

Disability Identity Development of People who have Low Vision or are Blind

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Abstract

While the Americans with Disabilities Act of 1990 placed the rights of individuals with disabilities in the forefront of the American public, understanding the identity development of individuals with disabilities, especially those with low vision or are blind, has been ignored in the United States. This research study sought to determine the disability identity development levels of individuals with visual disabilities. Utilizing the Gibson Disability Identity Development Scale with individuals with visual disabilities, the researchers determined the scale to be reliable for practitioners to use in the variety of services offered to individuals who have low vision or are blind. The findings provide implications for practitioners and educational professionals seeking interventions to aid the healthy development of a disability identity of individuals with disabilities.

Keywords: disability identity development, disability identity development scale, Gibson disability identity development, visual disabilities

1. Introduction

The diversity terrain in the United States changed dramatically with the passage of the Americans with Disabilities Act (ADA) of 1990 (Myers, Lindberg, & Nied, 2013). Those citizens of the United States of America (U.S.) with disabilities seeking to participate in goods and services provided to the general public were now afforded protected rights and “modifications to rules, policies or practices, the removal of architectural, communication, or transportation barriers, or the provision of auxiliary aids and services”. (ADA 42 U.S. C. Sec. 12131, 1990).

While this law aided in placing the rights of individuals with disabilities in the forefront of the American public, the identity development of individuals with disabilities is often ignored in the diversity landscape in the United States. Even with differing types of disabilities represented within this demographic, this population intersects with every age, ethnicity, gender, religion, sexual orientation, and socio-economic group (Gibson, 2006). Regardless of disability, there appears to be a lack of understanding of the identity development of individuals with disabilities as compared to other marginalized groups (Patton, Renn, Guido, & Quaye, 2016). Nearly one in five Americans has a disability according to the 2010 U.S. Census, comprising approximately twenty percent of the U.S. population (U.S. Census Bureau, 2012). A subset within this marginalized group is individuals with visual disabilities. According to a report in 2015, in the U.S. there were approximately 7.3 million individuals with visual disabilities, comprising 2.3% of the U.S. population (National Federation of the Blind, 2017).

As there appears to be a paucity of literature on the disability identity development of individuals with disabilities, there appears to be a lack of understanding of the identity development of individuals with visual disabilities.

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The purpose of this study is to determine the disability identification levels of individuals with visual disabilities. Understanding the degree to which individuals with visual disabilities develop their disability identity can impact the appropriation of equitable academic, social, and vocational programs and services for this population. Specific to this study are the contributing themes of identity theory formation and intersectionality. Overviews of these themes are listed below.

2. Identity Theory Formation

From a historical perspective, according to Hanna and Rogovsky (1991), an individual's self-concept, coupled with participation in the disability socio-cultural system can result in social isolation. According to Chickering and Reisser (1993), issues occurring in identity development can overshadow further development. Yet, Yunker (1988) concluded individuals with disabilities possess varying feelings relative to their disabilities, ranging from frustration and anger, to resigned and flexible, to willingly accepting the disability as an opportunity or gift.

For many individuals with disabilities, having a disability is a "part" of who they are. However, it is not entirely "who" they are, nor does it define them as a person (Gibson, 2006). Further, individuals with disabilities have traditionally experienced "systematic institutional victimization from all aspects of society", including, but not limited to, the educational system, the medical community, and the workforce (Gibson, 2006, p. 7). People with disabilities "are constantly told by the dominant culture what they cannot do and what their place in society is" (Charlton, 2006, p. 225), and many individuals internalize this oppression and "come to believe they are . . . less capable than others" (Charlton, 2006, p. 220).

In the sciences of psychology and sociology, identity has been an integral part of the study of the self (Adams, 2012). To psychology, identity refers to the concepts of self, individual self-expressions, and group memberships. Identity is perceived to be the basis for self-definition since identities contain personal characteristics, social roles, and affiliations to social groups (Oyserman, Elmore, & Smith, 2012).

In the field of sociology, identity theory evolved from the theory of symbolic interaction which utilizes a system of meaning. Symbolic interactionism is a sociological theory focusing on the process by which human beings interpret and give meanings to the people, objects and situations central to their social environment (Longres, 2000). In turn, most symbolic interactionists agree the best way to understand social behavior is by focusing on individuals' "definitions and interpretations of themselves, others, and their situations" (Burke & Stets, 2009, p. 33). Through human thought, emotion, and behavior, individuals create society with others and in turn are influenced by other individuals' thoughts, emotions, and behaviors. It is through the interaction with the individual's environment where the individual's identity, self-image, and self-esteem are formed (Longres, 2000).

The resulting attitudes, beliefs, and emotions from interacting with the social environment determines an individual's sense of self, identity, and ideas of others who are different, yet the same in many ways. It is through a self-mirroring society where self is formed (Stryker, 1980). Through the interactions with others in society, individuals interpret their own identities. Over time, individuals respond to themselves in the same manner others respond to them (Burke, 1980). Identities, then, assist individuals in making sense of the meanings associated with the diverse aspects of their self-concepts (Oyserman, Elmore, & Smith, 2012). How might this apply to disability identity development?

Linton (1998) suggested it is the interaction between the individual with a disability and society which "structure the meanings assigned to disability and the patterns of response to disability that emanate from, or are attendant upon, those meanings" (p. 8). What needs to be challenged or reinforced are the internalized self-messages. This is accomplished by paying attention to the external dialogue between the individual with a disability and societal members regarding meanings associated with disability and the subsequent internal dialogue within the individual subscribing these meanings to a self-identity (Burke & Stets, 2009). Language allows individuals to describe and make meaning of the experience, thus language is the agent of symbolic communication and interaction (Longres, 2000). Where do the meanings associated with identities derived from language originate?

2.1 Intersectionality

James (1890) acknowledged individuals have as many selves as there are other individuals with whom to interact. While the literature has shifted from selves to identities, the basic idea remains (Burke, 2009).

Individuals may have multiple identities which intersect, thus making it difficult to tease out an individual identity without discussing its relatedness to other identities (Burke, 2009). From interacting with the social environment, an individual determines beliefs, values, and goals, creates a relational dynamic with and to others, formulates what collective meanings make sense related to gender, ethnicity, race, religion, sexual orientation, disability, and identities, as well as what material objects symbolize the individual's sense of identity (Vignoles, Schwartz, & Luyckx, 2011). Furthermore, individuals may not "have access to every identity category at every point in time and in every context" (p. 73). Yet, it is important to remember identity development "stipulates that person-environment interactions shape core elements of the person and affect the direction of development" (Patton et al., 2016, p. 73).

The person-environment interaction is central to the theory of intersectionality. Intersectionality examines the experiences created from the integration of multiple social identities. No one social identity can be understood without "examining how it interacts with each of the other social identities of an individual" (Alvarado & Hurtado, 2015, p. 49-50). Thus, various intrapersonal identities are formed from the intersections of constructed meanings derived from interpersonal relational dynamics with others, and the "multiple layered identities derived from social relations, history, and power structures" (Prior, 2015, p. 97). More importantly, identities are not static, but fluid; they are ever changing over time within environmental and social contexts (Prior, 2015).

2.2 Disability Identity

The historical construction of disability has shifted across the decades of time (Evans, Broido, Brown, & Wilke, 2017). Definitions and understandings of disability and disability identity vary because of time and change in culture (Meade & Serlin, 2006). Specific models of disability have directed the construct of disability identity since the Common Era beginning with the moral model (disability is the result of a lapse in one's morality). In the 19th century disability identity development moved to a medical model (disabilities are viewed as pathologies needing a cure) and then to the 20th century functional limitations approach (disabilities are viewed because of a change in functional status). In the 1960s and 1970s disability identity development moved to a social model (disability is a social construct created by societal norms) and a minority group model (disability as a marginalized identity). Within the new millennium, a social justice model (transforming the ableist perspective to equity for all) is evolving the landscape of disability identity development (Evans et al., 2017).

Various ecological approaches and models describe disability identity development. As with other identities, disability identity is the result of and impacted by the individual's interaction with their environment (Patton et al., 2016). Within this dynamic, the process of meaning making related to having a disability promotes disability identity since it suggests acceptance (Dunn & Burcaw, 2013). Bronfenbrenner's (1993) ecological approach suggested the variety of interactive environmental experiences individuals with disabilities have across time influences their disability identity. Johnstone's (2004) research suggested for some individuals with disabilities their disability identity may be determined by others and "delimiting; or it can be self-ascribed and empowering" (p. 39).

Models offer stages or levels of progression typical for individuals with disabilities. Within these models, individuals with disabilities come to "understand themselves inclusive of their disability and in relation to other individuals with disabilities" (Patton et al., 2016, p. 236). Gibson's (2006) model acknowledges identity of individuals with disabilities to be fluid and emphasizes the potential for backwards movement throughout the three-stages of identity development. The first stage of this model, *Passive Awareness*, occurs during the first part of life (or onset of disability) and can continue through adulthood. In this stage, one's medical needs are met but the individual lacks role models or knowledge of or support from others with disabilities. An individual in this stage of development is typically taught to deny social aspects of disability, avoids attention particularly focused on the disability, and avoids interactions with other individuals with disabilities (Gibson, 2006). The next stage, *Realization*, typically occurs when an individual encounters a significant experience. Assuming the onset of the disability was very early in one's life, Gibson (2006) assumes this stage to occur during adolescence or early adulthood. Individuals begin to acknowledge their disability and may experience self-hate, anger, and concern regarding others' perception of them because of their disability. Individuals in this stage may also develop a super human complex, attempting to overcompensate and prove others wrong in their abilities (Gibson, 2006).

In the final stage, *Acceptance*, individuals understand and accept their differences positively and integrate into the able-bodied world. Many individuals in this stage frequently interact with others with disabilities and may also consider themselves to be a disability advocate or activist. Per Gibson (2006), this stage typically occurs in adulthood.

2.3 Individuals with Visual Disabilities

According to Schlossberg (1989), an individual may sense marginality or mattering as the result of their interaction with their environment. To matter means the individual senses being noticed, cared about, part of an empathic community, being needed, and appreciated (Schlossberg, 1989). Ball and Nicolle (2015) found for individuals with visual disabilities, the focus of being noticed is to be considered normal by others in their environment. They contend normality is a subject to a variety of meanings; however, it is fluid and socially constructed. Self-identity is closely aligned with normality since self-identity belies the beliefs and self-statements individuals have about themselves based on the information about normalcy from the environment. Thus, the interpretation of self-identity and being normal is interdependent since a perceived change in the environment's definition of normal impacts self-identity (Ball & Nicolle, 2015).

Researchers have focused on the variables of gender and age of onset of a diagnosis of a visual disability. Pinquart (2013) sought to understand how the variables of gender and age of onset of a visual disability impact the development of self-identity of adolescents who have low vision or are blind. This study found a difference between female and male adolescents' development of their self-identity based on the environment's messages of what it means to be a male or female with a disability. Another finding from the study found adolescents with early onset of a diagnosis of a visual disability struggled more with their self-identity developmental process than those with late onset diagnosis. In contrast, Hahn and Belt (2004) found a positive disability identity was stronger in those individuals with an early onset diagnosis. These individuals integrated disability as a personal quality and a means to connect with others.

Myers and Bastian (2010) conducted a research study focused on 35 individuals between the ages of 19 and 70 enrolled in institutions of higher education who self-identified as having visual disabilities. Among the study's three emergent themes i.e., respect for individuals, comfort during interactions, and awareness of disability issues, participants addressed their reoccurring experiences of making others feel comfortable through initiating conversations or making jokes. Participants reflected on how not being comfortable with themselves and their own identities impacted positive/negative interactions with others.

3. Research Questions

While there is evidence identity theory and the intersection of societal constructions of marginality and mattering, gender, and onset of diagnosis contribute to the disability identity development of individuals with disabilities, this study sought to understand the disability identity development of individuals who have low vision or are blind. Specifically, the researchers sought to answer the following research questions: (1) To what extent is there a relationship between disability identification and sex of individuals who have low vision or are blind? (2) To what extent is there a relationship between disability identification and age when diagnosed of individuals who have low vision or are blind? (3) To what extent does the impact of sex of the individuals and age of diagnosis have on disability identification of individuals who have low vision or are blind?

4. Materials and Methods

To obtain data regarding the relationship between gender, duration of diagnosis, and disability identification with individuals who have low vision or are blind, a scale with a focus on disability identification was developed. The scale incorporated demographic questions such as gender, duration of diagnosis, and Gibson's (2006) three-stage disability identity development model. The scale contained twelve statements representing Gibson's (2006) three stages. Each statement asked the respondents to respond using a four-point Likert scale ranging from (1) strongly disagree to (4) strongly agree. The scale had been assessed for content validity and reliability (Leedy & Ormrod, 2005; Pallant, 2016). An expert panel and a pilot group examined the scale and provided information from which modifications were made. Once the modifications were made to the scale, the internal consistency was determined. Internal consistency "is the degree to which the items that make up the scale are all measuring the same underlying attribute" (Pallant, 2016 p. 6). A Cronbach's coefficient alpha of .73 was obtained, thus indicating the scale items were appropriately measuring the attributes.

The target population for this study was individuals with visual disabilities in the United States. Participants were solicited through Delta Gamma Center for Children with Visual Impairments, Council for the Blind, ACPA College Student Educators International, various state agencies for adults with visual disabilities, and disability services centers on college campuses.

The researchers engaged the assistance of the directors of the organizations, departments, and agencies listed above to disseminate the research protocol via email to potential participants. After receiving the request, individuals were invited to contact the investigators directly if they were interested in participating in the study. This ensured confidentiality of contact information. Since no identifiers were used, each participant signed a waiver of written consent to eliminate any possible HIPAA issues. The participants were then sent a link to the online scale. The scales were completed by the individuals with visual disabilities. When necessary, the scale was administered by an investigator to participants face-to-face or through telephone conversations with the investigator directly entering the participants' responses onto the scale site. This course of action was taken seriously since if scales were completed by proxies rather than the individuals with disabilities themselves, the proxy may tend to over- or under-estimate the effects and limitations of the disability (Todorov & Kirchner, 2000). A total of 139 individuals with visual disabilities completed the scale.

For this study, independent-samples t-tests were utilized to understand "whether there is a statistically significant difference in the mean scores for two groups" (Pallant, 2016, p. 245). In this case, two independent-samples t-tests were run. The first analysis sought to determine if there was a difference in the mean scores of the Gibson Disability Identity Development Scale for females and males. The second analysis sought to determine if there was a difference in the mean scores of the Gibson Disability Identity Development Scale for those research participants who were diagnosed at birth and those who were not. Additionally, this research study used two-way repeated measures ANOVA to understand the "individual and joint effect of two independent variables on one dependent variable" (Pallant, 2016, p. 271). This test was run to measure the variance of the mean scores of the Gibson Disability Identity Development Scale of females and males who were diagnosed at either birth, one month to five years, or six years and older. These age determinants were set per the demographic question on the questionnaire.

5. Results

A total of 139 individuals completed the scale. Participants were primarily women (72%) followed by men (28%). The age of the participants was 24 years of age and older (79%) with the remaining being 12 to 23 years of age.

Table 1: Gibson Disability Identity Development Scale Scores and Sex

	Sex	N	Mean	Std. Deviation	Std. Error Mean
Gibsonscale	female	99	37.0101	3.59562	.36137
	male	39	36.3077	4.04679	.64801

Table 1, Gibson Disability Identity Development Scale Scores and Sex, indicates the average total score on the Gibson Disability Identity Development Scale was 37 for females and 36.3 for males. An independent-samples t-test was run to compare the Gibson Disability Identity Development scores for females and males. There was no significant difference in the scores for females ($M = 37.01$, $SD = 3.59$) and males ($M = 36.3$, $SD = 4.04$); $t(136) = 1.0$, $p = .32$, two-tailed).

Table 2: Gibson Disability Identity Development Scale Scores and Age of Diagnosis

	age of diagnosis	N	Mean	Std. Deviation	Std. Error Mean
Gibsonscale	Birth	83	36.8554	3.99735	.43877
	1 month plus	56	36.6429	3.37061	.45042

Table 2, Gibson Disability Identity Development Scale Scores and Age of Diagnosis, indicates those individuals who were diagnosed at birth and at 1 month plus. An independent-samples t-test was run to compare the Gibson Disability Identity Development scores for those individuals diagnosed at birth and those not diagnosed at birth with low vision or blindness.

There was no significant difference in the scores for those diagnosed with low vision or blindness at birth ($M = 36.8, SD = 3.99$) and those not diagnosed with low vision or blindness at birth ($M = 36.4, SD = 3.37$); $t(137) = .32, p = .08$, two tailed).

Table 3: Sex, Age of Diagnosis, Gibson Disability Identity Development Scale Scores
Dependent Variable: Gibsonscales

Sex age of diag	Mean	Std. Deviation	N
.00 birth	31.0000	.	1
Total	31.0000	.	1
femalebirth	36.8070	3.89798	57
1 month – 5 years	36.3846	2.02231	13
6 years plus	37.6897	3.51632	29
Total	37.0101	3.59562	99
male birth	37.2000	4.19325	25
1 month – 5 years	33.6667	3.55903	6
6 years plus	35.5000	3.16228	8
Total	36.3077	4.04679	39
Total birth	36.8554	3.99735	83
1 month – 5 years	35.5263	2.81599	19
6 years plus	37.2162	3.52085	37
Total	36.7698	3.74614	139

Tests of Between Subject Effects Dependent Variable: Gibson Scale

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	135.139 ^a	6	22.523	1.650	.138	.070
Intercept	19274.168	1	19274.168	1412.267	.000	.915
Sex	81.104	2	40.552	2.971	.055	.043
agediag5	51.981	2	25.991	1.904	.153	.028
Sex * agediag5	51.324	2	25.662	1.880	.157	.028
Error	1801.494	132	13.648			
Total	189867.000	139				
Corrected Total	1936.633	138				

a. R Squared = .070 (Adjusted R Squared = .027)

Table 3, Sex, Age of Diagnosis, and Gibson Disability Identity Development Scale Scores, indicates the means scores on the Gibson Disability Identity Development Scale between variables were closely aligned with each other. A two way between-groups analysis of variance was conducted to explore the impact of sex and age of diagnosis on disability identification. There was no significant difference in the effect of age of diagnosis on disability identification for females and males $F(2, 132) = 1.88, p = .15$. There was a significant difference in the effect of sex on disability identification $F(2, 132) = 2.97, p = .05$; however the effect size was small (partial eta squared = .04). There was no significant difference in the effect of age of diagnosis on disability identification $F(2, 132) = 1.90, p = .15$. Post-hoc comparisons using the Tukey HSD test did not significantly indicate any differences between groups.

6. Discussion

The main objective of this study was to understand the disability identity development of individuals with visual disabilities using the Gibson Disability Identity Development Scale based on the Gibson Disability Identity Development Model (2006). It was the first study to use this model. Thus, it was the researchers' hope to contribute to the literature by offering a theoretical model that reflects disability identity development of individuals who have low vision or are blind.

The Gibson Disability Identity Development Scale performed well in this study. It resulted with a Cronbach's coefficient alpha of .73, thus indicating the scale items were appropriately measuring the attributes.

However, the current study revealed no significant findings when comparing the scale's means scores of the participants with their sex and age of diagnosis. The two way between-groups analysis of variance revealed a small significant difference in the effect of sex on disability identification. There are some possible explanations for these findings.

Most of the participants were 24 years or older who reported to have a congenital visual disability. An interesting piece from the data showed the total scale mean scores for both females and males (37 and 36 respectively) were in the *Acceptance* range. According to Gibson (2006), the final stage, *Acceptance*, occurs in adulthood. Here, individuals understand and accept their differences positively and integrate into the able-bodied world while frequently interacting with others with disabilities. Given the close range of mean scores for both females and males, it appears no significant findings could be found. Yet, the participants' mean scores align well with the existing literature on identity development, particularly disability identity.

The ecology model of human development explained it is the process, not the outcomes, between individuals and their environments that determine an individual's ongoing human development, particularly their identity development. Process is central to this model and focuses upon the interaction between individuals and their environments where over time yields human development (Bronfenbrenner & Morris, 2006; Vignoles et al, 2011).

Social Identity Theory was originally constructed for ethnic groups (Tajifel & Turner, 1979). However, Vignoles et al. (2011) determined through the interaction of the individual with their environment, the individual's social identity is an intersection of four positions. Two positions, specifically, pertain to the results of this study: relational and collective identities. Relational identities involve roles established by interacting with others. Collective identities include an individual's sense of self as part of social categories such as disability, ethnicity, gender, race, sexual orientation to name a few (Vignoles et al. 2011).

Over time, Social Identity Theory has evolved to incorporate the identity development of individuals with disabilities (Bogart, 2014; Dunn & Burcaw, 2013; Fernandez, Branscombe, Gomez, & Morales, 2012). As seen in marginalized ethnic groups, individuals with disabilities make meaning of their stigmatized identity by choosing one of two responses to their disability. In the first response individuals with disabilities may adopt the majority group's values of normality and subsequently distance themselves from other individuals with disabilities. The second response includes acceptance of their identity as an individual with a disability and their membership within the disability minority group. Individuals who affirm their disability recognize their need for connection and support from others and find meaning in advocating for disability issues (Dunn & Burcaw, 2013). The latter response seems to be the case for the most of the participants in this study.

This study confirms the literature on Social Identity Theory as it applies to disability identity development. The participants in this sample were in the *Acceptance* stage of Gibson's Disability Identity Development Model where they affirmed their disability identity and took pride in their group membership. It seems a strong disability identity predicted a higher self-esteem (Nario-Redmond, Noel, & Fern, 2013). Similarly, many of the participants in this study reported a congenital onset instead of an acquired onset of their low vision or blindness. This variable seems to be associated with their disability identity development. Bogart (2014) found individuals with congenital onset demonstrated a higher disability self-concept than those with an acquired onset.

While there was a small significant difference in the effect of sex on disability identification, it seems this finding was supported by the literature. It is the meaning associated with being male or female, defined as gender, which offers insight into this finding. Women and men through the interaction with their environments tend to socially construct differing meanings of what it means to be a woman or man (Fitzgerald, 2014; Gallant, 2014).

Through the relational dynamic between the individual and their environment women and men develop their identity (Vignoles et al., 2011). While a man's identity development is aligned to separation, individuation, and hierarchy, a woman's identity develops through the connections and relationships they have with others around them (Gilligan, 1982). Implications of this process suggests women have greater difficulty than men in asserting their authority, publicly expressing themselves, receiving respect from others, and fully demonstrating their talents (Youn & Price, 2009). Men on the other hand tend to gravitate toward being strong and self-sufficient (Flurey et al., 2016).

Women and men tend to respond differently to having a chronic disability. While both women and men develop their identity from engagement with their social environment, women tend to internalize the unfavorable messages from others around them (Mejias, Gill, & Shpigelman, 2014).

Research studies have focused on this process of “internalized oppression” (Gibson et al., 2012; Reeve, 2002). Addressing the internalized messages seems important since “meanings [are] assigned to disability and the patterns of response to disability ... emanate from, or are attendant upon, those meanings” (Linton, 1998, p. 8).

Whereas women prioritize connections with others to assist in their disability identity development, men, through their connections, tend to either adopt an air of resignation and mask their emotions, thus inhibiting their vulnerability, or renegotiate their identity as a man (Flurey et al., 2016; Mejias et al., 2014). Social identity theory seems to indicate for both women and men with chronic disabilities group membership aids in creating a positive disability identity and self-concept (Gibson, 2006; Mejias et al., 2014; Tajfel & Turner, 1979). Following this line of thought it seems, for this study, men and women who are older and have a reported congenital diagnosis of low vision or blindness have renegotiated their social identity at some point to develop a healthy disability identity.

6.1 Limitations of This Research

Participants were recruited from multiple sites which serve those individuals with visual disabilities. The resultant pool of participants was skewed toward those individuals with a congenital diagnosis of low vision or blindness and those over the age of 24. Thus, those individuals who acquired a diagnosis of low vision or blindness over their lifetime were not adequately represented. Another limitation of this study was the over representation of Caucasian participants.

6.2 Future Research

Future studies could replicate this study by increasing the sample size for the findings to be generalized for all disability types. Also, future studies could focus upon the intersection of disability identity and other marginalized groups with all disability types, including visual disabilities by using Gibson’s Disability Identity Development Scale. Given the limitations of this research, future research could focus on the intersection of the self-authorship model of Baxter-Magolda (1998) in young adults with disabilities and Gibson’s Disability Identity Development Model. Lastly, future research could norm Gibson’s Disability Identity Development Scale with children and adolescents with disabilities.

6.3 Implications

Insofar as this study did not produce any significant findings, the data set confirmed much in the literature regarding disability identity development of individuals with congenital disabilities. Regardless, there is an opportunity to understand the disability identity development of those individuals with acquired disabilities using Gibson’s Disability Identity Development Scale. In the helping professions, there is a tendency to assist individuals with disabilities to overcome their disabilities and thus minimize their disability identity (Olkin, 2008). Given the reliability of the Gibson Disability Identity Development Scale, practitioners, social service organizations, and educators could use this instrument to assist with their efforts to encourage a healthy disability identity with individuals with visual disabilities. In turn, this instrument could be useful in addressing the disability identity development of young adults in college.

6.4 Conclusion

The rationale for this study was to address the lack of understanding of the disability identity development of individuals with visual disabilities. Having this understanding could assist programs and services with its appropriation of resources focused on the goal of healthy disability identification of individuals with disabilities. While no significant findings were generated from the data, the data confirmed the literature on disability identification. Still, there remains much to be learned about the disability identification of individuals with disabilities. The Gibson Disability Identity Development Model and Scale are tools practitioners can utilize to address individuals with disabilities’ disability identity development.

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