

“Ableism at Work: How the Social Construction of Learning Disabilities and its
Hegemonic Discourse Reinforces Disabling Barriers, Stifles Creativity and Prohibits
Constructive Dialogue in the Workplace”

by

Jason Knapp, B.S.W.

A thesis submitted to the Faculty of Graduate and Postdoctoral Affairs
in partial fulfillment of the requirements for the degree of
Master of Social Work

School of Social Work

Carleton University

Ottawa, Ontario

July 2013

© Copyright 2013

Jason Knapp

The undersigned recommends to
the Faculty of Graduate and Postdoctoral Affairs
acceptance of this thesis

“Ableism at Work: How the Social Construction of Learning Disabilities and its
Hegemonic Discourse Reinforces Disabling Barriers, Stifles Creativity and Prohibits
Constructive Dialogue in the Workplace”

submitted by Jason Knapp, B.S.W.
in partial fulfillment of the requirements for
the degree of Master of Social Work

Roy Hanes

Thesis Supervisor

Hugh Shewell

Director, School of Social Work

Carleton University, 2013

ABSTRACT

The traditional learning disability discourse situates learning difficulties as biological ‘deficits’ within an individualist context. Problems for adults with learning disabilities at work arise when ableist attitudes of non-learning disabled people intersect with creative problem-solving techniques used by employees with learning disabilities. Such techniques are viewed as a disruption to the hierarchical nature of dichotomous, non-learning-disabled/learning-disabled relationships. A social constructionist theoretical lens was used to argue that ableist work environments handicap people with learning disabilities. A qualitative, criterion-based sampling method involving six participants provided data for a content analysis, juxtaposed with a secondary literature review interwoven with the findings. While participants struggled with aspects of their work, attitudinal barriers of the workplace were the primary ‘deficits’ because they restricted participants from using coping strategies that worked for them. Thus, individual narratives in research could largely inform future policy-making decisions and social work practice.

ACKNOWLEDGEMENTS

I wish to thank Dr. Roy Hanes, my thesis supervisor. Your timely responses to my questions and drafts demonstrated your unwavering commitment to this project. As if that was not enough, your Socratic questioning kept me thinking ... and then thinking some more. To borrow your familiar salutation, I wish you “all the best”. Thanks must also go to Dr. Adje van de Sande. Apart from agreeing to be the second reader of this thesis, your door has always been “open” to chat about anything and everything. In particular, I want to thank you for making me believe in myself. Your common response to my self-doubt has always been: “of course you can!” For that, I am eternally grateful.

With thanks to my “da-da-daddio”, Mr. Brian Knapp. It was from you that I got my strong work ethic. In fact, without your parenting skills, this ‘kid’ would not have buckled down and worked hard. I did it Dad! I love you. With love to my brother, Cory and my sister-in-law, Mariclare. You both mean the world to me, as does little Alysah. “Uncle Jay” is so proud of you! I also wish to acknowledge the memory of my mother, Susan Knapp (1955-2011). I take your early-life lessons about social justice into my social work practice every day. I miss you mum.

Finally, I would like to extend a heartfelt “thank you” to the research participants for allowing me into their worlds. I have done my very best to represent your stories and I hope that I have your approval. If I learned one thing through the undertaking of this project, it is that *you* are the reasons for your amazing accomplishments. Indeed, your creativity, uniqueness—and above all, the ability to laugh at yourselves—inspired me to find new ways of thinking ‘outside of the box’ where I felt frustrated. I wish you genuine happiness and success wherever life takes you. You have earned it.

TABLE OF CONTENTS

ABSTRACT.....	iii
ACKNOWLEDGEMENTS.....	iv
TABLE OF CONTENTS.....	v
INTRODUCTION	8
Importance of the Study.....	10
Social Location	11
LITERATURE REVIEW	14
Introduction.....	14
LD Definitions: Traditional Definitions and Critiques.....	15
Critiques of LD Research.....	18
An Historical Overview of LD	20
Lerner’s Four Historical Periods of LD Development.....	21
Social Problems as ‘Skill Deficits’	23
Adults with LDs in the Workplace	24
LD and Workplace Environments	26
Working Definition of LD	28
Conclusion	29
THEORETICAL FRAMEWORK.....	31
Introduction.....	31
Medicalization of Disability	31
Social Model of Disability and the Social Construction of LDs	32
The Danger of Theoretical Ideology: Approaching Content Analysis with Caution	35
Social Constructionist Theory.....	35

Ableism and LD	36
Conclusion	39
METHODOLOGY	40
Introduction.....	40
Sampling	40
Social Constructionist Approach to Interviewing.....	41
Interviews.....	43
Research Instrument.....	44
Coding Procedures	45
Data Coding	46
FINDINGS AND DISCUSSION.....	50
Introduction.....	50
1 Chapter: Workplace Satisfaction and Challenges	52
1.1 Introduction.....	52
1.2 Perceived Abilities	53
1.3 Perceived Challenges	57
1.4 Conclusion	69
2 Chapter: Self-Advocacy and Support Systems	71
2.1 Introduction.....	71
2.2 Two Types of Self-Advocacy for people with LDs.....	71
2.3 Advocacy in the Workplace.....	72
2.4 Social Supports	74
2.5 Spontaneous Reactivity in Self-Advocacy.....	76
2.6 Conclusion	78

3	Chapter: Ableism and Supervisors	79
3.1	Introduction.....	79
3.2	Brief Overview of Employee-Employer Rights and Responsibilities	81
3.3	Reality of the Workplace	83
3.4	Conclusion	94
4	Chapter: Disclosure and Non-Disclosure.....	95
4.1	Introduction.....	95
4.2	Non-Disclosure of LDs	96
4.3	Positive Outcomes of Disclosure	102
4.4	Negative Outcomes of Disclosure.....	105
4.5	Conclusion	111
	CONCLUSION.....	112
	Limitations	115
	Implications for Further Research.....	116
	Implications for Social Work.....	117
	REFERENCES	120
	APPENDIX A: RESEARCH INSTRUMENT	133
	APPENDIX B: INFORMED CONSENT.....	136
	APPENDIX C: FIRST AND SECOND LEVEL CODING	139

INTRODUCTION

“Ay!” As the star cast member of the hit television series *Happy Days*, Arthur Fonzarelli epitomized the notion of ‘cool’ (Murfitt, 2008, December 8). It did not seem to matter what situation the greasy-haired rebel found himself in; he knew how to make the world look ‘easy’. But for Henry Winkler, the real-life actor who played the larger-than-life television character, life was anything but a ‘snap’ of the fingers. The world he grew up in believed that differences in learning were the result of ‘laziness’. It was believed that if only he would ‘apply’ himself, he would be able to learn. Winkler describes this belief, held by his own father: “Throughout my childhood my parents thought I was stupid and lazy and used to call me Dumb Dog. My father spoke 11 languages and knew how to insult me in every one of them. He thought if I sat at my desk long enough I’d eventually get it (para. 21)”.

Despite being told by an ableist culture that he was ‘stupid’, Winkler found creative and innovative ways to cope in the world. In fact, he maneuvered his way around the ‘social deficits’ that people with learning disabilities are believed to have (Scruggs & Mastropieri, 2002), discussing his ability to negotiate challenging situations, both among friends and colleagues (Murfitt, 2008, December 8):

I’d look at a menu, which I couldn’t read, then ask what everyone else was having and choose from that. Or if I was out with a girl I’d tell her I loved the way she spoke and get her to read the whole menu to me (para. 26). [In university] I wrote a paper by looking at the headings in the index and then wrote around them. I could not refer to any books or texts because I couldn’t read them (para 32). [On the set of *Happy Days*] [t]here were times when I’d mess up because I couldn’t read the script and I’d use a joke to hide the fact (para 35). I’m lucky that I do

have a great memory and for some reason as a dyslexic [*sic*] when you have to learn a constant stream of things such as that, your ability to understand and take information in can actually improve (para 34).

The subtext of this statement is that Winker found ways to cope with his learning challenges outside of the conventional norms of learning. In fact, even though he was rejected from 26 out of 28 colleges, Winkler went on to earn a master's degree in fine arts from Yale University (Murphy, 2008 December 8). Although his challenges were difficult, he used his creativity to problem-solve, and ultimately, go on to have a successful career in the arts. All of this was accomplished through the use of his own creativity in problem-solving.

Yet by examining the professionalized learning disability (LD) literature, we are led to believe that adults with learning disabilities (LDs) are victims of biological circumstance. It proposes that having a LD is a pathological condition that needs to be 'fixed' through professional, academic instruction. Hence, we have seen the proliferation of academic 'accommodations' in schools, colleges and universities across North America in recent decades. Apart from the assumption that remediated learning and accommodations will 'correct' the individual learner and subsequently cause him or her to conform within a narrow and 'natural' way of learning, it does nothing to address beliefs about LDs, which in turn, create disabling environments in which students learn.

For adults with LDs at work (ALDW), this problem is compounded because the same accommodations used to create a 'fit', are more or less unavailable at work. This problem is exacerbated by the fact that society and thus, people in the workplace are largely unaware of what LDs actually are. This becomes the backdrop for at best, difficult relationships between ALDW and the people they work with and for.

The purpose of this thesis is to examine how negative beliefs about LDs in the workplace create disabling environments for ALDW. While a sociological, paradigmatic, social construction of disability theoretical lens will be applied to demonstrate how workplace attitudes oppress people with LDs, this only will be used as a starting point for arguing against the medical model of disability, which characterizes ALDW as ‘pathological’ and therefore, in need of ‘treatment’. By engaging in a content analysis, that is, by examining the words of participants in this study, I will argue that regardless of how ALDW address their LD challenges (e.g. disclosure of LDs, interactions with supervisors and co-workers), attitudinal barriers held by non-disabled people at work put limitations on creative problem-solving strategies.

Moreover, a case will be made that where the creative process is limited, ALDW become increasingly frustrated because their methods of coping are devalued. Equally frustrated employers—who because of the ableist attitudes that they are socialized into—often take a heavy-handed approach to making ALDW ‘fit’ into these disabling work environments. This, I will argue, is because under such circumstances, employers are ‘lost’ and the only way they know how to respond is through the continued subordination of people with LDs. It is because of this that each party is forced into ‘upping the ante’ in order to find reasons to justify dismissal by the employer, or ways in which the employee can retain their employment.

Importance of the Study

As the literature review revealed, ALDW are understudied (Madaus, Zhao & Ruban, 2008). To complicate matters, the residual effects of the medical model of LDs prevailed in employment culture for participants in the current study. Attitudes towards ALDW were essentially the same as when they were adolescents in public school and

later as young adults in college or university. In effect, ALDW were often denied accommodations that worked for them. As we shall see, the net result for many participants was poorer health status, employment insecurity and a lack of opportunities to advance in their careers, despite in some cases, having decades of experience in their chosen fields. As such, I felt that this was an issue of inequality that needed to be explored.

Social Location

Given that I was the sole researcher of the project, it is important to discuss my own social location. As a white, university-educated, heterosexual male from a working class background, my own experiences with LDs are not unlike one female participant in this study who also came from a working class background. We both began our postsecondary studies as mature students, while maintaining employment throughout our studies.

I am cognizant, however, of the fact that while my own LDs intersected with class, as seemed to be the case for this participant, the intersection of LD/class/gender was unique for her. I feel that it is important to discuss this because as a person of the ‘dominant’ gender order, I would not have experienced my LDs in the same manner because my male privilege would have placed ‘blindness’ on certain aspects of my experiences. The fact that I grew up in a working class neighbourhood is of particular importance with respect to the issue of gender because my own socialization process, to at least some degree, was informed by the patriarchal attitudes of the social class which I belonged to.

Thus, I could not possibly ‘understand’ what it was like for a female participant to grow up with LDs in a working class neighbourhood. Indeed, my male privilege alone

gave me enormous advantages without even realizing them. For example, Wilson, Armstrong, Furrrie and Walcot (2009) report that 7.6% of Canadian males aged 30-44 without LDs lived with depression compared with 31.4% with LDs who did. They contrasted this with the same age group of females, finding that 14.2% of women without LDs lived with depression, while 44.1% with LDs did.

On a personal note, I found this project liberating. When participants would question their intelligence, it was not just an observation; it was a revelation. I began to think: “how could so many of us, from such varied backgrounds, have similar distorted self-beliefs?” The more I listened to the participants’ stories and re-read the interview transcripts, the more I found myself looking beyond what they perceived as their ‘faults’ and started appreciating their abilities for thinking ‘outside of the box’. I marvelled at their commitment to ‘getting the job done’ as they described their extraordinary talents. I felt as though I were an eye-witness, looking at the evidence of each participant’s accomplishments (both figuratively and literally).

The participants taught me—the ‘researcher’—that sharing stories is the only way to overcome ableist attitudes because when they are told, they become reality (McIntosh and Morse, 2009). It struck me that in the process of being labelled as ‘problem learners’, participants were somehow distracted from their accomplishments. They attended universities and graduated. They became partners, parents and valued employees. They succeeded without even knowing it.

Above all, this thesis project was about personal and professional growth. Like many things in my life, it was a struggle—yet incredibly enriching. As musician and poet Michael Franti reminds us in the song *Music and Politics* (1992), “[...] the personal

revolution is far more difficult than the first step in any revolution". I would add that it is also the most important step.

LITERATURE REVIEW

Introduction

Prior to undertaking this study, my initial impression was that fundamental attitudes towards people with LDs at school were different than they were in the workplace. A thorough review of the literature (and emergent data from the participants) suggested that this was not so. Indeed, having a LD at work, as the literature suggests, is in many ways much more difficult. The primary reason for this, as I intend to argue later, is that while the medicalization of LD is part of the attitudinal barriers of remedial instructors in schools, it does not carry the same stigma as it does in the work place because: (a) so little is known about LDs within workplace culture; and (b), self-advocacy is difficult in the ‘real world’ as there are so few tangible options for asserting legal rights.

This chapter will begin by examining the traditional LD literature and its attempt to define exactly what LDs are. Competing views will be presented which argue that the inability to produce sound empirical research and poorly designed methodological procedures results in an increasingly incoherent discourse. In addition, the case for a social construction of LD lens will begin to emerge by demonstrating how the LD discourse has created professional and indeed, societal ‘stakeholders’ who are heavily invested in the subordination of people with LDs. A brief overview of Janet Lerner’s account of the historical developments of the LD discipline will help contextualize how the medical model of LDs developed and how it informs much of the current discourse.

While a thorough discussion about discrete categories of LD classification is beyond the purview of this thesis, I chose to discuss the category ‘social deficits’—albeit

briefly. I felt that this was important because much of the analysis took place within social situations for participants at work.

Finally, literature that portrays non-disabled people as ‘in control’ of people with LDs will be presented. This will be used to gain deeper insight into the working relationship between supervisors and employees with LDs. It will also provide a glimpse into the internalized ableism that ALDW experience.

LD Definitions: Traditional Definitions and Critiques

In order to gain a clear understanding of just what LDs are and ultimately, how people with LDs themselves are subjected to this label, it is worth examining some of the official definitions found in the traditional literature. Various critiques of the traditional literature and the sociological-based theoretical perspectives were also examined. It seemed that the medical model was situated within an individualist framework, placing it within the traditional right of the political spectrum, while the sociological understanding of LDs was more in-line with the political left, describing LDs from more of a ‘collectivist’ standpoint, that is, LDs could be thought of more as a ‘structural’ issue that called for a critical look at the overall systemic problems.

Following an extensive literature search, which included periodicals such as *Journal of Learning Disabilities*, *Learning Disabilities Quarterly* and *Learning Disabilities and Research Practice*, it quickly became apparent that nearly all of the definitions published in these journals characterized LDs as a pathological condition located within the individual learner. While the definition debate continues (Kirk & Kirk 1983; Morris, Schraufnagel, Chudnow, & Weinberg, 2009; Swanson, 1991; Rosenberg, 1997; Siegel, 1999), a reasonably unified theme has emerged over the past two decades. While a thorough review, covering all polemical debates is beyond the scope of this

chapter, definitions that pertain to ALDW will be cited along with brief commentary for each.

In the general sense, LD is a term used to describe a heterogeneous group of cognitive processing difficulties that make math, reading and reasoning—among other issues, difficult to negotiate (Brinckerhoff, Shaw & McGuire, 1993; Rodis, Garrod, & Boscardin, 2001). Torgesen in Wong (2004) expounds on this concept. As we can see, an emphasis is placed on the word ‘disorder’, along with the assertion that LDs are ‘part’ of the individual. This definition also connects LDs to problems experienced as a result of this condition:

[L]earning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning or mathematical abilities. These disorders are intrinsic to the individual [...] and may occur across the life span¹. Problems in self-regulatory behaviors, social perception, [and] social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other disabling conditions (for example sensory impairment, mental retardation, serious emotional disturbance) [...] they are not the result of those conditions or influences (p. 23).

The Learning Disabilities Association of Ontario (2011) also makes distinctions between LDs and other disabilities. However, the notion of individual pathology is raised once again—a common theme throughout the literature search. In this instance, the

¹ Morris, Schraufnagel, Chudnow and Weinberg (2009) take a more assertive position, stating that LDs do affect the individual across the life span. Indeed, their article is titled as such.

stakes are raised yet again by expanding on the various kinds of “disorders” in people with LDs:

Learning Disabilities refers to a variety of disorders that affect the acquisition, retention, understanding, organisation or use of verbal and/or non-verbal information. These disorders result from impairments in one or more psychological processes related to learning [...] in combination with otherwise average abilities essential for thinking and reasoning. Learning disabilities are specific non global impairments and as such are distinct from intellectual disabilities (para. 1).

Upon closer analysis of these statements, a twofold assumption is revealed: the first is the suggestion that the process of learning is an arbitrary concept and that failing to understand or appropriately organize information in this way results in a “disorder”. Secondly, it assumes that the only problem is within the individual. For example, any shortcomings of the school curriculum, or with society for that matter, are issues that fall outside of the LD mandate to help people ‘fit’.

To introduce the idea that LDs are ‘treated’ through instructional learning, Vogel and Sharoni (2011) state that “[i]n the USA and Canada, the term learning disability refers to a group of disorders that affect a broad range of academic and functional skills including the ability to speak, listen, read, write, spell, reason and organise information” (p. 480). Clearly, the education system is a primary actor in the facilitation of treating disorders. At the practice level, so are the teachers, psychologists and psychiatrists who are responsible for carrying out the assessments, education planning and instruction (Dudley-Marling, 2004). Sabatino (1976) attributes this to the fact that these disciplines manipulate the definitions to serve the interests of their respective disciplines.

While maintaining control through the professionalization of LDs provides some explanation for the motivation of this hegemony, it does not account for the reasons that it exists in the first place. For this, it is essential to look at socially constructed education as a whole. Dudley-Marling and Dippo (1995) explore the underpinnings of competition and the value placed on meritocracy in North American society. They contend that LDs are situated within society's 'natural' understanding that competition is the most effective way to reward academic achievement and to prepare students for a labour force that also emphasizes competition. What is more, the desire to keep everything 'equal' in top-rated postsecondary schools is a reflection of the pressure mounted on the administrators to make sure that people with LDs are not given an 'unfair advantage' to compete for top marks (Luna, 2009).

To summarize, the traditional LD literature clearly states that people with LDs suffer from pathological disorders that need to be remediated. In fact, the literature serves as a mechanism designed to legitimize a wide variety of professional disciplines as gatekeepers for 'problem' learners, which is co-opted by an able-bodied society that wishes to maintain its 'rightful' place in the social order. As Luna (2009) suggests, these attitudes are internalized by people with LDs, who often feel that they have to 'please' able-bodied people through excessive deference. For the majority of participants in this study, this did not end following graduation from college and university. In fact, it often intensified throughout adulthood.

Critiques of LD Research

Empiricism and research methods in the LD literature have been characterized as ambiguous (Alfonso, & Dynda, 2006). Siegel (1999) also calls the validity of standardized LD tests into question. She argues that even where large sample sizes of

research participants with LDs are used, we cannot be sure that those being interviewed [e.g. those with officially diagnosed LDs] have genuine challenges with academic performance or if they are simply not interested in the areas tested. Kavale and Forness (1998) concur, suggesting that because much of the research has been so often called into question, it has created a lack of confidence in the profession—hence incessant disagreement about definitions.

Dudley-Marling and Gurn (2012) argue that statistical methodologies such as bell-shaped curves often cluster students, producing misdiagnoses which they characterize as socially constructed realities. Here, they raise concerns about the social meaning ascribed to statistical analysis:

[...] the reference to an aggregate [statistical analysis] seems to be an unnecessary extra step if the goal of the particular study is to understand how development takes place within a given organism. Further aggregation of data entails ignoring the holistic nature of the phenomena from which those data were derived (p. 1021).

In other words, not only are these research methodologies often questionable, they are harmful to people with LDs because they fail to look at the entire individual. They add that these statistical clusters have little to do with the individual needs of students in specialized education classes. As such, a chasm exists between the medical model-based LD discourse and the real needs of people with LDs. Poplin (1995) agrees by pointing out that the ideological imperative for a unified definition is so pervasive that it fails to account for the daily struggles that people with LDs encounter. This one-dimensional view, she continues, is more concerned with identifying problems than building on

individual strengths and talents. As we shall see, this is extremely problematic for ALDW who often rely precisely on these coping strategies.

An Historical Overview of LD

LDs are based on the medical model of disability. This explanation is premised on the assumption that disability is a pathological condition of the individual that needs curing (Crocker, 2009). When viewed through this lens, it becomes easier to understand how the field continues to subjugate ‘slow learners’ to a system designed to ‘correct’ their problems so that they can ‘cope’.

Originally focused on neurological deficits, the field of LDs has expanded its focus to include a more sophisticated understanding of the brain and its relationship with cognitive and neurobiological deficiencies (Fletcher, Lyon, Fuchs, & Barnes, 2007). Specifically, the LD literature gradually began to claim that there was a relationship between cognitive and biological problems and processing difficulties as expressed with language and poor social interaction abilities (Scruggs & Mastropieri, 2002). Torgesen in Wong (2004) criticizes the 1967 definition provided by the National Advisory Committee on Handicapped Children, arguing that not all LDs are neurologically-based disorders. In fact, proponents of the medical model are extremely vague in describing LDs. For example, the *Diagnostic and Statistical Manual for Mental Disorders IV* does not clearly commit to the categorization of LDs, pointing out that they are by-products of “[...] a disorder of academic underachievement [...]” (Gregg, Scott, McPeck, & Ferri, 1999, p. 215). This, it appears, has contributed to the ongoing discussion in the literature to ‘unify’ the discipline through a widely embraced definition of LD.

In sum, while the discourse may be replete with disputes about how to define LDs, its overall message is unified: people with LDs are characterized as problematic to

the education system and if they could only be ‘fixed’, they would be better off. To that end, the ‘professionals’ have a mandate to correct these problems so that people with LDs may conform to the education system. When considering that the discipline seems to have more disagreement than consensus, it seems like an audacious claim to commit medical model language to an entire population of people who learn differently.

Lerner’s Four Historical Periods of LD Development

To gain a clearer understanding of how the LD field has progressed over the last two centuries and indeed, the many developments that affect people with LDs up to the present day, it is essential to overview how and by whom LD was constructed. With this in mind, Janet Lerner (2003) provides an approximate time-line of each historical period.

She begins with the Foundation Phase (1800-1930). It was during this period that physicians and researchers began making scientific inquiries into adults with brain injuries, often by conducting autopsies. These studies were designed to determine the effects of stroke on aphasia. Given that this condition affects learning but not an individual’s intelligence (Ontario Association of Speech-Language Pathologists and Audiologists, 2010), it is understandable that scientists sought to understand why these conditions persisted in otherwise ‘intelligent’ people. Hence, we are presented with the first attempt to explain difficulties with neurological functioning. However, as Lerner notes (2003), many of the early ‘discoveries’ in LD research were eventually discredited as they were often associated with the pseudoscience of phrenology². Towards the end of the initial period, researchers began to focus on the pathology of neurological problems and how they related to reading difficulties. An early definition of reading difficulties,

² Nineteenth century ‘scientific’ studies by Franz Joseph Gall, who made claims that neurological pathologies were related to skull shapes and sizes among other things (Lerner, 2003).

called ‘word blindness’, reflected the frustration of physicians who could not understand why people with normal vision had great difficulties reading.

Thus, Lerner’s (2003) example of the medical model and its relationship to LD demonstrated early on that where a neurological explanation was not possible, a pathological explanation of the individual would suffice. The corollary to this point of view is that no other narrative could be included in the discussion (e.g. disabling conditions are created so that there is only one ‘right way’ to read). This shows that, early on, the medical model was prevalent in the early development of LD discourse. Therefore, it becomes possible to extrapolate this early understanding of LD and apply it to workplace culture and ‘problem’ learners who need to be instructed.

The second period that Lerner (2003) describes is the Transitional Phase (1930-1960) where remedial techniques and ‘structured’ learning environments were instituted in school settings. Chief among LD academics was Samuel Kirk, a proponent of the brain injury-LD relationship, whose influence on the early part of this period was enormous. In an interview with Giacobbe (2012), Janet Lerner reveals her experience as a young graduate student at Milwaukee State Teacher’s College, where Dr. Kirk’s seminar taught about the “[...] psychopathology and education of brain-injured children” (p. 122). This was a critical juncture in the development of the LD field because it solidified the notion of disability and the individual in need of remediation through the education system.

The third era, the Integration Phase, roughly covers the period of 1960-1980 (Lerner, 2003). Here, we see the expansion of LD remediation programs in public schools. Many of the first accommodations included the removal of environmental stress and, notably, “[p]roviding a highly structured schedule” (p. 42). This offers a clear example of the

education system framing LD as a ‘problem’ and demonstrates the hierarchal nature of LD instruction. It also shows the rigidity of the system, forcing students to conform to a narrow learning style. Despite developments and repeated calls to create an agreed-upon definition of LD, little has changed since Kirk’s 1962 coining of the term learning disabilities (Reiff, Gerber & Ginsberg, 1993)—bolstering the widely held belief that LDs are an endogenous condition.

Finally, Lerner (2003) describes the Current Phase (1980-present) in which the rapid professionalization of LD began to influence both the literature and educational environment. The profiles of parent groups and teaching committees were raised, as were the rights of people with LDs, thanks in large part to anti-discriminatory legislation. Laws such as the Education for All Handicapped Children Act of 1975 in the U.S. and the Canadian Charter of Rights and Freedoms in 1982 provided a legal framework in North America to guarantee education rights for people with LDs. A brief overview of legal rights and responsibilities will be presented in chapter 3.

Despite the ever-increasing medicalization of LDs, Lerner (2003) concedes that the technological computer revolution has placed people with Dyslexia at an advantage. This, she writes, is because this population often displays ineptness for the arts. This non-medical model view of people with LDs is shared by Thomas C. West (2009), who argues that people with disabilities are enormously advantaged for their ability to problem-solve through their creativity and to ‘think outside of the box’.

Social Problems as ‘Skill Deficits’

Given that the current study deals with the social interaction of participants within their workplace environments, it is essential to touch on traditional LD perspectives as well as competing viewpoints on this area of functioning.

By the late 1980s, social deficits had been added as an ‘official’ LD problem once it was cited in a revised LD definition of the Interagency Committee on Learning Disabilities, initiated by U.S. Congress (Lerner, 2003). Writing from a sociological perspective and using Social Learning Theory as his theoretical orientation, Bandura (1977) argues that the inability of children with LDs to develop and perform social skills leads to a lack of ‘practicing’ social skills, ultimately leading to rejection by their peers. Bryan & Bryan (1990) concur, stating that social cognitive deficits in children impede the ability to socialize with peers, adding that the subtleties of social cuing are not recognized and thus lead to inappropriate responses.

Gresham and Elliot (1989) argue that endogenous pathologies (e.g. the central nervous system) and social skill deficiencies are problematic because it is difficult, if not impossible, to prove that internal, biological deficiencies are related to external social situations. Vaughn, Sinagub, and Kim (2004) write that social skills are observable from a research perspective. They note, however, that the performance perspective is becoming outdated, favouring a more holistic view of the acquisition and retention of social skills which, they argue, includes self-concept.

Adults with LDs in the Workplace

Scant literature exists on adulthood LDs. The literature on employment and LDs is even more limited because most studies were conducted as longitudinal or ‘follow-up’ studies of postsecondary graduates within 5 years of graduation from school/college/university (Levine & Nourse, 1998). Many of the articles discuss employment projections with students as they prepare for their careers. Noteworthy is the Hitchings et al. (2001) study where students discussed their career expectations,

which ranged from expecting great difficulties, waiting to ‘outgrow LDs’ and being unsure of what to expect.

This is not surprising because students with LDs exist in a perpetual state of remediation while earning their degrees. Despite the lack of solid research on adults with LDs, Morris et al. (2009) offer a definition specific to the adult LD experience, pointing out that, “[...] learning disability is an ongoing condition that continues across an individual’s life span and can adversely affect not only academic performance, but also work, family and interpersonal relationships (p. 323)”.

Given that employment is such an integral part of the adult experience, it seems odd that students are not better prepared for their careers prior to leaving school. As Hitchings et al. (2001) point out, however, most participants in their study of university students were more occupied with what they did not want to do, rather than focusing on their interests (e.g. one participant said, she hated reading and so she intentionally went into landscaping). Furthermore, they contend that the other part of the problem is that parents, and even LD educators, are overprotective and often try to guide students into specific career areas. As we shall see, this is part of the social construction of LDs, where the able-bodied person often feels the need to ‘direct’ people with disabilities.

They also cite literature from the 1989 Joint Committee on Learning Disabilities, which states that “[...] learning disabilities are intrinsic to the individual, presumed to be due to [central nervous system] dysfunction, and may occur across the life span” (p. 323). As we can see in these definitions, it is unclear as to whether or not LDs actually exist throughout one’s life. Moreover, it appears that while Morris et al. (2009) do not ascribe a medical model definition to ALDW, Hitchings et al. (2001) lean heavily on the medical model.

ALDW face difficult coping challenges in their employment. Like the general public however, employers have little or no knowledge of LDs and thus are incapable of fully appreciating the challenges faced by their employees with LDs (Gerber, 2011; Gerber, Ginsberg & Reiff, 1992; Madaus, 2008). Follow-up studies of college and university students with LDs show that 66% of Americans disclosed their LDs to their employers (Madaus, Foley, McGuire, & Ruban, 2001), while 62% did so in Canada (Holmes & Sylvestri, 2011). The primary reason for choosing not to disclose was fear of discrimination (Madaus, Foley, McGuire, & Ruban, 2002). While not definitive, these studies seem to suggest that LDs are disclosed at a similar rate across these two countries.

LD and Workplace Environments

Witte, Philips and Kakela (1998) report that ALDW are often forced to perform tasks that they feel are out-of-sync with their talents. As the current study explores, many of these talents are the taken-for-granted coping strategies used at work that supervisors often attempt to dissuade them from using. Indeed, research presented in the literature does not measure these externalities, focusing instead on the inability to solve problems in the workplace in a proactive way (Greenbaum, Graham, & Scales, 1996; Seo, Abbott, & Hawkins, 2008). This contrasts dramatically with the experiences of the participants in the current study, who were very proactive in this regard, often attempting to explain to supervisors that they had their “own” way of accomplishing tasks. The fact that traditional LD research seldom expounds on creative approaches to problem-solving, the idea that individuals are responsible for ‘proactively’ dealing with problems is reinforced, but only within the context of what employers deem as appropriate. Thus, miscues between employees and employers restrict productive discussions about appropriate accommodations.

The Learning Disabilities Association of Canada (2005) published a literature review as part of a nation-wide research project. They reported that the issues with employers were mixed: on the one hand, this population was described as deferential, positive about their work and punctual among other things. They noted, however, that there were issues with respect to low self-esteem and ‘impulsivity’, often creating difficulties in their relationships with others at work. Perhaps most strikingly, the study noted that the coping strategies of employees—for instance, staying behind after work—were related to “personal characteristics” (p. 34). This seems to suggest that the responsibility to accommodate oneself is preferable to disrupting the ‘natural’ order of the work environment by burdening supervisors for accommodations.

McCloskey’s (2011) findings show that while most employers were supportive and willing to provide accommodations, some participants provided their own. McCloskey does not specify whether or not this was done out of necessity or because they were afraid to disclose their LDs to their employer (Holmes & Sylvestri, 2011). Again, the subtext here is that the socially constructed notion of LD is so pervasive that the person with LDs should ‘fend’ for him or herself.

Interestingly, McCloskey also notes that while one participant experienced some difficulties in making accommodation arrangements with a supervisor, this was largely attributed to logistics because the supervisor was ultimately willing to help. However, behind the supervisor’s willingness to help find suitable technological accommodations was the underlying theme of ableism. To fully contextualize this, it is worth reproducing the words of a participant from McCloskey’s (2011) study:

It was difficult at first to find the right system. I think my supervisors hoped that my accommodation needs could be met through adaptive technology.

Unfortunately these programs don't seem to work very well for me, so I need a human helper. Once we found a system of using an editor that was flexible enough to meet both our needs things have been great. My current supervisor's comments [are] that this way of writing reports is 'not onerous' (p. 92).

This statement is remarkable on a number of levels. As was problematic for participants in the current study, the first statement made here about requesting "human help" suggests that the employer did not respond to this because it might challenge the paternalism of the relationship, thus rendering the employer's attempts to 'fix' the situation beyond his or her control. Secondly, the employer's remark demonstrates his understanding of the duty to accommodate but only when it does not appear 'erroneous', that is, challenge the 'right' way of completing tasks. As will be discussed in the following chapter, part of the subordination of people with disabilities is the result of non-disabled people needing to 'take control' as they are afraid that they too could become disabled.

Working Definition of LD

Oppression of ALDW was not created by accident. Over time, it was carefully constructed using specific language such as 'deficiencies' and 'problem learners'. Paterson and Higgs (2005) define hermeneutics as the process of sharing knowledge through a linguistic medium. They state that this process is reliant on the synthesis of ideas that contribute to a shared consensus on any given proposition. It can be said then, that the medical model definitions presented in this chapter are based on a relatively unified understanding of LDs; pathology of the individual is, for the most part, the accepted interpretation of LDs.

Given that the objective of this thesis is to challenge this widely-held assumption, I propose a working definition to coincide with the social constructionist account of LDs, as experienced by participants in this study. I will intentionally use tentative language with respect to the biological understanding of LDs to reflect the disagreement in the literature about the exact nature of LDs.

To that end, I propose that LDs are the result of a socially constructed label that situates learning challenges as a problem located within the individual. While a biological interpretation may or may not account for LDs, it is clear that young people with LDs are forced to conform to a learning style aligned with an ableist understanding of ‘normal’ learning. Given that remediated instruction and accommodations are not part of the employment experience, lessons about conformity to this narrow learning style are taken into the workplace. LDs within the context of employment are fundamentally the same as they are within the educational context in that they are viewed as problematic within an ableist culture.

Conclusion

According to the traditional LD literature, people with LDs are defined as problem learners who require remediation. Early developments based on the medical model of disability continue to permeate both the current literature and instructional practices of helping the individual conform to a particular learning style.

Debates over a unified definition for LD continue in the literature. Much of this is based on professional ‘stakeholders’ who are heavily invested in the subordination of people with LDs. This, as was discussed, is based on the interests of a non-learning disabled culture’s desire to maintain control of a narrow definition of learning within the social order.

Finally, a more inclusive definition of LD was proposed. A social understanding of LDs de-emphasizes the responsibility of the individual learner to conform to an acceptable notion of 'normalcy' in the learning environment. When this is challenged, so are accepted 'natural' ways of coping within the workplace.

THEORETICAL FRAMEWORK

Introduction

Given that the medical model is so forcefully advanced by the LD literature, it was necessary to find a theoretical counterpoint. Specifically, it was useful to employ a social understanding of disability as a backdrop for the interview transcripts used throughout the discussion. It was also necessary to question assertions made by the literature, which in essence, argue that people with LDs have something ‘wrong’ with them and thus, need to be ‘treated’.

The more I analyzed the data, the more that the subtext to each excerpt seemed like a ‘revelation’. I began to question why supervisors, co-workers, union leaders and even the participants themselves behaved the way that they did. An example was the reported attitudinal barriers of LDs posed by two of the participants’ supervisors, who just happened to be a doctor (thus the ‘medical model approach’ to LDs) and a long-serving government bureaucrat, who had clearly learned to manage her employee by using a hierarchal approach. By examining how attitudes create barriers for ALDW, new possibilities, not found anywhere in the literature, were suddenly brought into focus.

Medicalization of Disability

The medicalization of disability is defined as the process of defining people as the sum of their disabilities, while measuring what they lack in relationship to the conventions of what is understood as ‘normal’ (Titchkosky, 2001). Barnes, Mercer and Shakespeare (1999) describe medicalization as the unchallenged powers of medical practitioners, who believe that they have all of the answers. They maintain that this position does not change so as to keep society from raising questions that could jeopardize the power and control that they exercise over society.

Campbell and Oliver (1996) take a unique approach to their introductory discussion about the ‘rules’ of the medical model as it pertains to disability. They provide examples of people who have had direct experience with the model, helping to personalize oppression. For one woman who had lived with a serious illness, there was an attempt by doctors and nurses to constantly control what she was doing despite the fact that she was seldom overtly ill. This understanding of disability oppression demonstrates that from a medical model perspective, there is nothing else that can be done. For example, this attitude was common towards participants in the current study, who often described their experiences of being ‘controlled’ and in some cases, being treated by their supervisors as though they were children.

The authors also examine the institutionalization of disabilities since the 1960s and how the nationalization of health services in Britain has perpetuated the medical model ever since. By using such examples, they demonstrate that negative attitudes about people with disabilities are difficult to change. As Luna (2009) reports, the medicalization of LD is deeply embedded in ivy league universities; as the title of her article implies, fellow students and even faculty wonder, “how can those students make it here?” (p. 157). A parallel can be drawn between these institutions and the historical medical model approach used for LDs in the literature, schools and as documented to a lesser extent, in the workforce. In other words, a logical thread can be sewn between the pathologization of LDs from one institution to another.

Social Model of Disability and the Social Construction of LDs

Oliver in Swain, French, Barnes and Thomas (1993) describes the social model of disability as a concept premised on the idea that it is not people with disabilities who are the problem, but rather, the society which poses barriers. It is within this society, he

explains, that attitudinal barriers are formed by those in society who do not have a disability. Barnes in Shakespeare (1998) traces the origins of the social construction of disability in North America to a materialist imperative, where ‘disability’ was created as a way to distinguish between those who chose not to work and those who were unable to do so. In turn, medical doctors and other professionals served as gatekeepers within this social arrangement. This is similar to the notion of the Elizabethan Poor Law of the 1600s, which drew a clear distinction between ‘able-bodied’ people who should work for relief from poverty and disabled people, who were considered ‘deserving’—of which the residual effects prevail in the west today³ (Lightman, 2003).

For Davis (1995), the process of creating the ‘other’ is rooted in normalcy. This, he contends, is based on the assumption that society, in almost every facet of life, must function within an acceptable norm. To fail to do so is a form of deviancy. Normalcy, he continues, is a by-product of the Enlightenment period of humanity and in particular, the advent of statistics, whereby ‘normal’ is attributed to the central tendency where outliers take on the description of ‘deviant’. He takes this point a step further by pointing out that all of the most important inventors of statistics, including Pearson, were eugenicists who essentially built on the Darwinian notion of natural selection. Finally, when we place a person with disabilities in the centre of this philosophy, it is not surprising that we abhor the ‘deviancy’ that is so often associated with disability. Hence, we end up with a culture that values normalcy as ‘natural’. As we shall see, these beliefs are so ingrained that ALDW often believe that they themselves are not normal. For

³ For example, the shift from welfare in Ontario to ‘workfare’, a populist move by Mike Harris Conservative government of the mid-1990s, drew a clear distinction between able-bodied and disabled people who collect benefits (Rice & Prince, 2000).

example, a 53 year-old participant observed that “paper work was never my forte and umm so [my] organizational skills sometimes are a bit lacking compared to other people”. Here, we see an example of ‘normalcy’ being internalized. This demonstrates the power of such widely-held beliefs and the harm that they can cause.

Shakespeare (1994) suggests that it is non-disabled people who construct the idea that people with disabilities are ‘helpless’ victims of this deviancy. He contends that much like the feminist discourse which asserts that women, black people and gay and lesbians are objectified, the same happens with people with disabilities. Specifically, he writes that popular culture constructs the image of the ‘helpless disabled’ person (e.g. through charity advertising by focusing on the limb that is ‘errant’, thus stirring up emotion so that people will donate money). This, he continues, is because non-disabled people are unable to fathom the idea of becoming disabled.

I argue that Shakespeare’s (1994) line of thinking can be applied to the participants in this study, who were often objectified by those in their work environments. This is based on the data analysis, which yielded audacious comments made by co-workers and even supervisors. For example, a 42 year-old participant described a staff meeting she attended where her supervisor made the following remark in front of her colleagues: “oh sorry, [I would explain] but you’ve got a learning disability”. While it is difficult to tell whether or not the comment made by the supervisor was a direct attempt to humiliate her employee, or an extremely poor attempt to show ‘sympathy’, one thing is clear: by explaining, in no uncertain terms to those present at the meeting that she lived with a LD, regardless of the outcome, the participant became objectified. In other words, she ‘became’ her LD and thus, something that everyone in the room was frightened of becoming.

The Danger of Theoretical Ideology: Approaching Content Analysis with Caution

Shakespeare (1994) criticizes Oliver's approach to the social model of disability as being mired in Marxist ideology. He argues that by placing so much emphasis on materialism as a key determinant of society's domination over people with disabilities, Oliver ironically contributes to this oppression by overcommitting himself to a theory that "[...] privileges the material level of explanation [...]" (p. 289). In fact, by applying a singular theoretical paradigm, as Shakespeare also notes, a cultural analysis, among other things, is kept out of the discourse. I would add that this keeps individual people with LDs from expressing their disabilities as they see fit. For example, by conducting a content analysis of the data by *only* taking the social model of disability theory into account and ignoring a participant's desire to say "backwards mirror writing helped me", I would be oppressing the participant. Thus, it is essential to let the participants build the theory (Glaser & Strauss, 1967).

In responding to such criticisms, Oliver (1993) argues that the model was never intended to address the personal narratives of disability. Rather, he explains, it was developed as a response to the pervasive disabling conditions imposed on people with disabilities. From this point of view, it becomes possible to use such a model as a theoretical standpoint without discounting the personal challenges that people with disabilities face each day. By approaching this study through a social model of disability of lens, I can engage critically by offering an alternative explanation of why adults with LDs struggle at work without discounting the personal narratives of participants.

Social Constructionist Theory

Burr (2003) contends that a social constructionist approach (SCA) to research involves rejecting the traditional, positivistic notions of scientific inquiry. She argues

that the SCA is concerned with the voices most often excluded from the knowledge-building process, that is, people who are the ‘subjects’ of scientific inquiry. Moreover, the SCA is about challenging assumptions society holds to be ‘natural truths’. For example, the contention that LDs are life-long (Learning Disabilities Association of Canada, 2002) is a fallacy according to Dudley-Marling (2004) because “[...] the performance of LD requires an institutional framework that assigns particular meaning to students’ behaviours that, in other cultural contexts, do not carry the same significance” (p. 484). In other words, LDs, contrary to the traditional literature, are not located within the individual because they require interaction with a hierarchal institution to ‘tell them’ that they have LDs. Upon first glance, this seems to imply that once the individual is removed from such an institution, the challenges associated with LDs will disappear. As we are reminded by Oliver (1993) however, the social model of disability [and social construction of LDs] examines the construct of disabling environments, not the personal narrative.

Ableism and LD

In order to determine how and under what circumstances oppression occurs for people with LDs, we turn our attention to the theory of ableism. Campbell (2008) uses critical race theory as a foundation upon which ableism can be used by drawing on parallels shared between disability oppression and racism. Indeed, critical race theory is prevalent in many of the definitions of ableism, as exemplified by Rodis et al. (2001). Here, they use examples of racism and gender, describing ableism as,

[a] set of prejudicial assumptions and false beliefs about persons who have some form of disability. Like racism or sexism, ableism can be either overt and pronounced or subtle and unintentional. Ableism may manifest as overly

low/high expectations of a person with disabilities, the belief that people with disabilities are deficient or abnormal, or a refusal to make appropriate accommodations so that a person with a disability can express his or her capabilities and interests (Glossary, p. 233).

Wachsler (2007) personalizes ableism as she writes about her own encounters with ableist beliefs. In one remarkable account, she describes her doctor's 'suspicion' of her requiring a signature for a technological accommodation for her home phone. Despite having the same doctor since acquiring a physical disability, her doctor 'could not believe' that she had not progressed to the point where she did not need a 'crutch' like a phone headset. She writes that these kinds of encounters with ableism make her feel like a child, despite being an adult who has an otherwise average life.

Barnes et al. (1999) attribute this to the entrenchment of medical and professional powers. Wachsler (2007) notes however, that such attitudinal barriers should not come as a surprise because as a medical practitioner, he was 'unsuccessful' in curing her ailments. In other words, due to his medical model understanding of disability, he did not know how to respond effectively under the circumstances. Her doctor's one-dimensional view not only placed limitations on her abilities, but also restricted his own ability see her as a complete human being. As such, it was not the person requesting an accommodation who was 'disabled', but rather, the disabling conditions that produced such a response.

Wendell (1996) discusses an incredulous-like response from another helping professional. Here, she describes a woman who tried to obtain a wheelchair during an assessment by her social worker. The social worker made the following notes in the client's file which projected her able-bodied fears of disability:

(1) The client-applicant is ineligible for services until proven eligible. (2) The client-applicant's Vocational Goals are outlandish, greedy, arrogant, [and] must be trimmed down to [an] appropriately humble scale. (3) The client-applicant's motive in seeking services is, until proven otherwise, to rip off the system. (4) The function of the Agency is to facilitate adaptation of client to job, not the reverse (p. 61).

In fact, the social worker continues in this assessment by using words like “fraud” and “helpless” (p.61). This example demonstrates the idea of subordination at work. As we can see, the social worker assumed an arbitrary and paternal role, deciding what the client ‘needed’. Secondly, it shows that the onus was on the individual with the disability to demonstrate the ‘legitimacy’ of her disability. Wendell (1996) applies an ableist lens by examining the word “adaptation”, which as she suggests, creates a situation in which the client must ‘fit’ within the environment. She also dissects the word “job”, noting that it could easily be replaced with “world”.

Again, parallels between the experiences of the above cited literature and the participants in the current study are similar in that their supervisors often mistook requests for accommodations as attempts to disrupt the ableist culture within their work environments. In the results section, I argue that this response is ‘natural’ within an ableist culture. That is to say, given that supervisors and co-workers have been socialized into the ‘real’ world, where ableist norms are deeply imbedded, reacting in a visceral way to people with LDs is, in fact, ‘normal’ under the circumstances.

Campbell (2008) writes that the social arrangement between people with disabilities and non-disabled people is constructed so that people with disabilities are viewed as ‘tragic’. She also points out that people with disabilities are subordinated to

the hegemonic group, thus allowing the dominant group to perform the role of mentors and helpers. From this view, Campbell (2008) argues, ableism is best characterized as a paternalistic endeavour. This understanding of ableism is similar to what participants in the current study experienced with work supervisors, where the relationship was hierarchal, demeaning and in some cases, overtly paternalistic—even infantilizing.

Conclusion

The sociological-based literature on disability offers an alternative view to the medical model of disability, which is based on the idea that people with disabilities are deviants who must be ‘corrected’ through interventions.

Whether it is doctors feeling frustrated that they cannot ‘cure’ pathological conditions in their patients, or social workers asserting their administrative power over clients: able-bodied people often react in harmful ways to people with disabilities when disability and ableism intersect. This, as was shown in the above discussion, is based on the difficulty that able-bodied people have in coming to terms with the possibility of becoming disabled themselves. By assuming control over people with disabilities and through the horrification of disability, these fears are projected onto the person with a disability. These consequences are profound because it places limitations on people with disabilities (and as I have discussed, non-disabled people, too).

As also discussed, this theory will be extrapolated and applied to participants in the current study to understand the problems that they encountered. Supervisors and co-workers, through their comments and actions, as will be shown, are part of an oppressive system that creates disabling environments for ALDW.

METHODOLOGY

Introduction

The purpose of this chapter is to discuss several areas with respect to the research design. Specifically, it will address the sampling procedure, management of the data, coding procedures, development and use of the research instrument, interviewing techniques and finally, the theoretical standpoint for these methods.

Sampling

Christine Marlow (2005) suggests using purposive sampling methods in qualitative research. In particular, she discusses criterion sampling. This refers to the recruitment of participants who are drawn from a particular community program or agency from which they have already been deemed appropriate to attend. Putting a Canadian Face on Learning Disabilities (2001a; 2001b) reveals that just 2.9% of Ontarians aged 29-44 years identified as having a LD. Given that my target population was working adults with LDs within the province of Ontario, it was logical to find participants through a common community resource.

Initially, I contacted the Ottawa-Carleton chapter of the Learning Disabilities Association of Ontario (LDAO) to inquire about recruitment. After an extended period of email discussions, I discovered that the outreach programs had been indefinitely suspended, thus making the Ottawa-Carleton branch an unusable point of contact between myself and potential participants. Eventually, I made contact with the Executive Director of the LDAO in Toronto, who agreed to create an advertisement of my study under the “News & Notices” section of the organization’s website.

I was receiving 2-5 emails of interest per month; more than half of these became ‘follow-ups’. Using a day planner, I would make notes to “remind” people who had

stated an interest, but who had not provided a potential interview date. For most of these people, there was no response. Two people responded, however, stating that they could not meet with me as they could not make child care arrangements.

Given that the LDAO is a pan-provincial organization, participants were from cities and towns located across Ontario. Most were from Southern Ontario. Three of the interviews took place locally in Ottawa and Hull, Quebec. Two more were arranged to coincide with pre-arranged, personal visits to the Toronto area (one was conducted in nearby Hamilton). It should be noted that one participant lived in the Northwestern Ontario city of Thunder Bay. This participant was keen to be part of the study and so we agreed to meet on Skype.

In my research proposal, I stated that I would conduct interviews face-to-face. This was to ensure that I could use my interviewing skills as social worker to establish a rapport with participants. Although the Skype interview was not 'in-person', I rationalized that this would not pose a problem to my 'face-to-face' interviewing method since I would be able to gauge non-verbal reactions. Including the participant from Thunder Bay, the face-to-face interviewing approach proved to be fruitful, allowing for dynamic and revealing conversations to unfold. I found myself taking copious notes, jotting down any body language that seemed to contradict words. For example, one participant would often laugh when describing difficult situations but she would also throw her arms in the air, as if to suggest that she was frustrated. Thus, certain transcript excerpts feature in-bracket observations (e.g. "participant laughs").

Social Constructionist Approach to Interviewing

Cooper and White (2012) reject the positivist, empirically-driven approach to social research. The goal of research, they maintain, is to record the subjective truths

through the lived experiences of research participants. The concept of meaning, they explain, is socially constructed to reflect fixed truths, rather than to accept that experienced truths are often transient and subject to change from person to person. As such, I used a qualitative method of research that focused exclusively on the realities of ALDW, accepting that even though unified themes were emerging from the data, they were—after all—based on the individual narratives of the people I interviewed. I took a ‘postmodern approach’ to the data collection process, choosing to place emphasis on the stories of individual participants. As will be shown in the research findings, emphasis was placed, as much as possible on individual ‘stories’, rather than on discursive data sets. As a result, content-rich narratives emerged.

The importance of making the research as inclusionary as possible for the participant cannot be understated. Potts and Brown (2005) write that anti-oppressive research, especially in social work research, is necessary for positive social change. They describe the anti-oppressive research lens as “... the art of answering questions, building relationships, seeking answers, and coming up with more questions [...]” (pp. 257-258). Indeed, the research process should be ‘demystified’ as much as possible so that research participants feel like they are an important part of the project.

Apart from demystifying the research process and engaging the participants, the process of empowerment seemed to be a powerful concept during the interviewing process. Thinking reflexively about my interview with a 53 year-old participant, I realized that she had ‘bought into’ the notion that her LD was a type of pathology. She repeatedly made comments about how she accepted responsibility for not following through with the directives of her employer. It was during this interview that I found it helpful to place particular emphasis on the disabling conditions of her work environment

that seemed to prevent her from her maximizing opportunities for job satisfaction. Following our recorded conversation, she noted that the research process was liberating and that she felt like her problems were finally understood. This trajectory is supported by McIntosh and Morse (2009), who provide direct quotations from a palliative care research participant to underscore the importance of empowerment: "... if I'm part of a research [project] I am still real, and if you doctors are doing research I know you think of me as real, too" (p. 89). In other words, the research process becomes part of the individual's narrative, affirming the participant's sense of agency and capacity to affect social change. In terms of the interviewing process itself, my research journal entries revealed "great success in being real" with the participants. As such, the conversations with participants were productive.

Interviews

I met with participants at their homes and in public places—wherever they felt most comfortable. For some, this was in a coffee shop. For another, it was in a hotel lobby. For yet another participant, it was at her home. I provided each participant with a \$10.00 honourarium. A couple of participants remarked that they were happy to do the interview without compensation, wishing instead to donate this money (for example to the LDAO). Due to my obligations to the Carleton University Research Ethics Board, however, I stated that I would need to follow my agreed-upon ethics protocol and pay them for their time.

I began each interview by following a 'check list' on the research instrument. This included reading through the informed consent before getting signatures, reminding participants that I would be recording the conversations and asking them if it would be okay to take notes.

Each conversation was recorded using a Smart Phone application called Hi-Recorder. This program is unique in that it can record several hours of data per sitting. For the sake of maintaining confidentiality, I attached a USB device to the phone immediately following each interview and transferred the data to my laptop. From there, I transferred the data into my password-protected flash drive at home. All data from the previous two points of storage were immediately destroyed following safe storage. The same data management was applied to the Skype interview, using the Hi-Recorder to capture the interview which could be heard through my lap top speakers.

Research Instrument

The research instrument was constructed with the concept of Grounded Theory in mind. Founded by Glaser and Strauss (1967) in their book, *Discovery of Grounded Theory*, they argue that in the past, research had taken a top-down approach, where researchers were forced to conform to the theoretical constructs developed in the ‘ivory tower’. These theories often had little to do with what was actually being communicated in the data and yet, researchers were forced to make the research ‘fit’ within the confines of these theories. Their approach was radical: to let the research ‘build itself’ so that the results could be unhindered by a strict research methodology. Maxwell (2009) argues that an effective qualitative research design is not devised using a traditional, positivist approach to creating research instruments. Instead, research methods should support research questions, thus questions on a research instrument should be designed to support the context in which they are asked. In other words, the researcher should be free to revise his or her methodology as required throughout the process.

I felt that it was necessary to find a compromise between what Glaser and Strauss proposed (1967) and Maxwell’s proposition for creating interview questions (2009). As

such, I used Marlow's suggestion (2005) of a semi-structured approach to data gathering. This allowed me to have set questions to keep the interview 'on track', while allowing the conversations to move into unexpected areas. For example, I asked questions about age, education level and the nature of LDs. While these questions did in fact serve a useful purpose, in hindsight, they were less about 'educational status' than they were about rapport building (e.g. "you took women's studies, fascinating!"). In other words, it gave both me and the participant the chance to 'warm up', hopefully making them feel comfortable about revealing deeply personal and sometimes heart-wrenching stories.

The second part of the interview involved questions designed to move into discussing specific experiences. The first question asked about employment. I felt that it was necessary to understand exactly what kind of work participants did for a living, asking that they go into precise details of their work. This, I reasoned, was to help me understand the context in which challenges were presented. Specifically, the question which asked, "Do you feel the demands of your job are equal to your coping skills?" in hindsight, was a poor choice. I now believe that this question was devised before I had a grasp on the notion of socially constructed LDs (Dudley-Marling, 2004). In the end, however, it did not matter because I found that this question naturally segued into a discussion about problems with supervisors. I also believe that my concern about 'sending the wrong message' to participants by insinuating that they were 'not coping' in the above question was unfounded. This is because question 5 asked, "What is it about your work environment that keeps you from disclosing your LD?"

Coding Procedures

Following each interview, I engaged in the laborious task (Marlow, 2005) of transcribing each interview session. Depending on the length of each interview, I would

spend roughly 8 hours per transcription. Thus, about 48 hours were spent on the transcribing process alone. This process was aided by using the variable speed function on Windows Media Player. This proved to be enormously helpful, allowing me to capture all data with precision by hearing words on each WAVE file at half the speed.

I found it was necessary to organize each interview using a coding scheme. The reasons for this were twofold: (1) to protect the participants' identities by making them non-attributable to the data; and (2) to create identity markers as a reference point for each participant. Initially, I used the first and last name initials of the participants and the chronological order in which they were interviewed. This system was used only during the initial transcription phase as an easy reference point for transcribing purposes. For example, if the participant's name was "Jane Doe" and she was the first participant to be interviewed, the coding would appear as "JD-P1". Secondary coding then removed the name initials, replacing them with more detailed demographical information in order to reference the kind of participant I was interviewing. These new markers would include chronological information, gender identity and finally, age. For example, Jane Doe, a female, 53 year-old participant would now appear as: "P1-F-53". Making these changes to the transcriptions was fairly easy as it simply involved using the 'replace' feature found in Microsoft Word. In other words, I would 'replace all' "JD-P1" with "P1-F-53".

Data Coding

The next task was to organize the data. Yin (2011) argues that advent of qualitative software programs are often hindering to the researcher as they require in-depth understanding of the myriad features of these programs. While he concedes that software programs can be useful, he cautions that they do not 'build' anything; this is the job of the researcher. Indeed, he writes that using such programs can drain time and

energy from the project. This essentially describes my experience with NVivo software. Eventually, I found myself compiling data the ‘old fashioned way’, that is, by cutting and pasting data and organizing them into themes (van de Sande & Schwartz, 2011).

Anzul, Ely, Freidman, Garner, and McCormack-Steinmetz (1991) break the data coding process down into discrete tasks and categories. In the first step, they describe reading through each transcript to get an overall sense of what has been said, citing other authors who make notes in parenthesis with respect to ‘interesting’ statements made by participants. Above all, they write, there are no right or wrong ways of doing this. As a researcher, I intuitively find myself reflecting and later making notes and so this was an easy method to ‘convert’ to.

Yin (2011) refers to the secondary stage as the process of compilation, that is, the emergence of thematic ideas. Here, I continued making notes in the transcripts to identify meaning units for which these data could later be removed and put into new sections⁴. As Anzul et al. (1991) caution, however, these meanings are fluid, and thus subject to change. I found this to be the case because I would often find overlaps in the data. For example, one participant’s words were cut and pasted into an early category called ‘self-advocacy’. Here, she describes confronting her employer during an arbitration hearing to determine whether or not she had previously informed her employer of her LD. In doing so, she described the presence of her husband at the meeting as a social support through this process. At that moment, I was faced with the task of deciding which category to include her husband: ‘self-advocacy’ or ‘ecological supports’.

⁴ It should be noted, however, that this process was non-linear in that—right up until the end of the project, I would find myself going back to the transcripts for clarification, often making new comments and then adding the excerpt and/or ideas into the finalized report.

In the end, I found myself having to ‘think through’ these situations and then ‘concluding’ what categories the data should be assigned to. As Yin (2011) reminds us, however, there is no ‘right’ or ‘wrong’ approach to such procedures. In short, these methods were often discovered intuitively, rather than by following each step from the Anzul et al. text (1991).

The coding scheme involved cutting and pasting themes that often stemmed from questions in the interview guide into first and second levels of coding (Marlow, 2005). For instance, a first level of coding was “Job Demands vs. Skill Sets”. This was coded as “JDSS”—a major theme. From there, I created second level sub-categories such as “Success”. Thus, the second level sub-category would be titled “JDSS-s”. During the analysis of the data, I had this coding scheme nearby to assist in re-categorizing data as deemed necessary. In all, six first level categories were created: (1) “Job Demands vs. Skill Sets”, (2) “Difficulty with Supervisor”, (3) “Disclosure of Learning Disability”, (4) “Pre-Disclosure of Learning Disability”, (5) “Post-Disclosure of Learning Disability”; and finally, (6) “Using Learning Disability to Gain Fair Advantage”⁵.

The coding scheme and subsequent 31-page “coding draft” in which interview transcripts were assigned to categories was an extremely labour-intensive exercise. However, it proved to be useful, not just for the categorization of the themes, but also because it helped to acquaint me with the data. In fact, I became so familiar with what participants discussed that by the time I reached the findings and discussions phase of the project, I would recall three or four word phrases like “... made fun of me”. I would then open up the 31 page document in Microsoft Word and use the “find” feature. Almost

⁵ For a detailed explanation of the coding scheme, refer to Appendix C

invariably, this search would lead to a particular interview excerpt that I would then quote in the discussion.

FINDINGS AND DISCUSSION

Introduction

The purpose of the following chapters is to discuss and interpret the data. By analysing the coded data and discovering subtext within those themes, I was engaging in what Hsieh and Shannon (2005) refer to as a traditional content analysis. Given the large quantity of data, including every theme discussed by the participants would not have been possible. As such, I found myself re-organizing themes as I began my discussion, which Maxwell (2009) describes as a necessary part of the process.

For example, I found that many of the second level themes were no longer relevant or detailed enough to contribute to the ‘big picture’ of what was being discussed. At times, however, I found that both the first and second level coding was discussed in great detail. For example, for the 38 year-old participant, her creativity in problem-solving at work was enough that for her, LDs did not pose challenges in her ‘every day’ work life per se. Where she experienced difficulty, however, was in the interviewing process. This particular participant’s interview transcript yielded rich information about job interviewing and how it posed barriers in her career advancement.

Thus, I addressed “Pre-Disclosure of Learning Disability” and its subcategories, “job position interviewing”, “co-workers perceptions” and “management/supervisor perceptions” in detail. Part of this was attributed to the fact that she was the only participant who had not yet disclosed her LD, but was preparing to do so. As I explained to the participant, I was in “unchartered territory” and thus chose to elaborate on her transcript in great detail in chapter 4.

Apart from a few aberrations as mentioned above, I found that in the spirit of Glaser and Strauss (1967), the major themes ‘built themselves’ without a lot of

preconceived thinking. In other words, I would start with a theme which I thought was going to be relatively short, but later found that I was extracting data from different sections to support the emergent themes.

The organization of the data proved to be an exercise in paring down. As such, I ended up with four main categories and subsequent chapters: Job Satisfaction and Challenges; Self-advocacy and Support Systems; Ableism and Supervisors; and finally, Disclosure and Non-disclosure. The participant sample below features a chronological interviewing order, followed by age and gender. I have also included ‘nature of learning disability’ as stated by the participants:

Participant # 1: 53 year-old female (“non-verbal learning disability”).

Participant # 2: 44 year-old female (“Dyslexia”).

Participant # 3: 26 year-old female (“processing and written”).

Participant # 4: 42 year-old female (“processing disability”).

Participant # 5: 38 year-old female (“verbal comprehension, memory”).

Participant # 6: 29 year-old female (“Dyslexia”).

1 Chapter: Workplace Satisfaction and Challenges

1.1 Introduction

The purpose of this section is twofold. First, a discussion about why participants in the current study experienced success will be presented. This will be achieved by first using the ideas of Madaus et al. (2008), who, while placing responsibility of ‘success’ on the adult with LDs, offer insight into self-perception of abilities. Next, the work of West (2009) will be discussed, who argues that the use of creativity in problem-solving is beneficial for people with LDs. Finally, a critique of the Goldberg, Higgins, Raskind and Herman (2003) medical model-based, career ‘niche-picking’ will be discussed. I will argue that this model blames ALDW who do not ‘achieve’ these predetermined attributes of ‘success’.

For the majority of adult Ontarians with LDs, experiencing success at work has little to do with accommodations (McCloskey, 2011). Where they are used, accommodations are generally characterized as personal strategies rather than as technological supports (Holmes & Sylvestri, 2011). Indeed, Madaus, Gerber and Price (2008) assert that the ability to function optimally at work is highly contingent on self-perception of abilities. This suggests that the traditional medical model of disability as an ‘individual problem’, which solely requires ‘treatment’ through individualized accommodations, conflicts with notion that adults with LDs have unique skills and abilities. In fact, these ‘outside of the box’ ways of problem-solving are gradually becoming recognized as not only acceptable, but necessary with technological advancements.

Nowhere has this idea been explored in greater detail than in the work of West (2009), who argues that while people with learning differences have traditionally been

labelled as academically disabled because of difficulties in linear thinking, they are in fact well-suited for engineering in the field of computer graphics⁶. These ‘right brain thinkers’ have a propensity for creativity in this field that enables them to envision solutions that ‘left brain thinkers’ often overlook because of their orientation to a more traditional, logical thought process.

1.2 Perceived Abilities

In the initial stages of each interview, basic demographical data was collected to determine age, gender, educational attainment, income level and ‘nature of learning disability.’ The first ‘proper’ question was used as an entry point to prompt participants to begin thinking about the ecological components of their workplace environments. By engaging in a discussion about where participants struggled or persevered, it was at least initially reasoned that a discussion would emerge about what led to the decision to disclose, or in some cases, reinforce the decision not to disclose.

A 42 year-old participant lamented the difficulties she experienced in her current job, which involved constant change with respect to key staff personnel and work sites. Recalling a former position where she had worked within a supportive team environment, she described her experience as ideal because it allowed her to focus, almost myopically, on a single area of her work. As a result, she flourished in this role, becoming an ‘expert’ among her colleagues within the department:

I didn’t have any accommodations in [my last] position either. But, because I’m a quick learner and because I was in with a group that I clicked well with ... and

⁶ It is interesting to note that West, himself a self-described ‘Dyslexic’, is a neurologist and thus a product of his ‘medical model’ discipline. It is also interesting that his book is not cited throughout the LD literature. This is presumably due to the fact that West challenges the idea that LDs are a strength that should be fully exploited by individuals with LD.

because I was working on just one ward, it allowed me to specialize and do really well on that ward.

It is noteworthy that the participant's perceptions of her relationships with co-workers was sound and that "working on just one ward" had a direct impact on her expressed abilities. Madaus, et al. (2008) describe this mode of thinking as self-determination, which "[...] consists of a set of skills that enables individuals to engage in opportunities and make adjustments to attain desired goals" (p. 150). In other words, the participant was aware of her strengths and exploited them within her work situation. They may not have been perfectly suited to her abilities, but the required skill level was matched relatively close to her abilities (Csikszentmihalyi, 1990).

According to West (2009), modern technologies also play a role in putting people with learning differences at an advantage. Such was the case for a 38 year-old participant, who was self-described as having exceptional interpersonal and visual-spatial skills. Where she struggled with verbal comprehension, however, she would defer to email and 'pointing' at computers to communicate:

[...] [E]mail has been my perfect support for when I'm dealing with clients or other employees when I don't understand what they're asking 'cause it's multi-layered. I can ask further questions. My other advantage is when other people say they don't understand and go through the step and what have you; I can look at their computer and ask them to point out what they're doing—and then ask questions. I don't have any problems.

Using email to cue incoming questions during a presentation, this participant was able to get back to people after problem-solving on her own. It is also interesting to note how the excerpt supports West's (2009) contention that the spatial abilities of people with

Dyslexia are often advantageous. This was also demonstrated in the following excerpt from the same participant:

[...] I do actually at lot of presentations as well, which is kinda funny I always say, ‘at least I’m well-prepared’. But if I get questions coming at me [on the phone], I can put them in a parking lot. I can come back to it and send them an email after the presentation to get them their answers. [...] [Clients] can’t see that I’m getting uncomfortable, so they can’t see my body language. I can write down what they’re saying. I know I’m safe ‘cause I can say ‘I gotta get back to you on that’—and that’s an acceptable response.

The participant’s ability to use ‘creative visualization’ to store problems in a “parking lot” was not the only advantage she had. She also used the visualization process to appreciate the interpersonal dynamics involved in telephone communication; she visualized appropriate social cues, understanding that detailed verbal communication was not necessary in this particular situation. She opted instead to explain that she needed time to review the information—information that was not negative or positive—but rather, neutral questions to be put on ‘reserve’.

After sensing that she had the opportunity to remove herself from a situation that she found challenging, the participant was able to successfully communicate the information using a technological device—in this case, email. While such nuances may be dismissed as basic social interaction skills, rudimentary knowledge of computers, or even common figures of speech, this innate ability to negotiate potentially anxiety-provoking situations is a valuable asset in a fast-paced work environment.

If the propositions that perception of abilities are important (Madaus, 2008) and that people with LDs are technologically advantaged (West, 2009) are correct, then I

would add that the ability to use various skill sets—such as social ‘cuing’ or technological coping strategies—are not mutually exclusive. That is to say, they may be used together. Above all, it is the creativity of ALDW that determines when and where aspects of these skills will be used. With this in mind, I suggest that yet another discrete skill be added to the discourse of successful coping strategies: negotiation of social-technological cues (NSTC).

The technological aspect of NSTC was not always immediately apparent, however, thus appearing that it was separate from social cuing. For example, a 26 year-old participant noted that she successfully used her interpersonal skills to troubleshoot:

[I]f somebody goes ‘I need your notes’ I’m like ‘hold on a minute, I’ll give it to you like tomorrow.’ I need to go through it and I need to make sure that my spelling is proper and it’s written in a way that they’ll understand it.

Although no apparent technological device was used in this instance, she likely employed a word processor later to make necessary changes. This shows that the constituent parts of NSTC can be broken down and used as needed. For instance, the technological cue could be used immediately following a social ‘cue’, as was the case with the 38 year-old participant, who stated that she used email to get back to someone. Conversely, it could be used later, as was the case with the 26 year-old. Thus, NSTC can be thought of as a set of skills used to describe the creative problem-solving process for ALDW, rather than a strict set of linear ‘determinants for success’.

West (2009) writes that having strengths discovered for a person with LDs in relationship to his or her work is in some instances, based on chance. To illustrate, he summarizes the work of eighteenth century scientist, Michael Faraday. By reviewing Faraday’s work in the field of electromagnetics, he notes that Faraday’s discoveries were

often dismissed by the scientific community as charlatan because of his inability to communicate his ideas in positivistic language. Faraday's experiments were often carried out using elastic bands, and ultimately, through the use of basic arithmetic, thus leading to derision by his peers.

It was only when his work was discovered by fellow scientist, James Maxwell that it was translated into a provable mathematical theorem. Indeed, West continues, one of Faraday's greatest admirers was none other than Albert Einstein, one of history's most revered scientists, whom, as the author reminds us, also lived with a learning disability. The parable here is that where individuals with LDs can both identify and present (or 'sell') their differences as strengths, they will be more likely to experience satisfaction in their work.

Back in the 'real world' of the workplace, however, it appears that this line of thinking does not apply. This is because ALDW are subject to: (a) employers who have a narrow view of what constitutes as 'skill sets'; and, (b) individually exploiting their skills at the right time to the right person (e.g. a prospective employer). The latter of course, is dependent on having the right employer who values learning differences.

1.3 Perceived Challenges

Early LD discourse is replete with terminology used to ascribe pathology to the person with LDs. For example, almost all adults with LDs who experienced reading difficulties in the early twentieth century were labelled as having "congenital word blindness [...] [and] developmental alexia" (Sleeter, 1987, p. 224). However, much has changed since the field of LDs gained influence in the 1960s. Indeed, Dudley-Marling (2004) admits that the medical model of helping people with LDs to cope should not be entirely discounted.

The more I conducted literature searches to ‘match’ what the participants were saying, however, the more I came across journal articles and books that expected the individual to change. For example, the earlier discussion about self-perception may be an important part of both getting jobs and retaining them. But again, this ‘coping strategy’ is designed to help the individual fit within a culture of ableism at work.

The corollary to adults with LDs having positive perceptions of their abilities is adeptness at choosing employment matched to those abilities. Goldberg et al. (2003) refer to this as niche-picking. While effectively choosing a career that compliments the abilities of the adult with LDs, the implication is that to do otherwise is a failure of the individual. This is problematic because most of the participants in this study had been in the process of applying for positions that suited their abilities. What is more, the idea of niche-picking a career is not as static as the title suggests. That is, a chosen career at one point in time does not necessarily mean that a match between abilities and skills will remain the same over time. For example, a 53 year-old participant felt that in some ways, she was ready to take on an advanced role at work. However, she also expressed doubt in her abilities:

In some ways I would like to move up a bit ... something more supervisory; Excel, committee work ... there’s no way I can do that, so I’m very limited in some respects to front line. Which is OK, except that I’d like think there’s other levels in which I could help. I have thirty one years of experience! There’s a lot I could do. But the way the jobs are today ... there’s so much computer, administration, budget stuff ... I’m not good at that. So, I know that even if I applied, I couldn’t do it. So I try looking for a job with something that’s more senior, everything involves computers and budgets and ... you know?

For this participant, the fact that she had ‘niche-picked’ her current position and in fact, remained employed in the same field for more than three decades is a testament to her remarkable abilities. Clearly, she had picked a career that was well-tailored to her ability level. But despite being largely adept in her role, she felt dissatisfaction at work; partly because of her disabling environment and partly because her skill level had exceeded what was required for her daily tasks (Csikszentmihalyi, 1990).

As such, the idea of niche-picking a career is perhaps more nuanced than Goldberg et al. (2003) suggest. In other words, niche-picking happens along continuum that changes according to new abilities developed over time; the participant felt that she had developed skills through her experience gained over time. Despite this, her socialization process as a person with LDs caused her to question her perceived abilities. That is not to say that she would not experience difficulties in a management position, but it demonstrates that her understanding of her disability is located within the construct of a disabling work environment. She believed that her potential struggles in an administrative role disqualified her as a potential candidate. To illustrate how disabling environments contribute to the dichotomy of wanting to take on new challenges vs. self-doubt, consider the following interview excerpt from the same participant:

[...] [W]ith my learning disability, the way it seems to affect me is as if you were in math class and the teacher was doing a problem on the board ... ‘it’s like this and this and like this’ ... we do that and whatever, I’m going ‘yep ... yep’ ‘Okay, open your books and do the problems.’ Let’s say we’re doing multiplication ... and the numbers are different and the problem is different; it’s like I’ve never seen it before. I don’t know what to do. Same with the computer; if there’s a certain way of going into the computer to access, people are going ‘oh

ya, no problem, you do this and you do that' and I'm 'wait a minute. This means nothing to me'. So, I push the button ... then they tell me 'you have to click this, you have to do that.' I go blank. So like when things go strange on the computer ... I'm looking at the screen and I'm going [pretends to look] 'What? Where is it? It's not there. What do I do now?' Somebody who is more confident, they just push this or that button I'm a terrible typist. [...] 'You may be a terrible typist, but I'm abysmal'.

Here we see how the participant measures her learning abilities and difficulties in relationship to the standardized way of learning both math and computer skills. Where she goes "blank", self-doubt in her abilities becomes apparent. More importantly, this shows that the 'right' approach to understanding what is being taught is so ingrained that the individual learner is forced to accept that to not understand is a form of failure, and thus, her 'problem'.

Dudley-Marling (2004) presents an example of dialogue between Mrs. Stroh, an LD teacher and Regis, an eight year-old who has a LD. The teacher encourages the student to find an 'M word' that correlates with the pictures presented. When the pupil does not link 'M with matches', she probes by asking what his grandfather might ask for when building a fire in the fire place. After the student responds with 'wood', the teacher clearly becomes frustrated and engages in a fill-in-the-blank exercise, prompting him to say 'match'. As he continues to answer with 'I don't know', the teacher finally makes it clear that the word 'match' starts with an 'M' and explains its various uses. Dudley-Marling argues that by taking a social constructivist view, that is, by looking at the total ecological components of the situation, a different picture emerges. For example, he points out that the student-teacher relationship is inherently hierarchal. The fact that she

was an LD teacher further accentuates the fact that the student and his problems need ‘correcting’. As Dudley-Marling (2004) puts it:

[h]ad Regis been acquired by a different label—gifted, for example—Mrs. Stroh would probably have attached a very different meaning to his ‘I don’t know’. She might, for example, have responded with something like, ‘I know it’s hard to tell from the picture, but it’s a match’. She almost certainly would not have assumed that ‘I don’t know’ signified a word-finding problem’ (p. 486).

Dudley-Marling’s (2004) social constructivist proposition sheds new light on the 53 year-old participants’ difficulties. According to the participant, there was an expectation that she ‘get it’ after the initial instruction. Despite her creative approach to visual-spatial learning, which prompted “pushing the button”, she had interpreted her ‘pathology’ as “I’m a terrible typist”. We do not consider the fact that this participant spent decades of her life being taught ‘lessons’ about the ‘right’ way to learn. Perhaps if she worked in an environment that normalized differences in learning, she may have concluded that her approach to typing was simply a variation. In fact, she might not have understood this as a ‘challenge’ had she not been labelled with a LD.

The social constructivist lens can be applied to wider structural problems. For example, the same participant, a psychologist who had worked for a provincially-funded social service organization, lamented how cutbacks to social service agencies negatively affected not just her clients, but indeed, her perceived abilities to carry out her job functions. This not only challenges the ‘static’ notion of niche-picking, but also provides an example of how macro-ecological systems cause oppression for adults with LDs:

I think it would be great if I could have an admin assistant or something like that who could help me with certain things. So, maybe scheduling appointments—I

do that fairly well but—or maybe doing some typing. When I first started in this line of work, okay, in 1984 I worked at [an agency] [...] and we would write reports about individuals that would have to go to the board for permission ... [...]. We would have people who'd type the reports up. It was an absolute God send. I'd write out and I'd say, 'here [to the secretary], type it up' and that doesn't exist anymore. You have to do everything yourself now.

While this excerpt does not prove that the participant would experience job satisfaction in a role with more responsibilities, it does show that the 'system' was more conducive to supporting her needs—albeit inadvertently. The areas in which she struggled were less salient, thus allowing her to focus on what she 'perceived' as her strengths at work.

For a 38 year-old participant who had managed to niche-pick a career in a public service agency, a sudden change in work responsibilities morphed into a permanent change that she was not prepared for. Unlike some of the other participants, her transcript revealed that her relationship had been good with her supervisor, who, as her transcript also suggested, gave her a fairly high degree of autonomy. Here, we get a rare glimpse into this creative problem-solving process:

One of our problems is that we're going through a lot of changes right now because we deal with a lot of [client] groups that have collective agreements and we just ratified two collective agreements this past six months. You learn it ... but I now question myself, 'is this the new or old collective agreement'. So I tend to rely on my documents to verify what I'm making statements on. When I start getting verbal, I'll get to a point where I'll say, 'did I already say that?' And then I'll have to go back. So, writing-wise, I work better than verbally when I try to explain myself or get into details on anything.

Niche-picking is also problematic in that it assumes the individual has experienced a certain level of job satisfaction. Given that all but one participant in this study had obtained, at minimum, an undergraduate degree⁷ all had experienced varying degrees of ‘success’. However, participants often struggled as they recounted difficult and sometimes emotionally painful experiences. Based on the following interview transcript of a 44 year-old participant, it is easy to understand how workplace challenges could trigger painful memories, thus making the process of ‘picking and choosing’ irrelevant in her work-life experiences:

[...] I’m so anxious, assessing, thinking, reading ... everyone’s like, ‘you’re reading the [manual] again?! You’re studying the control list? You don’t have to memorize everything.’ But my nervousness of not knowing where it is ... it’s too much. Like I have to know the technologies so that if it ever comes to a point where someone asks, I’m going to be OK. Because the fear of not knowing I’m so scared because when I was young I got gum stuck on my nose and forced in the corner when I didn’t know what ‘1854’ was or whatever. So I have that ... anxiousness is so serious for me. This whole thing at work has been a huge bomb because everything I’ve been the most scared of my entire life has unfolded in front of me and I had no control and no way of stopping it ... nothing.

At least part of this selected transcript reveals what appears to be psychological sequela related to childhood trauma. While such analysis is beyond the scope of this thesis, it is noteworthy that the participant’s fear of not knowing is related to the social construction of LDs because she learned that ‘failing’ to learn the ‘right’ way would be sanctioned. It

⁷ The 26 year-old participant was obtaining a bachelor’s degree during data collection.

is ironic, then, that Goldberg et al. (2003) should associate niche-picking with personal power, because the participant, while able to overcome incredible odds by graduating from university and obtaining a good job, ended up feeling exactly the way she did as a child: utterly powerless.

Dudley-Marling (2004) postulates that the history of the LD literature and the professions who have produced it are products of modernity and American, rugged individualism. He contends that the ‘parents’ of these disciplines—namely psychology and medicine—are represented by professions which tend to focus on a singular narrative that emphasizes the failure of the individual to conform to a narrow education system [or in the case of this thesis, disabling workplace environments]. To accentuate this point, it is worth reproducing the words of Dudley-Marling at length:

It is [...] no historical accident that LD’s founding fathers and mothers situated their understanding of school-based learning problems in the disciplines of medicine and psychology and not anthropology or sociology [and their praxis discipline, social work]. Given the school’s primary function to prepare children to participate in American society—a society that valorizes the autonomous individual—it is entirely predictable that educators would turn to those professions that offered the most support for the values of individualism. It would be startling if they did not. Medical practitioners and psychologists, like most educators, focus on the individual as the primary unit of analysis. Indeed, the classic question, ‘What’s wrong with Johnny?’—with its implicit assumption that it is *Johnny* who is the problem—already situates questions about Johnny’s learning in the discourses of psychology and medicine [author’s italics] (p. 483).

Dudley-Marling's (2004) position, along with his critical commentary of the "medical model" underscores the desire to 'cure pathology'. Therefore, the LD practitioner whose *raison d'être* is 'treating symptomology' is at best, misguided and at worst, harmful to people with LDs because such an approach is oblivious to the structurally oppressive system in which ALDW find themselves. What is more, the locale of such 'treatments' are situated almost exclusively in educational institutions. It is within these institutions that ALDW spend their formative years internalizing negative beliefs about themselves.

The idea that these 'treatments' are long-term solutions is challenged by McCloskey's (2011) findings which demonstrate that once students in Ontario leave postsecondary education and enter the workforce, only 20 percent who disclose their LDs to their employers ask for accommodations. While the decision not to disclose is partially related to not needing to do so (see Chapter 4 for this discussion), this is not the case for everyone (Holmes & Silvestri, 2011). The following interview excerpt shows that a while a 44 year-old participant with Dyslexia might have benefited from a technological assistive device such as Dragon Dictate to organize her work, more pressing issues—not normally discussed in the LD discourse—were readily apparent. These less salient issues become magnified when viewed through a disabling environmental lens:

The stress, though [...] is that there is a lot of prioritizing and there's a lot of keeping things in order and organization that I didn't realize was going to become as complicated for me as it's become. So my experiences with my Dyslexia have sort of ... as much as it may be a perfect fit for the the job ... it also turned into a bit of a detriment to me in terms of my organizational skills and different types of uh ... umm ... the anxiety side and that ... you know? I don't necessarily deal with

with the ... feeling like I don't have control over everything. So it's kind of forced out ... umm ... a different side of my learning disability that's created more anxiety and depression.

This same participant had also discussed that her Dyslexia was an asset to her position. In this excerpt, however, she described the unanticipated problems associated with niche-picking, such as aspects of her job that involved “organization”—an area in which she clearly struggled. The fact that this participant had found employment befitting her education and skills was simply not enough to experience satisfaction at work.

The need to have “control over everything” suggests that the participant had also internalized beliefs about individualism with respect to how she perceived her LD. But as Dudley-Marling asserts (2004), people do not develop their tendencies in a vacuum; these are developed through interaction with others. In the case of the 44 year-old participant, her negative self-beliefs were largely attributed to the institution she attended as a child (e.g. “I got gum stuck on my nose and forced in the corner when I didn't know what ‘1854’ was or whatever”).

The theme of participants developing attitudes with respect to internalized beliefs about having a LD did not end there. A 26 year-old participant second-guessed herself out of fear that she would say something that would call her competency into question. In fact, she seemed to have difficulty discerning between her LD and her disabling work environment:

You're not really sure if you're understanding the question ... if you've understood it properly. And they'll sit ... they'll make you feel like you've answered it properly but in the end you're like ... ‘did I just answer that right ... or did I not err ...?’ Even like when you're in a job interview, and—you know

how they ask you a question and you answered it thinking you're dead on? And then they're like 'and what about in this kind of situation' and you're like 'shit, I just completely misunderstood that.' And you don't know if that's your LD or if that's nerves. 'Cause if its nerves, it has nothing to do with your LD umm so

Despite such uncertainties, this participant seemed to move towards a logical conclusion with respect to where the problem was: "... *if it's nerves, it has nothing to do with your LD*" According to Madaus et al. (2008), who discuss 'lessons' learned about adults with LD in the workforce, the above is about self-determination. In fact, this article is typical of the traditional LD literature in that it suggests that people with LDs take control of their own destiny by building skills to help them cope. This, they propose, consists of "[...] a set of skills, attitudes, and beliefs that allow an individual to engage in goal-directed and autonomous behaviour" (p. 150). Although these coping strategies may be helpful in keeping the focus on abilities, rather than disabilities, it does not address ableism that the participant encountered at work. Through a social construction of LD lens, this might be revised to state that disabling attitudes and beliefs held by people without learning disabilities must be changed to afford ALDW the opportunity to build on the unique skills that they already possess.

Like other ALDW who choose not to reveal their LDs at work due to the fear of negative responses from employers and co-workers (Gerber, Price, Mulligan & Shessel, 2004; Holmes & Sylvestri, 2011), the above participant was 'alone' in this disabling job interview situation. It can be suggested, then, that Madaus et al. (2008) correctly assume that people with LDs must be self-determined: they have no choice if they want to professionally survive.

It is interesting to juxtapose the transcript of the 26 year-old with the 44 year-old participant, who by her own admission was “well lived” and “tired” from all the challenges of her LD. Her self-talk as it related to understanding her LD was considerably different:

[B]ecause I’m so smart ... I’m realizing that I just overcompensate for it. I never let myself say ‘you know what? You are working too hard because you’re memorizing everything ... you are masking so much.’ Like, I’m now realizing how hard I had to work to be the best. Like now I understand so much more; now I’m working harder at just cutting myself a break and saying, ‘you know what? The assistive technologies are going to help me ... you don’t have to be perfect anymore’ ... because I have perfectionism ... like I have to compensate.

What is striking about this excerpt is that the participant recognized that it was she alone who had been burdened with ‘covering up’ and ‘taking on too much’. Given the legal battle she has waged against her employer for discrimination, it remains to be seen whether or not the assistive technologies will be helpful. Regardless, the excerpt clearly shows that she continues to cope with her LD alone and that a ‘recognized’ assistive technology may be the only ‘acceptable’ form of coping. In short, her ability to use creative approaches to problem-solving will likely continue to be limited.

The ability to use “[...] self-regulatory strategies to meet their individual needs, which, in turn, may increase their perceptions of self-efficacy [...]” (Madaus et al., 2008, p. 325) was apparent. In the discussion on workplace satisfaction, participants were extremely resilient, expressing beliefs in their self-efficacy. As the above quotation reminds us, however, it is incumbent upon the individual to change his or her perceptions.

Thus, it is no surprise that participants in this study harboured negative self-beliefs where they were unable to cope with respect to their LDs.

As it turned out, these self-beliefs were so embedded by adulthood that the ‘natural’ way to understand one’s disability was through negative self-talk where a struggle occurred. As a 38 year-old participant stated, her LD was a source of shame where she experienced challenges at work, to the point where the thought of how others might perceive her challenges caused distress:

I’ll abbreviate words so my spelling isn’t brought to light. But it frustrates me and I don’t want to look stupid. I guess that’s what it comes back to—I don’t want to look stupid. And I guess I do feel stupid even though it’s just a spelling mistake [...]. I’ve been through a lot of interviews ... a lot of interviews ... and I was having a really hard time understanding why I kept failing at interviews and I’d relate it back to thinking that I was ... I don’t know ... I don’t like using the word ‘stupid’, but how is it that I couldn’t get those jobs?

Perhaps more than any excerpt, this demonstrates the internalized oppression participants experienced at work. Even though this was an ‘internal dialogue’, it was constructed by an ableist culture that valorized normalcy. Indeed, for the participant who was socialized into the same ableist culture, it is not surprising that she felt “stupid”. Given this internalized oppression, it is also not surprising that she chose to keep her LD ‘out of the light’ so other people would not see it.

1.4 Conclusion

Despite choosing careers suited to their abilities, ALDW in this study struggled to fit within the disabling environments in which they were employed. Indeed, attending university and setting themselves up to have their skills ‘discovered’ was helpful in

getting the jobs they wanted, but once they were there, they were subject to ableist work cultures. As such, ‘getting there’ was only a small step because even where participants felt that they were well-suited for their careers, circumstances changed.

Agencies cut back on ‘invisible’ accommodations such as having a typist available and departmental shifts occurred where new roles and responsibilities were taken on—accentuating challenges. That is not to say the participants did not fare well. In fact, a participant who was given a fair amount of autonomy used her skills to problem solve. But again, this was an invisible accommodation that others could not see or judge.

Although participants were ‘resilient’, often demonstrating their ability to use creative approaches to problem-solving, the internalized belief that their LD was their ‘fault’ was shown through the negative beliefs they had about themselves. This suggests that the negative effects of institutional LD instruction were far-reaching for ALDW in this study. Becoming an adult with a career and major responsibilities had done little to change these internalized beliefs.

2 Chapter: Self-Advocacy and Support Systems

2.1 Introduction

Of the various forms of advocacy, self-advocacy for adults with LDs is the most effective way of dealing with conflict in the workplace (Hourston, 2011). In fact, most participants in the current study used self-advocacy in their work out of sheer necessity. This was often due to ableist attitudes encountered in the workplace, where in some cases employers had threatened to fire their employees for not conforming to established norms in carrying out work-related tasks.

Although self-advocacy was seldom discussed in an overt way by participants, the issue became salient during the data analysis. Thus, the purpose of this chapter is to explore the diverse and creative ways in which participants advocated for themselves. Goldberg et al. (2003) recognize that social supports are an integral part of self-advocacy. They argue, however, that ALDW must follow a 'proactive' model of self-advocacy in order to 'succeed'. Participants in this study demonstrated that for them, this was not the case. Indeed, it was shown that 'reactionary' self-advocacy was highly effective, and in every case, necessary. Given the last-minute inclusion of social support by the 44 year-old participant's husband, it was also demonstrated that she was in greater control of the situation, hence, *self-advocacy*.

2.2 Two Types of Self-Advocacy for people with LDs

Goldberg et al. (2003) propose two types of self-advocacy for people with LDs. The first category is 'proactivity' where the individual takes the initiative to make changes, using social supports and the community to assist them in this process. A key feature of this first category is the "belief that that he/she has the power to make positive changes in his/her life" (p. 224). As participants in the current study demonstrated, they

had a good sense of agency and were resourceful when they needed to self-advocate. In addition, social support was a factor when dealing with challenging situations at work.

However, these responses usually took place in *reaction* to these situations. According to Goldberg et al. (2003), this is problematic because the second category, which they classify as ‘reactivity’, is characterized as an act of “[...] passivity and avoidance to negative events [and] does not acknowledge that situations can be altered [...]” (p. 224). This binary, ‘either or’ matrix (see Goldberg et al. table 1, p. 224) is limiting in that it creates strict criteria for ‘successful’ vs. ‘unsuccessful’ behaviours in self-advocacy. Given that the workplace was a fluid environment, subject to change without notice for most participants, this view of self-advocacy is out-of-step with the reality of working in an ableist work culture. From this perspective, failing to take a proactive approach connotes failure in the individual due to his or her “passivity”.

With the exception of a 42 year-old participant, who was “still in the process of trying to figure out” whether or not she could acquire Dragon Dictate assistive technology to help organize her ideas, participants did not proactively engage in self-advocacy, choosing instead to respond in a reactive fashion; that is, by addressing problems as they emerged at work. In fact, it was the ableist environments that made it difficult for participants to discuss accommodations with their employers as they often responded with derision to their accommodation needs. Given the state of conflict between supervisors and employees, ‘proactive’ self-advocacy was difficult at best to achieve. As such, ‘reactive’ disclosure became the chosen course of self-advocacy.

2.3 Advocacy in the Workplace

Virtually all participants remarked that they were unaware of disability legislation in Ontario. The general lack of knowledge with respect to the Accessibility for Ontarians

with Disabilities Act was shared by the participants' American counterparts with LDs, who have little or no knowledge of the Americans with Disabilities Act (Price, Gerber & Mulligan, 2007). Regardless, participants identified instances where self-advocacy had taken place.

In the following transcript excerpt, a 44 year-old participant described on-going difficulties with her supervisor. Upon discovering that her supervisor was altering her submitted paper work so as to—as she believed—intentionally include typos to build a case that supported her firing, the participant engaged in a reactionary, yet cleverly thought-out and highly effective plan for self-advocacy. In doing so, she was sending an indirect message to her supervisor that she was vigilant in terms of protecting her job:

I emailed tech support and it was clear that her name was on it. I [...] cc'd her and said, 'it's the strangest thing ... I've been noticing this for six weeks or so ... it appears to me that the information is changing after the fact.' I noticed that there's reboots ... so I'm wondering if' Tech support ... they can take a picture of the last person [who looked at a document]. He took it, cc'd it to my manager ... then my manager said 'can I see you?' I was having a panic attack because I thought, 'they know what I know—I have a migraine and have to go home.' So she went in, met with the IT people and the mistakes stopped after that.

This demonstrates that despite adverse conditions, the participant had the insight to self-advocate, protecting herself from a supervisor who was looking for ways to have her fired after she disclosed her LD. I would add that her creativity was an important part of carrying out this plan based on her method of self-advocacy. It is ironic that the very person who was responsible for suppressing her unique coping strategies should become

the subject of her ability to apply unique problem-solving abilities to a situation that would not exist if her workplace was not disabling.

2.4 Social Supports

Twenge, Baumeister, DeWall, Ciarocco and Bartels (2007) suggest that an important element in self-advocacy is the ability to turn to social supports. Indeed, when the pressure became too difficult, the 44 year-old participant turned to her ecological support system for help. The eleventh-hour support of her husband, who advised her throughout the process of fighting for her job, was a major factor in obtaining information about why she was in danger of losing her position. Although the participant had managed to deal with her manager effectively, her husband, who had more experience in dealing with a similar agency, offered his support by attending a meeting. As we can also see, it was the participant who ‘forced’ her husband to attend the meeting, thus maintaining autonomy throughout the process:

[...] [W]hen I came back home from mediation, I told my husband and said the union representative said ‘you’re getting fired.’ He’s like ... ‘he can’t do that. You’ve never had a performance issue. You’ve never had them say anything wrong to you ... you have to’ He’s been in [a similar agency for a long time]. It’s like, ‘the type of file they’d have to have on you in order to fire you? It’s not possible.’ So he was trying to convince me that it wasn’t happening so I made him go and meet the conflict resolution person from mediation and I said, ‘you have to tell my husband what happened because he doesn’t believe me.’

Until that point, this participant felt that there was no candid discussion about the seriousness of her employment status. It was only when she made it known that her social support system was involved in her self-advocacy that the union representative

began taking her requests for information seriously. In other words, she used the support of her partner as a complimentary process in her self-advocacy by making him a witness to what had taken place. While the union representative seemed hesitant to provide precise details, we see that the presence of an ecological support was a factor in getting more information:

[The union representative] said ‘I can’t repeat it, but you summarize to me what [the concern is] and I’ll tell you’ and [after explaining the representative] said ... ‘ya, you probably won’t have a job’. In my mind, in my world, I didn’t do anything wrong. I was a basket case.

As a result, this participant became increasingly despondent; her emotional state was so fragile that she felt that her husband played a key role in helping her through the mediation stage of the proceedings. The seriousness of the situation intensified to the point that without his support, the situation could have become grim:

[...] [W]ell it was really funny because when he came with me to ... as soon as I had my break—which was right after that mediation—he realized that I was like ... in serious ... I was at risk of committing suicide. I was a basket case. And he stepped in right away and went ‘oh my God, my wife needs me.’ So he took about three weeks off of work and he was with me morning to night. And I went and got medications. And I knew everything was wrong [...]. So he went with me to [supportive services] and when they started saying some of the things about what my rights were, and what the learning disabilities are and how it can impact someone, he started to realize: ‘oh my God, this is more than her just mixing up her numbers’ every once in a while. He became more aware of how impactful all of this was. And because I’m such a resilient person and its true ... I’m articulate

and I'm outgoing and I'm all of these great things ... he didn't realize that it was having as big of an impact as it was. And when he realized it, that's when he realized it and that he needed to start getting on the wagon.

Again, this contradicts the work of Goldberg et al. (2003), who contend that those who reactively self-advocate do not believe in their sense of agency for change. The above data shows that the participant, despite engaging in reactive self-advocacy, held her self-belief in high regard. The important observation here is that the individual with a LD did not necessarily actively seek-out problems and solve them because the events in her life did not occur in a linear fashion (Rojewski, 1999). Despite this, her ability to use creative problem-solving in reactive self-advocacy was highly effective.

2.5 Spontaneous Reactivity in Self-Advocacy

In other cases, advocacy was much more direct and immediate. A 29 year-old participant had to defend herself against a co-worker who was chastising her difficulties with numbers. In this instance, the participant used the occasion to disclose her LD. She felt that while this was done out of necessity, it was also an opportunity to raise awareness in general about LDs while openly communicating her rights as a person with a disability:

I've recently sort of in passing disclosed [...] and that was actually because I found a person was making fun of my inability to do math. I was like, 'whoa ... that's ... you know?' But I didn't actually have the confidence of saying anything at that time. But then a few days later, I said something like, 'oh ya, and 'cause I'm Dyslexic—like not in relation to the math, but because you pissed me off, because you made fun of me'.... [...] [W]hat I was trying to do was try to make them see that you can't make fun of me because I'm Dyslexic.

Here, the participant uses self-advocacy in a relatively spontaneous manner. This ‘on-the-fly’ way of standing up for her right to work in a harassment-free environment demonstrates yet another possibility for creative problem-solving. In fact, this example is much more in tune with the reality of the workplace, where circumstances for participants often required a quick problem-solving method. In this example, the approach was effective because the harassment stopped at that point. The ability to engage in self-advocacy, without an organized plan was not the result of a ‘deficiency’, but rather, a testament to her courage in standing up to ableist beliefs held by her co-worker.

Again, the spontaneous self-advocacy theme emerged, only this time in a much more subtle fashion. For the 26 year-old participant, self-advocacy appeared to be directly related to her work-related tasks, finding ways in which she could have a quiet space to work, without having to disclose her LD to people she did not want to know:

Getting my own private space is just not possible ... I know that. And it’s just timing. [...] [I]f I can get there early in the morning, I can look if there’s nobody there. So, I’m trying to make it that way. Umm ... sometimes ... I absolutely have to I close that door. And then if somebody says anything, then I say ‘I have to get this all done’ and as soon as it’s done, it’s all good. If I do it every day, it’s an issue. If I do it once in a blue moon, people understand because they understand how busy it gets.

This situation is interesting because she self-advocated in a way that equated her LD within the realm of ‘normalcy’. In other words, she intuitively understood the disabling conditions of her work environment and manipulated the situation to accommodate her needs without having to ‘out’ herself to people she did not trust. Creativity and spontaneity, for this participant, played an important role in accommodating her needs.

2.6 Conclusion

Participants used their creativity, spontaneity and ecological support systems in their self-advocacy. The ability to do so without proactive planning was not only unnecessary, but impossible because they were forced to respond to the disabling work environments that they found themselves in. While a “few days to respond” seems like a form of proactive self-advocacy, I argue that this is not the case because it was the participants who had been *forced* to respond to pressing issues regarding their work.

While proactive self-advocacy is not inherently ‘wrong’, it is the suggestion that ALDW must follow theory set out by a professionalized literature or else ‘fail’ that is problematic. As participants demonstrated, this was not the case for them; the more that they relied on their own skills, intuition, spontaneity and in one case, ecological support, the more ‘successful’ they were in problem-solving.

3 Chapter: Ableism and Supervisors

3.1 Introduction

Disability accommodations were directly requested by two of the six participants in this study. As the interview transcripts revealed, however, they were confronted with deeply entrenched, ableist attitudes held by their supervisors. Upon first glance, it appeared that the primary issue was the coping difficulties of participants; many perceived that the tasks they faced were, as one participant put it, “not my forte”. Under the surface, however, it seemed as though that this perception was largely attributed to the refusal of supervisors to afford these employees the autonomy to produce written reports in a way that worked for them. In fact, participants were often quite capable of getting their work completed and usually producing a satisfactory result.

The traditional LD literature asserts that ‘successful outcomes’ for adults with LDs are premised on perseverance (Goldberg et al., 2003), self-regulatory strategies (Madaus, 2008) and self-determination skills (Valenzuela & Martin, 2005). Many of the participants described themselves as ‘hard working’, committed to their jobs and in all cases, able to apply creativity to their problem-solving approaches. And yet, many of them felt frustrated at work.

In a question and answer section of the Learning Disabilities Association of America (2011) website, advice is given to students and employees, stating that “[...] you may decide that you wish to put your energy into moving on to a new college program or job *rather than disputing events* at the prior program or job” [italics added] (para. 16). This not only insinuates that people with LDs are disruptive to an ableist work culture, but it openly communicates to readers that taking legal action is ineffectual.

As Gerber et al. point out (2004), the Charter of Rights and Freedoms and the Ontario Human Rights Code do not protect people with LDs in the workplace to the extent that the Americans with Disabilities Act does. The reason for this, they write, is that people with LDs in Ontario and elsewhere in Canada: (a) do not believe there are adequate mechanisms in place to defend themselves against discrimination; (b) do not understand their own LDs well enough to take action. Indeed, the only person in the current study to take legal action against her employer was a 44 year-old participant, who hired a lawyer after her employer began compiling ‘evidence’ to support her dismissal. It was only after being informed about her rights that she felt she could do so. Consider the following transcript excerpt which outlines her thought process:

“[...] [W]hen the mediation thing happened [...], I actually didn’t really ... really ... really realize that Dyslexia qualified as a learning disability and fell within the grounds of the human rights ... that it was a protective ground. I didn’t know legally that it was protected. I had no idea. And it wasn’t until after mediation and I started doing my own research that I discovered that it was.

In other situations, participants described the assertion of their rights as something that they ‘should’ or ‘could’ do, but chose not to for the most part. While no explicit reasons were provided for this, it is worth exploring accommodation rights as a theory and the reality of day-to-day interactions with supervisors, who, as we shall see, maintained oppressive work environments and often behaved in extremely inappropriate ways.

As such, the purpose of this section is to examine the legal framework involved in disability discrimination from a social construction of LDs perspective. By applying this lens to the data analysis, I will argue that the traditional, individualist approach to ‘correcting the problem of LD pathology’ in the workplace is not only counterproductive,

but harmful. What is more, by breaking down the employer-employee dichotomy into discrete units of analysis, a critical look how participants were caught in a lose-lose situation will emerge.

3.2 Brief Overview of Employee-Employer Rights and Responsibilities

In legal terms, the accommodations process is difficult. Where an accommodation request is made by an employee, the employer is afforded a ‘defense test’, otherwise known as a bona fide occupational requirement (BFOR) (Irwin Law, 2004). In essence, this test determines whether or not an accommodation for a disability causes ‘undue hardship’ to the employer and co-workers—or what might otherwise be described as the workplace environment for people with LDs. Such an assessment determines if an accommodation will be granted by the employer. In Canada, these accommodations must be ‘reasonable’ (Irwin Law, 2004).

As Pothier (2010) puts it, common sense dictates that one must possess certain requisite skills to carry out the functions of a job. She uses her own disability as an example, stating that because she lives with a visual impairment, it would be unrealistic for her to seek employment as a school bus driver. However, she raises concerns about the BFOR assessment because while it may be used as a framework or agreement between the employee-employer with respect to accommodations, it can also create barriers. For instance, even where an employee claims *prima facie* discrimination⁸, there is a burden of proof on the employee to prove that disability discrimination has taken place (Irwin Law, 2004). By viewing this from a social construction of LD lens and

⁸ That is, a claim that is considered legitimate unless contested (Jurist Canada, 2002).

examining who benefits from such an arrangement, clearly the employer is the benefactor as most employees simply do not possess the monetary resources to test these cases.

Following the enactment of the Canadian Charter of Rights and Freedoms in 1982, a series of test cases were brought before the Supreme Court of Canada. Many of these cases were considered precedent-setting and some of them remain so at the time of writing. In 1989, the first test case involving Section 15(1) of the Charter was tried involving *Andrews v. the Law Society of British Columbia* (Irwin Law, 2004). Having nothing to do with disability discrimination, the plaintiff argued that being refused to the Bar in British Columbia on the grounds that he was a British Subject and not a Canadian citizen (a requirement of the Law Society of B.C.) was discrimination. Within the context of disability discrimination, this case demonstrates more of an exercise in frivolity than of transformative justice.

Pothier (2010) argues that the majority of Canadian workers are not unionized, offering little recourse—other than the [prohibitively costly] justice system to keep their jobs. Despite the Supreme Court of Canada’s favourable ruling in *Moore v. British Columbia (Education)*, which found that the North Vancouver School District had failed to provide a student with Dyslexia accommodations 15 years prior, his family had meanwhile, remortgaged their home to send him to a private school for help with his LD (Learning Disabilities Association of Canada, 2013). While this case does set a new precedent for the responsibility of school districts, it does not relate directly to employers. As the 44 year-old participant put it, “I’m fighting for everything. I have a lawyer. It’s going to cost me \$10,000 to keep my job ... you know?!”

Pothier (2010) contends that disabilities and the accommodations process are far too nuanced for such static, legislative mechanisms. From a social construction of LD

lens, anti-discrimination laws designed to ‘protect’ people with LDs are, in essence, a logical continuation of the accommodation policies found in public education institutions. Although they are apparently about ‘human rights’, by pulling back the lens it appears as though they are really about serving the interests of an ableist work culture. As such, Pothier (2010) suggests that a social model of disability can be used as starting point for ‘fighting back’ against disabling attitudes in the workplace. In other words, when we accept the workplace as an extension of the conventional mores of ‘normalcy’, we begin to understand that it is work culture that requires ‘fixing’. We also begin to see that there are ‘rights’ in theory, but there is also a separate reality in which employers are not receptive to accommodating employees in a way that works for them.

3.3 Reality of the Workplace

For many of the participants, ‘rights’ were not part of their everyday interactions in the workplace. For example, here we see an ‘old school’ supervisor who was completely unresponsive to the needs of the 44 year-old participant. The supervisor set the tone early in the working relationship:

I got put underneath of a new supervisor who is a dinosaur. She’s been in the [agency] for 35 years and she’s like old school ... you know ... everything is step-by-step. You don’t move onto C until you do B and it has to be exactly this way and ‘follow the template ... do this exactly ... that’s wrong, this is right ... do’ And her ... her ... her ... linear way and her forced structure blew me out of the water [participant slaps her hand on her lap].

Given that the participant felt uncomfortable with constantly ‘challenging’ her supervisor in asking for accommodations, she eventually started completing tasks the way her supervisor expected. According to Valenzuela and Martin (2005), “[s]elf-determined

individuals, in alignment with individualism, know what they want and how to get it” (pp. 5–6). In the case of this participant, she was forced to conform to her supervisor’s expectations despite her creative approaches to problem-solving. Indeed, she knew exactly how to “get it”, but this ‘self-reliant’ individual was frustrated because she could not use what she knew to get there. When the participant decided to take a direct approach with her supervisor in asking for accommodations that suited her working style, the supervisor responded by taking a top-down approach to the situation:

[I]t started in May and her ... wanting to push me into like following a template ... and I wasn’t allowed to Like the way I used to write my sentences ... like they would write a lot in double negatives and I mean ... if it’s a double negative, it’s like reading Greek to me, so I would change the way I would write my report and say ‘such and such does not’ Anyway, I was supposed to say it in different ways. She wanted me to say it in double negative ways and it didn’t make any sense to me. So the anxiousness of being forced to change the way I was doing ... I had created a system that was working for me ... she was forcing me to change it and it went from May until finally late August ... I was like ... a freak.⁹

The need to conform to her ableist environment was so great that her supervisor would not recognize her coping strategies for writing reports. This presents a paradox: on the one hand, she was expected to conform to a specific way of carrying out her tasks. On the other hand, the coping strategies she had developed were not acceptable, even though they were a means to that end. Despite asserting her Charter rights by making a request

⁹ Here the participant is also describing a situation which contributed to her going on stress leave.

for accommodations, the participant was placed under an unreasonable amount of stress. Put another way, she experienced what the legal system characterises as “[...] ‘undue hardship’ to the employer or to other employees” (Irwin Law, 2004, p. 831). The only difference here is that the system was harming her.

The demand to expunge all ‘non-linear’ coping techniques from her work-tasks by her employer did not end there. In fact, this was only the beginning of a long and arduous battle between the participant and her employer. As we can see with each subsequent transcript excerpt, the demands of her employer intensified. In some cases, it appears as though the participant was harassed by her supervisor:

[...] [s]he was the one that started doing all of the structured thinking [...]. So then she started doing all of this controlling stuff and I was doing the counselling [...]. [S]he started saying, ‘well why are you going to counselling ... what's the matter?’ And I was like, ‘no, that's private’. ‘Well, where are you going? You can't go.’ It kept on going like where she kept on hounding me and hounding me and starting to treat me ... like I was at ... um ... like I was behaving erratic, you know?

Clearly, her supervisor was behaving inappropriately. But it was the defensiveness of her supervisor that provides, perhaps, the most insight into what was transpiring. Notice that wherever a response was made by the participant, there was an immediate rejoinder by the supervisor. By repeatedly responding with questions about the participant going to counselling suggests that she was on the defensive and perhaps, even frustrated because clearly, this really *was* none of her business.

This speaks to the issue of the supervisor’s ableist mindset. Her own socialization process had informed her visceral and ironically, illogical reaction. Put another way,

there were two narratives at work in this instance. The first was the participant's narrative as a person with a LD, who had internalized her own 'pathology'—labelled as Dyslexia. Her socialization process taught her that as a person with a disability, she was expected to perform her role as a subordinate to a hegemonic, ableist order (Shakespeare, 1994). At the other end of this spectrum, the supervisor believed that she had her own role to fulfill, which may have been on some level, well-intentioned. However, because the subordinate, 'handicapped' individual had not performed her role (Goffman, 1959), she was at an utter loss for words. Hence, the supervisor's response to her employee was extremely vitriolic.

In the end, the idea of accommodations was more of a concept than something that was actually practiced in the workplace. Madaus (2008) drives this point home by directly quoting a participant from a Gerber et al. (1992) follow-up study on ALDW: "No one cares. People want the job done right. No excuses. It doesn't matter in the real world" (p. 297). From a social construction of LD perspective, we can see this 'real world' standard applied to a 29 year-old participant who was met with ableist attitudes. Here, her friends offer 'advice' about adults with LDs who aspire to work for the government:

I remember talking to some pretty snobby friends who work for the government who said, 'don't worry, you'll never work for the government [...] because you can't have accommodations in the real world. And I was just like ... livid ... that really made me angry. Then part of me ... I don't know [...]. The universities and institutions have done well, but I'm not sure about the outside. But this idea that people with learning disabilities can't [aspire to certain professions] just like ... made me so angry.

The participant cuts herself off at “... then part of me ... I don’t know”. This seems to suggest that while she was outraged at this comment, she implicitly understood that this is exactly how ableist work culture conducts itself.¹⁰ As evidenced by the high expectations participants in this study put on themselves, doing the job ‘right’ was highly valued. For the employer, the expectation was the undoubtedly the same. In this context, however, doing the job ‘right’ takes on a greater significance; it implies that there is indeed a hegemonic order of ableism within the workplace which demands that work-tasks be *carried out* in a logical fashion. It is also striking that the participant Madaus (2008) quotes also seemingly internalized the notion of ableism by declaring that there is, in fact, only one ‘right’ way of doing things.

The theme of disabling employee-employer relationships continued in the current study. For the 53 year-old participant, the boss was both figuratively and literally from the ‘old school’. At more than 80 years old, her supervisor was a proponent of the medical model. A self-described “expert” on learning disabilities on the grounds that his daughter was “learning disabled”, he openly chastised this participant by making degrading comments about her LD. This, he openly reasoned, was a successful approach as it “proved” that he could motivate her to ‘pull her socks up’. A 42 year-old participant experienced similar treatment, as demonstrated by the ableist attitude of her manager: “... I [disclosed my LD] and she said, ‘that’s terrible, my daughter has a learning disability too’. But she also didn’t offer any help, didn’t offer me any support.”

¹⁰ Her dubious comment, “... the universities and institutions have done well ...” is also fascinating. One wonders if she meant that they have succeeded in truly helping students with LDs, or if she was being ironical in that they have ‘helped’ people conform to normalcy.

Given the manager's assumption that it was "terrible" to live with a LD, it is not surprising that she responded inappropriately. The manager's statement that her "daughter has a learning disability too" demonstrates her ignorance of the fact that LDs are a heterogeneous group and thus, unique to every individual. Furthermore, it was presumptuous to imply that because her daughter had a LD, she was somehow 'qualified' in understanding her employee's LD.

The approach to LDs by management did not end with insults and unwarranted humiliation. Despite completing her work in an efficient manner, the 53 year-old participant described a feeling of helplessness. In fact, regardless of what she did, she stated that she felt "unsafe" at work:

Unsafe meaning: 'Okay, I've pulled up my socks', right? 'I've managed to do the paper work before the due date and what not' But I now feel like anything ... that because of how that [degrading comment was] made, I feel now that anything that I don't do properly, I'm going to be called in on to the red carpet again with an ultimatum because he feels this is the way it should be handled.

Here again, we see that the participant's deference to a hierarchal authority was not enough to satisfy her supervisor. Despite abandoning creative approaches to coping at work, she was constantly worried about a trip down the "red carpet" to see the "principal"¹¹. For the participant, having a LD at work was not unlike being at school where the teacher would be "doing a problem on the board ... 'it's like this and this and like this'". As such, the participant felt that there was little she could do to protect herself from her employer. When prompted to consider legal action against her employer, she

¹¹ The participant also described her supervisor as a "principle", which was not included here in the discussion.

was reluctant. She felt that ‘pulling up her socks’ would be enough to change how her supervisor viewed her work performance:

Well, y’know ... the Human Resources person kind of said to me ‘you know at some point’ I would have grounds for a law suit and I said, ‘well, I’m not even going to go there.’ But I mean again, that’s the way [the Executive Director] thinks. And because I’m pulling up my socks, he’s using that again as further proof of how that’s the way to do it. The Human Resources person said to him, ‘she’s very upset’ and he said, ‘ya, well that was my intention to ensure of her doing it.’ It’s very, very weird—it’s very sick, really.

Again, his self-described ‘authority’ was part of the traditional medical model, believing that if he was ‘tough’ on her, she would then be able to cope. In fact, what we see from her supervisor is ableism because ‘his way’—or the ‘right way’ was what he believed she needed to learn in order to succeed in her position. The fact that she was “very upset” did not come into consideration; for her supervisor, the employee’s psychological well-being came second to his desire for her to conform to normalcy in the workplace. It did not seem to matter that this participant had more than thirty years of experience in her field and no doubt, many creative approaches to coping in her work. When looking through the construction of LD lens, we begin to see that ‘pupil-teacher’ relationship had played itself out in the workplace. The participant’s internalized ‘pathology’ was so great that she constantly worked in fear of reprimand from her supervisor.

Shessel and Reiff (1999) discuss Canadian ALDW and the insecurities they feel in their jobs. The authors call this ‘the imposter phenomenon’, whereby participants in their study felt that any successes they experienced, despite holding advanced university

degrees or careers with major responsibilities, were somehow not attributable to their intelligence level.

For ALDW in the current study, these beliefs were maintained through the employer-employee relationship. Supervisors seemed compelled to continue with maintaining normalcy in the work environment, while employees felt that they should not risk coming across as ‘combative’ by asserting themselves. In fact, a 44 year-old participant appeared to become increasingly unsure of herself as the confrontations with her supervisor intensified:

[...] maybe I appeared so stressed that she was starting to respond to my stress by asking too many questions and [...]. The more she asked, the less I was willing to disclose, so I became more and more defensive and more paranoid and nervous so that her intruding into my requesting like the ... to ... to ... be told what these counselling needs were for [...]. I kept on saying, ‘it’s private. I have the right to go. I ... you can’t do this ... you’re not allowed to ... please stop’. And she was ignoring me to the point where [...] she denied my leave. I had the request put into the ... umm the computer system ... a request to leave the office and uh, she denied it.

By the time the participant asserted her right to privacy by stating that the counselling was “private”, her supervisor was unsure of how to react. In fact, we see that the employee had followed standard procedure for a request leave. Most importantly, we see that the supervisor had lost control of the situation. Clearly, she had reached a point where she did not know how to respond, that is, until she decided to respond with the full weight of her authority in order to cover-up her inability to deal with the nuances of the participant’s LD. The participant herself was completely unable to deal with this

situation and thus, a stalemate had been reached. The supervisor had ‘ignored’ the problem until it ‘went away’ because, in the end, this was a situation where she felt that she had no power to ‘fix the problem’. By analyzing the problem-solving approach of the supervisor, and—as we see below—the counsellor’s approach, we see Pothier’s (2010) medical model of disability play out to its logical conclusion:

I was under an extreme amount of stress. All my coping mechanisms were slowly being riddled away and then I was exposed and threatened and I didn’t know what to do. From August [...] or so, when I really started to notice that there was something wrong, I went to see the counsellor and she said, ‘get out, you’re done. Go on sick leave, it’s over.’ And I thought, ‘no, I can’t let this beat me. I can’t let this ... I’m going to keep on going.’ So I stayed there for another month and then uh ... in September ... my manager ... I was having problems because ... of course they were trying to force me to keep my mouth shut. I was asking too many questions. They wanted me just to be quiet and do my job ... follow the template. She was being really awful to me ... and they became very um ... powering over me.

This graphically demonstrates an otherwise productive employee, whose unique and creative approaches to problem-solving were taken away by her employer. The culture of ableism was so entrenched within the culture of the organization that the only response by management was to “follow the template”. As a result, everyone involved was left confused and unsure of how to approach the situation until the employer decided to up the ante by insinuating that her position was in jeopardy:

I went into the meeting [with] my manager¹² and [...] she said uh ... I ... I told her I was having problems with [my supervisor] [...] who was there ... she sat there taking notes of everything I said. And uh ... then my manager sent [my supervisor] out of the room and she said ... she said, 'what's your problem?' and I said, 'I'm having a problem with [my supervisor].' And she said, 'I'm going to tell you what I think'; she said, 'you're negative ... you're weighty ... you're disrespectful ... you have issues at home that are impacting your ability to do your job and you need to take some time off.' And I was like '... what are you talking about? [laughs]. The problem that I'm having is with my supervisor.' So it went from ... it was just completely ... over the fence

While a certain degree of management-labour disagreement is to be expected in difficult situations, one would presume that management would be held to certain standards, that is, by behaving in a professional manner. But when it came to LDs, management had no 'standard' for accommodating LDs, let alone a basic understanding of what LDs are. Despite self-advocating by informing her supervisor about the exact nature of her LD (Hourston, 2011) things did not improve. In fact, the situation deteriorated to the point where, again, her employment was in question:

The supervisor was sabotaging my work. Because I was using the copy and paste function, I knew ... I can't copy stuff and all of a sudden the database is wrong. She really had it out for me. Finding all these errors, I'm thinking 'I know my emails are right because I cut and copy them.' So they were wrong ... you know who's signature? My supervisor. So it started getting so weird that that I started

¹² That is, her supervisor's supervisor.

screen printing ... saving copies of things that had her name saved on them ... emailing them to myself ... and watching the trends. Then the mistakes started to get so bad that I was going back in ... that I was going back in and putting things back after she put the mistakes in.

This employee had no chance in defending herself against her supervisor. The fact that the supervisor was intentionally changing her employee's work had become a matter before the courts. The cost to the participant, however, was enormous:

Interviewer: It sounds like your experiences were also highly politicized.

P2-F-44: I asked myself if I was crazy. It was crazy! [...] You stop knowing ... I look at my situation and I think ... 'God ... I would have done anything to have someone say something supportive... like anything supportive to me would have been so much better. Maybe it would have stopped this craziness. I didn't need to go crazy. I didn't need to have a nerv[ous] ... I didn't need to go on sick leave. Now I have such extreme panic attacks that I feel like I am going to die.

The statement that "I didn't need to go on sick leave" was clearly ignored in her dealings with the on-site counsellor, who blamed the individual by advising her to go on "sick" leave. Again, this outcome was a logical extension of the medical model approach to LDs because acknowledging that there was a problem with the workplace would have directly confronted the ableist work culture where such attitudes were the prevailing norm. This would run counter to such an arrangement as it would force a closer examination of the social dynamics of the work environment, rather than situating the problem within the person with LDs (Dudley-Marling, 2004).

3.4 Conclusion

ALDW have limited resources to protect their employment. Indeed, Canadian legislation clearly states that it is the employer who is protected from people with disabilities through specific wordage designed to prevent accommodations that are deemed ‘unfair’ to the employer. While test cases for people with LDs have been tried by the Supreme Court of Canada, they have proven to be costly. As such, ALDW are left to reason with their supervisors when they are denied the ability to use their creative energies to cope with the challenges they experience.

While it seems counterintuitive to force ALDW to refrain from using the coping strategies that help them, this is actually a logical extension of ableist work culture. In fact, ‘outside of the box thinking’, of any kind, was considered a threat to the ableist view of ‘normalcy’. Moreover, where LDs were known to employers, the reaction was similar because inquires made by employees to their supervisors were perceived as a threat to the medical model understanding of LDs. This was particularly observable in the interactions between participants with ‘old school’ supervisors.

The lack of constructive dialogue resulted in situations where employees felt ‘unsafe’, while employers appeared unable engage in a constructive dialogue to find reasonable accommodations. This in turn created a situation of disharmony, where the employer often saw a dramatic decrease in production of these employees. Consequently, ALDW experienced “stress”, concern that they were no longer “doing anything properly” and in one extreme case, suicidal ideation.

4 Chapter: Disclosure and Non-Disclosure

4.1 Introduction

While ALDW experienced difficulty in finding and maintaining employment in the past, prospects are improving for those who attend postsecondary education (Hitchings et al., 2001; Madaus et al., 2001; McCloskey, 2011). This positive outlook is tempered, however, by the fact that this same population has also tended to be less satisfied in their careers (Witte et al., 1998). For most participants in the current study, dissatisfaction at work was directly related to the disabling environments in which they were employed.

For a 38 year-old participant, it initially appeared that this was not the case. She felt that her difficulties revolved primarily around her challenges with verbal comprehension which contributed to her having problems in job interviews. Ultimately, she stated, by not disclosing, she deprived herself of accommodations that could help her through the interviewing process.

The purpose of this chapter, then, is to revisit the original research question for this thesis, which asked, “Under what circumstances would adults with LDs consider disclosing their LDs at work in order to acquire reasonable accommodations?” At first glance, it appeared that it would be difficult to reconcile this with the social construction of LDs perspective as it might attribute problems to the individual for not disclosing their LDs. As the data continued to build itself (Glaser and Strauss, 1967) however, it became clear that disclosure—or the decision not to disclose to some people at work—was highly applicable to the theoretical framework of this thesis. Indeed, this chapter is the result of a rich content analysis about disabling work environments and disclosure.

4.2 Non-Disclosure of LDs

For the 38 year-old participant, LD assessment was not new. In fact, she had been assessed in grade 7 and then again while in university. At the time of our discussion, fifteen years had elapsed since the last evaluation, with many intervening years of employment. Her story was remarkable because while she struggled with verbal comprehension and memory, she also pointed out that her LD was entirely manageable and thus not an issue because, “[u]nless you have a learning disability that affects you daily—which I don’t—it [does] not seem to be an issue”.

Despite presenting as having strong interpersonal skills and the ability to deal with compressed information, the participant stated that she felt “relieved” as she re-read her university assessment because she now understood that her difficulties were due to verbal processing problems. It was at this point that she felt like she could begin making concrete plans to deal with the challenges of job interviewing:

I’m applying for a [new] position and my real concern is [...] how I have a hard time processing verbal questions, that I won’t be able to show that I have those skills and experience and knowledge to get to that next level. And I think it’s really held me back ... because of my learning disability. That’s why I’m planning on [disclosing] to my manager in the recruitment centre¹³ ... because I think I’m being disadvantaged.

From a social construction of LDs perspective, her comment about being disadvantaged became increasingly apparent as I read through her interview transcript. While it seemed as though her particular interview was an anomaly in that it did not ‘fit’ within the social

¹³ Note that this is not her immediate supervisor.

construction of LDs paradigm, deeper analysis revealed that quite the opposite was true. Consider the following excerpt, in which the participant describes her initial research on LDs and interviewing:

I did a Google search on, ‘how do you interview people with learning disabilities?’ But it was more about how the person with the learning disability can prepare for the interview. When I went to university ... they had focused ... giving me more time and so forth. But that support doesn’t get outstretched to your work environment, right?

Here, the participant discovers that it is her, the individual with a LD who must conform to what is expected for the job interviewing process. She then points out the inconsistency between her accommodations in university and how they do not translate into appropriate accommodations at work. Here, she expands on this idea:

[...] [W]hen I come to the interview, [...] it totally challenges my disability because it’s a verbal disability. I can’t interpret the information given to me and the managers don’t know how to ask the questions without being unfair to the other candidates. [...] I had the opportunity to work in a temporary assignment, but she wouldn’t put me in it because it would be seen as favoritism.

It is important to note that the participant had not yet disclosed her LD to the manager. With the above in mind, it is easy to appreciate the participant’s conundrum: her manager, while “supportive”, had been reluctant to place her into a permanent position. As the participant noted, this is understandable. She worried, however, that this would solidify the manager’s decision not to ‘play’ favouritism, thus making accommodation requests difficult. While the participant was determined to press forward and disclose,

she worried that the disabling attitudes of some people in the department could play a role in her not being hired for a new position:

There are people in my work environment that don't take into consideration the individual circumstances ... they just think everything is equal and therefore everything should be kept equal. I don't know; I've had people come up to me and make comments. I had a woman who [was physically injured] and they had someone come in and do the typing for her interview. I've had individuals say 'that was special treatment; that wasn't deserved'. That's not the first time I've heard things to that effect. While I always defend those ... you know ... it brings to light that there are people out there who don't really think about what goes on. Like for these individuals that ... they just see, 'oh they got special treatment and they shouldn't have'. And it really threw me off, to be honest with you—those people who said those comments to me; I didn't think they'd be that kind of person, which was pretty surprising to say the least.

The belief held by her co-workers that equality is based on 'sameness' is supported by the literature (Pothier, 2010). Moreover, it was the ableist culture in her workplace that allowed non-disabled co-workers to decide just what does and does not 'qualify' as a disability.

As a counterpoint to this, doctoral student and researcher Santiago Solis (2006) writes about his experiences as an adult with a LD and chronic fatigue syndrome. He describes the constant 'presentation' process of his disabilities and states that although he presents as able-bodied academically and socially because of his ability to cope with his LD by assuming a cheerful disposition in public, there are aspects of his disabilities that are not 'seen'. Furthermore, he contends that some forms of segregation are not only

appropriate (e.g. being alone to re-gain his physical strength), but necessary for people with disabilities. Central to his argument is the belief that as a person with disabilities, he should be free to “[...] utilize segregation as a strategy, recourse, or even as a retreat of sorts from accusations of being deceitful about my disabilities. In other words, I often resort to segregation to remain safeguarded from people’s disbelief of or incredulity in the genuineness of my disabilities” (p. 147).

Solis’ (2006) proposition suggests that the act of disclosure or seeking accommodations transcends the mere ‘necessity’ of doing so. In fact, when viewed from this angle, it is actually a way to protect oneself from a disabling work environment. Thus, the act of LD disclosure, with the intent of seeking accommodations, can be understood as a form of self-segregation to reclaim personal expression and creativity in problem-solving approaches within an ableist work environment. In other words, accommodations and the differences they create are a way for the person with LDs to use creative strategies at work.

To illustrate, the following is a comment made by the 38 year-old participant with respect to gaining an ‘advantage’ through the accommodations process:

I’m also worried that people are going to say that ... ‘you’re trying to make sure you use everything in your power so that you get the position’. In some ways, yes! But it’s not me trying to scam the system. It’s me trying to do the best I can under the circumstances of having a learning disability.

Of course, getting an accommodation for an interview does serve a utilitarian purpose in that it can help the individual get through a job interview and secure a position. However, it takes on a greater significance in this instance because the participant was also responding to the ableist culture of her work environment by ‘retreating’ from the

‘disbelief’ of her LD, thus allowing room for her creative solutions. As it turns out, that form of retreat was an accommodation request to bring notes into the interview to help her cover all of the required points.

As shown throughout this thesis, employers tended to react harshly where employees attempted to deviate from the accepted norms of carrying out work-related tasks. But managers and supervisors were not the only authority figures who disallowed changes: in at least one case, the policies and procedures of the agency impeded creative problem-solving. According to the 38 year-old participant, the agency for which she was employed had a strict protocol for job interviewing. To complicate matters, the interviewing team would often revert to outdated interview policies. As she described, this put her at an enormous disadvantage:

I guess one of the problems with the [agency]—and they’re not supposed to—is they only focus on your work through an interview, which means that even if I’m more than capable of doing the job I’m applying for, they don’t always focus on that. They’ve got the blinders on that focus only on the interview and how they test on that. It again, puts you at a disadvantage; you won’t get the job, even though you’re capable of doing the job.

Here, the participant discusses the ‘intangibles’ of her abilities and how they do not ‘count’. Part of this, she stated, was because of an internal policy that brought changes to interviewing policies and procedures, which were outlined to ensure that the interviews were ‘fair’. The problem, she said, is that each of the categories (e.g. computer skills) *must* be mentioned by the candidate. Overlooking this, as she did because of her difficulties with memory, was grounds for ‘failing’ the exam.

When this participant discloses, she will not only have to state her case for accommodations to her employer; she will also be forced to confront a strong union that could see her plight as a ‘fairness’ issue, that is, her disability could be perceived as a way to secure a position over someone with more seniority. While this may seem ‘fair’, consider the following excerpt in which the participant states her concern about the ableist attitude of her co-worker and fellow union steward:

The one individual who made the comments ... I actually have a working relationship with him outside. We’re both part of the union ... we’re stewards in the office, so I was very surprised. I thought, ‘him being a union steward, I’d think he’d be more supportive of people’ When you hear it from him and then you hear it from other individuals, you know it’s out there [...].

While a thorough analysis of the relationship between organized labour and ALDW is beyond the scope of this thesis, it demonstrates that at least for this participant, the union played a part in creating a disabling environment. In fact, this was problematic for other participants as well. For example, a 53 year-old participant expressed frustration with her union following a discussion about the possibility of moving her schedule to a four-day work-week. In her view, the response from the union representative stifled her creativity in exploring a viable accommodation to offset the stressors associated with her LD:

I had a meeting with my [manager] to go to four days a week because I’m stressed ... because I’m stressed to heck; I’ve had all I can take. My union representative said, ‘that’ll never fly. Nobody’s ever done that before’ and I said, ‘Ya, watch me! [...]’ ‘Nobody’s ever done it before, so why should we do it now?’ It’s not about creativity. The [agency] was not about creative solutions at all.

Once again, an ableist culture was prevalent within a unionized environment. Indeed, it was so deeply embedded that any creative, ‘outside of the box’ solutions sounded bizarre to the union representative. Therefore, the union representative responded with derision. In this example, we see a similar pattern that was demonstrated by supervisors in the previous chapter.

4.3 Positive Outcomes of Disclosure

The first area of discussion about disclosure revolved around disclosure by participants to their employers. Overall, this experience was negative for most participants. However, for a 26 year-old participant, it was straightforward and positive. This part of the discussion serves as a model of how the employer-employee relationship benefits from a fluid, give-and-take understanding of how LDs and the accommodation process can be emancipatory for people with LDs. Indeed, the ability to find creative solutions made not just the employee with LDs more confident in her work, but it introduced possibilities in terms of how the employer could problem-solve in her capacity as a supervisor. In short, the supervisor was not hindered by an ableist approach to understanding disability, leaving room for flexibility in her approach to managing an employee with LDs. This process began with an exchange between the 26 year-old and her supervisor:

[...] [S]he would make a comment and she would ... say that ‘everybody is a little bit special ed.’ and how ‘you can always see it.’ So we were all joking and there was a couple of us around and then afterwards ... and we were by ourselves and then I was like ‘how can you tell?’ and she was like ‘you just can.’ And she goes, ‘you just accept people for who they are.’ And then I ended up saying it and she’s like ‘ya, I already knew that.’ And it was easy ‘cause then ... at the same time ...

umm [...] it came out like a waterfall and basically it ... chunks ... all of a sudden 'it's an LD ... whether it's processing, memory ... umm spatial [...]'. And she goes, 'if you don't know yourself and you think you might have one go through it and see if you struggle [...]'. And this was a chance to 'take that to your doctor' and say 'I think I have a learning disability in this section.' Umm ... she goes, 'but if you already know you have it, we can go through it and make sure your diagnosis is right if you want.' And she was just really, really supportive of it.

Clearly, the supervisor had created a climate of safety. Openly espousing her belief that otherness is to be valued¹⁴ was a testament her vision of an inclusive workplace environment. The fact that she could "just tell" also shows that the supervisor had, at the very least, a basic understanding of what LDs are.

For the participant, this climate of safety extended to the relationship she had with her immediate co-workers. One co-worker revealed that two of her children had LDs. Never at any point, however, did the co-worker use this fact to assert her 'authority' as an 'expert' over her cohort. Rather, the co-worker volunteered this information as part of her empathic response. This is shown in the way that the participant described the encounter:

They were fine with it. One has two sons who have ... academically they're very intelligent but they have learning disabilities. One has high anxiety. So for her ... I felt much higher than her sons do. She was always like, 'well, if you need help with your academics, let me know—I can edit them. But, I mean, other than that, it wasn't anything. [...] The other one ... I mean, it didn't faze him.

¹⁴ Though we are not privy to who these "others" are, given her outspokenness about everyone being a bit "special ed.", we can assume that her beliefs were 'public knowledge'.

Immediately following the empathic response of her co-worker, an offer was made to support her in her academics. While an argument could be made that both the supervisor and co-worker had made assumptions about her ‘needing help’, these remarks were clearly offered in a non-condescending, non-judgemental show of support.

The ‘understanding’ between the participant and her boss paid dividends. By setting the tone of acceptance in the relationship, coupled with the fact that the supervisor had knowledge about LDs, a culture of productivity seemed to emerge. Consider the following transcript excerpt as it relates to the supervisor’s expectations of her employee:

[...] [I]f she gives me an instruction and I don’t understand it or I’m unsure ... and I go back and I’m like, ‘you said this’, she’s like ‘ya’ and I’m like ‘so you want it like this or like this?’ And she goes ‘either one’s fine’ ... or she’ll give me a clear instruction instead of being frustrated or umm

As I have argued, the culture of ableism in the workplace is so entrenched that supervisors are left with no option but to commit to the notion of normalcy. On this occasion, however, the supervisor did not become “frustrated” because the established culture of safety was such that the participant’s needs were continuously met through ongoing conversations with her supervisor. Indeed, this ‘culture of acceptance’ was not the result of ‘tolerance’ of people with LDs. Rather, it was a relationship built on reciprocity. In other words, the environment was ‘safe’ for everyone—including the supervisor—to use creativity as it related to problem-solving. Of course, the supervisor asked that certain tasks be carried out in a specific way. However, the employee had a large degree of autonomy; it was only where the participant experienced difficulty that she asked for directions and received them. At no time was the supervisor micromanaging her employee. Even when deadlines were looming, she offered subtle reminders:

She gave me an instruction to do something and I ... didn't slip my mind ... it was on my to-do list ... she looks at me and goes, 'oh I know why it's not done', she goes 'get to it when you can.' It's not like [I am] in trouble if it's not done; it's more of a reminder as opposed to another, 'why isn't it done yet?' Like if she wants it done by Wednesday, she'll bring it up again by ... by ... let's say Tuesday to just double check, '... have you forgotten?' or 'is it kind of coming up?' and it's 'hmmm ... like I'm kind of working on it; it's being done.' You know? And she'll like double check too like, 'do you need help with it or do you need clarification on anything?' as opposed to leaving it 'til Wednesday, hammering me if it's not done.

4.4 Negative Outcomes of Disclosure

While the 26 year-old participant felt supported by those in her immediate vicinity, she was reluctant to share information with people she did not know well. In general, it seemed that the greater the degree of separation there was from co-workers, the less information she was willing to share about her LD. In fact, this was a common theme among most participants—and with good reason. In a study of Ontario ALDW (Holmes & Sylvestri, 2011), 75 per cent of respondents chose not to disclose in the workplace because they were afraid of being judged by others.

For the same participant, the decision not to disclose in a previous job was related to a host of factors, such as chronic turn-over of management and the “corporate” culture of the workplace. For this participant, who came from a working-class background, there was no ‘straight to college or university’ option. She spent years in the workforce with only a high-school diploma. In the following interview transcript, we get a glimpse of

what it is like to work in low-paying, precarious and part-time employment. As we can see, the notion of disclosure was difficult:

[I never disclosed my LD to my] part-time jobs ever. So, when I had to ... I was at the grocery store and I [had to learn] codes and processes ... that I think ... I couldn't wrap my head around it. When I had to learn cash, I could do that no problem. The more I would do it, the more I would learn it and that wasn't an issue. I had to go over to customer service and that was the biggest nightmare of my life because I would get that opportunity, at most, every month or two months. And because whatever the task was there, it was so inconsistent. I didn't get an opportunity to practice that as much I felt every time I had that shift I wanted to bang my head against the wall. But at the same time, no, I never told them. I didn't want them to know I had a disability. [...] I think when the original assistant manager was there, I would have, but they kept changing. So, no, I never wanted to tell them. The fact is that I didn't trust them. They just became less and less umm ... caring and more and more corporate. When I first started, the managers that were there were very much ... we kind of felt like a family. And little by little it just became more corporate.

The more the participant engaged in work-tasks, the more she found that she could cope. We can only assume that when she was afforded the opportunity to work in regularly scheduled work sites, she was more autonomous and thus, able to use the skills that worked for her. It is also worth noting that the stakes were higher at the grocery store because there was no union in place. To ask for accommodations in such an environment could very well have jeopardized her job. In fact, people with disabilities who work in non-unionized work environments are more at-risk because corporations are mostly

concerned with the bottom line (Samant et al., 2009). As such, she felt that it was unsafe to disclose, and therefore, chose not to do so.

Working in an educated and well-paying environment did not make disclosure any easier. For a 44 year-old participant, however, she felt that her situation necessitated disclosure. She took a decidedly ‘cautious’ approach to seeking out accommodations:

I chose to not tell them that I had Dyslexia [in the beginning]. What I did decide to do was to say that I have a very unique learning style and ‘this is the type of person that I am’ and that ‘I think in the big picture’ you know, so, like this is just who I am, so if ever I have a problem or if I was asking a question and it appeared that someone wasn’t understanding [...]. They were responding to my questions like I was challenging them ... their authority ... as opposed to saying ‘I’m asking because I just don’t understand ... I’m not trying to make you look stupid ... I ... I’m asking you again and again because’

It is striking that she identified her learning differences as part of her complete identity. That is, she attempted to appeal to her employer by pointing out that not only did she learn by looking at ‘the big picture’; her creativity was less about ‘accommodations’ and more about her becoming a more productive employee. In effect, she made a bold statement about how for her, creativity was an inseparable part of who she was.

To take her creative approach to problem-solving away was to take part of who she was away. Unfortunately for this participant, her comments were not well-received based on the way that her supervisor responded. In fact, given the ableist response to her LD, her supervisor was limited in in what she could offer. She took the employee’s approach to explaining how she functioned in her work as a threat to the narrow approach to completing tasks:

The result of the disclosure in that instance was ... I feel ... I feel that they learned my weakness. It went from '[me being] this highly intellectual person' to this, 'she's showed a weakness' ... and I don't know ... and I think this supervisor was threatened by me because I was ... because I am so smart and I memorize everything ... so Because I'm so smart, because I memorize everything, I threatened her [...]. She's never had to deal with someone like me ... how dare I challenge her? So she decided to just [...] come down on me

As the participant points out, the supervisor felt threatened by her intelligence. It is also interesting to note that the supervisor had no previous experience in dealing with a person with LDs and thus had difficulty responding. In fact, the literature confirms that the general lack of knowledge of LDs by supervisors plays a role in workplace difficulties (Madaus, 2008). The fact that the supervisor had no knowledge of LDs and thus did not understand how to react to an accommodation request, led to a negative reaction. From the participant's vantage point, her supervisor's feeling of being threatened informed her employer's decision to try and fire her:

They accused me of being insubordinate. I was told that I was insubordinate. My manager said to me ... she said ... [adopts authoritative tone of voice] 'you have no idea what you've done.' And it was so threatening and such a traumatic experience. I even had my union representative there with me The trauma was so bad ... in that meeting I said, 'I have Dyslexia ... you know that I have Dyslexia ... the reason why I'm asking these questions is because I'm not getting the information that I need to do my job.' And ... and uh, she lied, she said, 'you never said that to me ... you never told us that you're Dyslexic.' [At mediation] I

went from 9 o'clock until 3:30 in the afternoon and I was bombarded ... like ... it was the most horrible experience I ever went through in my life.

Clearly, management did feel threatened. As such, the formal discussion was a way of asserting power over the employee. In fact, the situation was so dire and had such a negative effect on her mental health, that she began questioning her timing of the disclosure; she wished that she had disclosed at the point of hire. It is interesting to note that by this stage, the participant appeared to be blaming herself, as if her own shortcomings had resulted in the way her employer had reacted:

In hindsight looking back, I feel that I should've been adamant and disclosed my ... my ... my Dyslexia and asked for an accommodation the day I signed my offer. [...] If I had ... because it said it right on my letter of offer ... if you 'need an accommodation ...' but I thought, 'well, I obviously don't need one because I'm the top performer' ... I got the highest marks in the exams ... I ... I ... I ... I was given [permanent status over] 5 other ... people who won the same competition as me, who've only been offered term. Like, 'why should I be concerned? I shouldn't be ... 'cause clearly everything is okay.'

Part of her reasoning for not initially disclosing was that she did not need accommodations at that time. Secondly, the participant had not made the connection between the 'offer of accommodation' and her right to make an accommodation request for her disability. This again, as Anderson, Stefan, Kazmeirski and Cronin (1995) point out, is because most people are not aware of their rights when it comes to their LDs. This was also the case with respect to her union representative, who felt that the mediation process should have been "stopped right there" as soon as her LD was raised during the

meeting. Presumably, this was because the union representative had no knowledge about LDs. Again, the result was a visceral response.

For the 53 year-old participant, it was not the disclosure per se that was problematic. In fact, her supervisor did not seem to be concerned about the use of technological support devices and at one point, he even covered some of the costs for assistive technologies such as Dragon Dictate. A problem arose, however, where she experienced difficulties with newly implemented software that the agency had begun using. Much like the 44 year-old participant, she described her coping skills and how she used them as a coping mechanism in dealing with a stressful learning situation. Her employer responded negatively:

When I took this job [...] at the centre, I disclosed that I had a learning disability ... and I disclosed the nature of it ... which you know, was fine. Umm when the electronic medical records came along ... umm the training ... I'd never seen it ... didn't see the training module I went in and of course, people were kind of getting it and I'm like ... 'where am I? What page am I on?' Let alone, you know, practicing it. So I just would listen at times because I just quite frankly ... couldn't take it all in. I made the comment to my Executive Director that at some point I was just listing and he evidently took that to mean something entirely different. People around work were talking about me. Long story short, my Executive Director came to me and said 'you need to be up to date [within a short time frame] or we'll have to re-evaluate'.

The attitude of her supervisor was similar to the 44 year-old participant's supervisor. The only difference here is that the 53 year-old's supervisor did not simply respond with silence before taking a 'disciplinary' approach; he was upfront in his ableist attitude.

Again, we see how a supervisor who harbours such an attitude is ‘stuck’ because he has no other options in terms of how to respond. Despite stating that she was listening due to the fact that she was struggling to understand, it was nonetheless her way of learning in that particular situation. As such, his response was to move immediately into a ‘disciplinary’ role, leaving both parties feeling frustrated. He began measuring her performance against her non-LD cohorts within the department:

[...] [H]e would you know, call me in and say ‘you’re not seeing as many as [clients] as your other counterpart’ or ‘you know, your paper [work] seems a bit, you know, slower than others. So ... you need to bump this up’ or ‘do this.’
[...] Nobody cared about me, nobody was concerned about me; I was a liability. I was never allowed to use my strengths [...].

Again, we can clearly see the frustration of the participant. As a result, the participant felt devalued. Given that her coping strategies were part of her personal narrative and that the supervisor failed to acknowledge them, she was left with a simple ultimatum: conform or face disciplinary action. Indeed, by carefully analyzing the interview transcript, nowhere do we see that her employer acknowledges her LD. Instead, he uses his misguided ‘expertise’ to help her fit into a disabling environment.

4.5 Conclusion

While employment conditions for ALDW have improved in recent years, many ALDW state that they are unsatisfied in their current work roles. In this chapter, the content analysis continued by examining both positive and negative experiences for non-disclosure and disclosure of LDs at work. Upon first glance, it seemed that the 38 year-old participant’s feeling of “relief” that she could identify with having a verbal LD was an anomaly that did not ‘fit’ within the social constructionist paradigm. Deeper analysis

demonstrated the exact opposite; the participant seemed to intuitively understand that the ‘system’ was set-up so that she must accept ‘responsibility’ for her LD in job interviewing. Indeed, she concluded that the accommodations provided in university were lacking in the workplace environment and that she was thus not prepared for the ableist work environment.

Co-workers and unions were unsupportive, fostering an ‘everything should be equal’ attitude in the workplace. The problem, as discovered by participants, was that ‘equal’ did not necessarily equate with fairness. As such, Solis’ (2006) proposition that ‘self-segregation’ should be used to retreat from people without disabilities’ ‘expectations’ of what LDs are, can be extended to the need for ALDW to re-assert creativity in their work. In other words, accommodations should be used a vehicle for creative problem-solving.

Positive outcomes of LD disclosure were juxtaposed with negative outcomes. It seemed that the greater the degree of ‘safety’ and acceptance of LDs, the more productive the working relationship was between the employer and employee. Conversely, the more ‘corporate’ and less ‘family oriented’ a job was, the less willing the 26 year-old participant was to disclose her LD. It should be pointed out, however, that being employed in a more ‘educated’ workplace did not necessarily make disclosure ‘safe’—as was shown in the case of the 44 year-old participant.

Despite taking a reasonable approach to explaining their learning differences to their employers, ableist supervisors reacted in an irrational manner where their authority was perceived to be ‘challenged’. The outcome of these situations ranged from participants eventually ‘buying in’ to internalized negative beliefs about themselves, to being threatened with ‘re-evaluation’ by management.

CONCLUSION

The traditional literature presents people with LDs from a medical model perspective. Given its preoccupation with curing pathology, this population is viewed as having ‘deficiencies’. As such, the approach to research and remedial instruction is based on solutions designed to help the individual learner conform to a narrow understanding of learning.

While it may be so that ALDW have benefited from remedial instruction (e.g. mirror reading for a 44 year-old participant with Dyslexia), the individualist approach did not account for the external factors related to the person’s ecology. For example, it was observed that where cutbacks were made to agencies that employed ALDW, ‘invisible’ accommodations were also removed, creating new and unexpected responsibilities, leading to additional challenges. Therefore, ‘self-determination’ was often beyond the control of participants.

The medical model view of LDs also did not address the disabling conditions of learning institutions of young people, who later became ALDW. For many of these participants, decades of oppression led them to believe that there was something ‘wrong’ with them (or even feeling “stupid”). Indeed, there was little linkage of remedial education and LDs at work. This was observed by a 38 year-old participant who had to go back to her fifteen year-old university transcripts to understand why she struggled. Of course, some of the literature attempts to quantify the transition process, but as Forness and Kavale point out (1998) most of these quantitative methodologies fail to look at the entire individual and indeed, the politics of LDs at work.

Despite ‘either or’ propositions for ‘success’, participants in the current study were very resilient—but on their *own* terms. They often found ways to overcome

disabling barriers through their uniquely creative approaches to problem-solving. This was demonstrated in a number of areas, especially with respect to self-advocacy and using innovative ways to negotiate a variety of social and technological cues. Where a ‘weakness’ appeared, such as verbal difficulties, participants made up for this by using coping strategies that worked for them. In fact, many of these strategies involved spontaneity and ingenuity, despite being told from a young age that they were ‘problem learners’.

Despite the ability to solve problems on their own, this process was frequently hindered where LDs intersected with ableist attitudes at work. This was especially apparent in the interactions between employers and employees. It seemed ironic that management, who were charged with maximizing productivity in the workplace, seemed so intent on preventing ALDW from using their creativity. In fact, as most participants described, they were productive and hard-working employees, that is, until their supervisors began to micro-manage their tasks. Disabling attitudes were also prevalent among co-workers and even one union steward, who believed that accommodations were not ‘fair’ to everyone else interviewing for a job.

The ableist attitudes of supervisors in particular, created unsafe environments for ALDW. This, in turn, created a situation where supervisors were unable to respond to their employees in an appropriate manner. This was made salient through a comparison of the 26 year-old’s positive disclosure experience with the extremely negative interactions other participants had with their supervisors. As such, Shakespeare’s argument (1994) that people with disabilities represent fear to non-disabled people could be applied to ALDW. Indeed, this was used to explain the often visceral and illogical

reactions from supervisors to their employees with LDs. Much of this, I argued, was due to their ableist socialization process, leading to the need to subordinate ALDW.

ALDW felt that they were limited in their self-advocacy and thus, restricted in their ‘sense of agency’. A brief review of LD court test cases was presented to show that legislative ‘rights’ were (and are) merely an extension of an ableist society that produces them. As such, participants were forced, more or less on their own, to contend with ableist workplace attitudes and policies that left them vulnerable.

Limitations

A couple of items with respect to limitations should be mentioned. First, this study did not include a gender analysis. This was problematic because I was the sole researcher, involved in all aspects of the research design, data collection and analysis. Thus, it is inevitable that some gender bias was introduced (see Social Location). Unfortunately, very little analysis of gender was found in the literature with respect to *adult* females with LD. Where it was found, the articles and books appeared so far out of context that the citations would not have supported what the data from the current study was explaining. Perhaps the fact that all respondents were female speaks to the fact that male ALDW are reluctant to utilize services such as the LDAO; it seems to suggest that gender and LD is an issue that should be further explored in future studies within this particular population.

Furthermore, I am aware that sexist attitudes seemed to be prevalent towards female participants in this study. An example of this was the ‘old school’ attitudes and responses from the supervisor of the 53 year-old participant. Her ‘going down the red carpet to see the principal’ could be explored through a feminist lens, looking at how the organization of labour subordinates women with LDs at work.

Another limitation was the extremely small sample size. Thus, generalizability of the findings was impossible. Therefore, it was difficult to ‘commit’ to any statements, using tentative ‘suggestions’ instead—except where direct observations of participants were concerned. I maintain, however, that this project was useful as an exploratory study, that is, a springboard to generate additional research questions for future research projects. Given that so little is known about ALDW, especially for those above the age of 24, it provides a ‘human’ glimpse into the issues that face this population every day at work. Since the youngest participant was 26 years-old, I feel that this was an attempt to capture the reality of what it is like having a LD in the workplace approaching age 30 and beyond.

Implications for Further Research

While this project was rewarding, it would be helpful to work with a variety of agencies interested in the issue of ALDW. Although I am forever indebted to the Toronto chapter of the LDAO for posting my recruitment advertisement, a diversified sampling approach could help capture the stories of ALDW who are male, LGBTQ, aboriginal peoples, people of colour and/or ALDW who live with multiple LDs/disabilities. Perhaps provincial and national LD organizations, various levels of government and even some private businesses could pull their collective resources together to produce a comprehensive and generalizable research document. At any rate, a major study of ALDW is well overdue.

Although I chose a qualitative method of inquiry, my critique of positivism was not intended to dissuade researchers from attempting to quantify ALDW. Indeed, this would be most welcome. This is particularly true in the current era of fiscal ‘austerity’ at the Canadian federal level of governance. Given that the Long Form Census has been

scaled back, obtaining national statistics on LDs is more important than ever. In order to fully capture the experiences of this population, perhaps a mixed method of quantitative and qualitative approaches could be employed. Again, this would take a concerted effort, requiring significant talent and research dollars.

Implications for Social Work

Malcolm Payne (2005) points out that the social work profession is based on socially constructed ideas that form knowledge outside of the ‘natural world’. In other words, it is based on what society imagines it should be, not reality. He describes the central triangular relationship in which three essential aspects of practice are constructed: the theoretical component of social work, which has been developed and maintained by professionals; clients who use social work services and finally, the broader societal context in which social work services are administered. By applying this triangulation model to clients with LDs, we can imagine our clients being ‘caught’ between our professional obligation to work within a medical model framework and a greater society that expects social workers to function primarily as ‘gatekeepers’ in the interest of maintaining a hegemonic social order. Part of that social order includes the disabling barriers maintained by the education system and by extension, ableist workplace environments.

The parallels between this triangulation model and Dudley-Marling’s (2004) proposition that people with LDs are subject to a professionalized discipline are uncanny. For example, I have argued that ALDW internalize the oppression they experience as students, carrying erroneous beliefs about their ‘pathology’ into the workplace based on what they have learned about themselves through a medical model paradigm. Let us use the example of a social worker who is a member of an interdisciplinary team of remedial

teachers in a school-setting for youth with LDs. While the social worker conducts her or his practice with the best interests of the client in mind (Canadian Association of Social Workers, 2005), she or he is subject to counselling students, for example, within a medical model frame work. In other words, the social worker—however well-intentioned—is responsible for helping the student ‘function’ optimally. This is problematic as it only serves to reinforce the idea that he or she is a ‘problem’ within the education system. If this is the case, then we should fully expect that problems for ALDW will continue in the future.

Brown (2012) suggests an anti-oppressive theoretical approach to social work practice as it encompasses diverse theoretical perspectives, including feminist, anti-racist, and structural approaches. Such a framework could be useful in working with clients with LDs as it would be broad enough to reflect the diversity of our clients. For social workers who counsel adults with LDs, a narrative approach could be useful. This is because it seeks to introduce alternative truths to negatively experienced realities (Kelley in Turner, 2011). For the adult with LDs who has internalized negative messages about his or her LD, the social worker could reframe the ‘problem’, opening up alternative realities which would look approximately like this:

What does it say about the school you attended that a 40 year-old teacher told you, a 10 year-old child that she ‘would never go to college’? Do you think it would be helpful to look at the evidence to refute this claim? Sure, you had challenges and still do. But do these challenges reflect who you are in your life today? What does it mean to ‘properly’ complete tasks anyway? Do you think that it’s possible that your supervisor could be limited in her ability to recognize that your unique and innovative ideas could enhance productivity in the office?

Regardless of the approach, the social work profession must take a truly critical approach to challenging widely held, 'natural' assumptions about learning. It must consider the internalized oppression of the person and indeed, an entire population of people with LDs who remain subjugated to an ableist system that valorizes 'normalcy'.

REFERENCES

- Alfonso, V.C., & Dynda, A.M. (2006). Integration of Response to Intervention and Norm-Referenced Tests in Learning Disability Identification: Learning From the Tower of Babel. *Psychology in Schools, 43*(7), 807-825. Doi: 10.1002/pits.20190.
- Anderson, P.L., Kazmierski, S., & Cronin, M.E. (1995). Learning Disabilities, Employment Discrimination, and the ADA. *Journal of Learning Disabilities, 28*(4), 196-204. Doi: 10.1177/002221949502800402.
- Anzul, M., Ely, M., Freidman, T., Garner, D., & McCormack-Steinmetz, A. (1991). *Doing Qualitative Research: Circles within Circles*. New York: Taylor & Francis.
- Bandura, A. (1977). *Social Learning Theory*. Englewood Cliff, NJ: Prentice Hall.
- Barnes, C. (1998). The Social Model of Disability: A Sociological Phenomenon Ignored by Sociologists? In T. Shakespeare (Ed.), *The Disability Reader: Social Science Perspectives* (pp. 65-78). London: Cassell.
- Barnes, C., Mercer, G., Shakespeare, T. (1999). *Exploring Disability: A Sociological Introduction*. Cambridge, UK: Polity Press.
- Brinckerhoff, L. C., Shaw, S. F. & McGuire, J. M. (1993). Promoting Postsecondary Education of students with Learning Disabilities: A Handbook for Practitioners. Austin, Tx: PRO-ED Publishers.
- Brown, C.G. (2012). Anti-Oppression through a Postmodern Lens: Dismantling the Master's Conceptual Tools in Discursive Social Work Practice. *Critical Social Work, 13*(1), (n.p.). Retrieved on June 11, 2013, from <http://www1.uwindsor.ca/criticalsocialwork/anti-oppression-through-a->

postmodern-lens-dismantling-the-master%E2%80%99s-conceptual-tools-in-discursive-so#top.

- Bryan, T. H., & Bryan, J. H. (1990). Social Factors in Learning Disabilities: An overview. In H.L. Swanson & B.K. Keogh (Eds.), *Learning Disabilities: Theoretical and Research Issues* (pp. 131-138). Hillsdale, NJ: Erlbaum.
- Burr, Vivien. (2003). *Social Constructionism (2nd Ed.)*. East Sussex, England: Routledge.
- Campbell, F.A.K. (2008). Exploring Internalized Ableism Using Critical Race Theory. *Disability & Society*, 23(2), 151-163. Doi: 10.1080/09687590701841190.
- Campbell, J., & Oliver, M. (1996). *Disability Politics*. London: Routledge.
- Canadian Association of Social Workers (2005). Code of Ethics 2005. Retrieved on June 11, 2013 from <http://www.casw-acts.ca/en/what-social-work/casw-code-ethics>.
- Cooper, K., & White, R.E. (2012). *Qualitative Research in the Post-Modern Era: Contexts of Qualitative Research*. New York: Springer.
- Crocker, C.L. (2009). Disability Policy—A Canadian Perspective: A Human Rights Approach to Providing Supports and Services. In C.A. Marshall, E. Kendall, M.E. Banks, & R.M.S. Gover (Eds.). *Disabilities: Insights From Across Fields and Around the World* (Vol. 3, pp. 227-243). Westport, CT: Praeger Press.
- Csikszentmihalyi, M. (1990). *Flow: The Psychology of Optimal Experience*. New York: Harper-Perennial.
- Davis, L.J. (1995). *Enforcing Normalcy: Disability, Deafness, and the Body*. London: Verso.
- Dudley-Marling, C. (2004). The Social Construction of Learning Disabilities. *Journal of Learning Disabilities*, 37(6), 482-489. Doi: 10.1177/00222194040370060201.

- Dudley-Marling, C., & Dippo, D. (1995). What Learning Disability Does: Sustaining the Ideology of School. *Journal of Learning Disabilities, 28*(7), 410-414. Doi: 10.1177/002221949502800704.
- Dudley-Marling, C., & Gurn, A. (2012). Towards a More Inclusive Approach to Intervention Research: The Case of Research in Learning Disabilities. *Journal of Inclusive Education, 16*(10), 1019-1032. Doi: 10.1080/13603116.2010.538886.
- Fletcher, J.M., Lyon, G.R., Fuchs, L.S., & Barnes, M.A. (2007). *Learning disabilities: From Identification to Intervention*. New York: The Guilford Press.
- Franti, M. (1992). Music and Politics. [Recorded by Disposable Heroes of Hip-Hoprisy]. On *Hypocrisy is the Greatest Luxury* [CD]. New York: 4th & B'way Records. (1992).
- Gerber, P.J. (2011). The Impact of Learning Disabilities on Adulthood: A Review of the Evidenced-Based Literature for Research and Practice in Adult Education. *Journal of Learning Disabilities, 45*(1), 31-46. Doi: 10.1177/0022219411426858.
- Gerber, P. J., Ginsberg, R., & Reiff, H. B. (1992). Identifying Alterable Patterns in Employment Success for Highly Successful Adults with Learning Disabilities. *Journal of Learning Disabilities, 29*, 98-101. Doi: 10.1177/002221949202500802.
- Gerber, P.J., & Price, L.A. (2003). Persons with Learning Disabilities in the Workplace: What We Know So Far in the Americans with Disabilities Act Era. *Learning Disabilities Research & Practice, 18*(2), 132–136. Doi: 10.1111/1540-5826.00069.
- Gerber, P.J., Price, L.A., Mulligan, R., & Shessel, I. (2004). Beyond Transition: A Comparison of the Employment Experiences of American and Canadian Adults

- with LD. *Journal of Learning Disabilities*, 37(4), 283-291. Doi: 10.1177/00222194040370040101.
- Giacobbe, A.C. (2012). An Interview with Janet W. Lerner: Observations on a Career and the Evolving Field of Learning Disabilities. *Intervention in School and Clinic*, 48(2), 121-126. Doi: 10.1177/1053451211424599.
- Glaser, B.G., & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine Publishing Company.
- Goffman, E. (1959). *The Presentation of Self in Everyday Life*. New York: Doubleday.
- Goldberg, R.J., Higgins, E.L, Raskind, M.H., & Herman, K.L. (2003). Predictors of Success in Individuals with Learning Disabilities: A Qualitative Analysis of a 20-Year Longitudinal Study. *Learning Disabilities Research & Practice*, 18(4), 222-236. Doi: 10.1111/1540-5826.00077.
- Greenbaum, B., Graham, S., & Scales, W. (1996). Adults with Learning Disabilities: Occupational and Social Status after College. *Journal of Learning Disabilities*, 29(2), 168-173. Doi: 10.1177/002221949602900206.
- Gregg, N., Scott, S., McPeck, D., & Ferri, B. (1999). Definitions and Eligibility Criteria Applied to the Adolescent and Adult Populations with LD across Agencies. *Learning Disability Quarterly*, 22 (3), 213-223. Doi: 10.2307/1511287.
- Gresham, F.M., & Elliot, S.N. (1989). Social Skills Deficits as a Primary Learning Disability. *Journal of Learning Disabilities*, 22(2), 120-124. Doi: 10.1177/002221948902200207.
- Hitchings, W.E., Luzzo, D.A., Ristow, R., Horvath, M., Retish, P., & Tanners, A. (2001). The Career Development Needs of College Students with Learning Disabilities:

In Their Own Words. *Learning Disabilities and Research Practice*, 16(1), 8-17.

Doi: 10.1111/0938-8982.00002.

Holmes, A., & Silvestri, R. (2011). Employment Experience of Ontario's Postsecondary Graduates with Learning Disabilities. Toronto: Higher Education Quality Council of Ontario.

Hourston, S. (2011). *Self-advocacy for People with Learning Disabilities: A Guide for Adult Educators*. Retrieved on May 6, 2013, from <http://www.bccpd.bc.ca/docs/self-advocacyguideapril162011.pdf>.

Hsieh, H.F., & Shannon, S.E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*, 15(9), 1277-1288. Doi: 10.1177/1049732305276687.

Irwin Law (2004). *The Labour Law Casebook Group: Case Materials, and Commentary (7th Ed.)*. Toronto: Irwin Law.

Jurist Canada (2002). Canadian Legal Dictionaries. Retrieved on May 16, 2012, from <http://jurist.law.utoronto.ca/dictionary.htm#sectP>.

Kavale, K.A., & Forness, S.R. (1998). The Politics of Learning Disabilities. *Learning Disability Quarterly*, 21(4), 245-273. Doi: Retrieved on May 17, 2013, from <http://www.jstor.org/stable/1511172>.

Kelley, P. (2011). Narrative Theory and Social Work Treatment. In F.J. Turner (Ed.), *Social Work Treatment: Interlocking Theoretical Approaches (5th Ed.)*. (pp. 315-326). New York: Oxford University Press.

Killean, E, & Hubka, D. (1999). *Working Towards a National Coordinated Approach to Services, Accommodations and Policies for Postsecondary Students with*

Disabilities: Ensuring Access to Higher Education and Career Training. Ottawa:
National Education Association of Disabled Students.

Kirk, S.A., & Kirk, W.D. (1983). On Defining Learning Disabilities. *Journal of Learning Disabilities*, 16(1), 16-20. Doi: 10.1177/002221948301600106.

Learning Disabilities Association of America (2011). Learning Disabilities and the Law: After High School: An Overview for Students. Retrieved on May 19, 2013, from http://www.ldanatl.org/aboutld/adults/civil_rights/law.asp.

Learning Disabilities Association of Canada (2005). A Literature Framework to Guide the Research Study: Putting a Canadian Face on Learning Disabilities (PACFOLD). Retrieved on May 28, 2013, from <http://www.pacfold.ca/download/Supplementary/Framework.pdf>.

Learning Disabilities Association of Canada (2002). Official Definition of Learning Disabilities. Retrieved on June 27, 2013, from <http://www.ldac-acta.ca/en/learn-more/ld-defined.html>.

Learning Disabilities Association of Canada (2013). The Supreme Court of Canada Makes Unanimous Milestone Ruling on Canadians with Learning Disabilities: A Long-Awaited Victory for 1 in 10 Canadians with Learning Disabilities. Retrieved on May 20, 2013, from <http://www.ldac-acta.ca/downloads/pdf/media%20release/Final-LDAC-MooreNov2012.pdf>.

Learning Disabilities Association of Ontario (2011). Official definition of LDs. Retrieved on August 20, 2012, from <http://www.ldao.ca/introduction-to-ldsadhd/introduction-to-ldsadhd/what-are-lds/official-definition-of-lds/>.

Lerner, J. (2003). *Learning Disabilities: Theories, Diagnosis, and Teaching Strategies* (9th Ed.). Boston, MA: Houghton Mifflin Company.

- Levine, P., & Nours, S.W. (1998). What Follow-Up Studies Say about Postschool Life for Young Men and Women with Learning Disabilities: A Critical Look at the Literature. *Journal of Learning Disabilities, 31*(3), 212-233. Doi: 10.1177/002221949803100302.
- Lightman, E. (2003). *Social Policy in Canada*. Don Mills, Ontario: Oxford University Press.
- Luna, C. (2009). 'But How Can Those Students Make it Here?': Examining the Institutional Discourse About What it Means to be 'LD' at an Ivy League University. *International Journal of Inclusive Education, 13*(2), 157-178. Doi: 1080/13603110701322852.
- Madaus, J.W. (2008). Employment Self-Disclosure Rates and Rationales of University Graduates with Learning Disabilities. *Journal of Learning Disabilities, 41*(4), 291-299. Doi: 10.1177/0022219407313805.
- Madaus, J.W., Foley, T.E., McGuire, J.M., & Ruban, L.M. (2001). A Follow-Up Investigation of University Graduates with Learning Disabilities. *Career Development and Transition for Exceptional Individuals, 24*(2), 133-146. Doi: 10.1177/088572880102400204.
- Madaus, J.W., Foley, T.E., McGuire, J.M., & Ruban, L.M. (2002). Employment Self-Disclosure of Postsecondary Graduates with Learning Disabilities. *Journal of Learning Disabilities, 35*(4), 364-369. Doi: 10.1177/00222194020350040701.
- Madaus, J.W., Gerber, P.J., & Price, L.A. (2008). Adults with Learning Disabilities in the Workforce: Lessons for Secondary Transition Programs. *Learning Disabilities & Research Practice, 23*(3), 148-153. Doi: 10.1111/j.1540-5826.2008.00272.x.

- Madaus, J.W., Zhao, J., & Ruban, L. (2008). Employment Satisfaction of University Graduates with Learning Disabilities. *Remedial and Special Education, 29*(6), 323-332. Doi: 10.1177/0741932507312012.
- Marlow, C.R. (2005). *Research Methods for Generalist Social Work*. Belmont, California: Brooks.
- Maxwell, J.A. (2009). Designing a Qualitative Study. In L. Bickman, & D.J. Rog (Eds). *The Sage Handbook on Applied Social Science Research Methods*. (pp. 214-253). Thousand Oaks, CA: Sage Publications.
- McCloskey, L. (2011). Transitions Longitudinal Study: 7th Annual & Final Report to the Ministry of Training, Colleges and Universities. Retrieved on October 2, 2012, from <http://www1.carleton.ca/fita/ccms/wp-content/ccms-files/Year-7-Annual-Report.pdf>.
- McIntosh, M.J., & Morse, J.M. (2009). Institutional Review Boards and the Ethics of Emotion. In N.K. Denzin, & M.D. Giardina, (Eds.), *Qualitative Inquiry and Social Justice* (pp. 81-107). Walnut Creek, CA: Left Coast Press Inc.
- Morris, M.A., Schraufnegel, C.D., Chudnow, R.S., & Weinberg, W.A. (2009). Learning Disabilities Do Not Go Away: 20–25 Year Study of Cognition, Academic Achievement, and Affective Illness. *Journal of Child Neurology, 24*(3), 323-332. Doi: 10.1177/0883073808324218.
- Murfitt, N. (2008, December 8). 'I was called Dumb Dog': Henry Winkler's happy days as The Fonz were Blighted by Condition Undiagnosed for 35 years. Daily Mail. Retrieved on May 20, 2013, from <http://www.dailymail.co.uk/health/article-1092477/I-called-Dumb-Dog-Henry-Winklers-happy-days-The-Fonz-blighted-condition-undiagnosed-35-years.html>.

- Oliver, M. (1993). If I Had a Hammer: The Social Model of Disability in Action. In J. Swain, S. French, C. Barnes, & C. Thomas (Eds.), *Disabling Barriers – Enabling Environments* (pp. 7-12). London: Sage Publications.
- Ontario Association of Speech-Language Pathologists and Audiologists (2010). Aphasia. Retrieved on May 20, 2013, from https://www.osla.on.ca/en/aphasia?mid=ctl00_LeftMenu_ctl00_TheMenu-menuItem003.
- PACFOLD (2001a). What Does it Mean to Have a Learning Disability in Ontario?: Adults 22 to 29. Retrieved February 4, 2013 from <http://www.pacfold.ca/download/ProvincialProfiles/ON/22-29.pdf>.
- PACFOLD (2001b). What Does it Mean to Have a Learning Disability in Ontario?: Adults 30 to 44. Retrieved February 4, 2013 from <http://www.pacfold.ca/download/ProvincialProfiles/ON/30-44.pdf>.
- Paterson, M., & Higgs, J. (2005). Using Hermeneutics as a Qualitative Research Approach in Professional Practice. *The Qualitative Report*, 10(2), 339-357. Retrieved on June 9, 2013, from <http://www.nova.edu/ssss/QR/QR10-2/paterson.pdf>.
- Payne, M. (2005). *Modern Social Work Theory (3rd Ed.)*. Chicago: Lyceum Books, Inc.
- Poplin, M.S. (1995). Looking Through Other Lenses and Listening to Other Voices: Stretching the Boundaries of Learning Disabilities. *Journal of Learning Disabilities*, 28(7), 392-398. Doi: 10.1177/002221949502800702.
- Pothier, D. (2010). Tackling Disability Discrimination at Work: Towards a Systemic Approach. *McGill Journal of Law and Health*, 4(1), 17-37. Retrieved on May 16, 2013, from <http://www.mjhl.mcgill.ca/pdfs/vol4-1/pothier.pdf>.

- Potts, K., & Brown, L. (2005). Becoming an Anti-Oppressive Researcher. In L. Brown, & S. Strega (Eds.). *Research as Resistance: Critical, Indigenous, & Anti-Oppressive Approaches* (pp. 255-286) Toronto: Canadian Scholars' Press.
- Price, L.A., Gerber, P.J., & Mulligan, R. (2007). Adults with Learning Disabilities and the Underutilization of the American with Disabilities Act. *Remedial and Special Education, 28*(6), 340-344. Doi: 10.1177/07419325070280060301.
- Reiff, H.B., Gerber, P.J., & Ginsber, R. (1993). Definitions of Learning Disabilities from Adults with Learning Disabilities: The Insiders' Perspectives. *Learning Disability Quarterly, 16*(2), 114-125. Retrieved on May 25, 2013, from <http://www.jstor.org.proxy.library.carleton.ca/stable/1511133>.
- Rice & Prince (2000). *Changing Politics of Canadian Social Policy*. Toronto: University of Toronto Press.
- Rodis, P., Garrod, A., & Boscardin, M.L. (2001). *Learning Disabilities: Life Stories*. Needham Hights, NJ: Allyn & Bacon.
- Rojewski, J.W. (1999). The Role of Chance in the Career Development of Individuals with Learning Disabilities. *Learning Disability Quarterly, 22*(4), 267-278. Retrieved on June 30, 2011, from <http://www.jstor.org/discover/10.2307/1511261?uid=3739448&uid=2129&uid=2134&uid=2&uid=70&uid=3737720&uid=4&sid=21102138095733>.
- Rosenberg, M.S. (1997). Learning Disabilities Occurring Concomitantly with other Disability and Exceptional Conditions: Introduction to the Special Series. *Journal of Learning Disabilities, 30*(3), 242-244. Doi: 10.1177/002221949703000301.
- Sabatino, D.A. (1976). *Learning Disabilities Handbook: A Technical Guide to Program Development*. Dekalb, Illinois: Northern Illinois University Press.

- Samant, D., Soffer, M., Hernandez, B., Adya, M., Akinpelu, O., Levy, J., Repoli, E., Kramer, M., & Blanck, P. (2009). Corporate Culture and Employment of People with Disabilities: Role of Social Workers and Service Providers. *Journal of Social Work in Disability & Rehabilitation*, 8, Issue 3-4. 171-188. Doi: 10.1080/15367100903202706.
- Scruggs, T.E., & Mastropieri, M.A. (2002). On Babies and Bathwater: Addressing the Problems of Identification of Learning Disabilities. *Learning Disability Quarterly*, 25(3), 155-168. Retrieved on May 8, 2013, from http://www.ldaofky.org/LD/Babies_and_Bathwater.pdf.
- Seo, Y., Abbott, R.D., & Hawkins, J.D. (2008). Outcome Status of Students with Learning Disabilities at Ages 21 and 24. *Journal of Learning Disabilities*, 41(4), 300-314. Doi: 10.1177/0022219407311308.
- Shakespeare, T. (1994). Cultural Representation of Disabled People: Dustbins for Disavowal? *Disability & Society*, 9(3), 283-299. Doi: 10.1080/09687599466780341.
- Shessel, I., & Reiff, H.B. (1999). Experiences of Adults with Learning Disabilities: Positive and Negative Impacts and Outcomes. *Learning Disability Quarterly*, 22(4), 305-316. Doi: 10.2307/1511264.
- Siegel, L.S. (1999). Issues in the Definition and Diagnosis of Learning Disabilities: A Perspective of Guckenberger v. Boston University. *Journal of Learning Disabilities*, 32(4), 304-319. Doi: 10.1177/002221949903200405.
- Sleeter, C. (1987). Why is there Learning Disabilities? A Critical Analysis of the Birth of the Field in its Social Context. In T. Popkewitz (Ed.), *The Formation of School*

- Subjects: Struggle for Creating an American Institution* (pp. 224-232). New York: Falmer Press.
- Solis, S. (2006). I'm "Coming Out" as Disabled, but I'm "Staying in" to Rest: Reflecting on Elected and Imposed Segregation. *Equity & Excellence in Education, 39*(2), 146-153. Doi: 10.1080/10665680500534007.
- Swanson, H.L. (1991). Operational Definitions and Learning Disabilities: An Overview. *Learning Disability Quarterly, 14*(4), 244-254. Retrieved on May 25, 2013, from <http://www.jstor.org/discover/10.2307/1510661?uid=3739464&uid=2134&uid=2&uid=70&uid=3737720&uid=4&sid=21102337942237>.
- Titchkosky, T. (2001). Disability: A Rose by Any Other Name? "People-First" Language in Canadian Society. *Canadian Review of Sociology/Revue canadienne de sociologie, 38*(2), 125-140. Doi: 10.1111/j.1755-618X.2001.tb00967.x.
- Torgesen, J.K. (2004). Learning Disabilities: An Historical and Conceptual Overview. In B.Y.L. Wong (Ed.), *Learning About Learning Disabilities (3rd Ed.)*. (pp. 3-39). San Diego, CA: Elsevier Academic Press.
- Twenge, J.M., Baumeister, R.F., Dwall, C.N., Ciarocco, N.J., & Bartels, J.M. (2007). Social Exclusion Decreases Prosocial Behavior. *Journal of Personality and Social Psychology, 92*(1), 56-66. Doi: 10.1037/0022-3514.92.1.56.
- Valenzuela, R.L., & Martin, J.E. (2005). Self-Directed IEP: Bridging Values of Diverse Cultures and Secondary Education. *Career Development for Exceptional Individuals, 28*(1), 4-14. Doi: 10.1177/08857288050280010301.
- van de Sande, A., & Schwartz, K. (2011). *Research for Social Justice: A Community-Based Approach*. Black Point, Nova Scotia: Fernwood Publishing.

- Vaughn, S., Sinagub, J., & Kim, A. (2004). Social Competence/Social Skills of Students with Learning Disabilities: Interventions and Issues. In B.Y.L. Wong (Ed.), *Learning About Learning Disabilities (3rd Ed.)*. (pp. 453-487). San Diego, CA: Elsevier Academic Press.
- Vogel, G., & Sharoni, V. (2011). 'My Success as a Teacher Amazes Me Each and Every Day' – Perspectives of Teachers with Learning Disabilities. *International Journal of Inclusive Education* 15(5). 479-495. Doi: 10.1080/13603110903131721.
- Wachsler, S. (2007). The Real Quality of Life Issue for People with Disabilities. *Journal of Progressive Human Services*, 18(2), 7-14. Doi: 10.1300/J059v18n02_02.
- Wendell, S. (1996). *The Rejected Body*. New York: Routledge.
- West, T.C. (2009). *In the Mind's Eye: Creative Visual Thinkers, Gifted Dyslexics and the Rise of Visual Technologies (2nd Ed.)*. New York: Prometheus Books.
- Wilson, A.M., Armstrong, C.D., Furrir, A., & Walcot, E. (2009). The Mental Health of Canadians with Self-Reported Learning Disabilities. *Journal of Learning Disabilities*, 42(1), 24-40. Doi: 10.1177/0022219408326216.
- Witte, R.H., Philips, L., & Kakela, M. (1998). Job Satisfaction of College Students with Learning Disabilities. *Journal of Learning Disabilities*, 31(3), 259-265. Doi: 10.1177/002221949803100305.
- Yin, R. K. (2011). *Qualitative Research from Start to Finish*. New York: Guilford Press.

APPENDIX A: RESEARCH INSTRUMENT

Pre-interview check list

- Thank participant for agreeing to be in the study
- Read consent form orally with the participant
- Inform participant of limitations regarding confidentiality
- Inform participant/begin audio taping
- Remind participant that s/he can choose to not answer any question
- Remind participant that s/he can stop the interview at any time.
- Ask participant if s/he has questions or needs clarification before starting interview
- Provide \$10.00 honourarium to participant

Demographics

1. Age:
2. Sex identity:
3. Education level:
4. Annual Income:
5. Marital status:
6. Nature of Learning Disability:
7. Age when Learning Disability was documented:

Semi-structured Interview Questions

1. Exactly what kind of work do you do for a living?

2. Do you feel that the demands of your job are equal to your coping skills?

3. Have you, or would you ever consider disclosing your LD to your employer?

If “yes” to question 3, ask question 4. If no, skip to question 5

4. Describe the circumstances of your disclosure (or how you would disclose) to your employer

5. What is it about your work environment that keeps you from disclosing your LD?

6. What, in your estimation, needs to change in the workplace to make LD disclosure easier?

7. What role could co-workers play in facilitating the disclosure process?

8. Is there any area of this interview we did not cover that you would like to discuss?

Post-interview check list

- Ask participant if he or she would like an electronic copy of the final report
- Thank participant for his or her time

APPENDIX B: INFORMED CONSENT



School of Social Work
1125 Colonel By Drive
Ottawa, ON Canada K1S 5B6
Tel: (613) 520-5601
Fax: (613) 520-7496

Title of Research Project: “Unlearning Disabilities at Work: A Qualitative Discourse on Disclosure of Learning Disabilities for Adults with Learning Disabilities in the Workplace”

Date of Ethics Clearance: December 20, 2012

Ethics Clearance for the Collection of Data: May 31st, 2013

Dear Participant:

You are about to participate in a study on the dilemma of disclosure of learning disabilities in the workplace by Jason Knapp, Master of Social Work student from the Social Work Program at Carleton University. I am being supervised by Dr. Roy Haynes. The goal of the study is to understand what it would take for adults with LD to feel comfortable disclosing their LDs to their employers/co-workers in order to acquire accommodations at work. The information will be transcribed and analyzed as part of my master’s thesis project. The best way to learn about how to make people ‘more comfortable’ is to listen to your experiences.

Interview

The interview process will last 45 minutes to 1 hour, and will be recorded. With your permission, I would also like to take notes from your responses to help gain a clearer understanding of your experiences. The interview will take place at (a) a public place, such as a local coffee shop or; (b) at your home—whichever is more preferable to you. As a thank you for your participation, I am offering you a \$10.00 honourarium for your time, which you will receive at the start of the interview.

During the interview I will be asking you questions about your experiences with disclosure in the workplace—or your decision not to do so. You may feel discomfort discussing information of a personal or private manner. Participation is voluntary and you do not have to answer any questions which make you feel uncomfortable. You are also free to end the interview at any time.

You may also choose to withdraw your information from the study within 7 days of completing the interview. Should you choose to withdraw from the study, all of the information that was collected, including the audio recording will be destroyed. If you

feel discomfort as a result of participating in the interview and would like to seek support, you can call the Ottawa Distress Line at 613-238-3322.

The information that you discuss with the interviewer will be kept confidential, and it will not be shared with anyone except my thesis supervisor, Dr. Roy Hanes at Carleton University's School of Social Work. However, this study is bound by the limits of confidentiality. This means if you tell me that you intend to harm yourself or someone else, or if you report witnessing or being aware of abuse or neglect of anyone under the age of 16, I am required to report the incident to the authorities.

The final report will not include your name or identify you in any way. The answers you provide during an interview will be combined with answers from many individuals and will be used to explain emerging themes.

The information from the report will be shared with my thesis supervisory committee. The findings may also be presented at other workshops, conferences or in the academic literature. The final report will be available to all participants.

If you have any questions prior to participating in the interview, please ask me prior to signing the consent form.

This project has been reviewed by and received clearance by the Carleton University Research Ethics Board. If you would like to confirm the ethical approval of the study or raise any concerns, you may contact the University Research Ethics Board. Contact information for the researcher team, research supervisor and the Research Ethics Board are listed below.

Researcher: Jason Knapp

Tel: [REDACTED]

Email: JasonKnapp@email.carleton.ca

Research Supervisor: Dr. Roy Hanes

Tel: 613-520-2600 x 3545

Email: roy_hanes@carleton.ca

Research Ethics Board Chair: Professor Andy Adler

Tel: 613-520-2517

Email: ethics@carleton.ca

Research Ethics Board Vice-Chair: Professor Louise Heslop

Tel: 613-520-2517

Email: ethics@carleton.ca

I _____ volunteer to participate in a study about disclosure of learning disabilities in the workplace. I fully understand the risks, benefits and procedures of the study as outlined in this form.

Signature: _____

Researcher: _____

Date: _____

APPENDIX C: FIRST AND SECOND LEVEL CODING

Level 1 Coding

Job Demands vs. Skill Sets (JDSS)

Level 2 Coding

Job Demands vs. Skill Sets—success (JDSS-s)

Job Demands vs. Skill Sets—challenges (JDSS-c)

Level 1 Coding

Difficulty with Supervisor (DWS)

Level 2 Coding

Difficulty with Supervisor/Management-micromanagement (DWSM-m)

Difficulty with Supervisor/Management-harassment (DWSM-h)

Difficulty with Supervisor/Management-harassment-related-stress (DWSM-h-r-s)

Difficulty with Supervisor/Management-fired-from-position (DWSM-f-f-p)

Level 1 Coding

Disclosure of Learning Disability (DLD)

Level 2 Coding

Disclosure of Learning Disability-conversation with employer (DLD-c-w-e)

Disclosure of Learning Disability-conversation with co-workers (DLD-c-w-c-w)

Disclosure of Learning Disability-negative outcomes following disclosure (DLD-n-o-f-d)

Disclosure of Learning Disability-loss of privacy (DLD-l-o-p)

Disclosure of Learning Disability-low-self-esteem (DLD-l-s-e)

Disclosure of Learning Disability-regrets (DLD-r)

Disclosure of Learning Disability-intersection of gender and learning disability (DLD-i-g-l-d)

Level 1 Coding

Pre-Disclosure of Learning Disability (PRE-DLD)

Level 2 Coding

Pre-Disclosure of Learning Disability-job position interviewing (PRE-DLD-j-p-i)

Pre-Disclosure of Learning Disability-co-workers' perceptions (PRE-DLD-c-w-p)

Pre-Disclosure of Learning Disability-management/supervisor perceptions (PRE-DLD-m-s-p)

Level 1 Coding

Post-Disclosure of Learning Disability (P-DLD)

Level 2 Coding

Post-Disclosure of Learning Disability-workplace accommodations provided (P-DLD-w-a-p)

Post-Disclosure of Learning Disability-accommodation-rights-not-recognized (P-DLD-a-n-r)

Post-Disclosure of Learning Disability-supportive co-workers (P-DLD-s-c-w)

Post-Disclosure of Learning Disability-unsupportive co-workers (P-DLD-u-c-w)

Level 1 Coding

Reluctance to Disclose Learning Disability

Level 2 Coding

Reluctance to Disclose Learning Disability-perception of co-workers (RDLD-p-o-c-w)

Reluctance to Disclose Learning Disability-perception of management (RDLD-p-o-m)

Level 1 Coding

Workplace Allies and Advocates (WAA)

Level 2 Coding

Workplace Allies and Advocates-management (WAA-m)

Workplace Allies and Advocates-co-workers (WAA-c-w)

Workplace Allies and Advocates-neutral party (WAA-n-p)

Workplace Allies and Advocates-union representative (WAA-u-r)

Level 1 Coding

Self-Advocacy (SA)

Level 2 Coding

Self-Advocacy-proactive (SA-p)

Self-Advocacy-reactive (SA-r)

Level 1 Coding

Unaware of Accommodation Rights (UAR)

Level 2 Coding

Unaware of Accommodation Rights- cannot afford assistive technologies (UAR-c-a-a-t)

Level 1 Coding

Ecological Support Systems (ESS)

Level 2 Coding

Ecological Support Systems-husband (ESS-h)

Ecological Support Systems-husband and friends (ESS-h-fr)

Ecological Support Systems-family and friends (ESS-f-fr)

Ecological Support Systems-friends (ESS-fr)

Ecological Support Systems-co-workers (ESS-c-w)

Ecological Support Systems-partner (ESS-p)

Level 1 Coding

Ideal Work Environment (IWE)

Level 2 Coding

Ideal Work Environment-accommodations (IWE-a)

Ideal Work Environment-accommodations as perceived by co-workers (IWE-a-a-p-b-c-w)

Level 1 Coding

Using Learning Disability Documentation to gain fair advantage

Level 2 Coding

Using Learning Disability Documentation to Gain Fair Advantage-hiring process
(DGFA-h-p)