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# The Impact of Employment Environment and Stereotype Threat on Self-Perceptions and Work Performance of Individuals with Intellectual Disabilities

Mary Riegelmayer
*Cleveland State University*

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THE IMPACT OF EMPLOYMENT ENVIRONMENT AND

STEREOTYPE THREAT ON SELF-PERCEPTIONS AND WORK PERFORMANCE

OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES


MARY  RIEGELMAYER


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Kent State University

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Thesis Committee Chairperson

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Department/Date

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Dedication


To Ljijlana Bobinac for pushing me into doing what I had been putting off for years, and without whom this would not have been written, and to Anthony Riegelmayer who provided a place in which to write it and believed I could.

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**ABSTRACT**

Community service agencies are advocating for the placement of individuals with intellectual disabilities into community employment positions. Despite training and follow-up services many of these individuals lost their jobs due to inferior performance. One explanation is the possibility that stereotype threat is a causal factor in this phenomenon. Stereotype threat has been linked to poor performance outcomes where the stereotype and performance domain are salient to the individual. Persons with intellectual disabilities may be affected by stereotype threat if the stereotype of mental retardation is salient to them.

This study was designed, to investigate whether the stereotype is salient to individuals with mild intellectual disabilities, and if this salience is affected by work environment. Perceptions of individuals employed in community and sheltered settings were compared, using subjects old enough to work and have developed self image. Open ended question sets were used to conduct interviews in an in- person format with adults, 25-65 years old, working in either community or sheltered environments who agreed to participate. Participants were selected by case management or employment staff in the County's northwest regional service area.

Results were analyzed, coded and themed by two reviewers. Individuals in community and sheltered work environments differed in their perceptions in each of the

three dominate themes that emerged: self identity, work perceptions and disability awareness. While work was salient to all individuals, those in sheltered settings viewed work in terms of socialization opportunities as opposed to the community respondents who viewed work in terms of self support. Data analysis supported the hypothesis that work environment impacted stereotype salience. Findings showed that individuals in sheltered settings did not apply the stereotype of mental retardation to themselves and felt it more important to appear competent to others within their social circles than to be self-reliant outside the workshop. The stereotype was found to be salient to those in the community who valued the perceptions of their employers and colleagues in this environment.

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CHAPTER I

INTRODUCTION

People with intellectual disabilities are little understood outside of their familial and social relationships. They are often seen as incompetent because of their presumed reliance on others to complete tasks that people without these disabilities might accomplish alone. This stereotype inhibits others from seeing them as valued, contributing members of society.  In the last twenty years there has been an impetus in the disability community to move people with developmental disabilities from working in sheltered settings to becoming employed in their communities. At the same time more and more employers have been increasing the diversity of their workforce.

Effective integration and training for people with developmental disabilities is not a topic often analyzed. Organizations have gone from developing affirmative action initiatives (Thomas & Ely, 1996) to creating strategic plans that include provisions for diversity and inclusion programs.  Historically this focus has been on incorporating more women and African Americans into the organization and very little attention was given to the needs of workers with disabilities or employing people with disabilities outside of

ADA (Americans with Disabilities Act) compliance requirements. As more people with developmental disabilities enter the workforce, organizations have had to develop ways to train and integrate these individuals into the company. During this process people with intellectual disabilities are often isolated, supporting a perception that they are less competent than other workers. The stigma associated with the labels attached to people with developmental disabilities has created a barrier to their successful integration into their communities. The pressure individuals feel to disprove the stereotype may cause some to lose their jobs.

Stereotype threat, as described by Steele and Aronson (1995), results from a fear of being judged by a negative stereotype. It depends on the presence of three factors. The person must recognize the stereotype, the stereotype must be salient to them and the domain must be salient (Steele, 1997). The question of whether people with intellectual disabilities who are employed in community jobs experience stereotype threat on the job or whether stereotype threat might play a part in the success or failure of competitively employed persons with intellectual disabilities is an unexplored area in the literature.

The literature describes the saliency/relevance of employment to individuals with intellectual disabilities (Li, 2000) but not the salience of the stereotype. In order to determine if stereotype threat may be a factor in employment outcomes, one must determine if the stereotype is recognized by and salient to the individuals who are at risk. Since stereotypes are prevalent in today's society (Roberson & Kullik, 2007) and one's self perceptions may reflect one's social experience (Bandura, 1994) those in devalued or negatively stereotyped groups may be more likely to recognize the stereotype and

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experience stereotype threat effects (Spencer, Steele & Quinn, 1999; Davies, Spencer& Steele, 2005).

Environmental and social factors may influence the self perceptions (Bandura, 1994) of people with intellectual disabilities. They may be more at risk of encountering stereotype threat effects than their non-stereotyped co-workers. Adults with mild intellectual disabilities, employed in community and sheltered situations, may experience different levels of stereotype salience due to differences in social experiences and it is likely that they recognize the stereotype of incompetence associated with them and its relevance to themselves. If the salience and awareness of the stereotype of incompetence are related to environmental integration levels, then those individuals working in integrated community settings will experience higher salience and awareness of stereotype than those working in non-integrated or sheltered settings. Thus this paper seeks to answer the question of whether the work environment influences the salience of the stereotype to individuals of working age (26-65) with mild intellectual disabilities, by comparing the self perceptions of individuals working in community or integrated settings to those working in segregated or sheltered settings. Only after these questions are answered will it be possible to determine whether stereotype threat plays a part in the employment of individuals with intellectual disabilities.

CHAPTER II

LITERATURE REVIEW

Stereotypes

Intelligence, as defined by the Merriam-Webster dictionary, is: "the ability to learn and understand or to deal with new and trying situations" (p.392). Human beings have long prided themselves on their superior ability to think and reason and used this intelligence to justify a stance as superior to other forms of life. Intelligence is a highly valued and sought after characteristic believed to be reflective of one's ability to manage daily life and contribute to society (Miller, 1982). Much of the value placed on intelligence lies in the conviction that it is a measure of one's competence in society.

Those individuals who are deemed to have sub-average or subnormal intelligence based on the standardized tests (Edgerton, 1993; Katz, 1968) are often categorized, stereotyped as mentally deficient (Gelb, 1997) and seen as less human, less competent, less capable of adapting to daily life and less able to contribute to society. Anyone who does not conform to societal expectations and cultural values and beliefs was thought to be deviant (Wolfensberger, 1972; 2000), a term associated with negative connotations. Because individuals with intellectual disabilities often have difficulties in social

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adaptation they are thought to be deviant and are devalued in society (Miller, 1982; Katz, 1968). Due to the devalued nature of having less than normal intelligence, this stigma is associated with any terms indicative of mental or cognitive deficiency.

The negative stereotype has been supported through the years by negative media and public portrayals (Adoni & Mane, 1984; Katz, 1968) and is fraught with misperceptions and misunderstandings (Wolfensberger, 1972; Smith, 2007). There is evidence that people with intellectual disabilities have been so portrayed throughout written history. Egyptian papyri have been found which describe mental and physical conditions attributed to brain damage (Biasini, Grupe, Huffman, & Bray, in press). People functioning outside of social norms were often misunderstood and feared. Wilkens (1965) relates these reactions (as cited in Wolfensberger, 1972) to classical norms equating truth, beauty and goodness and suggests that to deviate from those norms is to be considered 'evil' or 'bad'.

Wolfensberger (1972; 2000) further suggests that the mental retardation label will affect others' perceptions of the roles of persons with mental retardation and will encourage others to perceive them as deviant. These individuals were thought to be unsafe (to others) or unable to function in society and were placed in institutions along with others deemed deviant for care, protection and 'training' (Wolfensberger, 1972; Katz, 1968; Biasini et al., in press). As these institutions became overcrowded individuals were released into the community (Edgerton, 1993; Node, 1977) and new training techniques, social roles and definitions were needed.

*Terminology*

Stereotypes are a way of categorizing individuals based on characteristics or

attributes (Aronson, 2004). Traditionally stereotypes are thought to be negative and based on inaccurate or incomplete information. Miller (1982) suggests that since people often seek information that confirms their beliefs, stereotypes are in 'the eye of the beholder' (Wolfensberger, 2000; Miller, 1982; Katz, 1968). More recent discussions of stereotype suggest they may be accurate or inaccurate, positive or negative (Jussim, McCauley & Lee, 1995). They serve the general purpose of preserving cognitive resources (Aronson, 2004) and are often used to explain or predict behavior. Understanding the history of the stereotype for people with intellectual disabilities is essential to understanding the continuing stigma associated with the terminology (Miller, 1982).

Mental retardation is a typology (Gelb, 1997; Smith, 2002; 2007) describing a heterogeneous population of individuals (Finlay & Lyons, 2000; Katz, 1968; Bogdan & Taylor, 1976) with a varied etiology (Chen, Lawlor, Duggan, Hardy & Eaton, 2006). Historically there have been a number of definitions and variations in these have created variances in the reported prevalence rates of mental retardation (Chen, et al., 2006). This has resulted in difficulties for researchers in defining who is and who is not considered mentally retarded. For example, rates from 1.7 to 79.3 per 1000 for individuals with mild mental retardation have been described (Chen, et al., 2006), indicating a discrepancy in defining a clear definition for mental retardation. According to Afia, Strydom, Hassiotis, Williams and King (2008), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) currently defines mental retardation as: "A significantly below average level of intellectual functioning (IQ less than 70) with associated impairments in adaptive functioning (in at least two areas) arising before the age of 18 years." (p. 410). Similarly

the American Association on Intellectual and Developmental Disabilities (AAIDD) states that: "Intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual social and practical adaptive skills. The disability originates before the age of 18" (American Association of Mental Retardation, 2002).

These changes in definition have been accompanied by proposed changes in terminology as well. Recently the Ohio County Boards of Mental Retardation and Developmental Disabilities decided to change their name by eliminating the words "mental retardation." A similar change was debated by the American Association of Mental Retardation (AAMR, now AAIDD) in 2001 (Panek & Smith, 2005). The leaders of this organization had a difficult time agreeing on a replacement term. The consensus in both cases was that the term mental retardation had negative associations and expectations attached to it and was considered demeaning to the group so labeled. Historically those with intellectual disabilities have been portrayed by the popular media as inferior or less competent than others (Wolfensberger, 1972). Individuals may begin to internalize or believe a negative stereotype (such as inferiority) if they are continually exposed to it (Steele, 1997; Aronson et al., 1999; Wolfensberger, 1972).

Consequences of labeling and the negative stigma that goes with the term mental retardation have been extensively studied. Labels are seen as stigmas (Goffman, 1963) that denigrate and exclude the persons affected from normal social roles (Schuster & Butler, 1986; Wolfensberger, 2000). Differential treatment addressed to the individual makes it difficult for them to develop normal social integration patterns. Panek and Smith (2005) conducted a study to examine the viability of five popular substitute terms

theorizing that the term mentally retarded would be the most negatively viewed by the participants, who consisted of psychology students and community respondents. Findings showed that mentally challenged was the term viewed most positively by the participants. Panek and Smith (2005) comment that this term was not among those being debated by AAMR leaders. They also noted that all of the terms were virtually neutral with very little difference between them, and suggest that changing the mental retardation terminology may be premature because there were no significant differences between the way the terms were viewed (no one term stood out as being significantly negative). Schuster and Butler (1986) suggest that there will be negative consequences as a result of being labeled mentally retarded. They studied the perceived stigma of two groups of former students: some who were labeled mentally retarded and some who were eligible for the mental retardation designation but had not been labeled. The results indicated that being labeled does not affect long range social adjustment. The methodology for determining long range social adjustment was not described or clearly defined in the study and some data was obtained from old records of former students, making the generalizability of the study questionable. Others, like Turnbell, Warren, Eidelman, and Marchand (2002) believe both the name and the terminology issues must be addressed before officially changing the name. Names reflect one's past, present and future identity and others' perceptions (Schalock, 2002). Any name change should support individuals served, preserve values and serve as a community connection. Wolfensberger (2000) and Finlay and Lyons (2000) indicate that people build their social identities based on their interactions with others and the label reflects how they are perceived by others. Individuals with intellectual disabilities are devalued because of the label, and thus their

opportunities are limited by society (Wolfensberger, 1972; Finlay & Lyons, 2000; Wehmeyer, Kelchner & Richards, 1995; Li, 2000).

Yuker (1988) compiled the findings of 53 studies examining perceptions and acceptance of disability. The data yielded a 'hierarchy of accepted disabilities' with mental retardation near the bottom. When ranked by severity of disability, the hierarchy changes, based on the perceptions and experience of the rankers. The term severely handicapped, for example, is generally interpreted by professionals and the public to mean severely retarded (Tawney & Demcheck, 1984, as cited in Yuker, 1988), and is ranked lower than terms for people with disabilities not associated with mental retardation. People with intellectual disabilities are often viewed by the disability first rather than their other traits or personality (Yuker, 1988; Bogdan & Taylor, 1976). Yuker (1988) theorized that personality traits may influence the way one perceives and reacts to their disability and the way that they present the disability, thereby influencing others' perceptions of them (Yuker, 1988; Wolfensberger, 1972; Finlay & Lyons, 2000). He argued that disability traits do not define a person and changing definitions does not change perceptions (of the label). Limitations to this study include inconsistency in the data and differences in the variables studied, but based on this research Yuker (1988) concludes that labels do make a difference in how people are perceived. This hierarchy of disabilities and juxtaposition of individuals listed as severely handicapped with severely retarded are indications of how the label of mental retardation is perceived in society. Since self concepts are partly dependent on the perceptions of others (Wolfensberger, 1972; Finlay & Lyons, 2000; Steel 1997; Wishart & Johnston, 1990), the implications of this for those with intellectual disabilities is enormous.

Employment

Employment is regarded as a societal measure of competence (Li, 2000). The saliency of employment to the individuals studied is prevalent in the literature. Work was equated to competence, to being normal (Edgerton, 1993; Todd & Shearn, 1997; Wolfensberger, 1972; Jahoda, Markova, & Cattermole, 1998; Li, 2000; Wehmeyer et al., 1995) and most of the individuals studied indicated that they wished to be employed (Rapley et al., 1998; Todd & Shearn, 1997; Edgerton, 1993; Zetlin & Turner, 1988; Bogdan and Taylor, 1976; Lemaire & Mallik, 2008). A major element in determining their competence and others' perceptions of their competence resides in their ability to find and maintain employment (Edgerton, 1993; Wolfensberger, 1972; Node, 1977). Cinamon and Gifsh (2004) studied 21 Israeli students, from 14 to 22 years old, with mild intellectual disabilities to examine their perceptions of and preferences for work. All of the individuals surveyed wanted to work. One of the challenges in employment for individuals with intellectual disabilities is that jobs are often not available (Li, 2000; Wehmeyer et al., 1995). A possible explanation for this is that employers may perceive those with intellectual disabilities as incapable of achieving the same job performance levels as other workers (Wolfensberger, 1972). In surveying employers, Li (2000) discovered that they felt that individuals with intellectual disabilities were the most undesirable of all workers due to their perceived incompetence. Wolfensberger (1972) suggests that an individual's potential to be "normal" depends on the opportunities they have. These opportunities may be limited for people with intellectual disabilities if an employer does not perceive them to be competent.

*Stereotype Threat*

A major issue affecting employment for people with intellectual disabilities is in maintaining the position. The support and attitudes of co-workers and employers are a factor in employment outcomes (Christian & Poling, 1997). Steele and Aronson (1995) described stereotype threat as resulting from a situation in which a relevant (to the individual) negative stereotype is activated such that the individual feels the need to disprove it and in doing so inhibits optimal performance on a task requiring focused cognition. Roberson and Kulik (2007) indicate that a potential issue in job maintenance may be a fear of being judged, and this fear may create anxiety. For stigmatized (negatively stereotyped) groups this anxiety may be increased in task situations in which their group is expected to do poorly. Aronson, Lustina, Good, Keough, Steele, and Brown (1999) argue that stereotyped group members feel pressure to negate the stereotype when they are in situations that may affirm the stereotype. Most employees do not see themselves as being different until the differences become salient (Bogdan & Taylor, 1976) in an environment such as work. Steele (1997) suggests that for stereotype threat to occur the stereotype must be relevant to the individual. Stereotype threat occurs only when the possibility of people being assessed or judged by the stereotype exists and becomes threatening to the person.

Jahoda, Markova and Cattermole's (1988) study suggests that individuals with mild intellectual disabilities are aware of social prejudice and this creates the possibility that they might experience stereotype threat if the stereotype becomes salient to them in a job situation. Because stereotypes are prevalent in society individual members of stereotyped groups are aware that these stereotypes may be applied to them in the work setting (Roberson & Kulik, 2007). If an individual with intellectual disabilities is made

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aware of the stereotype of being incompetent while on the job, they may perform less well, especially if their performance will be compared to others. McGuire (as cited in Miller, 1982) and Ben-Zeev, Fein and Inzlicht (2005) suggest that one's self perception is often a factor of one's environment in that a person will be more conscious of the characteristics about oneself that are unusual in relation to others in their environment. Being the only person with a developmental disability in a work environment may activate the awareness of differentness. Once they are aware they are different the targets may assume that others will see them as such and will try to alleviate that distinction, thus triggering the stereotype threat effect.

Wout, Shih, Jackson and Sellers (2009) studied how self perceptions can determine when one is negatively stereotyped. They suggest that when one is negatively stereotyped he or she devotes resources to nullifying the threat (of being stereotyped) and these resources are no longer available to attend to the task at hand. People who are stereotyped may reduce the threat by making it less important to do well at the task (Roberson & Kulik, 2007) or in the case of people with intellectual disabilities, disassociate themselves from the group (Edgerton, 1993: Aronson et al., 1999). In order to cope with the consequences of the negative stereotype the individual must discern when and if the threat exists. (Wout et al., 2009).

Wout et al. (2009) propose that in order to successfully manage such threats the individual must be able to determine when the threat is relevant to their social setting. They hypothesize that the individual will only devote resources to stereotype threat when it is both possible and probable that the stereotype will be applied to them. Possible refers to the individual being aware that a stereotype might be applied to them in their

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current situation. Probable reflects the likelihood of others in the individual's social setting applying the stereotype to them. Wout et al., (2009) contend that probable is the more important assessment tool in determining whether the person is likely to be stereotyped and in deciding whether to exert one's cognitive resources to combat the threat. Based on this probability rating behaviors displayed by an individual with intellectual disabilities may reflect both the expectations of outgroup members as well as the individual's interpretations of outgroup expectations (Schupp, Joiner & Towne, 1970; Yuker, 1988; Wolfensberger, 1972). Distinguishing between possible and probable, however, may be more of a challenge for individuals with intellectual disabilities. Wout et al., (2009) hypothesize that individuals will perceive a higher chance of being stereotyped by outgroup members than ingroup members, especially if the target is the only member of a group. They (Wout et al., 2009) conducted five experiments to examine these propositions and concluded that targets use their perceptions of the social environment, including individuating information and stereotypes, to determine when they will be negatively stereotyped. Individuals may disidentify from or deny membership in the stereotyped group as a defense mechanism due to chronic pressure (Aronson et al., 1999).

Steele and Aronson (1995) believe that the possibility of stereotype threat exists for anyone whose group is negatively stereotyped whether they believe the stereotype or not. Everyone wants to feel good about themselves and appear competent, thus anyone can be affected by stereotype threat (Smith, 2007). It is important for people with intellectual disabilities to be accepted, to be seen as normal and not different (Bogdan &

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Taylor, 1976; Edgerton, 1993). This apprehension of incompetence may be a factor in stereotype threat.

Aronson et al. (1999) also speculate that direct targets of a stereotype will be affected differently than indirect targets due to disidentification issues related to stigma awareness or to being distinct or readily identifiable as part of a particular group (Glenn and Cunningham, 2004). They (Aronson et al., 1999) conclude that stigma does not necessarily need to be present to affect performance, but the domain must be salient (Steele, 1997) or the individuals must be motivated by or invested in the domain. Low expectations from others as well as limited opportunities for societal interactions may influence a person's ability (opportunity) to identify with a domain. Nguygen and Ryan (2008) caution against generalizing target group stereotype information to other target groups, because the mediating factors may be very different. Steele (1997) concurs, suggesting that cultural expectations and societal influences may also contribute to domain identification or rejection. Individuals with intellectual disabilities may equate (their personal) competency with having a community job (Todd & Shearn, 1997; Rapely, Kiernan & Antaki, 1998; Edgerton, 1993). For those who connect parts of their identity to the domain, the possibility of confirming the negative stereotype is higher, and thus they are more likely to experience stereotype threat effects (Steele, 1997). People with intellectual disabilities may face a greater risk of stereotype threat effects if they have a strong desire to do well at a community job. Logel, Spensor, Iserman, Walton, Von Hipple, and Bell (2009) explored social identity threat theories in relation to stereotype threat effects. The significance of these studies is that they examined the degree of threat in actual environmental conditions as opposed to manipulating the

participants' construction of the threat in the environment. Social identity threat had an impact on real world work performance of those who are stereotyped.

*Self Determination*

Recent studies on adults with mental retardation have focused on self determination and quality of life issues (Wehmeyer et al., 1995; Li, 2000; Smith, 2007; Lachapelle, Wehmeyer, Haelewyck, Courbois, Keitch, Schalack, Verdurga & Walsh, 2005). Self determination is loosely defined as the ability to choose one's life direction. A recurrent trend in the self determination literature is the stipulation that employment is a quality of life issue for individuals with intellectual disabilities and is directly connected to the person's competence or perceived competence levels (Wehmeyer et al., 1995; Li, 2000: Lachapelle et al., 2005). One's ability to self evaluate and make appropriate choices is accomplished by comparing one's behaviors with the expected behaviors (Wehmeyer et al., 1995). Being employed is one of the behaviors that is expected (Cinamon & Gifsh, 2004) of adults in today's society. It is theorized that because they are unable to manage their own lives people with intellectual disabilities cannot make appropriate choices (Li, 2000). People with intellectual disabilities who work in a segregated environment are less likely to be self determined (Wehmeyer et al.,1995) as they can only compare their work behaviors to that of others with intellectual disabilities (Glenn & Cunningham, 2004), and if these behaviors match they may conclude that they are acceptable. If the levels of acceptable or expected behavior in the sheltered settings do not match those of the employment setting, individuals transitioning into positions in the community may experience difficulties (Wehmeyer et al., 1995).

Wehmeyer et al.'s (1995) study involved 408 adults with intellectual disabilities. They concluded that those with intellectual disabilities are not able to be self determining because they do not have the opportunity to develop the necessary social skills needed to make appropriate choices or to understand societal or cultural expectations. The segregated communities in which they live (Node, 1977; Glenn & Cunningham, 2004) are reflected in their self perceptions and may influence their ability to independently find employment outside of these communities. These individuals may be unaware of their own abilities (Todd & Shearn, 1997) and matching employment opportunities due to this sheltering, and dependence on others to make these determinations.

Only 33% of those employed, in Wehmeyer et al.'s (1995) study, indicated their current job as their preference, but 95% were satisfied with their jobs. Li (2000) explored the choices people with intellectual disabilities have in selecting their employment. Her findings showed that two thirds of the participants did not make their own choices in employment. Li (2000) like Lachapelle et al., (2005) and Wehmeyer et al., (1995) concluded that self- determination should be further promoted by service providers, such that individuals with intellectual disabilities are afforded more opportunities to make choices. Part of this ability to make appropriate choices is in knowing one's abilities and social expectations, being able to self-evaluate (Wehmeyer et al., 1995), and understanding the stigma and implications as they relate to one's chosen direction.

Perceptions

Much study had been done on the self concept, self esteem, self awareness and self determination of children with intellectual disabilities. However there have been few studies of the recognition, understanding and self application of the stereotype associated

with the term mental retardation on adults with intellectual disabilities. Most of the research in this area has focused on children with Down syndrome. Investigations into the self concepts of persons with intellectual disabilities may be hindered by the lack of an agreed upon definition of the term (Marsh, Tracy, & Craven, 2006; Cuskelly & deJong, 1996; Wishart & Johnston, 1990; Begley & Lewis, 1998) and the difficulty in measuring the multi-dimensional factors of self concept with a deficiency of validated instruments for assessing individuals/adults with intellectual disabilities (Barnes, Lawler, Smeets, & Roche, 1996; Cuskelly & deJong, 1996; Wishart & Johnston, 1990).

Social constructionist theories suggest that a person's self concept is in part determined by others' perceptions of them (Finlay & Lyons, 2000; Steele, 1997; Wolfensberger, 1972). Stage theorists such as Piaget (1972/2008) and Erikson (Ciccarelli & White, 2009) have suggested that people progress through a series of stages in their development from childhood to adulthood.  A child's understanding of others' perceptions of them depends on their functioning or developmental level (Cunningham & Glenn, 2004).  Logical representations and connections to concrete events develop between the ages of 7 to 8 as language skills are formalized and the reasoning process is expanded (Piaget, 1972 /2008). Developmental studies with children (Cuskelly & deJong, 1996; Harter, 1983) with and without disabilities and adolescents with intellectual disabilities have shown that people do not begin to develop a sense of self esteem until the age of 7 to 8 years (Harter, 1983). It was proposed that those individuals whose verbal mental ages fell between these ages (or higher) would be able to self-evaluate (Glenn & Cunningham, 2004) and thus develop the potential for a disability awareness and self application. Researchers have focused on verbal mental age to ascertain a person's

capacity to understand interview questions. Begley and Lewis (1998) looked at developing measurement techniques that did not involve linguistic skills.

Barnes et al. (1996) explored how exposure to negative language affected children with intellectual disabilities. They postulated that children with mild intellectual disabilities will identify themselves with the language associated with mental retardation if they are continually exposed to the stereotypic verbiage. Barnes et al. (1996) concluded that negative language such as the term "bad," will be translated by the child into a negative self image. If the child also learns through social influences to associate words such as slow or stupid with the term mental retardation they may begin to apply these terms to themselves.

Other research with adults seems to support this connection to lexicography. Bogdan and Taylor (1976) and Smith (2007) report that some of the individuals they interviewed avoided the term mental retardation by referring to themselves as slow or slow learners. This would indicate that they were aware of the stigma attached to this term (mental retardation) and attempted to disassociate with it by applying other less denigrating terminology (Steele, 1997; Edgerton, 1993). Barnes et al. (1996) compared the likelihood that children with intellectual disabilities would be more apt to associate their names with the words slow or able than would children without intellectual disabilities. The children with mental retardation had reading ages of eight or higher while the average reading age of children without intellectual disabilities was almost 12 years. The researchers also tested to see if the children understood the meanings of slow and able. Results of the study indicated that negative self image (identifying one's self as slow) was connected to the child's reinforcement history.

Todd and Shearn (1997) argue that a large part of self image is shaped by parents. The parents create a framework of moral beliefs and values that serve as an outline for the development of self concept (Wishart & Johnston, 1990). Todd and Shearn (1997) suggest that the time-lag between when the individuals are diagnosed and when they become aware that the disability is a deficit is a direct result of the information they receive from parents. If the parents do not talk about the disability this awareness may not occur until the individual is exposed to others outside of the home. The implication is that the individuals may not be aware of the stereotype until they are employed or living in the community with others who do not have intellectual disabilities. This uncertainty of when the person becomes aware of the disability may have contributed to some of the confusion in the literature regarding the salience of the stereotype.

Wishart and Johnston (1990) hypothesize that the mothers' expressed attitudes regarding their children have a role in others' perceptions of the child's personality. The researchers queried 10 groups of people with varying levels or experience with Down Syndrome, including mothers, teachers, and students to determine how attitudes affect the perceptions of those with intellectual disabilities. Wishart and Johnston (1990) concluded that how one interacts with a person with intellectual disabilities is reflected in one's attitude toward that person. This is critical to the child's development of their self understanding and self awareness.

Marsh, Tracy and Craven (2006) and Cunningham and Glenn, (2004) also agree that children compare themselves to others in their environment as a frame for developing their own self concept. Marsh et al. (2006) speculated that students placed in non-integrated settings would have a higher academic self concept, due to having a

similar comparison group, than those placed in integrated settings. They also speculated that placing students with lower abilities into specialized or segregated classes with other students with lower abilities will reinforce the development of a negative self concept and create a lasting stigma.  Results of their study indicated that students who started out  in integrated settings and were placed in segregated classrooms, then came back to the integrated settings displayed  lower levels of self concept than before going into the non-integrated settings. Previously (before going into these segregated classrooms) they experienced a lowered self concept only in academic areas and not a lower general self concept. Schurr, Joiner and Towne (1970) concur, describing how children with intellectual disabilities placed back into a normal classroom after a special education program had lower measures of self concept than before.  They postulate that the students needed the reference group of others like them to feel good about themselves (Schurr, Joiner & Towne, 1970; Wolfensberger, 1972; Cunningham & Glenn, 2004). This would also indicate that the children seemed to recognize differences between themselves and others.

Children's understanding of others' perceptions of themselves may also be affected by their functional levels (Cunningham & Glenn, 2004).The developmental stage of determining 'who am I' (Ciccarelli & White, 2009) is the stage most adolescents go through up to age 16 to 17. For people with  intellectual disabilities  the 'who am I' stage may continue into early adulthood, and individuals in the age range of 18 to 26 may still be developing  a sense of who they are (Cunningham & Glenn, 2004). As they become self-aware the stereotype may then become salient to them.

When studying individuals with intellectual disabilities in relation to those without these disabilities there is a consensus that one needs to make comparisons based on verbal or mental age rather than chronological age (Cunningham & Glenn, 2004; Cuskelly & deJong, 1996; Harter, 1983). It is also necessary, when examining the perceptions, self concept, and stereotypes associated with individuals with mental retardation, to consider their developmental ages (Edgerton, 1993; Cunningham and Glenn, 2004; Harter, 1983). Studies with adults examining the awareness, application, and understanding of the stigma attached to the disability which also examine developmental aspects are rare.

Cunningham and Glenn (2004) have suggested that young adults with intellectual disabilities between the ages of 18 and 25 might not be developmentally mature enough to recognize or personalize the label. Their study focused on how and when a person with Down syndrome becomes aware of the disability. They postulate that variations in developmental stages may affect awareness. Self identification and a sense of self esteem do not form until 7-8 years of age. Cuskelly and deJong (1996) compared the development of adolescents (16-19 years) with Down syndrome and 'normal' 4-6 year olds and found no differences. From this Cunningham and Glenn (2004) infer that similar developmental processes occur in individuals with and without Down syndrome, and that those with Down syndrome develop their self perceptions and awareness at later chronological ages than those without Down syndrome. They interviewed 78 parents and 77 individuals with Down syndrome and found that 20% of the participants in their study experienced stigma relative to Down syndrome, but that most were not overly distressed by it. They concluded that verbal mental age was the strongest factor associated with the

awareness of Down syndrome. The participants' lack of identification with the disability, according to Cunningham and Glenn (2004), indicated that the stigma associated with Down syndrome was not a salient issue to them. They caution that the sample tested may not have been old enough yet for restrictive influences to be felt, and suggest that the potential for negative associations with the disability exist as the population gets older. Future research should examine people with Down syndrome in the age range of 25-35 years, as the researchers felt many individuals may not be mature enough to be aware until these ages.

A second study was conducted by Glenn and Cunningham (2004) with the same cohort of individuals between 17-24 years old to explore their understanding of the disability. This study showed that, of those capable of verbalizing, 72% either did not associate themselves with the disability or did not express an awareness of it. Because their peer group and social contacts were restricted to others with Down syndrome the individuals in the study had less opportunity for self reflection. People with Down syndrome tend to associate mostly with others with intellectual disabilities or use this group as a reference group to develop their self definition (Cunningham & Glenn, 2004). It is only when they find themselves with those who are outside of the comparison group that they become aware they are different and that these differences are not normal. It is possible that others with intellectual disabilities may experience the same phenomenon, and that stereotype recognition is not possible until individuals are exposed to those without intellectual disabilities. Future studies of individuals with intellectual disabilities whose frame of reference is outside of the restricted peer group and whose opportunities for self reflection would be greater is warranted (Glenn & Cunningham, 2004).

22

*Cultural and environmental influences*

Culture has also been described as a mediating factor in the development of an individual's self concept, self awareness and understanding of the stigma and disability. Davies and Jenkins (1997) suggested that the potential to become aware of the stigma rested with parental influences on the individual's upbringing. Others (Wolfensberger, 1972; Node, 1977; Li et al., 2006; Glenn & Cunningham, 2004; Edgerton, 1993) suggest that spending large amounts of time with others with disabilities creates a disability subculture which protects individuals (Glenn & Cunningham, 2004) from seeing themselves (Todd & Shearn, 1997) as having a disability or seeing the disability as a non-normal feature (Bilken & Mosley, 1988). Culture affects how the disability is portrayed in society and the salience of the disability is reflected by the value and belief systems of the culture.

Several studies (Li, Tam, & Man, 2006; Bunning & Steele, 2006; Gibbons, 1985; Lapchelle et al., 2005) have investigated cultural influences on the self perceptions of people with mental retardation. Self concept consists of expressions of self worth and is developed through the incorporation of physical characteristics, inner values, and internal and external characteristics, according to Bunning and Steele (2006). They believed that self concept foundations are laid during childhood and formed by experiences. These experiences are the basis for the development of a sense of competence or incompetence.

Different cultural systems react to disabilities in different manners (Kegel & Edgerton, 1982; Wolfensberger, 1972). How a person is raised to think (Wishart & Johnston, 1990) influences their concept of the disability. Bunning and Steele (2006) suggest that a person's self concept is defined by this sense of cultural identity. They

studied four Jewish students with mild intellectual disabilities and discovered a close

correlation between Jewish culture and self concepts. Kegel and Edgerton (1982) also

speculate that culture might play a part in how persons with intellectual disabilities view

themselves and are viewed in their communities. They studied 50 African American

individuals between the ages of 21-35, with mild intellectual disabilities. The participants

were asked how they defined terms such as mental retardation and how they defined

terms used to describe themselves. The researchers found that while only four percent

referred to themselves as mentally handicapped, 38% labeled themselves as slow, 11%

said they were handicapped, and 9% said they had limitations. (The researchers found

that 57% of the sample did not directly label themselves as mild mentally retarded but

categorized themselves as slow, mentally handicapped, handicapped, or limited in some

way). Thirty-eight percent rejected the notion that they were intellectually disabled.

Kegel and Edgerton (1982) believe that this may be due to the stigma associated with

identifying with an intellectual disability. In spite of the negation of the label, most of the

individuals in the study did not see themselves as normal or like everyone else. They

concluded that the majority of the participants did apply labels to themselves and viewed

themselves as being handicapped or limited in some way. Interestingly, the researchers

discovered that the parents associated the term mental retardation with a greater degree of

incompetence than they attributed to their children.

African American persons with mild intellectual disabilities and their white

counterparts are not identical in their social roles (Kegel & Edgerton, 1982). The African

American individuals are both allowed and expected to live in their communities and

have children. These individuals appear to be more successfully integrated into the

society of persons without intellectual disabilities (Kegel & Edgerton, 1982). Being 'handicapped' is not as much a barrier to normal social roles. Roles, as Wolfensberger (2000) points out, are important in the development of one's self concept and connect to interpretations of competence both by self and others.   This raises the question of the extent to which culture and or subcultures affect the ultimate competence or perceived competence of people with intellectual disabilities (Li et al., 2006).

There is growing evidence that more studies should be done on the cultural effects of stereotypes of mental retardation and associated stigmas.  Lapchelle, et al. (2005) and Li, (2000) concur that self concept is associated with one's social interactions and connected to quality of life issues. They further suggest that the negative views associated with persons with intellectual disabilities are exacerbated by beliefs attributing disability to a moral or social offense (Wolfensberger, 1972). Li et al. (2006) studied the self perceptions of Chinese adults with intellectual disabilities in Hong Kong. The study revealed that salient issues coincided with cultural values reflecting the Chinese collectivist cultural beliefs. The items that were most important to the study participants' perceptions of themselves were connected to valued societal beliefs.

*Adult roles*

Edgerton's (1993) seminal study in 1960 on adults with intellectual disabilities who had been released from a hospital and were living in the community involved observations and interviews conducted over a one year period. He studied the daily lives of 53 individuals with intellectual disabilities and their ability to cope with life in a large city. These individuals had an average age of 35 and a mean IQ of 64. He chose to study the more normal seeming individuals and discovered that they had created their own

culture within the institution, complete with a unique belief, value and control system. Edgerton (1993) examined their beliefs and values in light of their experiences and circumstances. The stigma of being in a mental institution provided the impetus for these individuals to prove that they were competent. Edgerton (1993) states that the participants in his study denied that they were mentally retarded and made every attempt to appear competent in society. The mental retardation label confers a negative self worth on a person and that stigma is so great the individuals will do anything they can to negate being associated with being called mentally retarded.

Edgerton (1993) implies that one's level of competence needs to be considered within one's culture and social context. People in the study established relationships with a peer group of other individuals with mild intellectual disabilities and attempted to relate to hospital employees/staff. When the individuals were released from the hospital they created reasons having nothing to do with mental deficiency as to why they had been hospitalized. Edgerton (1993) suggests that in order to maintain their self esteem, the persons he studied attempted to mask or deny the incompetence associated with mental retardation or strove to prove they were not incompetent. Edgerton (1993) postulates that the hospital culture may have contributed to the incompetence of the participants in his study, once they were released from the hospital. The individuals had learned a language and developed values, beliefs and a system of institutional roles related to this hospital culture in order to maintain their self esteem. They had developed an institutional culture which, upon their leaving the hospital, had to be unlearned as they strove to gain acceptance into normal or ordinary society. This unlearning meant reconstructing their language, social structure and values to conform to those outside the institution.

Social values are often expressed in roles and titles which serve the secondary purpose of establishing or creating a sense of self worth (Wolfensberger, 1972; 2000). Goldschmidt (1993) suggests that these roles are a means of self evaluation and that social interactions are connected to developing a positive self image. Edgerton's study (1993) exemplifies that in this society to be seen as less intelligent is destructive to one's sense of self worth and the ability to fit into a society that values this trait. Those with mental retardation are forced to hide or deny the diagnosis blaming their proposed deficiency on external sources (Miller, 1982). This adamant denial described by Edgerton seems to be more of a way for individuals to convince themselves and others that they are competent (Gibbons, 1985), rather than an actual lack of understanding of the diagnosis. It could be argued that because they understand the stigma they strive to distance themselves from it.

Bogdan and Taylor (1976), Bilken and Mosley (1988) and Smith (2007) used autobiographies to ascertain the self perceptions of persons with intellectual disabilities. These stories suggest that the individuals are aware of the label and stigma applied to them. They attempt to prove their competence and deny the stereotype (Bogdan & Taylor, 1976). Bogdan and Taylor (1976) assert that individuals with intellectual disabilities have their own perceptions and self understandings which do not always match the professional, or parent's (Todd & Shearn, 1997). Bilken and Mosley (1988), Todd and Shearn, (1997) and Finlay and Lyons (2000) agree that individuals with intellectual disabilities may not see it as a defining stigma or the salient feature of their identity. Conversely others suggest that this lack of identification with the stereotype is due to a lack of awareness.

Davies and Jenkins (1997) interviewed 60 young adults, between the ages of 18 and 26, with intellectual disabilities who attended sheltered worksites. They suggest that those individuals with intellectual disabilities, labeled as young adults, do not engage in, nor are they ready to engage in, independent adult behaviors. They postulate that while these individuals are aware of what it means to be an adult (Davies & Jenkins, 1997) most have been restricted in their adult experiences (Wehmeyer, 1995; Li, 2000). These restrictions are the consequences of being mentally retarded and while the individuals have experienced these consequences, Davies and Jenkins (1997) conclude, they are not aware of the meaning of the disability as applied to themselves. These individuals, however, may not have had the frame of reference or maturity to have developed an awareness of stigma (Cunningham & Glenn, 2004).

The parents' views of their children in Todd and Shearn (1997) and Wishart and Johnston's (1990) studies reflected their perceived competence of their children. Those regarded as less competent were seen as less capable of fulfilling adult roles. Todd and Shearn (1997) found that most of the parents in their study indicated that their offspring did not know they had a disability. They suggest that the reason for this is that the parents took care not to reveal the disability and actively attempted to hide it from their children. Thus many young persons graduating from school are still unaware of their disabilities (Glenn & Cunningham, 2004; Kegel & Edgerton, 1982). Todd and Shearn (1997) suggest that as persons get older discrepancies between their lives and the lives of others around them become more evident. This emerging disability identity limits the social roles and opportunities available to them. By hiding their disabilities from them, the parents of individuals with intellectual disabilities are restricting their ability to make self

determined choices (Wehmeyer et al., 1995) and this control may actually contribute to their incompetence by limiting their learning challenges, opportunities and experiences. (Li, 2000).

Wolfensberger (2000) stressed that the fewer available social roles the more powerful or salient the available ones become. Some researchers  (McGlone & Aronson, 2006; Brodish & Devine, 2009; Rydell, McConnell, & Beilock, 2009; Schmader, Forbes, Zhang & Mendes, 2009; Rydell & Boucher, 2010) have suggested that stereotype threat effects may be mitigated by developing alternate identities These identities are roles based on the positive life achievements of an individual, such as 'football captain' or 'straight A student.'  Individuals with intellectual disabilities may not have the resources to develop the alternate positive or achievement identities proscribed by these researchers as a deterrent to stereotype threat. These individuals would have to spend more time protecting and validating those available roles to maintain a positive self image instead of just shifting to a less devalued role as their identity base. The importance of these roles is defined by the established societal values, beliefs, perceptions, and expectations.

People with intellectual disabilities may not have a choice in the roles ascribed to them by society but also may not see themselves as having the same role restrictions that others attribute to them (Bogdan & Taylor, 1976; Jahoda et al., 1988; Finlay & Lyons, 2000; Rapley, Kiernan & Antaki, 1998).  Rapley et al., (1998) interviewed individuals with moderate and mild intellectual disabilities and reviewed the research done by Todd and Shearn (1997). They based their interviews and analysis on the premise that social categories are fluid and may be used or disavowed by persons as needed. These

categories are not immutable descriptions of individuals' character or identity and one can negotiate their place in them.

Rapley et al., (1998) further suggest that Edgerton's notion of passing is just another way of choosing to present oneself as normal, implying that the time these individuals took to demonstrate their normalcy is an indication of their recognition and understanding of the disability. They analyze the participants' response formulations by the lexicons used and their (the participants) suppositions and interpretations of what was meant in relation to the entire discourse. Rapley et al. (1998) criticize Todd and Shearn's (1997) research methods contradicting their conclusions with opposing interpretations of the data. They conclude that individuals with intellectual disabilities are aware, by both their own admissions and disavowals, of the stigma associated with the label. Reiss and Benson (1984) concur, suggesting that people with intellectual disabilities recognize the stigma and social consequences. They further argue that awareness of the stigma constitutes awareness of the associated incompetence. However their study was done with individuals with a dual diagnosis of unspecified "emotional disturbance" and intellectual disabilities which they readily admit may have affected their results.

Gibbons (1985) also compared how people with mental retardation rated the social behavior of others with and without intellectual disabilities. He speculated that because individuals with intellectual disabilities, functioning at higher levels who live in the community have more exposure to people without intellectual disabilities, the stigma and label have greater saliency to them. Gibbons (1985) interviewed individuals, 16 to 49 years old, with mild intellectual disabilities who had no other disabilities. The participants were asked to define mental retardation by giving examples of someone who

had that trait or by providing relevant adjectives. They were also shown pictures of individuals who they were told either had mental retardation or did not and then were asked three questions about the person. He found that the label significantly impacted the disabled person's perception of others. The studies also revealed that individuals with intellectual disabilities perceived themselves as being less socially successful than those without intellectual disabilities. The saliency of the label is inversely affected by exposure to others with intellectual disabilities (Gibbons, 1985). This label is more relevant to individuals who have exposure to those without intellectual disabilities than to those who live (Node, 1977) and work in sheltered settings (Gibbons, 1985). People with intellectual disabilities living in community settings may have a tendency to socialize more with people without intellectual disabilities in an attempt to disassociate from the label (Node, 1977; Edgerton, 1993).

Jahoda, Markova, and Cattermole (1988) studied 12 adults, aged 21 to 40 years old, with mild intellectual disabilities who attended sheltered work centers, lived at home with their families, and traveled independently to the worksite. The study was designed to examine how the experience of people with intellectual disabilities related to their self concept. Jahoda et al. (1988) contend that all the study participants were aware of the negative connotations associated with the label mental retardation. They further argue that those participants did not compare their self worth negatively to that of non–handicapped persons, nor did they deny having a handicap, as other studies have suggested. The researchers found that the participants felt that even with a handicap they were not different from non-handicapped people, and saw themselves as people first (Bogdan & Taylor, 1976 ; Yuker, 1988;  Finlay & Lyons, 2000).  Jahoda et al.'s (1988)

contention is that the participants interpreted a different social construction or world view of self as compared to others and societal norms. The term 'handicap' was seen as a meaningless word that did not define who they are (Bogdan & Talyor, 1976; Finlay & Lyons, 2000). The individuals in the study were able to separate their disability from a generalized handicap status and recognize this as a social stereotype. The study suggests that these individuals were aware of the social prejudice and creates the possibility that they might experience stereotype threat if the stereotype becomes salient to them in a job situation.

<div align="center">Conclusion</div>

People with intellectual disabilities are perceived by others in their environment to be incompetent (Wehmeyer et al., 1995: Li, 2000: Edgerton, 1993), and the social stigma and stereotype is still prevalent in today's society (Roberson& Kulak, 2007). They have not had a choice in the names, roles or jobs ascribed to them.  Many people define themselves by the job they do. They use names and titles to identify and ascribe roles to themselves, in essence categorizing themselves by these chosen roles. As a group individuals with intellectual disabilities have been deemed by society to be incompetent to make these choices (Wehmeyer et al., 1995).  The importance of these roles (or jobs) is defined by the established societal values beliefs, perceptions and expectations (Bandura, 1994). Perceptions determine the relevance of societal values to one's self concept, and self concepts are developed in part from an individual's environment and upbringing (Wishart &Johnston, 1990; Glenn & Cunningham, 2004). Thus individuals with developmental (intellectual) disabilities entering the workforce face many challenges in negotiating the employment environment, including prevailing stereotypes.

In a study cited by Strauser, Waldrop and Jenkins (1998), 66% of individuals with developmental disabilities were unemployed. The significance of these numbers warrants an examination of possible causes. The possibility that stereotype threat might be a factor exits if the domain and stereotype are salient to the individual. As individuals enter the workforce they are more likely to encounter these negative images and expectations of themselves. The literature suggests that work is salient to individuals with intellectual disabilities, but the salience of the stereotype remains unclear.

Social constructionist theories suggest that one's identity is formed by one's social institutions or surroundings (Finlay & Lyons, 2000: Dudley-Marling, 2004: Gibbons, 1985). One learns what is socially acceptable by observing and modeling others in one's environment (Aronson, 2004). Most of the research with adults with intellectual disabilities does not distinguish between those in sheltered environments and those in community environments, although there are indications that there may be differences in self perceptions between the two groups. Albert Bandura (1994) suggests that one's beliefs about abilities to successfully achieve a goal or direct events that affect one's life are influenced by successful experiences, observing successful others, emotional states and verbal persuasion or feedback from others. Wehmeyer et al. (1995), Li (2000), Li et al. (2004) and Lachapelle et al. (2005) have suggested that individuals who live work and play in sheltered settings have limited experiences, examples and opportunities for choice and thus their awareness of the stereotype of incompetence and its significance for them is restricted by relating only to others like themselves. They may also have a different outlook on work, their ability to work and their own conceptions of the stereotype, than

those who are competitively employed, because of this lack of a heterogeneous comparison base.

People working in sheltered settings may have less realistic views of what is involved in work, due to reliance on staff supports and lack of experience (Wehmeyer et al., 1995; Li, 2000) than those working in community based settings, who are more likely to encounter societal stereotypes, and who are forced to make comparisons based on others who are unlike themselves. The self and work perceptions of individuals in segregated environments may therefore be different than those in more integrated settings because they are based on more restricted social experiences, models and feedback. Gibbons cites Taylor, Wood and Lichmen's 1983 study suggesting that people with intellectual disabilities in sheltered settings compare themselves to others with more severe disabilities in downward comparisons in order to feel good about themselves (Taylor, Wood & Lichmen, 1983: in Gibbons, 1985).

Stereotype threat is tied to an individual's motivation to prove social competence and sustain their image (Aronson, Lustina, Good, Keogh, Steele & Brown, 1999). The stereotype associated with the label "mental retardation" becomes more salient to people with intellectual disabilities who live and work in the community because they have more exposure to people without disabilities and are forced to make upward comparisons when attempting to sustain their self image (Gibbons, 1985). Some writers (Cunningham & Glenn, 2004; Harter, 1983; Glenn & Cunningham, 2004) also suggest that individuals, under the age of 26, with intellectual disabilities may be less aware of social stereotypes due to developmental delays.

These differences in awareness of stereotype, self perceptions, roles and views of work due to age or work settings may have contributed to the confusion in the literature. Most of the literature does not evaluate the interplay of developmental, social and environmental constructs in examining the salience of the stereotype. With the influx of individuals with intellectual disabilities into the community workforce, the likelihood that they may face stereotype threat (and lose their jobs) grows with the possibility that the stereotype becomes salient to them. Research has shown (Li, 2000) the salience of the work domain to those with intellectual disabilities. In order to determine if this (stereotype threat) is a real threat to these workers the salience and understanding of the stereotype needs to be determined.

The self perceptions of those individuals working in community and sheltered situations will be examined in this paper, in order to determine if these settings make a difference in stereotype salience and ultimately in keeping a community job. The questions of whether the stereotype is salient to those individuals of working age (26-65) with mild intellectual disabilities, whether those working in community or integrated settings are more aware of the stereotype than those working in sheltered settings and whether those working in the community view the stereotype as more relevant or salient to themselves than do those  working in non-integrated settings, need to be answered in order to achieve successful integration into community employment.

CHAPTER III

METHOD

Terminology

*Intellectual Disability and Mental Retardation*

In this paper the terms mental retardation and intellectual disabilities are used interchangeably.  The term mental retardation as used in this paper refers to the label and not the person. Since the term intellectual disabilities is a relatively recent and new term to the participants many may not understand what this means. For this reason the term mental retardation is used in interview questions with the participants who have intellectual disabilities.

Mild intellectual disabilities or mild mental retardation will refer to those whose IQ score on the Standford-Binet scale falls within the range of 50 to 70.

*Community Employment/ Integrated employment*

Community employment will be used to describe those independent jobs staffed with workers not employed solely by the county board of developmental disabilities. These jobs will be located in settings apart from the sheltered workshops in which employees are not working solely with others from the workshops. Integrated employment will also be referred to as community employment.

*Sheltered employment/non-integrated employment*

Sheltered, segregated or non-integrated employment will refer to those jobs supported and staffed by a majority of county board employees and conducted on county-run or based sites. Supervisors and employers of individuals with intellectual disabilities in these settings consist of individuals supported, employed and sponsored by the County Board of Developmental Disabilities.

Methods

*Participants*

This research will be done as a pilot study with individuals with intellectual disabilities between the ages of 25 and 65 employed in either sheltered workshops or community placements. The participants in this study consisted of a group of 21 individuals from community and workshop settings, who were selected from the respondents chosen by employment, support administrators, and workshop staff in the northwest regional service area of the Cuyahoga County Board of Developmental Disabilities from respondents on their case loads.  Ten respondents were chosen from sheltered work settings and eleven individuals were selected from community work settings. All participants met the following criteria: they agreed to participate, they are between the ages of 25-65, they work in either the sheltered workshop or in a community setting, they are in the mild range of intellectual disabilities (IQ scores between 55 and 70).

Table 1                                PARTICIPANT DEMOGRAPHICS

| Participants | AGE | IQ | Gender | Living arrangement | Community or Sheltered employment | | |
|---|---|---|---|---|---|---|---|
| A | 30 | 67 | F | GH | S | | |
| B | 48 | 66 | M | GH | S | | |
| C | 64 | 56 | F | GH | S | | |
| D | 61 | 55 | F | GH | S | | |
| E | 49 | 55 | F | GH | S | | |
| F | 39 | 70 | F | A | S | | |
| G | 51 | 71 | F | GH | S | | |
| H | 32 | 68 | M | GH | S | | |
| I | 58 | 67 | M | A/GH | S | | |
| J | 53 | 70 | M | F | S | | |
| K | 59 | 69 | M | A | C | | |
| L | 54 | 70 | F | F | C | | |
| M | 26 | 60 | M | F | C | | |
| N | 30 | 70 | M | F | C | | |
| O | 44 | 70 | M | A | C | | |
| P | 30 | 68 | F | A | C | | |
| Q | 56 | 70 | M | A | C | | |
| R | 26 | 70 | M | A | C | | |
| S | 46 | 65 | F | F | C | | |
| T | 45 | 69 | M | F/A | C | | |
| U | 32 | 70 | F | A | C | | |

There were 10 respondents who worked in sheltered settings (S).
There were 11 respondents who worked in community settings (C).

Key

GH    =  Group Home
F      =   Family
A      =  Apartment
A/GH =  Apartment with others with disabilities
F/A    =   Lives in separate apartment in family home

Research was conducted using an interview protocol designed to examine the self and work perceptions of individuals with mild mental retardation working in sheltered and community settings. Questions were devised to elicit responses regarding perceptions of self competence, employment and awareness of disability. All individuals were asked the same basic questions. Probes were used with individuals who were less expressive or who needed the questions restructured. The same question was asked in different ways to validate responses and to check participant understanding. Interviews were conducted individually in a focus group style allowing participants to describe their perceptions. The same open-ended questions were asked of each participant with more focused, specific questions toward the end of the interview, allowing for some structure, while still permitting individuals to communicate their personal insights. Interviews were electronically recorded and transcribed verbatim. Data analysis was conducted through coding and theme identification. Responses of those employed in community and sheltered settings were interpreted, analyzed, coded and themed separately and compared across groups to determine salience levels. A second evaluator, trained in psychology, but unfamiliar with this population, also reviewed the transcripts using a qualitative analysis software (atlas ti) to code and theme data in order to validate results. Except where noted the results reflect the conclusions of both evaluators. Demographic, observational, archival, and environmental data were also used to analyze and compare results.

*Procedures*

Researcher called individuals and caregivers after receiving the list of potential candidates from support administrators and staff, to introduce herself and describe the

study. A letter introducing and explaining the project was given to participants and caregivers, and a follow-up meeting was scheduled to determine interest and offer further explanations as needed. Procedures, purposes and potential benefits of the study were discussed with study candidates. Consent forms were explained and given to individuals who agreed to participate during the follow-up meeting. Copies of consent forms were maintained for client, agency and researcher records. Two individuals who agreed to participate did not sign consent forms and were excluded from the study. Participants were informed that the interviews would be taped and transcribed and only the researcher would have access to their identifying information. They were also told they might terminate the interview at any point and were not obligated to answer any questions they were uncomfortable with. These instructions were reviewed with the participants at the beginning of the interview. Interviews were conducted at venues of the participants' choice. Interviews with participants working in community settings were conducted at home in a private space of their choosing. Interviews with individuals in working in sheltered settings took place at their homes or in a private room in a local coffee house near the worksite. All interviews were conducted outside of work hours at a time of participant or caregiver choosing and were conducted in a one on one, face to face format. Some individuals chose to have a caregiver or staff present. Single interviews lasted from forty-five minutes to one hour. Participants were met at their homes or (for some) at the worksite and escorted to the coffee house or space designated for the interview. All interviews were conducted in private rooms or spaces, and recorded using two electronic recording devises. All individuals were aware they were being recorded.

Interviews were initiated with a greeting, and a reminder of the purpose,

procedures, intent and confidentiality of the study. Notes were taken documenting

expression, gestures, and affect not expressed in a taped interview. Any discrepancies

between participant response and expression or tone were noted. Distractions were noted.

Reiterative assurances were given that answers would not be shared with co-workers,

employers, staff or family members. At the end of the interview participants were

thanked for their time and asked if they had any clarifying questions for the researcher.

Researcher escorted individuals who chose to meet at the coffee shop back to the

worksite to start their work day or await their transportation home.

Interviews were summarized and impressions recorded after completion of each

interview. Data analysis was conducted through coding and theme identification, and

comparative analysis across work environments. Transcripts were also reviewed, coded

and themed by a second evaluator using qualitative analysis software. Demographic,

observational, and archival data were also used to code and theme responses. Collected

data on participants will be maintained or stored (in a locked cabinet in the researcher's

office) after analysis and completion of thesis, for three years.

CHAPTER IV

RESULTS

The study was designed to examine the self perceptions, salience and awareness of disability in relation to work environment of individuals with intellectual disabilities. Findings reflect the consensus of both evaluators except where noted.  Three principal themes emerged: self perceptions/identity negotiation, work values/perceptions and disability awareness.

All participants had mild intellectual disabilities with IQ's ranging from 55-70. All individuals functioning within this range were capable of learning skills to function independently or to be self–reliant.  Seventeen people had IQ's in the upper range (60-70) of mild intellectual disabilities and four had IQ's in the lower (55-60) range. Ten individual in community employment had IQ's in the upper range while one individual had an IQ in the lower range. Seven individuals in sheltered employment had IQ's in the upper range and three had IQ's in the lower range. Individuals in each work environment had similar adaptive abilities. The IQ ranges and individual skills of respondents were similar to those of individuals in other studies. No significant differences were found in

self, work or disability perceptions between the upper and lower ranges of mild intellectual disabilities in this study.

<div style="text-align:center">Self Perceptions</div>

Respondents in the study reflected on their self identities, or who they felt themselves to be and their self competence, or how they projected themselves to others, when asked to describe themselves. Within these two sub-themes there emerged a distinct difference in responses between individuals working in community and those working in sheltered settings regarding their descriptions and presentations of self.

*Identity descriptions*

*Sheltered Employees.* Most of the respondents working in sheltered settings described themselves by the activities and preferences that were important to them and referred to themselves by their social interactions rather than by personal identities or social roles. When asked about themselves they listed activities such as bowling, dances, going out to eat or movies as descriptors. One individual, for example, said: "I like to go to movies. Dances. Bowling. Go bowling. I like to bowl." Most of the activities listed were engaged in with others with intellectual disabilities, staff or volunteers. Personal preferences such as watching TV, crocheting, needlepoint, listening to music, looking nice, doing puzzles or performing were also used as descriptors.

Respondents working in sheltered settings were also less cautious and more open in revealing their personal desires. One individual described himself in terms of his desires or wishes, saying that he "likes working with animals" even though he has not done so. Only one individual used an I am statement in self description saying "I am single."

*Community Employees.* Respondents working in community or integrated settings were more apt to use social roles to describe themselves. Most (73%) of these respondents identified themselves in terms of work or having a job. Individuals were employed as grocery workers (baggers and stockers), cleaners, nurse aides, and clerks. One individual, representative of other community employees, said: "Well I work." Others went on to describe their job and roles: "I work three days a week at Heinens… I'm a bagger." Several individuals were able to make I am statements defining their status. One ascribed a Special Olympics participant as his role: "I am in the Special Olympics and I play basketball." Another individual, when asked to describe herself, said: " I'm a full time mommy to ...."

*Competence perceptions*

Presenting a positive image of themselves was important to all the respondents. Appearing socially competent also seemed to be a significant factor in their self descriptions. While they defined being independent as "doing things by yourself" almost all indicated that they needed some help with managing finances, which they received from family or staff. In describing themselves all of the respondents stated that being independent was important to them, but there were distinct differences in perceptions of independence between those working in sheltered and community settings.

*Sheltered Employees.* In order to be considered competent in society one has to be seen as self-reliant or at least as a causal agent in one's own life. Respondents working in sheltered settings claimed independence, but admitted they relied on staff assistance for many daily living skills. When asked what it meant to be independent Harry said: "Just, uh, um to be responsible for yourself...Like know how to take care of your own

needs, and do the cooking and grocery shopping." When asked if he did any of those things he said "Well, no." He also said that he felt he was able to do those things but not by himself. Ike also felt he was independent but said his staff:

> …help me prepare my own meals, help me do my own laundry, get up on time… You have your case managers drive you to and from. You can do your shopping with them, tell them what you want and they help you out by giving you the money and et cetera.

He said he felt he could do these things on his own "with supervision" but, "It would be hard." In spite of saying they felt themselves to be independent many of the respondents who worked in sheltered settings, when asked about their responsibilities, indicated that staff assisted them. All of the respondents in this setting reported that staff transported them. Most were not motivated to learn to drive or to get to their destinations independently. There was an expectancy that staff would be there to help them and there were indications that individuals working in sheltered settings had internalized a dependency on staff that for them was normal.

*Community Employees*. All respondents working in community settings equated independence with self reliance and strove to prove their competence to the interviewer by indicating their status as an employee or describing their abilities to access their community independently. One individual describes her responsibilities as: "Go if I have to work (is scheduled to work), go to work. Take care of her (her daughter), go play at the park, and I volunteer at the hospital at night…I take the bus home". She also states: "…that's my plan to get my license this year...now with her I want to be able to drive in case there's an emergency." Another individual described his current job as part time and

said "I looking for another job in the library…everyday going to the library and doing, taking class for the computer." He indicated that he was taking public transportation to get to work but described his future plans: " First I need a I need taking the class and I'm going for you know, driving school for like this coming summer." Individuals working in the community were more interested in separating themselves from staff or caregiver dependence and proving that they were capable of doing the same things 'normal' people do, such as driving a car.

The second evaluator also noted that community employees described their independence in terms of transportation modes such as RTA or driving.

Table II    Sheltered and Community Employment Participant's Self- perceptions

|  | **Typical Views expressed** |
|---|---|
| **Sheltered  employees** | |
| *Self identification* | |
| Describe self in terms of Activities | I like to go to movies. Go dancing, watch tv. I like music |
| Describes self in terms of Preferences | I like sports |
| Describes self in terms of Work | |
| *Self- reliance, independence* | It means you do things by yourself |
| Describes self as Independent | |
| **Community employees** | |
| *Self Identification* | |
| Describes self in terms of Work | I work. I like to work. I am a stocker |
| Describes self in terms of other social roles | I am a mommy |
| *Self-reliance, Independence* | |
| Describes self as independent | I am going to get my license |
| | It means to do things by yourself. |
| | I ride the RTA |

Work perceptions

Employment was viewed by all study respondents as a method of proving competence. They reported that work was important to earn money, to pay bills and buy things, even though they were not all the primary bill payers. One respondent even suggested that it was common knowledge that one works to earn money, implying that he, as a competent social actor, was aware of this and indicating that the interviewer should have been as well. By identifying themselves as having a job these workers were establishing their social status and creating a façade of normalcy. Ron describes the structure provided by having a job:

> Work is the most important thing for you to do is get out and have something to do. Most people who don't have jobs, 95% I would say are sleeping all day long. Not doing anything….if they told me I needed to retire they're going to have to force me to retire. I wouldn't want to do it. I'm gonna keep working as long as I'm able to work.

He felt it was important to be doing something rather than sitting at home and could not imagine what he would do with his time if he was not working. Deb also implies that she has limited options saying that it is important to have a job "so you don't have to sit at home." Others like Ken, expressed gratitude for having a job stating: "Better n nothing. Steada gettin a lot of jobs out there. Gettin paid. Now there aren't no jobs out there." Ken expresses an awareness of societal expectations and an evaluation of the value of work in today's economy, effectively touting his knowledge of current events.

Overall 72% or 15 of the respondents indicated that they would prefer jobs working in the community. Several (86%) of the respondents reported having several

jobs. Some respondents indicated that they were "just glad to have a job" even if it was not a preferred job. Others reflected Harry's attitude when he said he would "like to work anywhere."

In spite of this respondents also classified jobs, rating community jobs as outside or real jobs and associated these with higher or greater skills. Community jobs required one to be more self reliant. To have outside work Effie says "you gotta be responsible." Ann stated that she wanted an outside job because she was "real high functioning" comparing herself to her co-workers and deeming herself more capable to the extent of functioning above them. She tries to separate herself from co-workers she feels are less capable than she is.

Workshop jobs, conversely, were referred to as training or learning jobs. Ike expresses the difference: "working in the community is different than work in the workshop…because it's not a workshop…working in the community is a real job. It does require training." Ron describes how he visited a workshop for a day and the workers in his opinion are there "because they are not like me. They are placed into the workshop to do what they call technical work. They are not REALLY working."

The second evaluator commented on the respondents' references to games and work. He felt that both community and sheltered employees seemed to view playing games as a punishment given to those who did something wrong and that individuals who played games were viewed by other respondents as lower in the social hierarchy. It should be noted that individuals who work in sheltered workshops in the County system and who can not or do not wish to work are encouraged to participate in activities (such as games).

While all of the respondents identified employment as a salient domain, philosophies and motivations for work between those employed in sheltered or segregated settings and those working in integrated or community settings differed. Individuals working in sheltered settings seemed more motivated by social consequences while those in community environments were more concerned with work competence.

*Social motivations*

*Sheltered employees.* Employment descriptions of those in sheltered settings centered on the social aspects of work and being viewed as competent social actors. Socialization was a strong work motivator. Several said that one of the reasons they enjoyed going to work was to socialize with friends. Effie described her preferred work environment:

> Int:     Would you prefer to work in the workshop or community?
> Effie:   In the workshop
> Int:     Why is that?
> Effie:   Because I see everybody here.

Effie was afraid of losing her social network by working in the community. She is vested and feels safe in these social relationships and is hesitant to leave the security provided by this support system. These relationships help her to manage her identity and find her place as a social actor. She knows "everybody" and "everybody" knows her at the workshop. Ben also described his feelings about his job as "happy" because he had "lot of, lot of friends".

Others described the importance of making money on the job to maintain their appearance so that they would be accepted within their social circle. Deb describes what she does with the money she makes: "Sometimes I get my hair and nails done with it…because if you dress sloppy other people know what it's about. I like to get my hair

50

and nails done cause it makes me feel good." Cathy describes her competence at looking good, comparing herself to others not as skilled and implying that to be seen as competent at work you have to look good:

> I washed my hair. I rolled it… self curlers. I'm gonna buy me some more when I get enough money saved up. It's important to have your hair done because I like to look decent to come to work. Can't look like a tramp. Can't come to work looking like a slobby. I can't do what everybody else does.

She defines "everybody else" as a co- worker who "act like she can't do things. Staff have to dress her...". Not "looking good" was depicted as a sign of incompetence and Cathy distances herself from 'everybody else' who doesn't look good or do things for themselves.

Mistakes were also regarded as threats to self (and social) image, but not employment status. Individuals working in sheltered environments were not worried about how the mistakes affected their work, only their self image. If mistakes are made the individual will make less money because of time spent correcting them and they will be judged as less competent by their co-workers. Deb describes herself as independent which she defined as doing "things by yourself," and feels that people who are not independent are less able and make more mistakes than herself. She depicts those who are not independent as people who would "…probably do their work wrong. Somebody would fix it for them. I fix it (her mistakes) cause I know if made a mistake putting the wrong one out." People who are not independent would make mistakes at work and not be able to correct them as she would since she is competent. Harry felt that to be an efficient employee "you need to know how to do the job' and describes a bad worker as

"doing the work wrong and having to correct it." He is not concerned about losing his job if he makes a mistake but doesn't want to be considered a "bad worker" if he has to correct his work. Many individuals indicated that those who make mistakes were not as competent as themselves. They were able to make downward comparisons with others they felt were less able than they were and build or maintain their self esteem.

*Work competence or motivations*

  *Community employees*. Community respondents were less likely to view the social aspects of work as significant. They were more concerned with being effective workers and making money than with socializing and maintaining friendships at work. Several respondents worked in solitary positions which they preferred to positions in which they felt more pressure to keep up with normal workers. Ken said he liked to work "…on my own. I don't like restaurants. The restaurant, like a fast food place. I quit that place." Ken was unable to keep up with the pace of the fast food restaurant but faults the restaurant for this inability and not his lack of competence. Ned's realistic attitude is expressed by most of the community respondents: "At least I have a job. A lot of people don't have jobs. The job I want makes more money." Ken also vents his frustration with and acceptance of the 'real' world: " You got to have a job, cause you got to make money. Pay bills with it… There aint no factory work though."

  Community respondents were focused on demonstrating their self reliance and maintaining their employment. Mistakes were viewed with trepidation as most feared losing their positions if they did something wrong. One individual, in describing his previous job, said "I got suspended a lot. Two times because I made a lot mistakes… they don't let you fix it. They write you up." On his current job he says: "I don't make

mistakes." Another person also denied making mistakes when asked if had to correct anything: "Once in a while, not too often. That's if I was making a mistake that I didn't know about or something. But basically it's something that I didn't know about so. That will happen sometimes." He implies that he doesn't make mistakes if he is informed. The mistake then becomes the fault of the person (presumably the supervisor) who was supposed to be supervising the work and not a reflection of his incompetence or lack of understanding. Lynn also masks her mistakes: "…there's usually someone there to tell me if I'm doing something wrong… Right now I don't really…well like I usually go to my friend if there's something new." Instead of going to her boss if she makes a mistake or doesn't understand something Lynn asks one of her co-workers for assistance. It is extremely important for these individuals to appear competent and self- reliant in order maintain that illusion of normalcy. They were more interested in appearing competent to their co-workers and bosses and less in the social expectations of work.

*Work preferences*

Respondents working in community and sheltered environments also expressed some differences in their outlooks on employment and where they wanted to work.

*Sheltered employees*. Most (6) of the individuals employed in sheltered settings said they preferred to work at the workshop and those who didn't expressed unrealistic views of community work. The four respondents who said they wanted to work in the community believed those jobs were more normal and required more advanced skills. These individuals felt they were more suited to community work but none had developed the self-reliant skills necessary to work there.

Others, who had some experience working in the community, said they did not wish to go back. One individual stated that he was told he was too slow and felt that his co-workers in the community job were different than co-workers in the workshop. Another left a community job because she made too many mistakes and couldn't keep up. Deb said she didn't want to work in the community because it was "scary." Ben was also uncomfortable working in the community. When asked about a community job he once held he stated:

> I didn't go back. I didn't go back cause… they had different people. People who wanted to work out. They said I worked too slow. Too slow. No, I said it myself. No I said I like the job. But, but I like it here better.

When asked why he didn't go back he said "Cause I wasn't ready." Ben references the people in the community as people who want to "work out" distinguishing them from people working in the workshop. He also implies that he is different from those who want to "work out". He indicates that he was unable to keep up with these co-workers and was labeled slow. Ben quickly denied that others have labeled him less competent and says it was his own description of himself. He then goes on the say that he liked the job, but liked the workshop job better and that he was not ready to go back "out" into the community. Ben attempted to defend his self image and clearly indicates that he is uncomfortable working in the community where he may be judged as slow and not fit in with other workers. In order to maintain his self esteem he negates the possibility that he might not be as competent as community co-workers.

All sheltered respondents seemed to recognize the added level of responsibility and self reliance required to work in the community but most lacked the motivation to

move from the protective atmosphere of the workshop itself. People working in the community are referred to as "different," (as Ben said), than those working in sheltered situations. They are expected to be more self reliant making it "scary" for those who are less so to work in the community. Gayle used her disability as an excuse for not working in the community. She described the skills she would need to work in this environment: "I would have to learn to stand up to do my job out in the community. Like serve food to people like, which I can't do standing." She also blamed staff for her inability to access the community: "It's hard for me to go out in the community because my new staff's not qualified to use the van yet to take us to dances and stuff like that. We need more staff." Gayle expected and relied on the staff to transport her in spite of her ability to utilize public transportation. She is not motivated to work in the community or to "learn to stand."

The workshop setting enables the people who work there to preserve their self confidence. Gayle maintained her self esteem by assuring the interviewer that in spite of not working in the community she is smarter than her co-workers:

> I think my IQ is higher than theirs. I was around a lot… I finished high school…
> Learning you know learning in school or like if say they don't know how to do
> math, reading, or writing that type thing.

Sheltered employees feel good about themselves because they are able to make these comparisons with those they feel are less able than themselves, and thus secure or protect their self esteem. When they work in the community these individuals are no longer able to do this and are left with only upward comparisons creating a cognitive dissonance they are not ready to process.

The skills required to do outside work are also not clearly defined or understood by the respondents working in sheltered environments, as is evident in Effie's description of what is needed to work in the community:

Int:     What kind of skills would you need to work in the community, like McDonalds?
Effie:  You have to be nice there. Because they watching you there.

Most were unable to verbalize skills needed to sustain community employment and described these jobs in terms of values they had learned about good work such as being on time or getting along with others. Those respondents who did wish to work outside expected staff or parental support and seemed to have an unrealistic view of community employment. Ann identified what she felt was needed to work in the community:

I need to know how to travel train (ride public transportation)…You have to… learn how to … get here on time so you can go out to a real job on time…People on a real job they cleaning and they work at McDonalds. You sweep. You mop. You does, you do everything.

She feels she is more competent than her co-workers and substantiated her reasons for wanting to work in the community saying "I am high functioning. I am real high functioning," but displays limited understanding of the responsibilities of such a job. When Ann claims to be high functioning as comparison with others in the workshop she is also making a statement that she feels she is less disabled than her co-workers. She recognizes that you need to be more self reliant (get to work independently), but not what is involved in "outside work." Ike also gave a discourse as to why community and workshop jobs differ and what he thought was involved in obtaining and keeping one:

Working in the community is a real job. It does require some training and

what you should do is when you are interviewed the boss will ask you

some questions…. And then if each one of these questions he asks you meets up

to your standards he will hire you. Working in the workshop it's a training job.

To work in the community "You have to have good posture. You have to say to the boss

yes sir. You have to respond to what he tells you. What to do and not to do," he said. Ike

and Ann's perceptions are typical of the responses given by most of the sheltered workers

regarding employment. They seem to have an incomplete understanding of what is

needed to succeed on a community job.

*Community Employees.* Respondents working in the community had more

realistic perceptions of work. All respondents working in integrated settings preferred

working in the community referring, as did the sheltered workers, to these jobs as 'real'

and workshop jobs as training jobs. One individual depicted workshop jobs as "like only

training jobs." Another individual described his workshop experience: "Workshops are

too slow. I actually went on one for a day and …I'm like this ain't work…. You go in

there they're doing a couple pieces but not really, they're only there having fun." Lynn

described the difference between community and sheltered employment:

The workshop is kinda slow. The workshop is too slow for me… What I was told

is when you work in the community you gotta be able to keep up with your

regular work. If you don't do it in the workshop you don't have to worry about it.

You don't have to keep up with the other people, but in the community you gotta

try to keep up with a regular person.

Community employment respondents were also aware of the need for "schooling" to acquire more skilled work. Some sought to achieve better positions. Owen indicated his desire for a job at an automotive factory but says:

> I'm looking for more of a…more advanced manufacturing job that works with metal and stuff. And maybe some other stuff like helping out with producing it, putting it together or stamping the stuff. It's just that some of them metal stamping jobs requires you to read blueprint and stuff which actually takes some schooling…Because you can't really know how to read and understand a blueprint without some schooling.

Another person also hoped to obtain a better position and planned to: "like go to school for STNA" (state tested nurses aide) to achieve this goal. She and the job coach were in the process of signing up for this program. Community respondents displayed an awareness of the skills needed to work in the community and a determination to prove their competence, self reliance and ability to do so.

<div align="center">Disability Awareness</div>

The awareness and understanding of disability and the term mental retardation was a major theme in the study. Respondents perceived the terms disability and mental retardation differently but had similar views regarding the stigma and treatment of those individuals. There were also differences in how respondents working in sheltered settings and those working in community environments understood and applied these terms.

*Disabiltiy*

All but two (19) respondents in the study said they had a disability or handicap. One individual listed his disability as a speech and vision problem. Two said they had

<div align="center">58</div>

special needs. Three people said they had a handicap. Two individuals said they didn't have a disability or a handicap.

Nine of the respondents specified their disability. When asked to describe someone with a disability Ike said: "I am yes. Which means I have cerebral palsy in both legs." He was careful to make sure the interviewer knew what the disability was. Another individual said "I'm handicapped. Because I have seizures and can't do things like some people can." He made a comparative statement implying that while there are some people he can't emulate, there are others to whom he has comparative skills. Both individuals try to steer away from any negative connotations which might be connected to these assertions. Other respondents described degrees of disability. Owen said:

Um, I mean there are a few other employees at where I currently work that have a disability. They're just more like me, but in my case I'm basically more like a normal person, but with special needs. I'm actually something like that.

Owen tried to make sure the interviewer knows that although he has a disability it is a minor one and he is just like a "normal person." When describing the abilities of herself and her co-workers Ann said: "Different. Everybody's different. Everybody's not in a wheelchair." She defined herself as "high functioning." Ann tried to show the interviewer that despite having a disability, which she says is being in a wheelchair; she is less disabled than her co-workers.

Most (8) of the respondents working in sheltered settings said they had a disability or handicap. One didn't know and one denied knowing about disabilities. Six said they had a disability, and two said they had a handicap. Four respondents attributed

their disability to non- intellectual challenges: Two as cerebral palsy, two as seizures and one as a vision and speech deficit.

Over 90% (10) of community respondents said they had a disability, handicap or are 'slow'. One said they did not know. Four individuals attributed their disability to specific conditions other than cognitive deficits, such as: ADHD, Cerebral palsy, Bi-polar disorder or special needs.

*Stigma and Treatment*

Respondent's own experiences were reflected in their discussion of the treatment of individuals with disabilities or mental retardation. Most respondents (17) realize that people with disabilities are recognized by society as being different. They are not accepted and many try to disassociate themselves from the disability due to the societal stigma of being viewed as substandard or 'less' than. Some stated that they are treated the same as those without disabilities, but contradicted themselves when depicting their experiences. Mike described his treatment at work: "They treat me nicely." But when asked if everyone else had to do the same tasks he did he says: "I don't think so. I still love my job. But I just want to get out of doing shopping carts. Just do something that has stocking in it and not being outside a lot." Mike was relegated to doing entry level work when the new management took over in spite of his having been there for three years and having advanced beyond that level to bagging and stocking. Most of those who said individuals with disabilities were treated differently spoke of personal experiences on which they based their statements. More individuals working in community settings (5) expressed these sentiments than did individuals working in sheltered settings (3).

Perceptions of stigma included the description of a 'hierarchy of disability' used to maintain self esteem and disassociate from the label and negative connotations associated with the mental retardation terminology. Respondents from both community and sheltered employment described a stratigraphy of disability with mental retardation at the bottom. One individual defined herself as "high functioning," listing her co-workers in wheelchairs as having a disability and saying "everybody that works in the workshop has a disability." She also describes those with mental retardation as not being able to communicate effectively: "They need a communication device." She implies that she is a better communicator and that while she has a disability she is more able than those with mental retardation who need a device to help them speak. She struggles to appear normal, separate from the stigma associated with being in a wheelchair and point out that she is not less capable than others, just "different." A second person expresses his philosophy on the treatment of persons whom he considers more disabled than himself: "… you have to be nice to people in wheelchairs…It's not nice to make fun of people when they have a disability… Like... I won't make fun…." He downplays his disability as almost negligible and not significant enough to be "made fun of."

Community respondents felt that people working in the workshops were lower in the stratigraphy than they were. One person described individuals working in the workshop as: "I mean all of them most of them were handicapped, and most of all them was in wheelchairs and stuff…." A second community worker also distanced himself from those in the workshop: "Because I'm not like them. Some people aren't as high functioning as me. They are placed into the workshop." He indicates that people working in the workshop are not as capable as he is and are not able to do "real" jobs. Individuals

working in the community viewed those working in the workshops as more disabled than themselves, while those in the workshops viewed others in their environment with physical or behavioral disabilities as less capable than themselves.

*Perceptions of mental retardation*

Mental retardation as socially defined is a deficit in intelligence which results in a reliance on others.  A widely held stereotype is that people with mental retardation are not able to independently care for themselves or are not competent self carers. Respondents in the study tended to agree with the social definition. Most (14) believed that individuals with mental retardation were not as skilled or capable as themselves and needed more structured or supported environments. Fourteen respondents denied having mental retardation, and seven applied all or portions of the definition to themselves. Two of those who denied having mental retardation said they did not know what it was. While most respondents admitted having a disability none volunteered that their disability was mental retardation. Overall most respondents were able to define mental retardation and understood the implications. Only two individuals appeared not to know they had been identified as mentally retarded or competently deficient.  Some interesting differences between respondents in sheltered and community employment situations emerged.

*Sheltered employees*. Respondents employed in sheltered settings did a better job of defining mental retardation than did those employed in the community. Seven sheltered employee respondents came close to the social definition of mental retardation relating it to intellectual deficits. Three individuals indicated that it is a "brain" problem: Ike said:

Ummm that's a tricky question Ahh mentally retarded means ok say myself have

two parts of the brain, now I don't know if you can see the line, but I'll just

pretend there's a line right down the middle. Now on the right side of my brain

has good thoughts the other side of my brain has bad. Now if you were to take all

of the bad feelings squish them together, or put them together in one brain, you

would have two smart sides.

He attempts to impress the interviewer with his ability to answer a "tricky" question and

uses himself as an example to define mental retardation and describe his knowledge of

disability.  Another respondent says mental retardation is "something in the brain. People

with mental retardation can't help themselves…"

Most of the respondents working in sheltered settings (8) indicated that they know

or understand the meaning and social implications of the mental retardation label while

also denying that this label applied to themselves. Cathy described people with mental

retardation as "not very bright" and compares herself to a housemate who she feels has

mental retardation:

They go outside. They go for walks…Cause they go for walks on field trips…I

don't play games…Like E. at home. Staff combs her hair. Like she act like she

can't do nothing. But she can do things for herself . I like to do things for myself."

Cathy understands the social definitions of mental retardation and the attached stigma.

She compares herself to others she feels are more disabled than she in order to justify the

statement that she does not have mental retardation. Gayle relates her experience with

mental retardation:

> Mental Retardation to me is being slow, which I was born with. They're saying
>
> yes I was and I was told by my cousin that I'm not. He found it out through some
>
> people, he investigated. My mom told me I was retarded. I thought I was born
>
> with it but I'm not."

Gayle clings to the reprieve offered by her cousin's prognosis in order to justify her refutation of the mental retardation label. In an attempt to convince the interviewer that she has abilities that people with mental retardation do not she contradicts herself:

> One time I was in school. I was in my math class and a boy was making fun of
>
> somebody and he said I don't want to be in this mental retardation class, retarded
>
> class and the teacher yelled at him.

She indicates that she was in a class for people with mental retardation, while attempting to showcase her schooling and skills for the interviewer: "I think my IQ is higher than theirs. I finished high school." Gayle also told the interviewer that she reads and writes. She views herself as smarter than her co-workers even though her mother told her she had mental retardation and she was in classes for people with mental retardation. She tries to convince the interviewer that her cousin's declaration is true and because she is able to read and write she is more capable than her colleagues.

    Three other respondents admitted having mental retardation but indicated that they were less impaired than their co-workers and equally competent social actors. Effie found out she had mental retardation because "I think my mom said it to me once." She says that people with mental retardation "might need help on the job" and are different than her "because they have problems like me, but badly than I do. Cause they are not able to do it like I can…You can't do things because nobody train me to do it, help me to

do it." Effie indicated that she felt her mother told her she had mental retardation

because she couldn't do things that she believed she could have learned if she had been

taught. She implies that she is capable of learning to do the things that others with mental

retardation are not.

Some respondents working in sheltered environments admitted they had mental

retardation while others denied it. All tried to convince the interviewer of their social

prowess and maintain their self esteem by describing themselves as caring compassionate

social actors rather than self reliant, self supporting independent members of society.

*Community employees.* Community respondents had multifarious definitions of

mental retardation. Despite being unable to verbalize the social definition for mental

retardation as accurately as sheltered employees most of the respondents felt people with

mild mental retardation were handicapped, delayed, slower or less capable than they. All

were aware of the stereotype and stigma that went along with the label. Ken said he

worked in the community "because I'm high functioning" and states that "I'm

handicapped. I can't drive no car. I can't put no cars together." He attributed his lack of

ability to get his dream job or to drive to being handicapped and informed the interviewer

that he is different than people working in workshops because "I'm married now." He

also said he doesn't know what mental retardation is, but people with mental handicaps

"can't talk right," work in workshops, need staff and have to do "piece work,"

insinuating that he doesn't need any of those supports. Ken has internalized "being

handicapped" but can't verbalize what mental retardation means. He is aware that he is

different than normal because he can't drive or work at the auto manufacturing company

and compares himself to those in workshops who are not as "high functioning" and less

able than he is in an effort to preserve self esteem. He tries to persuade the interviewer that in spite of being handicapped he is not mentally retarded because he is able to do some normal things, like getting married, that they are not able to do.

Owen identifies mental retardation with a diminished social status. He understands the social definition and meanings of mental retardation but is unable to express this definition except as a comparative evaluation of his own status. He described someone with mental retardation as: "I'm going to say someone who is maybe more delayed than I am. There are people like that." When asked what kind of jobs they do he said:

> Well… basically… it might turn out to be a person who can work but would have to work at a site that's over that way here which I happen to know is a job for people who are say more delayed than I am, who don't have the capacity that I do to work in an outside job like in the community.

He defines an individual with mental retardation as someone who is more "delayed" than he is, implying that he is delayed. He understands the social definition of mental retardation and spends time trying to convince the interviewer he is normal by saying he is: "More like an exact normal person" and describes how he passes as normal:

> … But see when I'm in public if I'm going to a restaurant or a store or I'm going to a shopping mall, some place to have fun you know I just go there. I try to act and walk as normal and professional as possible. That's basically how I do it. The way somebody like you would do that…People in public … people see me they see me where I appear to be somebody looking more like my job coach basically.

He tries to avoid the label and compares himself to the interviewer and the job coach to verify his normalcy.

Five community respondents denied having mental retardation, using downward comparisons to suggest that they are more capable. Tom described himself: "I is a slow learner. A slow learner" and said that people with mental retardation have mental handicaps, use wheelchairs and work in training centers: "I don't know what you call that? Vocational Opportunity Center. Like only training job…." He also informed the interviewer that he was taking classes and would be learning to drive, whereas people with mental retardation needed to be transported to work. Ned also denied he had mental retardation and stressed his independence. He described a cousin: "J. was diagnosed with mental retardation. It's just different…I seen um a lot of people have more handicaps than I do like mental retardation …" He said they work at the workshop "because of their ability to function. I see a lot of people at the workshop." He denied having mental retardation but said people with mental retardation work in the workshop and described a time when he worked in the workshop and saw a lot of people there. Ned indicated that individuals with mental retardation have to work at the workshop because they do not have the abilities he does to work in the community but contradicted this when he described a friend with mental retardation whom he worked with in the community: "T.'s disability was worse than mine, but he was still my buddy. Do you remember when me and T. worked at the Elks place?..."

Community respondents did not have as many opportunities to make downward comparisons from on-going experiences, only from vicarious experiences of others or brief experiences in the past before obtaining their community positions. Most also

lacked alternate or achievement identities, outside of work personas, they could retreat to, and were forced to deny the connection to mental retardation to retain their self esteem. Ursaline was one person who was able to establish an alternative identity. She described herself as "a mommy" and said of people with mental retardation:

> Everyone is different and they all have their own ways to think and do stuff. Some can do more than others. That's the way God made them. They are good people. You can help them learn stuff. They learn at different levels… I catch on faster. I was in special ed classes all my life … I was in special ed class in high school but I wanted to learn Algebra so they put me in the class. It was hard. There was so much homework. I just wanted to be like you know a normal kid.

Ursaline knows she was not a normal kid, but suggests that she is less disabled than people with mental retardation because she is able to learn quicker. She also recognizes that she is not the same as others in the community but rejected her mother's assessment of her ability to drive:

> That's my plan. My mom said a while back that I get sidetracked too easy. I'm going to prove her wrong. That's my goal this year to get my license….She's crazy. Exactly she doesn't want me to grow up. ..Think she just needs to let me grow up... She said I can't have a baby, she Catholic and I can't have kids unless I'm married. So then I got married and had her (her daughter). But now it's gonna go the opposite way. Gettin rid of him.

Ursaline establishes her identity as a competent adult, wife and mother, who is struggling to separate herself from her mother's protective blanket, and the label of mental retardation.

Four respondents admitted to having mental retardation at some level or being named retarded, but all mitigate the confession by saying that they are less delayed or only a "little bit" retarded. Lynn describes mental retardation as: "someone that needs more special care and help…" She has been called retarded and rejects that label because "I don't think it's right for other people to judge other people. Especially when they don't know you." She prefers to describe herself in another way:

> I'm kinda slow and I take a little bit longer to do things than a regular person to do it. Like I was gonna try to get a job at Bonnie Bell but I really would have to keep up with somebody like you."

Lynn also says "having a job in the workshop is just as important as having a job in the work place, but it's just that the workshops are a bit slower than the community" and individuals who work there don't work in the community because " maybe they can't keep up." She feels that even though she is not as fast as a regular person she is still faster than those she feels are more impaired than she is.

CHAPTER V

DISCUSSION


The employment and integration of individuals with mild intellectual disabilities in the community is integral to their success as competent social actors. Employment for individuals with intellectual disabilities, according to Wehmeyer et al. (1995), Li (2000) and Lachapelle et al. (2005), is a quality of life issue connected to the person's perceived competence levels and ability to self evaluate (be self determined). The questions of whether the stereotype of incompetence was salient to individuals of working age with mild intellectual disabilities, whether those working in the community were more aware of the stereotype than those in sheltered settings and whether the stereotype was more relevant or salient to individuals working in integrated settings were examined in this study. The stereotype was found to be more salient to those working in community employment environments, supporting the hypothesis that those working in integrated situations would experience greater salience and awareness of stereotype than those working in sheltered or segregated settings. Findings also supported Gibbons' (1985) theory that the label of mental retardation and the stigma would be more salient to those

individuals in the community who had more exposure to others without intellectual disabilities. The stereotype was found not to be salient to individuals in sheltered settings within that environment. Bilken and Mosley (1988), Todd and Shearn (1997) and Finlay and Lyons (2000) postulated these individuals may not see the label as a defining stigma or the salient feature of their identity.  Study results supported that contention. All of the individuals were aware of the stereotype, but significant differences between the two groups in perceptions of self, work and disability were found. Results also indicated that these perceptions affected the salience of the stereotype to each of these groups. The stereotype was more salient and relevant to those working in the community who were exposed to others outside of the disability community as contended by Gibbons (1985). It was more important to individuals working in community settings to prove their competence and self reliance to others outside their immediate environment and try to 'fit-in" or appear normal than it was to individuals in sheltered settings who were more concerned with maintaining a social image within the disability culture. All of the respondents were aware that they were not normal and most were aware that they had a disability.

One of the discrepancies in the literature was the question of whether people with intellectual disabilities were aware of and applied the label of mental retardation to themselves. The debate focused on to what degree people with intellectual disabilities have incorporated the mental retardation mantel into their identities, their recognition of the public meanings and associated labels and if they applied these labels to themselves. Todd and Shearn (1997) suggested that individuals with mental retardation were not aware of their disabilities. Edgerton (1993) concluded that individuals with mental

retardation living in the community attempted to hide the disability in order to appear normal and gain respect in their communities. This study indicated that most of the individuals in both community and sheltered settings were aware of the stereotype of incompetence. The stereotype was also more salient and relevant to those working in the community who were exposed to others outside of the disability community. Stereotype salience was a reflection of self, work and disability perceptions and findings showed a clear distinction between the way individuals working in the community and sheltered settings viewed themselves and work.

Previous studies and discussion in the literature do not separate or compare work environments. This study shows that there are differences in both self and work perceptions between individuals working in segregated and integrated settings. Findings showed that individuals working in sheltered settings did not value appearing competent outside of their social networks, while for individuals working in community settings this was an integral part of how they perceived and wished to present themselves to others. The study also found that the participants recognized the social definitions and societal meanings of mental retardation.

<div align="center">Sheltered Employees</div>

*Self identities*

How individuals with intellectual disabilities negotiate their identities is integral to how they see work and express themselves; thus leaving an impression on others of competence or incompetence and identifying where they see their place/role in society. Individuals working in sheltered settings negotiated their identities in terms of their social status (which was derived from those they worked with in the workshop). They used

external activities as personal descriptors. Few role identification or 'I am' statements were applied in their self definitions. Their self perceptions may have been strengthened by observations of other people with mental retardation who, due to segregated lives, have not had the opportunity to develop or observe appropriate and acceptable societal behaviors or roles and are unaware in employment situations that these behaviors are different, thus reinforcing the stereotype of incompetence. Wolfensberger (2000) argues that had Normalization, a structured teaching philosophy for intellectually disabled individuals, been incorporated in its "pure" or intended form, these individuals would have been granted value based roles which would have enabled effective choice. These roles he posits would have given individuals with intellectual disabilities the exposure needed to be able to self evaluate, to see themselves compared to those around them and to become aware of differences. These individuals, as pointed out in previous research studies (Wolfensberger, 1972, 2000; Wehmeyer et al., 1995; Finlay & Lyons, 2000; McGlone & Aronson, 2006; Li et al., 2006; Lachapelle et al., 2005) could not ascribe socially valued roles to themselves due to lack of community exposure and the opportunity or experience to develop these roles. Individuals in the study lived, worked and played with others with disabilities and described themselves by their activities or preferences due to their inability to create accepted social roles for themselves. They formed their identities by comparing self to others with disabilities. This social isolation creates a microcosm with its own rules of acceptance. Individuals in the study were concerned with maintaining positive social identities within the in-group, but were not as concerned with the general public and were only able to build these identities based on the activities in which they participated. Some depicted their competence levels in terms

of these activities and social status was ranked by the number, type and normalcy of the activity. All individuals studied could only make comparisons to others with disabilities (due to a lack of exposure to those without disabilities), in order to maintain their self esteem, establish their 'place' in the workshop culture and feel good about themselves. This implies a ranking system to bolster self image since other sources of comparison are not available. Individuals in the study had developed a familiarity with this system that was self assuring, identity sustaining and non-threatening. Those who went out to work in community jobs reported being uncomfortable because the people out there were "different." The workshop provided a "safety net." If they did not do well in the community they could always come back to the workshop and regain or improve their former status.

One method of ensuring this status within the social strata was to embrace the company policy of independence. Most indicated they were aware of social norms of independence, and championed self reliance but few separated this from staff support. Even while declaring themselves independent, individuals were describing the need for staff assistance. One of the most interesting parts of this study was the discovery that dependence on others was felt to be normal or was intrinsic to the lives of the people working in sheltered environments. Individuals expected staff or others to be there to assist them as needed and were unaware of this dissonance between assistance and independence. Several writers suggested that spending large amounts of time with others with disabilities creates a disability subculture in which individuals are protected from seeing themselves as having a disability or seeing the disability as a non-normal feature (Bilken & Mosley, 1998; Wolfensberger, 1972: Node, 1977: Li et al., 2006; Glenn &

Cunningham, 2004; Edgerton, 1993). Individuals in the study were aware that they were not normal or had a disability, but most were unable to recognize their staff dependent behavior as different from those without disabilities. Most individuals working in sheltered settings in the study had never been exposed to an environment in which staff or family members were not there to assist them. None of these respondents had to depend on themselves or make life decisions without the oversight of staff or family. Social constructionists argue that social identities are in part learned from observing the behaviors of those we are exposed to (Adoni & Mane, 1984; Bandura, 1994). This study seems support that contention. As these individuals grew up and moved away from families and into work environments, social comparisons were made with those they worked and played, and in some cases, lived with. Since these individuals were exposed almost exclusively to others with intellectual disabilities their comparison base was a homogenous group of individuals who relied on staff or family supports. Staff within sheltered settings become substitute parents protecting and supporting their charges. This reliance on others proves to be a liability when they go "out" in the community expecting these supports to be there as they always have. The agency or workshop seemed to provide this "safety net" that allowed individuals the comfort of believing they did not have to be self reliant if they chose not to. Independence became a choice not a necessity. Being competent in the community is not salient to these individuals because they have learned it is not required. The stereotype of mental retardation is not salient to these individuals because they do not need to be competent and do not feel that they are "differently abled" (or less able) than those without disabilities. Support agencies have in fact enabled this belief, by supplying staff assistance without teaching independence, and

those who do attempt to teach self reliant skills are often accused of jeopardizing an individual's "health and safety." Individuals are not encouraged to learn to seek their own jobs or to get there independently, but rather to seek the assistance of support staff in finding and getting to a job. The individual is taught to depend on the agency, which becomes a second home or a safe haven. This agency dependence and subsequent expectation of assistance belies their assertions of independence and may lead to a lack of motivation in seeking or maintaining community employment. The agency, in essence, may be inadvertently sabotaging its own mission to support individuals in achieving self-reliance. These individuals are motivated by appearing competent to their peer group because their lives are intertwined with this group. They are not motivated to appear competent to an 'out-group' they won't generally have contact with and don't know. Therefore, while the stereotype of incompetence may be salient to them within their peer group it is not relevant to them outside of this group, because they don't see themselves as incompetent or less self reliant than non-disabled workers.

Work Perceptions

Work perceptions were also influenced by these social environments. Work was salient to these individuals but mostly as a means to maintain social relationships and status within the in-group. For those working in sheltered settings the domain of community work was not as relevant to them as their current workshop position and appearing competent in their social circles. One of the main reasons listed for coming to work was to socialize with friends. They indicated that they wanted to work to earn money to pay bills but none paid their own bills nor expressed any intention of doing so. Individuals were not motivated to achieve at work, to be financially independent or to

support themselves unless it was a means to gain prestige among those in their social circles. One of the main reasons listed for coming to work was to socialize with friends. These individuals associated their jobs at the workshop with these social networks. It was important to come to work so that they could maintain these connections, and if they failed at a community job they could come back to the workshop. They could not fail at a workshop job.

Individuals working in sheltered environments were not worried about losing their jobs if they made mistakes or did not do well, only of losing face or prestige with their peers. Making mistakes on the job was viewed as an indication of not being as good as others. Those who made fewer mistakes and were able to get more work done were seen as being more like staff than other workers.

The understanding of the skills involved in obtaining or maintaining an outside job are minimal, due to limited experiences, as Wehmeyer et al.'s (1995) study indicated. Those who wanted to work in "outside" jobs did not have a realistic knowledge of the skills needed to perform those jobs and often inflated their own abilities, making self aggrandizing statements to convince the interviewer of their knowledge and competence to obtain these positions. People who worked in sheltered settings were unprepared to renegotiate their identities with non-disabled workers outside of the workshop. Schurr, Joiner and Towne (1970) postulated that individuals with intellectual disabilities needed the reference group of others like them to feel good about themselves. This also seems to be the case with the individuals in this study. Individuals in sheltered work settings were unable to compare their work behaviors with that of their non-disabled peers and, as Wehmeyer et al. (1995) contend, experienced difficulty in transitioning into "outside"

positions.   Several who did obtain outside jobs had returned to the workshop because the people were "different" and they missed their friends or they were "too tired" to work in the community.

Disability Awareness.

Amazingly most respondents working in sheltered settings were able to give a definition of mental retardation that was fairly accurate, although only a few admitted to having a cognitive disability. They did appear to be aware of the stereotype of incompetence and of the meanings and significance of the term, but they did not apply those meanings to themselves. Finlay and Lyons (2000) argued that when considering the salience of a stigmatizing identity one has to consider what social group one is comparing. Only when the salient group is compared to groups of a higher social status will a negative identity result. These individuals did not have the opportunity to associate with others outside of the disability group; to them normal was their social circle and their comparison group. They spent so little time with other groups that these out-groups were irrelevant to their everyday lives and being competent outside their peer group was not as important because they could always fall back on the workshop if they failed in the community.  The stereotype is not salient to them if they do not feel the pressure to be competent in a society outside of the workshop or disability culture.

While there has been much written about how people with intellectual disabilities are viewed by the public, how they have learned to view themselves and how these views relate to their work and their ability to obtain and maintain jobs was still in question. Roberson and Kulik (2007) indicated that one is constantly judged in a work setting by the choices one makes. Unless one is aware of differences, of what one can and cannot do

or achieve, one cannot make realistic goals or realistic choices. Wehmeyer et al. (1995) suggested that individuals with intellectual disabilities could not make independent choices because they were not aware of their disabilities or their needs and did not have opportunities to become aware. This study found that while most individuals working in sheltered settings were aware of their disabilities they did not apply the stereotype to themselves and had limited opportunities to compare themselves with outside groups. Jahoda et al.'s study (1998) suggested that participants did not believe they were different than non-disabled people but they did not deny having a handicap. They indicated that the participants were aware of the social stereotype but were able to separate their disability from a generalized handicap status. The findings of this study were similar to those of Jahoda et al. (1998). Individuals admitted having a disability or handicap but denied having mental retardation. The current study respondents may have been attempting to separate themselves from a "generalized" mental retardation status to which they attribute a negative stigma.

Most of the individuals working in the sheltered settings admitted having a disability. However what seemed important was where they ranked in their social hierarchy rather than having or not having a disability. Any disavowals were to indicate that they were less handicapped and therefore higher in rank then others. However, none of the respondents in the study volunteered that they had mental retardation. When asked several admitted they had mild mental retardation and described the skills that made them more capable than their co-workers in order to deflect the negative stigma of the label. Most individuals indicated an understanding of the stereotype attached to mental

retardation and of the social definition, but disassociated themselves from the negative stereotype and meanings: community competence wasn't relevant to them.

<div align="center">Community employees</div>

*Identity and work perceptions.*

Most individuals working in the community identified themselves with a work persona. These individuals seemed more interested in developing and preserving their community images and competencies. Work for these individuals was integral to who they saw themselves to be and to their self identities. Individuals working in the community, unlike those working in sheltered settings, had access to valued social roles and were clearly better able to identify and apply appropriate roles to themselves. They spent more time attempting to develop their status as productive and contributing members of society and were more aware of the relevance of being perceived as competent by those outside of disability circles. Most of these individuals saw work as necessary to support themselves. They, as Li et al. (2006) posited in an earlier study, were willing to take any available jobs they could get, even if these were not their preferred jobs.

While most had some assistance handling finances they also expressed a desire to learn to be more independent in this area. All of these individuals viewed independence as critical to their lives. Wehmeyer et al. (1995) suggested that persons with intellectual disabilities were not able to be self determined because they did not have integrative opportunities. It would seem that this is the case when one examines the differences in outlooks between the individuals working in the community and the individuals working in sheltered settings. More individuals working in community settings indicated that

individuals with disabilities were treated differently than did those in sheltered settings, possibly as Wehmeyer et al. (1995) argued, due to the lack of opportunities by individuals in more segregated settings to experience the 'real' world. Individuals in the community sought to be active participants and decision makers in their own lives. They had more realistic views of what was needed to obtain desired jobs such as "schooling" and were actively attempting to achieve these goals. Being employed excogitates an illusion of normalcy that the respondents were anxious to project. Individuals realized that work is not an option, but is required if they wanted to be a part of the normal community. Most individuals were acutely aware of not being normal and admitted to having a disability.

*Disability awareness.*

Community employed individuals were also aware of the social definitions and meanings attached to the mental retardation terminology but were less successful at expressing a definition of mental retardation than those in the sheltered settings. They may have been reticent to describe mental retardation because they feared the interviewer might see it as a description of themselves or because they wished to separate themselves from such a definition. They were able to identify characteristics of someone with mental retardation and the stereotype and stigma surrounding the label. While none of the individuals voluntarily ascribed the label to themselves several did admit to having mental retardation when asked. They also distanced themselves from the impact of the admission by comparing themselves to others they felt to be more impaired.

Since people with intellectual disabilities don't meet social norms they are often denigrated and relegated to a secondary role forcing them to disavow the condition in

order to maintain their facade of normalcy.  Individuals working in the community, unlike those working in sheltered settings, had access to valued social roles and were clearly better able to identify and apply appropriate roles to themselves.  These individuals also used exculpatory roles (as did those in sheltered settings), such as cerebral palsy, slow learner, special needs, or ADHD to manage their identities and preserve self image. They made both upward and downward comparisons in attempts to distance themselves from the negative connotations of the label. Other studies (Brodish & Devine, 2009;  McGlone & Aronson, 2006; Rydell & Boucher, 2010) posited  the use of positive alternative or achievement identities by individuals to escape a negatively stereotyped identity. These identities were used by participants in this study to avoid describing themselves as mentally retarded. For most these identities were work personas, but one individual described herself as a mom.

Edgerton's (1993) study participants were described as hiding from the disability in order to maintain their self esteem and appear competent. The individuals in this study also appeared to be masking the disability by trying to convince the interviewer of their normalcy. Individuals working in the community understood both the social definition and meanings of the mental retardation label and sought to hide from it or mask it by identifying themselves as workers or moms. Only one respondent was able to establish an achievement identity from which she could present herself as a capable responsible normal woman and escape from the disability identity. Others were relegated to denying or diminishing the label. Bogdan and Taylor (1976) said people with mental retardation may have a different perspective on their disability and the way they see themselves. They want to be seen as people first. They, as one individual expressed: "just want to be

normal." It would seem that the goal of most community employees is exactly that, to be viewed as normal. Being viewed as competent self-reliant individuals was very important to these individuals. The work domain was salient to them. They understood and were aware of the label and stigma associated with mental retardation generating the possibility that they may face stereotype threat at work.

## Implications

The charge of social service agencies has been to assist people with intellectual disabilities to lead as 'normal' a life as possible. Normal is loosely defined by IQ and ability to be like everyone else (Wolfensberger, 1972, 2000). However, people with intellectual disabilities are not like everyone else (Bogdan & Taylor, 1976). Their social, vocational and educational environments are often segregated from the general population, making 'normal' social integration impossible.

Individuals working in the sheltered settings had no reason or motivation to strive to be self reliant or prove competence outside of these (workshop) social circles. They seem to have been entrapped in a system determined to support them and in so doing have continued to foster a dependence on others that started with childhood. The system/agency placed no expectations for self-reliance on these individuals and provided the assurance of continued support. County workshops may in fact be contradicting their mission to assist individuals to be as independent as possible by inadvertently encouraging (and supporting) dependence. Yet, because the individuals continue to need this assistance, the County is secure in its continued existence as an agency. Staff seem unaware of this contradiction, touting independence, while enabling individuals to get comfortable with the "safety net" of the agency.

Individuals working in the community may also experience this dependence in expecting job coaches to be there to assist them in obtaining positions and learning to work in the community. Most job coaches were not training individuals to look for jobs on their own and many of the respondents reported attempting their own employment searches. Many were eager to be able to become totally independent and to be able to integrate with the community on their own, but did not have the knowledge to do so. This would indicate a need for more thorough training.

In order to assist individuals to become independent the agency needs to develop a better system for encouraging independence among individuals in workshop settings and to train staff to assist individuals in achieving this goal. Training for individuals in the workshop setting should include opportunities to gain experience in "real" jobs with the expectation that they will learn the skills to become employed in the community. Training for staff should include diversity training to make them more aware of their own biases about people with intellectual disabilities which may have affected the performance expectations they project to the individuals they work with. Employment staff should also be encouraged to assist individuals to develop the skills needed to independently obtain their own jobs, and to realistically evaluate the skills needed for the available positions.

*Limitations*

The sample size was small but used as a pilot study to determine the viability of a larger future study. While the study results showed that all of those working in sheltered settings were dependent on staff regardless of living situations, participants may not be representative of the working population of intellectually disabled adults with mild

mental retardation as a whole, because the study was limited to one service area of one agency where all participants were living (and working) in the same socio-economic region.  Results with a larger sample over a greater area would need to account for the variables of socio-economic status, cultural and ethnic differences, and would require greater time and resources. Due to the sensitive nature of the material discussed and agency and privacy laws the study was conducted with a single interviewer employed by the agency. Some respondents may have known the researcher and gave answers they thought the interviewer wanted to hear, but they may also have been more comfortable and relaxed. The interviewer removed self from the participant selection process and designed questions to elicit information with as little input from the interviewer as possible. The single interviewer allowed for consistency in interview format, maintenance of participant privacy, and in developing a level of comfort which allowed individuals to freely express themselves. Staff  were also able to express views with another agency employee that they would not have been allowed to do with others outside of the agency. The interviewer's experience allowed for a more precise understanding of participant verbal and non-verbal responses and bias due to familiarity with participant response patterns was mitigated by asking all participants the same open-ended questions to ensure consistency. Clarifications were obtained by reiterating participant responses to insure interviewer understanding, and by asking the same questions (restructuring the questions) in different ways as needed.  To avoid misunderstandings or misinterpretations, a second reviewer also coded themes and verified results.

Future studies

This study was designed as a pilot study to examine if the stereotype of mental retardation was salient to individuals working in the community and sheltered settings. A second study, based on this one, would need to be conducted to determine if stereotype threat is occurring in employment situations and causing individuals to lose their jobs. A larger county wide study would also be warranted, controlling for socio-economic, ethnic cultural and possible gender differences.

Very few studies were found on the self perceptions of adults with intellectual disabilities, and none on the possible effects of stereotype threat on the employment of these individuals. There may be many variables which could affect stereotype threat. Future studies might want to examine the effects of home environment on the stereotype salience. There were indications that this maybe relevant. Also studies comparing individuals living outside of agency supports with those receiving assistance might be beneficial in the understanding of stereotype salience for these individuals. The question of whether social service agencies affect an individual's perceptions and abilities to obtain community employment should also be more closely examined.

Summary

Steele and Aronson (1995) postulated that stereotype threat might affect people's performances on salient tasks. This study indicates that individuals in community employment situations may face stereotype threat if the stereotype is triggered in a work situation, as they recognize the stereotype and both the stereotype and domain are salient to them. The question of whether this phenomenon might affect the ability of individuals with intellectual disabilities to maintain their jobs in the community becomes relevant

when viewed against the numbers of people with disabilities who are unemployed (over 60% according to Stauser et al., 1998). This would indicate a need for training of employers and non-disabled employees at these companies in order to assure successful placements. The study also indicates the need to educate County employment staff to this possibility. These staff would then be able to prepare their clients with intellectual disabilities for possible stereotyping in the community and teach ways the client could recognize and mitigate this threat. The benefits of studying this possibility for companies and agencies who employ people with disabilities is twofold: the placing agencies could better prepare their clients to meet such challenges, and the hiring companies could incorporate training into their diversity programs that address ways to mitigate the effect of stereotype threat in the workplace. Hopefully these studies will allow job trainers and employers to design employment training techniques which will benefit not only the employee with intellectual disabilities, but all employees in maintaining their jobs and leveraging diversity in their organizations.

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APPENDIX

APPENDIX A

CATEGORIES OF MENTAL RETARDATION

| | |
|---|---|
| Mild mental Retardation | IQ score  50-55 to Approx.70* |
| Moderate mental Retardation | IQ score   35-40 to 50-55 |
| Severe Mental Retardation | IQ score   20-25 to 35-40 |
| Profound Mental Retardation | IQ score   below 20-25 |

(DSM-IV,!994, pg. 110)

- * Potential measurement errors of 5 points/ Wechler IQ = 65-75
- Mental retardation as defined by the DSM IV is a sub average intellectual functioning accompanied by limitation of adaptive functioning in two or more daily living skills and with an onset before age 18 (DSM IV, 1994).

APPENDIX B

INTERVIEW QUESTIONS

1.      Tell me about yourself. What would you tell someone new about yourself? What would you tell others about you? What do you like/dislike? What are your interests? What things are important to you? What are your goals?

2.      What does it mean to be independent?  What are your responsibilities?  Do you have the same responsibilities as your brothers and sisters? How do you feel about that? Are there things your brothers and sisters can do or places they can go that you are not allowed to and why? Are there places or things you cannot or are not allowed to do or go and why?  How does that make you feel?

3.      Tell me about your job. What is your job? How did you get it? How long have you worked there? Is your job important? Why or why not?  How do you feel about your job?  What do you like and dislike about your job? Do you like coming to work? Why or why not?  Is there something else you would prefer to do and why?

4.      Would you prefer to work in the workshop or in the community? Why? How are these jobs different? Are the same skills and abilities needed to work in the community as are needed to work in the workshop? What skills are different?

5.	Are you interested or concerned about how you are doing on the job?  What skills and abilities do you need to do your job well?

6.	Are you worried or concerned about anything at work? Does anything at work scare you? What? What worries, concerns or scares you about your job?  Is there anything at work that bothers you?  Have you told anyone?

7.	Describe your co-workers. Are you the same or different than your co-workers and how? Why? Do you have the same or different abilities and skills as your co-workers? Why? How are these jobs different? Are the same skills and abilities needed?

8.	Do you know anyone who has a disability?  Do you have a disability? Are they treated the same or differently than others and how? How do you feel about the way people treat you? Are you concerned about what other people think of you?

9.	What is mental retardation? Do you know anyone who has mental retardation? Describe someone with mental retardation. What is someone with mental retardation like?  How do you feel when you are around that person? How are they the same or different than you? Has anyone ever said that you had mental retardation? How did you feel about that?

10.	Is there anything else you would like to tell me about your job? Do you have any questions for me?

APPENDIX C

PARTICIPANTS LETTER

6-15-11

Dear---------------,

My name is Mary Riegelmayer. I am a Regional Travel Coordinator for the northwest region of the Cuyahoga County Board of Developmental Disabilities and a graduate student at Cleveland State University in Diversity Management. I am sending you this letter as you have been identified as someone who might be interested in helping me out with a research project I am doing. I am interested in your thoughts and opinions about your job and yourself in relation to your work. I will be asking you some questions (an interview) which will last forty-five minutes to an hour. The interview will be conducted (held) at your worksite if possible or at another location of your choosing if not possible. Arrangements will be made with your supervisor so that the interview does not interfere with your work.

Your interview responses will be treated confidentially and will not be shared with your co- workers, supervisors, staff or others at home or work. No identifying information will be connected with your responses and your privacy will be guaranteed. No one will know what your answers are except myself.

Your participation is voluntary and you do not have to answer any questions you feel uncomfortable with. You may end or stop the interview at any time. There are no rewards or consequences for participating or not participating.

I am enclosing a consent to participate form. If you wish to participate please sign the form. I will be calling you soon to verify your receipt of this letter, arrange to collect the your signed consent form and to answer any questions you may have

If you have any other questions or wish to have more information, please feel free to contact me.

You may also contact the Cleveland State University Institutional Review Board at (216) 687-3630 if you have any questions about your rights as a research subject.

Thanks for your help with this project!

Sincerely,

Mary Riegelmayer/Regional Travel Coordinator/NW

APPENDIX D

LETTER TO CAREGIVER OR GUARDIANS

6-15-11

Dear---------------,

My name is Mary Riegelmayer. I am a Regional Travel Coordinator for the northwest region of the Cuyahoga County Board of Developmental Disabilities and a graduate student at Cleveland State University in Diversity Management. I am sending you this letter as your child/ward has been identified as someone who might be interested in helping me out with a research project I am doing. I am interested in their thoughts and opinions about their job and themselves in relation to their work. I am asking your permission to interview your child/ward. The interview will last forty-five minutes to an hour. It will be conducted at the worksite if possible or at another location of your choosing if not possible. Arrangements will be made by the researcher with the work supervisor so that the interview does not interfere with their work.

The interview responses will be treated confidentially and will not be shared with co-workers, supervisors, staff or others at home or work. No identifying information will be connected with the responses and the privacy of your child/ward will be guaranteed. Only the researcher will have access to the interview data.

Your child/ward's participation is voluntary and he/she does not have to answer any questions he/she feels uncomfortable with. He/ She may terminate the interview at any time. There are no rewards or consequences for participating or not participating.

I am enclosing a consent to participate form. If you and your child/ward are interested in participating please sign the form. I will be calling you soon to verify your receipt of this letter, arrange to collect the signed consent form and to answer any questions you and your son/ daughter/ ward may have. I am enclosing a second copy of the consent form for your records.

If you have any other questions or wish to have more information, please feel free to contact me.

You may also contact the Cleveland State University Institutional Review Board at (216) 687-3630 if you have any questions about your rights or your child/ward's rights as a research subject.

Thanks for your help with this project!

Sincerely,
Mary Riegelmayer/Regional Travel Coordinator/NW