EXPERIENCES OF EARLY CHILDHOOD EDUCATORS WITH DISABILITIES: A CRITICAL DISABILITY THEORY PERSPECTIVE

by

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To my spouse and life partner, Andre Alexander and my parents, Samuel and Esther McGowan.
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ABSTRACT

EXPERIENCES OF EARLY CHILDHOOD EDUCATORS WITH DISABILITIES: A CRITICAL DISABILITY THEORY PERSPECTIVE

Kevin McGowan, Ph.D.

George Mason University, 2014

Dissertation Director: Dr. Julie K. Kidd

This qualitative, multiple-case study used critical disability theory as a lens for exploring the classroom and school-based experiences of three early childhood teachers with physical disabilities. All three early childhood teachers participated in semi-structured interviews. In addition, two of the three early childhood teachers participated in a second interview and submitted written reflections. Each participant’s themes were organized into three categories: ability tolerance, covert ableism, and overt ableism. There were instances of covert and overt ableism; however, these acts of ableism did not impede these early childhood teachers from fully participating in the professional experiences within their current school workplace cultures. During the interviews and written reflections, none of the early childhood teachers mentioned anything related to their current employment being in jeopardy because of their physical disabilities. Moreover, they did not mention anything related to being intimidated in regards to addressing issues
related to ableism within their school workplace cultures. Suggestions for future research, policy, and practice are discussed.
CHAPTER 1

Personal Experiences with Marginalization

Disclaimer. I do not have a disability and do not claim to know from first-hand experience what it is like to have a disability; however, as an African American, gay man, I know what it is like to belong to marginalized, othered groups. I also grew up with an African American uncle who had physical disabilities and an African American cousin who has mental disabilities.

Othering. My experiences with marginalization, based on being an African American gay man, assisted me in understanding the disenfranchisement of people and children with disabilities. As with people with disabilities, African American men and gay men can be seen as one of the “others.” Edward Said (1978) coined the term “othering,” or the societal marginalization of people based on some physical or mental characteristic. Said was specifically referring to Asian and Arab people and their othering experiences. In the years since 1978, social science and educational researchers have referenced othering in the literature (Lacom, 2002; Ringo, 2008; Winslow, 2010).

Lacom (2002) argues about the double otherness of people with disabilities who are female. One could apply this concept of double or multiple otherness to people with disabilities who happen to be African American and/or gay. For example, the double otherness concept applies to my African American uncle who had physical disabilities
and my African American cousin who has mental disabilities. Ringo (2008) discusses the plight of her African American husband’s “othering” experience. In October, 1989, he was arrested as a suspect in the slaying of a pregnant white woman. In reality, the woman’s husband murdered her and to throw the Boston police into a tailspin, he accused a generic African American man, thus making all African American men within a certain age group suspects in the murder of his wife. Winslow (2010) discusses hegemonic trivialization and othering related to the lesbian, bisexual, gay, transgendered, and queer (LGBTQ) community and African Americans. Winslow (2010) argues that the LGBTQ community and African Americans are the victims of hegemonic forces that make their grievances appear trivial and ridiculous to the larger society.

**One of the others: My African American experiences.** As a child, I remember watching reruns of the popular television program, Leave it to Beaver. The original air dates were from 1957 – 1963. In this television program, Ward Cleaver went to work in his suit and tie and worked from 9 am – 5 pm. June Cleaver was a house wife who stayed at home and took care of the children, Wally and Beaver. On the surface, the household that I grew up in was nothing like the fictional Cleaver household; however, just as Ward and June provided love, insight, and guidance to Wally and Beaver, my parents provided those same attributes for me and my sister.

I grew up in a working class neighborhood located in southeast Houston. All of the African American men in my neighborhood went to work and took care of their families. Unlike Ward Cleaver, they did not wear suits and ties to work and their hours were not 9 am – 5 pm. They worked grave yard shifts at the post office, they clocked in
at dawn to bake bread at the Nabisco plant, or they unloaded ships at the Houston Ship Channel. My father worked various shifts for the United States Post Office from 1948 – 1988. Unlike June Cleaver, most of the African American women in my neighborhood went to work and managed to be actively involved in the neighborhood elementary school. My mother started working when she was 13 years-old and was eventually employed as a clerk for the United States Post Office from 1966 – 1991. My family, childhood neighborhood, and K-12 public school experiences had a tremendous impact on my understanding of marginalization as it relates to the African Americans.

**Family.** I was born in 1960 which was an important historical time in terms of the civil rights movement. As a child, my aunts, uncles, parents, and grandparents shared stories about growing up in the segregated south. My parents were born and raised in Houston, Texas. My maternal grandmother was born in Houston and my maternal grandfather was born in Tomball, Texas. My paternal grandmother was born in Macon, Georgia and my paternal grandfather was born in Cold Springs, Texas.

My grandmother, Bernice McGowan, was a reporter for The Informer which was an African American owned newspaper. She covered civil rights and shared some of the stories with me, my sister, and my cousins. My uncle, Thaddeus McGowan, was the president of the sleeping car porters’ union from 1948 – 1966. Uncle Thad was constantly threatened by the Ku Klux Klan but they did not stop him from his work to address the racism within the Pullman Company. When I was around 8-years-old, I noticed that some of my relatives spelled their name McGowen and some used the McGowan spelling. My grandfather said that some members of the family changed the
spelling from McGowen to McGowan because the White people who owned our ancestors during slavery used the McGowen spelling. I am part of the clan that uses the McGowan spelling.

*The family warning.* I received my driver’s license and a warning on my 16th birthday. My parents warned me that in certain areas of the Houston metropolitan area, it was dangerous for African American people in general and African American men in particular. I was told to drive 10 miles below the speed limit in these areas. My parents also said that when, not if, you are stopped by the police, do exactly as they say and put your hands on the steering wheel and do not move them until the police officer instructs you to move them. I was driving to the shopping mall and had to pass through one of these areas. I checked the speedometer to make sure that I was not exceeding the speed limit. To my surprise and dismay, I was pulled over by a White police officer for speeding. I remembered what my parents told me about how to handle an encounter with the police. My mistake was driving the speed limit and not 10 miles below as my parents had instructed me to do.

*Childhood neighborhood.* In 1967, our neighborhood had car dealerships, automobile mechanics, restaurants, cafeterias, daycare, medical, dental, and optical clinics, animal hospitals, shopping centers, insurance agents, movie theatres, and drug stores. My mother said that it was a self-contained neighborhood with everything that families with young children needed within a five mile radius of our house. By 1970, all of the businesses had moved and they were replaced with juke joints and fried chicken shacks. One developer purchased two houses on our street with the expressed purpose of
opening up a combination juke joint and service station. My parents and the other people in our neighborhood used the zoning laws to keep the developer from building.

My parents still live in that neighborhood and according to my mother, some of the businesses have returned along with young White people. They are coming back to the neighborhood because it is centrally located and convenient to downtown Houston and the Medical Center. I call this gentrification of my old neighborhood the “Boomerang Effect” because the neighborhood was White and turned Black and is now in the process of turning White.

**School.** We moved to a predominantly White neighborhood in July, 1967. When I started first grade in September, 1967, I was one of five African American children in a class of 35. Three years later, by the time I was in the fourth grade, the school was predominantly African American. The White principal remained at my elementary school throughout my tenure and insisted on maintaining high-quality instruction and adequate resources.

When it was time for me to go to junior high school, my parents sent me to Johnston Junior High, an affluent school located one of the White sections of Houston. Their rationale for sending me across town for junior high school was they did not want me to attend a junior high school where you had to have security guards patrolling the hallways because renegade students were attacking teachers and other students. I was able to attend Johnston via a voluntary minority to majority transfer. White students had the option of attending Black schools, but of course they did not. No one would leave an affluent suburban school district to attend an urban school district. Predominantly White
schools would accept a certain percentage of minority students and once they reached their quota, they would not accept any additional minority students. I was sent to Johnston because my parents said that the junior high school in our neighborhood was not equipped to provide a quality education. There were blatant differences between human and material resources. The White junior high school was equipped with a state of the art gym and library and staffed with highly qualified teachers, while the Black junior high school did not have enough textbooks for all students.

I also attended Bellaire Senior High School which is an affluent, White senior high school. Johnston was one of the feeder junior high schools for Bellaire. Once again, I obtained a minority to majority transfer in order to attend Bellaire Senior High. Bellaire was equipped with all of the necessary resources to ensure student success. The science department at Bellaire was rated as one of the best in the city. For chemistry and biology, we went to the laboratory three times per week. My friends attending the senior high school in our neighborhood were lucky if they went to the laboratory once per semester. The lab equipment did not work so the teachers would not take their students to the laboratory. In the city of Houston, the students in the Black neighborhoods received an inferior education and this appeared to be sanctioned by the Houston Independent School District (HISD). In the neighborhoods surrounding Johnston and Bellaire, the only people of color that you encountered were either housekeepers or groundskeepers.

Conversely, in my neighborhood, one never encountered a White person. Kozol (1991) highlights this point with the following statement:
Housing projects bleak and tall, surrounded by perimeter walls lined with barbed wire, often stood adjacent to the schools. The schools were surrounded frequently by signs that indicated drug-free zone. Their doors were guarded. Police sometimes patrolled the halls. The windows of the schools were often covered with steel grates. I was dismayed to walk or ride for blocks through neighborhoods where there were simply no white people anywhere (Kozol, 1991, p. 5).

Most African American Houstonians were aware of Houston’s separate and unequal, two-tiered public education system including the African American high school students attending these schools. I decided to go to summer school and take the course, United States Government, at my neighborhood high school. The instructor spent most of his time in a drunken stupor and the students spent most of their time listening to music and playing cards. Needless to say, we did not learn anything about how the United States government works although everyone in the class received good grades.

My public school experiences in HISD appear to reflect the sanctioned inferior status of urban, inner city public schools noted by Kozol (1991). It was clear that HISD favored affluent White students by ensuring that they had all of the necessary resources for success and at the same time paying lip service regarding adequately resourcing urban, inner city schools that serviced Black and Hispanic communities. Kozol highlights this point with the following statement:

Most academic studies of school finance, sooner or later, ask us to consider the same question: How can we achieve more equity in
education in America? When the recommendations of such studies are examined, and when we look at the solutions that innumerable commissions have proposed, we realize that they do no quite mean equity and that they seldom asked for equity. What they mean is something that resembles equity but never reaches it. They mean something close enough to equity to silence criticism by approximating justice, but far enough from equity to guarantee the benefits enjoyed by privilege. The differences are justified by telling us that equity must always be approximate and cannot possibly be perfect. But the imperfection falls in almost every case to the advantage of the privileged (Kozol, 1991, p. 175).

**One of the others: My Gay American experiences.** The first time I heard homosexuality defined was in a Sunday school class I attended at my grandmother’s church. It was 1973, the same year that the Diagnostic and Statistical Manual of Mental Disorders removed homosexuality from its list of mental disorders (Meyer, 2003). I was 12 years-old and the definition was given geared to junior high school students. The range of ages in the class was between 12 and 15. Our Sunday school teacher told us that homosexuality was sexual relations between two men or between two women. I knew what sexual relationships were from my seventh-grade health class. The Sunday school teacher informed us that these relationships were wrong and that anyone who engaged in them would pay a steep price for their immoral behavior in the afterlife. She also noted that the church should not mistreat homosexuals; we should pray for them to change their ways. We were also reminded not to engage in heterosexual relationships until we were
married. During this same time frame, I first realized that I was attracted to men. I thought these urges were something that I could consciously control and that I would grow into a heterosexual orientation. I spent my junior and senior high school years pretending to be interested in girls. With this church definition in mind and the way men who were perceived as gay were treated by the macro society as well as in my neighborhood and school, I quickly determined that homosexuality was deviant and abnormal (Burns, Kamen, Lehman, & Beach, 2012; Pachankis, Goldfried, & Ramrattan, 2008). I buried those urges and went on about the activities of being a teenager. I did not start to ask questions about my sexual orientation until I reached young adulthood.

When I arrived on Howard University’s campus, I could no longer fight the urges. I attempted to live a down-low life where I would date men and women. Men on the “down-low” are viewed as heterosexual by their family, colleagues, neighbors, and friends. Down-low men are married or have multiple girlfriends while simultaneously maintaining secret sexual relationships with men (Boykin, 2005; King, 2004). I spent approximately four years leading a double life. I engaged in self destructive behavior stemming from the fact that I did not want to be gay. If there was a pill that I could have taken to make me heterosexual, I would have taken it. The pain was almost unbearable and I understand why some people become so depressed that they commit suicide because they do not see a way out of their misery. I finally made peace with my sexual orientation at around 24 years of age.

In retrospect, as I came to terms with my sexual orientation, I went through Elisabeth Kubler-Ross’s stages of death (Kramer, 2004) and Cass’s (1984) stage model
of Homosexual Identity Formation (HIF). Elisabeth Kubler-Ross developed these stages for people who discovered that they had terminal illnesses. Those stages fit into what I was going through. I mourned the death of a heterosexual life complete with a wife and children. The five stages are denial, anger, bargaining, depression, and acceptance (Kramer, 2004). During my teenage years, I was in denial, my early twenties brought on anger, bargaining, and depression. The first four stages were happening in rapid cycles and not necessarily in chronological order. I would have brief periods of two to three months where I was relatively happy with life and then 4 to 6 months where I was in emotional turmoil and in a state of constant cognitive dissonance. I finally got to acceptance at age 24.

As I was going through Elisabeth Kubler-Ross’s stages (Kramer, 2004), I was simultaneously going through Cass’s (1984) stage model of HIF. The stages proposed by Cass (1984) are identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. At any one of these stages, I could have chosen not to develop further, at which time identity foreclosure would have occurred.

During identity confusion, I developed awareness that homosexuality was relevant to me and my behavior and this awareness made me confront my heterosexual identity illusion. Identity comparison involved coping with the social alienation occurring as I became more deeply involved with my gay sexual identity while simultaneously attempting to maintain a heterosexual identity for my family, friends, and colleagues. During identity tolerance, I sought the company and companionship of other
gay men and lesbians. I was at a point of tolerance; however, I was not at a point of acceptance. Identity acceptance involved increasing my contact with gay men and lesbians and examining some of the positive aspects of the gay life style. Although, I had evolved to this identity acceptance stage, there were times where I still felt the need to “pass” as heterosexual. Identity pride involved addressing the incongruity between my newly discovered positive perception of gay men and lesbians with society’s overall negative perception of homosexuals. Identity synthesis occurred when I realized that some heterosexuals would accept me for who I am and that I could not exclude all heterosexual people from my personal life (Cass, 1984).

**Uncle Hayward.** My mother’s older brother, Hayward Woods, Jr. contracted polio when he was a small child and as a result was left with physical disabilities for the rest of his life. Uncle Hayward could not use his left arm and hand and his left leg was several inches shorter than his right leg. He never discussed his disabilities with me; however, my mother, who was his younger sister, did discuss the bullying that my uncle received throughout his school career. She also discussed some of the discrimination that he faced from some people in the larger community outside of school. In addition to growing up and living in Houston during the time of segregation and overt racism, my uncle had to confront ableism from members of the White and African American communities. My uncle Hayward had the full support of our family, and it is my belief that this strong family support network gave him the strength to handle racism and ableism from White people and ableism from African Americans.
My uncle Hayward worked as a janitor for a car dealership for over 35 years. He walked to the bus stop and rode two buses to get to work. He was an avid gardener and was able to use the lawnmower and most garden tools with one hand. I do not ever remember him getting sick or missing work. After he retired, he became very active in the community church where he sang in the choir and assisted with the care of the needy members of the congregation. Uncle Hayward died in his sleep at age 69 in 1998. I, along with my family, will always remember him as someone who incorporated his disability into his daily life and thus led a rewarding life.

Cousin Edward. My cousin Edward was diagnosed with schizophrenia during his third year of law school at University of California, Los Angeles (UCLA). He dropped out of law school and to this date has not found the right balance between taking his medication and maintaining an active mentally healthy lifestyle. He lives with his mother who is my aunt Carrie. He takes his medication, starts to feel better, stops taking the medication, and relapses. This cycle has been repeating for the past 30 years. During one of his non-medicated periods, he wandered off from home and was missing for seven days. His sisters and brothers were looking all over Oakland for him, when finally a friend of the family spotted him on a street corner. He had been living the life of a homeless man. This particular episode made me think about the rampant mental illness in the homeless African American community. At the present time, Edward is in the “taking medication” phase of his cyclical interaction with managing his schizophrenia.

My journey towards research on early childhood teachers with disabilities. As previously stated, I am a member of two historically marginalized groups: African
American and Gay. There are important similarities within and between marginalized groups. For example, there are issues of power and hegemony present in marginalized groups (Brookfield, 2005; Freire, 2007). Dominant groups hold power over marginalized groups and have convinced certain members of these groups that hegemony or their oppression is serving their overall well-being and the greater good of society (Brookfield; 2005; Freire, 2007). In general, critical theory unmasks these inequitable power imbalances and attempts to address them by promoting methods, practices, and policies for a more equitable society (Brookfield, 2005). Over the years, critical theory has been critiqued and modified to address issues of equality and discrimination regarding specific marginalized groups such as critical race theory, critical feminist theory (Brookfield, 2007), critical queer theory (Anyon, Dumas, Linville, Nolan, Perez, Tuck, & Weiss, 2009), and critical disability theory (Pothier & Devlin, 2006).

Although there are similarities within and between marginalized groups, there are also some important differences. For example, the lived and contextual experiences of people must be taken into account in reference to issues of oppression and marginalization. I live the experiences of an early childhood educator who has to confront racism and heterosexism on a daily basis; however, I do not know about the daily lived experiences of early childhood educators with disabilities and their daily experiences with ableism. With this study, I hope to add the voices and lived experiences of early childhood educators with disabilities from a critical disability theory perspective. My journey continues.
Statement of the Problem

In my over 20 years of experience as an early childhood teacher, mentor coach, and education manager, I have only met two early childhood teachers with disabilities. I may have met others but it was not disclosed to me; therefore, I was unaware of any other early childhood teachers with disabilities. It is not surprising that teachers would not want to disclose their disability given the covert and overt ableism that exists in our society.

A review of the relevant literature on early childhood teachers with disabilities did not yield a significant number of studies thus suggesting the need for additional research in this field of study. One possible reason for this lack of available research is the role that ableism plays in America’s school systems. Early childhood teachers with disabilities would rather remain invisible and pass as a teacher without disabilities because they may be concerned about potential discrimination.

In order to address inequities around race, sexual orientation, gender, and ability level, people have to engage in meaningful dialogue. The word is the foundation of dialogue with the word being comprised of two dimensions – reflection and action. True words transform the world, but in order for words to be transformational, they must contain reflection and action. When the word has inaction, it is diminished to verbalism or idle talk. Some people may talk about equity for marginalized people; however, there is no action to support their words, thus converting their words into verbalism. Conversely, if people engage in action without reflection, then the word is converted to activism or mindless, random rioting (Freire, 2007).
Critical theory incorporates Freire’s (2007) explanation for the word by advocating for identifying and rectifying inequity in our society. As stated previously, there are many manifestations of critical theory that include critical race theory, critical feminist theory, critical queer theory, and critical disability theory. This qualitative, multiple-case study used critical disability theory as a lens for exploring the classroom and school-based experiences of three early childhood teachers with physical disabilities. The physical disabilities are multiple sclerosis (MS), visual impairment/blindness, and cerebral palsy (CP). One of the major tenets of critical disability theory is the invisibility and permanence of ableism. The case study proposition (Yin, 2014) explored the overt and covert ways in which ableism affects the daily classroom and school-based experiences of early childhood teachers with disabilities. Yin (2014) stated, “Each proposition directs attention to something that should be examined within the scope of the study” (p. 30).

**Research Questions**

1. How do early childhood teachers with disabilities describe their classroom and school-based experiences?
2. How does ableism affect the classroom experiences of early childhood teachers with disabilities?
3. How does ableism affect the school-based relationships of early childhood teachers with disabilities?
**Definition of Terms**

**Ableism.** Ableism is discrimination in favor of able-bodied people and children (Kumari-Campbell, 2008).

**Cerebral Palsy.** Cerebral palsy is caused by abnormal brain development resulting in a group of permanent, non-progressive disorders associated with movement and posture (Haak, Lenski, Hidecker, Li, & Paneth, 2009).

**Critical Disability Theory.** A critical disability approach offers an important lens for addressing the complexities associated with disability and equality. It begins with the assumption that theories of human rights and equality provide the necessary foundation for understanding the connections between the existing legal, economic, political, and social rationales for the full inclusion of people and children with disabilities, and the systematic barriers and oppression that continue to construct people and children with disabilities as inherently unequal (Riou & Valentine, 2006).

**Critical Theory.** Critical theory is a systematic and explicit analysis of social justice (Anyon et al., 2009).

**Early Childhood Teachers.** Early childhood teachers provide instruction to children from birth to 8 years of age (Kostelnik, Soderman, & Whiren, 2004).

**Hegemony.** Hegemony involves people accepting second-class citizenship as natural and in their own best interests (Brookfield, 2005).

**Multiple Case Study.** A multiple case study is the study of two or more cases to explore similarities and differences within and between cases (Baxter & Jack, 2008; Yin, 2014).
**Multiple Sclerosis.** Multiple sclerosis is a demyelinating disorder of the central nervous system caused by lesions in the brain and spinal cord that alter or block the transmission of electrical impulses to systems throughout the body (Rumrill, Roessler, Unger, & Vierstra, 2004).

**Physical Disability.** The code of federal regulations defines physical disability as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the major body systems. These body systems include neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, urinary, lymphatic, and endocrine (Papalia-Berardi et al., 2002; Uerling, 2007).

**Propositions.** Case study propositions direct attention to something that should be examined within the scope of a case study. Propositions may come from the literature, personal/professional experiences, and theories (Baxter & Jack, 2008; Yin, 2014).

**Visual Impairment/Blindness.** According to the Social Security Administration, visual impairment including severe visual impairment (blindness) is central visual acuity of 20/200 or less in the better eye or a limitation in the field of vision such that the widest diameter of the visual field in the better eye is 20 degrees or less.
CHAPTER 2

This chapter discusses the relevant research on critical disability theory and teachers with disabilities and their preservice, classroom, and school-based experiences. The chapter starts with the history of the disabilities rights movement and national approaches addressing people with disabilities. Next the chapter discusses foundational information related to critical disability theory that includes the evolution of critical theory, a brief summary of critical race theory, critical feminist theory, critical queer theory, and ableism. In addition, the chapter includes foundational information related to teachers with disabilities that includes people-first language, models of disability, labor force characteristics for people with disabilities, and a brief summary of the Educators with Disabilities Caucus. The chapter closes with a discussion on gaps in the existing literature, thus supporting the need for this study.

History of the Disabilities Rights Movement

Americans with disabilities have been advocating for their rights for nearly 200 years. During the 1850s, Americans with hearing impairments organized themselves into clubs and associations, and the National Association of the Deaf was founded as a political organization in 1880. In the 1930s, the League for the Physically Handicapped (LPH) protested discrimination by the Federal Works Progress Administration against workers with disabilities. The National Federation for the Blind (NFB) and the American Federation of the Physically Handicapped (AFPH), both founded in 1940 advocated for
an end to employment discrimination in the private sector. The labor movement provided the conceptual model for these early activists, thus making people with disabilities analogous to exploited workers who could best win their rights through organizing (Pelka, 2012).

The United States entry into World War II led to a shortage of available workers without visible disabilities which created a tremendous drain on the available pool of workers. This event led to the employment of thousands of people with disabilities. With the end of the war, these gains were quickly eliminated; however, the multitude of men and women permanently disabled during the conflict expected assistance and acceptance from the nation they had risked their lives to serve. They organized groups such as the Blinded Veterans Association of America (PVAA) in 1945 and the Paralyzed Veterans of America (PVA) in 1947. Civilian groups such as Just One Break (JOB) were organized to focus on remedial training of people with disabilities hoping to enter the workforce. During the 1940s, a variety of groups and individuals were working more or less independently of one another to improve the lives of people with disabilities (Pelka, 2012). The National Association of Parents/Friends of Mentally Retarded Children was founded in 1950 and in 1953 became the National Association for Retarded Citizens (NARC). United Cerebral Palsy (UCP), Inc. was founded in 1949. NARC and UPC played major roles in the disabilities rights movement.

Tim Nugent founded the students with disabilities program at the University of Illinois and acted as a catalyst in testing such innovations as lift-equipped buses, curb cuts, and wheelchair ramps. By the end of the 1950s, Nugent was working with the
American National Standards Institute to formulate guidelines for lift-equipped buses, curb cuts, and wheelchair ramps (Pelka, 2012).

Although the rights of Americans with disabilities were being addressed on many levels, their situation was not significantly improved. By the 1960s, children with disabilities were still routinely segregated into special classes or institutions, and adults with visible disabilities were confronted with major obstacles when they attempted to enter the workplace. The limited number of organizations that were actively engaged with the disability rights movement had lost much of the momentum they had generated since 1940 largely due to internal conflicts. Moreover, they were divided along race, class, gender, and sexual orientation (Pelka, 2012).

The origin of the activist, disability rights movement started in the 1960s and took cues from the civil rights movement (Tomes, 2005; Ware, 2009). During this time, disability rights activists were working in places such as Berkeley, Boston, and Houston, giving rise to the modern Disability Rights Movement and paving the way for important legislation and social policy for people with disabilities. During this time, civil rights protests for accessible housing, transportation, employment, and education acted as a catalyst to engaging in meaningful dialogue about self-determination and the meaning of access (Ware, 2009).

The disability rights movement continued to gain momentum in the 1970s as people with disabilities became increasingly visible (Stroman, 2003; Tomes, 2005). In 1971, the Union of the Physically Impaired against Segregation (UPIAS) was formed. UPIAS was a small dedicated group of people with disabilities, inspired by Marxism,
who rejected the liberal campaigns of more mainstream disability organizations such as the Disablement Income Group and the Disability Alliance. According to their policy statement, the purpose of UPIAS was to replace segregated facilities with facilities that would allow opportunities for people with disabilities to participate fully in society and take control of their lives. The UPIAS policy statement defined people with disabilities as a marginalized group suffering from years of oppression (Shakespeare, 2006).

In addition, people with disabilities were demanding accessible busing and advocating for the regulations defining discrimination under the 1973 Vocational Rehabilitation Act. There was also a rapid increase in the number of organizations getting involved in the disability rights movement. These organizations were effectively organizing to recruit and alert members to discrimination and to alert the media to the many forms of stereotyping and discrimination that people with disabilities faced. There was also a growth of cross-disability awareness that if all the various disability groups pulled together either through single disability organizations or through multi-disability groups they would collectively have more power (Stroman, 2003). The implication of their new politicized perspective on disability issues was that authentic reform would be gained only by the development of a broad-based coalition of people with disabilities throughout the United States who demanded fundamental national policy reforms and community-based support services that would permit them to break the tradition of dependency and institutionalization and live as part of the larger social and economic community (Stroman, 2003).
One of the first activist organizations was Disabled in Action (DIA). It was started by Judith Heumann in 1970 in New York City. Judith Heumann became an activist because as a wheelchair user she had to stage a long battle and finally a lawsuit in New York City in order to gain a teaching position in a public school. Heumann’s battle with the New York Board of Education was settled out of court and she eventually obtained her teacher’s license and taught elementary school for three years. As a result of Heumann’s victory, a law from the early 1940s that prohibited people with certain types of disabilities from teaching was repealed (Pelka, 2012).

The DIA was a grassroots group that was one of the first to engage in street demonstrations to gain publicity for its policy stances. For example, DIA demonstrated against President Nixon’s veto of the Rehabilitation Act. These protests included a demonstration at the Lincoln Memorial and an occupation of Nixon’s New York reelection campaign headquarters. In 1976 and 1977, the DIA was the first group to protest the charity approach to raising money for disability services by picketing the United Cerebral Palsy Association’s telethon for raising money for children with physical disabilities. In addition, the New York and Philadelphia chapters of the DIA filed lawsuits and led demonstrations for making public bus services accessible, making polling cites accessible, and demonstrating against wheelchair inaccessible Greyhound buses (Pelka, 2012; Stroman, 2003).

In 1977, the American Coalition of Citizens (ACCD), a national cross-disability movement, identified section 504 of the Rehabilitation Act of 1973 as a way to get people involved in the disabilities rights movement. Section 504 states:
No otherwise qualified handicapped individual in the United States, as defined in section 7(6), shall, solely by reason of his handicap, be excluded from participation in, be denied of, or be subjected to discrimination under any program or activity receiving federal financial assistance. (Pelka, 2012, p. 27)

When the Carter administration delayed issuing the first set of regulations implementing the law, ACCD called for a day of national action to highlight disabilities rights and put pressure on the Carter administration. On April 5, 1977, demonstrations across the nation brought together unprecedented numbers of people with disabilities, including some in San Francisco, who occupied the offices of Health, Education, and Welfare (HEW). In many of the cities, these actions lasted a day or two except in San Francisco where more than 100 activists occupied a floor of the regional federal office building until April 30. The April 5 – 30 federal occupation is the longest nonviolent occupation of a federal facility in American history (Pelka, 2012).

The disability rights movement was assisted by behavioral and social science research. Research on psychological issues assisted in demonstrating the pervasive nature of stigma associated with disabilities and the unfavorable mental health effects of constant discrimination. Psychological research also supported arguments for the elimination of barriers to people with disabilities so that they could be full participants in American society (Tomes, 2005). Organizations such as the American Psychological Association (APA) provided oral and written testimonies regarding all aspects of the 1990 American with Disabilities Act (ADA) regulations, particularly those related to
people with mental disabilities. APA was successful in ensuring final passage of ADA without diminishing vital amendments, such as those that would have excluded people with mental and emotional disabilities from coverage and protection under the law (Tomes, 2005). In 1979, APA established a working group devoted to people with disabilities. At that time the group was called the Task Force on Psychology and the Handicapped which later became the Committee on Disability Issues in Psychology (Tomes, 2005).

**National Approaches for People with Disabilities**

**Constitutional rights.** One of the major constitutional protections against various forms of discrimination is the Equal Protection Clause, Section 1 of the Fourteenth Amendment. Section 1 states:

All persons born or naturalized in the United States and subject to the jurisdiction thereof are citizens of the United States and of the State wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws. (Waldman, 2000, pp. 366-367)

The levels of scrutiny under the U.S. Supreme Court’s three-tiered approach to equal protection under the Fourteenth Amendment are (1) strict scrutiny, (2) middle-tier scrutiny, and (3) minimum or rational basis scrutiny. Under strict scrutiny, the government must demonstrate that the challenged categorization serves a persuasive state
interest and that the categorization is necessary to serve that interest. Suspect categories include race, national origin, and religion. Under middle-tier scrutiny, the government must demonstrate that the challenged categorization serves an important state interest and that the categorization is significantly related to serving that interest. Quasi-suspect categories include gender and illegitimacy. Under minimum or rational-basis scrutiny, the government must demonstrate that the challenged categorization is rationally related to serving a justifiable state interest. Minimum or rational-basis scrutiny applies to all categorizations with the exception of the ones stated for strict and middle-tier scrutiny (Linder, 2012).

In the past, the U.S. Supreme Court has been reluctant to classify people with disabilities as a suspect or quasi-suspect class (Uerling, 2007). For example, in 1985 the U.S. Supreme Court issued its opinion on the relevance of the Equal Protection Clause regarding the City of Cleburne, TX versus the Cleburne Living Center. The plaintiff in this case was attempting to open a group home for people with intellectual disabilities and was denied a permit. The U.S. Supreme Court did not apply strict or middle-tier scrutiny to a zoning regulation that discriminated against group homes for people with intellectual disabilities, noting that the range of disabilities precluded the application of a single test. The Court did apply the minimum or rational basis test and struck down the zoning regulation as being irrationally related to any justifiable government interest (Uerling, 2007).

In 2001, the U.S. Supreme Court’s decision regarding the Board of Trustees of the University of Alabama versus Garret noted that the Fourteenth Amendment did not
obligate government entities to take affirmative steps on behalf of people with disabilities who were seeking employment, as long as their actions towards such individuals were rational. In addition, the U.S. Supreme Court noted that states could use job qualification requirements that do not make allowance for people with disabilities, and if special accommodations for people with disabilities are denied, they have to come from positive law and not through the Equal Protection Clause of the Fourteenth Amendment (Uerling, 2007).

**Federal legislation.** People with disabilities are primarily protected by the Rehabilitation Act of 1973, specifically Section 504 and the Americans with Disabilities Act (ADA) of 1990. Section 504 was enacted to regulate expenditures of federal funds and the ADA was enacted to regulate interstate commerce and to implement the protections of the Fourteenth Amendment (Pelka, 2012, Uerling, 2007). Specifically, ADA extends nondiscriminatory and equal access provisions to entities that do not receive federal funds (Papalia-Berardi, Hughes, & Papalia, 2002).

**The Rehabilitation Act of 1973.** The basic protection of 504 prohibited discrimination against people with disabilities by any public or private entity receiving federal funds. The Rehabilitation Act of 1973 defined an individual with disability as any person who (1) has a physical or mental impairment that drastically restricts one or more major life activities, (2) has documentation of identified impairment, or (3) is deemed has having such an impairment (Papalia-Berardi et al., 2002; Pope et al., 2001; Uerling, 2007). The Code of Federal Regulations provided additional definitions that were not included in the legislation. For example, physical impairment is defined as any
physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the major body systems. These body systems include neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, urinary, lymphatic, and endocrine. Mental impairment is defined as any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities (Papalia-Berardi et al., 2002; Uerling, 2007). A learning disability is defined as a neurological disorder that causes difficulties in learning that cannot be attributed to intelligence, motivation, or inadequate teaching, and which most often occurs in language and mathematics (Pope et al., 2001).

In terms of employment, an otherwise qualified person with disabilities is one who with reasonable accommodation can meet the essential functions of the job (Papalia-Berardi et al., 2002; Uerling, 2007). For postsecondary students and recipients of vocational education services, a qualified person with disabilities is one who meets the academic and technical standards required to admission or participation in the education program or identified activity (Uerling, 2007).

The Americans with Disabilities Act of 1990. Congress expanded the provisions of Section 504 by passing ADA (Papalia-Berardi et al., 2002). There were several legislative milestones during the time period between 1980 and 1990 that led to the eventual passing of ADA. These legislative milestones included the Civil Rights of Institutionalized Persons Act of 1980, the Voting Accessibility for the Elderly and Handicapped Act of 1984, the Air Carrier Access Act of 1986, the Fair Housing

ADA bars discrimination against people with disabilities. Furthermore, ADA provides civil rights protection to people with disabilities in employment, public services, public accommodations, and telecommunication services (Pelka, 2012; Tomes, 2005; Uerling, 2007). The ADA extends the prohibitions of 504 to entities that do not receive federal financial assistance. The ADA includes five titles which are (I) employment, (II) public service, (III) public accommodations, (IV) telecommunications, and (V) miscellaneous (Pelka, 2012). Title I requires employers to provide qualified individuals with disabilities an equal opportunity to participate in and benefit from all aspects of employment-related opportunities available to people without disabilities. For example, Title I prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. Moreover, Title I restricts questions that can be asked about an applicant’s disability before a job offer is made and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified people with disabilities, unless it results in undue hardship. In addition, religious organizations with 15 or more employees are covered. Title II covers all activities of state and local governments, and it requires state and local governments to provide people with disabilities equal opportunity to benefit from all of their programs, services, and activities. Title III covers businesses, nonprofit service providers, privately operated organizations offering courses and examinations, and privately operated
transportation and commercial facilities (Pelka, 2012; Uerling, 2007). Title IV covers telecommunications related to services for people with hearing impairments. Title V includes language prohibiting retaliation against people with and without disabilities who are attempting to protect and assert the rights of people with disabilities under ADA (Pelka, 2012).

**The Evolution of Critical Theory**

The Marxist influence on critical theory. Some of the first notions of critical theory were influenced by the doctrines of Karl Marx. The Marxist tradition of critical analysis often included challenging societal belief systems and ideologies by comparing them with the social reality of society. Moreover, critical theory from a Marxist perspective meant examining prevailing social relations based on their intricate connection to capitalist democracies (Ayon et al., 2009; Brookfield, 2005; Fanon, 1961/2004). Several of critical theory’s most important analytical categories are derived from Marx’s interpretations of Enlightenment thought. These analytical categories include false consciousness, commodification, objectification, and alienation. False consciousness or hegemony involves oppressed people adopting and promoting the societal and political views of their oppressors. Commodification is the process of regarding human qualities and relationships as a product or commodity that is bought and sold in the open market. Objectification entails people working for someone else in which their labor becomes converted into someone else’s property. Alienation involves working and living in ways that separate human beings from their true nature (Brookfield, 2005).
There are challenges involved with studying and referencing Marx. These challenges include accusations of undermining American society, engaging in subversive behavior, and supporting repressive regimes. Despite multiple efforts by the Frankfurt School to dissociate Marxist analysis from the inflexibility of state totalitarianism, many people think that Marxism is synonymous with repression and denial of liberty. Anyone who is interested should be able to analyze Marx without being accused of supporting repressive communist societies (Brookfield, 2005).

From a Marxist perspective, the intent of critical theory is to act as a catalyst for revolutionary social change. When people start to realize that society is structured economically to empower certain groups and not others or that wealth tends to be concentrated within a few powerful families they are drawing on a Marxist framework (Brookfield, 2005).

**The Frankfurt School.** The Institute for Social Research was created in Frankfurt, Germany in February of 1923 and was the original home of the Frankfurt School. The Institute was established by a wealthy grain merchant named Felix Weil. In 1930, the Institute came under the directorship of Max Horkheimer, and during Horkheimer’s tenure, Erich Fromm, Herbert Marcuse, and Theodor Adorno joined the Institute. The Institute was threatened by the Nazis because of its Marxist orientation and the fact that most of its members were Jewish. Because of the Nazi threat, the Institute was forced to move to Geneva in 1933, and then in 1934 to New York, where it was housed at Columbia University. In 1941, the Institute moved to Los Angeles, and by 1953, the Institute was re-established in Frankfurt, Germany (Giroux, 2009). The
Frankfurt School’s social questions and the forms of social inquiry it supported to address those social questions examined the development of Western Marxism and the Institute’s social inquiry served as a mechanism for critiquing Western Marxism (Brookfield, 2005; Giroux, 2009).

According to the Frankfurt School, any understanding of the nature of theory has to begin with a question concerning the relationships that exist in society regarding the specific and the universal (Brookfield, 2005; Giroux, 2009). This position appears in direct contradiction to the empirical notion that theory is primarily a matter of classifying and arranging facts. In rejecting the absolute power of facts, the Frankfurt School argued that in the relation between theory and the wider society, mediations exist that give meaning to the essential nature of a fact and to the very nature and substance of theoretical discourse. In addition, the Frankfurt School suggested that if theory is to move beyond the alleged positivist legacy of neutrality, it must develop the capacity of meta-theory. For example, theory has to acknowledge the value-laden interests it represents and be able to reflect critically on the historical development of such interests and the limitations they may present within certain historical and social contexts. The Frankfurt School believed that the critical essence of theory should be represented in its ability to uncover and shed light into otherwise opaque social orders. The motivating force behind such abilities was to be found in the Frankfurt School’s notions of immanent criticism and dialectical thought. Immanent criticism is the assertion of difference and the willingness to analyze the reality of the social object against its possibilities (Giroux, 2009). Dialectical thought addresses critique and theoretical reconstruction. As a
method of critique, it reveals values that are often excluded by the social object under analysis. As a mode of theoretical reconstruction, dialectical thought considers historical analysis in the critique of conformist logic. Dialectical thought maintains that there is a relationship between knowledge, power, and domination (Giroux, 2009; Noerr, 2001). According to Giroux (2009), “It is acknowledged that some knowledge is false, and that the ultimate purpose of critique should be critical thinking in the interest of social change.”

The Frankfurt School suggested that there were limits concerning the positivist notion of experience where research had to be confined to controlled physical experiences that could be conducted by the researcher. Under such conditions, the research experience is limited to simple observation. To that end, positivist methodology follows rules that preclude any understanding of the influences that manipulate both the object of analysis as well as the subject conducting the research (Giroux, 2009). By contrast, a dialectical theory of society suggests that observation cannot take the place of critical reflection. For example, the researcher begins with a theoretical framework that situates the observation in rules and conventions that give it meaning while at the same time recognizing the limitations of such a perspective. Theory and practice represent an alliance, where theory does not dissolve into practice and vice-versa (Giroux, 2009).

Experience contains no inherent guarantees to generate the insights necessary to make it transparent. For example, experience may provide us with knowledge; however, this knowledge may distort rather than clarify the nature of social reality. Theory’s authentic value lies in its ability to establish possibilities for reflective thought and
practice. As a mode of critique and analysis, theory functions as a set of tools inextricably affected by the context; however, it is never reducible to that context (Giroux, 2009).

The Frankfurt School used theories of consciousness and psychology to explain the subjective dimension of liberation and domination. The Frankfurt School analyzed the formal structure of consciousness in order to discover how a dehumanized society could continue to maintain its control over its inhabitants, and how it was possible that human beings could willingly participate in hegemonic practices (Brookfield, 2005; Giroux, 2009). For potential answers, the Frankfurt School engaged in a critical study of Freud. For the Frankfurt School, Freud’s metapsychology provided an important theoretical foundation for understanding the dynamics between the individual and society. The Frankfurt School believed that one had to have an understanding of the dialectic between the individual and society in order to understand the depth and extent of domination as it existed both within and outside the individual (Giroux, 2009).

The Frankfurt School’s theory of culture provided different methods for analyzing the role that schools play as agents of social and cultural reproduction. By highlighting the relationship between power and culture, the Frankfurt School provided a different perspective on the way in which dominant ideologies are constituted and mediated through specific cultural formations.

**Critical theory.** Critical theory addresses the need to develop a systematic way of thinking that includes incorporating historical circumstances in order to confront and address an unjust society (Anderson, 2006; Anyon et al., 2009; Giroux, 2003). Different
historical conditions pose different problems and need to be addressed by a variety of
diverse solutions. Critical theory defines and is defined by the problems posed by the
circumstances it attempts to address (Giroux, 2003).

According to Brookfield (2005), there are four traditions and five characteristics
of critical theory. The four traditions of critical theory thinking or criticality are (1)
hegemony, (2) psychoanalysis, (3) philosophical logic, and (4) pragmatist constructivism.
Hegemony addresses how people are convinced to support dominant ideologies as always
being in their best interests despite evidence to the contrary. The psychoanalytic tradition
addresses how critical theory in adulthood identifies and reviews inhibitions acquired in
childhood as a result of traumatic experiences. The philosophical logic tradition states
that people use critical theory when they recognize logical misconceptions and they are
able to distinguish between opinion and evidence. The pragmatist constructivist tradition
addresses the methods people use to construct and deconstruct their experiences and
meanings (Brookfield, 2005).

The five critical theory characteristics are (1) critical theory is grounded in a
particular political analysis, (2) critical theory is concerned with providing people with
knowledge and understandings intended to free them from oppression, (3) critical theory
breaks down the separation of subject and object and of researcher and focus of research,
(4) critical theory critiques current society and envisions a fairer, less alienated, more
democratic world, and (5) verification of critical theory is impossible until the social
vision it inspires is realized (Brookfield, 2005).
Critical theory has its foundation in a particular political analysis and a consistent doctrinal core. Critical theory’s primary unit of analysis is the conflicting relationship between social classes within an economy based on the exchange of services and commodities. This conflicting relationship remains stable until some event or series of events radically transforms society. The services and commodities exchange economy encompassing capitalism will create a series of unfavorable tension and pressure created by the desire of some of the people to have more influence on societal events that impact their lives and the inclination for others to prevent this influence from coming to fruition. So the starting point of Horkheimer’s analysis is that the commodity exchange economy that dominates social relations must be reconfigured so that people can realize their humanity and freedom (Brookfield, 2005).

Critical theory’s second characteristic is to provide people with knowledge and understanding with the expressed purpose of freeing them from oppression. According to this characteristic, critical theory not only interprets society, it also generates knowledge that will change society. Critical theory embraces social intervention and political action. One vital measure of critical theory is its capacity to inspire action. Critical theory also probes the notion of who benefits and who does not benefit from current societal structures (Brookfield, 2005).

According to the Frankfurt School theorists, a third important tenet of critical theory is that it breaks down the separation of researcher and focus of research found in traditional theories (Brookfield, 2005; Giroux, 2009; Noerr, 2001). The validity of critical theory derives partly from the fact that disenfranchised people support a
philosophical vision of a just society. Critical theory’s effectiveness depends partly on people recognizing that it accurately captures their desires for a more equitable society. An important indicator of critical theory is the extent to which people believe that it encapsulates their hopes and dreams for a more equitable and just society (Brookfield, 2005).

The fourth feature of critical theory criticizes current society and envisions a more equitable and democratic society. In contrast to traditional theories that are empirically grounded in an attempt to objectively generate accurate descriptions of society as it exists, critical theory attempts to generate a specific vision of an equitable society as it could exist. This vision states that individual identity is formed through social and cultural mechanisms. These social and cultural mechanisms will have different meanings for different people depending on the cultural environment (Brookfield, 2005).

The fifth characteristic of critical theory is that verification of the theory is impossible until the social vision it inspires is realized. That is, society will not know whether critical theory is true or false until the society it envisions is created and can be evaluated based on its humanity and compassion. Traditional theories can usually be evaluated by reference to the present society (Brookfield, 2005). According to the Frankfurt school, revolutionary and sometimes violent struggles mark the path toward more equitable societies (Brookfield, 2005; Noerr, 2001).

**Critical Race Theory, Critical Feminist Theory, and Critical Queer Theory**

Although critical theory is the forerunner to critical race theory, critical feminist theory, critical queer theory, and critical disability theory, it is viewed by some members
of these groups as an ongoing European American, heterosexual, and able-bodied male discourse. For example, Brookfield (2005) notes that prominent African-American researchers such as Lucius Outlaw and Cornell West explicitly rely on the traditions and characteristics of critical theory; however, they reinterpret critical theory’s contributions from an African American perspective. Along the same vein, prominent feminists such as Carmen Luke and Nancy Fraser acknowledge the importance of critical theory; however, they reinterpret critical theory’s contributions from a critical feminist perspective (Brookfield, 2005). Critical queer theory also had to recast critical theory in order to thoroughly examine the disenfranchisement of the lesbian, gay, bisexual, transgendered, and queer (LGBTQ) community (Anyon et al., 2009).

Critical race theory (CRT) evolved as a response to the failure of Critical Legal Studies (CLS) to adequately address the effects of race and racism in U.S. jurisprudence. Although CLS challenges the meritocracy of the United States, CRT focuses directly on the effects of race and racism while simultaneously addressing the hegemonic system of White supremacy on the meritocratic system. In addition, CRT differs from CLS in that it has an activist aspect, the end goal of which is to bring change that will implement social justice (DeQuir & Dixson, 2004). An essential tenet of CRT is counter-storytelling. Counter-storytelling is a means of exposing and critiquing dialogues that perpetuate racial stereotypes. The use of counterstories allows for the challenging of privileged discourses espoused by the majority, therefore, serving as a means for giving voice to marginalized groups (DeCuir & Dixson, 2004; Howard, 2008).
Critical feminist theory (CFT) examines the elements of critical theory that serves the interests of women. CFT challenges male-dominated world views within critical theory and attempts to build on the tenets of critical theory that are most useful for advancing the interests of women. In the past, CFT had been criticized for assuming general gender oppression for all women without much emphasis on race and class. Currently, White feminists have started to acknowledge this limitation and question some of their conclusions and analyses (Brookfield, 2005).

Critical queer theory (CQT) examines the ways in which the LGBTQ community has been oppressed and marginalized. Moreover, CQT examines the social construction of sexual desire, the creation of sexual communities, and the role that hegemony plays in the continued oppression of the LGBTQ community (Westerfelhaus & Lacroix, 2006). In addition, CQT suggests that sexuality is not a fixed category (Anyon et al., 2009). It is a category that is contingent upon history and continually negotiated via relationships. CQT challenges the heterosexist order prevalent in American society (Westerfelhaus & Lacroix, 2006).

**Critical Disability Theory**

Just as critical theory has been critiqued and modified to address the needs of African Americans, women, and the LBGTQ community, critical disability theory critiqued and modified critical theory to address the needs of people with disabilities. Because people with disabilities have some specialized needs, critical disability theory is faced with some additional challenges such as changing the physical as well as the social structures of society. The other critical theories had to address social challenges, but did
not have to address the inaccessible physical structure of society (Devlin & Pothier, 2006; Shakespeare, 2006).

One of the main purposes of critical disability theory (CDT) is to challenge discrimination against people with disabilities (Biklen, 2000; Broderick, Mehta-Parekh, & Reid, 2005; Brown, 2011; Devlin & Pothier, 2006; Dudley-Marling, 2004; Goodley, 2007; Kumari-Campbell, 2008; McKinney, 2010; Ng, 2003; Nevin et al., 2008; Rioux & Valentine, 2006; Rocco, 2005; Schudel, 2011; Skrtic, 2005; Ware, 2005). CDT asserts that discrimination against people with disabilities is so ordinary that it is invisible (Rocco, 2005). CDT challenges invisibility and the assumption that differences in physical and mental abilities can be ignored, and it demands that such differences be confronted (Johnson, 2010). Moreover, a CDT perspective provides an important opportunity for understanding the multitude of issues linked to disability and equality. It begins with the concept that theories of human rights, equality, and equity provide the necessary base for understanding the relationships between the existing legal, economic, political, and social justifications for the full inclusion of people with disabilities and the systemic barriers and oppression that continue to portray people with disabilities as unequal citizens (Devlin & Pothier, 2006; Rioux & Valentine, 2006).

CDT also examines power and privilege in terms of which groups get valued and which groups get marginalized (Devlin & Pothier, 2006; McKinney, 2010; Rocco, 2005). Power is the control, use, and protection of economic, political, and social resources and the conscious or unconscious use of these resources against others. Privilege, as it relates to power, is an unearned asset or benefit received by virtue of being born with a
particular characteristic or into a particular class (Brookfield, 2005; Devlin & Pothier, 2006; Rocco, 2005). This concentration of power and privilege is so ingrained that there is a lack of realization that it exists. White, able-bodied Americans will aggressively protect their power and privilege whenever they feel it is threatened. In some instances, people with disabilities are reduced to a state of powerless when a request for adaptation to the environment is treated as if the adaptation provides an unfair advantage (Rocco, 2005). Power in education is also seen in terms of which groups of people have power over economics, politics, and educational resources. In some instances, educators may acknowledge that power resides in the dominant, White, able-bodied majority; however, they rarely admit that this concentration of power may be deliberate and intentional (Rocco, 2005).

**Ableism**

The genesis of ableism can be traced to negative cultural assumptions about disability (Hehir, 2007; Kumari-Campbell, 2008; Neely-Barnes, Graff, Roberts, Hall, & Hankins, 2010; Pelka, 2012). Because of these negative cultural assumptions, children and adults are constantly bombarded with covert and overt messages that to be disabled is to be less than human (Borgioli, 2008; Castaneto & Willemsen, 2006; Kumari-Campbell, 2008; McLean, 2011; Shier, Sinclair, & Gault, 2011). Despite strong laws, existing practices were often difficult to change due to deeply-rooted, negative cultural assumptions and attitudes about disability. These negative cultural assumptions and attitudes can be based upon negative stereotypes as well as lack of understanding of disability issues, such as efficiency. For example, it is just as efficient to roll as it is to
walk and just as efficient to use sign language as it is to use oral language (Hehir, 2005; Storey, 2007).

From a societal viewpoint, it is preferable for people with disabilities to perform their daily tasks in the same way as people without disabilities. Given a society that has been designed with minimal regard to people with disabilities, being able to perform in a manner similar to that of people without disabilities gives people with disabilities distinct advantages in a barrier-laden society. Some people with disabilities do not have a choice regarding how they complete their living tasks. They depend on and should be provided with the necessary environmental adaptations to assist them in fully participating in society. When people with disabilities, demand and expect their legislative rights, they often experience ableism (Hehir, 2005).

There are several definitions of ableism found in the literature and they share common origins that are rooted in discrimination and oppression against people with disabilities (Beratan, 2006; Kumari-Campbell, 2008; Storey, 2007). Kumari-Campbell defines ableism as follows:

The production of ableness, the perfectible body and by default, the creation of a neologism that suggests a falling away from ableness that is disability and a viewpoint that impairment is inherently negative which should, if the opportunity presents itself, be ameliorated, cured, or indeed eliminated.

Ableism refers to a network of beliefs, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is
projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human (Kumari-Campbell, 2008, p. 153).

In addition, Storey (2007) states that, “ableism can be briefly described as the belief that it is better or superior not to have a disability than to have one and that it is better to do things in the way that non-disabled people do” (p. 56). Moreover, Beratan (2006) defines institutional ableism as, “discriminatory structures and practices, as well as uninterrogated beliefs about disability that are deeply ingrained within educational systems which subvert even the most well-intentioned policies by maintaining the substantive oppression of existing hierarchies” (p. 3).

In order to make legitimate inroads toward equity, it is important to acknowledge that ableism exists in all aspects of society including schools. In many schools, disability is not usually part of the diversity discussion, and disability activists have long recognized the long-term negative influence of failing to recognize disability. The recognition of disability as a basic diversity issue is important in helping teachers and students with disabilities feel comfortable with their disability (Hehir, 2005).

The general education curriculum is more likely to discuss the contributions of women and people of color; however, there is not much discussion regarding people with disabilities. In schools, it is common to see the hiring of staff from diverse backgrounds as important in terms of affirmative action, civil rights, and multicultural diversity;
however, the hiring of teachers with disabilities does not appear to be as important (Castanneda & Peters, 2000; Storey, 2007).

It is important to note that ableism impacts the lives of people with disabilities from many different levels that include individual, cultural, and institutional levels and that each of these levels must be addressed to comprehensively combat ableism. From an historical perspective, the disability field has been divided into categories according to label with insufficient understanding of these categories or how they are jointly influenced by political, cultural, and economic developments based on negative assumptions about people with disabilities rooted in ableism. People have often ignored larger issues such as ableism, believing that if they become better teachers and that if students learn new skills, then instructors will have done their job. However, these larger issues influence the lives of teachers and students with disabilities, and it is within the context of these larger issues that instructors try to influence a society that is often resistant to the changes that will make society, including schools, more equitable for teachers and children with disabilities (Castanneda & Peters, 2006; Storey, 2007).

**Perceptions and experiences with ableism.** A review of the literature did not yield a significant amount of research regarding people with disabilities and their perceptions and experiences with ableism, nor did it yield much information about teachers with disabilities and their perceptions and experiences with ableism. The following studies highlighted some of the attitudes and perceptions of people with disabilities. Some of the following studies include research on people with multiple
sclerosis, cerebral palsy, and visual impairment and their perceptions on ableism and discrimination.

In Noonan et al.’s (2004) qualitative study on career development experiences, 17 high-achieving women with physical and sensory disabilities were interviewed. They were representatives from the following occupations: business, science, law, arts/entertainment, journalism, activism, social sciences, and education. Criterion-based sampling was used to ensure diversity. The age range of the sample was 33 to 60 years of age. The sample was well-educated with four participants having bachelor’s degrees, five with master’s degrees, six with doctor of philosophy degrees, and two with law degrees. The racial and ethnic makeup of the participants included 13 White Americans, two African Americans, one Asian American, and one Hispanic/Native American. Six of the participants were blind, three had post-polio syndrome, three had spinal cord injury, two had mobility impairments, one was deaf, one had partial limb reduction, and one had rheumatoid arthritis. The instrument used in this study was an in-depth, semi-structured interview protocol and data were analyzed using a modified grounded theory approach (Noonan et al., 2004).

Every participant reported experiences of ableism. One participant said, “It represented the whole range. I mean everything that you can probably imagine—stupidity, hostility, condescension” (Noonan et al., 2004, p. 74). Another participant said:

I had applied for an internship and at the end of the interview, the interviewer said, “Well, I’ve got to admit you know your stuff, but you
have polio and no matter what I read in the reports about polio, I still think it’s neurological, it’s brain damage. I can’t entrust our clients to a brain-damaged person.” I was really furious and upset and I went to my advisor and the head of the clinical division and their response was to sort of pat me on the shoulder and say, that’s really rough, that’s not fair, maybe next year you’ll get an internship. They wouldn’t go to bat for me. They wouldn’t encourage me to fight it or anything. I was very alone. (Noonan et al., 2004, p. 74)

Another said, “I think the best way to explain my deafness is that I felt like I was not treated as an equal; I was a second-class citizen” (Noonan et al., 2004, p. 74).

The postdoctoral fellow described “boundary-less” questions she receives from strangers. For example:

People we don’t know that walk up to us in a bar or in a restaurant or more traditional social situations and say, how do you go to the bathroom or can you have sex? For God’s sake, who walks up to anybody and asks that? I just get bewildered every time I hear those kinds of questions. (Noonan et al., 2004, p. 74)

One participant, a White woman who is blind and married to an Asian American man stated:

I take my kids to the doctor, and the doctor asks me if they’re my children and how do you even begin to answer that? Because the underlying assumptions are that you couldn’t be married, that you have one-night
stands, and that you don’t know the race of the man that you’re having these one-nightstands with. Where do you begin? (Noonan et al., 2004, p. 74)

For the participants in this study, ableism contributed to restricted educational opportunities, discrimination in hiring, biased performance evaluations, pay inequities, lack of support and mentoring, and lack of accommodations. All of the participants discussed strategies and approaches for addressing the challenges of ableism. Some of these strategies and approaches included ignoring it as much as possible, getting and receiving support from others, internally reaffirming their goals and self-worth, and using humor to reduce hostility and put others at ease. They also challenged ableism from a personal standpoint. In addition, they challenged ableism through collective, legal, and social justice means (Noonan et al., 2004).

Solis (2006) documented his experiences with ableism from the perspective of a doctoral student and a middle-school teacher. He was diagnosed with Chronic Fatigue Syndrome (CFS) as a graduate student and as a result dealt with ableism. CFS is a condition exhibited by chronic disabling fatigue and can deeply impede one’s ability to work (Jones, Gray, Frith, & Newton, 2010; McCrone, Sharpe, Chalder, Knapp, Johnson, Goldsmith, & White, 2012).

Solis (2006) described his ongoing experiences with ableism that included the ongoing disapproval of colleagues who did not fully understand CFS. Some comments included, “You act as if you were an old man. Why are you always so tired?” (Solis, 2006, p. 147). Solis (2006) used self-segregation as a means to avoid social situations
where his energy level was questioned and mocked. He defined self-segregation as choosing to be alone or as being around other people with disabilities or people without disabilities with a thorough understanding of ableism. Solis (2006) also understood the need to balance self-segregation with activism because it was activism that would slowly change some of society’s ableist notions.

Egan’s 2009 memorandum to the Parliament of the United Kingdom highlighted some of the difficult issues faced by many educators with disabilities:

Although I have been hired as a disabled teacher and arrived at my last school in a four wheeled mobility walker, I really don't think the school appreciated my special needs. I completed the necessary forms provided by the local authority and clearly stated my disability. I arrived to work in the school with my small Class 2 scooter, as I could not have used the walker for my daily work. I know that the school was surprised—but no-one sat down with me to discuss what accommodations might be appropriate for me. Over a two year period I experienced a great deal of difficulty at the school but I am not free to discuss the details for legal reasons.

Ableism and people with multiple sclerosis. A 2003 survey of 1,310 people with multiple sclerosis indicated that 73% of them reported discriminatory practices in the hiring process, 58% reported denial of reasonable accommodations, 53% reported denial of salary increases, and 69% reported that they received little or no information about their rights (Rumrill, 2009). Employer and colleague attitudes and relationships
influenced people with multiple sclerosis in terms of accommodation requests. Those employers and colleagues with more positive attitudes built more cohesive relationships with employees with multiple sclerosis. Because of these positive attitudes and cohesive relationships, employees with multiple sclerosis were more likely to ask for and receive accommodations (Rumrill, 2009).

Rumrill et al. (2004) examined the relationship between on-the-job barriers and job satisfaction among people with multiple sclerosis. The sample consisted of 59 people with multiple sclerosis who participated in structured telephone interviews. They ranged in age from 26 to 60 and 95% of them were White. They completed the six sections of the Work Experience Survey: (1) background information, (2) barriers to workplace accessibility, (3) barriers to performance of essential job functions, (4) job mastery concerns, (5) job satisfaction ratings, and (6) job mastery concerns. Results indicated that participants were not faced with significant workplace accessibility barriers. In addition, they experienced high levels of job mastery and job satisfaction; however, those participants who reported workplace accessibility and performance issues had lower levels of job satisfaction (Rumrill et al., 2004).

Roessler, Neath, McMahon, and Rumrill (2007) examined the relationship of selected supply- and demand-side variables to forms of perceived discrimination among adults with multiple sclerosis. The perceived discrimination included allegations of discrimination that adults with multiple sclerosis filed with the Equal Employment Opportunity Commission. Supply-side factors were comprised of gender, age, and race and demand-side factors were comprised of company size, location, and type. In the
supply- and demand-side model, employment is seen as a transaction between an organization and an employee that results in tenure if the employee is satisfied with the job and the employer is satisfied with the employee. The study’s research questions addressed whether the supply-and demand-side variables were related to specific forms of perceived discrimination such as harassment and discharge (Roessler et al., 2007).

The sample consisted of 3,082 allegations of employment discrimination by adults with multiple sclerosis. Ratio chi-square tests provided significant results for gender and company size, but not for race, age, industry, or region. Women filed 66% of the allegations (Roessler et al., 2007), and allegations of discrimination occurred most frequently in large organizations with 500 or more employees (Roessler et al., 2007; Rumrill, Roessler, McMahon, & Fitzgerald, 2005). Women alleged discrimination related to harassment and intimidation, and employees from large companies alleged discrimination related to reasonable accommodation, working conditions, employment benefits, and discharge (Roessler et al., 2007).

*Ableism and people who are visually impaired/blind.* Rehabilitation providers discussed barriers to the employment for people who are blind or visually impaired. One major barrier was discrimination in the form of negative attitudes from employers. Forty-three rehabilitation providers participated in four focus groups. There were 30 females and 13 males and their educational levels ranged from 15 to 18 years. To combat some of the negative attitudes toward people who are blind or visually impaired, rehabilitation providers recommended educating employers about blindness and visual impairment. Rehabilitation providers also provided opportunities for employers to interact with people
who are blind or visually impaired. For extremely resistant employers, rehabilitation providers use methods such as videotapes and portfolios in an effort to introduce employers to the concept of employing people who are blind or visually impaired (Crudden, Sansing, & Butler, 2005).

LaGrow (2004) conducted research in New Zealand that examined factors that impact the employment status of adults who are blind or visually impaired. There were 150 participants in this study comprised of 67 men and 83 women. They ranged in age from 18 to 63. Participants answered questions related to employment status, gender, age, age at onset of visual impairment, amount of usable vision, level of education, and the presence of other disabling conditions. Questionnaire responses indicated that 59 participants were employed, 21 were actively seeking employment, 15 were interested in employment, and 55 were not interested in employment. The amount of usable vision, gender, and the presence of other disabling conditions had a significant impact on the rates of employment, unemployment, and labor force participation (LaGrow, 2004).

Crudden (2002) conducted a multiple-case study on 10 people who were blind or visually impaired. In addition to interviewing the participants, the research team interviewed rehabilitation counselors, and employers. In addition, a survey was used to compare and contrast the perspectives of the 10 participants to those of their rehabilitation counselors and employers. The interviews were audiotaped and transcribed. Results indicated that the majority of participants experienced some discrimination from their colleagues. Some colleagues did not want to provide assistance, they told inappropriate jokes, and they complained about the guide dogs. In
addition, the participants reported that they were unfairly compared to sighted employees. In contrast, the majority of participants felt supported by their bosses (Crudden, 2002).

*Ableism and people with cerebral palsy.* Koontz -Lowman, West, and McMahon (2005) examined workplace discrimination against people with cerebral palsy. Specifically, Koontz -Lowman et al. (2005) compared and contrasted the workplace discrimination of people with cerebral palsy to people with other physical, sensory, and neurological impairments. The research team extracted data from a larger database compiled by the Equal Employment Opportunity Commission (EEOC) ADA Research Project. The data set used for this study included 1,392 allegations of discrimination related to cerebral palsy and 173, 218 allegations of discrimination related to other physical, sensory, and neurological impairments. There were some noted differences between allegations filed from people with cerebral palsy and allegations filed by people with other physical, sensory, and neurological impairments. Findings indicated that White men with cerebral palsy who were younger than 39 years-old filed more allegations of discrimination. In addition, more allegations of discrimination were filed by people with cerebral palsy when they worked for retail or service oriented industries and when the complaint was related to hiring discrimination (Koontz -Lowman et al., 2005).

**The On-going Debate about the use of People-First Language**

There is an ongoing debate about how to refer to people with disabilities (Devlin & Pothier, 2006; Shakespeare, 2006; Vaughan, 2009). Some disabilities rights advocates promote the use of people-first language, while others are opposed to using people-first
language. Proponents for using people-first language note that people-first language acknowledges the individual and shifts the focus away from the disability. Opponents of using people-first language note that the disability cannot be separated from the person. Moreover, they do not understand why the American Psychological Association promotes the use of people-first language for researchers who submit articles to journals for publication. Some researchers find the use of people-first language to be redundant, tedious, and burdensome (Vaughan, 2009).

**The universal people-first language movement.** The term “handicapped” evokes negative images of people with disabilities. The origin of the term handicapped is derived from an Old English bartering game in which the loser was left with his cap in his hand and was said to be at a tremendous disadvantage. The term was later applied to other disadvantaged people including people with disabilities. Because terms such as handicapped or retarded have negative connotations, people-first language evolved as a means to change how society views people with disabilities.

Proponents of people-first language note that it puts the person before the disability and describes what a person has and not who a person is (Snow, 2012; Vaughan, 2009). If people with disabilities are to be included in all aspects of society and if they are to be respected and valued as full citizens, society must stop using language that objectifies and marginalizes them. The first step toward objectifying and marginalizing a person is through language. People-first language was created by people with disabilities who said that they are not totally defined by their disabilities because they are people first (Snow, 2012).
There is currently a unified attempt, coming from various sectors of society, to ensure that anyone who has anything authoritative to say about people with disabilities publically does so in the language of people-first language (Titchkosky, 2001; Vaughan, 2009). The phrase, people with disabilities, has been used since the 1970s and until the 1990s, the people first phrase was one of many used to make reference to people with disabilities. The intention of people-first language is to replace the inherent objectification and marginalization found within terms such as disabled, retarded, or handicapped; however, the assumption that people-first language does not include examples of objectification and marginalization obscures the possibility of critical analysis of this unified dialogue of disability. There are certain assumptions that all speech reflects a particular representation of the meaning of people. These assumptions lay the foundation for the analysis of the current linguistic formulation of disability (Titchkosky, 2001). There is also a concerted effort from the editorial concerns of academic journals to the opinions of individual educators and agency directors to bring uniformity in the language used to describe people with disabilities. Proponents would have everyone use people-first language, such as people who have intellectual disabilities rather than the intellectually disabled or people who are deaf rather than deaf people (Vaughan, 2009).

**Other descriptors for people with disabilities.** There is an ongoing societal debate, including those people involved with the disabilities rights movement, on how to refer to people with disabilities. Devlin and Pothier (2006) sum up this debate with the following questions, “What is the most important descriptor to employ? Should people
and children with disabilities be referred to as the disabled, people with disabilities, disabled people, or people with impairments? What qualifies as a disability?” (pp. 3-4). The construction of the definition has a significant impact on how people identify themselves and on how they are perceived by others in the macroenvironment and microenvironments such as educational settings (Devlin & Pothier, 2006).

People-first language makes the claim that a semblance of normality can be attained if all sectors of society acknowledge the fact that people with disabilities are people. Although the sentiment of people-first language attempts to give universal respect to people with disabilities, society should be willing to use a diversity of terms and expressions to describe the lived experiences of people with disabilities. The main point is to examine society’s current views, attitudes, and actions toward people with disabilities. Society must be prepared to engage in an authentic dialogue about the objectification and marginalization of people with disabilities despite the different terms or phrases used to describe people with disabilities (Devlin & Pothier, 2006; Titchkosky, 2001). Despite the people-first and disabilities second movement, the language used to describe disabilities cannot be subordinated or detached because it is part of the person with disabilities (Kumari-Campbell, 2009; Shakespeare, 2006).

In April 1993, the editorial board of a major journal in the field of rehabilitation stated people in the blindness field needed to fully support the people-first language movement. Researchers with disabilities who have submitted articles for publication have received specific instructions to use people-first language. Some researchers with
disabilities do not think that it is necessary to use people-first language; however, in order to get an article published, they have acquiesced (Vaughan, 2009).

In some instances, people-first language should be rejected for literary purposes because it can be awkward and repetitive. Reading repetitions of the phrases people who are blind, people who are visually impaired, or people with disabilities becomes tedious after numerous occurrences. There is also a lack of empirical evidence that the people-first language movement is having an overall positive impact on attitudes toward people with disabilities (Vaughan, 2009).

According to opponents of the universal people-first language movement, the awkwardness of people-first language highlights the disability by focusing attention to a person as having some type of flawed identity (Vaughan, 2009). For example, in common language usage people do not say people who are beautiful, people who are intelligent, people with a gender, or people who are African American (Devlin & Pothier, 2006; Vaughan, 2009).

In interaction with others, disabilities are almost never ignored. People with disabilities learn how to negotiate such situations on a case-by-case basis. The people-first crusade has to be part of a larger initiative that changes images and ideas that marginalize people who are different. Society has to work on changing the connotations of what it means to have disabilities and to challenge old understandings with new insights. For example, there are numerous people who are blind and proud of their accomplishments. In certain instances, blindness is no longer a symbol of shame and no longer appears negative to most people without disabilities. Some people who are blind
do not mind being labeled as blind people because societal attitudes toward blindness appear to be evolving (Vaughan, 2009).

Just as there are many types and variations of disability, there are various thoughts concerning people-first language. There are some people with disabilities who prefer to name themselves and they prefer a more inclusive approach to describing people with disabilities. Some members of the disabilities rights movement are perplexed at the crusade for having people-first language serve as the only way to describe people with disabilities. Some people in the disabilities rights movement feel that they are being silenced and have a desire for all perspectives related to describing people with disabilities be respected and the diversity of many directly involved individuals and consumer groups valued. Empowerment is about having one’s voice heard and listening to the voices of others (Vaughan, 2009).

People-first language proponents may not understand why anyone would question the intent of people-first language. For some members of the disabilities rights movement, the concept of people-first language is merely academic and has very little to do with anything of consequence in the everyday world. Because there is an ongoing debate about the use of people-first language, editors should rethink their position on the universal use of people-first language for scholarly writing (Vaughan, 2009).

**Models of Disability**

Some disciplines have characterized disability as solely a biomedical condition, a genetic condition, a disease category, or a personal deficit, while others have adopted the framework of disability as a consequence of social, environmental, and political
concerns. Consequently, there are tensions in the areas of policy and programming that reflect attempts to accommodate these diverse understandings of disability as a status and how it should be addressed (Rioux & Valentine, 2006).

There are the scientific or individual pathology formulation of disability and the social pathology formulation of disability. The scientific or individual pathology formulation of disability can be divided into two categories: the biomedical approach and the functional approach. The social pathology formulation of disability can be divided into two categories: the environmental approach and the human rights approach (Rioux & Valentine, 2006).

The biomedical approach states that disability is a consequence of biological characteristics. The disability is prevented through screening biological or genetic intervention and treated through medicine and biotechnology. The social responsibility under the biomedical approach is to eliminate or cure the disability. The functional approach of disability is a consequence of individual functional abilities and capabilities. The disability is prevented through early diagnosis and treatment and treated through rehabilitation services. Social responsibility under the functional approach is to improve and provide comfort (Rioux & Valentine, 2006).

In contrast to the two approaches to disability based on individual pathology, two identifiable approaches recognize disability as a consequence of social pathology. They both start from a perspective that assumes that disability is not inherent to the individual. They assume that the disability is a consequence of the social structure and that the social determinants of disability can be identified and addressed. The pathology is that there is
something wrong with the society that needs to be amended, rather than there is something wrong with the individual that needs amending (Rioux & Valentine, 2006).

According to the environmental approach, advances in knowledge based on an understanding of disability as a social pathology demonstrate that personal abilities and limitations are the result, not only of factors residing in the individual but also of the interaction between individuals and their environments. Increasingly researchers find that the impact of disability is compounded by the failure of ordinary environments to accommodate people’s differences. From this perspective, disability is identified as a consequence of the barriers in a society that restrict the participation of people with impairments or disabilities in economic and social life (Rioux & Valentine, 2006).

The human rights approach to disability states that disability is a consequence of how society is organized and the relationship of the individual to the general society. The human rights approach prevents disability through recognition of conditions of disability as inherent in society and treats disability through reformulation of economic, social, and political policy. The social responsibility under the human rights approach is to provide political and social solutions (Rioux & Valentine, 2006).

**Medical model of disability.** The medical model of disability defines disability as a result of underlying illness or impairment. The medical model of disability’s focus on impairment and illness can be advantageous in promoting attention to the health concerns and issues faced by people with disabilities. This focus on health concerns and issues can provide detailed information on how to best differentiate services for people with disabilities. Information from the medical model also provides important
information on the pain associated with certain disabilities and how this pain can be managed or alleviated. Moreover, the application of the medical model of definition may assist human rights issues by lending legitimacy to the movement because of society’s reliance on testimonials from medical professionals (McColl, James, Boyce, & Shortt, 2006).

**Limitations of the medical model of disability.** The medical model of disability has at least three limitations. First, medical professionals have been accused of contributing to discrimination and marginalization experienced by people with disabilities. The most serious assertion is that doctors represent one of the disabbling professions which contributes to the social exclusion and dependence of people with disabilities (Kumari-Campbell, 2009). In some instances, people with disabilities were seen as the victims of medical or tragic circumstances and the focus was on fixing, curing, or adapting the individual and forcing them to conform to the society of people without disabilities (Simmons, Blackmore, & Bayliss, 2008). Medical literature on disability embodies a subtext in which the distinction between normal and abnormal suggests a hierarchical dichotomy in which impairment and disability is associated with deficit or a flawed existence. For some opponents of the medical model, disability and impairment symbolize lack, limitation, tragedy, and deficit (Ferri, Connor, Solis, Valle, & Volpitta, 2005; Goodley & Roets, 2008; Hughes, 2007; Mercieca & Mercieca, 2010; Shakespeare, 2006; Thomas, 2004).

Second, the medical model with its focus on diagnostic labels presents a multitude of social, medical, political, and educational issues. For example, the medical model
implies that people with the same disability or impairment have the same social, medical, political, and learning needs. Another issue suggests that highlighting impairments shed a negative light on people with disabilities. In addition, disability activists have pointed out that a focus on individual impairments diverts attention from the need for collective economic, political, and social solutions that change disabling social and physical environments (Matthews, 2009).

Third, the medical model approach promotes the notion that rehabilitation’s role is to produce normality regarding people with disabilities because they are seen as being at the bottom of the hierarchy scale. According to this concept, people with disabilities must accept their condition and make the most out of their abilities to achieve normality. The medical model of disability has been criticized for the way in which it views people with disabilities as somehow lacking and unable to play a full role in society (Dewsbury, Clarke, Randall, Rouncefield, Sommerville, 2004). The focus on individual, functional limitations effectively legitimized the wide-ranging inequalities and exclusion from mainstream society experienced by people with disabilities. It also explained the reliance on medical and rehabilitative treatment. Under these circumstances, people with disabilities were viewed as helpless victims (Barnes & Mercer, 2005).

**Social model of disability.** The social model of disability defines disability as a deviation from societal norms related to the performance of activities (McCull et al., 2006). The social model of disability is grounded in the struggle of people with disabilities for their civil rights. It provides a way of conceptualizing the disadvantage experienced by people with disabilities which emphasizes the social, economic, and
environmental barriers to participation in society (Burchardt, 2004; Mercieca &
Mercieca, 2010; Rocco, 2011; Shier et al., 2011; Thomas, 2004). The early beginning of
an explicit social model of disability can be traced back to a proposal presented in 1976
by the Union of the Physically Impaired against Segregation (UPIAS) (Barnes, 2000;
Siminski, 2003). The proposal was adopted by Disabled People’s International (DPI) and
presented as an alternative to the classifications constructed by the medical model school
of thought. UPIAS and DPI proposed a two-element model involving impairment and
disability. They noted that impairment is the functional limitation within the individual
caused by physical, mental, or sensory injuries and disability is the loss or limitation of
opportunities to take part in the normal life of the community on an equal level with
others due to physical and social barriers (Shakespeare, 2006; Siminski, 2003).

The social model has been used as an effective method for politically engaging
people with disabilities in the disabilities rights movement. The social model postulates
that the problems people with disabilities encounter are the result of social oppression
and exclusion, not their individual deficits. The social model places the moral
responsibility on society to remove the oppressive burdens. From a psychological
standpoint, the social model has been effective in improving the self-esteem of people
with disabilities and building a positive sense of collective identity (Shakespeare, 2006).

**Limitations of the social model of disability.** The social model of disability has
at least four limitations (Shakespeare, 2006). First, the social model’s strong opposition
to individual and medical approaches implies that impairment is not an issue. Whereas
other political and social accounts of disability have developed the important insight that
people with impairment are disabled by society as well as by their bodies, the social model suggests that people are disabled by society not by their bodies (Erevelles, 2005; Shakespeare, 2006). Rather than simply opposing medicalization, it can be interpreted as rejecting medical prevention, rehabilitation, or cure of impairment. For individuals with stable impairments that do not degenerate or cause medical complications, it may be possible to regard disability as entirely created by social conditions. For people who have degenerative conditions that involve severe pain and discomfort and may cause death, it is more difficult to ignore the negative aspects of impairment (Shakespeare, 2006).

Second, the social model makes assumptions based on what it must prove. That is, people with disabilities are oppressed. For example, the question is not whether people with disabilities are oppressed in a particular situation, but only the extent to which they are oppressed (Shakespeare, 2006).

Third, qualitative research indicates the extreme difficulty in clearly distinguishing between the impact of impairment and the impact of social barriers. The interaction of individual bodies and the social environment is responsible for the production of disabilities. For example, steps only become an obstacle if someone has mobility impairments. From a practical perspective, social and individual aspects can be almost inextricable in the complexity of the lived experiences of disability (Shakespeare, 2006).

Fourth, the social model inadvertently promotes the concept of the barrier-free utopia. For example, numerous parts of the natural world will remain inaccessible to
people with disabilities such as mountains and beaches which are almost impossible for wheelchair users to navigate. In urban settings, many barriers can be mitigated, although historic buildings often cannot easily be adapted (Shakespeare, 2006). Moreover, physical and sensory impairments are in many senses the easiest to accommodate; however, creating a barrier-free environment for people with cognitive disabilities would be more difficult to accommodate. While environments and services can and should be adapted wherever possible, there remains disadvantage associated with having many impairments which no amount of environmental change could entirely eliminate (Shakespeare, 2006).

**Beyond the social and medical models of disability.** The limitations of the medical and social models have acted as a catalyst to promoting the development of more sophisticated models that address the notion that impairment and disability are not dichotomous. They describe different places on a continuum or different aspects of a single experience. It is often difficult to determine where impairment ends and disability starts, but such ambiguity need not be debilitating. There is a need for more sophisticated and complex models of disability that address and acknowledge that disability is a complex interaction between biological, psychological, cultural, political, and social factors (Shakespeare, 2006; Shakespeare & Watson, 2002; Simmons et al., 2008; Thomas, 2004).

There is opposition to the medical model because it defines people solely on the basis of impairment. There is also opposition regarding clinicians ruling the lives of people with disabilities. It is possible to challenge the negative aspects of the medical
model without having to resort to the determinism of the social model. Disability should not be reduced to a medical condition nor should it be reduced to an outcome of social barriers alone. It is important to distinguish between the different levels of intervention. In some instances, it is appropriate to intervene at the medical or individual level, and in some instances, it is appropriate to address societal issues. It must also be noted that there is a multitude of variations between the medical and social models (Anastasiou & Kaufman, 2011; Devlin & Pothier, 2006; Shakespeare & Watson, 2002).

In 2001, the World Health Organization (WHO) created the International Classification of Functioning, Disability, and Health (ICF) model (Chapireau, 2005; Guscia, Ekberg, Harries, & Kirby, 2006). The ICF model provides important functional status data beyond diagnosis via classifying and coding. Through the classifying and coding process, health professionals can describe the functioning status of people with a particular diagnosis, compare functional status between people with the same diagnosis, and track functional outcomes of people at different progression points during treatment (Chapireau, 2005; Saleeby, 2011). The ICF model tracks functional status information for people with disabilities for the purpose of understanding the impact of health conditions and improving treatment and service options (Chapireau, 2005; Saleeby, 2011). The ICF model provides a common jargon that allows an interdisciplinary approach for communication between the disciplines (Brutinx & Schalock, 2010). One positive outcome of this approach is the recognition that disability is a complex phenomenon that requires different levels of analysis and intervention ranging from the medical to the social (Butinx & Schalock, 2010; Chapireau, 2005; Saleeby, 2011;
Shakespeare, 2006). The ICF model is based on a biopsychological way of knowing and is the first internationally recognized classification system to recognize and embrace aspects from the medical and social models of disability (Guscia et al., 2006).

**Labor Force Characteristics for People with Disabilities**

According to the U.S. Department of Labor (2011), the employment-population ratio for people with disabilities was 18.6%. The employment-population ratio for people without a disability was 63.5%. The unemployment rate of people with disabilities was 14.8% in 2010, higher than the rate for people without disabilities, which was 9.4%. Nearly one-third of workers with a disability were employed part time, compared with about one-fifth of those with no disability. People with disabilities were more likely to be self-employed than those without disabilities (U. S. Department of Labor, 2011).

People with disabilities who had completed higher levels of education were more likely to be employed in 2010 than those with less education; however, at each level of education, people with disabilities were less likely to be employed than people without disabilities. Workers with disabilities were more likely than those without disabilities to work part time. In 2010, 32% of workers with disabilities worked part time, compared to 19% of workers without disabilities. Workers without disabilities made up 15% of workers who were employed in production, transportation, and moving occupations compared to 12% for workers without disabilities. Workers with disabilities were less likely to work in management, professional, and related occupations, with 31% of workers with disabilities employed in the aforementioned occupations compared to 37% of those without disabilities. Education, training, and library occupations were comprised
of 5.3% of people with disabilities and 6.2% for people without disabilities (U.S. Department of Labor, 2011).

In 2010, 15% of workers with disabilities were employed in federal, state, and local government, the same percentage as those workers without disabilities. Workers without disabilities comprised 74% of private wage and salary workers with a disability compared with 78% of those without disabilities. A larger proportion of workers with disabilities were self-employed than were those without disabilities: 11% and 7%, respectively (U.S. Department of Labor, 2011).

The low employment rates of people with disabilities contribute to high rates of poverty. The majority of people with disabilities state that they would prefer to be employed. Even among the employed, employees with disabilities face a number of disparities, including lower average pay, less job security, and reduced access to health insurance, pension plans, and training (Kruse, Schur, & Ali, 2010).

One possible explanation for the persistent employment gap between working-age people with and without disabilities is the job-mismatch hypothesis. The job-mismatch hypothesis states that job demands make employment either extremely difficult or much less productive for people with disabilities, thus narrowing the range of jobs to which their abilities and interests may be matched. For example, people in wheelchairs may be restricted from a wide range of manufacturing and service jobs that require a certain level of mobility. These mismatches keep people without disabilities from participating in growth occupations. A key factor of the employment opportunities for people with disabilities is the evolving structure of jobs in the U.S. economy and the ability
requirements within each occupation. It is well recognized that employed people with disabilities are disproportionately employed in low-paying blue-collar and service jobs. There have not been many attempts to analyze the projected employment of people with disabilities on the basis of their current occupational mix or to analyze their potential for increased employment on the basis of the projected ability requirements of occupations (Kruse et al., 2010).

**Educators with Disabilities Caucus**

In 1992, the Council for Exceptional Children (CEC) appointed a commission on special educators with disabilities to examine the issues affecting them and make recommendations to the organization to improve opportunities. At the 1996 annual convention, the representative assembly responded to the commission’s recommendations by adopting a resolution that directed CEC to take a leadership role on the issues facing educators with disabilities (Haselden, DeLoach, Miller, Campbell, Boyer, & Anderson, 2007).

As a result of the commission’s work in 1996, the Educators with Disabilities Network was developed. The federally-funded CEC National Clearinghouse for Professions in Special Education assumed responsibility and management of the network. The clearinghouse published and distributed materials about the network, developed and hosted its website, created an electronic mailing list, and maintained the membership list. Although the network was disseminating relevant information to its members, it lacked status for advocacy within the CEC. Moreover, the network’s placement within the clearinghouse limited its capacity to establish a national voice and presence. In 2002,
clearinghouse staff and some of the original organizers of the network discussed the philosophical and technical issues involved in having the network assume the status of a more high profile caucus within the CEC. During the CEC convention of 2002, the network held a general meeting to consider the development of a caucus within the CEC. The network discovered that there was overwhelming support for an Educators with Disabilities Caucus. Educators, with and without disabilities, and preservice teachers with disabilities from various backgrounds from across the country attended. A board of directors for the newly formed Educators with Disabilities Caucus was established, and the clearinghouse began to make plans to transfer responsibility (Haselden et al., 2007).

In February 2003, the clearinghouse informed all network members that the Educators with Disabilities Network was being dissolved, and they were encouraged to join the Educators with Disabilities Caucus. The purpose of the caucus is to provide a formal means for members to advocate within the CEC and monitor the organization’s policies and actions regarding educators with disabilities. In addition, the group acts as a resource and network for educators with disabilities as well as those who support their efforts (Haselden et al., 2007).

**Experiences of Teachers with Disabilities**

In most educational settings, educators with disabilities are an invisible group. Leaders from the education community have not gathered much information regarding the workplace experiences or level of satisfaction of educators with disabilities (Brock, 2007; Officer, 2009). Researchers have focused on students with disabilities in teacher preparation programs, but few have investigated the workplace experiences of educators
with disabilities who work in public school systems. The absence of statistics on the number of educators with disabilities and the limited research on the use of affirmative action to redress historical inequities may suggest that confidentiality concerns and the reluctance of individuals to disclose disabilities may inhibit data-collecting efforts (Brock, 2007).

There has not been much research done on teachers with disabilities (Anderson, Keller, & Karp, 1998; Wilson, Powney, Hall, & Davidson, 2006); however, the following conversation (Brueggemann, Garland-Thomson, & Kleege, 2005), book chapters (Anderson, Keller, & Karp, 1998), and articles (Brock, 2007; Ferri et al., 2005; Riddick, 2003; Vogel & Sharoni, 2011; Stenger, 2011; Wilson et al., 2006) provided some background information on teachers with disabilities. Brueggemann et al. (2005) was written as a roundtable conversation between three university instructors with disabilities. One was blind, one had hearing impairments, and one had partial limb reduction. The following is a summary of their conversation. Teachers with disabilities can serve as role models. Both students with disabilities and students without disabilities see a person with a disability in a position of authority and they are able to see the teacher with disabilities as someone who has authority and a career. Over time the novelty of otherness can disappear. In certain instances, the students will forget that the teacher has a disability and that such forgetting can be seen as positive or negative. For example, most teachers with disabilities do not want their students to forget about the disability; however, they want to redefine disability. They also want the university in particular and society in general to realize that impairment does not have to limit their ability to teach. In
addition, they want students to understand that their appearance may be different and that it is acceptable to be different (Brueggemann et al., 2005).

According to Keller, Anderson, and Karp (1998), professors in graduate schools of education and staff working in local schools do not have an in-depth understanding and tolerance of people with disabilities because they have never had contact with people who have disabilities. Some staff from institutions of higher education and the primary, intermediate, and secondary educational arenas were openly hostile and expressed intolerance toward educators with disabilities. Special education administrators were especially defensive and sometimes hostile toward educators with disabilities. Their defensiveness was particularly noticeable when educators with disabilities questioned the rationale for the use of a strategy or a particular placement for students with disabilities (Keller et al., 1998).

Keller et al. (1998) observed that in many cases, administrators and teachers without disabilities saw teachers with disabilities as burdens and a source of extra work. Some administrators and teachers without disabilities were able to view teachers with disabilities as resources possessing all of the necessary skills and knowledge needed to be successful teachers. Others believed that teachers with disabilities did not have anything to contribute to their students, colleagues or the overall school environment. Despite the constant barriers for people with disabilities who wish to become educators, they can become highly skilled professionals who can not only teach but also contribute to the understanding and acceptance of human differences (Keller et al., 1998).
The research goal of the Wilson et al. (2006) study was to investigate the impact of age, ethnicity, gender, sexual orientation and disability on the career profiles of teachers. Information was gathered via surveys from 2,158 teachers representing 62 Local Education Authorities in England. In addition, information was gathered from interviews with 109 teachers and 14 governors in 18 case study schools. The sample included teachers from the primary, secondary, and special education sectors and schools were located in urban, suburban, and rural areas. The racial makeup of the sample was 87% White, 8% Asian, 4% Black, and 1% mixed race and other ethnic groups. Gender percentages were 71% female and 29% male. In an effort to gather more information about teachers with disabilities, the research team contacted two organizations representing teachers with sight and hearing impairments. The article stated that there were six head or administrative teachers with disabilities; however, it did not state the number of teachers with disabilities (Wilson et al., 2006).

Three of the head/administrative teachers with disabilities reported satisfaction with their current position and three felt that they were not being supported in their current position. Four of the six head/administrative teachers felt that their disabilities had a negative impact on their career advancement including one teacher who reported satisfaction with her current position (Wilson et al., 2006).

Teachers with disabilities were less likely than teachers without disabilities to seek promotion with 37% of teachers with disabilities indicating that they were not interested in promotion, compared to 27% of teachers without disabilities. Teachers who suddenly became disabled during their tenure reported having to reappraise their career
objectives and a significant number were critical of the lack of understanding and support from administrators and other teachers without disabilities. In general, interviews with teachers who have disabilities indicated that they feel their professional capabilities and expertise are vastly underestimated and too much attention is focused on their disability (Wilson et al., 2006).

Survey responses from teachers with disabilities indicated that there is a lack of awareness among head/administrative teachers, teachers without disabilities, governors, students, and parents. It was also noted that there was a lack of appropriate accommodations and support workers. In some instances, teachers with disabilities had to involve unions and advocacy organizations in order to receive adequate accommodations (Wilson et al., 2006).

Brock (2007) described the workplace experiences of educators with disabilities. Brock, who has a disability, has experience as a teacher and administrator at the K – 12 and college levels. Ten participants (two elementary school principals, one elementary school teacher, two high school teachers, four college professors, one college administrator) were interviewed for this study. The interviews lasted for two or three hours and some participants provided written responses to the interview questions. The participants were selected using purposive sampling procedures. Brock (2007) developed ten interview questions based on a review of the literature and included questions on social treatment, architectural barriers, workplace accommodations, revelation of disability, and career mobility. Interviews were audiotaped and transcribed. The transcripts were coded and analyzed for themes (Brock, 2007).
Educators with disabilities felt they needed to work longer hours to prove their value and competence. Social discrimination included overt ableist actions such as being excluded from work-related professional and social events and people not wanting to get on the same elevator. Architectural barriers included doors, stairs, curbs, and uneven terrain. All of the respondents with invisible disabilities with one exception concealed their disabilities during interviews. In many cases, educators with disabilities did not ask for accommodations because they did not want to be perceived as demanding and militant. In order to fit into the school culture and not bring negative attention to their disability, several educators with disabilities chose to provide their own accommodations (Brock, 2007).

Karp and Keller (1998) used Dawis and Lofquist’s theory of work adjustment to examine the life experiences of educators with disabilities as they prepared for and practiced their education professions. The theory of work adjustment or success involves the job performance of the individual and the individual’s satisfaction with performing the job. The researchers interviewed 17 female educators with disabilities and 8 male educators with disabilities for a total of 25. People who participated in this study had a specific disability or disabilities and they had to be in the education profession. Nineteen of the participants were from Minnesota; the book chapter did not state where the remaining six participants resided. The sample included educators who had physical disabilities, learning disabilities, brain injuries, and visual, speech, and hearing impairments (Karp & Keller, 1998).
Karp and Keller (1998) used an open-ended interview to gather information about motivation for choosing education as a career, preparation program experiences, job search, and professional practice. In addition, the researchers were interested in how the educator’s disability impacted their preparation or employment experiences. Twenty-three of the interviews were audiotaped. One participant did not want to be audiotaped so the interviewer took notes and wrote up the results, and one participant found it was easier to write answers to the questions (Karp & Keller, 1998).

Most of the educators with disabilities could perform their jobs in a satisfactory manner. When educators with disabilities were deemed unsatisfactory, the themes that led to such ratings were based on the limited perceptions about the educators’ capabilities. The majority of the educators with disabilities were satisfied with the support, resources, and accommodations that they received from their preparation programs and from their school administration; however 10 of the 25 educators with disabilities were not satisfied with their level of school-based support because they were denied accommodations. The most common reason given for denial of accommodations was related to budget constraints (Karp & Keller, 1998).

Jackson (2002) surveyed 45 educators with disabilities. Three participants indicated that negative attitudes and lack of support from administrators prevented them from advancing in their careers. One negative comment included, “Staff meetings must be held in one particular room, instead of a room with built-in assistive listening devices, because they have always been done there.” Three out of 45 may not be a large number and comprise less than 7% of the total; nevertheless, it is significant because these three
participants voiced concerns about negative attitudes and lack of administrative support. Jackson stated, “While this is a small number of respondents, it suggests that discrimination is a problem for educators with disabilities” (Jackson, 2002). In Jackson’s 2002 educators with disabilities survey, 49% of the participants indicated that they had a very strong relationship with other teachers.

**Disclosure.** Teachers with disabilities experience different levels of comfort in disclosing their disabilities. Some teachers with disabilities advocated complete disclosure; whereas, others expressed concerns about losing respect and status as a consequence of disclosing to colleagues. Teachers with disabilities experience a continuum of reactions to their disability ranging from very accommodating to extremely unaccommodating (Brock, 2007; Gere, 2005; Olney & Brockelman, 2003; Riddick, 2003; Valle, Solis, Volpitta, & Connor, 2004).

Teachers with learning disabilities who have negatively internalized their disability are less likely to disclose their disability. Some teachers’ decision to disclose is predicated upon a cost/benefit analysis of specific situations. Given the specific situations, disclosure is highly context-dependent. Some teachers with learning disabilities are apprehensive about disclosing their disability because in some schools, children with disabilities are not treated with respect. They do not disclose because they fear that they will also be disrespected. Some teachers with learning disabilities experience a cognitive dissonance dilemma when it comes to disclosure. On the one hand, disclosure could mean losing the support and respect of colleagues, and on the other hand, it could mean gaining additional respect from children and students with
disabilities. Despite individual differences in lived experiences as teachers with learning disabilities, all participants described the decision to disclose or not disclose as an ongoing struggle in their personal and professional lives (Valle et al., 2004).

The act of disclosing is not a one-time event. It is an extremely personal process that is influenced by a multitude of ongoing factors. Research reveals persistent misperceptions among teachers without disabilities, leaving some teachers with learning disabilities to feel vulnerable and thus remain in the disabilities closet. Schools can be discomforting, dangerous, and frustrating places for teachers with learning disabilities. The choice to disclose one’s learning disability status is significantly influenced by how learning disabilities are understood and talked about or not by teachers without learning disabilities, students, and parents (Valle et al., 2004). In some instances, teachers with learning disabilities have gone through a transformation process taking them from perceiving their learning disability as a deficit to using disclosure as a pedagogical and motivational tool for themselves and their students (Ferri, Keefe, & Gregg, 2001).

For some teachers with learning disabilities, the decision to disclose to coworkers can be a traumatic process filled with questions and uncertainties. When teachers with disabilities disclose, they often contemplate how knowledge about their disability will affect career opportunities. Some teachers who have invisible disabilities use that to their advantage in terms of when and how to disclose. Disclosure has to be considered from individual and political perspectives. Because disclosure does not occur in a vacuum, teachers with disabilities must consider the negative and positive implications from disclosing one’s disability. For example, if a teacher has an invisible disability and
decides to disclose, teachers without disabilities and students may not believe that they have a disability. They may believe that the person is attempting to come up with excuses to illicit sympathy or manipulate others into doing their work. It is difficult for them to comprehend that someone with a learning disability could excel in academics and perform the rigorous job of teaching. Moreover, they are under the impression that someone with disabilities could not perform the job of a teacher (Solis, 2006).

Teachers with dyslexia tended to conceal their difficulties from colleagues until they felt their competence as a teacher was well established. Whereas some of them quite openly defined themselves as dyslexic, others preferred to define themselves as poor spellers (Riddick, 2003). There is not much research about how qualified teachers with dyslexia feel about the issue of disclosure. Perhaps their very lack of visibility suggests that as a body they do not feel comfortable in coming forward to debate or challenge current assumptions about teachers with dyslexia. With a hidden or not evident disability like dyslexia, there are issues both of how individuals identify themselves and how far they choose to disclose any difficulties that they have (Riddick, 2003).

Some teachers with Tourette syndrome noted that disclosing their disability had positive outcomes. For this group of teachers, disclosing to administrators, colleagues, students and their parents, and personal friends was a positive experience. Disclosure brought about some benefits that included acceptance from teachers without disabilities. Moreover, teachers without disabilities were willing to learn about Tourette syndrome (Stenger, 2011).
Anecdotal data on disclosure. A 2008 survey listed in a 2012 blog of the Invisible Illness Week organization looked at the responses of over 1200 people with invisible disabilities and compiled a list of 55 responses to the statement, “You look so good.” The blog suggested that people respond in a way that educates rather than responding in a sarcastic manner. Some of the survey responses were, “Thanks, but there are many aspects of MS which you don’t see. Would you like to know more about it? That’s a perfect example of how you can never judge a book by its cover” (Invisible Illness Week, 2012).

There are documents listed on the National Multiple Sclerosis Society (NMSS) website related to disclosure decisions. These documents include the NMSS disclosure decision worksheet, NMSS Win-Win Approach to Reasonable Accommodations Booklet Brochure (Roessler & Rumrill, 2012), NMSS Should I Work Brochure (2012), and NMSS Disclosing MS in the Workplace brief (2013). The Win-Win and Should I Work brochures advise employees on disclosure rights related to ADA. According to the Win-Win brochure, “There are advantages and disadvantages to candor. They depend on the culture of an individual workplace.”

The MS World Teachers’ Lounge chat (2012) posts covered the entire disclosure continuum from full disclosure to not disclosing. The following five teacher comments supported the decision not to disclose. Teacher comment one stated, “When it comes to disclosure, you can do as most of us have done, work without disclosing, without expecting to be treated any differently, and by asking only for things that will improve working conditions for all teachers.” Teacher comment two stated, “If it’s unnecessary
for others to know, I personally would not disclose.” Teacher comment three stated, “I didn’t disclose because parents would not look kindly on a teacher with a diagnosis of unpredictable absences. And expecting the worst, they could begin pressuring the principal to either place their children in other classes, or move me to a different school.”

Teacher comment four stated, “Your personal business is not for disclosure. It seems that once information is out, there will be horrible rumors about the effects of MS or parents will be sure that your ability as an educator is diminished.” Teacher comment five stated:

I have had MS for over 30 years and have witnessed people being victimized after disclosure of MS. To me, it’s important to keep the MS diagnosis private, because once it gets out, you have to deal with other stuff – people not knowing what it is, but making assumptions; people turning it into other diseases; people who say stupid things about how you got it.

The following three teacher comments supported the decision to disclose. Teacher comment one stated:

I always had an expectations packet that I gave to students (11th and 12th graders) at the beginning of the semester. Included in this, I gave a brief explanation of MS and what it meant for them as members of my class. When I got the MS diagnosis, I also felt that it was important that my fellow teachers and students knew what was going on if something should happen to me while teaching because MS can be so unpredictable.

Teacher comment two stated:
I decided that it was costing me more emotional energy to hide it than to disclose. I did disclose and now my school has a MS bike ride team for a ride in the fall. If I hadn’t disclosed to the school, I would not have gotten an air conditioner and that would have been unbearable.

Teacher comment three stated, “I was honest with my boss, school principals, teachers, students, and parents, right from the beginning about my diagnosis and how MS might affect my job performance.”

The Montana chapter of the NMSS conducted a survey of 161 people with MS in November, 2008. The survey asked questions related to accessibility to public buildings, social security disability insurance, Medicare/Medicaid, treatment drug coverage, and employment. The disclosure question fell within the employment category with 95% of the survey participants indicating that their employers are aware of their MS.

**Teachers with learning disabilities.** Learning disabilities cannot be known as an abstract, disembodied construct divorced from lived experience. The professional discourse is usually grounded in abstract notions of learning disabilities and not in the lived experiences of individuals. Individual stories offer a way of knowing about learning disabilities that demands specificity over universals (Ferri et al., 2005). Narrative or discursive approaches do not have all the answers; however, they do provide additional ways of knowing about learning disabilities that expand the boundaries of knowledge in productive ways. Learning disabilities must be understood in the context of real people, and individual stories must be understood in the context of dominant ideologies and discourses (Ferri et al., 2005). Teachers with learning disabilities are
uniquely positioned to draw from cultural and professional discourses as well as from their own personal experiences as they construct understanding of learning disabilities (Ferri et al., 2005; Vogel & Sharoni, 2011).

In the Ferri et al. (2005) study, they were attempting to expand existing knowledge about adults with learning disabilities by examining how they navigate cultural messages and professional discourses in expressing their understanding of learning disabilities as informed by their lived experiences. Four participants were interviewed including three K–12 special education teachers and one student teacher. Three of the participants were White, and one was Hispanic. There were three males and one female. Participants were recruited through referrals and the research team’s personal contacts. Participants were purposely selected for this study based on ethnicity and socioeconomic status (Ferri et al., 2005).

Each interview team met for a series of three 60-to 90-minute in-depth interviews. The interviews were audiotaped and transcribed. The first interview collected data about the life story narratives in order to examine how participants constructed the meaning of learning disabilities with the available scripts and information on disabilities from professional and cultural discourses. Subsequent interviews were based on the emerging data analysis from the first interview. Data analysis included narrative inquiry and critical discourse analysis. After each interview, the research team coded each transcript several times (Ferri et al., 2005).

The research team originally envisioned that participants would draw upon three main sources of information regarding their construction of disability. The three sources
were (1) the media, (2) official or authoritative discourses, and (3) personal narratives. As the study progressed, the research team added a fourth source: teaching K – 12 students with learning disabilities. In order to fully understand the participants’ construction of learning disabilities, the research team decided to present each individual’s story separately rather than collapsing their experiences and stories. The lived experiences of the participants challenged the authoritative discourse on learning disabilities and highlighted the difficulty of the authoritative claim to a standardized way of knowing learning disabilities. Robert’s story focused on the dangers of disclosing one’s learning disability; Patrick’s story focused on the misconceptions of others in the school setting and the larger community; Mia’s story focused on her Hispanic heritage, gender, and learning disabilities; and Jeff’s story focused how medical models provide the foundation for many oppressive practices in K – 12 and higher education (Ferri et al., 2005).

Vogel and Sharoni (2011) conducted structured interviews with 12 Israeli teachers with learning disabilities. The learning disabilities in this study were not identified. Data analysis involved transcription and coding techniques. Study findings were organized into three categories that included childhood experiences of teachers, preservice experiences, and their present experiences as teachers. One major theme that evolved from childhood memories was major difficulties in written expression, handwriting, and spelling that resulted in feelings of shame, guilt, and isolation. As these teachers progressed through their preservice years, reading in English and time management presented challenges. As preservice teachers, participants noted developing several
coping strategies to compensate for their learning disabilities. As teachers, writing was cited as a major difficulty. Teachers developed coping strategies that included devoting extra time to complete tasks. They also noted that as new teachers, they were not comfortable about disclosing their learning disability to colleagues. However, over an extended period of time, they were more comfortable in disclosing their learning disability. The teachers in this study had a high level of self-efficacy (Vogel & Sharoni, 2011).

Gerber (1998) did a two-year case study on a new teacher with a learning disability during the first two years of his teaching career. The participant, T. J., was a 30-year-old White male. He experienced long-term memory and comprehension difficulties, and he also had epilepsy that was controlled by medication. T. J. received certification in special education focused on teaching children with learning disabilities. T. J. taught fourth and fifth graders in a rural school located in the mountains of central Virginia.

Gerber (1998) used informal conversational interviews and an interview guide approach as his primary source for data collection. T. J.’s principal was also interviewed. Over the two years of the study, Gerber visited T. J. every three to four weeks. Data were observed in three phases. Phase one consisted of data reduction or abstracting quotes from transcripts, categorizing data, and incorporating field notes into the data. Phase two consisted of data display through charts and matrixes. Phase three consisted of drawing conclusions about the data and verification. Data were confirmed through triangulation of multiple sources that included a review by T. J and field notes (Gerber, 1998).
During one of his interview sessions, T. J. disclosed that his university supervisor told him that he would never make it as a teacher. T. J. was discouraged and may have dropped out of the program had it not been for a good friend and mentor teacher who told him that he was a natural teacher (Gerber, 1998).

During his first year of teaching, T. J. decided to disclose his learning disability. Everyone on staff knew about his learning disability. T. J. did not feel that he had an adequate support system. The special education supervisor was new to the job and did not provide much guidance. The principal was supportive; however, he had other responsibilities. T. J. also felt that the general education teachers did not fully comprehend the needs of children with disabilities and they certainly could not comprehend his learning disability. He felt that he was alone and that most of the general education teachers were against him. T. J. had academic success with his students because he had a unique perspective on students with learning disabilities because he also has a learning disability. Overall, T. J. thought that his first-year successes outweighed the challenges (Gerber, 1998).

During his second year of teaching, T. J. experienced an increased number of problems with his special education supervisor who would chastise him in front of his students and other teachers. This made T. J. feel as though his learning disability was somehow influencing his supervisor’s behavior. It made him feel less competent as a teacher. Although, there was more hostility between T. J. and the special education supervisor, he felt that his relationship with the general education teachers had significantly improved. A new principal was hired at the beginning of T. J.’s second
year. T. J. felt as though he received greater support from the new principal (Gerber, 1998).

Givner and Ferrell (1998) conducted a multiple case study to investigate the various university and practicum challenges faced by two of their preservice teachers with disabilities. One student had a physical disability and the other had learning disabilities. Through better understanding of these challenges, the researchers intended to make the educational environment more welcoming for preservice teachers with disabilities. In addition, the researchers intended to develop a model through which they could expand and extend their study to other educators with disabilities.

The two case studies were conducted at two separate universities. One of the case studies was conducted at a small private women’s college, and the other case study was conducted at a large, urban, state university. Six sources of qualitative data were collected: (1) documentation, (2) archival records, (3) interviews, (4) direct observations, (5) participant observations, and (6) physical artifacts. The two teacher participants were interviewed and observed during their practicum experiences. In order to provide additional perspectives, the researchers interviewed university faculty and staff responsible for providing services to preservice teachers with disabilities, and they interviewed practicum master teachers, staff, and administrators. The interviews were audiotaped and transcribed (Givner & Ferrell, 1998).

Meg’s experiences as a preservice teacher with learning disabilities experiences will be outlined below. Stacy’s experiences as a preservice teacher with a physical
disability will be outlined in the teachers with physical disabilities section, specifically teachers with cerebral palsy.

Meg went to a private women’s college and her learning disabilities were the result of being born without a thyroid gland. She was identified as having specific learning disabilities in elementary school and had received special education services for severe coordination and visual-perceptual disorders before enrolling in elementary school.

During her first two years of college, Meg received mostly B’s in her coursework; however, when Meg started her junior year she felt overwhelmed by the coursework and practicum requirements. Meg was also having difficulty in building relationships with her classmates, master teachers, and students. At the conclusion of the fall semester of her junior year, Meg received mostly D’s in her education courses and she received an F for the education practicum. Meg felt that the university supervisor and the master teacher did not fully understand what she was going through as a preservice teacher with learning disabilities. She did not discuss her feelings with them for fear of retaliation. Meg was told she could repeat the courses and the practicum and at this time decided to switch her major to psychology. She graduated with her bachelor’s degree in psychology and worked as an instructional assistance working one-on-one with a 10-year-old student with autism (Givner & Ferrell, 1998).

**Teachers with dyslexia.** Riddick (2002) interviewed eight British teachers with dyslexia and five preservice teachers with dyslexia about their experiences regarding teaching and preparing to teach and the coping strategies they used in the classroom.
teacher sample included a primary school head teacher, an art department head teacher, a classroom teacher, three special education teachers, and a learning support specialist. The preservice teacher sample included two primary preservice teachers and three secondary preservice teachers. Interviews were conducted using a semi-structured interview schedule. All interviews were audiotaped and transcribed (Riddick, 2002).

In order to prepare for the daily rigors of teaching, teachers with dyslexia used coping strategies such as using extra preparation time and preparing in advance, writing out board work on paper first, spell checking worksheets and reports, and using lesson plan templates. Moreover, teachers with dyslexia noted that they had to prove themselves through gaining experience and reputations as competent teachers (Riddick, 2003). Teachers with dyslexic are as likely as any other group of teachers to have a range of skills and competencies, but for this particular sample of teachers with dyslexia, there was no indication that they were any less competent than teachers without dyslexia. In addition, teachers with dyslexia would argue that what they have to offer in terms of attitudes, beliefs, and commitments to the teaching of children, particularly those with special needs far outweighs any literacy difficulties that they have (Riddick, 2003).

_Teachers with Tourette syndrome._ Stenger (2011) explored the personal and professional experiences of teachers with Tourette syndrome. The sample consisted of seven K-12 public school teachers who were self-identified as having Tourette syndrome. The study design was phenomenological and autoethnographic. Data were collected using interviews that were audiotaped, transcribed, and coded.
Stenger (2011) noted the following themes regarding her research on these seven teachers with Tourette syndrome. Teachers with disabilities experience more difficulties than teachers without disabilities, especially teachers with visible disabilities such as Tourette syndrome. Some teachers with Tourette syndrome were self-conscious of their tics and were concerned that others were watching and judging them. Many teachers with Tourette syndrome think that they are more understanding than teachers who do not have disabilities. Some teachers with Tourette syndrome serve as role models for children who have special needs or children considered average. Some teachers with Tourette syndrome also noted that they did not attempt to separate their Tourette syndrome from their total being. Other teachers with Tourette syndrome acknowledged that Tourette syndrome can be very challenging; however, they were determined that it would not have a negative impact on their teaching careers. For this group of teachers, disclosure was a positive experience because it gave them a chance to educate their colleagues and students about Tourette syndrome (Stenger, 2011).

Teachers with physical disabilities. As stated in Chapter One, the teachers who participated in this study have physical disabilities. The physical disabilities are multiple sclerosis, visual impairment/blindness, and cerebral palsy. A review of the literature did not yield a significant amount of research on teachers with physical disabilities in general and teachers with multiple sclerosis, visual impairment/blindness, or cerebral palsy in particular. Papers on teachers with physical disabilities were presented at the 2007 annual meeting of the American Association of Colleges for Teacher Education and the 2010 annual meeting of the Association of Independent Liberal Arts Colleges for Teacher
Teets and Loden (2007) examined the lived experiences of four elementary school teachers with observable physical disabilities. The teachers were from rural and urban communities. Two of the teachers were female, and two were male. Three of the teachers were involved in accidents that caused their disabilities, and one teacher had physical disabilities because of a birth defect. Each teacher participated in two interviews, and the interviews were audiotaped and transcribed. The transcripts were analyzed using a constant comparison method (Teets & Loden, 2007).

One of the major findings included the importance of the attitudes of the teachers with physical disabilities and the relationships they established with students, parents, administrators, and teachers without disabilities. The teachers had positive attitudes and saw themselves as role models for students and teachers without disabilities. Three teachers indicated that in the past, they attempted to conceal their disability. All of the teachers indicated that they did not like to ask for help. Two teachers use wheelchairs, and they reported that they provided transportation for field trips and other school-sponsored trips because they did not want to be viewed as requiring special treatment (Teets & Loden, 2007).

**Teachers with multiple sclerosis.** The purpose of Flockhart’s phenomenological, qualitative study (2001) was to explore and understand the experiences of teaching with
multiple sclerosis. The sample consisted of four female teachers (Jennifer, Dina, Susan, and Vera) with multiple sclerosis. Data were collected via in-depth interviews and focus groups. The interviews were audiotaped and transcribed. Three of the four teachers had over 20 years of teaching experience (Flockhart, 2001).

Some of the major themes that emerged from this study included identity as teacher, a passion for work, a desire to remain employed, a need to belong, and a need for a sense of purpose. The participants in this study also discussed the unpredictable and disabling symptoms associated with multiple sclerosis. Some of these symptoms were visible and some were invisible and included bladder/bowel control problems; walking difficulties; hand coordination difficulties; and balance, speech, vision, and hearing difficulties. In some instances, multiple sclerosis symptoms were severe and impacted the teachers’ abilities to perform physical tasks associated with work (Flockhart, 2001).

This study also discussed the relationships participants had with their students, principals, and colleagues. All of the participants felt that they had an excellent rapport with their students. One participant commented on how the principal provided extra support and accommodations and another participant commented on her negative experience with a former principal. She felt that the principal displayed some ableist tendencies. One of the participants believed that other teachers were not very understanding about teachers who have disabilities, and two participants stated that other teachers were understanding and eager to provide assistance when needed (Flockhart, 2001).
In addition, the participants in this study provided some practical answers to some of the dilemmas faced by teachers with multiple sclerosis. Some of these practical answers or recommendations were making accessibility a priority when choosing a school, considering alternative or modified teaching positions, exploring alternative ways for completing professional tasks, and planning for the complexity of disclosure (Flockhart, 2001).

**Anecdotal experiences of teachers with multiple sclerosis.** NewsOK featured fourth-grade teacher Sallie Harrison from Meeker Elementary School located in Meeker, Oklahoma. Harrison was diagnosed with MS in 2011. Harrison’s students had a general idea about MS because she made it a part of her daily lessons. Her students noticed how difficult it was for her to clean the classroom, and this revelation prompted them to assist with maintaining a clean classroom environment. They also noticed that Harrison had trouble with balance, which made it difficult to bend down and pick items up from the floor. In an effort to provide assistance, students picked up items that would fall to the floor. Harrison said, “They’re contributing to their own little society, their own community” (Wright, 2012).

A 1994 newspaper article found on the Philly.com website featured Cheryl Robinson who taught second grade at Penrose Elementary School located in Philadelphia, Pennsylvania. She was diagnosed with MS in 1981. Robinson discussed how MS did not keep her from fulfilling the duties of an early childhood teacher: “Everyone has been so good to me – my husband, my children, my students at school – that I don’t think this has held me back in my life” (Martin, 1994).
The Gazette Extra featured second-grade teacher Linda Madarik from Harrison Elementary School located in Janesville, Wisconsin. Madarik was diagnosed with MS in 2012. She told her students about her MS diagnosis, and this revelation prompted many questions. The students were curious about Madarik’s medication. She discussed her medication and answered other questions related to MS. One of the fifth-grade students suggested that their annual community service project could be devoted to raising money for MS awareness. The entire school, including Madarik’s second-graders, participated in the fundraising event. They received donations in excess of $1,100. One of Madarik’s students admitted to being frightened by the news of his teacher’s MS. However, after participating in the MS fundraising event, he felt better. He said, “I was glad she’s still coming to school and that we’re doing something about it.” Madarik also discussed how teachers supported her. Teachers organized a team to walk in Janesville’s MS walkathon. They also assisted the students with their MS fundraising efforts (Schultz, 2013).

Your Houston News featured an article on Atascocita Senior High School social studies teacher David Duez. Atascocita Senior High School is located in the Houston Metropolitan Area. Mr. Duez was diagnosed with MS in 2010. Duez’s students have been very supportive and helped organize fundraising events in order to support MS research. Some of these events included selling T-shirts, bracelets, and tickets for a MS awareness softball game (Summer, 2011).

The Your Houston News article featuring David Duez also discussed how teachers supported him. One teacher-sponsored fundraising event sold tickets to encourage teachers to shave their heads. Several teachers participated in this event,
including a few female teachers. Duez said, “It means a lot to me. The head shaving event was like an out-of-body experience. It shows me that people at Atascocita Senior High School care and I am part of this community” (Summer, 2011).

Three YouTube videos featured teachers with MS. The first YouTube video uploaded on February 29, 2008 featured Jim Durham, who was diagnosed with MS in 2002. Durham is an eighth-grade mathematics teacher at Hillsborough Middle School located in Hillsborough, New Jersey. Jim Durham’s YouTube video highlighted the positive relationship that he has with the parents of his students. When Durham had to be away from school for an extended amount of time because of symptoms associated with MS, the parents were very supportive as demonstrated by the sentiments expressed in the YouTube video: “Mr. Durham, you’re a great teacher, and we hope that you return back to work real soon.” Durham’s students are aware that he has MS, and he goes on to state:

Never would I have thought teaching children would be so beneficial to my health, well-being, and my life. Working with children allows me to almost forget the fact that I have MS. Children help me remember to be thankful for all that I have and not to think about all I have lost

(Rocky2Math, 2008).

The second YouTube video uploaded on December 11, 2012 featured Kathleen Villella. Villella has been in education for over 34 years and currently teaches eighth grade at St. Joseph and Immaculate Heart of Mary School. Villella was diagnosed with MS in 2008. Villella’s students know about her MS and they are very supportive. One former student posted, “Great video, I had Mrs. V a couple of years ago, a really great
teacher and person.” The mother of one of Villella’s former students was diagnosed with MS and based on their positive relationship, the mother felt that she could call Villella and get some advice on how to live with MS (Mulhall, 2012).

Kathleen Villella’s YouTube video also discusses how the support that she received from her administrators allowed her to remain in the classroom. The administrators set the tone, and other staff members followed their lead. These other staff members included the nurse, janitors, and teachers. Villella stated, “Depending on people at school is embarrassing and humbling.” Villella was able to get over this initial embarrassment and accepted assistance from the school staff inclusive of teachers. Teachers have provided assistance so that Villella can get to the restroom and on certain occasions, they have placed her on a cart and wheeled her to the restroom (Mulhall, 2012).

The third YouTube video featured Doug Burris. Burris was also featured in the Miami New Times Blog and the Rock Ensemble website. The YouTube video was uploaded on February 26, 2008 and was a tribute to Burris by past and current students. Burris taught music at Miami Beach Senior High School located in Miami, Florida from 1972 through 2012. He was diagnosed with MS in 1971 and as a result is now a quadriplegic and uses a wheelchair (Stopmiller123, 2008).

Burris’s students noted how he and the rock band made a huge difference in their lives. One student, Blaze Gerrard, commented on how being a part of the rock band saved his high school education. Gerrard said, “I was ready to drop out until Mr. Burris invited me to join the Rock Ensemble as a sound engineer. Three years later, I went off
to college.” Another student, Fernando Perdomo, thinks of Burris as his second father. Because of his close relationship with the students, some of them were hired as personal assistants to help with Burris’s 24-hour care. Some of Burris’s former students have gone on to distinguished careers in the music industry. They include Fernando Perdomo of Forward Motion Records, all three members of the group Jacobs Ladder, and television composer Eve Nelson of Nelson-O’Reilly Productions. Past and current students played an integral role in planning a retirement celebration for Burris. Rock Ensemble Flyers with the NMSS logo were posted on the rock band’s website announcing Burris’s May, 2012 retirement party (Delgado, 2012).

The Miami New Times blog also discussed how the principal supported Mr. Burris and allowed him and his pupils to focus on rock music. Specifically, the principal, Dr. Solomon Lichter, provided the necessary accommodations so that Mr. Burris could be successful at his job as music teacher (Delgado, 2012).

The National Multiple Sclerosis Society (NMSS) Keep Smyelin Newsletter is a publication dedicated to educating children about MS. The 2008 edition of the newsletter featured articles written by a teacher with MS and one of the students in her classroom. One of Ann B.’s students, Emily, stated, “My teacher, Ann B., is full of life. She teaches with tons of energy and excitement, which is why the entire class was very surprised when she told us she has MS.” Emily goes on to explain how Ann B. discussed MS and the symptoms associated with MS. In addition, Emily discussed that many students from her class joined Ms. B. on the MS Walk to help raise money and awareness around MS (Kalb & Koch, 2008).
A 2007 Motivator Magazine article entitled Breaking Up is Hard to Do – When Your Job Gets the Better of You, written by Shelley Peterman Schwarz and edited by Susan Wells Courtney, discussed Schwarz’s experiences as an educator with MS. Schwarz is currently retired and was a teacher of the Deaf and a professional development specialist. Although, she is retired, she continues her MS advocacy work via writing about MS. Schwarz acknowledges the support that she received from colleagues and teachers:

I was lucky that my honesty was met with understanding and a willingness to work with me as I tried to continue to be a valued employee. I asked colleagues to share their meeting notes with me so that I wouldn’t have to take notes at meetings. To save me steps and energy, they’d bring me a cup of coffee from the break room, get my lunch out of the refrigerator, or run something down to the mail room for me. (Schwarz & Courtney, 2007, p. 3)

Shortly after Schwarz was diagnosed with MS, she was given accommodations. These accommodations included taking a 30-minute rest break, receiving voice recognition software, and having reduced committee responsibilities. Although, Schwarz is retired, she continues her MS advocacy work via writing about MS and volunteering for the NMSS (Schwarz & Courtney, 2007).

In some instances, teachers with MS have filed ADA complaints resulting in monetary settlements. An AOL Job Board article featured Renae Ekstrand, a Wisconsin
kindergarten teacher with MS. Ekstrand requested a reassignment to first grade in an attempt to alleviate some of the stress of working with kindergartners. The Madison, Wisconsin Somerset School District did not grant the request and transferred Ekstrand to a classroom beside the cafeteria with no windows. It was not possible to keep the children focused because of the constant noise from the cafeteria. Another teacher was willing to trade classrooms, but the principal would not allow it. The classroom and school situation exacerbated Ekstrand’s stress which caused additional MS-related health problems. The additional stress and accompanying health problems caused Ekstrand to be out for the rest of the school year. When Ekstrand returned the following fall, she was terminated. She filed a lawsuit claiming failure to accommodate and was awarded $353,000 (Johnson-Mandell, 2011).

There were 128 comments associated with the aforementioned Ekstrand article. After perusing the comments, some of them were tangential and veered away from the original point of the article. There were 41 comments that agreed with the settlement and were presented in an ability-tolerant manner, and 13 comments did not agree with the settlement and were presented in an overtly ableist manner. The following comment sums up the 41 comments in support of the settlement, “Putting her in that classroom was an effort to force her out. It’s illegal and that’s why she won. ADA is very clear. I often wonder where the administrators get their training.” The following comment sums up the 13 comments that disagreed with the settlement:

Everyone has a right to discriminate! I want my kids taught by a qualified teacher. Not someone with a disability that will
absolutely get in the way of teaching kids properly. I'm not convinced someone with her problem can adequately do the job.

Everyone discriminates whether they are aware of it or not. She should not be offered special treatment to overcome her disabilities as that’s not fair for anyone who is NOT disabled and does not need special treatment.

The July, 2010 edition of the Oregonian featured Valerie Gogoleski, a retired high school teacher who taught at Madison High School located in the southeastern section of Portland, Oregon. Gogoleski was diagnosed with MS in 2003. Gogoleski sued the Portland Public Schools for $475,000. Her lawsuit claims that Madison High School and district administrators ignored her requests for accommodations. Gogoleski said, “I had to fight for every accommodation and every request. It was just a long and very frustrating process – one I thought should be much easier and much more cordial” (Mather, 2010).

Documentation from NMSS provides employers and employees with MS with guidance on accommodation requests based on ADA. NMSS documents include NMSS Win-Win Approach to Reasonable Accommodations, NMSS Should I Work Booklet, NMSS Information for Employers Brochure, and NMSS Consumer Alert. Other documentation includes Multiple Sclerosis Association of America magazine article and Job Accommodation Network (JAN) documents developed by the Office of Disability Employment Policy (ODEP).
The NMSS Win-Win Approach to Reasonable Accommodations Booklet starts with an introduction to ADA and what is considered a reasonable accommodation under ADA. It also discusses some common MS factors that may need accommodations. For example, there is guidance on controlling the room temperature. There is also a table that outlines the job function, MS factor, and possible accommodation. The booklet also provides guidance on how to approach employers with a recommendation of analyzing all aspects of MS problems before approaching employers. Guidance is also provided on how to proceed if an employer does not respond to a request. In some instances, formal complaints have to be filed (Roessler & Rumrill, 2012).

The NMSS 2012 Should I Work Booklet summarizes accommodation procedures and encourages employees to consider requesting accommodations before deciding whether or not to continue working. With appropriate accommodations, employees with MS can continue to contribute to the workforce. The booklet also recommends seeking assistance from Employee Assistance Programs.

The NMSS 2008 Information for Employers Brochure highlights that all employees with MS do not have the same experiences. For example, two employees with MS may not need identical accommodations; some employees with MS will never need accommodations. And because of MS symptom fluctuation, employees with MS may not always use their accommodations.

The NMSS 2007 Consumer Alert What Are Reasonable Accommodations and How Does a Person Get Them provides information on heat sensitivity, fatigue, and cognitive impairment. Accommodation examples are provided for each of the
aforementioned categories. Some examples of accommodations for heat sensitivity include adjusting workplace temperature, using fan, and allowing flexible scheduling. Some examples of accommodations for fatigue include reducing nonessential physical exertion, scheduling periodic rest breaks, and providing mobility assistive technology. Some examples of accommodations for cognitive impairment include providing written job instructions, prioritizing job assignments, and providing memory aids (Magura, 2007).

Additional documentation regarding accommodations includes an April, 2008 post on the MS message board of the HealthBoard’s website. A high school mathematics teacher from Maud, Texas posted the following concern: He found it very difficult to write or type on a keyboard. Some suggestions were using hand coolers to relieve some of the hand numbness, requesting an assistant teacher, and doing some research on how other school district teachers with MS were accommodated.

Documentation from the NMSS Should I Work Information for Employees Living with MS brochure (2012) and the MS World Teachers’ Lounge Chat (2010) discuss the importance of controlling stress; however, the NMSS MS brochure also makes the point that MS research has not determined a direct cause and effect relationship between stress and MS flare-ups. The MS World Teachers’ Lounge chat featured nine posts related to teachers with MS and stress. The teachers with MS provided recommendations on how to control stress, including resting during the day, taking on less school-related volunteer assignments, adjusting anxiety medication, managing school/district politics, and using technology voice recognition technology to
assist with paperwork. Additional stress-reducing suggestions were strategically placing barstools throughout the classroom and using a tall chair with a podium. One teacher noted, “I had to back out of some committees etc., just so that I have what it takes to get my job done. Backing off some of these things helped out a lot.”

Documentation from the MS World Teachers’ Lounge chat provided some additional reflections about job satisfaction. A special education teacher with MS posted, “I am a special education teacher and though the job is very demanding, I really enjoy what I do.” Other teachers posted similar sentiments regarding job satisfaction despite the many challenges they faced as educators with MS.

*Teachers who are visually impaired/blind.* Lewis et al. (2003) examined strategies that teachers who are visually impaired or blind used to address issues regarding transportation, access to information, assessment, and instructional responsibilities. The sample consisted of 14 teachers with three males and 11 females. The participants worked in Arizona, California, Florida, Iowa, Kentucky, Missouri, New Mexico, North Carolina, Texas, and Washington. Data were collected in two phases with seven teachers participating in each phase. The first phase of data collection used a focus group interview, and the second phase gathered information on seven teachers through classroom observations. During phase two, the research team interviewed students, parents, teachers, and administrators. Data were analyzed via written responses to interviews and field notes collected during the observations (Lewis et al., 2003).

Results demonstrated that transportation was a major concern for teachers who are visually impaired or blind. Some of the participants noted that transportation issues
were the most stressful part of their job. Participants used many modes of transportation including paratransit, fixed-bus systems, taxis, and personal drivers. Some participants walked to their schools and others rode with colleagues. Some administrators made adjustments to participant duty schedules based on them having long commutes via public transportation. Reliability was a major issue concerning public transportation. Participants noted that transportation issues were “an ever-evolving process” dependent on their unique circumstances. One itinerant teacher participant was assigned a paraprofessional to drive her between schools. This arrangement worked for the teacher; however, she was concerned about the expense for the school district and questioned whether the school district would hire more teachers with visual impairment because of the related expense (Lewis et al., 2003).

Participants used technology as an important strategy for accessing printed information. They used cell phones, email, voice mail, and scanners. One participant trained the school secretary on how to use a braille translation program. The braille translation program allowed the teacher to receive school and district memoranda in braille. Three of the observed participants used magnifiers and monocular telephones. Some participants used sighted readers and in some instances, participants were required to pay for these sighted readers. In other cases, the school district provided paraprofessionals (Lewis et al., 2003).

Assessment that required observations was a challenge for some participants. Some school districts provided paraprofessionals and other school-based employees to assist with observations. Some participants received assistance with assessment from
other teachers. During less formal assessments, participants used telescopes to observe children and they also used their other senses (Lewis et al., 2003).

Participants indicated that they could perform most instructional lessons. Prior preparation and completing practice lessons were important in assisting participants perform instructional activities. In some school districts, teachers who are visually impaired including blindness received assistance from their orientation and mobility specialists (Lewis et al., 2003).

Results from interviews with students, parents, administrators, and teachers demonstrated that teachers with visual impairment/blindness were well-regarded. Students with visual impairment/blindness felt that participants understood their challenges. Parents also felt that participants served as excellent role models. Administrators and teachers noted that participants were extremely capable and performed all of the duties necessary to do their jobs (Lewis et al., 2003).

Reed and Curtis (2012) examined the experiences of preservice teachers with visual impairments in Canadian higher education. The sample consisted of 70 preservice teachers with visual impairments, and the age range was from 18 through 60. The preservice teachers completed a 30-question telephone or online interview. Results indicated that preservice teachers with visual impairments took more than four years to graduate. In addition, preservice teachers with visual impairments felt that heavy reading requirements without the proper accommodations and participation in small group activities were barriers to their successful completion of the teacher education program. Specifically, preservice teachers with visual impairments felt that sighted preservice
teachers were extremely apprehensive about including them in small group activities (Reed & Curtis, 2012).

**Anecdotal experiences of teachers who are visually impaired/blind.** A Huffington Post article featured Jim Hughes who is blind and teaches history at a public high school in Farmingdale, New York. Hughes’s students note that his blindness makes him a better teacher because he knows how to engage them in a conversation about history. One student said, “Other teachers are blinded with the power points and the handouts and all of that. Every teacher should try a day with a blindfold and really learn how to talk to your students” (Jim Hughes, Visually Disabled Teacher, 2012).

During the early 1990’s, Jim Hughes told his college counselor that he wanted to teach in a public high school and was told that his disability made that impossible. However, Hughes remained focused and received his teaching credentials. He sent over 100 resumes and only received one response. That response came from Steve Kussin who was principal of Farmingdale High School at that time. Kussin said, “I am glad that I took a second look at the resume because it’s made all the difference in the world of generations of students” (Jim Hughes, Visually Disabled Teacher, 2012).

A New York Times article featured Elizabeth Castellano who is visually impaired and taught art in a middle school located in Queens, New York. Castellano meets New York’s definition for legal blindness; however, she is able to use her right eye for distance and her left eye for reading. Castellano has difficulty discerning cursive writing, so she would ask her students to print. According to the article, Castellano has an
excellent rapport with her students. One student said, “I wasn’t an artist until I came to this art class. Ms. Castellano helped me” (Rosenberg, 2001).

Elizabeth Castellano and the principal told the parents about Castellano’s visual impairment and allowed them to ask questions and find out how things would run in the classroom. The principal stated, “The parents have been very supportive because we put it up front with them, and they’ve been fine” (Rosenberg, 2001).

Elizabeth Castellano’s administrator made the following comments:

I thought it was unusual to have a visually-impaired visual arts teacher. Then I met her and became aware that legally blind doesn’t mean totally blind. We are about diversity here at the school. I was impressed with her portfolio and happy to have her. Elizabeth is dedicated and a hard worker. Having Elizabeth on our staff has opened people’s minds (Rosenberg, 2001).

Elizabeth Castellano discussed her experiences as a student teacher in the Westchester school district located in the suburbs of New York City. This placement was not a positive experience because the cooperating classroom teacher felt that certain things were unsafe. For example, a child left the classroom and Castellano did not see him or that two children were fighting in the back of the classroom that she did not catch.

Elizabeth Castellano discussed her unsuccessful bid to work for the Westchester, New York school district where she did her student teaching. The district superintendent had nothing but praise for Castellano. However, when it came time to place Castellano in a permanent position, she was discouraged from applying to any Westchester schools.
Castellano thinks that school leaders did not want to incur the extra expense of providing an assistant teacher (Rosenberg, 2001). Castellano said, “The paradox is that Westchester is more open-minded than many of the other suburbs” (Rosenberg, 2001, p. 2).

Carol Hardacre was featured in a National Broadcasting Company news report. Hardacre is a visually impaired, retired early childhood education teacher. She currently works as a substitute teacher for an elementary school located in West Richland, Washington. Before becoming a substitute teacher, Hardacre taught kindergarten and second grade. The students enjoy having Hardacre as a substitute teacher. One student said, “I like her a lot, she’s a good teacher, and I enjoy having her as a sub” (Blind Substitute Teacher Touches the Lives of Many Young Tri-City Students, 2009).

According to the Bismarck Tribune, during school year 2005-2006, Alexis Read, who is visually impaired, was student teaching at Century High School located in Bismarck, North Dakota. Read noted that some of the students had to adjust to being around a person with visual impairment. During the adjustment phase, Read noted that some students thought that she could not hear because she was visually impaired, and others thought that her other senses automatically increased to compensate for her visual impairment. One student said, I didn’t know how to react. I was never the student of anyone with a challenge.” Another student said, “It was weird at first, but after Ms. Read told us about her rules, it was no different from the other student teachers” (Kincaid, 2005).
Alexis Read also had experiences where colleagues questioned her ability to teach. They assumed that a person with visual impairment could not manage the rigors of a high school classroom. In addition, they assumed that a visual impairment was linked to a hearing impairment and consequently would speak loudly in an effort to communicate. Read had to inform them that she could hear (Kincaid, 2005).

Alexis Read depends on the accommodations provided to her by the school district. Specialized computer programs and hardware make it easier for Read to use computers. Voice recognition software reads documents to her. She also uses a scanner so that she can scan students’ work so that she can have it read to her. In addition, Read has an assistant teacher who helps with grading papers. Read said, “If you took it all away, I couldn’t do this without it” (Kincaid, 2005, p. 1).

In 2005, Angela Wolf was a student teacher attending the University of Texas at Austin. Wolf is blind; she lost her sight when she was in the seventh grade. She spent three semesters as a student teacher for kindergarten and second-grade students at Saint Elmo Elementary School. In 2008, Wolf joined the Austin Discovery School staff as a second/third-grade teacher and has been an integral part of the school for the past five years. As a student teacher, Wolf experienced some isolated incidences of teasing in the form of students holding up two fingers and asking Wolf to identify the number of fingers. Wolf noted that these teasing events were the exception rather than the rule. In order to diffuse these testing and teasing situations, Wolf was open to answering questions about her blindness. For example, some of the students were interested in how Wolf makes breakfast and others were interested in talking about Wolf’s husband who is
also blind and an accomplished musician. Wolf said that the children “get it” (National Organization of Blind Educators, 2005). From her days as a student teaching, Wolf fondly remembers a comment made by one of her students:

I know that Ms. Wolf wants to be a teacher when she grows up and I think she is going to be a pretty good one. She can teach without seeing and that’s really hard, especially when the kids are not always good. She’s special and very smart and knows all of our voices, even from the other side of the room. I think her next class of kids is going to like her a whole lot (National Organization of Blind Educators, 2005, p. 3).

Angela Wolf’s colleagues think highly of her competence as a teacher and a leader in the blind community. One of Wolf’s colleagues said, “She’s extraordinary and just being around her makes you realize how much more you could do because she is accomplishing things that people with sight won’t even try” (National Organization of Blind Educators, 2005, p. 2).

A few of Wolf’s second- and third-grade students thought it was acceptable to play jokes related to Wolf’s blindness. Wolf and her assistant discussed how to appropriately respond to someone who is blind. The children engaged in the teasing began to change their behavior. All of the children who interacted with Alexis, Angela, and Jane were exposed to teachers who are blind. In all three examples, there were children who were frightened or simply did not understand how to respond to someone who is blind. In keeping with the tenets of critical disability theory, these three educators were able to stop fear from leading to prejudice and discrimination.
Angela Wolf’s classmates and colleagues discussed how courage, optimism, and an absence of self-pity propelled Wolf toward her goal of becoming an early childhood educator. Mary Ellen Smith, Wolf’s faculty advisor, said, “She’s an incredibly gifted teacher. Every time a new problem arises, Angela stops and thinks, okay, so this is the situation as it stands and what I am going to do to make it work” (National Organization of Blind Educators, 2005, p. 2).

According to The New Mexican, Martin Gallegos lost his sight in 2007 at age 42. Prior to losing his sight, Gallegos taught kindergarten at Atalaya Elementary School and plans on teaching young children with visual impairment after he completes his master’s degree in teaching the visually impaired. In February, 2011, Gallegos returned to Atalaya Elementary School as a volunteer in the first-grade classroom where he works one-on-one with students who need additional assistance with reading. First-grade teacher, Laura Sanchez, commented on the children’s relationship with Gallegos, “The children have taken to him and they are very protective of him” (Nott, 2011).

Martin Gallegos praised the Santa Fe School District’s superintendent and the principal and assistant principal from Atalaya Elementary School for supporting his decision to return to Atalaya as a volunteer tutor for first grade. As of April, 2011, Gallegos volunteered for four hours every morning. He believes that someday he will be able to work in a school again as a teacher or teacher’s aide (Nott, 2011).

Martin Gallegos lost his sight at age 42. He was initially depressed and distraught until he contacted the New Mexico Commission for the Blind. He attended the commission’s orientation center for approximately one year. He credits people from the
commission, counselors, and friends for helping him to see in a different manner. Gallegos acknowledged the continued challenges concerning blindness and is very proud of the way that he has handled these challenges. For example, he enrolled in graduate school at New Mexico State University where he is pursuing a master’s degree in teaching visually impaired children (Nott, 2011).

The South Florida Sun Sentinel and YouTube featured Yvonne Robinson who is legally blind and teaches third grade at an elementary school located in the Palm Beach County School District. Robinson has an assistant who provides help with managing the classroom and grading assignments. An ADA grant pays for Robinson’s assistant teacher. Over the years, Yvonne Robinson received top evaluations from her school administrators. Robinson’s principal said, “She had to tow the mark just like anyone else. Her disability did not interfere with the quality of her instruction” (Freeman, 2007).

Yvonne Robinson has an assistant teacher to help her manage all aspects of the third-grade learning environment. Robinson’s assistant teacher sits behind her and helps with grading homework, administering tests, reading passages from books, and answering emails. In fact, Robinson’s assistant teacher goes above and beyond the call of duty. She is with Robinson at all times and drives her back and forth between the school and home. Robinson said, “Even though we’re two, we’re one. A lot of people say it’s like we’re a married couple” (Freeman, 2007, p. 1).

Yvonne Robinson’s colleagues acknowledged her visual impairment, but they do not focus on it. They think very highly of Robinson’s teaching skills and nominated her for several teaching and leadership awards. Robinson said, “I am fortunate to work with
supportive colleagues” (Freeman, 2007). Robinson has a good rapport with students. One student commented, “She’s a mom and moms can see everything because they have eyes in the back of their heads.” Another student said, “It looks like she is not blind from where we sit” (Freeman, 2007; Sun Sentinel, 2007).

Yvonne Robinson reflects on how she manages adversity via setting goals in and out of the classroom. In this way, people in the school and the larger community are able to see given the proper accommodations, visual impairment is not a deterrent to achieving one’s goals. Robinson said, “Just because I am visually impaired, doesn’t mean that I am not capable” (Freeman, 2007, p. 1).

One parent believes that her daughter and the other students benefited from having Robinson as their third-grade teacher. She further stated, “It is important for my daughter and the other students to observe someone who has overcome a disability. Her blindness appears to be a nonissue. Obviously, she is adept at recognizing who the kids are and where they are” (Freeman, 2007).

An ABC Good Morning America video from 2006 featured Cayte Mendez who is a kindergarten teacher who is legally blind and teaches at Public School 69 in the Bronx, New York. According to Mendez’s assistant, colleagues, and administrators, Mendez has an excellent rapport with her students. Mendez’s assistant teacher said, “Ms. Mendez pretty much knows the children by their body movements and by some of the sounds they make.” One administrator said, “As the child steps to her, I don’t what it is, but she knows exactly who it is and almost what they want.” The interview featured one of
Mendez’s students and he said, “Ms. Mendez knows me by how I talk” (Good Morning America, 2006).

Cayte Mendez’s administrators noted that in addition to Mendez’s excellent teaching abilities, her positive attitude also distinguished her as a top educator. The school provided an educational aide for Mendez and she has a seeing-eye dog. Mendez’s administrator said, “She never complains. She really doesn’t ask for help. She doesn’t need it and that’s what amazes me” (Good Morning America, 2006).

Cayte Mendez’s school provided special equipment that helps her read certain books. She is able to scan the books which allow her to read along as she hears the audio book on a headset. Mendez also has a seeing-eye dog and an assistant teacher to help with classroom management. Mendez’s assistant teacher said that “she really doesn’t need me” (Good Morning America, 2006).

The parents of Mendez’s students praise her for her teaching abilities and are amazed at the differences they see in their children. The interview stated that 92% of Mendez’s students are reading above grade level. One parent said, “After a few months, my son speaks more about what goes on in class. He also cares about the feelings of others and he is not as aggressive and mean” (Good Morning America, 2006).

In that ABC news segment on Mendez, she was rejected by 12 principals before being hired in her current position. Mendez said, “It was devastating and hurtful. It was just the complete skepticism and downright discrimination. I had one principal tell me that I should go work for the school for the blind because it will be easier for you” (Good Morning America, 2006).
One of Mendez’s colleagues was interviewed during the ABC Good Morning America segment. She discussed that Mendez is an integral part of their school and that she often goes above and beyond the call of duty. Other colleagues noted that having Mendez in their school gives all of the children a chance to see someone with a physical disability in an important role (Good Morning America, 2006).

An Uptowner article featured Steven Sloan who teaches physical education in Harlem, New York at Public Elementary School 102. Sloan has been blind since birth; however, blindness has not stopped him from becoming an accomplished educator. In 2006, Sloan was selected to be part of the Olympic torchbearers. In addition, he was featured on Scholastic’s website promoting physical fitness, nutrition, and the importance of connecting to students. One student said, “He makes coming to gym so much fun.” Another student said, “He tells us we can do stuff and we accomplish it. He is like a second dad to me. He treats everyone like one of his own” (Tomassini & Alcorn, 2010).

The parents of students who attend Harlem’s Public School 102 know that Steven Sloan holds them personally responsible for the performance of their children. He expects them to help their children make better nutritional choices and he encourages families to exercise in the evenings and on weekends. Sloan expects his students to run one mile everyday including weekends. Because some of the children have health conditions such as asthma, Sloan encourages parents to work with their child’s physician to determine a safe exercise regimen. One student with asthma noted that she does not have to go to the hospital as much since she has been participating in Sloan’s gym class.
The student’s mother said, “It use to take us 90 minutes to walk from our apartment to the school, and now it only takes 40 to 45 minutes.”

Philly.com featured Harriet Go who is blind and teaches early childhood special education ranging from kindergarten to second grade. According to some of Go’s colleagues, she has an excellent rapport with students (McBride, 2012). Second-grade teacher, Joyce Sloan said:

The specialized attention helps students succeed. When Ms. Go comes to the classroom to take students to their reading or math lesson, students jump with excitement. The children have a lot of respect for Ms. Go and she has a lot of respect for them (McBride, 2012, p. 2).

Harriet Go’s principal said, “She is easily able to make accommodations both for the needs of special education students and for her own disability. She works at such a high level and it doesn’t affect her work at all” (McBride, 2012).

Harriet Go said, “Some people believed that because I am blind, I would not be able to handle my duties as a teacher.” Go also said, “I did encounter some resistance while student teaching during my last year in college, but I prefer not to discuss it” (McBride, 2012, p. 2).

Harriet Go’s goal is to continue learning and teaching and work towards becoming a curriculum director and administrator. Part of Go’s introspection strategy is ensuring that people understand that blindness and visual impairment are not deterrents to becoming an effective teacher. Go said, “I want people to learn that just because
someone has a disability or a difficulty, that shouldn’t stop them from doing what they want to do or being what they want to be” (McBride, 2012, p. 3).

In Go’s classroom, small adaptations were made in order to help guide her through lessons. Some of these adaptations included students calling their names when they raise their hands. Go also used tactile aids for books and posters. In addition, Go has an assistant teacher who helps with classroom management and grading papers (McBride, 2012).

The superintendent of Mike Jones’s school district said, “Mike Jones is a talented teacher and musician who brought something very special to the classroom. In addition to learning the academics, students in his class learned about having humor and perseverance in the face of life’s challenges” (Kelly, 2011).

Mike Jones said that his California school district provided him with a talking computer which made it easier for him to use the computer. In addition, Jones’s school district provided him with assistant teachers to help manage the overall classroom environment. Jones said, “The specialized teacher assistants have been lifesavers” (Kelly, 2011, p. 1).

An article posted on the American Association of Blind Teachers website discussed the summary of a panel discussion. The panel discussion was sponsored by the Precollege Orientation for Students who are Blind and Visually Impaired. Facilitators and students came up with a list of suggestions for successfully managing the rigors of obtaining one’s college degree. One suggestion was, “Talk with your professors ahead of time” (Lechowicz, 2013). The American Association for Blind Teachers Panel
Discussion also suggested locating a mentor or classmate who is willing to answer questions, provide assistance, and provide pertinent information (Lechowicz, 2013).

**Teachers with cerebral palsy.** Givner and Ferrell (1998) conducted a multiple case study to investigate the various university and practicum challenges faced by two of their preservice teachers with disabilities. One student had learning disabilities. Her case was described in the teachers with learning disabilities section. The other student had cerebral palsy. Through better understanding of these challenges, the researchers intended to make the educational environment more welcoming for preservice teachers with disabilities. In addition, the researchers intended to develop a model through which they could expand and extend their study to other educators with disabilities.

Stacy went to the state university. At age three, she was diagnosed with cerebral palsy. Stacy entered the Easter Seals early childhood education program and remained with the program until she entered a general education kindergarten class at age seven. Stacy remembered her middle school years as being difficult because of accessibility issues related to her use of crutches. However, when she got to high school, the building was accessible. Upon entering high school, Stacy explored the state's Office of Vocational Rehabilitation (OVR) to determine what kind of services they provided. She took a career interest inventory given by OVR and was informed by her OVR counselor that the results of the inventory indicated that she could be a dog groomer or hairstylist. Fortunately for Stacy, she took the advice of her high school guidance counselor and took college preparatory courses. After completing high school, Stacy entered a public university less than 15 miles from her home (Givner & Ferrell, 1998).
Stacy moved into the dorm on campus but had to leave after only three weeks because of accessibility concerns. Stacy moved home and used the county system that provides transportation services for people with disabilities. In addition to dorm accessibility concerns, Stacy encountered some instructors who made negative assumptions based on her disability. She felt that they perceived her as less intelligent, and they often were visibly surprised that she could participate in class and turn in high-quality assignments. Stacy received her bachelor’s degree in psychology but decided not to pursue a graduate degree in psychology, instead enrolling in a ten-month graduate certification program with an emphasis in special education. Stacy encountered many problems in obtaining a field placement. One faculty member told her that she had been rejected by many schools because they were not accessible. One of Stacy’s classmates gave her the name of a special education supervisor who contacted a principal and teacher who provided Stacy with a field placement. After completing the 10-month certification program, Stacy applied for state certification and continued to complete the additional course requirement in order to receive her master’s degree in special education (Givner & Ferrell, 1998).

*Anecdotal experiences of teachers with cerebral palsy.* Documentation from YouTube and the Desert Hot Springs High School Website discussed Demitrious Sinor’s relationship with administrators. Sinor was recruited by the principal of Desert Hot Springs High School. The principal told Sinor that his high school was the best place to teach. Sinor took the principal up on his offer and has been teaching history at Desert Hot Springs High School for the past 12 years. Sinor has an excellent relationship with
administrators as evidenced by them asking him to assist with the development and writing of the Quality Education Initiative Act (AdStar Productions, 2011).

According to the Desert Hot Springs High School website, during school year 2006-2007, Sinor was named Palm Springs Unified School District Teacher of the Year. Sinor has served as Chair of the Desert Hot Springs High School Council. He also trains new teachers on classroom management and block schedule strategies. In addition, he does presentations for faculty and in-service professional development sessions.

Shari Davis enrolled at Western Governors University (WGU). She selected WGU because it allowed her to complete her degree online and at her own pace. Davis admits that she always wanted to be a teacher but let others discourage her. Davis obtained her degree in 2009 and now works as a fifth-grade teacher in Las Vegas, Nevada. Davis was one of four graduates asked to speak at the 2009 commencement ceremony (Western Governors University, 2009).

Davis reflected on her journey toward becoming a teacher. She simultaneously balanced the responsibilities of substitute teaching, family management, and going to college. At times, the balancing act was overwhelming:

I struggled. I became frustrated and even thought about quitting school. After giving every ounce of energy I had to my students in the classroom, I had nothing left to devote to my own education. I felt like my dreams were slipping through my fingers. I told my husband that I was ready to give up. (Western Governors University, 2009)
Davis’s husband did not allow her to give up, and together they came up with a plan. He helped her develop a health and nutrition plan, and she received guidance from her college mentor, friends, and colleagues on how to balance the responsibilities of teaching and college (Western Governors University, 2009).

According to the Job Accommodation Network (JAN), people with cerebral palsy may develop some limitations; however, they seldom develop all limitations associated with cerebral palsy. Moreover, the degree of limitation will vary between people and not all people with cerebral palsy will need accommodations.

**Gaps in Existing Literature**

A comprehensive review of the literature revealed gaps related to the classroom and school-based experiences of early childhood educators with disabilities. There were also gaps in the literature related to early childhood teachers and their perceptions and experiences related to ableism. During the literature review process, one book (Critical Disability Theory: Essays in Philosophy, Politics, Policy, and Law edited by Dianne Pothier and Richard Devlin) was found related to critical disability theory. There were no chapters in this book related to teachers with disability and how critical disability theory applies to their classroom and school-based experiences. The overall dearth of research in this area highlights the need for additional research on the classroom and school-based experiences of early childhood teachers with disabilities from a critical disability theory perspective.
CHAPTER 3

Goal
To use critical disability theory as a lens to examine the experiences of three early childhood teachers with physical disabilities.

Conceptual Framework
- Literature on Disability Policy
- Literature on Critical Disability Theory and Ableism
- Literature on the Experiences of Teachers with Disabilities
- Kevin's background as a member of two disenfranchised groups (African American and Gay)

Research Questions
- How do early childhood teachers with disabilities describe their classroom and school-based experiences?
- How does ableism affect the classroom experiences of early childhood teachers with disabilities?
- How does ableism affect the school-based relationships of early childhood teachers with disabilities?

Methods
- Theoretical Propositions Strategy
- Semi-Structured Interviews
- Cross-Case Synthesis Technique

Validity
- Researcher Bias
- Researcher Reactivity
- Member Checks

Figure 1. An interactive model of research design. Adapted from “A Model for Qualitative Research Design,” by J. Maxwell, *Qualitative Research Design: An Interactive Approach*, p. 5. Copyright 2013 by Sage Publications, Inc.
Overview

This qualitative, multiple-case study used critical disability theory as a lens for exploring the classroom and school-based experiences of three early childhood teachers with physical disabilities. One of the major features of critical disability theory is to provide a political, social, and historical perspective regarding the invisibility and permanence of ableism (Kumari-Campbell, 2008; Rioux & Valentine, 2006). Another major tenet of critical disability theory is to actively address discrimination and ableism (Devlin & Pothier, 2006; Rioux & Valentine, 2006).

The case study proposition (Yin, 2014) highlights the overt and covert ways in which ableism affects the daily classroom and school-based experiences of early childhood teachers with physical disabilities. Yin (2014) states, “Each proposition directs attention to something that should be examined within the scope of the study” (p. 30). Propositions assist researchers with limiting the scope of case studies. Propositions may come from several sources: the literature, personal experiences, professional experiences, and theories (Baxter & Jack, 2008; Yin, 2014). The following research questions explored the multifaceted experiences of early childhood teachers with disabilities.

Research Questions

1. How do early childhood teachers with disabilities describe their classroom and school-based experiences?
2. How does ableism affect the classroom experiences of early childhood teachers with disabilities?
3. How does ableism affect the school-based relationships of early childhood teachers with disabilities?

Research Design

A qualitative research design was chosen for this study because qualitative research seeks to explore processes and make sense out of the lived experiences of people and how these processes and lived experiences interact (Glesne, 2006; Maxwell, 2013; Schram, 2006). In addition, “qualitative research methods are used to understand some social phenomena from the perspectives of those involved, to contextualize issues in their particular socio-cultural-political milieu, and sometimes to transform or change social conditions” (Glesne, 2006, p. 4). Specifically, this study used a qualitative, multiple-case study research design based on a constructivist paradigm (Baxter & Jack, 2008; Yin, 2014). The constructivist paradigm states that reality is socially constructed (Baxter & Jack, 2008, Glesne, 2006).

The case study is preferred in examining contemporary events without the manipulation of relevant behaviors (Yin, 2014). According to Creswell (2008), researchers use case studies when they intend to provide an in-depth exploration of a bounded system. A bounded system may include a nation, city, school, an activity, an event, a process, or an individual (Creswell, 2008; Yin, 2014). Because this study involved three individual early childhood teachers with physical disabilities, a multiple-case study research design was chosen to explore the similarities and differences within and between cases (Baxter & Jack, 2008; Yin, 2014). Moreover, multiple case study
designs are chosen because they are considered more robust than single case study designs (Yin, 2014).

Participants

In order to be eligible for this study, participants had to be early childhood teachers with a disability. Early childhood teachers work with children between the ages of birth through 8 (Kostelnik et al., 2004) and disability is defined by the Federal Government’s code of federal regulations. The code of federal regulations defines physical disability as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the major body systems. These body systems include neurological, musculoskeletal, special sense organs, respiratory including speech organs, cardiovascular, reproductive, digestive, urinary, lymphatic, and endocrine (Papalia-Berardi et al., 2002; Uerling, 2007). Participants consisted of three early childhood teachers with physical disabilities from two large metropolitan Mid-Atlantic school districts. One of the represented school districts is in an affluent suburb, and the other school district is located in an urban area with a high percentage of students from families with low-income. A review of documents listed on the websites of the school districts did not reveal any data on teachers with disabilities. There was information on students with disabilities and on the credentials of special education teachers; however, there was no information on teachers with disabilities.

Qualitative research uses purposeful sampling. Purposeful sampling involves intentionally selecting individuals in order to explore and understand a central phenomenon. The purposeful sampling strategy used for this study was homogenous
sampling. Homogenous sampling occurs when participants are selected based on their membership within a particular subgroup with defining characteristics. Because the purpose of this study was to explore the experiences of early childhood educators with physical disabilities, homogenous sampling was used to select participants (Creswell, 2008).

All three participants were contacted via telephone and email to explain the purpose of the study. I have a good relationship with all participants based on positive interactions with them from previous employment and graduate school. The initial telephone conversations and emails allowed me to discuss the informed consent form and build additional rapport with the participants around this sensitive subject (Glesne, 2006; Maxwell, 2013; Schram, 2006). I scheduled interview times that were convenient for the participants. Before the interviews started, I reviewed the informed consent form with each participant. It was important to review the form in order to highlight the fact that participants would be audiotaped. They were also reassured regarding confidentiality. After receiving the signed informed consent forms, I started the interviews. Table 1 outlines the demographics of the participants.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Gender</th>
<th>Race</th>
<th>Education</th>
<th>Teaching Experience</th>
</tr>
</thead>
</table>

Table 1

Participant Demographic Data
<table>
<thead>
<tr>
<th>Case 1 - Mary</th>
<th>Female</th>
<th>Biracial</th>
<th>Ph.D. (Early Childhood Special Education)</th>
<th>11 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 2 - Jane</td>
<td>Female</td>
<td>African American</td>
<td>A.A. (Early Childhood Education)</td>
<td>15 years</td>
</tr>
<tr>
<td>Case 3 - John</td>
<td>Male</td>
<td>African American</td>
<td>M.S. (Early Childhood Education)</td>
<td>11 years</td>
</tr>
</tbody>
</table>

Pseudonyms and identification codes were used to protect the confidentiality of participants (Glesne, 2006; Yin, 2014). The participant for case study one will be known as Mary; she has multiple sclerosis. Mary has worked as an early childhood educator for over 10 years in community-based early childhood programs and suburban school districts. Mary is currently employed as a Head Start teacher with a large suburban school district. Mary is biracial and has a Ph.D. in early childhood special education. Mary had been teaching for six years before being diagnosed with multiple sclerosis.

The participant for case study two will be known as Jane; she is blind. Jane has an associate’s degree in early childhood education and is currently pursuing a bachelor’s degree in early childhood education. Jane currently does volunteer work with an urban child development center where she was employed as a lead teacher before losing her sight. Jane is African American and has over twenty years of experience in early childhood education. Jane was an early childhood nutrition assistant for a large urban Head Start program for five years in addition to her 15 years as an early childhood educator.
assistant teacher and lead teacher. Jane lost her sight after 15 years of employment as an early childhood educator.

The participant for case study three will be known as John; he has cerebral palsy. John has worked as an early childhood educator for over 10 years in urban and suburban school districts. John is currently employed as a prekindergarten teacher with an urban school district. John is African American and has a master’s degree in early childhood education.

**Data Collection**

A case study protocol was used for developing guidelines to structure and govern this case study. The case study protocol increases the reliability of case study research and provides guidance for the researcher regarding single- and multiple-case study data collection. The case study protocol for this study includes an overview, case study interview guide, informed consent form, and a letter of introduction (Yin, 2014).

Yin (2014) proposed four principles for data collection: (1) use multiple data sources - triangulation, (2) create a case study database, (3) maintain a chain of evidence, and (4) exercise care when using electronic sources. Triangulation is the process of corroborating evidence from two or more sources of evidence to determine the consistency of a finding (Creswell, 2008; Maxwell, 2013; Yin, 2014). The case study database is the systematic archive of all the data from a case study. The chain of evidence demonstrates how findings come from data and how data come from case study protocol guidelines and research questions. The chain of evidence for this study can be found in the appendix. The database and chain of evidence address some concerns
related to reliability. Caution should be exercised when using electronic sources such as setting some time limits for the internet searches and cross checking the sources (Yin, 2014).

**Multiple data sources.** Yin (2014) outlines the six most commonly used sources of evidence for conducting case studies: (1) documentation, (2) archival records, (3) interviews, (4) direct observations, (5) participant observation, and (6) physical artifacts. It should be noted that no single source has preeminence over another one. Any one of the aforementioned sources can be used for an entire study; however, triangulation or the use of multiple sources enhances data credibility (Creswell, 2008; Maxwell, 2013; Stake, 2006; Yin, 2014). The data source for this study was interviews for all three participants and written reflections for two participants. The only data source for one participant was the interview. For this case study, the participants’ perspective was the major phenomenon of interest; therefore, interviews and written reflections were the best source for obtaining the necessary data (Yin, 2014). According to Yin (2014), triangulation can still be used with interviews as the sole data source. In order to use triangulation with interviews as the sole data source, researchers have to conduct two or more interviews with each participant on different occasions. Yin stated, “You should have queried the same participant several times on different occasions which would then serve in its own way as a set of multiple sources” (Yin, 2014 p. 122). To this end, triangulation for two of the three cases was achieved via collecting data from two interviews on two separate occasions. The two participants who agreed to second interviews also submitted written reflections.
The interview is considered one of the most important sources of evidence for case study research (Yin, 2014). The researcher has two important tasks throughout the interview process. The first important task is to follow the intended line of inquiry as stated in the case study protocol, and the second important task is to ask questions in an unbiased manner (Yin, 2014). According to Yin (2014), there are three types of case study interviews: (1) prolonged interviews, (2) survey interviews, and (3) shorter interviews. Prolonged interviews may take two or more hours to complete and can be conducted in a single session or over an extended amount of time covering multiple sessions. The survey interview uses a structured questionnaire and in many instances produces quantitative data as part of the case study evidence. The shorter interview is more focused and is usually conducted in less than one hour during one session (Yin, 2014).

This multiple-case study used the shorter interview format that included semi-structured one-to-one interviews that lasted approximately 30 minutes. The interviews were audiotaped and transcribed. A semi-structured interview format made allowances for some flexibility (Creswell, 2008; Fontana & Frey, 1998) in terms of exploring the classroom and school-based experiences of early childhood teachers with physical disabilities related to ableism. Questions were posed to each participant following an interview protocol and as needed, additional questions (Fontana & Frey, 1998; Yin, 2014) were asked in order to probe deeper into the participants’ thinking regarding their classroom and school-based experiences.
The following interview prompts and questions for this study were developed based on research conducted by Brock (2007) and Noonan et al. (2004):

1. Please describe your background in early childhood education.
2. What does the term ableism mean to you?
3. Have you ever felt marginalized because of your disability? Please explain.
4. During your tenure as an early childhood educator, in what ways do you think that you have been discriminated against because of your disability?
5. Describe your interactions with students with and without disabilities.
6. Tell me about your interactions with administrators.
7. Tell me about your interactions with colleagues.
8. Tell me about your interactions with the parents of your students.
9. Tell me about your work environment.
10. Is there anything else that you would like to add?

One participant was not available for a second interview because of professional and personal reasons. A second interview was conducted for two of the participants using Brock’s (2007) interview questions:

1. Does your disability affect how you are treated at work? If so, how and by whom?
2. Do you try to hide your disability at work? If so, why or why not? In retrospect, did you make the right choice?
3. What advice do you have for other individuals about revealing a disability at work?
4. Do you require accommodations at work?

5. Do you feel as productive as your coworkers? Why or why not?

6. Do you think your coworkers perceive you as productive? Explain.

7. Has your disability had an impact on your career goals? If so, explain how.

8. Do you believe that discrimination in the form of social or architectural barriers exists for individuals with disabilities?

9. Have you ever experienced discrimination because of your disability? If so, describe the situation.

In addition, two of the participants, who agreed to second interviews, responded to the following prompt in a written reflection: Do you employ any coping strategies related to combating ableism in the workplace? If so, please explain.

**Case study database.** The case study database is “the systemic archive of all the data from a case study assembled to enable the later retrieval of specific pieces of evidence and sufficiently organized so that the archive can be reviewed by an outside reader” (Yin, 2014, p. 238). For this study, the case study database included electronic and physical folders. The electronic folders were stored on one password-protected computer located in my home office. The physical folders were also stored in a secured desk in my home office (Yin, 2014).

**Chain of evidence.** The chain of evidence increases the reliability of a case study. The case study chain of evidence allows an external observer to follow the sequence of evidence from initial research questions to study results. An external
observer should be able to trace the steps in either direction. Figure 2 provides an example of the chain of evidence for this study.

**Chain of Evidence**

Multiple-Case Study Dissertation

Experiences of Early Childhood Educators with Disabilities: A Critical Disability Theory Perspective

(Isolated Instances of Ableism)

↑

↓

Case Study Database

(Electronic and Hard Copy Folders)

↑

↓

Citations to Specific Evidentiary Sources

(Literature Review, Documents, Archival Records)

(Bibliography)

↑

↓

Case Study Protocol

(Procedural Guide for Data Collection)
Case Study Research Questions

1. How do early childhood teachers with disabilities describe their classroom and school-based experiences?
2. How does ableism affect the classroom experiences of early childhood teachers with disabilities?
3. How does ableism affect the school-based relationships of early childhood teachers with disabilities?

Figure 2. Adapted from “Collecting Case Study Evidence: The Principles You Should Follow in Working with Six Sources of Evidence,” by R. Yin, Case Study Research: Design and Methods, p. 128. Copyright 2014 by Sage Publications, Inc.

Data Analysis

The general analytic strategy used for this multiple-case study was the theoretical propositions strategy (Yin, 2014) because the original research design is based on the proposition that ableism plays a role in the daily classroom and school-based experiences of early childhood teachers with physical disabilities. The theoretical propositions strategy addressed the techniques, tools, and world view of critical disability theory and how it guided the development of the research questions, literature review, and additional insights (Yin, 2014). In addition, the theoretical propositions strategy assisted in focusing on relevant data and linking the relevant data to the propositions (Baxter & Jack, 2008; Yin, 2014).
The analytic technique used for this multiple-case study was the cross-case synthesis technique. The cross-case synthesis technique is used for analyzing multiple-case studies. Yin (2014) defines cross-case synthesis as, “a compiling of data for a multiple-case study by examining the results for each individual case and then observing the pattern of results across the cases” (p. 238). Word tables were used to display data from individual cases according to a uniform framework. Overall patterns were analyzed from the various tables (Yin, 2014).

Data were reviewed and analyzed throughout the data collection process inclusive of my notes and memos. Audiotaped interview data were transcribed, and the transcripts were analyzed through categorizing strategies (Maxwell, 2013). The categorizing strategy used for this study was coding. According to Corbin and Strauss (1990), “Coding is the fundamental analytic process used by the researcher” (p. 12). Coding is the process of segmenting and labeling text to form descriptions and broad themes in the data (Creswell, 2008). Maxwell and Miller (2008) state that coding involves labeling data segments and grouping the segments by category, followed by comparison and examination within and between categories. In addition, Glesne (2006) defines coding as follows:

Coding is a progressive process of sorting and defining and defining and sorting those scraps of data (i.e., observation notes, interview transcripts, memos, documents, and notes from relevant literature) that are applicable to your research purpose. By putting like-minded pieces together into data clumps, you create an organizational framework. It is progressive in that
you first develop, out of the data, major code clumps by which to sort the data. Then you code the contents of each major code clump, thereby breaking down the major code into numerous sub codes. Eventually, you can place the various data clumps in a meaningful sequence that contributes to the chapters or sections of your manuscript. (Glesne, 2006, p. 152)

The data coding process entailed using different color markers to highlight specific clumps of data related to a particular code. Each data segment received a code name (Glesne, 2006). Each major code identified a concept or a central idea. There were over 30 codes for each case. Some code examples are presented in Table 2.

Table 2

*Code Examples for Mary, Jane, and John*

<table>
<thead>
<tr>
<th>Transcript Dialogue</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1 – Mary I think for some people, it’s just -- I just find for them it’s hard to accept that something’s wrong given that I look so good. And that’s always a big issue with people like on chat groups and things like that talking about that people don’t know.</td>
<td>Deceptive Appearances</td>
</tr>
<tr>
<td>Case 2 – Jane The interaction that I get from the parents is good because I’ve known some of them for over 10 years. The parents are happy with the way I interact with their children.</td>
<td>Parental Support</td>
</tr>
</tbody>
</table>
Case 3 – John

So, I think our attitudes in the way in which we present ourselves and the approaches that we take really play a big part on how children perceive and conceptualize disabilities.

Positive Outlook

These 30 codes were examined for overlap and redundancy and organized into three organizational critical disability categories for each participant: (1) ability tolerance, (2) covert ableism, and (3) overt ableism. Eight themes emerged for Mary’s case: (1) self-advocacy, (2) disability allies, (3) disability reciprocity, (4) disability and leadership, (5) invisible disability, (6) leadership by title, (7) professional development vacuum, and (8) future employment dilemma. The first four themes were associated with ability tolerance. Theme five was associated with covert ableism. Themes six, seven, and eight were associated with overt ableism.

Five themes emerged for Jane’s case: (1) self-advocacy, (2) disability allies, (3) experiential understanding, (4) palpable hostility, and (5) future employment dilemma. Themes one, two, and three were associated with ability tolerance. Themes four and five were associated with overt ableism.

Five themes emerged for John’s case: (1) self-advocacy, (2) disability allies, (3) disability reciprocity, (4) early childhood career journey, and (5) assistance paradox. The first four themes were associated with ability tolerance. Theme five was associated with covert ableism (Creswell, 2008; Glesne, 2006; Maxwell, 2013).

Maxwell states:
Organization categories are broad areas that you want to investigate or that serve as useful ways of ordering your data. These are often established prior to your interviews. Organizational categories function primarily as bins for sorting the data for further analysis. (Maxwell, 2014, p. 107)

The broad categories for this study are ability tolerance, covert ableism, and overt ableism. The substantive or subcategories are the themes identified for each participant. Maxwell states, “Substantive and subcategories are primarily descriptive in a broad sense that includes descriptions of participants’ concepts and beliefs” (Maxwell, 2014, p. 108).

Validity

Maxwell (2013) discussed two broad types of validity threats: researcher bias and reactivity. Researcher bias includes the “selection of data that fit the researcher’s existing theory, goals, or preconceptions, and the selection of data that stand out to the researcher” (Maxwell, 2013, p. 124). Reactivity is “the influence of the researcher on the setting or individuals studied” (Maxwell, 2013, p. 124).

Researcher bias. As stated in chapter one, I am African American and gay. These two aforementioned minority groups have historically been marginalized, and they continue to face covert and overt forms of discrimination. I have a strong belief in the tenets of critical theory and all adaptations of critical theory including critical race theory, critical queer theory, critical feminist theory, and critical disability theory. All of these adaptations of critical theory examine and explore the dynamics surrounding discrimination situated within the power and privilege of the dominant group. In some instances, the dominant group is not aware of the discrimination because it is so ingrained
into the culture that it is invisible (Anyon et al., 2009; Brookfield, 2005; Pothier & Devlin, 2006). I view the world through a critical theory lens; therefore, I had to be very careful when analyzing transcripts. I could not let my prior experiences with racism and heterosexism influence how I analyzed data for this study. My experiences with racism and heterosexism allowed me to empathize with people and teachers with disabilities. However, as a person without disabilities, I do not know what it is like to function in society with disabilities.

**Reactivity.** During the interviews, I had to be aware of my influence on what the participants said and how this affected any inferences drawn from the interview. The aforementioned point is especially salient because I had previous professional relationships with each participant. Because each participant knows my worldview regarding equality and equity concerning marginalized people, they may have been inclined to provide answers that support my worldview instead of answers based on their world views. It is not possible to totally eliminate reactivity during interviews because of the nature of the interview. The participant will always be influenced by the interviewer and the interview situation. In an effort to mitigate some of the effects of reactivity, I did not ask leading questions. In addition, I used a semi-structured interview guide (Maxwell, 2013).

**Addressing validity threats.** Although, there is no guarantee that methods and procedures will address all validity threats, the process of addressing validity threats will increase the credibility of study conclusions. This multiple-case study addressed validity threats via triangulation and member checks. Triangulation for two of the three cases
was achieved via collecting data from two interviews on two separate occasions. Two participants also submitted written reflections. Moreover, member checks allowed participants to check the accuracy of the transcripts and the themes generated from my interpretation of the transcripts and written reflections. All participants indicated that the transcripts and my interpretations reflected what they said during the interviews and what they stated in their written reflections (Creswell, 2008; Maxwell, 2013).
CHAPTER 4

A case study of each participant is presented outlining demographic information and themes. Each theme is examined using critical disability theory (CDT), noting instances of ability tolerance, covert ableism, and/or overt ableism. A CDT approach offers an important lens for addressing the complexities associated with disability and equality. It begins with the assumption that theories of human rights and equality provide the necessary foundation for understanding the connections between the existing legal, economic, political, and social rationales for the full inclusion of people and children with disabilities. Moreover, CDT addresses the systematic barriers and oppression that continue to construct people and children with disabilities as inherently unequal (Rioux & Valentine, 2006).

Results from this study indicate that all three participants experienced instances of ableism within an overall ability tolerant school workplace environment. Ability tolerant early childhood teachers, administrators, parents, and students do not display outward behaviors or make statements that discriminate against teachers with disabilities. Early childhood educators and administrators who engage in ability microaggressions are demonstrating covert ableism. Ability microaggressions are subtle and sometimes unconscious acts of covert ableism. For example, an early childhood teacher with an invisible disability who discloses her disability may have to endure comments about how
good she looks and she does not look like she has a disability. The term, ability microaggressions, was adapted from the term racial microaggressions (Howard, 2008).

One of the tenets of CDT is to uncover and address covert ableism in the form of ability microaggressions and also address blatant occurrences of overt ableism. Early childhood educators and administrators who engage in blatantly ableist behavior are demonstrating overt ableism. For example, administrators telling applicants for early childhood positions that they will not perform well in an early childhood setting because they are blind. Another tenet of CDT theory is to empower people to address overt and covert ableism via actively participating to bring about societal change for the equitable treatment of all people with disabilities.

The chapter begins with an exploration of Mary’s experiences, followed by Jane’s experiences, and ending with John’s experiences. Each case is presented in the following sequence: (1) demographic overview, (2) thematic overview, (3) data triangulation overview, and (4) theme analysis.

Case 1 – Mary

Mary was diagnosed with multiple sclerosis in 2008 and has been an early childhood educator for over 11 years. She is currently employed as a Head Start teacher with a large suburban school district located in the Mid-Atlantic region of the United States. Mary’s public school district is the grantee for the Head Start Program. Mary is a certified early childhood teacher who adheres to the governance process of her school district. In addition, Mary has to adhere to the federal standards regarding Head Start. Head Start employees, who work for a public school system, function in a bifurcated
governance structure. The public school principal is responsible for Mary’s evaluation with input from Head Start administration. The public school principal is not obligated to incorporate evaluative input from Head Start administration.

A search of Mary’s school district website did not yield any specific information regarding the employed number of teachers with disabilities. Moreover, there was no information on types of teacher disabilities or the number of teachers with disabilities who filed discrimination cases. The website did provide general information about their anti-discrimination policies, and it also provided information about the district’s compliance with IDEA and ADA. There were also forms and directions for filing grievances related to disability discrimination for students and teachers with disabilities.

A review of public school discrimination cases involving Mary’s school district found on MuckRock’s (2011) website did not produce any information on teachers with disabilities who had filed discrimination suits; however, there were some student with disabilities cases involving free and appropriate public education (FAPE).

Mary has a doctorate in early childhood special education and has done extensive research regarding equity issues in early childhood education. In addition, Mary has experience working with community-based programs that serve disenfranchised communities. Mary’s classroom culture is a microcosm of the larger school workplace culture. She values and acknowledges all of the children in her classroom, inclusive of those with disabilities. Mary thinks that her school’s workplace culture promotes an atmosphere that is responsive to the needs of all teachers, inclusive of those with disabilities; however, she does not think that school district Head Start administrators
create a workplace cultural atmosphere that is responsive to the needs of teachers with disabilities. For the purposes of this study, the school workplace culture definition is an adaptation of Gay’s (2010) general definition. The school workplace culture refers to a dynamic system of school social values, school cognitive codes, school behavioral standards, and school beliefs based on information obtained from Mary’s relationships with the students, parents, administrators, and teachers.

A survey conducted in 2012 by the National Multiple Sclerosis Society (NMSS) demonstrated that 25% of people with multiple sclerosis (MS) are employed after 20 years with MS. The NMSS is working diligently to improve the percentage of people with MS who are employed after 20 years. According to the NMSS, “Today, disease-modifying drugs, new technology, better symptom management, and new public attitudes are changing life with MS.”

Themes. Mary’s data were arranged into the following organizational categories: (1) ability tolerant, (2) covert ableism, and (3) overt ableism. Maxwell states:

Organization categories are broad areas that you want to investigate or that serve as useful ways of ordering your data. These are often established prior to your interviews. Organizational categories function primarily as bins for sorting the data for further analysis. (Maxwell, 2014, p. 107)

The substantive/subcategories or themes were (1) self-advocacy, (2) disability allies, (3) disability reciprocity, (4) disability and leadership, (5) invisible disability, (6) leadership by title, (7) professional development vacuum, and (8) future employment dilemma. Maxwell states, “Substantive and subcategories are primarily descriptive in a
broad sense that includes descriptions of participants’ concepts and beliefs” (Maxwell, 2014, p. 108). Substantive themes associated with ability tolerance were (1) self-advocacy, (2) disability allies, (3) disability reciprocity, and (4) disability and leadership. A substantive theme associated with covert was invisible disability. Substantive themes associated with overt ableism were (1) invisible disability, (2) leadership by title, (3) professional development vacuum, and (4) future employment dilemma.

**Triangulation of Mary’s data.** Data triangulation was achieved by conducting two interviews on two separate occasions. In addition, Mary submitted written reflections concerning her thoughts on ableism and discrimination in the school workplace. Triangulation occurs when data are collected from two or more sources to determine the consistency of findings (Creswell, 2008; Maxwell, 2013; Yin, 2014). According to Yin (2014), triangulation can be used with interviews as the sole data source. In order to use triangulation with interviews as the sole data source, researchers have to conduct two or more interviews with each participant on different occasions. Yin stated, “You should have queried the same participant several times on different occasions which would then serve in its own way as a set of multiple sources” (Yin, 2014 p. 122).

**Ability tolerance.** An ability tolerant school workplace culture promotes justice and equality for all students and staff with disabilities. The school workplace culture is intricately linked to student, parent, administrator, and teacher relationships. Moreover, from Mary’s perspective, the school district Head Start administrators’ view on professional development is intricately linked to school workplace culture. The critical
disability theory lens was used to examine Mary’s themes and some examples of ability tolerance were noted.

**Self-Advocacy.** Mary discussed how she copes and advocates for her general well-being related to the school workplace culture:

The strategies I use to cope with MS and the impact it has on my work is to be open, honest and willing to advocate and use all of the resources available to me. By this I mean that I tell my principal if I am sick or will need to be out for more doctor things, etc. Plus I am not afraid or upset about having to take time off. I am able to be that way since I have a great assistant and know the children will be fine. There are times that the MS flares up and it is not possible for me to go to work. At those times I give my body rest and time to go back.

**MS – before and after.** Mary also advocates for herself through her reflection on work before and after MS diagnosis. Mary discussed her career as an early childhood teacher before and after her MS diagnosis. Before she was diagnosed with MS, Mary had the physical stamina to attend all of the school-building professional development sessions in addition to the separate Head Start professional development sessions, which were held outside of her school building. After she was diagnosed with MS, Mary is very mindful about how she expends energy:

I think before I had MS, I was much more physically willing to be like, oh, whatever. But at this point, time is valuable, energy is valuable, and I’m not going to go sit somewhere and learn how to read a book to a kid.
Mary also discussed her reaction to controlling stress before and after her MS diagnosis:

Before my diagnosis, I was willing to tolerate stressful work-related issues. But now, I have to be very concerned about the impact of stress on my health and general well-being. In the sense of having a disability or disabling condition, it is important for me to remain calm. If Head Start administrators only understood how important it is for me to remain calm and how unnecessary stress adds to my lack of energy. I understand that stress comes with being alive. It’s just, not easy.

In addition, she discussed the difference between general tiredness before MS diagnosis and fatigue after MS diagnosis. The fatigue associated with MS is significantly more draining than general tiredness. “It’s very difficult to make people understand the difference between a person without MS being tired at the end of a school day and the fatigue that I experience because of MS.”

**Disability allies.** Mary feels that her principal acts as her advocate and knows how to approach her when her MS is not in remission. In addition, Mary’s principal is supportive about granting leave, and he made sure that she received appropriate accommodations. Mary explained:

I think that my building administrator actually, I would almost say is more of an advocate when it comes to things like that. Again, I’ve been at the same school for 11 years now. Various principals have retired and gone on, but this man has been there the entire time since I’d been sick, and so, you know, I think it helps when he sees that sometimes I have a short fuse.
So he knows how to talk to me; he knows how to deal with a crisis or something with me in a way that’s non-combative and not in my face.

In addition, Mary said:

My principal is very good about, you know, you need to be off, be off. You need to go to the doctor, go to the doctor which is great. He is very understanding about it. And again I think this comes from him having personal experiences with disability. When he makes a decision about granting leave, he knows that you are not trying to get out of work because you want to go hang out.

The school workplace physical setting is comprised of Mary’s school building and classroom. Mary’s accommodation requests were linked to her classroom and were met without resistance from her school-based administration and colleagues:

Like I said, in my building, accommodations are easy to get. I’ve dealt with ADA Office, and they’re very nice. And you know, like weird things, like not letting the heat get really high in the classroom, like pretty much no heat all winter makes it a lot easier to function in there, and then making sure in the summertime that it’s as cool as it can be so I can be functional in there. That’s all done, great, that part of the county, and again, like my immediate supervisor and my colleagues in my school are very understanding about it.

Because of past support relationships, Mary decided that she would share her MS diagnosis with her school-based colleagues and some Head Start teachers:
My school-based colleagues all know, definitely and some Head Start teachers. Even though I was on a leave of absence when I got sick, a lot of them came and visited. My work has known. They have known from the very beginning. They know because for the most part, I had good relationships with them before my diagnosis.

**Disability reciprocity.** Disability reciprocity explores Mary’s views on students with disabilities. The theme disability reciprocity represents Mary’s willingness to understand the nuances associated with her students’ disabilities and her willingness to explain to students why she may have to miss some time from school or why she has tubes in her arm. To sum up disability reciprocity, Mary knows and understands about the multifaceted nature of her students’ disabilities, and she wants them to understand about her disability. Mary described the reciprocal nature of her relationship with students.

Mary has taught children with disabilities throughout her tenure as an early childhood educator. Mary understands the multifaceted nature of her students’ disabilities as evidenced by the following statements:

I’m an inclusive teacher. I have pretty much all of the children in my building in this age group that I teach with disabilities. I have three identified with IEPs and then one that demonstrates severe behavior, but I can’t really get an IEP for him because it’s an emotional disorder. I co-teach with the pre-school special education teacher also, so it’s her kids coming to my room and there are like 22 of us, 22 children at the
same time. My attitude about inclusion has always been like there’re special accommodations for some of them, but I don’t think that if you walked in the room, you would be able to identify who they are. And again, at this age and at the functional level that they tend to be at, they are pretty much -- they’re not the same -- I don’t want to say that -- none of them are really the same, but they are able to function within a well-structured, kind of, go-with-the-flow sort of environment. So, you really can’t tell. Some kids you may be having do tasks that other children are not doing, but you wouldn’t know that unless you spend a lot of time with them.

Mary thinks that children should be told what is happening and their questions should be answered:

To me, it’s like this is the reality of the way that people can be, and so why shouldn’t we not tell the children or talk to them about it and have a conversation about why I have my arm wrapped up, or what’s going on.

Mary also described how she explains her disability to her students and how her students respond:

My students are okay with my condition. Sometimes, I come into the classroom with tubes and they will ask about that. I tell them that I am getting medicine through the tubes that will help me feel better. I have not gone into a long discussion with them about multiple sclerosis because of their stage of development. They know that sometimes I am not at school
because I don’t feel well. I tell them that sometimes I am not at school because I have to go and see the doctor. They do not react any different to me when I have the tubes.

In addition to having MS, Mary was also diagnosed with Bell’s palsy. Mary feels that her principal is more supportive and empathetic because he and his mother have had episodes of Bell’s palsy. Mary explained her position:

When I got diagnosed with adult Bell’s palsy, it was interesting because he became even more supportive because he himself has had Bell’s palsy, like an incident of it, and his mother has had it, so he kind of had some knowledge and he then was able to be like, oh, so that’s what it is but just like your whole body as opposed to just your face. And then I have a recurring Bell’s palsy, so I have MS and recurrent Bell’s palsy, and so, he’s -- it was like a flashlight for him that went off that was like, oh, now I kind of understand what it is.

Mary talked about her discussions with teachers regarding her disability and their disabilities:

But I do have colleagues that have discussed their disabilities. Someone contracted Lyme’s disease in the time that I had been there and had chats with me about it. People with hip problems and sudden vision issues or things like that; we’ll talk about our disabilities.

**Disability and leadership.** Mary’s Head Start teacher colleagues have been asking her about sequestration and what that means for them. In 2011, Congress passed a
law stating that if they could not agree on a plan to reduce the federal government’s deficit by $4 trillion, then $1 trillion in automatic, across the board budget cuts would take effect in 2013. The aforementioned 2011 legislation is commonly referred to as sequestration (Matthews, 2013).

Mary said that they come to her because Head Start administrators will not address the issue. Mary is flattered that she is viewed as a leader before and after her diagnosis by some of her Head Start teacher colleagues; however, she is concerned about the stress of attempting to answer all of their emails and inquiries:

I’ve had several people e-mail me in the last two weeks about what’s going to happen, and I’ve had to say, I don’t know. I mean, I don’t know. I know it’s going to change. I know it’s going to be bad. I know things are going to be different. If you’re in a community based, I’d be very concerned. I’d be very concerned. But you’re not. So, calm down and chill. It’ll all work itself out.

But I think that’s been -- right now at work, me having MS and then having all the stress and like craziness going on around this has made it a little bit harder. I’ve actually called my MS doctor - I can’t handle this, I’m not their boss but I’ve got 15 people e-mailing me and asking me what the hell is going on. So, to change meds and just be calmer about it, because it can cause a lot of other things to happen but I think that’s the big problem right now.
Mary does not think that MS plays a role in how parents view her competency as a lead teacher. She goes on to state:

I don’t think they really care. I mean, the times that I’ve had the IV in my arm and stuff, it’s more like concern and sympathy than really, like, oh, gosh, she can’t work with the kids. What’s wrong with her? Never anything like that, never.

**Covert ableism.** Early childhood educators, administrators, teachers, and parents who engage in ability microaggressions are demonstrating covert ableism. Ability microaggressions are subtle and sometimes unconscious acts of covert discrimination. For example, an early childhood teacher with an invisible disability who discloses her disability may have to endure comments about how good she looks and she does not look like she has a disability. They may also have to endure inquiries about taking leave or why they may need additional breaks during the course of a work day.

**Invisible disability.** According to Mary’s interviews, most of the parents and teachers fell into the ability tolerant category; however, she did make reference to the fact that several parents and teachers pondered how she could have a disability when she appeared to be without a disability. This is a common concern for people with MS who do not have any visible signs of disability. The NMSS Information for Employers Brochure corroborates Mary’s experiences, “The attitudes of others may be the most difficult problem associated with MS. Sometimes, if the symptoms are invisible or remitted, others don’t believe the person has a real medical problem.”
Mary suggested that people find it hard to believe that she has MS because she does not look as though she has a disability or a disabling condition. Mary feels that she has to spend an inordinate amount of time explaining that one cannot determine if a person has a disability based on her appearance. Judgment calls based on someone’s appearance can run the gamut on the ableism continuum scale from ability tolerant to covert to overt. Mary discussed covert ableism in the form of ability microaggressions. Ability microaggressions from some of the parents and teachers are summarized in Mary’s statement:

I think for some people, it’s just -- I just find for them it’s hard to accept that something’s wrong given that I look so good. And that’s always a big issue with people like on chat groups and things like that talking about that people don’t know.

So, it’s difficult in that sense. It’s also, I think, difficult because I look good, and so it’s hard for people to understand that I really do have a chronic disease that can be very disabling at times. I can get through a seven-hour workday but that doesn’t mean I can do very much within that. And so, people are just like, oh, you look fine though. You look fine. Why do you go to the doctor so much? You look okay. And so, that’s kind of annoying.

**Overt ableism.** Based on lack of support from Head Start administrators, Mary believes that some of their actions have been discriminatory and would move toward the overt end of the ableism continuum.
**Invisible disability.** Mary noted that Head Start administrators know that she has some condition that has caused her to miss some time from work; however, they do not know that she has MS. Mary discussed why she thought Head Start administrators were exhibiting discrimination:

I think that the discrimination has happened outside of my building more than in my building. A very huge, almost, I would say, blatant disrespect of the fact that there are things that are going on that are not on the surface that you don’t see, that I don’t talk to you about, and I don’t feel comfortable telling you about. And that’s much more the Head Start administration. And again, I think a part of that is that I physically don’t look bad. You know, so I’ve got to go to get an MRI, I have to go to the doctor, well, you look fine. Like, why are you leaving? And it’s like, look, I have leave. I took the leave. I’m not just walking out on you. I’d rather be here than being in an MRI tube, but now you’re being rude about it. So, those kinds of things are challenging.

Even if I did specifically tell them about the MS, I believe their response would be the same based on conversations I had with Head Start teachers under similar circumstances.

Mary discussed additional challenges concerning the use of leave:

When I’ve had to take a leave of absence in the middle of the year because of some things happening, the person from Head Start administration had to come substitute, you know, kind of like covered for me. She was
blatantly pissed that I had left and wanted to know exactly why. And again, knowing laws and being a bright person, I said, you know, really, ADA understands and disability office knows why I wasn’t here. I really don’t feel like I need to tell you. I’ve disclosed to you I was at the hospital, I was sick. You don’t need to know any more than that. And I’m sorry it inconvenienced you, but it’s my right to take these times off and to be on short-term disability for as long as I want. It’s not your business.

**Leadership by title.** Mary discussed lack of support and lack of leadership from Head Start administration:

I go back to the fact that support doesn’t exist, because I know that there are people in Head Start in this school district that have issues. The Head Start administrators in this school district don’t appear to care about these issues, and that’s really disgusting and sad to me. If we’re supposed to be advocates for parents who are in messed up situations, we should also be concerned about our staff. But that kind of leadership doesn’t exist. They act like they are not use to someone like me who has no problem contacting the ADA office or getting documentation from my doctors. This leaves them in a situation they do not have a box for. You know how Head Start can be. They have to have a form or box for everything. This clearly shows their lack of leadership. They think we should follow them
simply because they have a title and know how to check boxes on forms.

Leadership is about more than a title.

Mary discussed further thoughts regarding Head Start administrators and their lack of foresight and leadership:

These Head Start administrators are just victims of their own backdoor policies. This is what happens when you have to depend on forms to guide your every thought. If it’s not on a form, they don’t know how to figure it out.

With Head Start administrators, it’s just been this backdoor policy that’s like you can’t come and talk to me, which just then makes the situation worse. And if you have a question about why I’ve been out so much, e-mail me or come to my building and come see me physically and have a chat with me about it at a convenient time, not when the children are all there and now you want to have a discussion about this. But that’s never been done, that has never happened at all, and to me, that makes me feel like, well, you don’t understand and you don’t sign my evaluation. I’m sorry, but it really makes me feel that way, and I hate that it makes me feel that way.

**Professional development vacuum.** Mary’s relationship with Head Start administrators furthered deteriorated because of issues related to professional development. Mary discussed professional development as it relates to MS:
And then having MS on top of it doesn’t help because of the fact that I do tend to have a short circuit. I missed a whole year of professional development unbeknownst to Head Start because my therapist said I shouldn’t go. The therapist was like, it’s mentally and physically not appropriate for you to go. So, take personal leave every single time there’s a professional development. Now, did we have a discussion about that? Did they ask to talk to me about it? No. They just decided to go over my head and go talk to my principal which was ridiculous. I could’ve told you, given you a note from my therapist. She would’ve given you the information you need to know to excuse me from being there. Could’ve filed ADA complaint, but didn’t.

Mary sums up her experiences with Head Start administrators concerning professional development:

If Head Start only knew how much it takes for me to be calm and to not totally flip out on them about some of the things that they do. It’s not easy. It’s not without its own challenges, and it’s not something that in the future I wouldn’t consider having an ADA accommodation to not go to professional development.

**Future employment dilemma.** Mary expressed concern about future employment where she has to start at the bottom. She discussed her apprehension about future employment with universities or other companies or organizations with no job security. She is especially concerned about universities and companies or organizations that have
at will employment policies. At will employment policies state that employees can be terminated for any reason that a particular supervisor deems necessary. Employers cannot openly terminate someone based on race, gender, or ability level. Mary explained her position:

I think of it as an unknown that people are kind of afraid of, that can be -- is socially understood or stereotypically understood as being very disabling. So, there’s kind of this lack of knowledge around what it means and how it looks and how it varies between people -- and some people are in a wheelchair in years, some people are never in a wheelchair.

Because people don’t have a deeper understanding about disability, I am worried about leaving the security of my current job. I don’t have to prove myself to my current principal because he is aware of my abilities to teach. If I go to another school district will they be as understanding as my principal or will they be like Head Start administrators? I have the same concern with any potential university positions. I just don’t know how MS will impact future employment relationships. I am also concerned about health insurance because I absolutely cannot play around with my health insurance.

Most of Mary’s classroom- and school-based experiences fell within the ability tolerant category. Mary felt that she experienced instances of covert and overt ableism; however, it does not appear that these occurrences are impeding Mary from performing her current job as an early childhood education teacher. Mary would like to pursue future
career options in early childhood education that include research and administration; however, she is concerned about how future employers would react to hiring an early childhood educator with multiple sclerosis.

Although most of Mary’s experiences fell within the ability tolerant category, CDT asserts that any instances of ableism must be addressed and rectified. Some of the ways in which Mary addresses instances of ableism include (1) being knowledgeable of all available resources; (2) maintaining positive relationships with administrators, colleagues, parents, and students; and (3) understanding the nature of an invisible disability. Mary is knowledgeable about her ADA rights. She has been to her school district ADA office. Mary also acknowledged that if she needed to, she would file a complaint with the ADA office concerning some of the overt behaviors of Head Start administrators. Mary also uses the invisible nature of her disability related to whom she decides should know about her multiple sclerosis.

Case 2 – Jane

Jane is blind and has been in early childhood education for over 15 years. She is currently working on her bachelor’s degree in early childhood education. She volunteers and did her student teaching in the same early childhood development center where she was a lead teacher before losing her sight. Jane’s early childhood development center focuses on infants, toddlers, and preschool children. The early childhood development center is located in an urban area within the Mid-Atlantic region of the United States. Jane has an associate’s degree in early childhood education and reports that she believes
in a comprehensive approach to early childhood education. In addition, Jane has Head Start experience as an assistant teacher and nutrition specialist.

A search of Jane’s early childhood development center website did not produce any specific information regarding teachers with disabilities. Moreover, there was no information on types of teacher disabilities or the number of teachers with disabilities who filed discrimination cases. In addition, the local and state education agencies that oversee early childhood operations did not have any data related to early childhood teachers with disabilities nor did the National Association for the Education of Young Children (NAEYC). This particular early childhood development center is NAEYC accredited.

**Themes.** Jane’s data were arranged into the following organizational categories: (1) ability tolerant and (2) overt ableism. The substantive/subcategories or themes were (1) self-advocacy, (2) disability allies, (3) experiential understanding, (4) palpable hostility, and (5) future employment dilemma. Substantive themes associated with ability tolerance were (1) self-advocacy, (2) disability allies, and (3) experiential understanding. Substantive themes associated with overt ableism were (1) palpable hostility and (2) future employment dilemma. Based on Jane’s interviews and reflections, there were no instances of covert ableism. Each theme is explored through a critical disability theory lens in an effort to understand and highlight how ableism impacted Jane’s school- and classroom-based experiences.

**Triangulation of Jane’s data.** Data triangulation was achieved by conducting two interviews on two separate occasions. In addition, Jane submitted written reflections
concerning her thoughts on ableism and discrimination in the school workplace and the 
university environment.

**Ability tolerance.** Ability tolerant school workplace cultures and university 
environments promote justice and equality for all students and staff with disabilities. The 
school workplace culture is intricately linked to student, parent, administrator, and 
teacher relationships. The university environment is also intricately linked to faculty and 
student relationships. Jane reported having mutually respectful interactions with 
students, parents, and administrators. She also indicated that she had mutually respectful 
interactions with university classmates and instructors. The critical disability theory lens 
was used to examine Jane’s relationships and some examples of relationship-oriented 
ability tolerance were noted.

**Self-Advocacy.** Jane discussed her thoughts regarding her competence as an early 
childhood teacher:

I would like to make two points about being a teacher who is visually 
impaired. One is I think that I can be just as effective now as I was when I 
had my sight and the other is I think that I am just as effective as any of 
the other teachers at my school. Well, even though now that I have this 
disability, I just want to go throughout the rest of my life as an early 
childhood educator.

My goal is to have my own early childhood business, but as long 
as I’m working for somebody, I hope that parents, teachers, and directors 
judge me based on my abilities and not on my disability. I intend to be a
co-teacher or lead teacher because I have the experience and education to qualify for co-teacher and lead teacher positions. And even though I had this setback related to my vision, I am still pursuing my education and still have the knowledge that I can teach young children and prepare them for kindergarten.

Jane discussed how she wants the same opportunities as those who have their vision:

So, I don’t want people to think that because I can’t see, I can’t teach. And wherever I go and whatever I decide to choose, I just want the same opportunity as someone with sight and not to be looked at differently and judged because I don’t have sight.

*Visual impairment – before and after.* Jane compares teaching before and after losing her sight:

It’s different because it’s a different challenge. It takes longer to prepare lesson plans, issues around transportation, and dealing with a few people who have negative attitudes. And there are some general things like getting use to the idea of being in darkness all of the time.

Now that I do not have my sight, I appreciate the fact that I was able to see for so long. Reflecting back, I can remember how things like lesson plans looked before I lost my sight. You know I was well into my adult years before I lost my sight. But, you know, once I’ve taught things -- just because in my past experience I’ve seen certain lessons. It just makes a
little bit easier because I can remember what the words to a lesson plan looked like.

*Disability allies.* Jane indicated that relationships with parents have been positive. She taught at this early childhood development center before she lost her vision. She lives in the neighborhood; therefore, she has known some of the parents for over 10 years. Jane discussed parental relationships:

The interaction that I get from the parents is good because I’ve known some of them for over 10 years. The parents are happy with the way I interact with their children. The parents often ask me how I am able to work with the children. When they ask me about how I am able to work with their children, I think it’s more curiosity than doubt about my abilities. I tell them that I use tactile alphabets to help children learn the letters in their names. I also use technology in the classroom to help me with stories or the assistant teacher or our classroom volunteers will read stories. I have stories on CD. We use them a lot.

Jane further discusses her positive relationship with the administrator that she directly worked with before and after losing her sight. Jane thinks of this administrator as a friend and mentor:

Ms. X has always worked with me and even though I am blind, I’ve always been given the opportunity to teach. She believes in me and helps me in so many ways. I can’t even begin to tell you how she has worked
me with my school work and help me understand the new curriculum. She has been very accommodating.

Jane discussed her relationship with teachers. Jane has known some of the teachers for many years and others she met after losing her sight. According to Jane, most of the teachers have been helpful:

I have known some of these teachers for a long time. For some of them, it has to be more than 20 years. Yes, at least 20 years going back to my Head Start days. The teachers have been very supportive without taking away my independence. It helps that I knew most of them before I lost my sight. I don’t have to prove to them that I am a good teacher. They already know. We plan together just like we did before I lost my sight.

Jane discussed the center’s physical setting, including accommodations. Jane is able to get around the center and does not feel that there are any physical barriers that keep her from working in the classroom:

I need a certain level of support in order to be a good classroom teacher. I have to have certain accommodations like an assistant teacher.

Fortunately for me, the program manager is very good about making sure I get everything that I need. Because of her, I don’t have any problems getting the accommodations that I need.

Jane is working on her bachelor’s degree in early childhood education. Jane has an associate’s degree in early childhood education. Her current center requires that lead teachers have a minimum of an associate’s degree in early
childhood education. When Jane completes her bachelor’s degree, she will be eligible to apply to school districts and other child development centers that require teachers with a bachelor’s degree.

Jane’s instructors have been supportive and very flexible. Jane received her associate’s degree from this university and had a relationship with some of the instructors before she lost her sight:

My teachers have been very nice. I believe in talking to them and keeping the lines of communication open. I find out their office hours and go and talk to them. If I need extra time to complete assignments, they give it to me. They have been very supportive and they help me stay focused when I sometimes get discouraged about finishing the degree and eventually finding a job as a lead teacher in a center or school district. I think that it helps that I know some of my teachers from when I was working on my associate’s degree.

Jane’s classmates have been supportive and assist her when she needs it. For example, they help her get to classes and provide assistance with finding classrooms and getting to the restroom. Jane described some of her university experiences:

I know if I need something from the people in my classes, they will help me. They help me find the right buildings and classrooms. They have even provided restroom assistance. I have gotten over being too proud to accept assistance from my classmates. They are good at not providing too much help. I like to be as independent as I can be.
Jane’s university has been accommodating in terms of providing information and assistance to help her get around campus:

The university has been accessible. It also helps that I received my associate’s degree from this university, so I kind of know the lay of the land. The early childhood coordinator put me in touch with the University ADA office. The people there were very nice. They were very helpful with explaining everything that the university offers for students with disabilities.

**Experiential understanding.** Jane notes that some children have been frightened by her eyes. Jane thinks that if children were exposed to more people who are blind and with visual impairments, they would not be frightened by the eyes of a person who is blind. Jane also notes that all of the frightened children eventually become accustomed to her eyes and like the other children who were not afraid, they go home and have positive things to say about her:

For the most part, I’ve had good interactions with children. The interaction with the children has always been overwhelming but wonderful at the same time. I always like to invite children to engage in positive conversations about everything including my blindness. So, I feel that I’ve always been a positive role model for the children by talking to them, encouraging them to do right, and assisting them in every possible way that I can.
Jane discusses the positive and negative aspects of discussing her blindness with young children. “Oh, you know, I had Ms. Jane, and even though she didn’t have her vision, she was somebody who talked to me.” Jane also states, “I openly discuss my blindness with the children.” In discussing her blindness with students, Jane has experienced some hurtful situations. Some of the children were frightened by Jane’s eyes. “I am scared of your eyes.” “You look like a monster.” Jane quickly gets over her devastation and talks to the children about why her eyes look the way they do. “My eyes look like this because I am blind which means I cannot see you.” Jane goes on to state, “Not all blind people’s eyes look the same.” Jane said, “All of the children that were frightened came around. It took some of them longer than others, but eventually, they all came around.” Jane also wanted to explain that only a small number of children have been frightened by her eyes:

I don’t want to dwell on the negative when it comes to the children. I would say that only about five or six have been scared of my eyes, and as I said before they were not afraid after I talked to them about why my eyes look like this.

When the students have some understanding of blindness, they go home and make positive comments about Ms. Jane:

A lot of the children, including those who were afraid, go home and they talk about me. And so, they’ll share with their parents that I’m vision impaired and things of that nature. They also tell them I help them learn shapes and the letters in their names.
Jane also discussed that children look forward to providing assistance. For example, the children assist Jane when they go on their neighborhood walks and they also assist her to the school playground. “I have my assigned student assistants, and they help me get to the playground. It is a very popular job.”

**Overt ableism.** Based on Jane’s interviews and written reflections, two instances of overt ableism were noted.

**Palpable hostility.** Jane encountered one teacher who questioned her ability to manage a classroom. Jane also stated that this particular teacher is constantly expressing negative comments:

And there is one new teacher who is openly hostile. I suspect it is because of my visual impairment, but I do not know. I have never had a conversation with her about it one way or the other. She makes little comments about my ability to manage a classroom. I tend to ignore it, move forward, and not let it bother me. That’s just how some people are. Because regardless if you have a disability or not, some people are just rude and nasty. Sometimes people will label you because they think that you can’t perform. I understand that some people will judge you because you have a disability. I don’t think it is right to judge people because they have a disability. Sometimes, that’s just the way it is.

According to Jane, most of her experiences with classmates have been positive with one exception. The early childhood education coordinator at Jane’s university
assigned a student with a disability to assist Jane. Jane did not know that this student had a disability until the student said that she had one and although she disclosed the fact that she had a disability, she would not specify her disability:

I’ve only run into one person at the university that was very negative and I eventually had to report her to the early childhood education coordinator. The early childhood education coordinator assigned her to me to help me get around campus. She was very aggressive and nasty for no reason. I really do not get her attitude since she was a student with a disability attending the university. According to her, she has a disability, but she wouldn’t discuss it, so I’m not sure what her disability was. Her disability was hidden so she could choose to tell people. I don’t have the option of telling people. They can look at me and know that I am blind. But anyway like I said, she would become very verbally aggressive, and we had quite a few arguments. She would tell me to walk faster and it’s taking us all day just to get out of the building. I no longer have assistance from the early childhood education coordinator’s office because now if I need assistance, I rely on my classmates who have proven to be very helpful.

**Future employment dilemma.** Jane expressed concerns about future employment. She discussed her attempts to get an interview with a public school system:

In January, I saw an assistant teacher position for the public school system listed. Although, my desire is to be a lead teacher, I thought this would be
a good way to get into the door. And when I finish up with my degree, I would already be in the system and could move into a lead teacher’s position. I know the principal and she knows that I’m blind. I called her and she said they needed to fill the position quickly. That was fine with me. She told me to send in my resume and I did. I never heard back from them. I can’t prove it, but I think they were concerned about hiring me because I am blind.

Jane thinks that administrators, teachers, and parents will judge her based on her disability:

I am worried that a different center director or principal will not give me a chance to teach. I am afraid they will use some other excuse for not hiring me when the real reason is because I am blind. I am also worried about the reception that I would get from teachers and parents at another school or center. I don’t know if they would be willing to give me a chance.

Jane also expressed concerns about accommodations, “If I go to another center or school, I know that I will need accommodations. I don’t know if another school or center would be willing to provide all of the necessary accommodations.”

Most of Jane’s classroom- and school-based experiences fell within the ability tolerant category. Jane felt that she experienced instances of overt ableism; however, it does not appear that these occurrences are impeding Jane from performing her current duties as an early childhood education educator. Jane would like to pursue early childhood education teaching positions at other child development centers or public
school systems; however, she is concerned about how future employers will view hiring an early childhood teacher who is blind. Jane had an experience concerning future employment with a public school in which she felt that she was discriminated against because she is blind. Jane also experienced ableism concerning one teacher and one university student.

Although most of Jane’s experiences fell with the ability tolerant category, CDT asserts that any instances of ableism must be addressed and rectified. Some of the ways in which Jane addresses instances of ableism include seeking assistance from people who can help rectify the concern. For example, in the university incident, Jane reported it to the early childhood education coordinator. The early childhood education coordinator offered to pair Jane with another student. In the child development center incident, Jane knows that if she needed to, she could go directly to the program manager. In addition, Jane’s positive relationships with administrators, teachers, parents, students, university instructors, and classmates assist in mitigating instances of ableism.

**Case 3 – John**

John has cerebral palsy (CP) and does not have any memories of life without CP. John has been in early childhood education for over 10 years. He is currently employed as a prekindergarten teacher with a large urban school district located in the Mid-Atlantic region of the United States. John has a master’s degree in early childhood education.

A search of John’s school district did not produce any specific information regarding the number of teachers with disabilities. Moreover, there was no information on types of teacher disabilities or the number of teachers with disabilities who filed
discrimination cases. The website did provide information about their compliance with IDEA and ADA. A review of public school discrimination cases involving John’s school district found on MuckRock’s website did not produce any information on teachers with disabilities who filed discrimination suits; however, there were some student disabilities cases involving evaluation procedures.

Themes. John’s data were arranged into the following organizational categories: (1) ability tolerance and (2) covert ableism. The substantive/subcategories or themes were (1) self-advocacy, (2) disability allies, (3) disability reciprocity, (4) early childhood education career journey, and (5) assistance paradox. Substantive themes associated with ability tolerance were (1) self-advocacy, (2) disability allies, (3) disability reciprocity, and (4) early childhood education career journey. A substantive theme associated with covert ableism was assistance paradox. Each theme was explored through a critical disability theory lens in an effort to understand and highlight how ableism impacts John’s school- and classroom-based experiences.

Ability tolerance. The school workplace culture is intricately linked to student, parent, administrator, and teacher relationships. John reported having mutually respectful interactions with students, parents, administrators, and teachers. The critical disability theory lens was used to examine John’s relationships and some examples of relationship-oriented ability tolerance and covert ableism were noted. Covert ableism occurred in the form of ability microaggressions and although John experienced some isolated incidences of covert ableism related to his CP, he feels secure at this school because of the strong bonds he has with students, parents, administrators, and teachers.
Self-advocacy. John manages adversity via maintaining a positive attitude toward life in general and early childhood education in particular. John does not think of CP as a disability because it has not interfered with his major life goals such as going to college, graduate school, and becoming an early childhood educator:

I know that cerebral palsy is considered to be a physical disability; however, I’ve never considered myself to have a disability because I am so functional. I am very grateful because the condition has not impeded my education or anything that I wanted to do in my life. Cerebral palsy has not affected my intellect or my ability.

People-first language. John also thinks that the way in which one labels himself has an impact on how he proceeds toward fulfilling his life goals. To that end, John makes an important point about people-first language. He believes once a person’s disability is known, then that person can be identified using language from the people-first movement related to the specific disability. For example, “I also wanted to say that I am a man with cerebral palsy and not a man with a disability.”

Disability allies. During his tenure as an early childhood educator, John has enjoyed positive relationships with parents, administrators, and teachers. John has worked in schools where the families were predominately African-American, and he has worked in schools where the families were from many different cultural backgrounds. So far, John has not noticed any forms of discrimination. John expressed his views on parental relationships:
To be honest, over the last 12 years, my experiences with parents have been great. I mean, they’ll ask, what’s your condition? Then I will explain to them that I have cerebral palsy, and they too will offer to lend a helping hand if needed, as needed, and that’s been it. But I’ve never experienced any discrimination or no one has questioned my intellectual ability in terms of being able to teach children.

John has a positive relationship with the principal of his school. John does not need any special accommodations with the exception of needing assistance with classroom arrangement in terms of moving furniture. John knows that if he needed accommodations, the principal would provide them. I met John’s principal as I was leaving his school building, and she highly praised his abilities as the quintessential early childhood teacher. John discussed his relationship with administrators:

The principal and all of the administrative staff, including the secretary and the receptionist have been very helpful and supportive. Whenever I need anything, they are there to provide assistance. In general, when I have needed administrative support, they have been there to support me.

John expressed his views on receiving assistance from teachers, and he also discussed his views on the general view of his colleagues regarding disabilities:

If and when I need support, my colleagues are there for me. The only time I need assistance involves maneuvering furniture in my classroom. Luckily, the furniture doesn’t have to be moved too often.
I think we’ve gotten to a place here within our school to where people are pretty respectful because people have a myriad of disabilities or needs. The staff is aware of being respectful and educating ourselves about various disabilities in adults and children.

**Disability reciprocity.** John stated that he has an excellent rapport with all of his students inclusive of those with disabilities. As a former Head Start teacher, he believes in inclusion and adheres to IEP’s in an effort to further differentiate instruction for children with special needs. In addition, John thinks that it is important to discuss cerebral palsy with all of his students. John discussed his relationship with students:

Oh, well, I definitely treat them all equally. I think that I try to make my students aware early on of my condition because as they mature, they begin to notice that I walk differently and then so it generates really good discussion around similarities and differences, and living in a world with people who have disabilities, and so we incorporate that in the classroom, in dramatic play, in block building, and then socio-dramatic play. And I teach them not to treat their peers with disabilities any differently. And we try not to highlight those things because everyone is unique in their own way. I haven’t had anyone within the last two years with a noticeable disability, but two years ago, when I did, the kids in the classroom were very supportive of those two children and really took on mentor/helper roles and supported those kids in transitions. For example, they assisted with the buttoning of coats. It was something beautiful to see.
John also spoke about the importance of projecting positive attitudes and ensuring that one is a good role model for all children. John thinks that it is beneficial for children to have teachers with visible disabilities because it teaches them tolerance and it also allows them to see someone with a disability in a professional leadership role.

So, I think our attitudes in the way in which we present ourselves and the approaches that we take really play a big part on how children perceive and conceptualize disabilities. I also think that it is extremely important for children to interact with teachers who have visible disabilities because this gives them personal knowledge about the capabilities of people with disabilities. In my classroom, I provide a framework for how to interact with people with disabilities. It is a valuable lesson that will serve the children well throughout their lives.

**Early childhood education career journey.** John discussed his journey toward becoming an early childhood educator with cerebral palsy. He credits his family with giving him the confidence to strive for goals and for providing encouragement toward his goal of becoming an early childhood teacher. John’s family provided the firm foundation from which he launched his early childhood education career. John said, “I’m very grateful for my family who taught me to be independent, who taught me to have dreams and have goals despite having cerebral palsy.”

John believes in doing his best, and he did not let cerebral palsy stop him from obtaining his goal of becoming a teacher:
Of course, there were things I couldn’t do like the other boys or my brothers like playing sports, so I found other ways to exhibit my talents and I found other ways to maximize my interests. I always enjoyed reading, learning, and helping others so I thought teaching would be a good profession for me.

John distinguished himself as a serious scholar as evidenced by his stellar undergraduate and graduate records. He graduated magna cum laude with a bachelor’s degree in child development. John received scholarships to attend graduate school where he earned a master’s degree in early childhood education. John said, “I worked hard in college and in grad school. I got good grades in college and received scholarships for grad school.” John has early childhood education certifications in three states. He has worked as a lead teacher for Head Start programs and served in administrative positions for early learning centers and programs. John currently teaches prekindergarten in a large urban school district. John sums up his employment experiences:

I’ve served in various capacities, mostly as a classroom teacher, but I also have worked as a preschool director. I had a lot of responsibilities as a preschool director. I managed the childcare division which included nutrition, curriculum, and licensing. Cerebral palsy did not keep me from getting the preschool director’s position and while I was there, I received very good annual evaluations.
**Covert ableism.** Early childhood educators, administrators, teachers, and parents who engage in ability microaggressions are demonstrating covert ableism. Ability microaggressions are subtle and sometimes unconscious acts of covert discrimination.

**Assistance paradox.** The assistance paradox addresses instances where assisting is not necessarily helping. John discussed how certain teachers have offered assistance but he felt that their assistance was not helping him in terms of his overall professional development. From John’s perspective, the underlying notion was that he was not capable of completing certain tasks because he has cerebral palsy. John discussed that some teachers assume he cannot complete certain tasks:

I think sometimes certain teachers assume that there might be certain tasks related to lesson plans or doing reports that I’m not able to complete, so they’re maybe like, let me give you a hand or can I do this for you, only to discover that I’m very able-bodied.

John also stated, “I wonder if they offer to write lesson plans or reports for other teachers.”

Most of John’s classroom- and school-based experiences fell within the ability tolerant category. John felt that he experienced instances of covert ableism; however, it does not appear that these occurrences are impeding John from performing his current duties as an early childhood education teacher.

Although most of John’s experiences fell with the ability tolerant category, CDT asserts that any instances of ableism must be addressed and rectified. Some of the ways in which John addresses instances of ableism include projecting a positive attitude and
demonstrating to his colleagues that he is very capable of handling the rigors of managing all aspects of the early childhood education classroom.

**Cross-Case Synthesis**

**Pattern of results.** Yin (2014) defines a cross-case synthesis as “a compiling of data for a multiple-case study by examining the results for each individual case and then observing the pattern of results across the cases” (p. 238). Table 3 shows some patterns between the cases and how these patterns are related to the school workplace culture of each participant.

Mary and John also reported experiences related to self-advocacy, disability allies, and disability reciprocity. For ability tolerance, Jane also reported experiences related to self-advocacy and disability allies. For ability tolerance, all three participants reported experiences related to self-advocacy and disability allies. For overt ableism, Mary and Jane reported experiences related to future employment dilemmas.

Table 3 also shows that each participant had themes germane to their particular school workplace cultural experiences. For example, under ability tolerance, Mary reported experiences related to disability and leadership; Jane reported experiences related to experiential understanding; and John reported experiences related to early childhood education career journey.

Table 3

*Patterns across the Cases*
For ability tolerance, Table 4 provides examples from Mary, Jane, and John regarding their experiences related to self-advocacy. Mary and Jane shared some experiences concerning their work life before and after diagnosis with MS and visual impairment respectively. CP has been a part of John’s life since infancy.

**Table 4**

*Self-Advocacy across the Cases*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Self-Advocacy</th>
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</table>
| Mary’s Themes | • Self-Advocacy  
• Disability Allies  
• Disability Reciprocity  
• Disability and Leadership |
| Jane’s Themes | • Self-Advocacy  
• Disability Allies  
• Experiential Understanding |
| John’s Themes | • Self-Advocacy  
• Disability Allies  
• Disability Reciprocity  
• Early Childhood Education Career Journey  
• Assistance Paradox |

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<tr>
<th>Covert Ableism</th>
<th>Overt Ableism</th>
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</table>
| Mary’s Themes | • Invisible Disability  
• Leadership by Title  
• Professional Development Vacuum  
• Future Employment Dilemma |
| Jane’s Themes | • Palpable Hostility  
• Future Employment Dilemma |

<table>
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<tr>
<th>Mary’s Themes</th>
<th>Invisible Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>John’s Themes</td>
<td>Assistance Paradox</td>
</tr>
</tbody>
</table>
Mary

The strategies I use to cope with MS and the impact it has on my work is to be open, honest and willing to advocate and use all of the resources available to me. By this I mean that I tell my principal if I am sick or will need to be out for more doctor things, etc. Plus I am not afraid or upset about having to take time off. I am able to be that way since I have a great assistant and know the children will be fine. There are times that the MS flares up and it is not possible for me to go to work. At those times I give my body rest and time to go back.

I think before I had MS, I was much more physically willing to be like, oh, whatever. But at this point, time is valuable, energy is valuable, and I’m not going to go sit somewhere and learn how to read a book to a kid.

Before my diagnosis, I was willing to tolerate stressful work-related issues. But now, I have to be very concerned about the impact of stress on my health and general well-being. In the sense of having a disability or disabling condition, it is important for me to remain calm. If Head Start administrators only understood how important it is for me to remain calm and how unnecessary stress adds to my lack of energy. I understand that stress comes with being alive. It’s just, not easy.

Jane

I would like to make two points about being a teacher who is visually impaired. One is I think that I can be just as effective now as I was when I had my sight and the other is I think that I am just as effective as any of the other teachers at my school. Well, even though now that I have this disability, I just want to go throughout the rest of my life as an early childhood educator.
So, I don’t want people to think that because I can’t see, I can’t teach. And wherever I go and whatever I decide to choose, I just want the same opportunity as someone with sight and not to be looked at differently and judged because I don’t have sight.

Now that I do not have my sight, I appreciate the fact that I was able to see for so long. Reflecting back, I can remember how things like lesson plans looked before I lost my sight. You know I was well into my adult years before I lost my sight. But, you know, once I’ve taught things -- just because in my past experience I’ve seen certain lessons. It just makes it a little bit easier because I can remember what the words to a lesson plan looked like.

John

I know that cerebral palsy is considered to be a physical disability; however, I’ve never considered myself to have a disability because I am so functional. I am very grateful because the condition has not impeded my education or anything that I wanted to do in my life. Cerebral palsy has not affected my intellect or my ability.

John also thinks that the way in which one labels himself has an impact on how he proceeds toward fulfilling his life goals. To that end, John makes an important point about people-first language. He believes once a person’s disability is known, then that person can be identified using language from the people-first movement related to the specific disability. For example, “I also wanted to say that I am a man with cerebral palsy and not a man with a disability.”
For ability tolerance, Table 5 provides examples from Mary, Jane, and John regarding their experiences related to disability allies.

**Table 5**

*Disability Allies across the Cases*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Disability Allies</th>
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<td>Mary</td>
<td>I think that my building administrator actually, I would almost say is more of an advocate when it comes to things like that. Again, I’ve been at the same school for 11 years now, various principals have retired and gone on, but this man has been there the entire time since I’d been sick, and so, you know, I think it helps when he sees that sometimes I have a short fuse so he knows how to talk to me, he knows how to deal with a crisis or something with me in a way that’s non-combative and not in my face. My school-based colleagues all know, definitely and some Head Start teachers. Even though I was on a leave of absence when I got sick, a lot of them came and visited. My work has known. They have known from the very beginning. They know because for the most part, I had good relationships with them before my diagnosis.</td>
</tr>
<tr>
<td>Jane</td>
<td>The interaction that I get from the parents is good because I’ve known some of them for over 10 years. The parents are happy with the way I interact with their children. The</td>
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parents often ask me how I am able to work with the children. When they ask me about how I am able to work with their children, I think it’s more curiosity than doubt about my abilities. I tell them that I use tactile alphabets to help children learn the letters in their names. I also use technology in the classroom to help me with stories or the assistant teacher or our classroom volunteers will read stories. I have stories on CD. We use them a lot.

Ms. X has always worked with me and even though I am blind, I’ve always been given the opportunity to teach. She believes in me and helps me in so many ways. I can’t even begin to tell you how she has worked with me, helped me with my school work, and helped me understand the new curriculum. She has been very accommodating.

I have known some of these teachers for a long time. For some of them, it has to be more than 20 years. Yes, at least 20 years going back to my Head Start days. The teachers have been very supportive without taking away my independence. It helps that I knew most of them before I lost my sight. I don’t have to prove to them that I am a good teacher. They already know. We plan together just like we did before I lost my sight.

John

To be honest, over the last 12 years, my experiences with parents have been great. I mean, they’ll ask, what’s your condition? Then I will explain to them that I have cerebral palsy, and they too will offer to lend a helping hand if needed, as needed, and that’s been it. But I’ve never experienced any discrimination or no one has questioned my intellectual ability in terms of being able to teach children.
The principal and all of the administrative staff, including the secretary and the receptionist have been very helpful and supportive. Whenever I need anything, they are there to provide assistance. In general, when I have needed administrative support, they have been there to support me.

I think we’ve gotten to a place here within our school to where people are pretty respectful because people have a myriad of disabilities or needs. The staff is aware of being respectful and educating ourselves about various disabilities in adults and children.

For ability tolerance, Table 6 provides examples from Mary and John regarding their experiences related to disability reciprocity.

Table 6

<table>
<thead>
<tr>
<th>Participant</th>
<th>Disability Reciprocity</th>
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<tr>
<td>Mary</td>
<td>To me, it’s like this is the reality of the way that people can be, and so why shouldn’t we not tell the children or talk to them about it and have a conversation about why I have my arm wrapped up, or what’s going on. My students are okay with my condition. Sometimes, I come into the classroom with tubes and they will ask about that. I tell</td>
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them that I am getting medicine through the tubes that will help me feel better. I have not gone into a long discussion with them about multiple sclerosis because of their stage of development. They know that sometimes I am not at school because I don’t feel well. I tell them that sometimes I am not at school because I have to go and see the doctor. They do not react any different to me when I have the tubes.

John

I think that I try to make my students aware early on of my condition because as they mature, they begin to notice that I walk differently and then so it generates really good discussion around similarities and differences, and living in a world with people who have disabilities, and so we incorporate that in the classroom, in dramatic play, in block building, and then socio-dramatic play. And I teach them not to treat their peers with disabilities any differently. And we try not to highlight those things because everyone is unique in their own way. I haven’t had anyone within the last two years with a noticeable disability, but two years ago, when I did, the kids in the classroom were very supportive of those two children and really took on mentor/helper roles and supported those kids in transitions. For example, they assisted with the buttoning of coats. It was something beautiful to see.

For overt ableism, Table 7 provides examples from Mary and Jane regarding their experiences related to future employment dilemma.
Table 7

*Future Employment Dilemma – Mary and Jane*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Future Employment Dilemma</th>
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<tr>
<td>Mary</td>
<td>Because people don’t have a deeper understanding about disability, I am worried about leaving the security of my current job. I don’t have to prove myself to my current principal because he is aware of my abilities to teach. If I go to another school district will they be as understanding as my principal or will they be like Head Start administrators? I have the same concern with any potential university positions. I just don’t know how MS will impact future employment relationships. I am also concerned about health insurance because I absolutely cannot play around with my health insurance.</td>
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<tr>
<td>Jane</td>
<td>In January, I saw an assistant teacher position for the public school system listed. Although, my desire is to be a lead teacher, I thought this would be a good way to get into the door. And when I finish up with my degree, I would already be in the system and could move into a lead teacher’s position. I know the principal and she knows that I’m blind. I called her and she said they needed to fill the position quickly. That was fine with me. She told me to send in my resume and I did. I never heard back from them. I can’t prove it, but I think they were concerned about hiring me because I am blind.</td>
</tr>
</tbody>
</table>
The cross case synthesis suggests that the participants teach in school workplace cultures that promote ability tolerance. There were instances of covert and overt ableism; however, these acts of ableism did not impede these early childhood teachers from fully participating in the professional experiences within their current school workplace cultures. During the interviews and written reflections, none of the participants mentioned anything related to their current employment being in jeopardy because of their physical disabilities. Moreover, they did not mention anything related to being intimidated regarding addressing issues related to ableism within their school workplace cultures.

The CDT perspective provides an important opportunity for understanding Mary’s, Jane’s, and John’s complex and dynamic relationships linked to ableism. In addition, CDT provides a mechanism for understanding some of the underlying causes of ableism with the goal of identifying ableist behavior and also highlighting and promoting ability tolerance (Rioux & Valentine, 2006).

The CDT tenets as they relate to this study suggest that the participants’ school workplace cultures portray early childhood teachers with physical disabilities as equal to early childhood teachers without physical disabilities (Devlin & Pothier, 2006; Rioux & Valentine, 2006) as evidenced by the following statements. Mary stated:

My school-based colleagues all know, definitely and some Head Start teachers. Even though I was on a leave of absence when I got sick, a lot of them came and visited. My work has known. They have known from
the very beginning. They know because for the most part, I had good relationships with them before my diagnosis.

Jane stated:

Ms. X has always worked with me and even though I am blind, I’ve always been given the opportunity to teach. She believes in me and helps me in so many ways. I can’t even begin to tell you how she has worked with me, helped me with my school work, and helped me understand the new curriculum. She has been very accommodating.

John stated:

I think we’ve gotten to a place here within our school to where people are pretty respectful because people have a myriad of disabilities or needs. The staff is aware of being respectful and educating ourselves about various disabilities in adults and children.
Overview of Findings and Interpretations

The purpose of this multiple-case study was to explore the experiences of three early childhood education teachers with physical disabilities from a critical disability theory (CDT) perspective in an effort to highlight the role that ableism played in their lived classroom- and school-based experiences. The following research questions were posed:

(1) How do early childhood teachers with disabilities describe their classroom- and school-based experiences?

(2) How does ableism affect the classroom experiences of early childhood teachers with disabilities?

(3) How does ableism affect the school-based relationships of early childhood teachers with disabilities? All three participants experienced some instances of ableism; however, the majority of their classroom- and school-based experiences fell into the ability tolerant category.

Case 1 – Mary. Mary experienced instances of covert and overt ableism; however, the majority of her school workplace experiences fell into the ability tolerant category. The following paragraphs discuss Mary’s experiences in relationship to previous research.
Ability tolerance (self-advocacy, disability allies, disability reciprocity, disability and leadership). The purpose of Flockhart’s phenomenological, qualitative study (2001) was to explore and understand the experiences of teaching with multiple sclerosis. The sample consisted of four female teachers with multiple sclerosis. This study discussed the relationships participants had with their students, principals, and colleagues. All of the participants felt that their students were tolerant of their multiple sclerosis. They also felt that the parents of their students were supportive. Moreover, one participant commented on how the principal provided extra support and accommodations, and two participants stated that other teachers were understanding and eager to provide assistance when needed (Flockhart, 2001). Although Flockhart’s (2001) study did not specifically focus on ableism and critical disability theory, some of her findings were consistent with Mary’s relationships with students, parents, teachers, and administrators.

Employer and colleague attitudes and relationships influenced people with multiple sclerosis in terms of accommodation requests. Those employers and colleagues with more positive attitudes built more cohesive relationships with employees with multiple sclerosis. Because of these positive attitudes and cohesive relationships, employees with multiple sclerosis were more likely to ask for and receive accommodations (Rumrill, 2009). Rumrill et al. (2004) examined the relationship between on-the-job barriers and job satisfaction among people with multiple sclerosis. Results indicated that participants were not faced with significant workplace accessibility barriers. The results from Rumrill (2009) and Rumrill et al. (2004) are consistent with Mary’s experiences regarding employer/colleague relationships and accommodations.
Results from the Wilson et al. (2006) study indicated that there was a lack of appropriate accommodations and support workers who assisted in the classroom. In some instances, teachers with disabilities had to involve unions and advocacy organizations in order to receive adequate accommodations (Wilson et al., 2006). In many cases educators with disabilities did not ask for accommodations because they did not want to be perceived as demanding and militant. In order to fit into the school culture and not bring negative attention to their disability, several educators with disabilities chose to provide their own accommodations (Brock, 2007). These results are inconsistent with Mary’s school workplace experiences regarding accommodations. Although Mary is aware of her legislative rights, she did not have to involve the school district’s ADA office in her quest for the appropriate accommodations. Mary stated that her school-based administrators complied with all of her accommodation requests.

Covert ableism (invisible disability). Schools can be discomforting, dangerous, and frustrating places for teachers with learning disabilities. The choice to disclose one’s disability status is significantly influenced by how learning disabilities are understood and talked about or not by teachers without disabilities, students, and parents (Valle et al., 2004). The act of disclosing is not a one-time event. It is an extremely personal process that is influenced by a multitude of ongoing factors. Research reveals persistent misperceptions among teachers without disabilities, leaving some teachers with disabilities to feel vulnerable and thus remain in the disabilities closet (Valle et al., 2004).

Mary’s statements regarding some parents and teachers are partially consistent with the results of the Valle et al. (2004) study. Mary felt that certain parents and
teachers had a difficult time understanding the complexity of how multiple sclerosis affects people in different ways. In addition, Mary states that certain parents and teachers are basing their view of multiple sclerosis on how she looks. One cannot look at Mary and know that she has multiple sclerosis. Mary has disclosed to school-based administrators, teachers, and some Head Start teachers. It would appear that Mary does not feel vulnerable about disclosure and she does not feel that her school is a dangerous place for coming out of the disability closet. It must be noted that the teachers in the Valle et al. (2004) study had learning disabilities. School staff may react differently to teachers with learning disabilities as opposed to physical disabilities.

Overt ableism (invisible disability, leadership by title, professional development vacuum, future employment dilemma). Some teachers who have invisible disabilities use that to their advantage in terms of when and how to disclose. Disclosure has to be considered from individual and political perspectives. Because disclosure does not occur in a vacuum, teachers with disabilities must consider the negative and positive implications from disclosing one’s disability (Solis, 2006).

Teachers with disabilities experienced different levels of comfort in disclosing their disabilities. Some teachers with disabilities advocated complete disclosure; whereas, others expressed concerns about losing respect and status as a consequence of disclosing to colleagues. Teachers with disabilities experience a continuum of reactions to their disabilities ranging from very accommodating to extremely unaccommodating. Teachers do not know how they will be received once they disclose. Participants described the decision to disclose or not disclose as an ongoing struggle in their personal
and professional lives (Brock, 2007; Gere, 2005; Olney & Brockelman, 2003; Valle et al., 2004; Riddick, 2003; Wilson et al., 2006).

Results related to Mary’s decision to disclose to school-based administrators and not disclose to Head Start administrators are consistent with the literature on disclosure. Mary was comfortable in sharing her multiple sclerosis status with the school administrators; however, she was apprehensive about sharing her multiple sclerosis status with Head Start administrators. Because of the nature of Mary’s relationship with Head Start administrators, she felt that it was best not to disclose. Mary believes that if Head Start administrators had specific knowledge about her multiple sclerosis, they would find ways to use this against her.

The medical model of disability defines disability as a result of underlying illness or impairment (McColl et al., 2006). The medical model implies that people with the same disability or impairment have the same social, medical, political, and learning needs (Matthews, 2009). Mary stated that people do not always know what to expect when it comes to the physical manifestation of multiple sclerosis. People without multiple sclerosis may think that all people with multiple sclerosis have to use wheelchairs. This thinking may be based on the medical model’s implication regarding the alleged homogeneity of a particular disability. As Mary stated, some people with multiple sclerosis are in wheelchairs within a couple of years and some never use a wheelchair.

Mary expressed concerns in reference to leaving her current position because she is not sure how a future employer will respond to an early childhood educator with multiple sclerosis. When teachers with disabilities disclose, they often contemplate how
knowledge about their disability will affect career opportunities (Solis, 2006). Mary’s concern is supported by research conducted by Rumrill (2009) and Wilson et al. (2006). Rumrill (2009) reported on the results of research done on 1,310 people with multiple sclerosis indicating that 73% of them reported discriminatory practices in the hiring process. Results from Wilson et al. (2006) indicated that teachers who suddenly became disabled during their tenure reported having to reappraise their career objectives and a significant number were critical of the lack of understanding and support from current and potential administrators and other teachers without disabilities.

The absence of statistics on the number of educators with disabilities and the limited research on the use of affirmative action to redress historical inequities may suggest that confidentiality concerns and the reluctance of individuals to disclose disabilities may inhibit data-collecting efforts (Brock, 2007). The previous Brock (2007) statement is in partial agreement with Mary’s disclosure decisions. As stated previously, Mary disclosed to school administrators, but not to Head Start administrators. School administrators could potentially count Mary as an early childhood teacher with multiple sclerosis. Head Start administrators do not have the option of counting Mary. They know that she has some condition that causes her to miss work or professional development; however, they do know the nature of that condition.

**Case Study 2 – Jane.** Jane experienced some instances of overt ableism; however, the majority of her school workplace experiences fell into the ability tolerant category. The following paragraphs discuss Jane’s experiences in relationship to previous research.
Ability tolerance (self-advocacy, disability allies, experiential understanding).

Teachers who are blind or visually-impaired indicated that they could perform most instructional lessons. Prior preparation and completing practice lessons were important in assisting them perform instructional activities. Results from interviews with students, parents, administrators, and teachers demonstrated that teachers with visual impairment/blindness were well-regarded. Students with visual impairment/blindness felt that teachers who are blind or visually-impaired understood their challenges. Parents also felt that teachers who are blind or visually-impaired served as excellent role models. Administrators and teachers noted that participants were extremely capable and performed all of the duties necessary to do their jobs (Lewis et al., 2003).

The findings from the Lewis et al. (2003) study are consistent with Jane’s interviews and written reflections. Jane indicated that she could perform all of the duties of a classroom teacher with the proper preparation time and accommodations. Jane also noted the positive guidance that she receives from her supervisor. In addition, Jane talked about the support that she receives from parents.

Keller et al.’s (1998) research demonstrated that some college instructors did not have tolerance for people with disabilities. This finding was inconsistent with Jane’s experiences related to her college instructors. Jane reported positive experiences with all of her college instructors. Jane notes that her positive rapport with college instructors may be the result of her past relationship with them. Jane is currently pursuing a bachelor’s degree at the same university where she completed her associate’s degree. Jane knew many of her current instructors before losing her sight.
**Overt ableism (palpable hostility, future employment dilemma).** Forty-three rehabilitation providers discussed barriers to the employment for people who are blind or visually impaired. One major barrier was discrimination in the form of negative attitudes from employers. To combat some of the negative attitudes toward people who are blind or visually impaired, rehabilitation providers recommended educating employers about blindness and visual impairment. Rehabilitation providers also provided opportunities for employers to interact with people who are blind or visually impaired. For extremely resistant employers, rehabilitation providers use methods such as videotapes and portfolios in an effort to introduce employers to the concept of employing people who are blind or visually impaired (Crudden et al., 2005). The findings from the Crudden et al. (2005) study support Jane’s concerns and experiences regarding future employment. Jane thinks that she was denied an interview with a public school system because she is blind.

Crudden (2002) conducted a multiple-case study on 10 people who were blind or visually impaired. Results indicated that the majority of participants experienced some discrimination from their colleagues. Some colleagues did not want to provide assistance, told inappropriate jokes, and complained about the guide dogs. In addition, the participants reported that they were unfairly compared to sighted employees. In contrast, the majority of participants felt supported by their bosses (Crudden, 2002).

Jane’s experiences with the teacher who displayed overt ableism is consistent with Crudden’s (2002) multiple-case study research. Crudden (2002) research on people with visual impairment demonstrated that that six out of the 10 participants experienced
some form of discrimination from their colleagues. Jane indicated that this particular teacher was openly hostile. Jane believes that this hostility is anchored in discrimination because the teacher commented on Jane’s ability to manage a classroom.

Most of Jane’s interactions with teachers were positive with the exception of the aforementioned teacher. This range of teacher responses was consistent with Keller et al.’s (1998) findings related to the range of reactions toward teachers with disabilities. For example, some teachers without disabilities were able to view teachers with disabilities as resources possessing all of the necessary skills and knowledge needed to be successful teachers. Others believed that teachers with disabilities did not have anything to contribute to their students, colleagues, or the overall school environment (Keller et al., 1998).

Overt ableism was also noted regarding one of Jane’s university experiences. This finding is somewhat consistent with research conducted by Reed and Curtis (2012) in which they studied the experiences of preservice teachers with visual impairments in Canadian higher education. The preservice teachers with visual impairments in the Reed and Curtis (2012) study felt that fellow classmates purposefully excluded them from small group activities. They also felt that heavy reading requirements without the proper accommodations were barriers to their successful completion of the teacher education program. Jane experienced some overt ableism from the person assigned to assist her while she was on campus; however, Jane’s experiences with classmates, small group participation, and accommodations were not consistent with the Reed and Curtis (2012) study.
Case Study 3 – John. John experienced instances of covert ableism; however, the majority of his school workplace experiences fell into the ability tolerant category. The following paragraphs will discuss John’s experiences in relationship to previous research.

Ability tolerance. The anecdotal school workplace experiences of teachers with cerebral palsy corroborate John’s school workplace experiences (AdStar Productions, 2011; Watrin, 2009). The teachers with cerebral palsy reported positive relationships with students, parents, teachers, and administrators. Some functioned in leadership roles such as developing school policy or speaking at a commencement ceremony. John’s interview indicated that he did not face any discrimination in his roles as early childhood teacher or administrator.

Covert ableism. Covert ableism appeared in the form of teachers making assumptions about John’s ability to complete certain professional responsibilities paperwork tasks associated with being an early childhood educator. This range of teacher responses was consistent with Keller et al.’s (1998) findings related to the range of reactions toward teachers with disabilities. For example, some teachers without disabilities were able to view teachers with disabilities as resources possessing all of the necessary skills and knowledge needed to be successful teachers.

John did not note any forms of covert or overt ableism related to his early childhood education career. Koontz-Lowman et al. (2005) examined workplace discrimination against people with cerebral palsy. Results indicated that people with cerebral palsy who worked for a service-oriented industry were more likely to file
complaints related to hiring discrimination (Koontz-Lowman et al., 2005). John’s school workplace experiences were inconsistent with findings from the Koontz-Lowman et al. (2005) study.

John also made a statement regarding people-first language. John does not want to be known as a person with disabilities; he wants to be known as a man with cerebral palsy. John’s statement is in alignment with the ongoing debate about the use of people-first language. Some disabilities rights advocates promote the use of people-first language, while others are opposed to people-first language (Devlin & Pothier, 2006; Shakespeare, 2006; Vaughan, 2009).

In 2001, the World Health Organization (WHO) created the International Classification of Functioning, Disability, and Health (ICF) model (Chapireau, 2005; Guscia, Ekberg, Harries, & Kirby, 2006). The ICF model provides important functional status data beyond diagnosis via classifying and coding. Through the classifying and coding process, health professionals can describe the functioning status of people with a particular diagnosis, compare functional status between people with the same diagnosis, and track functional outcomes of people at different progression points during treatment (Chapireau, 2005; Saleeby, 2011). The ICF model tracks functional status information for people with disabilities for the purpose of understanding the impact of health conditions and improving treatment and service options (Chapireau, 2005; Saleeby, 2011). The ICF model provides a common jargon that allows an interdisciplinary approach for communication between the disciplines (Brutinx & Schalock, 2010). One positive outcome of this approach is the recognition that disability is a complex
phenomenon that requires different levels of analysis and intervention ranging from the medical to the social (Butinx & Schalock, 2010; Chapireau, 2005; Saleeby, 2011; Shakespeare, 2006). John stated, “I know that cerebral palsy is considered to be a physical disability; however, I’ve never considered myself to have a disability because I am so functional.” John’s statement is in alignment with recommendations from ICF.

**The recurrence of ableism and the challenge of critical disability theory.** One instance of covert or overt ableism is one too many and should be addressed according to CDT. One of the main purposes of CDT is to challenge all instances of ableism and discrimination against people with disabilities (Biklen, 2000; Broderick et al., 2005; Brown, 2011; Devlin & Pothier, 2006; Dudley-Marling, 2004; Goodley, 2007; Kumari-Campbell, 2008; McKinney, 2010; Ng, 2003; Nevin et al., 2008; Rioux & Valentine; 2006; Rocco, 2005; Schudel, 2011; Skrtic, 2005; Ware, 2005). Moreover, CDT asserts that discrimination against people with disabilities is so ordinary that is invisible (Rocco, 2005). One of the goals of CDT is to uncover all instances of ableism and empower people with and without disabilities to confront ableism in all of its manifestations. CDT uses a multifaceted approach to address the challenges associated with ableism.

In some instances of covert ableism, people are unaware that their assumptions about people with disabilities as not capable may be a driving force in how they interact with people who have disabilities. Covert ableism, in the form of ability microaggressions, can often reside in the invisible realm of the ableism continuum. In some instances, ability microaggressions remain invisible because teachers with disabilities may not discuss them. CDT challenges invisibility and the assumption that
differences in physical and mental abilities can be ignored and it demands that such differences be confronted (Johnson, 2010). A CDT perspective provides an important opportunity for understanding the multitude of issues linked to disability and equality (Rocco, 2005). Moreover, CDT addresses the invisible forces of ableism via acknowledging, identifying, and addressing ability microaggressions.

The results of this study indicated that all three participants experienced some instances of ableism; however, the majority of their classroom- and school-based experiences fell into the ability tolerant category. Findings related to Mary’s, Jane’s, and John’s classroom- and school-based experiences indicate that their school workplace cultures promote ability tolerance. It would appear that positive relationships with administrators, teachers, parents, and students provided the foundation for participants’ ability tolerant workplace cultures. These positive relationships are important in building allies. All of the participants reported having the support of school-based administrators. This administrative support suggests that school-based early childhood administrators play a crucial role in setting the tone for ability tolerant school workplace cultures. In addition, most of the administrators, teachers, and parents value Mary, Jane, and John’s expertise as early childhood educators. Moreover, it would appear that receiving accommodations promotes an ability tolerant school workplace culture. Mary, Jane, and John indicated that they do not have to badger their administrators when it comes to providing the appropriate accommodations. An additional factor that may have contributed to Mary and Jane’s ability tolerant school workplace cultures is their past
relationships with administrators, parents, and teachers. Both participants worked in their current schools as early childhood teachers without disabilities.

**Limitations**

There were two limitations noted for this study. The first limitation was the reliance on one researcher’s interpretation and analysis of the data. Due to time and resources, I was the sole interpreter and analyzer of the data. As stated in chapter three, researcher bias can have an undue influence on how the data are collected and analyzed (Maxwell, 2013). Although, I was mindful of my biases related to viewing the world through a critical theory lens, it was often very difficult to keep a life time of personal and professional experiences from interfering with data collection and analysis. I was constantly referring to my notes and memos in an effort to collect and analyze the data in an unbiased manner.

The second limitation is related to John’s data. I was not able to conduct a second interview or get written reflections from John. John could not participate in a second interview or provide written reflections because of a confluence of personal and professional obligations; therefore, John’s data were not triangulated via a second interview and written reflections.

**Implications**

**Policy.** A review of the websites of federal, state, and local governments did not yield any information on teachers with disabilities in general and early childhood teachers with disabilities in particular. This lack of information leaves many unanswered questions concerning policies related to teachers with disabilities. For example, it is
important to know how many teachers with disabilities are employed, broken down by state, school district, and grade level. Answers to the aforementioned question will provide additional insight into whether there are teachers with disabilities at all levels of education or whether they are predominantly, for example, in early childhood education like Mary, Jane, and John. Likewise, knowing where teachers with disabilities teach and examining their school district policies may provide additional insight into what accommodations and supports are in place to attract and retain teachers with disabilities.

There are additional questions to consider concerning teachers with disabilities: How many teachers are there broken down by disability, age, gender, race, and sexual orientation? Are there more teachers with physical disabilities versus teachers with mental or learning disabilities? Are there more teachers with disabilities working for urban, suburban, or rural school districts? How many teachers with disabilities filed cases alleging discrimination? Of those filed cases, how many were deemed legitimate? Answers to questions like these will assist in determining the role that ableism plays in the professional experiences of teachers with disabilities.

From a policy perspective, CDT can be adapted to address ableism in early childhood classrooms, schools, school districts, state education agencies, and federal agencies. The Rehabilitation Act of 1973 and the American with Disabilities Act (ADA) of 1990 bar discrimination against people with disabilities (Papalia-Berardi, et al., 2002; Pelka, 2012). CDT can be adapted to ensure that individual schools, school districts, and state education agencies have policies that are in alignment with the Rehabilitation Act and ADA regarding discrimination against early childhood teachers with disabilities.
CDT is also concerned with the implementation and enforcement of these aforementioned policies related to early childhood educators with disabilities.

**Practice.** Study results provide administrators, teachers, and parents with some insights into the lived experiences of teachers with physical disabilities related to ableism. CDT can be applied to essential aspects of school district recruiting and hiring practices thus giving administrators the tools they need to actively recruit and retain teachers with disabilities. School district hiring practices can be examined to ascertain whether they are free from discrimination against teachers with disabilities. In addition, CDT can be applied to ensure that once hired, teachers with disabilities are supported and appropriate adaptations are made that enable them to do their jobs. Hiring and retaining early childhood teachers with disabilities are especially important because the teachers serve as role models for young children with and without disabilities. Children who are taught by an ability-diverse teaching force are more likely to grow up and be tolerant of people with disabilities. In addition, children with and without disabilities grow up with the knowledge that people with disabilities can be effective teachers. Moreover, children with disabilities grow up with the notion that they can become teachers because teachers with disabilities are an integral part of their school (Keller et al., 1998).

In addition, study results indicated that ability tolerant school workplace environments consisted of administrators, teachers without disabilities, and parents who were supportive of teachers with disabilities. CDT can be applied in developing training modules on providing and promoting positive school workplace environments for teachers with disabilities. The modules would be differentiated to meet the needs of the
audience. There would be administrator, teacher, and parent modules. The modules would also address specific disabilities. For example, there would be modules for teachers with MS, teachers with visual impairment, teachers with CP, etc. State education agencies would develop these modules for the school district office. The school district offices would ensure that the schools within their districts were aware of and using the appropriate module.

**Future research.** There is a dearth of research on the experiences of early childhood educators with disabilities and their experiences with ableism. More research should be conducted on educators with disabilities from early childhood educators to university professors. The research should examine all disability categories. For example, researchers should study the experiences of teachers with learning and physical disabilities. Research indicated that teachers with learning disabilities faced more instances of ableism than the teachers who participated in this study (Ferri et al., 2005; Vogel & Sharoni, 2011). An interesting question to explore would be whether teachers without disabilities are more tolerant of teachers with physical disabilities versus teachers with learning disabilities.

Although Mary, Jane, and John work in ability tolerant school workplace environments with some instances of ableism, it is not known if other schools or child development centers within their districts promote ability tolerant environments. Are their schools and child development centers beacons of tolerance or are they part of an overarching ability tolerant school system? From a CDT perspective, these questions
must be addressed in order for every school within every school district to promote ability-tolerant school workplace environments.
APPENDIX A

Case Study Protocol

Section A: Overview

This qualitative, multiple-case study used critical disability theory as a lens for exploring the classroom and school-based experiences of three early childhood teachers with physical disabilities. One of the major features of critical disability theory is to provide a political, social, and historical perspective regarding the invisibility and permanence of ableism (Kumari-Campbell, 2008; Rioux & Valentine, 2006). Another major tenet of critical disability theory is to actively address discrimination and ableism (Devlin and Pothier, 2006; Rioux & Valentine, 2006).

The case study proposition (Yin, 2014) highlights the overt and covert ways in which ableism affects the daily classroom and school-based experiences of early childhood teachers with physical disabilities. Yin (2014) states, “each proposition directs attention to something that should be examined within the scope of the study” (p. 30). Propositions assist researchers with limiting the scope of case studies. Propositions may come from several sources that include the literature, personal experiences, professional experiences, and theories (Baxter & Jack, 2008; Yin, 2014).

Research Questions
The following research questions will be used to explore the multifaceted experiences of early childhood teachers with disabilities:

1. How do early childhood teachers with disabilities describe their classroom and school-based experiences?
2. How does ableism affect the classroom experiences of early childhood teachers with disabilities?
3. How does ableism affect the school-based relationships of early childhood teachers with disabilities?

**Section B: Data Collection Procedures**

Participants will be chosen using homogenous sampling. Homogenous sampling occurs when participants are selected based on their membership within a particular subgroup with defining characteristics. Since the purpose of this study will be to explore the experiences of early childhood educators with physical disabilities, homogenous sampling will be used to select participants (Creswell, 2008). Data sources will include interviews, documents, and archival records. Interviews will be audiotaped and transcribed.

**Case Study Letter of Introduction**

Dear Early Childhood Educator,

I am a doctoral candidate attending George Mason University pursuing a Ph.D. in early childhood special education. My dissertation topic is The Experiences of Early Childhood Teachers from a Critical Disability Theory Perspective. I would like to
interview you about your classroom and school-based experiences as an early childhood teacher with disabilities related to any issues around ableism or discrimination based on your disability. The interview will take between 30 to 60 minutes and it will be audiotaped. If you decide to participate in this study, I will follow-up with you via email or telephone to schedule a time and place for the interview.

Sincerely,

Kevin McGowan

**Demographic Data**

Guide for interview with_____________________________

Date______________________________________________

Location__________________________________________

Gender___________________________________________

Race_____________________________________________

Educational Level___________________________________

Years of teaching experience________________________
Informed Consent Form

Research Procedures
This research is being conducted to explore the classroom and school-based experiences of early childhood teachers with disabilities from a critical disabilities theory perspective. If you agree to participate, you will be asked to participate in a 30-60-minute interview. You will also be asked to provide demographic information, and other documents and archival records that you feel comfortable sharing with the researchers.

Risks
There are no foreseeable risks for participating in this research.

Benefits
There are no benefits to you as a participant other than to further research in providing experiences of early childhood teachers with disabilities from a critical disabilities theory perspective.

Confidentiality
The data in this study will be confidential. Your name will not be included on any data collection documents. A code will be placed on the collected data. Through the use of an identification key, the researchers will be able to link the collected data to your identity. Only the researchers will have access to the identification key.

Participation
Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty or loss of benefits to which you are otherwise entitled. There are no costs to you or any other party.

Contact
This research is being conducted by Kevin McGowan through the College of Education and Human Development at George Mason University. He may be reached at 703-502-8606 or tmcgowa3@masonlive.gmu.edu for questions or to report a research-related problem. The faculty advisor for this research is Dr. Julie Kidd who can be reached at 703-993-8325 or jkidd@gmu.edu. You may contact the George Mason University Office of Research Subject Protections at 703-993-4121 if you have questions or comments regarding your rights as a participant in the research.

This research has been reviewed according to George Mason University procedures governing your participation in this research.

Consent
I have read this form and agree to participate in this study.
Section C: Case Study Interview Guide

Introduction: I would like to talk to you about your experiences as an early childhood teacher with disabilities. Specifically, I am interested in the roles that ableism and discrimination may have played in your experiences as an early childhood teacher.

1. Please describe your background in early childhood education?

2. What does the term ableism mean to you?

3. Have you ever felt marginalized because of your disability? Please explain.

4. During your tenure as an early childhood educator, in what ways do you think that you have been discriminated against because of your disability?

5. Describe your interactions with students with and without disabilities.

6. Tell me about your interactions with administrators.

7. Tell me about your interactions with colleagues.

8. Tell me about your interactions with the parents of your students.

9. Tell me about your work environment.

10. Is there anything else that you would like to add?
APPENDIX B

Case Study Themes Worksheet

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<td>Theme 3:</td>
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<td>Theme 5:</td>
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Adapted from Multiple Case Study Analysis by Robert Stake (2006)
## APPENDIX C

<table>
<thead>
<tr>
<th>Ordinariness of this Case’s situation:</th>
<th>Case A</th>
<th>Case B</th>
<th>Case C</th>
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<tr>
<td>Original Multiple Case Themes</td>
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<td>Theme 6</td>
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### Multiple Case Study Themes Worksheet

Estimates of Ordinariness of the Situation of Each Case and Estimates of Manifestation of Multiple Case Themes in Each Case

- **W** = highly unusual situation,  **u** = somewhat unusual situation,  **blank** = ordinary situation
- **M** = high manifestation,  **m** = some manifestation,  **blank** = almost no manifestation

Adapted from Multiple Case Study Analysis by Robert Stake (2006)
APPENDIX D

To: Julie Kidd, College of Education and Human Development

From: Aurali Dade
Assistant Vice President, Research Compliance

Protocol No.: 8554

Proposal No.: N/A

Title: Experiences of Early Childhood Educators with Disabilities: A Critical Disability Theory Perspective

Date: February 12, 2013

Cc: T. Kevin McGowan

Under George Mason University (GMU) procedures, this project was determined to be exempt by the Office of Research Integrity & Assurance (ORIA) since it falls under DHHS Exempt Category 2, research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior.

A copy of the final approved consent document is attached. Please use this stamped copy for your research.

You may proceed with data collection. Please note that all modifications in your protocol must be submitted to the Office of Research Subject Protections for review and approval prior to implementation. Any unanticipated problems involving risks to participants or others, including problems regarding data confidentiality must be reported to the GMU Office of Research Subject Protections.

GMU is bound by the ethical principles and guidelines for the protection of human subjects in research contained in The Belmont Report. Even though your data collection procedures are exempt from review by the GMU IRB, GMU expects you to conduct your research according to the professional standards in your discipline and the ethical guidelines mandated by federal regulations.

Thank you for cooperating with the University by submitting this protocol for review. Please call me at 703-993-5381 if you have any questions.
**REFERENCES**


Blind teacher touches the lives of many young tri-city students. (2009, February).


Jim Hughes, visually disabled teacher from New York, inspires public high school students. (2012, June). *The Huffington Post.* Retrieved from


BIOGRAPHY

Kevin McGowan has over twenty years of experience in the early childhood education field and has held various positions with the District of Columbia Public Schools Head Start Program including Head Start/Pre-Kindergarten Teacher, Mentor Teacher, and Education Manager. Additional employment experience includes serving as Assistant Director and Disabilities Specialist for the Alexandria Head Start program, Senior Research Associate for Early Childhood Initiatives at the George Washington University Center for Equity and Excellence in Education, and Literacy Coach for Educational Solutions. Kevin has a Master of Education degree from Cambridge College and a Bachelor of Science degree from Howard University.