cultural attitudes in these representations goes without remark.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disabilities

There is detailed attention to specific groups including gender, race, ethnicity, and sexual orientation. Despite the espoused values that define diversity broadly to include disability, the same level of detail is not available about this group. Counselors are warned about bias toward minority groups and the culturally different and the potential of harm in therapeutic practices.
Ethnic sensitive practice goes beyond the concerns of the individual to address the consequences of racism, poverty, and discrimination on minority groups; it aims to change those institutions that perpetuate these conditions. (E-p. 320)

Services offered are frequently antagonist or inappropriate to the life experiences of the culturally different client; they lack sensitivity and understanding, and they are oppressive and discriminating toward minority clients. (E-p. 321)

Many therapeutic practices are biased against racial and ethnic minorities and women and often reflect racism, sexism, and other forms of prejudice. . . . Rather than allow for equal access and opportunities, historical and current practices have restricted, stereotyped, damaged, and oppressed the culturally different in our society . . . Counselors may misunderstand clients of a different sex, race, age, social class, or sexual orientation. (E-p. 325)

Writers have criticized conventional approaches to therapy because they place undue responsibility on the minority client for his or her plight. At the extreme, some interventions blame clients problems entirely on the client without regard for environmental factors that may be contributing to the client’s problem. (E-p. 352)

"[A] counselor may be acting irresponsibly if he or she fails to acquire the requisite training to treat diverse populations or rejects the client because of anxiety in treating a culturally diverse client." (E-p. 338)

Many of the admonishments about other nondominant groups are applicable to people with disabilities as a group but the opportunity to apply them is not taken. The following passages about race/racism, sexual orientation/homophobia, gender/sexism could be read substituting disability/ableism.

About race and racism, the text directs the reader:

Many well-intentioned helpers practice unintentional racism . . . the key to recognizing unintentional racism lies in the willingness of practitioners to continually reexamine their underlying assumptions. (E-p. 320)

The key to changing unintentional racism lies in examining basic assumptions. Two forms of covert racism . . . are color blindness and color consciousness. The counselor who says, “When I look at you, I see a person, not
a black person," may encounter mistrust from clients who have difficulty believing that. This counselor's color blindness is an illusion based on the faulty assumption that the minority client is simply another client. Likewise, a counselor is not likely to earn credibility by saying, "If you were not black, you wouldn’t have the problem you’re facing." This is probably a case of color consciousness, which is an illusion based on the erroneous assumptions that all of the client’s problems come from being a member of an ethnic or racial minority. (E-p. 335-336)

[Supervisors might raise questions such as: “When did you notice the client’s race?” “How did this affect you?” “What did you do in response to the client’s race?” . . . unspoken assumptions regarding race and cultural influences . . . can affect . . . conceptualization of clients and treatment planning. (E-p. 296-7)

About sexual orientation the reader is advised:

Consider a client who wants to explore her feelings about homosexuality. Can you facilitate this exploration if you are homophobic? If you feel discomfort in talking about homosexual feelings and experiences and don’t want to deal with your discomfort, can you stay with your client emotionally? (E-p. 37)

Before counselors can change their therapeutic strategies, they must change their attitudes toward lesbians and gays and acquire a body of knowledge about community resources for these clients. Unless counselors become conscious of their own faulty assumptions and homophobia, they may project their misconceptions and their fears onto their clients. Therapists must confront their personal prejudices, myths, fears, and stereotypes regarding sexual orientation. As part of the process of expanding their self-awareness, therapists need to acquire specialized knowledge about gay people in general and about the meaning of a gay identity to particular individuals. They also need to find ways to continue to educate themselves about gay identity development and management and about affirming counseling models. (E-p. 100)

Exemplary practices include . . .

- recognizing that gay and lesbian people can live happy and fulfilled lives
- recognizing the importance of educating professionals, students, supervisees, and others about gay and lesbian issues and attempting to counter bias and misinformation
- recognizing the ways in which social prejudices and discrimination create problems for clients and dealing with these concerns in therapy. (E-p. 101)
Myths surrounding homosexuality continue to abound. . . . These myths and misconceptions tend to perpetuate the illness model and lead to discrimination, rejection, and even attacks on homosexuals. . . . [I]t is essential that therapists who work with gays have a knowledge of developmental theories, be relatively free of homophobia, and be knowledgeable about what it means to be gay. . . . [W]e should deliberately create a gay affirmative approach that validates a gay sexual orientation, recognizes the oppression faced by gay people, and actively help them overcome its external and internal effects. (E-p. 106)

About gender the text directs readers:

Gender-sensitive marital and family therapy attempts to help both women and men overcome stereotyped gender roles. Sexist attitudes and patriarchal assumptions are examined for their impact on family relationships. (E-p. 383)

As counselors, we need to encourage our female clients to choose to define themselves rather than be defined by others. (E-p. 384)

Counselors also must have the knowledge to help their clients explore educational, vocational, and emotional goals that they previously deemed unreachable. The principles of gender-aware therapy have relevance for counselors as they help clients identify and work through gender concepts that have limited them. (E-p. 385)

What are your values pertaining to gender, and how do these values influence your perception of these cases? How do you think your values might affect your manner of counseling in each case? (E-p. 386)

Ethical practice is identified as culturally sensitive counseling. Readers are not similarly advised about disability-sensitive counseling as they are about gender-sensitive, race/ethnicity sensitive, and gay/lesbian/bisexual affirmative practices. Readers are not helped to confront their own ableist beliefs or advised on helping people with disabilities work through internalization of society’s negativity or the environmental barriers that limit them.
Comparison #3: Textbook Representations and Self-Representations of Disability

Returning to the two case scenarios about disability, the images of disability are further expanded by the context of these cases.

The case of Emily. Emily, who is in her early 40s, is suffering from advanced rheumatoid arthritis. She is in constant pain, and many of the pain medications have resulted in serious side effects. This is a debilitating disease, and she sees no hope of any improvement. She has lost her will to live and has expressed her desire to end her life, but her parents cling to hope. ... Now assume that Emily herself comes to you, her therapist of long standing, and says: "I am in too much pain, and I don't want to suffer anymore." (E-p. 96)

In this case impairment is inextricably linked with pain. The reader is directed to consider the legal and ethical implications of intervention. Nowhere in the discussion is there a suggestion that pain can be controlled or how the therapist might help Emily live with pain. Another scenario directs the reader to personally imagine disability.

Your stance. Might there come a time in your life when there is nothing to live for? Imagine yourself in a rest home, growing more and more senile. You are unable to read, to carry on a meaningful conversation, or to go places, and you are partially paralyzed by a series of strokes. Would you want to be kept alive at all costs, or might you want to end your life? (E-p. 91)

People with disabilities challenge the assumptions behind these kinds of question.

People offering help or asking questions is not in itself disempowering, but it is when we know that behind these questions are a whole set of assumptions about how awful the quality of our life must be and how fortunate they are not to be us. (Keith, 1996, p. 87)

Neither case example addresses the possibilities of adapted environments to compensate for debilitating changes. The text does not imagine the world of technology available to accommodate impairment.
Vehicles could be outfitted with electronic devices that connected the steering brakes and throttle to motion sensors worn on the head. Some of the most advanced vans could be driven solely by moving the head or eyes. (Hockingberry, 1995, p. 35)

This passage asking the reader to imagine "your stance" is proceeded by a discussion of the views of Bruno Bettelheim, a well-known psychologist who took his own life.

Although he was not afraid of dying he did fear suffering. As people grow older, he contended, there is a greater likelihood that they will be kept alive without a purpose. . . . His situation highlights the issue of a person's right to choose the manner and time of death, especially in the event of terminal illness. (E-p. 91)

The discussion of physical suffering is confounded with the social and environmental issues that prevent a life of purpose and is exacerbated by the voice of authority and credentials of a famous psychologist. The text does not consider the rest home itself as the source of purposelessness and a limiting environment quite separate from physical impairment. Neither this discussion, nor any other discussion in the text, takes on the issue of the social environments that limit opportunities for purposeful lives of people with functional impairments. Neither case imagines the possibilities of adapted environments or technology available to accommodate impairment.

The uncontested confounding of environmental barriers and impairment is a topic of resistance in the disability community.

Was it the experience of quadriplegia that engendered thoughts of suicide, or did hopelessness come from the experience of being surrounded by people who considered that struggling to live with a disability was, in the end, not worth the effort? (Hockingberry, 1995, p. 77)

[O]thers are liable to assume that the main reason for wanting to dies is the disabled person's physical condition, when if fact it may be that inadequate support services and poor opportunities are rendering the person's life miserable and meaningless. (Wendell, 1996, p. 159)
We need people to value our lives, and we also must value the lives of other disabled people, and refuse to make assumptions about the quality of life based on the nature of a particular disability. . . . There is an assumption that disability, in this case the physical condition brought about by multiple sclerosis, is in itself sufficient to explain the intolerable nature of the life experienced. (Morris, 1991, p. 59)

There is much more effort put into curing spinal cord injuries or discussing the legal issues involved in suicide for the severely disabled than there is in integrating disabled folks into society at large. Pray to be normal no matter how impossible it seems, is the sentimental message. The alternative is too horrible to contemplate. (Hockingberry, 1995, p. 204)

Ignorance of disability probably exaggerates the physical suffering (and underestimates the social suffering) of most people with disabilities in the minds of people without disabilities. (Wendell, 1996, p. 82)

The silence of any other imagined life with a disability, leaves the reader with a singularly negative view of all disabilities. People with disabilities challenge the absence or singularly negative portrayal of life with disabilities.

Disabled people either do not appear or our lives are misrepresented and transformed into the stereotypes with which non-disabled people feel more comfortable. (Morris, 1991, p. 91)

We have either been treated as invisible or our experiences have been defined for us. (Morris, 1996, p. 1)

If we don't impose our own definitions and perspectives then the non-disabled world will continue to do it for us in ways which alienate and disempower us. (Morris, 1996, p. 14)

If our reality is not reflected in the general culture, how can we assert our rights? If non-disabled people would rather not recognize disability, or only recognize specific forms, how can they recognize our experience of our bodies? If we do not 'appear' as real people, with the need for love, affection, friendship, and the right to a good quality of life, how can non-disabled people give any meaning to our lives? (Morris, 1991, p. 91)

The location of disability in a section on "end-of-life" decisions has dangerous connotations for people with disabilities. The cases used are, in fact, not end-of-
life decisions. Arthritis and strokes are not terminal conditions. More accurately, they are "ending-life" decisions. Having a disability is assumed to be life warranting ending. The absence of the voice of people living joyfully with disabilities is dangerously omitted. The reader is denied an alternative vantagepoint that challenges the beliefs held by the nondisabled.

In order that our lives can be seen in a balanced way, we must demand the right to be heard when we assert that there are wonderful things about being disabled. But we must also demand that it is we who define the negative things about the experience—and not the medical profession, health and social services professionals, parents or other non-disabled people. (Morris, 1991, p. 71)

A comparison of the warnings of the espoused values highlights the absent alternative representations of disability.

[D]ifferences in life experiences and values influence the interventions you make. As you counsel a variety of clients, you may find yourself struggling with how your beliefs affect the way you work with them. This is especially true with respect to the role of religious and spiritual values, end-of-life decisions, and value issues pertaining to sexual orientation. (E-p. 81)

The danger is in viewing a client entirely in terms of a diagnostic label, or in viewing a disorder as being static. (E-p. 123)

Although you may have decided not to coerce clients to believe and act in ways that agree with your own values, you still need to be sensitive to the subtle messages you may project that can be powerful influences on clients' behavior. (E-p. 72)

Therapists who are unaware of their own vulnerabilities are likely to misinterpret their clients or steer clients in a direction that will not arouse their own anxieties. (E-p. 377)

The value system of therapies has a crucial influence on their formulation and definition of the problems they see in a family, the goals and plans for therapy, and the direction the therapy takes. (E-p. 381)

The text explicitly demands competent counselors have self-awareness about
disability and consider disability as a form of cultural diversity. No mention is made of disability pride, or disability culture. The only scenarios that include people with disabilities are confounded by pain and terminal illness erroneously and dangerously directing the reader to pair those issues with disability. Disability representations are totalizing, negative, and unidimensional. The lack of alternative positive images of disability reaffirms the nondisabled misunderstanding of disability as a fate worse than death.

Multicultural Textbook Findings

The multicultural textbook (see Appendix for citation) addresses the diverse clients whom counselors and other professionals might encounter (all passages from this textbook are identified by the letter M). Disability is specifically included as one of the forms of diversity that might be encountered. Disability is introduced in the first chapter and referenced briefly in almost every chapter thereafter.

Comparison #1: Espoused Values and Representations of Disability

The text sets an orientation to treating human diversity as a set of factors that interact with environments.

Human variation, cultural diversity, and environment will be discussed as interactive experiences, and basic dimensions of culture in general and for American culture specifically. (M-p. 3)

Multiculturalism is broadly defined both implicitly and explicitly to include disability.
Today's conceptualization and practice of multiculturalism broadly defines a cultural group as any current or future emergent collection of individuals who are culturally distinguishable, who may or may not have special concerns or needs, but who seek respect, fairness, representation, and the opportunity to develop their lives in the way they believe is best for them. (M-p. 14)

Define multiculturalism as embracing both individual and group differences—especially for racial, ethnic, and social class groups but also for other populations, including gays, lesbians, women, people with special educational needs, people with disabilities, and people of various age groups. (M-p. 13)

Categories of individuals who collectively constitute groups of people and who may have special concerns and needs and seek respect, representation, and development in the society include racial, ethnic, and religious classifications, women, the elderly single-parent families, the divorced, the handicapped, homosexuals, the poor, and young adults. (M-p. 25)

The sociohistorical and sociocultural experiences of diverse people matter because different people have different experiences out of which their social constructs of reality are made, which ultimately affect the way people relate to each other. These special meanings that each person may attach to his or her experiences have been attributed to ethnicity, race, gender, age, sexual preference, religion, and disability. (M-p. 11)

A number of themes that have particular relevance to disability as a cultural difference are reiterated throughout the text. The text opens with a theme of inclusion and full participation in the preface that runs through the text.

Inclusion—the experience of full participation in American society. . . . Most people want to feel that they count, that they are a part of something, whether they be a child at home, an elderly resident of a nursing home, a recently arrived immigrant, a youth at a first job interview, a newly married couple, or a student or worker next to you. (M-p. v)

A contemporary American is a person who wants to be considered and accepted as a full and equal participant in American society. (M-p. 9)

Everyone wants to live, to learn and develop, to have meaningful relationships, and to know that they count in society. (M-p. 22)

The text emphasizes the link between individuals and their group identification and
membership.

It is especially important for counselors in the complex multicultural U.S. society to be aware of various group values and mainstream common values, how group values function to determine individual behavior, and the movements and changes taking place in the values of groups and the society. (M-p. 47)

Our relationships in various social and categorical groups provide the reference points for development of individual self-identity in the culture and society. (M-p. 173)

Distinctive things that can affect our self-concept are (1) what we notice in our own distinctive features, (2) what others perceive in us and respond to, and (3) what views others have of us that we adopt. (M-p 41)

The text addresses the effects of difference as a minority status.

Psychology of differentness. People wanting to fit in, people feeling alone and different from those around them, people who feel they don’t belong or are not accepted—these are typical themes expressed by many members of minority groups. (M-p. 422) 

Excessive labeling or lumping different cultural groups together as “minorities” can subtly engender focusing by both counselor and client on psychic-centered problems (internal weaknesses) and away from recognition of internal strengths and what might be situation-centered problems. (M-p. 264)

The faulty reasoning behind the attitude of prejudice may even mistakenly lead to lumping diverse groups of people into a single category based on a single trait. (M-p. 169)

The text warns the reader about self-reference to their own group and asks the reader to reflect on implications for prejudice.

Ethnocentrism is . . . a belief that one’s own group is the center of everything, the standard by which all others are rated. (M-p. 174)

Psychologists . . . are aware of how their own cultural background/experiences, attitudes, values, and biases influence psychological processes. They make efforts to correct any prejudices and biases. (M-p. 471)

The problem of prejudice follows from using the standards of one’s own
group when comparing the self to someone in another group. Moreover, this standard is unfairly used if one's own-group identification is always seen as the positive pole in the comparison process. (M-p. 174)

The text warns of inferences of superiority connected with dominant status.

Patronizing in the counseling relationship is the attempt by the counselor to influence or give support to the client from a self-perceived position of superiority. (M-p. 54)

Individual thoughts, feelings, and behaviors are often motivated by attitudes of generic superiority assumed by a person in relation to others, who are consequently viewed as inferior. (M-p. 184)

The reservation of superior status for any one group is not acceptable in today's democratic society. Any individual of any group is first human. (M-p. 199)

"Ism" [is defined as] extreme prejudice and discrimination based on deeply rooted beliefs of superiority (racism, sexism, ageism, classism, scientism). (M-p. 189)

The text warns about equating differences with deficiency.

To make the theories inclusive and to account for nonconforming individuals or nonconforming groups of individuals (nonconforming, that is, in comparison with the majority of the population), psychological theories have tended to explain exceptions on the basis of "abnormality," "deficiency" or "deprivation." (M-p. 273)

The text directs the reader to consider environmental issues for nondominant groups.

Psychologists consider the impact of adverse social, environmental, and political factors in assessing problems and designing interventions. (M-p. 473)

The effects of living in the physical environment, a social system, a group, a family, and with oneself all influence the manner in which people adjust and adapt. (M-p. 283)

Mental health systems, and the counseling and therapy processes and procedures within them, need to continue to focus on developing and strengthening the client, but they also need to develop insight into how the cultural environment might be given more weight in the helping process. (M-p. 397)
For understanding the client, essential traits are (a) awareness and comprehension of the history and experiences of the cultural group with which the client might identify or that the client is encountering; (b) perceptual awareness and comprehension of the environmental experiences in mainstream culture with which the client might identify or that the client is encountering. (M-p. 468)

The text identifies minority issues as having equal importance for majority groups.

Cultural pluralism, or "unity in diversity" is a goal based on the belief that the dominant culture will benefit from coexistence and interaction with the cultures of minority groups. (M-p. 92)

Hundreds of books have been written about the "minority problem" in the political and economic life of our country, but they neglect the fact that the overall issue is a concern not solely for minorities but for all Americans. (M-p. 176)

The final chapter uses case studies and excerpts of counselor/client dialog to apply the concepts of previous chapters. Of the eleven case studies, disability is referenced twice. One case involves a Mexican American man who has had a work accident. The focus of the case study is on the conflict between indigenous healing and scientific medical treatment, not on issues of disability per se. A second reference to disability occurs in the case study of a Mexican born counselee named Ruben who "expresses issues of alienation" (M-p. 452). Ruben is scripted as saying,

I worked part time with developmentally disabled people in a home... and found that working with disabled people gave me a rewarding feeling to help them with things like combing their hair and helping them eat. They seemed to be so friendly and warm—something I haven't seen from other people in the outside world... ha, ha. (Shows that getting and giving affection is an important need for him; wants close relationships, but can't seem to get them.) (M-p. 453.)

The case study asks the reader to empathize with Rubin's sense of alienation as an ethnic minority, but not with the alienation of the disabled people in "the home" who

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are not "in the outside world." The use of laughter and the parenthesized interpretation guide the reader to understand Ruben's sense of desperation for closeness drives him to unexpected satisfaction from relationships with disabled people. The dialog lumps disabled people together as "friendly and warm" and segregates them outside of typical society.

A chapter devoted to sociopolitical issues mentions disability twice. One passage directs the reader to the sociopolitical issue of job discrimination.

Certain categories of people (women, non-Whites, aged, handicapped, homosexuals) are believed to be unfit to perform wage-producing labor, or to be fit for only certain types of jobs or for the more menial jobs. (M-p. 182)

In the second passage disability is referred to by the loaded term "affliction" which requires "correction" and is paired with life-threatening disease and prevention.

Scientific medicine has indeed produced major achievements in the prevention of many life-threatening diseases and in the correction of physical afflictions. (M-p. 191)

Despite espoused values about inclusion and awareness of sociocultural environments, no further issues for people with disabilities are discussed in this chapter devoted to sociopolitical issues.

A chapter on work and career devotes a paragraph to the legal rights of people with disabilities. Issues of poverty, economic systems, and career barriers are specifically applied to racial, ethnic, and gender groups, but not to people with disabilities as a group.

A chapter on social and personal growth describes adjustment as an ongoing process of life in general. Health is defined as harmony with the environment.
Individual adjustment is adequate, wholesome, or healthful to the extent that the person has established a harmonious relationship within himself or herself and with the conditions, situations, and other persons that constitute his or her physical and social environment. (M-p. 286)

Given this definition of health and adequate adjustment, an individual with a disability who is struggling against sociopolitical and environmental barriers would be deemed unhealthy. A discussion of maladjustment describes several kinds of abnormal behavior, one of which refers to daily functioning.

Interference with daily functions. Behavior may be considered abnormal if the person is unable to meet standards of daily functioning and interpersonal relationships. (M-p. 28)

"Inability" is defined as "abnormal" behavior. This passage directs the reader to consider dependence on assistance for daily functioning, an issue for some people with disabilities, as a form of abnormal behavior.

A subsection on aging and the elderly in the chapter on social and personal growth includes a number of images of disability.

Visual impairments, arthritis, diseases of the heart, cerebrovascular disease, malignancies, brittleness of the bones, and other physical conditions are debilitating and can create fearsome situations for many elderly persons. (M-p. 339)

Old age does not have to mean sitting down and dying. (M-p. 340)

Aging is often portrayed as a disabling process characterized by illness, loneliness, regression and dependency, out-group status, and dying. (M-p. 336)

Physical conditions are described as "fearsome." The physical conditions of the aging body are conflated with the social impositions of loneliness and out-group status, implicating bodily difference as responsible for negative experience rather than the social environment. Loneliness is a social enactment quite separate from
physical changes. Individual physical changes are not distinguished from the social response to those changes.

These representations of disability are inferiorizing, exclusionary, and void of sociopolitical context. They are juxtaposed against the espoused values of inclusion, attention to socioenvironmental contexts, and awareness of assumed superiority. The absence of alternative positive images of people with disabilities leaves readers unchallenged about their own culturally embedded attitudes toward disability. Where the text includes disability, it directs a view that fits ableist dominant culture images.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disability

As the content of the text is multiculturalism, there are innumerable representations of other nondominant groups. I have selected passages that have most salience for disability.

The text makes references to the size of minority populations directing the reader to their prevalence and by implication their importance.

8,715,000 Asian Americans, Polynesians, and Pacific Islanders in the United States in 1995 (M-p. 134)

18 million people of Appalachia . . . “Mountain People” as subculture of American society (M-p. 97)

22.3 million Hispanics in the United States (M-p. 121)

33.5 million person over 65 years (M-p. 335)

The text includes the population of people with disabilities.

43 million Americans having one or more physical or mental disabilities (M-
Looking at the numbers alone, the population of people with disabilities greatly exceeds any other group. However, the text ignores its own data and suggests the Hispanic population will be the largest minority group.

"[W]ithin the next 25 years the Hispanic population will become the largest minority group in the United States (over 32 million)." (M-p. 121)

Even with growth it will not reach the current population of people with disabilities. The smaller Hispanic population is identified as touching most areas of life.

[T]he burgeoning Hispanic population is altering mainstream American culture in a way that touches almost all areas of life, including economics, education, politics, the arts, and religion. (M-p. 122)

No such awareness of the implications of the prevalence of disability is noted despite it already being twice as large as the Hispanic population.

The text raises a number of issues for other nondominant groups. The issues raised could readily bear the substitution of disability and ableism and be relevant and applicable. For example, the portrayal of racism and its impact on individual clients could equally apply to ableism.

A community approach understands . . . the role that racism has played in a client’s worldview and life experience. (M-p. 195)

Psychologists seek to help a client determine whether a "problem" stems from racism or bias in others so that the client does not inappropriately personalize problems. (M-p. 472)

Racism can be classified into three categorical forms: individual, institutional, and cultural. (M-p. 184)

Institutional Racism . . . First Level of Intensity . . . unemployment and underemployment . . . inadequate housing . . . Second Level of Intensity . . . inadequate education . . . poor recreational facilities and programs . . . Third
Level of Intensity . . . disrespectful White attitude . . . inadequacy of federal programs . . . inadequacy of municipal services . . . inadequate welfare programs. (M-p. 186)

Although the issues are parallel, no comparable discussion of ableism or attitudes toward disability occurs.

A similar comparability and missed opportunity applies to ageism. The portrayal of ageism could equally apply to ableism.

The study of aging in the United States and elsewhere seems to concentrate on the undesirable roles, conditions, status, and the unfair treatment of the aged. . . . The aging process has also been studied as a normal development of life. (M-p. 336)

Ageism and sexism seem to go hand in hand in portraying women especially unsympathetically and unrealistically. The effects can be seen, for example, in a woman who feels compliments when others tell her she does not look her age, in the tendency of physicians to attribute physical complaints to menopause and dismiss them as normal female behavior, or in husbands who leave their wives for younger women. (M-p. 338)

By means of discrimination, younger persons place older persons in a category of inferiority and describe older persons as different from themselves. This kind of discrimination enables younger persons to deny the possibility of their own aging. The irony of this situation is that these younger persons eventually find themselves the victims of their own prejudice. (M-p. 339)

The challenge of studying age as a normative event is not matched by a challenge to study disability as a part of the normative range of human variation that will also ironically face most people if they live long enough.

The text refers to discrimination rooted in prejudice and stereotypes about race, ethnicity, and gender and sexual orientation.

Individual, institutional, and cultural prejudice and discrimination against racial/ethnic groups and against women all influence the level and range of employability in the workplace. Preconceptions and stereotypes of minority group members often underestimate actual potentialities and overlook.
strengths. (M-p. 260)

The root of the problem of gay youth suicide is a society that discriminates against and stigmatizes homosexuals while failing to recognize that a substantial number of its youth has a gay or lesbian orientation. (M-p. 316)

Disability could be included in these characterizations but is not. The parallel between gay youth suicide and the view of life-not-worth-living with a disability as rooted in a society that discriminates and stigmatizes is a comparison not made. Reference to demographics occurs again to dramatize the error of ignoring gays and lesbians as a group while ignoring the larger population of people with disabilities.

The text refers frequently to minority group membership as a source of pride.

Counseling is . . . oriented to the motivational pride that comes from cultural identity. (M-p. 410)

The 1960s . . . [saw] a growing awareness of new Black identity and pride. (M-p. 116)

Arousal of pride in being an American of Mexican ancestry was initiated in the mid-1960s. (M-p. 127)

Various minority group movements have also emphasized pride in self-identity as a means of positive personality development and self-acceptance. (M-p. 186)

The comparability of the emergence of racial and ethnic pride with the civil rights movement of the 60s is not linked to the parallel emergence of disability pride with the disability rights movement. Disability pride is not mentioned. One of the strongholds of pride is in the Deaf culture. The text makes a footnote referenced Deaf culture and the distinction between the physical condition and cultural group identity but does not identify pride as the crucial factor in identification as a culture group.

[footnote] It has become fairly conventional for professionals working with
deaf people to capitalize the word Deaf when referring to the Deaf community and culture, and the uncapitalized deaf when referring generically to all deaf people. (M-p. 39)

Furthermore the footnote gives authorship of the terminology to professionals work with Deaf people, rather than to the Deaf who demand to be recognized as a linguistic minority.

The reader is directed to challenge the belief of dominant racial groups of their inherent superiority.

Racism is the belief that some races are inherently superior to others. (M-p. 181)

Racial prejudice, as a psychological process, is used to gain a feeling of superiority by making incorrect or inappropriate assumptions based on racial group characteristics. (M-p. 183)

The perpetuation of racial superiority, of course, confers benefits on many members of the dominant group because it maintains the status quo of power and any advantages that might accrue from that position. “Benefits” are defined as whatever gains are manifested in personal psychological feelings, social privilege, economic position, or political power. (M-p. 184)

The mental and emotional association of the majority group with cultural superiority and the association of minority groups with cultural inferiority produces cultural racism. And it is also the hardest type of racism to recognize. (M-p. 188)

The inferiorizing of disability and the related difficulty of recognizing ableism is not comparably addressed. The text identifies disability group identification as a “special need.”

[M]ajor group identifications that are influenced by culture and environment and that might endure over time and space include racial (phenotype) and ethnic groups, populations identified by socioeconomic status, religious preference groups, urban/rural populations, those whose identities are critically influenced by their gender, and those who may have special educational or other needs (e.g., those who are deaf). (M-p. 3)
Racial groups are identified by "phenotype." Religious groups are identified by "preference." Identities are "influenced by their gender." But people who are deaf have "special educational or other needs." The position of people with disabilities as needy is naturalized.

The stigma attached to tracking students into set programs, placement in "slow" or "below average" classes, or in special education classes, often further accentuates personal beliefs of inadequacy or can contribute to feelings of not belonging. (M-p. 213)

Even when inferiority is resisted, as it is here through the use of quotations, its impact is problematized as an issue for the affected person's beliefs and feelings, rather than problematized as the claimed superiority of the group who assigns people to a lower status. The notion of inferiority is embedded in issues of school segregation and special education. "Special" is a euphemism based in inferiority. The chapter on education is unequivocal about the implications of school segregation for racial, ethnic, and economically disadvantaged children.

The 1954 Supreme court decision in Brown v. Board of Education of Topeka, Kansas, declared that segregated school facilities were inherently unequal and unconstitutional. (M-p. 115)

The "separate but equal" doctrine has not been appropriate or acceptable in the American educational system since the Brown v. Education (1954) decisions. (M-p. 215)

According to Paley (1979), "The black child is Every Child. There is no activity useful only for the black child. There is no manner of speaking or unique approach or special environment required only for black children. . . . [T]he challenge in teaching is to find a way of communicating to each child the idea that his or her special quality is understood, is valued, and can be talked about. It is not easy, because we are influenced by the fears and prejudices, apprehensions, and expectations, which have become a carefully hidden part of every one of us." (M-p. 232)
[I]f children get together, learn the same things together and about each other, are taught that we are all the same and equal human beings, then we, all of us, would be saved from the problems of worrying about who is or who is not “equal” on the basis of such irrelevant characteristics as skin color. (M-p. 218)

The stance for children with disabilities is more ambiguous. The text refers to education legislation as “mainstreaming laws.”

Mainstreaming laws (Public law 94-142) have helped to reduce some of the social relationship problems resulting from confinement of movement, as well as alleviating some of the disparaging stereotypes associated with those who have different learning styles and rates or who possess certain learning disabilities. (M-p. 213)

“Mainstreaming” is a less demanding term than “inclusion.” Mainstreaming directs attention to the placement of disabled students in regular education classes. Inclusion directs attention to the outcome of the placement experience. The text identifies the benefits of mainstreaming legislation as reducing social relationship problems and alleviating disparaging stereotypes. The point of civil rights legislation, and the point of inclusive education legislation, is equal opportunity. The text states:

Inequality can be justified only if we agree that human beings are internally different and that these difference (abilities, merit, motivation, and so forth) justify differential economic rewards and privileges. (M-p. 230)

All children are similar in their developmental sequence of growth on account of their common membership in the human species. (M-p. 234)

The internal difference of race does not justify school desegregation but the internal difference of disability does. The question unasked by the text is whether children with disabilities have the same developmental sequence of growth that qualifies them by their common membership in the human species for the associated rewards and privileges. A full chapter is devoted to educational issues but the inclusion demands
of the disability community is not specifically mentioned. The reader learns in detail about desegregation on the basis of race. The reader does not learn about the vigorous debate in the disability community about full inclusion. The reader is not challenged to see the privileged position of ability. Readers are left unchallenged about the ideas they hold about disability and assumptions of ableist superiority of which they may be unaware.

Comparison #3: Textbook Representations and Self-Representation of Disability

Disability is framed in one of two ways in the text. One is a legal framework that discusses discrimination and legislation intended to prohibit it. The other is a phenomenological framework that discusses disability as a subjective experience. The subjective experience of disability is frequently confounded with aging or illness. Embedded in the description of physical conditions are terms such as "fearsome," "terrifying," "being trapped," and "vulnerable" that implicate disability as a negative experience.

Physical aging is a reality: The organs do decline with age. Visual impairments, arthritis, diseases of the heart, cerebrovascular disease, malignancies, brittleness of the bones, and other physical conditions are debilitating and can create fearsome situations for many elderly persons. (M-p. 339)

[O]lder persons privately regard physical change as a terrifying experience. (M-p. 338)

Ambivalence about aging is found in many older persons, and the feelings of being trapped in a changing body, a divided person, can create self-doubt and identity conflict. (M-p. 338)

Physical illness. Formerly robust, alive, healthy persons are especially vulnerable when physical illness debilitates or limits them. (M-p. 321)
Without denying that there are negative aspects to disability, people with disabilities resist these totalizing negative images.

Positive body awareness thus comes not from striving for an ideal but from accepting the reality—that we age, change, become ill or disabled, and will die. . . . [Disabled women] describe the profound acceptance of their bodies that has been part of their living with disabilities. (Hillyer, 1993, p. 171)

By acceptance I do not mean learning to prefer disability over being able-bodied. Neither do I mean resigning oneself to the inevitable. I am referring to the conditions that make it possible to see one’s disability as other than devaluing. (Frick quoted in Hillyer, 1993, p. 117)

Coming out as a public disabled person . . . is part of a process of finding balance in one’s life where the disability is neither denied nor made to serve as the central organizing principle of one’s life. (Hillyer, 1993, p. 119)

The text makes the following statement about the “marvel of diversity.”

Respecting the marvel of diversity, some authors have selectively “borrowed” from available knowledge and clinical practice so that an individual or family will receive “person-appropriate” care; for example, genetic counseling or counseling with Deaf persons. (M-p. 39)

It is ironic that genetic counseling is used within a sentence that views diversity as a marvel. The point of genetic counseling is often to prevent people with certain kinds of difference from being born. People with those differences are hardly respected as marvels of diversity. The disability rights movement has expressed great concern about this topic. The text recognizes the fear of cultural genocide experienced by Blacks.

Many Black men and women also entertain deep fears of racial and cultural genocide. (M-p. 433)

The reader is not similarly alerted to a parallel fear raised by activists in the disability community.
Knowing that your society is doing everything possible to prevent people with bodies like yours from being born is bound to make you feel as though you are not valued and do not really belong, especially when there are so many attitudes and conditions in the society that derogate and/or exclude you. (Wendell, 1996, p. 153)

Absent in the text is an alternative image of living well with impairment or disability pride.

I felt glad to be a member of the disabled community. We cope on a very basic level that gives us pride in our being. We confront issues of helplessness, autonomy and control daily and our struggle helps us grow. (Wagner, 1985, p. 61)

The omission of an alternate image not only deprives the reader of awareness of different experiences of disability, but also deprives the reader of a perspective that recognizes the contribution of appreciating real bodies with embodied identities as worthy of pride.

Disabilities encourage people to become aware of and learn to live with the body’s real condition. (Hillyer, 1993, p. 70)

I’ve come to realize that we may give our children something which is uniquely the result of our physical disabilities. If we are self-accepting, our children will learn not to be afraid of disabled people, will admire and wish to emulate the strength in our daily struggle, and will accept for an entire lifetime the simple but too often hidden fact that there are no perfect people, no perfect lives, and that physical distress is very much a part of living. (LeMaistre, 1985, p. 291)

Despite the rhetoric of inclusion, people with disabilities are for the most part absent in the text, or when present their representation is predominantly negative. Although 20% of the population has disabilities and the text espouses the value of inclusion of disabilities as a form of diversity, the reader’s affirmation of people with disabilities is not fostered. The benefits of inclusion and the personal experience of
pride are highlighted for race and ethnicity, but not for disability. The subjective experience of disability to which the reader is directed matches the dominant ableist view of disability as a "naturally" inferior, totalizing, and unidimensional. The reader is not only uninformed about people with whom they may come in contact, but unchallenged about their own biases. Readers are denied an alternative image that would serve as a useful resource about how to live with real bodies in a culture that denies or derogates them.

Theory Textbook Findings

People with disabilities are identified in the introduction of the theory textbook (see Appendix for citation) as one of the wide range of clients for whom counselors provide services (all passages from this textbook are identified by the letter T). Disability is discussed briefly in some of the chapters but not mentioned in more than half.

Comparison #1: Espoused Values and Representations of Disability

The text discusses cross-cultural and multicultural counseling approaches to address the diversity of potential clients and counselors. The text defines culture broadly. The definition does not explicitly include disability, but its breadth implies disability as a form of cultural diversity through recognition as a minority grouping. The text recognizes both counselors and clients may be members of a minority group.

[The literature] define[s] cross-cultural counseling as any counseling relationship in which two or more of the participants differ with respect to cultural
background, values, or life-style. This includes counseling situations in which the counselor is a member of the majority group and the client a member of a minority group, the counselor is a minority group member and the client a majority group member, the counselor and client are members of different minority groups, and the counselor and client are similar in race and ethnicity but differ in terms of cultural grouping based on gender, sexual orientation, socioeconomic status, religious affiliation, or age. (T-p. 254)

The broad definition of culture would include demographic variables such as age, sex, place of residence; status variables such as social, educational, and economic variables; affiliations, both formal and informal; and ethnographic variables such as nationally, ethnicity, language, and religion. (T-p. 254)

The text recognizes multiple cultural identities that take on import dependent on the context.

A broad definition . . . helps the counselor become aware of their own culturally learned perspectives and how these influence them toward particular decision outcomes. As counselors use a broad perspective, they become more aware of the complexity in identity patterns. The broad definition will assist counselors in perceiving the ever-changing nature of the client's different interchangeable cultural identities within an interview. (T-p. 255)

The text identifies the continuing prevalence of cultural encapsulation and promotes awareness about nondominant groups.

[C]ultural encapsulation still exists in institutions, professions, and individuals. (T-p. 255)

[T]he majority of traditionally trained counselors use a culturally encapsulated framework that results in culturally conflicting and oppressive counseling. (T-p. 255)

The text espouses numerous values about competent ethical practice. The text directs attention to the importance and effort required for counselor self-awareness.

Counselors must ask some very pertinent question of themselves. . . [T]hey need to know what assumptions they are making about human nature and its development. (T-p. 15)

Language differences, class-bound values, and culture-bound values may
make it difficult for a counselor to truly understand a client’s situation, difficulties, or strengths. (T-p. 255)

Many counselors are not aware of the factors that influence their judgment. (T-p. 300)

Counselors must be aware of the values and norms that exist in both the majority culture and minority cultures that they encounter and how these differing beliefs and behaviors impact one another. (T-p. 256)

It is also essential for counselors to be aware of and concerned with their own values and with client and societal values and how these two interact. (T-p. 377)

Readers are encouraged to understand the social context in which individuals live.

The purpose of counseling is to provide for the individual’s optimum development and well-being, but the individual functions in a social context, not in isolation. If counselors are to enhance the well-being of the individual, they must understand as many as possible of the factors that affect people. (T-p. 4)

Counseling . . . is chiefly concerned with individual’s adjustments to themselves, to significant others in their lives, and to the cultural environment in which they find themselves. (T-p. 8)

All [theoretical] approaches agree on the importance of the environment in the shaping of personality. (T-p. 177)

The text directs the reader to understand counseling as a sociopolitical activity influenced by cultural values.

It is crucial to recognize that counseling is sociopolitical in nature with an inherent set of cultural values and norms at its core. (T-p. 256)

Knowledge of the history and present status of the country’s sociopolitical system in regard to minorities . . . is necessary for the counselor to practice in a culturally competent manner. (T-p. 258)

Theory that is developed or used at a particular time tends to reflect the dominant philosophy of the time. (T-p. 10)

What we listen for here and respond to . . . depends in part on us as persons and part on our orientation, that is on a theory which has made particular
assumptions. (T-p. 13)

We are becoming increasingly aware of the need to test our theories in the realm of populations far more diverse than when the theories were originally formulated. . . . How do these theories take into account the various implications of our increasing sensitivity to the role of race, gender, and conflicting social values? (T-p. 11)

The text describes the major theoretical approaches used in counseling. Specific reference to disability is infrequent. A number of the theories set an expectation of normalcy that excludes or abnormalizes people with disabilities. With a few exceptions the text does not recognize or comment on espoused awareness of socio-political implications of this positioning of disability. This positioning can be inferred in the following passages:

Freudian theory addresses psychosexual development and its effects on personality.

[A]t any one point in a person’s development, one body area predominates. . . . [A] major assumption is that failure to complete this normal sequence will result in serious personality problems. (T-p. 24)

Adlerian theory addresses defects.

Proponents of Adler assert that the three main reasons an individual develops increased feelings of inferiority are being born with a physical or mental defect, being pampered by parents, and being subjected to neglect. (T-p. 39)

Gestalt theory addresses dependency.

Instead of striving for independence or self-sufficiency, which is the hallmark of maturity, some people strive to remain in a dependency situation. (T-p. 113)

Rational-emotive theory also addresses dependency.

Depending on others leads to insecurity and nongrowth. Such individuals never learn self-regulation and are always at the mercy of others. (T-p. 165)
These references direct a view of disability as pathological. By implication an individual with a congenital disability who requires assistance with eating, toileting, or walking would have serious personality problems, feel inferior, and remain immature and insecure.

These unchallenged images are coupled with an occasional use of ableist comments that exclude people with disabilities by assumption of ability or movement patterns that are universally held and define humanness.

Robustness is the use of a hearty voice and a good sense of humor to communicate the counselor's humanness. (T-p. 228)

When a person relaxes systematically, all tension in the muscular structure of the body is eliminated. (T-p. 138)

Counselor training in nonverbal communication has emphasized the areas of body orientation, distance, eye contact, and body movement to a forward incline for purposes of increasing attention in communicating facilitative messages in the interaction. (T-p. 219)

Research indicates that nonverbal material may anticipate verbal content in which the emergence of new material is preceded by a new inadvertent action or body position of the client. (T-p. 220)

Changes in gesture quality and intensity may reflect subtle fluctuations in affect and arousal. (T-p. 220)

This is what we are again and again trying to do, to frustrate the person until he is face to face with his blocks, with his inhibitions, with his way of avoiding having eyes, having ears, having muscles, having authority, having security within himself. (T-p. 117)

Robustness is required for humanness. All clients are assumed to be in control of body movements and have vision and hearing. Misinterpretation warnings are absent for those with different movement patterns or sensory accuracy.

The text raises a challenge to an ableist assumption about verbal skills
although the application is not specifically addressed to people with disabilities.

While each of the approaches to counseling applies to different techniques, they all require some form of verbalization take place between the client and the counselor. If this kind of exchange does not occur, neither does the process of counseling. One persistent criticism of counseling is that it is basically designed regardless of the theory used, for those who can verbalize. In fact this criticism may be valid, and more attention should be paid to how counselors can operate with potential clients who possess limited verbal skills. (T-p. 184)

Unchallenged assumptions of ability and independence maintain the perspective of the dominant able majority. The lack of challenge is juxtaposed against the espoused values that ask the counselor to question their culture-bound assumptions, attend to societal values that reflect majority groups, and be aware of lived social contexts.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disability

Discussion of nondominant groups occurs primarily in one chapter called “Social Factors in the Relationship.” The chapter addresses each nondominant group separately. Discussion of each group’s issues has relevance and applicability to disability and ableism. Issues applied to race, gender, ethnicity, and sexual orientation readily translate to disability although application to disability is not made.

A comparison with the discussion of white racial identity is applicable although not made.

The values and norms that underlie counseling are those of the white culture, which is dominant in the Untied States. (T-p. 256)

Since whites seldom examine the meaning of their whiteness, they man not
even consider how racist attitudes may be related to variations in white racial identity. (T-p. 259)

[W]hiteness becomes an important characteristic. (T-p. 260)

A comparable issue for disability not identified in the text is that able people seldom examine their ableness and the value and norms of able dominant culture that underlies counseling. A parallel consideration would recognize ability as an important characteristic.

A discussion of biracial identity has applicability to disability, but the parallels are not identified.

[T]he biracial individual has generally been ignored. (T-p. 262)

Counselors need to be aware of their own feelings and attitudes about interracial marriage, biracial individuals, and people from all cultures that differ from their own. (T-p. 264)

[T]he counselor can work with clients helping them to understand how they internalized society’s biased attitudes about their cultural backgrounds and assist them in moving to a more internal perspective of themselves. (T-p. 264)

[F]actors that can facilitate the development of positive racial identities: (1) Encourage clients to acknowledge and discuss their racial heritage with their parents. (2) Help parents acknowledge that their child’s racial/ethnic heritage is different from their own and indicate that as positive. (3) Encourage parents to give their child opportunities to develop relationships with children from many different backgrounds. This can most naturally occur by permitting them to live in integrated neighborhoods, and attend integrated schools. (4) Encourage parents to allow their children to meet role models. (T-p. 264)

Comparable issues are disability as an ignored topic and source of internalization of societal negative biases. The advice for development of a positive biracial identity would be applicable to parents of disabled children who do not share the group identification of their child. Inclusion is a comparable strategy of the disability
Issues related to Native Americans have parallels to disability, but the parallels are not identified.

It is estimated that there are over 1.8 million Native Americans. (T-p. 265)

The Native American population is extremely varied and it is impossible to make generalizations that will apply to all Native Americans. (T-p. 265)

It is difficult to describe Native Americans because not everyone agrees on how to decide who is one. (T-p. 265)

It is important not to stereotype Native Americans based on general assumptions. Studying the culture can benefit the counselor; however, it must be recognized that the information learned will only be helpful in general understanding and that each client is unique and must be met as an individual. (T-p. 265)

The size of the population implies its import. Although there are 40 million more people with disabilities than Native Americans, the demographics of disability are not mentioned. The warnings about inappropriate generalization is applicable to the totalizing term “disability” that comparably camouflages a wide range of differences. The Deaf community’s rejection of the disability label demonstrates a comparable lack of agreement about who is disabled. None of these parallel issues are identified.

Comparable issues facing women and people with disabilities are not identified.

The prevalence of poverty is increasingly dramatic in the United States, especially among women. . . . [C]oncentration of most new jobs in the poorly paid service sector . . . limited affordable and quality child care, and a decrease in government assistance to low-income families have contributed to poverty for women. . . . [P]overty is a correlate of psychological distress and mental disorder. (T-p. 274)

One out of four women will experience an incident of abuse over the course
of her marriage. (T-p. 274)

Terms such as caring, dependence, and autonomy may have different meanings for women and men in U.S. society. (T-p. 275)

Dependency is usually considered a feminine characteristic and carries a pejorative connotation. (T-p. 275)

[It] was found that therapists described ‘normal’ male and ‘normal’ person with the same characteristics, being intellectual, rational, and aggressive, while describing women as more passive, nurturing, and emotional. This type of comparison indicated that women did not have the characteristics of mentally healthy individuals. (T-p. 276)

Gender is a very powerful and almost immediate determinant of experience for individuals. It is a powerful factor in identity development both at the societal and interpersonal levels. People behave and respond to others in ways that correspond to their gender. (T-p. 272)

The issues of poverty, abuse, job opportunities, and affordable attendant care are comparable issues for people with disabilities. Derogation of dependency, definitions of normalcy, body-based identity and its corresponding determinant experience are all issues for people with disabilities. These parallel issues are not identified.

The many comparable issues facing gays and lesbians and people with disabilities are not identified.

Even though gays and lesbians comprise 10 to 15 percent of the overall population, little attention has been given to this ‘hidden minority’ in the psychological literature. The complexity of negative societal attitudes and stigmatization, fear on the part of gay and lesbian students/clients, and lack of awareness of knowledge on the part of researchers and clinicians are at the core of this ‘blind spot’ in the literature. (T-p. 278)

Historically, homosexuality was viewed as deviant and an individual engaged in homosexual behavior was in need of a ‘cure’ to return to heterosexuality. Research and the voices of gay and lesbian individuals have led to homosexuality being seen as nonpathological. . . . Even with this change toward a positive outlook on homosexuality, tremendous discrimination and hostility exist in U.S. society. Homophobia, or the fear and hatred exhibited toward homo-
sexuals by family, friends, and society, is all too frequently encountered by gay and lesbian individuals throughout society. (T-p. 278)

Heterosexism is an ideology that values non-gay norms and experiences and considers heterosexuality to be inherently natural. This ideology devalues the gay experience and precludes a true appreciation of gay life-styles and choices. (T-p. 278)

Consider very carefully before entering into a contract to eliminate gay feelings and behaviors in your client. Willingness to enter into such a contract implies that homosexuality is pathological and undesirable. Many clients who ask for change are really asking for acceptance. (T-p. 279)

Comparable issues abound for the gay/lesbian community and the disability community. Disability is also a hidden minority and a "blind spot" in the literature (an ironic use of a disability metaphor). Disability has traditionally been approached as needing to be cured. Ability is assumed to be inherently natural while disability is pathological and undesirable. People with disabilities who are asking for change may be really asking for acceptance. These parallel issues are not identified.

Comparison #3: Textbook Representations and Self-Representations of Disability

People with disabilities are for the most part absent from the text, but when presented, they are represented negatively. Disability is largely invisible in the text. Invisibility is an issue raised by people with disabilities.

[W]e have either been treated as invisible or our experiences have been defined for us. (Morris, 1996, p. 1)

Disabled women experience a lack of role models, especially positive ones through which to form our own identities. We are apt to be invisible to others or seen only as our disabilities. (Browne et al., 1985, p. 173)

When people with disabilities are represented by their negative experience, they are
not different but defective, not struggling with society but struggling with the self.

Disability and dependency are linked with pathology. Disability theorists and researchers resist this view.

Because thinking on the problem of disability has been underpinned by personal tragedy theory, it seems not unreasonable to see the onset of disability as a powerful assault on the ego and hence to think that psychoanalytically based counseling can repair the damage to the egos of disabled people. The problem is that few, if any, studies of the experiences and effects of disability have found evidence of this damage. (Lenny, 1993, p. 236)

Both professional and popular literature define dependence as a problem. . . . This reasoning is based on the dichotomy between masculine independence and feminine dependence as if only the polarized extremes were possible or desirable. (Hillyer, 1993, p. 10)

A lengthy discussion of disability occurs in the coverage of Adlerian theory. This comes early in the text and carries loaded terminology.

An additional burden exists if the infant has a physical defect. Adler believed that the infant soon perceives this inferiority and that this results in an uncomfortable internal state. This feeling is extended through early childhood as the child continually confronts his or her inability to be self-sufficient and people who can play ball, tie shoes, button shirts, and the like better than she or he. This process is normal, inevitable, and occurs in everyone to some degree. (T-p. 37)

Adler believed that children who are born physically defective do not necessarily develop increased feelings of inferiority. The original, organic inferiority does, however, play a central role in the development. Some individuals never overcome their feelings of inferiority and develop failure life-styles. Others somehow compensate for their physical defects and achieve normal life patterns. Still others may overcompensate; these and the people who have adopted failure life-styles are more apt to develop abnormal patterns of behavior. (T-p. 39)

The terminology of defects and inferiority is resisted by disability culture. Disability is not just difference; it is inferior difference. Use of the embellisher "somehow" to describe people who compensate could be read as an "overcoming" narrative resisted
by the disability movement.

We need to see our bodies as worthy parts of our selves in order to invest the time and energy it takes to care for ourselves. Society works directly against this possibility. We are regarded as “defects,” as women with something “wrong” with us. (Browne et al., 1985, p. 246)

Not all of us view our disability as the unmitigated disaster and diminishment that seems expected of us. We know that what hurt, anger and distress we have felt was not generated by the condition itself but by the obstacles and offensive assumptions that society heaps upon it. If we dare express the view that it has brought spiritual, philosophical and psychological benefits, it is suggested that we are making a virtue of necessity, repressing our pain, or glorifying suffering. Such certitudes generally issue from those whose experience of necessity, pain or suffering is considerably less than our own and who, above all, have no personal experience of our condition. (Evans quoted in Morris, 1991, p. 187)

“Overcoming” stories have the important role of lessening the fear that disability holds for non-disabled people. (Morris, 1991, p. 101)

The Adlerian references to disability are ambivalent. Despite the bothersome terminology and narrative, some passages also direct the reader toward the social environment.

For a child born with either a physical or mental defect, the important factor is not the defect itself. It is the child’s reaction to the event and the reactions of others that influence the path of development. If the child’s reaction is positive, development may follow a normal course. (T-p. 39)

One of the few other references to disability from a later passage, similarly directs attention to the social environment.

Does the client have a plan to deal with any specific societal barriers (i.e., age, sex, disability, religion, and so on)? (T-p. 353)

Attention to the effect of the social environment is of more primary importance to the disability movement.

The social model ... shifts the focus from impairment onto disability, using
this term to refer to disabling social, environmental and attitudinal barriers rather than lack of ability. (Crow, 1996, p. 208)

Many of us will affirm that the constraints and discomforts of our disability are child’s play when compared to the imposition of gross preconceptions and assumptions made about us without any consideration for our feelings or recourse to our opinions. (Evans quoted in Morris, 1991, p. 186)

Doing disability all day long can be an exhausting process. I don’t mean having an impairment, in my own case not being able to walk. Like most disabled people I can deal with this. I mean having to spend a significant part of each day dealing with a physical world which is historically designed to exclude me and, even more tiring, dealing with other people’s preconceptions and misconceptions about me. (Keith, 1996, p. 70)

Reactions to disability are based on aesthetic values. The text makes reference to aesthetics and their cultural import.

The Components of White Culture . . . Aesthetics: Women’s beauty [is] based on blonde, blue-eyed, thin, young. Men’s attractiveness [is] based on athletic ability, power, economic status. (T- 256)

American society values thinness as the ideal in body shape for women. The normal physiological structure and changes in women’s bodies that result from the capacity to bear children is devalued and treated with disdain. (T- p. 274)

The text does not apply these aesthetic values directly to disability, but the disability community is very sensitive to the aesthetics of appearance.

[T]he cultural concept of the “normal” body is a young, healthy, energetic, pain-free body with all parts present and a maximum range of graceful movements. (Wendell, 1996, p. 91)

Disabled people often feel undermined by such perceptions of us as less attractive, undesirable, and as objects of concern or pity. (Keith, 1996, p. 84)

[T]he disabled person is expected to be permanently enmeshed in the tragedy, because not to mourn would call into question the high value society places on health and fitness. . . . [G]rief reassures the observers that their own values are appropriate and that their own nondisabled condition is “normal.” (Hillyer, 1993, p. 77-78)
The text devotes a chapter to existential theoretical approaches to counseling.

[W]hen natural forces such as catastrophe or illness overwhelm us, when we question the very meaning of our lives, the overwhelming emotion we experience is anxiety and its manifestation in guilt and dread. (T-p. 97)

The encounter with nothingness, the threat of ceasing to have a meaningful existence is another major area of concern for existential philosophy. (T-p. 97)

In an ultimate sense . . . the essence of existential intervention . . . is to help the client recognize the inevitability of his or her conflicts and their essential insolubility. . . . the true task of this approach to treatment is the acceptance of that truth and the reality of living with pain and anxiety. (T-p. 102)

Although the text does not reference disability, existential issues are linked with aesthetic issues as a topic of interest to the disability pride movement.

The idealization of the body, the myth of control, and the marginalization of people with illness and disabilities means that much knowledge about how to live with limited and suffering bodies is not transmitted in cultures where these influences are powerful. Consequently, many of us are ill-equipped to cope with the problems of illness and disability, having had no opportunity to learn. Cultural silence about pain, limitation, suffering, and dying also increases our fear of them, and thus contributes to our need to believe that we can control our bodies. (Wendell, 1996, p. 109)

People with disabilities argue that their life issues are issues that affect everyone, not just on people with disabilities. They offer their experience as an opportunity for nondisabled people to explore the normative but unpleasant realities of dealing with life.

When people cannot ground their self-worth in their conformity to cultural body-ideals or social expectations of performance, the exact nature of those ideals and expectations and their pervasive, unquestioning acceptance become much clearer. (Wendell, 1996, p. 69)

[People with disabilities have experiences, by virtue of their disabilities, which non-disabled people do not have, and which are sources of knowledge that is not directly accessible to non-disabled people. Some of this
knowledge, for example, how to live with a suffering body, would be of enormous practical help to most people. . . Much of it would enrich and expand our culture, and some of it has the potential to change our thinking and our ways of life profoundly. (Wendell, 1996, p. 69)

The text does little to resist the pervasive view of nondisabled people. People with disabilities are either absent of their representation is predominantly negative. Disability is presented as inferior and unidimensional. The contribution of alternative representations of disability is unavailable.

Research Textbook Findings

The research textbook (see Appendix for citation) claims to be “a broad-spectrum book suitable for all courses in basic research methodology” (R-p. xiii) (all passages from this textbook are identified by the letter R). Disability is referenced very briefly in most chapters by metaphor or illustrating example, but no discussion of disability issues occurs.

Comparison #1: Espoused Values and Representations of Disability

The textbook guides the researcher from problem selection to completed research project. The reader is directed to question underlying assumptions in designing a research project.

[C]areful researchers . . . set forth a statement of assumptions. (R-p. 7)

In your research . . . it is important that others know what you assume with respect to your project. For, if one is to judge the quality of your study, then the knowledge of what you assume as basic to the very existence of your study is vitally important. (R-p. 7)
What am I taking for granted with respect to the problem? (R-p. 60)

The reader is directed to careful delimitation of the research question, analysis of the population, and selection of sampling techniques.

The researcher should eliminate any possibility of misunderstanding by . . . delimiting the research: Giving a full disclosure of what he or she intends to do and, conversely, does not intend to do. (R-p. 58)

The population for the study must be carefully chosen, clearly defined, and specifically delimited to set precise parameters for ensuring discreteness to the population. (R-p. 191)

How do I get a sample that will be truly reflective of the whole population? How should my descriptive data be acquired to ensure no misrepresentation or misunderstanding? How do I control for possible bias in the collection and description of the data? (R-p. 227)

This reader is directed to pay particular attention to representation (in the numerical sense) based on sampling techniques.

The sample should be so carefully chosen that, through it, the researcher is able to see all the characteristics of the total population in the same relationship that they would be seen were the researcher, in fact, to inspect the total population. (R-p. 204)

The results of a survey are no more trustworthy than the quality of the population or the representativeness of the sample. (R-p. 203)

A sample is no more representative of the total population, therefore, than the validity of the method of randomization employed in selecting it. (R-p. 205)

Statistical predictions and estimates are no more accurate than the fidelity with which the parameters of the sample mirror those of the total population. (R-p. 261)

Bias is identified as an issue in the research design and sampling technique.

We may define bias as any influence, condition, or set of conditions that singly or together distort the data from what may have been obtained under the conditions of pure chance. (R-p. 219)
The weak links in the chain are usually found in the techniques and procedures of sampling and in the unwitting admission of bias into the study. (R-p. 216)

Bias . . . may be easily overlooked by even the most sensitive and careful researcher. . . . It is particularly vicious when it enters surreptitiously into the research system and goes undetected. (R-p. 219)

The researcher cannot avoid having data contaminated by bias of one sort or another. What is unprofessional, however, is for the researcher to fail to acknowledge the likelihood of biased data or to fail to recognize the possibility of bias in the study. (R-p. 220)

An example of sampling identification is presented where inadvertent exclusion leads to misrepresentation of the population. The example demonstrates how bias crept into a study where the sampling method automatically excluded a particular socioeconomic group.

Suppose a researcher decides to use a city telephone directory as a source for selecting a random sample. She opens to a page at random, closes her eyes, puts the point of her pencil down on the page, and selects the name that comes closest the pencil point. . . . but the demon of bias is there. . . . The lower economic strata of the population will not be adequately represented because many of them are unable to afford a telephone. The affluent also will probably not be included among the general population because many of them have unlisted telephone numbers. Hence, the sample will be biased in the direction of the middle-strata population. (R-p. 219)

Although not mentioned, disability will also be misrepresented, as people with disabilities are disproportionately located in lower socioeconomic statuses (Oliver, 1996).

The text addresses populations and sampling decisions. Because people with disabilities are frequently excluded from participation in society, they may also be excluded in population identification and sampling methods. For example, if a study purports to look at general education of children, it will make difference to the find-
ings if the study is conducted in North or South Dakota.

In N. Dakota 72% of the state’s special education students are taught in regular classrooms. In S. Dakota, a state with almost identical demographics, only 8% of special education students go to class with nondisabled children. (Berube, 1996, p. 221)

The same study in either state will include a different sample from the population of general education classrooms.

Excluding metaphorical use, there are only nine passages in the text where disability is directly referenced. Four of these passages place people with disabilities in the position of research subjects.

[T]he educational researcher exploring the cause of learning disability finds that the resolution of the research problem leads through the psychopathology of the central nervous system, endocrinology, and family counseling. (R-p. 96)

[T]he neurosurgeon [is] seeking to determine the difference in neurotransmitters in the brains of normal patients and those afflicted with Alzheimer’s disease. (R-p. xiii)

This multiple case study explored the perceptions of four reading-disabled middle school students for the purpose of uncovering factors that may have prevented these students from progressing in their reading development. (R-p. 157)

The upsurge of interest in reading and learning disabilities found among both children and adults has focused the attention of educators, psychologists, and linguists on the language syndrome. . . . to provide us with the necessary background information to understand the anomaly of language deficiency. (R-p. 51)

The passages include the loaded terms of “psychopathology,” “affliction,” “anomaly,” and “deficiency.” The standpoint is that of the researcher investigating people with disability. This locates disability in the subject and not in the researcher or the environment. Use of technology presents one of the few direct references to
disability that includes the possibility of a disabled researcher.

Access to these data-bases of information opens up many possibilities for people who previously were restricted by location, time, disabilities, or other challenges. (R-p. 182)

A reference to disability is used to illustrate an issue unrelated to disability.

A color-blind person will never be able to understand the concept of “red.” Describing the wavelength of light occupied by the color red does not improve the situation because the color-blind person still cannot “see” red and therefore is no better able to understand what red is. (R-p. 102)

This statement of “fact” is subject to scientific dispute (Damasio, 1999). The remainder of disability references occur in metaphors and metonyms.

Great research has frequently been presented to those who are imaginatively both blind and deaf. (R-p. 39)

Look at blind, impersonal nature. (R-p. 254)

[Y]ou should not choose blindly or willy-nilly. (R-p. 218)

Embedded in these metaphors is a subliminal message that occurs by blindness being conjoined with a pejorative image, e.g. being unimaginative, “willy-nilly” or impersonal.

The text makes frequent use of embodied language. Various issues are described to be at the “heart” of the matter. Facts and information are often described as “the lifeblood” of a project. Researchers are reminded not to lose “sight” of various matters. Issues are presented as “strengths” or “weaknesses.” Outlines are “skeletons.” The reader is invited to “walk” through examples. Often the embodied language assumes universal abilities. Vision is frequently assumed to be a universal attribute.
Visualization of the data . . . [is] fundamental to any research effort. (R-p. 115)

What such data need for interpretation are a pair of keen eyes and a curious and inquiring mind. (R-p. 247)

We derive a clear understanding by seeing these [procedures]. (R-p. 275)

Examine the experience through the eyes of other participants. (R-p. 161)

Metaphors of physical strength or ambulation imply their superiority through connotation.

It stands on its own feet: it needs no explanatory props. (R-p. 125)

Each subproblem should be a clear stepping stone. (R-p. 274)

Bias . . . can be minimized if the researcher has an intelligent and knowledgeable grasp of the sampling procedures. (R-p. 217)

The complete report presents the body of research, fully developed, muscular with data. (R-p. 289)

The text attends to its own use of metaphorical sensory language acknowledging that it is not intended to be literal. This disclaimer, however, does not extend to literal sensory disabilities.

The point should be clearly emphasized that "looking" and "seeing" is not restricted to perception through the physical eye. In research, we have many ways of seeing that have nothing to do with vision. The physician 'looks' at the patient's heart through a stethoscope and by means of an electrocardiogram. The educator, the psychologist, and the guidance and vocational counselor "look" at achievement, intelligence, attitudes, beliefs, or personality structure through tests, inventories, attitude scales, and other means of evaluation. Hundreds of thousands of survey studies have been conducted in which the "looking" has been done by means of a questionnaire; in interview studies, the "looking" has largely been done by the ear, rather than by the eye. (R-p. 190)

This text presented a particular challenge to my analysis. At first blush, there
“wasn’t much there.” However, on closer examination, the text’s use of rhetorical devices that are heavily embodied provides a subtle representation of disability. Embodied terms are ever present, a subtle reminder of just how pervasive embodiment is in our language and thinking. The text uses rhetorical devices having “nothing” to do with disability but a close look reveals aesthetic assumptions that undergird idealizations of the body and negative notions of disability. Embodied characteristics are described in association with connotative terms. Keenness of sight or goodness attributed to a muscular report are connotative of superiority and inferiority. Amplifiers are routinely used to invoke just such connotations. In a description of a neurological investigation, the two groups under study are those with and without Alzheimer’s disease. Subjects are described as “normal patients and those afflicted with Alzheimer’s” (R-p. xiii). A subject does not just “have” Alzheimer’s but is “afflicted.” The way disability must be read in this passage supports the dominant negative cultural image.

The espoused values of examining assumptions and questioning sources of bias are juxtaposed against ableist assumptions and biased representations of people with disabilities.

Comparison #2: Representations of Other Nondominant Groups and Representations of Disability

There is very little mention of other minority groups and no particular instruction to the reader for special awareness or treatment. However, there is subtle attention to an inclusive stance toward gender. For instance, female names and pronouns
are regularly used and women are characters in authority or non-traditional roles.

Suppose a researcher decides to use a city telephone directory as a source for selecting a random sample. She opens to a page . . . (R-p. 219)

Jan is a production manager of a manufacturing corporation. She has a sample lot of connecting-rod pins. (R-p. 264)

Where an actual research proposal is used for illustration the reader is pre-warmed about an issue of gender.

Although this proposal specifically refers to male cartographers, no inference is to be made that it is gender oriented. (R-p. 62)

No such warnings occur where research subjects are assumed to be able-bodied. For example, this study refers to “men-in-general” but more accurately may refer to “able-men-in-general” if the sample is employed cartographers in a field that has a pattern of exclusionary hiring of disabled people. Another example directs the reader to think about gender bias and assumptions.

[S]uppose you own a diner and want to sample the opinions of your patrons . . . Each morning for a week you sample the first 40 patrons to arrive. . . . It is a badly skewed poll in favor of men. . . . The people who arrive at 6 a.m. are likely to be certain kinds of men who go to work at that time—laborers, construction workers, truck drivers. Women generally do not appear in significant numbers in the diner before 8 a.m. The data from this accidental sample give you the thoughts of robust, hardy men about your breakfast menu. That’s all. (R-p. 205)

In this example, the text points out the gender exclusion but not the ability exclusion.

Cartoon-type illustrations include both male and female figures and differential shading of skin tones reflecting racial differences (R-pp. 26-28, 245). All of the figures in the illustrations are standing. One minor accommodation to physical difference is that some individuals wear glasses.
Minority groups otherwise garner little direct attention. People with disabilities garner relatively more attention as subjects for specialist study.

Comparison #3: Textbook Representations and Self-Representations of Disability

The representation of people with disabilities in the text is primarily either by absence or as research subjects. One exceptional reference in the text acknowledges environmental conditions that restrict people with disabilities as researchers.

Access to these data-bases of information opens up many possibilities for people who previously were restricted by location, time, disabilities, or other challenges. (R-p. 182)

Disability activists criticize the lack of representation (in the numerical sense) of people with disabilities in positions of authority in the research community and the implication of their absence.

Disabled people are rarely in the researcher's position because of a host of factors, including limited educational opportunities, discrimination in hiring and promotion, and inadequate support for disability studies scholarship. (Linton, 1998, p. 73)

Has the research agenda been influenced by the absence of disabled people in academic positions? (Linton, 1998, p. 73)

Disability researchers have argued that research in general has not been used in service of people with disabilities. The text represents individuals with disabilities as subjects whose individual characteristics are studied rather than as objects of oppression. A criticism of research has been the lack of interest in researching disability as a social interpretation.

[Disability and disabled people are most often studied in a deterministic manner, as the predictor variable. (Linton, 1998, p. 93)
Research in the prediction and control mode of social science has been aimed at reducing the incidence of disability, reducing the impact of disability on the individual, or reducing the negative impact of disability on society. . . . The impulse to control disability rather than to stop oppression is the theme throughout the social science literature that is most problematic and most in need of problematizing. (Linton, 1998, p. 110)

The curriculum is devoid of the types of interpretative research and analyses that could shed light on the preponderance of malignant and unsavory imagery in the curriculum and in cultural products. (Linton, 1998, p. 113)

Disability activists critique the absence of voices of people with disabilities in disability research.

The little analysis that there is of our lives appears as a "special" area of study. . . . disabled women have been conspicuous by their absence. (Morris, 1996, p. 1)

Examination of the social and hard sciences indicates the narrow, pathologized conceptualization of disability available. . . . What is absent from the curriculum is the voice of the disabled subject and the study of disability as idea, as abstract concept. (Linton, 1998, p. 87)

Disability activists critique the role of language in imagery that creates disability to be what it is in the culture. The depiction mentioned earlier of a particular disability as an "affliction" is a representation resisted by people with disabilities.

Disabled people are frequently described as suffering from or afflicted with certain conditions. Saying someone is suffering from a condition implies that there is a perpetual state of suffering, uninterrupted by pleasurable moments or satisfactions. Afflicted carries similar assumptions. . . . Although some people may experience their disability this way, these terms are not used as descriptors of a verified experience but are projected onto disability. (Linton, 1998, p. 26)

The text metaphors provide examples of language commonly used in everyday conversation with implications for disability.

Imaginatively both blind and deaf. (R-p. 39)
[C]hoose blindly or willy-nilly. (R-p. 218)

[S]tands on its own feet. (R-p. 125)

A close examination of the text reveals language peppered with body-based references. Lakoff and Johnson (1999) assert that our language is unavoidably embodied. It is through negative representation of the body's variations that a view of disability as inferior is sustained and a view of disability as a natural condition in an unfriendly environment is prevented. Disability scholars critique how disability devaluation is embedded in language.

[Disability studies scholars have attended to . . . the vast realm of meaning-making that occurs in metaphoric and symbolic uses of disability. These devices need to be analyzed in an array of cultural products to understand their meanings and functions, and to subvert their power. (Linton, 1998, p. 125)

This grammar of embodiment culturally normalizes the American [ideal] and abnoramlizes the freak [disabled]. (Thomson, 1997a, p. 65)

Ironically, the text points out the study of language disability, but not the study of disability in language.

Phonology, syntax, and semantics are all intimately involved in the study of any language disability. (R-p. 51)

Disability scholars call for scrutiny of language devices in assigning meaning to disability.

[O]f interest here are the linguistic conventions that structure the meanings assigned to disability and the patterns of response that emanate from, or are attendant upon, those meanings. . . . The disability community has attempted to wrest control of the language from the previous owners, and reassign meaning to the terminology used to describe disability and disabled people. (Linton, 1998, p. 8-9)

The representation of disability in the subliminal subtextual messages of our
embodied language conveys the presumed unnatural or inferior status of disability and the corresponding superior or natural status of the nondisabled.

The metaphors that allude to disability or invoke disability imagery are everywhere, and the ideas they are based on are accepted so casually that we will have a hard time dissuading people from using them. (Linton, 1998, p. 126)

Metaphor is not merely an “ornament to speech and writing irrelevant to the task of clarifying and conveying meaning,” it is a “fundamental vehicle of human thought.” (Kliebard quoted in Linton, 1998, p. 130)

The disability culture movement offers the alternative possibility that disability is intrinsically neutral.

Having a disability is essentially neither a good thing nor a bad thing. It just is. This intrinsic “neutrality” of disability is the primary aspect of all the contradictions bound up in the condition of disability. . . . Disability often brings physical pain and atrophy; psychological and cognitive disorientation; inconvenience, immobility, and an assortment of other nuisances like catheters and ventilators. While this secondary aspect of disability should not be discounted, it is the perverse inversion of these aspects that essentializes disability as intrinsically inferior/bad. (Charlton, 1998, p. 167)

Stigmatization not only reflects the tastes and opinions of the dominant group, it reinforces that group’s idealized self-description as neutral, normal, legitimate, and identifiable by denigrating the characteristics of less powerful groups or those considered alien. The process of stigmatization thus legitimizes the status quo, naturalizes attributions of inherent inferiority and superiority, and obscures the socially constructed quality of both categories. (Thomson, 1997a, p. 31)

The naturalization of ability is an image resisted by disability culture.

The notion of a human norm . . . defines an outside and inside . . . thus characterizes bodies with the difference we call disabilities as deviant rather than distinctive. (Thomson, 1997a, p. 113-114)

Such a perspective advocates political equity by denaturalizing disability’s assumed inferiority, by casting it as difference rather than lack. (Thomson, 1997a, p. 22)

Missing is the positive experience of disability as an alternative image of disability to
dominant negative images.

Our experience is isolated, individualized; the definitions which society places on us center on judgements of individual capacities and personalities. This lack of a voice, of the representation of our subjective reality, means that it is difficult for non-disabled feminists to incorporate our reality into their research and their theories, unless it is in terms of the way the non-disabled world sees us. (Morris, 1991, p. 8)

Particularly noteworthy for its absence is the voice that speaks not of shame, pain, and loss but of life, delight, struggle, and purposeful action. (Linton, 1998, p. 113)

Not all of us view our disability as the unmitigated disaster and diminishment that seem expected of us. We know that what hurt, anger and distress we have felt was not generated by the condition itself but by the obstacles and offensive assumptions that society heaps upon it. (Evans quoted in Morris, 1991, p. 187)

The text represents disability as negative and inferior. It subtly idealizes and naturalizes ability’s superiority. It fails to offer an alternative view of disability.

Summary

What emerges from a comparison of the textbook representations of disability and the espoused values is a disparity between espoused values and representations of disabilities. The counseling espoused values generally in evidence in the textbooks encourage (a) valuing diversity, (b) self-awareness, and (c) cautiousness about encapsulation in one’s own culture’s assumptions. The view of disability that consistently emerges is the culturally embedded one that defines disability as an individual problem, resulting from a traumatic tragedy, dooming an individual to a life of inferior quality excepted only by exercising heroic means to overcome. Contrary to the espoused values, the difference of disability is not a valued form of diversity. The
reader is not challenged to explore an alternative to the negativity of the nondisabled majority assumed to be the experience of disabled people.

What emerges from a comparison of the representation of other nondominant groups and the representation of people with disabilities is a disparity between their representations. Other nondominant groups are represented as struggling with social environments that affect them through stereotyping, discrimination, and limiting opportunities. Counselors are charged with responsibility to consider the context of these environmental constraints. Readers are not directed to help other nondominant groups adjust to the reality of their inherently inferior condition. By contrast, readers are directed toward a view of disability as inherently inferior and directed toward the individual's dealing with her or his acceptance of that. Representations of disability are frequently unidimensional, totalizing, and central. The negativity of the environment is acknowledged but not challenged as a primary cause of disablement. Impairment is primatized over the environment. Where acknowledgement of the negativity of the environment occurs, it is reflected as a fact of life to which the individual must adjust.

What emerges from a comparison between the representation of disability in the textbooks and self-representation of people with disabilities are two very different pictures. In accounts of self-representation a more complex picture of disability is presented that includes an alternative image of disability pride. Where the text representation is unidimensional, self-representation claims multidimensionality. Where the text representation is totalizing, disability is self-represented as but one of many
characteristics which may or may not play a central role depending on context. Self-representation presents a voice of resistance to the predominantly negative cultural view of disability. The contrast between the text representations and the resistant voices serves to expose the text representations as limited knowledge of what can be known about disability and people with disabilities.

In answer to the research questions the study seeks to answer, what can be known from the textbook representations of disability is quite different from what can be known about disability and people with disabilities from their self-representations. The texts do not display awareness of the disparities and as a result the reader is not directed toward possible alternative perspectives. Reader self-awareness of culturally embedded assumptions is not facilitated. The status quo of negativity is maintained in the absence of self-representative voices of resistance.
CHAPTER VI

DISCUSSION: RE-READING DISABILITY

Introduction

The question of how disability can be understood by reading these textbooks rests on the representations of people with disabilities and disability as a concept. Representation is a deeply ethical issue, in that it not only reveals but also structures how we understand each other to be (Berube, 1996; Thomson, 1997a). The findings suggest disparities between (a) textbook espoused values and representations of disability, (b) representations of other nondominant groups and disability representations, and (c) text representations and self-representations of disability. Of primary interest in this study is not just what representations of disability occur in these texts, but how these representations work to guide the reader to understand disability. In this chapter I seek to move beyond an accounting of the representations to discuss how the texts work in ways that will deepen, extend, and enrich an understanding of disability (cf. Eagleton, 1996).

My key concern is the kind of effects that the texts produce. More than a discovery of what the representations mean, I want to discuss what the representations do to the reader (Eagleton, 1996). In this chapter I step back and examine the logic of how the representations are structured and organized. I discuss what processes work to hold negative cultural notions of disability in place and what
processes work to resist and dislodge those representations. In the discussion I hope to dismantle and refashion an understanding of disability (cf. Eagleton, 1996).

In this chapter I suggest that the representation of disability in the texts of the selected books mirrors the representation of people with disabilities in society. The texts work to maintain a negative view of disability in a culture where non-disabled people hold the power to define. In the texts, as in the sociocultural environment, people with disabilities are present, but not in an inclusive way. I suggest that their presence in the text is an initial response to an espoused valuing of diversity, but presence alone does not address the flawed dichotomous paradigm that separates and excludes people with disabilities as Other to the dominant nondisabled majority. I argue that disability needs to be reconceptualized from a false dichotomy that ignores the fact that everyBody's identity is embodied, context dependent, and formed against a cultural idealization that noBody meets. I describe the process of Othering in the representations in the texts, as in society, that works to separate by maintaining prejudicial stereotypes while ignoring and thereby silencing alternative voices of disability pride. I discuss the implications of these representations of disability for membership of people with disabilities as full partners in society. I explore how a recontextualization of disability could usefully contribute to teaching about difference differently.

What we can learn from interrogating the knowledges represented in these texts and those of the voices of people with disabilities can be transformative. I reiterate my goal is not to judge the textbooks or their authors, but to learn from
thoughtful consideration about the way representation of disability reflects how we as a culture think about disability and difference. Of primary interest is not what the representations are but how they work on the reader, how they manage to convey what disability "is" and how they miss a different way to understand disability and, more broadly, a different way to understand difference.

Presence Versus Inclusion

Disability as a category and people with disabilities are mentioned in all of the textbooks. Six of the eight textbooks (exceptions were the group work and research textbooks) explicitly ask readers to consider disability as a form of difference to which they should attend; all implicitly ask. All of the textbooks used examples of people with disabilities to illustrate points. While disability is present, it is not consistently present. People with disabilities are sometimes present in separate chapters but absent by omission from other chapters; other times they are excluded from examples and applications by ableist assumptions or segregated as the target of "special" treatment. Where disability is referenced, people with disabilities are not present in an inclusive way. The texts do not position people with disabilities as one-of-us, but rather, most typically they are represented as a special kind of Other.

While diversity is valued, people with disabilities are not valued and (however unintentionally) are sometimes devalued. People with disabilities are often represented in ways that are inconsistent with the disability pride/disability culture view expressed in a broad literature written by people with disabilities.
Returning to the purpose of the study, the research questions asked about possible ways of understanding disability. I wanted to examine alternate perspectives and how they work to resist the dominant negative cultural perspective of disability. To be clear, there were many examples of positive valuing of disability. These were located in the espoused values and were identified in the first section of each of the separate textbook analyses. However, comparisons between espoused values and other imagery within the texts or from the self-representations outside the textbooks exposed disparities. The intent of the texts to value disability as diversity was betrayed by evidence of culturally embedded negativity. It is through juxtaposition of exact quotes that I offer readers the opportunity to compare passages and judge for themselves if the disability representations fit the espoused values or match the representations of other nondominant groups or match self-representations of disability.

To counteract the possibility that I have overstated the disparities by lifting only the unfavorable contrasts, I re-examined all references that represented disability in a positive way. I separated these out for closer review. They fell into three categories: (1) espoused values or instructions, (2) "psuedo-positives," or (3) "true positives." Passages in the first category were items that I referenced in the first section of each textbook analysis. These were general statements about disability in the abstract, rather than examples of individuals or specific situations. For example,

[W]hether race, ethnicity, disability . . . the contribution such groups make to society have been systematically ignored or misunderstood. (S-p. 47)

[T]he development of unrecognized potential, continues to be a need unmet for many groups within the population, such as . . . persons with physical disabilities, students with learning disabilities. (M-p. 213)
The second category of "psuedo-postiives" seemed to be positive, but on closer look included ambiguity. For example, a reference to a document called Job Hunting for the So-called Handicapped (C-p. 537) is located in the Appendix of the textbook rather than the main body. In another example, a full page photograph includes three people seated in a schoolroom with books and papers. One of the women is seated in a wheelchair. The photo faces the title page of the chapter headed "Controversy and Creativity" (G-p. 285) suggesting a disability involves controversy. In another example the text describes the contributions of "high ability" and "less ability" members.

High ability members can benefit from interaction with others who have less ability, perhaps because (1) the high-ability members take on the role of teacher, which leads them to sharpen their own thinking, or (2) the question and inputs of more naïve members encourage the more expert members to unbundle the assumptions and rules they automatically use when dealing with issues and problems in which they are experts. This unbundling increases the likelihood that unwarranted assumptions are reconsidered and decision rules are reexamined for exceptions. (G-p. 449)

In this passage the contribution of members are diluted by the superior positioning of the high-ability members as teachers.

The third category of "true positives" where a person with a disability was represented in an unambiguously positive way included only four passages from all of the textbooks.

Although some of the companies are new to the program, two have already found that some of their best workers have a variety of disabilities, including psychiatric problems. (S-p. 290)

Especially when individuals are heterogenous (differing in terms of intellectual ability, handicapping conditions, ethnic membership, social class, and
sex), cooperating on a task results in more realistic and positive views of each other than do competing or working individualistically. (G-p. 109)

Access to these data-bases of information opens up many possibilities for people who previously were restricted by location, time, disabilities, or other challenges. (R-p. 182)

Strohmer and Biggs (1983) studied the effects of counselor disability on client perceptions of the counselor's attractiveness and expertness. . . . There was no main effect for the counselor and client both having a disability on the disabled individual's ratings of the counselor attractiveness or expertness. . . . Interestingly, the results do not support the idea that a counselor and client having a disability similarity favorably influences the client's perception of the counselor's social personal influence. (T-p. 253)

These passages are the few that represent disabled people as researchers or counselors or equally contributing members and imagine the social context as limiting them, rather than their impairments.

Disabled activist Jenny Morris suggests the "general culture invalidates me both by ignoring me and by its particular representation of disability. Disabled people are missing from mainstream culture. When we do appear, it is in specialized forms" (Morris, 1991, p. 85). The representation of disability in the texts of this set of wide-ranging popular textbooks parallels the Morris depiction of cultural representation as absent or special. The purpose of this discussion is to go beyond documenting absence or specialness to enrich an understanding of disability. By examining how the representations work, what emerges is a more complex understanding of disability, ability, and embodied differences.

Personal Work

Representations work on me as well as other readers. Employing the
researcher-as-instrument method I acknowledge the nature of research as a dynamic process in which I as the researcher was changing as I moved through the process. As I began this project, I believed that my experience had led me to be sensitive to the experience of people with disabilities, and I believed I could apply that sensitivity in using the researcher-as-instrument method. As I moved through the project, I became increasingly humble about my assumptions about the experience of disability. As my work experience has been primarily in developmental disabilities, the people with disabilities who I have met were often unable to express themselves in a way I could understand because of their cognitive impairments or severe autism or serious physical impairments without compensating communication devices. Often their experience has been translated by their loved ones, usually parents, or by caregivers. Although caring, these second-hand reports are nevertheless nondisabled interpretations of another's experience. These second-hand reports are notable in their contrast to the self-representative literature I have used in this study which is written directly by individuals in their own terms about their own experience. The individuals who have written the self-representation literature have the language and writing skills to communicate their thoughts and feelings.

As I became immersed in the self-representative literature, I came to realize how many ableist assumptions I still hold, and how difficult it is to shed those assumptions. I had to confront the fact that my imagination of disability is unavoidably that of a nondisabled person. While practicing what I imagined to be thoughtful sensitivity, I came to realize how one kind of experience of disability (my own brief
period of physical incapacity or the report of loving family members) did not enable me to fully understand another’s experience. We in the dominant position can only understand the perspective of marginalized Others by engaging in hearing their experience in intimate detail. We must seek to hear Others’ voices and to work at uncovering the assumptions we hold by virtue of our own position. I came to a new appreciation of the experience of ableness. Much like the process of claiming my white racial identity and its accompanying privileges in this society, I have to work at claiming my ableness and its accompanying privileges. I have had to confront the source of a secret skepticism about whether someone can really have pride in disability. I came to the project sure that people with disabilities could have valuable lives and were valuable people, but I have had to admit to an assumption of able superiority. Through reading and re-reading of the details of pride built into this project I have begun to appreciate that my skepticism reflects my own embeddedness in the ableist cultural currents that surround me. In the process of close reading I was reminded about what hard work it is to really listen in order to hear. I was reminded of the danger counselees face when we counselors are oversimplistic in claiming empathy, when we fail to appreciate how hard it is to imagine another’s experience from a position we do not share.

Reconceptualizing Disability

Examining how the representations work in these texts opens the possibility of a fundamental change in the way we understand disability. In much the same way
as feminist critique called for reconceptualization of gender to challenge an understanding of women as not-men, an understanding of disability as not-able can be challenged.

**Beyond “Add and Stir”**

In the 1970s text analyses of the representation of women found a similar invisibility and misrepresentation of women (Olesen, 1998). Analysis showed that texts assumed that ordinary/normal meant male, leaving women in the default position of not-male, i.e., not ordinary/normal (Thomson, 1997a). Feminists describe two stages of feminist efforts to address the absence and misrepresentation (Morris, 1991). The first stage was “adding women in” to male dominated views of the world. This stage was followed by a second more revolutionary stage that fundamentally challenged existing models and paradigms as inadequate to explain gendered realities. Though the addition of women to texts might seem a positive step, feminists argued that to “add and stir” (Harding, 1987; Morris, 1991; Olesen, 1998) without addressing the fundamental assumption of male superiority continued to ill serve both women and men.

The representation of people with disabilities in these eight textbooks parallels the earlier stage of feminist analysis by “adding disability in” without consideration or challenge to the fundamental assumption of the “superiority” and “natural” dominance of nondisabled people. Disability activists demand that these ableist assumptions and the power base of ableism can be and must be challenged. It is
these fundamental assumptions that are at the heart of the oppression of people with
disabilities and the resistance movement of disability pride (Browne et al., 1985;
Hahn, 1997b; Linton, 1998; Morris, 1991; Oliver, 1996; Thomson, 1997a; Wendell,
1996). Understanding of disability as the opposition of able is a dichotomous para-
digm that is inadequate to explain embodied realities.

“Beware the Binary”

When disability is merely added in as an issue requiring attention, it is most
typically presented as a binary concept: disabled or not. Fine (1998) applies the
compact warning frequently issued by feminists to “suspect the binary” and “worry
the clear distinctions” (p. 151) in resisting a dichotomized separation between able
and disabled. Four false characterizations of disability emerge from a binary concep-
tualization of disability and its misrepresentations in the texts: (1) disability as uni-
dimensional rather than multidimensional, (2) disability as totalizing rather than one
of many individual characteristics, (3) disability as static rather than dynamic, and (4)
disability as inferior rather than different.

Unidimensional Versus Multidimensional

Disability in the culture and in the texts is set as a unitary dimension con-
tрастed with ability as an opposing unitary dimension (Fine 1998). People are dis-
abled or not. While any single individual has innumerable characteristics, only one
characteristic need be functionally limited for the individual to be considered
disabled. Disability career counseling is described for a man who has lost three fingers in an industrial accident, a man who was totally paralyzed in a car accident, and a woman who has arthritis in her hands. All are depicted unidimensionally as dealing with adjustment to their disabilities. Treated unidimensionally, people with disabilities are "homogenized into a collective 'they'" (Fine, 1998, p. 138).

Individual characteristics that result in a disability identity include far more variation than the dichotomy reveals. Both able and disabled individuals have areas of abilities as well as areas where they lack abilities. While some deficits (e.g., nearsightedness, a poor singing voice, or a toed-in gait) do not constitute disability, some exceptional abilities cannot remove the label. The function of ambulating ranges from vigorous upright bipedal mobility, to clumsy upright bipedal mobility, to weak or unstable upright mobility, to intermittent alternation between bipedal and wheelchair-seated mobility, to mobility exclusively via adaptive equipment. A clumsy upright walker may be nondisabled while an agile wheelchair athlete is identified as disabled. The arbitrary selection of one particular characteristic from the myriad of strengths and weaknesses that any one individual possesses reflects a social process in assigning group membership to disability. Kincheloe and McLaren (1998) call this "representational essentialization" (p. 281).

Like race, disability may or may not be a significant characteristic in the context of application of the term. A minority label is often used as an adjective to describe an individual (e.g., a Black lawyer or blind lawyer) where a majority label is rarely used (e.g., white accountant or able accountant). A challenge can be raised as
to whether the modifier is necessary to the context or is used stereotypically to highlight the unexpected. One of the texts offers an illustration to make a point about personal support.

On July 15, 1982, Don Bennett, a Seattle businessman, was the first amputee ever to climb Mount Rainier. ... When asked to state the most important lesson he learned from doing so, without hesitation he said, “You can't do it alone.” ... his daughter stayed by his side for four hours and with each new hop told him, “You can do it, Dad.” (G-p. 207)

This story is used to illustrate interdependence and the value of support from others. Would the daughter’s support of her father’s climb be less valued if the father was not an amputee? The image does not enhance a valued view of people with disabilities; it enhances a view of overcoming that is valued by the nondisabled. The illustration has rhetorical effect at the expense of people with disabilities which disability activists challenge.

We should attempt to dissuade authors from utilizing disability in this way in future writing—possibly by demonstrating how these metaphors are often used reflexively to trigger a reaction rather than to illustrate or explain an idea. (Linton, 1998, p. 130)

The very identifier “disability” betrays the adequacy of our language to do other than dichotomize (Linton, 1998). “Dis-ability” is the negation of “ability,” contributing to an all-or-nothing attribution. An individual is pressed to either claim or deny a disability, and further pressed to claim or deny a particular characteristic as an integral part of one’s identity.

In the group career counseling model for men with acquired disabilities, a suggestion is made to open a group session with an item from a counseling inventory that states, “Now that I have a disability, life is going to be difficult” (C-p. 470). In
the five pages devoted to this case example, no reference is made to job accommodations to assist the men to return to work. Instead, the model attends only to the adjustment members need to make to the “now difficult” life of disability. Unidimensionality removes contextual considerations. Roberto, the group member who has lost three fingers in an industrial accident, has been hospitalized for eight months. While much attention is given to his adjustment to his disability, none of his adjustment is attributed to the social isolation of an eight-month hospitalization. The reader is not directed to the multidimensionality of the loss of three fingers, which might affect fine motor tasks but not walking, seeing, talking, dancing, singing, making love, or voting. Neither is the reader directed to the multidimensionality of the intersection of this impairment and his work history, career preferences, educational background, ethnicity, or sense of masculinity. We do not learn if Roberto has a family or children, is a volunteer or a voter or choir member. His disability is taken out of his social context; instead, the reader is directed only to his membership in the group identity of disability. People with disabilities know disability as much more multidimensional.

Disability is an overarching and in some way artificial category that encompasses congenital and acquired physical difference, mental illness and retardation, chronic and acute illnesses, fatal and progressive diseases, temporary and permanent injuries, and a wide range of bodily characteristics considered disfiguring, such as scars, birthmarks, unusual proportions, or obesity. Even though the prototypical disabled person posited in cultural representations never leaves a wheelchair, is totally blind, or profoundly deaf, most of the approximately forty million Americans with disabilities have a much more ambiguous relationship to the label. (Thomson, 1997a, p. 13)

Representations in the texts attend only to the presence or absence of an impairing
characteristic. When impairment is present, the impact is falsely unidimensional. Disability is represented as unidimensional rather than multidimensional.

Totalizing Versus One-of-Many

Related to unidimensionality is the totalizing way in which disability is often represented in the culture and in the texts. The mistake of totalizing is to see disability-as-all (Crow, 1996). While a blind journalist is not impaired dictating the article she is composing, she may nevertheless be identified by her disability. A Deaf art critic is not impaired at a gallery exhibit of new paintings but may be identified as disabled by the general public. A person may not even have an actual impairment, but may be treated as though they do (in disfigurement for example); the biological fact does not prevent the social fact and the discrimination that accompanies it. The effect on a person with a social-only disability is recognized as significant enough to need protection of the Americans with Disabilities Act. According to the Act, the legal definition of disability includes a person as disabled if they are publicly so regarded regardless of the biological facts (C-p. 455).

Passages in the text that portray all people with disabilities in a particular way in comparison to nondisabled people contributes to totalizing.

Individuals with disabilities tend to limit their social lives to interactions with other persons with disabilities. (C-p.460)

Individuals in this passage are not imagined to range from shy to outgoing, as having a range of preferences, or as being vibrant participants in their communities with a full range of friends and families, but rather the presence of disability automatically
totalizes their range of social partners to those who share a single characteristic.

It sounds like you might enjoy that kind of career, and also that you enjoy working with the developmentally disabled. (M-p. 453)

The modifier "the" lumps all people with developmental disabilities in a group. In this passage all developmentally disabled people are lumped together as enjoyable to work with. A comparable statement suggesting the counselee might enjoy working with blacks or women would ring discordant on race or gender sensitive ears.

Disability in the imagery of the broader culture is often confounded with pain and life-threatening conditions. The texts mirror this trend. The result is that disability becomes totalized as a condition rendering life not worth living.

Nora found it extremely depressing to go to her weekly dialysis sessions. . . . she wondered whether it was worth living if she had to depend on a machine. (S-p. 321)

Emily, who is in her early 40's, is suffering from advanced rheumatoid arthritis. . . . has lost her will to live and has expressed her desire to end her life. (E-p. 96)

The social circumstances of these women's lives are not considered as relevant to their life satisfaction; their dissatisfaction is "naturally" assumed to be caused by the impairment. While some people with disabilities experience their life this way, the absence of alternative perspectives in the texts allows this view, so prevalent in the imagination of able-bodied people, to predominate.

Disabled people are frequently described as suffering from or afflicted with certain conditions. Saying someone is suffering from a condition implies that there is a perpetual state of suffering, uninterrupted by pleasurable moments or satisfactions. Afflicted carries similar assumptions. The verb afflict shares with agonize, excruciate, rack, torment, and torture the central meaning "to bring great harm or suffering to someone" (American Heritage Dictionary, 1992, p. 30). Although some people may experience their disability this way,
these terms are not used as descriptors of a verified experience but are projected onto disability. (Linton, 1998, p. 26)

Representations of disability rarely recognize people with disabilities as raced, sexed, and gendered (Olesen, 1998). The disability identity overwhelms all others. Invisible is the fact of an individual's multiple identities in addition to and distinct from, although interacting with, their disability identity. Instead, discussion of disability features the single characteristic of impairment as central. The text offers an example in the case of Dora:

Dora was a self-referred high school graduate and had never received rehabilitation services. She was 40 years old, divorced for approximately three years, and had two children. . . . [S]he referred to her marriage, stating, "I resent that my husband left me because of my arthritis." Dora reported that she had suffered serious problems with arthritis for the past ten years, requiring five surgical procedures on her hands. . . . Dora's only source of income was $600 monthly child support, and she had no savings. She was unable to insure her five-year-old automobile, and her current rent and utility bills totaled $310. Dora's work experience was very limited; she had worked as a teacher's aide for approximately nine months but was unemployed at the present time. (C-p. 464)

This case is located in a special chapter on the career problems of people with disabilities, not in the chapter on career issues for women. The reader is directed to consider this a “rehabilitation case.” The case plan goal is to help Dora adjust to her disability based on the rationale that,

[Re]habilitation clients often need extensive personal counseling designed to assist them in accepting their disability, adjusting to reactions of others to their disability, reintegrating their self-concepts, and adjusting to changes in relationships with family and others in their lives. (C-p. 466).

In this case example, the gender related issues of poverty, child care, divorce, and lack work history and education are submerged to primatize acceptance of disability
as the central issue.

These kinds of representations are totalizing and assign disability a master identity. A misunderstanding of disability represents it as totalizing rather than as one of many characteristics.

**Static Versus Dynamic**

Disability is represented not only as a master status but also as a static condition. People are considered as disabled or not, rather than disabled under some conditions and not under others, or at some times and not others (Wendell, 1996). A person who has a seizure disorder may be considered disabled whether he has ten seizures a day or medication eliminates the seizures. Nora (S) who wonders if life is worth living with weekly dialysis is not imagined between treatment sessions. For a number of disabilities (e.g., neurological conditions and some progressive conditions), the underlying condition results in impairments that come and go, remaining invisible until the impairment appears or the person is identified as having the condition. Once identified, the disability becomes an identity that has everything to do with societal treatment, but may have little to do with the actual occurrence of a temporary or intermittent impairment. One text passage negates the potential fluctuating nature of disability while recognizing fluctuation as a dynamic in other areas:

[M]easurement of personality and socioemotional functioning is much more difficult than for other disability categories. One very obvious reason pertains to the stability of the human personality. Manifestations of personality, like any other construct, may actually vary from hour to hour or day to day. (A-p. 408)
Failure to recognize the dynamic nature of disability includes failure to recognize biological conditions that change with time and circumstances. But it also includes failure to recognize that social conditions render a stable physical characteristic disabling under some conditions and not others. The presence or absence of a ramped entrance or set of stairs renders some people with some characteristics capable or incapable. A job accommodation makes the difference between a designation as employable or unemployable while the underlying impairment remains unchanged. The inability of others to communicate through sign disables a Deaf person while she communicates fluently in a group of signers. Roberto’s (C) hand injury and Dora’s (C) arthritis in her hands are not represented as issues that limit their functioning under some conditions and not others. An inaccurate understanding of disability represents disability as a static condition rather than a dynamic process that is dependent on context as much as impairment.

Inferior Versus Different

Disability in the culture is understood as a “naturally” inferior condition. The texts maintain this representation. Disability is regarded as a tragedy to be avoided, and if incurred presents a threat to quality of life and even whether life is worth living.

To end world hunger, to prevent the pain and anguish of children dying of cancer, to allow the deaf to hear with an artificial ear, to find a drug to prevent the body's rejection of transplanted organs are all visions that bring tears, laughter, bitter disappointment, determination, hope, depression, enthusiasm, and joy. (G-p. 76)
This passage links a hearing impairment to world hunger and painful death.

Imagine yourself in a rest home... paralyzed by a series of strokes. Would you want to be kept alive at all costs, or might you want to end your life? (E-p. 91)

This passage evokes ending life as a potentially reasonable response.

[T]he son of Antonio and Consuela Garza is in a coma in the hospital after an automobile accident. He needs a life-support system to remain alive... The counselor should not urge them to terminate the life-support if that action is counter to their values. (S-p. 248)

Here the counselor is directed not to urge ending life-support if that goes against the family’s values, with the implication that she would otherwise “naturally” urge termination. Disabled people speculate about the source of imagined life-ending decisions.

[I]t was chilling to think that going on with my life made less sense to some people than a self-inflicted death... Was it the experience of quadriplegia that engendered thoughts of suicide, or did hopelessness come from the experience of being surrounded by people who considered that struggling to live with a disability was, in the end, not worth the effort? (Hockingberry, 1995, p. 77)

Disabilities are represented by a choice of terms and rhetorical devices. The production and organization of disability as a difference is seen in language that naturalizes an assumption of inferiority (cf. Schwandt, 1998). References to disabilities in text passages are not just differences, they are “afflictions” (M-p. 191, R-p. 96) or “defects” (T-p. 37) or “anomalies” (R-p. 51) and people who have them share the experience as “suffering a similar fate” (S-p. 131). People with disabilities object to this imagery as able assumptions and imaginings and ask to be allowed to define their own subjective experience.
In order that our lives can be seen in a balanced way, we must demand the right to be heard when we assert that there are wonderful things about being disabled. But we must also demand that it is we who define the negative things about the experience—and not the medical profession, health and social services professionals, parents or other non-disabled people. (Morris, 1991, p. 71)

The devaluation of disability is revealed in metaphors. Disability is commonly used as a metaphor to express inferiority.

Conformity [is] blind, unreasoning, spineless, weak. (G-p. 433)

The complete report is . . . fully developed, muscular with data, and dynamic. (R-p. 289)

The image of “throwing away the crutch” and “walking straight” proved to be very appealing to Dillard. (S-p. 260)

When disability is represented as inferior, people with disabilities are not understood as authorities or leaders, counselors or helpers, parents or sexual partners. People with disabilities are seen as “the cared for” and not the “carers” (Morris, 1991, p. 156). People with disabilities resist this inferiorizing.

Because I was having problems with mobility, I started using a wheelchair in 1975. I saw the wheelchair as a wonderful mobility aid that would allow me to continue my work. I was immediately struck by peoples’ reactions. . . . It was so strange because I felt the same the day before I started using the wheelchair as the day I started using the wheelchair; but I was immediately labeled incapable. (Hurst quoted in Charlton, 1998, p. 118)

I wanted to know how a girl with such severe limitations could become a woman, a whole person. Jennifer simply grew up. She was always a whole person. (Hillyer, 1993, p. 247)

Disability is represented as inferiority rather than difference. Disability is represented in these texts, as in society, as the negative side of a false dichotomy, unidimensional, totalizing, static condition, and inferior. People with disabilities
resist simplistic dichotomization of their experience.

Not all of us view our disability as the unmitigated disaster and diminishment that seem expected of us. We know that what hurt, anger and distress we have felt was not generated by the condition itself but by the obstacles and offensive assumptions that society heaps upon it. If we dare express the view that it has brought spiritual, philosophical and psychological benefits, it is suggested that we are making a virtue of necessity, repressing our pain, or glorifying suffering. Such certitudes generally issue from those whose experience of necessity, pain or suffering is considerably less than our own and who, above all, have no personal experience of our condition. (Evans quoted in Morris, 1991, p. 187)

Although dominant culture describes that atypical experience [of disability] as deficit and loss, the disabled community’s narrative recounts it in more complex ways. (Linton, 1998, p. 5)

[G]rief and trauma efface the possibility that we each might discover our own way through difficulty, and by doing so reclaim our own lives from the oppressive forces that tell us who we are and what we should be. (Hockingberry, 1995, p. 86)

The “seemingly true” dichotomized representations are simplistic and incomplete social constructions (Schwandt, 1998). People with disabilities ask for a more complex understanding of disability.

_EveryBody_

Removing the false dichotomy of disability/ability and exposing it as a simplistic and incomplete social construction allows recognition that impairing conditions are but one of many individual characteristics, that change over time and situation. That recognition opens the door to joining ability and lack of ability as “embodiment” as a universal condition. From this perspective, ability is a set of characteristics that are currently present under specific conditions and likely to change in other
situations and over time for all human beings who live long enough (Mackelprang & Salsgiver, 1999). This view of disability shifts the focus from the negative side of a falsely dichotomized category to conceptualization of human kind as embodied beings, whose everyday lives and autobiographies are richly and pervasively influenced by variously sensing, moving, and perceiving bodies (Damasio, 1999). This view increases understanding that we are all embodied and that our embodied identities and autobiographies are raced, sexed, gendered, and variously abled. This view recognizes the autobiographical self as irrevocably intertwined between nature’s self and culture’s self (Damasio, 1999). Embodiment is made meaningful in the context of the social environment in which it is recognized along with the attendant assumptions that are evoked and responses activated.

Through unidimensionalizing and totalizing, people with disabilities are represented by only one of their multiple embodiments, a kind of hyper-embodiment. Representations of nondisabled people, on the other hand, are far more subtle without explicit attention to ablement, a kind of hypo-embodiment. Nowhere in the texts is a disabled person referenced where the disability is non-central. No representation is a person who just-happens-to-be disabled (Morris, 1991) included in ways and places where the disability is not the focus of the discussion. Pop culture is more inclusive than these academic texts where people in wheelchairs are represented in advertising circulars where the wheelchair is not necessary to the advertised product.

Embodiment is not just imagery of appearance but is also a phenomenological concept referring to lived experience that is the essence of human experience. The
body is the locus of sensation, perception, cognition, and action. Lakoff and Johnson (1999) argue that the language of embodiment is unavoidable to understanding humanness. Peppered throughout our language, and throughout these texts, is evidence of how embodied we are, how inseparable the body is from our thinking, feeling, and acting selves. Lakoff and Johnson argue that we do not use embodied metaphors merely as optional poetic embellishment in our discourse, but because our understanding of our selves is embodied.

Embedded in our embodied language is the ableism that pervades our cultural attitudes toward disability. The representation of disability in many of the passages does not portray individuals with disabilities as one of the variations expected in any social group. Representations of “people in general” in these texts, as in everyday language, exclude people with disabilities by ableist assumptions. For example, readers are regularly instructed about nonverbal communication in ways that assume universal vision and body control.

In American culture eye contact is considered a sign of attentiveness and presence, and a lack thereof is viewed as being evasive. (E-p. 333)

When a person relaxes systematically, all tension in the muscular structure of the body is eliminated. (T-p. 138)

Crossed arms and crossed legs can be signs of lessened involvement with or availability to others. (S-p. 63)

Maintaining good eye contact with a client is another way of saying “I’m with you; I’m interested.” (S-p. 63)

People with visual impairments or whose movement patterns prevent positioning their heads for aligned eye contact may not be able to indicate that they are listening.
using this standard (Woodill, 1994). The different body is unimagined and by implication, excluded as a current or future client or counselor in the mind of the reader.

The term disability is a term that segregates and excludes. The texts' use of phrases such as "care and treatment of people with disabilities" (A-p. 417) and "mainstreaming of handicapped individuals" (G-p. 108) make people with disabilities objects to which we able people do things. The term disability is used as if it were a term akin to the terms gender or race that capture all options in a single word. Phrases that include a series of identity categories infer parallel usage as in these examples:

[T]he needs of minority groups—whether race, ethnicity, disability (S-p. 47)

[H]andicapping conditions, ethnic membership, social class, and sex (G-p. 109)

[E]thnicity, race, gender, age, sexual preference, religion, and disability (M-p. 11)

[K]nowledge of individual differences with respect to gender, race, ethnicity, culture, sexual orientation, disability, and age (E-p. 296).

However, unlike gender, race, or sexual orientation, the term disability captures only part of the range of human differences to which it refers and separates that part off from the rest rather than including the total range. The alternate term "(dis)ability" is sometimes employed to try to capture the whole spectrum of variation in a single word of reference. (Dis)ability is as unsatisfactory as the term disability in that it confers a false dichotomy to an actual range.

The disability/ability dichotomy is an ideological categorization that privileges some and not others. The ideological dichotomy highlights the distinction
between the "kinds of variety we will agree to overlook—differences that don’t make a difference" (Berube, 1996, p. 208) and the kind of variety we agree to give valence. "Embodiment" as an alternative term embraces everyBody and directs attention to particular forms of individual embodiments as multiple and dynamic. Although perhaps awkward, an alternative term like embodiment might more accurately include the multitude of possibilities of human variation. Embodiment (quite intentionally) implicates inherent questions as to the referent part or condition of a body (along with attendant consequences or circumstances) to which the term is applied. By using the term the hearer/reader is automatically drawn to question what kind of body is being referenced, and by default all the possible variations are drawn into the question. The root "body" keeps a focus on a universal human characteristic. The prefix "em" implies to become, or to put into or onto, or to come to have. The suffix "ment" implies a result of an action, or agent of an action or process (American Heritage College Dictionary, 1997).

The human body, then, includes a range of difference whose significance is constructed in human contexts through social interaction in a dynamic process. Gender, race, and sex are embodied identities. The range from able to disabled also reflects embodied identities but neither term captures the full range. EveryBody is embodied in both identity and autobiography. Perhaps the term embodiment can capture the full range of possible body-based identities in a term that includes everyBody.
Disability representations raise both aesthetic and existential issues. The Western ideal body is a "young, healthy, energetic, pain-free body with all parts present and a maximum range of graceful movements" (Wendell, 1996, p. 91), male, bright, thin, attractive, and white. The ideal represents a standard of perfection that noBody meets (Hahn, 1993b; Linton, 1998; Thomson, 1997a; Wendell, 1996). Hahn (1993a) theorizes that what sustains the negative inferiorized notion of disability is a culturally embedded sense of aesthetic and existential anxiety.

Existential anxiety refers to the threat of potential loss of functional capabilities by the nondisabled. . . . [T]he threat of a permanent and debilitating disability, with its resulting problems, can even outrank fear of death. (Hahn, 1993b, p. 39)

[A]esthetic anxiety refers to the fears engendered by persons whose appearance deviates markedly from the usual human form or includes physical traits regarded as unappealing. These fears are reflected in both the propensity to shun those with unattractive bodies and the extraordinary stress that modern society devotes to its quest for supernormal standards of bodily perfection. (Hahn, 1993b, p. 39)

A text example of existential anxiety is the anticipation of the inevitable decline of age as "fearsome."

Physical aging is a reality: the organs do decline with age . . . physical conditions are debilitating and can create fearsome situations for many elderly persons. (M-p. 339)

Despite raising the issue of anxiety, the text does little to counter it. The fearsome expectation is naturalized as inevitable rather than alterable. Neither decline nor the response to it as fearsome need be inevitable (Whitbourne & Hulicka, 1990). An unrecognized contribution of disability pride is that it may offer an antidote to
aesthetic and existential anxiety. The voice of disability pride offers,

If we knew more about pain, about physical limitations, about loss of abilities, about what it is like to be "too far" from our cultural ideals of the body, perhaps we would have less fear of the negative body, less fear of our own weakness and "imperfections," of our inevitable deterioration and death. Perhaps we could give up some of our idealizations and relax our desire for control of the body; until we do, we maintain them at the expense of people whose bodies do not fit the ideals, and at the expense of much of everyone's ability to live comfortably with our own real bodies. (Wendell, 1996, p. 109-110)

In a culture that idealizes particular bodily appearances, the appearance and functional limitations of many people with disabilities are "naturally" unappealing and disturbing. The strong currents of existential and aesthetic anxiety in our culture operate on attitudes and culminate in repulsion or pity or fear that separates and induces special treatment of people with disabilities and prevents currently able people from befriending their future selves.

The selection of particular forms of impairment and not others to be identified as disabilities and judged aesthetically unappealing exposes the arbitrariness of the socially constructed nature of "disability." Consider the example of glasses wearers compared to leg-brace wearers. Glasses are used for a visual impairment but do not signify the wearer as disabled and warranting pity. Glasses-wearers are not considered deviant but have a natural difference that may be regarded as an inconvenience but is not usually regarded as a tragedy. Glasses are aesthetically acceptable, even fashionable. The wearing of a leg-brace, in contrast, clearly identifies the wearer as disabled with an inconvenience that cannot be made aesthetically pleasing and invokes a very different response than the wearing of glasses.

The case of Dora, the woman whose husband left her "because of her
arthritis," implicates the unappealing interpretation of disability. The group counseling case study devoting extensive attention to preparation of the newly disabled workers for coworker reactions implicates the unease with which the coworkers will receive their appearance. It is not the functional limitation of the individual with the disability that affects the coworkers or the husband, it is the distress it raises in the respondent coworker or husband or reader. The yet unheralded contribution of disability pride offers an alternative.

The idealization of the body, the myth of control, and the marginalization of people with illness and disabilities means that much knowledge about how to live with limited and suffering bodies is not transmitted in cultures where these influences are powerful. Consequently, many of us are ill equipped to cope with the problems of illness and disability, having had no opportunity to learn. Cultural silence about pain, limitation, suffering, and dying also increases our fear of them, and thus contributes to our need to believe that we can control our bodies. (Wendell, 1996, p. 109)

Embodiment as an all-inclusive category erases the false dichotomy of (dis)ability. By using the term embodiment we might counteract the unidimensionalizing, totalizing, inferiorizing, static effect of the "dis" in disability. A recognition of universal embodiment confronts the distance each individual is from the unreachable cultural ideal. By challenging the naturalized inferiority of disability and embracing a view that includes disability pride we might understand all our embodied lives more complexly. We might embrace acceptance of our real bodies in favor over the ideal that noBody meets.

Othering

The distance between the idealized representation and the reality (Tannen,
1994) is enacted by Othering, the process of distancing from Self (Fine, 1998). A useful concept borrowed from feminist scholarship for considering disability is the notion of standpoint (Harding, 1987; Hartsock, 1998, Thomson, 1997a). Standpoint refers to the vantagepoint or position from which a perspective takes its view. In these texts, the imagined standpoint is that of an able person viewing a person with a disability as Other. The reader is positioned to be imagining disability as the experience of an Other. The texts work against a “we” that includes people with disabilities, mirroring societal exclusion of people with disabilities. The voices in these passages speak from ableist authority, giving special-but-separate attention to “them,” the disabled Other (Fine, 1998). In these texts “Disability is the mark of Otherness” (Thomson, 1997a, p. 9). Disability is marginalized to ability’s center position. The identifier “disability” is a distancer, holding a space separated from ability.

Evidence of the ableist standpoint of dominant culture is scattered throughout all of the texts.

[Visualization of the data [is] fundamental to any research effort. (R-p. 115)

Robustness is the use of a hearty voice . . . to communicate the counselor’s humanness. (T-p. 228)

Depending on others leads to insecurity and nongrowth. (T-p. 165)

The assumption of vision does not imagine another equally valid way to conceptualize successfully and, as a result, superiorizes vision. If robustness communicates humanness, lack of robustness implies nonhumanness. Interdependence is negated as a human condition and dependency is inferiorized. These voices of ableist privilege render the excluded as Other (Fine, 1998).
Another way people are Othered is by failing to imagine their different experience. The subjective experience of disability is unidimensionally imagined as negative by able people. The reader is not led to imagine an alternative to the able imagination. If the subjective experience of disability is described only from an able vantagepoint that views disability as inferior Other, no insight is available as to how disability might be positively experienced or satisfactorily accommodated. If the text can only be read from the standpoint of ability, the disabled reader shares no commonality with the text.

The process of Othering, at its most dangerous, does more than just separate or distance, but rather moves toward elimination by suggesting non-personhood or life-ending as a reasonable responses to disability (Munford, 1994).

Imagine yourself in a rest home... paralyzed by a series of strokes. Would you want to be kept alive at all costs, or might you want to end your life? (E-p. 91)

In this passage life-ending, though posed as a question, implicates the statement, "You wouldn't want to be kept alive." Another passage unthinkingly refers to genetic counseling as "respecting the marvel of diversity" (M-p. 39) with no recognition that disability activists liken genetic counseling to genocide in that its purpose is to prevent people like them from existing (Wendell, 1996). The multiple passages that question whether life is worth living (S-p. 321, S-p. 248, E-p. 91, E-p. 96) reflect a cultural view that is challenged by people with disabilities.

Assumptions that our lives are not worth living are only possible when our subjective realities find no place in the mainstream culture. Where disability is represented in the general culture it is primarily from the point of view of the nondisabled and so their fears and hostility and their own cultural agendas...
dominate the way we are presented. (Morris quoted in Munford, p. 271)

Singling out one feature of identity separates people with disabilities into Otherness. The disabled person is “yanked out of context” (Fine, 1998, p. 149). The emphasis on the disability identity to the exclusion of other identities makes life with a disability Other. The dramatic stories in the texts’ disability representations camouflage the possibility that people with disabilities have ordinary lives. Descriptions of the lived experience of people with disabilities in their own voices from their own subjectivity oppose, subvert, and renegotiate dominant meanings, exposing the disparity between the real and the representation (Schwandt, 1998; Tannen, 1994). In contrast to the voices of real people with disabilities, none of the texts portray the experience of life with a disability as ordinary or enjoyable. The texts represent as real the experience of able people imagining the experience of disabled people, the able imagining the Other. People with disabilities object to the defining of their experience by people who do not have their experience. The imagined possibility of joy, satisfaction, or pride is rendered impossible by Othering.

Pride and Prejudice

The trauma/tragedy representation of people with disabilities in the texts that leaves their ordinary lives unimagined, makes unimaginable the experience of pride. The images that emerge in these texts are those of the dominant cultural understanding of disability as an inferior status to be avoided, and an unfortunate condition requiring reluctant adjustment. For each of the dominant images that emerge in these
texts, there is an alternate image from the disability self-representation literature that counters the dominant version.

Truly, having a disability has not been the horrible experience that people might think. There's some negative stuff that goes along with it like daily living skills, which are a pain. I also get nervous about getting older because things are not going to get easier. But I would not be where I am right now, personally or professionally, had it not been for this disability. I've got to say a lot of positive things have come from it. Because I had no place else to go, I had to get to know the real me. (Pendelton quoted in Mackelprang & Salsgiver, 1999, p. 101)

Because thinking on the problem of disability has been underpinned by personal tragedy theory, it seems not unreasonable to see the onset of disability as a powerful assault on the ego and hence to think that psychoanalytically based counseling can repair the damage to the egos of disabled people. The problem is that few, if any, studies of the experiences and effects of disability have found evidence of this damage. (Lenny, 1993, p. 236).

Many of the representations of disability in the textbooks, like representations of disability in society, fail to offer the alternative image of a resistant disability culture. Unimagined in the dominant metaphor of tragedy is the experience of disability as a source of pride. Unimagined in the dominant image of begrudging acceptance is the experience of benefit from disability. The alternative images are a source of resistance to the Othering process of the dominant culture. The alternate view contests the majority view and mounts a minority resistance struggle. Part of the resistance struggle is to challenge the role that textbooks play in maintaining the status quo of dominant culture (Apple, 1986). Disability activists ask that educators and practitioners recognize how they contribute to or contest the pervasive negative representations.

Academics and professionals play a key role in influencing the meanings which non-disabled people give to disability and in determining the policies
and services which affect our lives. The models of disability which most commonly inform this role are the "personal tragedy" and medical models of disability. Those who subscribe, consciously or unconsciously, to these models view disabled people as individuals whose experience is determined by their medical or physical condition. Someone who is blind is thus viewed as experiencing a "personal tragedy" and it is the role of the professional to mitigate the difficulties caused by not being able to see. The individualist assumptions which are at the heart of this definition of disability also encourage a particular psychology of disability. By this I mean that disabled people's behavior is often interpreted in terms of individual pathologies. (Morris, 1991, p. 180)

Professionals are clearly influenced by cultural images and ideological constructions of disability as an individual, medical and tragic problem. The issue of adjustment, therefore, became the focus for professional intervention and reinforced these very images and constructions by rooting them in practice. (Lenny, 1993, p. 238)

Disability activists resist a reactive romanticized version of disability pride. The full complex representation of disability does not exclude pain, frustration, or fatigue.

Impairment means our experience of our bodies can be unpleasant or difficult. (Crow, 1996, p. 209)

It is this confronting of disability and aspects of impairment that underpins the notion of disability pride which has become so central to our movement. Our pride comes not from "being disabled" or "having an impairment" but out of our response to that. We are proud of the way we have developed an understanding of the oppression we experience, of our work against discrimination and prejudice, of the way we live with our impairments. (Crow, 1996, p. 223)

I felt glad to be a member of the disabled community. We cope on a very basic level that gives us pride in our being. We confront issues of helplessness, autonomy and control daily and our struggle helps us grow. (Wagner, 1985, p. 61)

What is missing from an exclusively positive pride narrative is the unavoidably negative experience of disability given biological realities and, as importantly, the cultural context; what is missing from stereotypically prejudiced narratives is the
imagination of an enjoyable life and a sense of pride.

Membership at Risk: Maintaining the Status Quo
Versus the Resisting Struggle

People with disabilities are generally represented in the texts in ways that maintain their separateness, excluded from a sense of we and from the common membership sites of society as coworkers, classmates, sporting teammates, sexual partners and parents, clientele and colleague therapists. If presented at all, they are frequently presented in disability-only membership sites: special education settings, rehabilitation organizations, hospitals, or located in the organization of the textbook in a special chapter for special treatment. Comparisons of representations of disability with espoused values, other nondominant groups, and alternative voices highlight membership risks.

Comparison Between Espoused Values and Representations of Disability

The espoused values of all of the textbooks embrace the value of diversity, explicitly or implicitly inclusive of disability. The espoused values are contradicted by representations of disability that guide the reader repeatedly and cumulatively toward the dominant culturally embedded notions of disability as a tragedy requiring reluctant adjustment and ability as natural and superior. Imagined only as a negative experience, disability as a form of diversity is difficult to include as a valued difference. By totalizing and inferiorizing disability, a disability identity places people with disability outside membership in the center of society and keeps people with
Comparing Between Other Nondominant Groups and Representations of Disability

Each textbook devotes particular attention to reader awareness of assumptions of dominant cultural groups based on race, ethnicity, gender, and sexual orientation that threaten full membership in society. The cultural assumptions of able dominance are not similarly exposed. The texts confront racism, sexism, homophobia, and ageism, but ableism is not similarly confronted. The isms of other groups confront their exclusion. Disability difficulties are located in the individual rather than the social context highlighted for other nondominant groups. People with disabilities are not represented as members of gender groups, or ethnic groups, or racial groups. By unidimensionalizing them into a single category of Other, people with disabilities are excluded from membership in other group identities, affiliations, and shared experiences. Exclusion is accomplished by the master status of disability that overwhelms other memberships.

Comparison Between Textbooks and Self-Representations of Disability

The texts direct readers toward dominant stereotypes of disability without access to alternative views of disability as represented in the disability pride/disability culture literature. An alternative view is not only unavailable, the reader is directed subtly and explicitly toward the culturally dominant negative view of disability. Discrepancies between these representations highlight the risk to membership of
people with disabilities as full participatory partners in the collective of society. The texts maintain the status quo of dominant ableist views of disability and, by absence, they silence an alternative view. Despite espoused values to the contrary, representations in these texts mirror society, and portray disability in ways that marginalize access to the benefits of full societal membership.

These representations of disability matter because they work on readers. Uncontested or unresisted, these representations work to facilitate the reader’s construction of disability in ways that collude with the devaluing processes that operates in society and affects people with disabilities to: (a) interfere with a sense of belonging by Othering, (b) inhibit the welcoming offer of affectional bonds by distancing, (c) foster exclusion by separation, (d) devalue a disability identity by negative stereotyping, (e) restrict potential social networks by segregating, and (f) disempower by marginalizing. Uncontested, not resisted, the maintenance of pervasively negative cultural representations of disability continues to put membership and access to its benefits at risk for people with disabilities.

Recontextualizing Disability

Although the thick description of representation offers exposure, alone it is of limited usefulness (Morse, 1994). Moving to insight requires moving from description to understanding (May, 1994) and explanation (Dreher, 1994). Analyzing the discourse of the text allows a glimpse of culture-in-practice (Fiske, 1998). Text offers a site of analysis where circulation of meanings is accessible, a point from
which to “theorize the unaccessible undercurrents” (Fiske, 1998, p. 368). The undercurrents in this case are the processes that maintain privileged embodiment and the elitism of ableism.

Understanding the undercurrent requires an explanation for its submerged status. The question is what maintains the negativity? An explanation can be found in existential and aesthetic anxiety, the emotional reactions that turn us away from confronting our actual embodied selves and future selves in search of distance from discomfort and protection from anxiety. An explanation for the emergence of an alternative view is found in the emergence of postmodern challenges to received wisdom and resistance struggles like feminism that assert multiple realities and challenge dichotomous either/or thinking. Disability includes both pride and pain, satisfaction and frustration, gains and loss, grace and awkwardness (Hillyer, 1993). Disability can be “painful, comfortable, familiar, alienating, bonding, isolating, disturbing, endearing, challenging, infuriating, or ordinary” (Thomson, 1997a, p. 14) and all of these experiences can operate simultaneously rather than discretely. A more complex representation of disability and its overarching inclusive category of embodiment needs to include the full range of possibilities and contextually embedded experience.

In asserting our right to exist, we have sometimes been forced into the position of maintaining that the experience of disability is totally determined by socio-economic factors and thus deny, or play down, the personal reality of disability. It is difficult to integrate this reality in a positive way into our sense of self when the non-disabled world has nothing but negative reactions to the physical and intellectual characteristics of disability. In this way, an assertion of our worth becomes tied up with a denial of our bodies and an attempt to “overcome” the difficulties that are part of being disabled. We can thus fall into the trap of trying to prove that our lives are worth living by denying that disability sometimes involves being ill, in pain, dying or
generally experiencing a bloody awful time. (Morris, 1991, p. 70)

Morse (1994) suggests the power of qualitative research is “recontextualizing” (p. 34). Disability is decontextualized when treated as an individual problem (Thomson, 1997a). I am suggesting recontextualization to understand and explain disability as one of multiple embodied identities within a range of differences that are enacted in social transactions in the context of everyday life as lived in a specific socio-cultural/historical/political location. Recontextualization recognizes that,

Difference in human nature is part of the endless manifestation of variety in human form and content. Differences and variation are expressions of human dynamics. Human difference does not reveal itself in dichotomies of what a person can and cannot do, normal and abnormal, able and disabled. (Gleason, 1994, p. 248)

Perhaps the eventual goal, therefore, is a concept of personal and political identity developed because of (rather than despite) a disability. One potentially fruitful means of pursuing this objective might be attained by viewing disability as an experience rather than a loss. (Hahn, 1997b, p. 35)

While the notion of embodied identities is not new, a contribution recontextualization makes is the usefulness of membership as a fundamental organizing principle that exposes and is exposed in a contextually based theory of disability. The membership lens affords an opportunity to recontextualize disability as an embodiment enacted through the social context of the culture. A common definition of culture is “how we do things here.” Membership is a useful vehicle for understanding how we “do” disability, emphasizing disability as a transacted practice using language, power, and social organizing resulting in subjective experiences as both outcomes and causative factors in a dynamic process of interaction. The value of membership is its contribution to a deeper awareness of the universal phenomena of
embodied identities seeking communal benefits.

A recontextualization that puts the emphasis back on the context of lived experience has implications for conceptualizing a therapeutic interaction with a person with a disability. An examination of context asks paradigmatically different therapeutic questions. The question is not how an individual can adapt to a disability identity, but how the environment can be adapted to welcome the individual as a valued human being. A contextual approach uses a support paradigm, rather than an adjustment paradigm. Rather than helping a person to adjust to finding a new job, the question to be explored is how to restructure a preferred job environment to allow the person to hold it. Rather than helping a man accept his paralysis, the question to be explored is how to employ technology and personal assistance to do what he cannot. Rather than helping a woman accept herself as a person whose husband understandably left, the question to be explored is finding relationships with people who accept her as she is. A recontextualization might challenge the counselor to think through therapeutic goals, strategies, and assumptions differently.

The multicultural turn of counseling has begun to identify disability as a form of diversity treated as a minority issue. The recontextualization suggested here goes beyond identification of disability as a minority issue to look at the implications of disability for socially constructed membership and its benefits of a sense of belonging, emotional connection, and inclusion, and as a source of identity, social networks, and empowerment. Recontextualizing disability might open an exploration of access and barriers to participation in communal life as full and valued members.
Rising to the feminist challenge to false dichotomies, addressing (dis)ability demands a different approach than "adding disability in" to counselor education as yet another group requiring special awareness (Linton, 1998). The textbooks acknowledge that disability needs to be addressed in counselor education to meet the ethical requirements of competence. Counselor education, indeed all areas of academic study, needs to address the contextual realities of difference in a diverse society (Linton, 1998) in an ever broadening definition of diversity. It is of limited value, and possible harm, to focus on one difference at a time; moving from race, to gender, to sexual orientation, to disability. Recontextualizing disability as one of many "embodied differences" would force an awareness of the reality of all human beings as beings defined by multiple embodied identities. Not only would a broader focus on embodied identities in cultural context avoid the need to add another chapter for each of the growing number of groups included in broad definitions of multiculturalism, a different way of organizing a discussion of difference would offer a more complex view.

An embodied-difference approach to difference would address the process of Othering that results in Self-Other contrasts (Fine, 1998). The issue of difference is a concept that requires exposure of its opposition: "compared to what." Addressing difference-making in general offers the opportunity to explore elitism as the cultural treatment of people who are Othered based on particular embodied identities. Sometimes that identity will be racial, sometimes gender; sometimes it will be weight,
gestural mannerisms, or attractiveness. For example, the concept of attractiveness could be presented in a teaching unit where race, gender, sexual orientation, and disability are all usefully discussed as embedded in our culturally shaped aesthetic ideals. Exploring how the representation of disability reveals the aesthetic and ethical choices our culture has made about one particular range of human variation might foster understanding of cultural choice-making as the process of Othering and the construction of Others.

Embracing lessons from feminism, we cannot just “add and stir” disability into textbooks, or curriculum, or discussions of diversity. Identification of disability as a form of diversity is not enough to address the devaluation of people with disabilities. A more fundamental paradigmatic challenge would contest disability and all Othered identities by exhuming the processes involved in Othering. Confronting the socially enacted process of Othering requires reconceptualization to expose the false dichotomy of difference that forces an actual range into a binary category. A recontextualization would refocus from an individual view of disability to a contextual view. A contextual view would foster awareness of the process of Othering and decrease the distance between Self and Other by recognizing that everyBody shares an embodied difference with someone and noBody fits the cultural idealization. A recontextualization includes pride as an alternative perspective to devalued embodied differences, a view that is as applicable to disability as it is to race, gender, ethnicity, and sexual orientation. Recontextualizing makes room for disability pride that in turn makes way for the possibility of full membership in society.
Reconceptualization and recontextualization invites dissatisfaction with disability as an inclusive category; it is not. Disability is a term that captures only one part of the range of differences it references. Embodiment might offer a term to replace (dis)ability akin to the embodied terms gender or race or sexual orientation. Race includes all racial groups, both dominant and minority. Gender includes men, women, and transgendered people. Sexual orientation includes straight, gay, lesbian, and bisexual people. Embodiment includes both able and disabled and intermittently able. Simultaneously embodiment includes race, gender, sexual orientation, and many other embodied identities and offers a different way to teach about difference. Embodiment as a broader term would focus on multiple sources of minority identity that would be consistent with the emerging convergence in the literature of minority identity development that moves from lack of awareness through a resistance struggle to pride (Myers et al., 1991). Approaching difference as an embodied identity would address real bodies in all their complexities and lived experiences. An embodied perspective would be useful in simultaneously addressing similarities and differences and multiplicities.

Focusing on the contexts of embodied identity development would recognize that a man has a dominant group member identity, but when identified by race as African-American, he is no longer so. His maleness holds, but is now more complexly viewed and understood. Simple attributions of power as a result of patriarchy based on maleness are not possible. If this same man is identified as having a disability and as gay and a father, then how are we to understand him? Can talking about
him as a Black man really capture his experience? He does not experience his race as a non-gendered person. He does not experience his race and gender as a non-sexually-oriented man. He cannot experience himself as non-embodied. We can only usefully try to understand his experience and adequately represent him by addressing his actual embodied, gendered, sexually oriented, raced, classed, variously abled, etc., etc., etc. self-in-cultural-context; in other words, his real body, in all its Self-Other contrasts and complexities.

A multiple-embodied-identity approach would be more satisfying, meaningful, coherent, and useful than separately studying inseparable individual identities. It recognizes that any individual is a "knot of intertwined articulations that can never by completely disentangled" (Kincheloe & McLaren, 1998, p. 276). This approach pushes beyond a piecemeal "add-and-stir" teaching of difference. Such an approach would confront the false dichotomization and assumed superiority of particular embodied identities. Such an approach recognizes that people move in and out of majority/minority status with specific memberships attendant to their multiple identities depending on the social context. It would recognize our real bodies and the process that separates us from common membership as human beings, while honoring wide variations that give rise to pride in individual and subgroup identities. Disability pride offers a specific example to illuminate the contributions of embracing real bodies.

Perhaps it is the children raised by disabled mothers, in environments where limitations and interdependence are acknowledged as normal, who will become adults able to face and deal with the realities of disability in all of our lives. (Browne et al., 1985, p. 274)
Such an approach would be less likely to exaggerate the Otherness that puts at risk the benefits of societal membership: a sense of belonging, emotional attachment, and inclusion; and a source of identity, social support, and empowerment. Such an approach would not only embrace people with disabilities, it would recognize the contribution of the experience of disablement as experience of benefit to nondisabled people that can be useful in preparation for our personal futures and passed inter-generationally for benefit to our children's futures.

Summary

The representations in the textbooks reviewed here direct readers to a negative view of disability through representations that marginalize people with disabilities in false dichotomies that universalize, totalize, make static, and inferiorize. Missing are the voices of people with disabilities who, by contrast, offer an alternative representation of the experience that is more complex, more dynamic, and includes the negative, neutral, and positive (Charlton, 1998; Crow, 1996; Wendell, 1996). By absenting these voices, the reader is presented a gap between real people with disabilities and their representations (Thomson, 1997a). The result is to render disability as a particular kind of embodiment, as Other and as negative. The result is to put membership in the broader community at risk for people with disabilities, by maintaining cultural representations that inhibit a sense of belonging, emotional connection, and inclusion, and restrict sources of positive identity, social networks, and empowerment.
Representations affect not only people with disabilities but all people. They deny the contribution that people with disabilities have to make as valued members of society. A full complex representation of the experience of people with disabilities can offer all of us the opportunity to explore: (a) acceptance of the real body (Browne et al., 1985; Thomson, 1997a; Wendell, 1996); (b) appreciation of the real body, whether negative, neutral, or positive as part of everybody's embodied identity and embodied autobiography (Charlton, 1998; Crow, 1996; Damasio, 1999; Thomson, 1997a; Wendell, 1996); (c) awareness of the limitations that bind all people by denaturalizing ideals that nobody meets (Thomson, 1997a; Wendell, 1996); (d) resources of experience and knowledge that will be of use to all of us as we age (Browne et al., 1985; Hillyer, 1993; Linton, 1998; Wendell, 1996); (e) resources of creativity about how to live life now with all its frustrations, disappointments, joys, and satisfactions (Browne et al., 1985; Hahn, 1997b; Linton, 1998; Thomson, 1997a; Wendell, 1996). Disability can be about pride and liberation, two notions that are missing from the representations in these textbooks, as they are in general missing from the predominant cultural images of disability.

The emergence of a disability culture is difficult but tremendously liberating. Such a culture enables us to recognize the pressure to pretend to be normal for the oppressive and impossible-to-achieve hurdle which it is. Most importantly, this culture challenges our own prejudices about ourselves, as well as those of the non-disabled culture. (Morris, 1991, p. 37)

In the ideal world, my differences, though noted, would not be devalued. Nor would I. Society would accept my experience as “disability culture,” which would, in turn, be accepted as part of “human diversity.” There would be respectful curiosity about what I have learned from my differences that I could teach society. In such a world, no one would mind being called Disabled. (Gill quoted in Charlton, 1998, p. 120)
The alternative representation of disability pride and disability culture, a representation that is missing from these texts, has much to contribute to people with disabilities, and even more to contribute to those of us whose embodied identity and autobiography is nondisabled, at least today.
Appendix

Selected Textbooks
Selected Textbooks


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