The Impact of Visibility of Disability and Gender on the Self-Concept of University Students with Disabilities

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Abstract

This study is the result of a series of group and individual interviews in which 25 university students with a variety of disabilities discussed their experience of disability. Transcripts of the interviews were analyzed qualitatively using an inductive procedure. Data were then sorted by gender and by hidden versus visible disability. Here we present themes related to self-concept; specifically how the students (1) thought of themselves, (2) presented themselves to others, (3) imagined others' views of them, and (4) perceived the supports they received. Results of these analyses provide indications of differences, both predictable and unexpected, between the perceptions and experiences of men and women and between persons with visible versus hidden disabilities. Implications of the study for the delivery of services to students with disabilities are explored.

In a philosophical analysis of gender and disability, Wendell (1992) claimed that women are viewed in relation to the dominant group (i.e., men). Likewise she examined the status of people with disabilities, noting that they are compared to people without disabilities. In each case the non-dominant group is viewed as "other" in relation to the dominant group. She described this relationship as asymmetrical, with the majority group establishing the norms. However, Wendell questioned the notion that full integration into male-identified norms should be the goal of women or people with disabilities.

She suggests that, instead, women and individuals with disabilities should create social structures that espouse the unique gifts and attributes inherent in each person. Such a shift in social structures would likely impact the ways in which people from non-dominant groups view themselves. Sprague and Hayes (2000) specifically conceptualized the improvement of self-concept in women, and in people with disabilities, as a developmental process in which the self is developed in relation to others. The current research qualitatively explores the impacts of gender and visibility of disability on self-concept in relation to others. Specifically, it examines how students think about themselves, how they present themselves, how they view others' perceptions of themselves, and how they perceive the supports they receive. Better understanding of the experiences and perceptions of students with disabilities could lead to enhanced academic and support services, greater rapport between students and disability service providers, and greater awareness of how concepts of visibility of disability and gender play a role in students' lives.

Gender and Disability

The sense of "otherness" described by Wendell (1992) is experienced in unique ways depending on gender, disability, or the combination of these traits. Special circumstances surround the experience of being a woman with a disability. Moreover, the experiences of women with disabilities are different from those of men with disabilities (Danek, 1992; Hanna & Rogovsky, 1991; Jans & Stoddard, 1999; Olney & Kuper, 1998). A woman may experience dual discrimination, both as a female and as a person with a disability (Hanna & Rogovsky, 1991). Women with and without disabilities are often viewed as inferior to men and pejorative treatment for people with disabilities is in many ways similar to that experienced by women (Fowler, O'Rourke, Wadsworth, & Harper, 1992).

There is disagreement concerning whether gender or disability is more salient to an individual's self-concept. In a review of the literature, Fowler and her colleagues (1992) noted that while some authors claim that disability has a greater impact on self-concept than other attributes, other authors suggest that the relationship between gender and self-concept is stronger. They propose, and we agree, that disability and gender both have an impact on the development of self-concept.

Visibility of Disability

Research and writing about disability and self-concept have focused primarily on physical disability (Frank, 1988; Gill, 1997; Hahn, 1993; Haller, 2000; Zola, 1993), and center on the management of stigma and discrimination and the development of positive self-concept. Gill (1997) describes the process of incorporating disability into one's self-concept as having sequential layers: sense of belonging in the world, sense of community with others who have disabilities, sense of self-esteem, and integration between self-knowledge and presentation of the self.

For individuals with hidden disabilities, the process leading to self-acceptance as a person with a disability appears to be complicated by uncertainty about the legitimacy of one's needs (Olney & Brockelman, 2003; Olney & Kim, 2001). Matthews and Harrington (2000) note that people with hidden disabilities work to keep their disabling conditions private due to factors such as stigma, shame, impression management, impact on relationships, and so forth. In their view, hiding one's disabilities can have tangible as well as psychological effects on the individual. These can be both positive and negative.

Management of information about one's disability includes when, how, why and to whom one discloses disability-related information. Zola (1993) discusses how people with disabilities can and do use language to present themselves and influence others. Strategies of self-presentation are similar, regardless of the type or severity of disability. Such strategies might include avoidance of the use of a disability label and instead providing a description of the functional impact of a disability, or demonstration of specific competencies. The use of these strategies suggests that some individuals believe there is a "cost" in being identified as a person with a disability, and that they, therefore, employ strategies to control this information.

People may choose not to self-disclose out of fear and avoidance. According to Lynch and Gussel (1996), negative responses upon disclosure of one's disability can inhibit future self-disclosure. There are several examples of this in the literature. In their study of anxiety support group members, Segee and her colleagues found that individuals were acutely aware of the stigma of being labeled (Segee, et al., 1999). Participants were reluctant to seek treatment for fear of being tagged as mentally ill. Rapley and his colleagues (1998) found that people with mental retardation used strategies such as describing their disability functionally in order to avoid stigmatizing perceptions and assumptions based on their label. Barga (1996) discovered that college students with learning disabilities adopted a variety of strategies to pass as nondisabled.

Definitions

Are disabilities hidden or invisible? Matthews (1994) defined invisible disability as: "One that is hidden so as not to be immediately noticed by an observer except under unusual circumstances or by disclosure from the disabled person or other outside source" (p. 7). Matthews and Harrington (2000) stated that the term 'invisible disability' is more accurate than 'hidden disability'. We disagree with Matthews and Harrington. The term invisible disability indicates that the individual with a disability fully controls his or her identity. Conversely, hidden disability connotes a state that is less permanent. Indeed, a hidden disability may become visible, depending on situation, task, or environment. Similarly, visible disabilities are not always apparent. Telephone, e-mail, or written communication may effectively hide an otherwise visible disability. It would appear that people with hidden disabilities control disability information. However, those with more visible disabilities also actively control disability-related information (Braithwaite, 1991). As was noted by Gilson and his colleagues, the differences between hidden and visible disabilities are ambiguous (Gilson, Tussler & Gill, 1997).

How an individual understands the ways others perceive her or him appears to be a core component of self-concept. We use the term meta-perception to describe this process. Meta-perception has a major impact on both cognition and behavior. For example, Rapley and his colleagues found that people with mental retardation were well aware of the negative perceptions others have of them, and of the stigma of their label (Rapley, Kiernan & Antaki, 1998). As a result they hid their disability label from others. Sheldon (1996) calls this "public self-consciousness."

Research Questions

Two critical research questions guided the study: Do male students with disabilities view themselves, present themselves, and perceive treatment by others differently than do female students with disabilities? Do students with readily visible disabilities perceive these same factors differently than those with hidden disabilities? The purpose of this research is to provide new insights which may elucidate new areas of inquiry and lead to new directions for service delivery.

Method

Participants

The participants were self-selected from the pool of students with psychiatric and cognitive disabilities who were registered for academic support services at a large public university. Individuals with multiple disabilities such as learning disability and cerebral palsy, or brain injury resulting in both cognitive disability and wheelchair use were included. Flyers were posted at the disability services center, and electronic mail postings were made to students who received services. Additional recruitment efforts for group interviews included posting fliers at the residence halls, and placing an advertisement in the university newspaper.

Students ranged in age from 19 to 50, and the median age was 25 years. Of the 25 students who participated in the study, 15 were women. The 8 graduate students ranged in age from mid-20s to early 50s while the undergraduates were aged from their late teens to early 40s. Participants had a variety of primary disability labels that we categorized into four groupings. Nine students had either a learning disability or an attention deficit hyperactivity disorder; 10 had neurological impairments such as brain injury, tardive dyskinesia, or cerebral palsy; 4 had psychiatric labels; and 2 had a chronic illness. Several had more than one disability diagnosis. Seven participants had visible disabilities that were apparent to the casual observer including use of a wheelchair, mobility aid, or medical equipment such as a breathing device. These 7 participants also had hidden and visible disabilities such as learning disability plus cerebral palsy or brain injury resulting in mobility impairment (Table 1).

Data were collected in two timeframes over a 30-month period. In the first wave, 18 individuals were interviewed in 5 groups. Two to 5 participants were interviewed in each group. In the second timeframe, 8 individual interviews were conducted. Each individual in this second group was interviewed only once with the exception of one individual who engaged in both the group and the individual interview. All interviews were open-ended and lasted from 40 minutes to 2 hours. For all interviews, steps were taken to create an informal, comfortable atmosphere, and to prevent interruptions.

Procedures

Students were contacted via e-mail and telephone, and were given general information about the study. Group interview participants were provided an honorarium of $25. The first author facilitated all interviews while the second author served as the observer for all individual interviews, recording the verbal and nonverbal exchanges. A graduate assistant fulfilled the role of observer for all group interviews. All sessions were audiotaped and transcribed verbatim.

Efforts were made to assure that participants were fully informed and that they had choices in the research process. At the start of each interview, students received information describing their rights as participants in both written and verbal formats. The informed consent form specified that participation in the study was strictly voluntary and that participants were free to withdraw at any time without penalty. For each interview, the facilitator generated some topics for discussion, whereas students introduced others. Discussions were left flexible in order to get a thorough understanding of the perspectives of all participants; however, the following specific topics were addressed in each of the interviews:

1) What disability meant to participants (including specific difficulties and challenges);
2) How they assessed the views of others toward them;
3) How, when, why, and to whom individuals revealed disability information;
4) Any abilities or gifts they had, and the possible relationship of these to the disability.

There is a strong relationship (but not a one-to-one correspondence) between these topics and the research questions explored in this paper. The findings presented here combine the topics posed to participants with materials generated by participants.

Table 1

Participants by gender, visibility of disability, and disability category

	Hidden Disability		
	Female Participants	Male Participants	Total
ADHD/LD	5	4	9
Neurological	1	4	5
Psychiatric	3	1	4
Chronic Illness	0	0	0
Total	9	9	18
	Visible Disability		
ADHD/LD	0	0	0
Neurological	4	1	5
Psychiatric	0	0	0
Chronic Illness	2	0	2
Total	6	1	7

Data Analysis

Data constituted over 300 single-spaced pages of text comprised of transcripts and analytic memos, as well as observations and reactions of the researchers recorded during data collection and early analysis (Bogdan & Biklen, 1992). We adopted and modified data analysis procedures as described by Charmaz (1995) and Denzin (1988), adhering to the following steps:

1) Examined early transcripts for specific statements about self-perception and beliefs about the perceptions of others;
2) Developed themes around topics for use in subsequent interviews; and,
3) Identified and refined analytic categories from the themes.

Development of grounded theory requires the use of the constant comparative method in which discovery of core categories is achieved as data are collected and interpreted in an evolving process of analysis (Glaser & Strauss, 1967). For the present paper, the first and second author independently read and analyzed all interview transcripts, identifying emergent categories, and writing analytic memos. These memos provided a longitudinal record of our developing perceptions and theories about specific interviews, as well as the study as a whole.

Transcripts were reproduced, and all passages were coded. These coded quotes were then separated and displayed on a large poster by emergent categories. This visual display allowed us to refine categories and assure accurate placement of transcript passages. Analyses yielded 7 categories related to how participants perceived themselves and their disabilities, presented themselves, and thought about how others perceived them. These were then distilled to four major categories: self-perception, self-presentation, meta-perception, and perception of supports and accommodations.

Results

Difference between women and men, and between students with visible versus hidden disabilities were subtle but provocative. Our findings are described in detail below, and a synopsis is provided in Table 2. It should be noted that only one male with a visible disability participated in the study. Because women are the primary respondents in the visible disability group, it is likely the results of visibility of disability may tainted by gender. This aspect of the analysis was evaluated.

Analyses yielded four categories related to how participants perceived and presented themselves: self-perception, self-presentation, meta-perception, and perception of supports and accommodations. For each of the four categories, analysis by gender is presented first, and second by hidden versus visible disability.

Self-Perception

Men and women talked about themselves somewhat differently in both style and content. Women often revealed information about themselves in a personal way, whereas men were more likely to talk about their philosophies or worldviews. Women consistently used "I" statements while men tended to switch from "I" to "you," especially when discussing areas that made them appear anxious, for example: "You keep your distance out of self protection." A woman who had excelled as a student discussed her feelings of uncertainty about her abilities: "It's easier to believe that those were flukes—achievements were flukes, than it is that it's a natural ability that I can use, because I can't trust it."

While both men and women acknowledged that the disability added an important dimension to their identities, women tended to describe these strengths in terms of their relationships with others. A woman with a hidden disability described this as follows: "I think for me it's [the disability] opened my mind to people more. It's made me understand that you never know what is going on below the surface when people behave a certain way. So I'm a lot more lenient with people because I can't know what they are going through."

Many of the men talked in more performance-oriented terms. They discussed what they were good at and, on the surface, came across as more confident. These men put a positive spin on their failures and weaknesses: "Well, I worked at [a major corporation] for one year. And they kind of said, 'Well, you know, we really don't want you to come back.' Um, and I actually realized that they were probably right because the corporate environment was not the best—it was not what I liked." Some of the men also minimized the impact of their disabilities on their daily functioning: "It's just a learning disability."

People with visible disabilities seemed to have a more stable self-concept as persons with disabilities than did those with hidden disabilities. Those who had obvious disabilities seemed to have worked though many of their concerns about the judgments of others. As a woman with a serious chronic illness put it, "It's who I am." Conversely, those with hidden disabilities expressed ambivalence about claiming disability as part of their identities. One woman with a hidden disability described how difficult it was for her to claim her disability as a core part of herself: "Like I don't really want to think of myself as a person with a disability. I don't want to believe that I'm—I can take the medication in the morning and it's just sort of automatic but if I think of myself as a person on medication it makes me very upset."

Some people with hidden disabilities talked about how they were different from those who had visible disabilities, while those with visible disabilities did not distinguish themselves. A comment by a man with a learning disability and a debilitating back injury illustrates this: "But, you know, there are people that can't walk or anything, all these other things. I just feel sorry for them. So, I'm real, you know, 'What have I got to complain about?'"

Self-Presentation

The most striking similarity between the two genders was a shared view of the world which acknowledged some of the harsh realities they had experienced. Most of the participants presented with great determination: "The world doesn't owe me anything." However, there were notable contrasts between how men and women presented themselves in terms of language use and confidence. Men gave many positive, self-affirming statements, down-playing the possible negative outcomes of having a disability. Paradoxically, many of the men also seemed much more concerned than the women about being "found out", as one participant stated. One man discussed how he might present himself to a professor or employer: "I think disability carries a sense of diminishment with it, and you, if you can just get across that, 'invest a little time with me and you'll come out the better for it'."

Several women pondered how to present themselves. However, their remarks tended to be more self-revealing. A woman with a hidden disability discussed her struggle to establish an identity that integrated all parts of herself and her disability: "It's still me strug-

Table 2

Themes by visibility of disability and gender

	Gender	Visible/Hidden
How I see myself	*Women* 1. Discussed this more directly 2. Discussed strengths in relation to others *Men* 1. More performance-oriented 2. Appeared more confident	*Visible disability* 1. Did not distinguish themselves from others 2. More stable identification with disability *Hidden disability* 1. Differentiated themselves from those with visible disabilities
How I present myself	*Women* 1. Used "I" statements 2. Did not express a "worldview" (more personal self-presentation) *3.* Less self-affirming, confident than men *Men* ▪ Talked in global, theoretical terms ▪ Used "I" to convey confidence, "you" when expressing self-doubt ▪ Expressed more optimism *Both* ▪ Expressed determination	*Visible* 1. More confident 2. Private about some aspects of disability *Hidden* 1. Didn't want others to know *Both* 1. Expressed need to control information about themselves by compensating, minimizing, timing telling
How others see me	*Women* 1. Perceived more positive evaluation by others *Men* 1. Perceived more negative evaluation by others	*Visible* 1. Perceived that others saw them as unintelligent (globally incompetent) *Hidden* 1. Felt they were seen as intelligent 2. Perceived that others saw them as impostors/nondisabled 3. Distinguished themselves from those with visible disabilities 4. Felt blamed for disability 5. Believed disability to be hidden only temporarily
How others support me	*Women* 1. Those with visible disabilities felt particularly unsupported *Men* 2. Felt more supported overall *Both* 3. Identified women as supporters 4. Received more support in a coupled relationship 5. Identified male associates who were unsupportive	*Visible* 1. Felt less supported overall 2. Few named a specific support person 3. Few identified specific formal supports *Hidden* 1. Most identified formal and informal supports

gling with 'who am I? What do I want to present myself as? And I know that, at the core, way down deep in there someplace, whether sane or not sane, is a survivor."

For many participants revealing a disability was a matter of time. For several people who had impairments that required accommodations or that became readily visible (i.e., in the form of tics or other unusual behaviors), disclosing one's disability early was essential. Those whose disabilities were more easily hidden or who required less assistance could control the timing of disability-related revelations. This contrast was encapsulated in the exchange between two participants with hidden disabilities. A woman who has a learning disability remarked: "I don't like to tell people that I have dyslexia." A man with Tourette's syndrome, responded, "I am the opposite. I like to tell them [about my disability], so they know beforehand."

There were similarities between people with hidden and visible disabilities in terms of how they presented themselves. Key among these similarities was the desire of participants, regardless of gender or disability status, to control information about their disability. A woman with a severe physical impairment described how she managed information about her disability in a job she held before returning to graduate school:

I'm pretty open about talking about my disability. When I first began at [the company] my goal was not to tell anybody everything I had to go through to get there in the morning, just because of the nature of things. Um, and the transportation situation, you know, sometimes the bus was late and so I would get to work late or an attendant didn't show up. And so through things like that I had to be upfront with my employer if I wanted to keep my job and be in good standing. There was no hiding.

For all the participants, regardless of how visible the disability was to others, deciding what to reveal, when, and how much was problematic.

Meta-perception

Meta-perception, or the perception of how others see one, is a critical aspect of a person's self-concept. More men than women appeared to believe that others would make a more negative assessment of them if they knew about the disability, although the gender differences were slight. Several men expressed the concern that others would not see them as simultaneously capable and in need of support. A male participant with a hidden disability articulated his concern as follows:

I think there's—uh, in my working world or in school there's always been a sense of betrayal because whenever we took all these achievement tests in elementary school. And so, the teacher would give these tests and, all of a sudden—I kind of dreaded this because once a year this teacher would drag me in the office and go, "you are holding out on me. You tricked me all this time. Blah, blah, blah. You must be incredibly lazy . . . because you get these good test scores" and they just don't understand I'm performing at a certain level—probably less than the average in the class.

There was one striking difference between those with hidden and visible disabilities in terms of meta-perception: almost to a person, participants with visible disabilities felt that others saw them as less capable than they were, while those with hidden disabilities thought that others saw them as minimally disabled or nondisabled. A participant with visible disabilities put it this way: "And, you know, [with cerebral palsy they] always assume that you do have cognitive deficiencies just because of your wiggles. And your—speech is very important. If you can't talk, you're not right." Participants with visible disabilities reported that they compensated by projecting an image of competence. For instance, they asked intelligent questions, and were consistently well-prepared for class. Conversely, those with hidden disabilities expressed concern that others didn't believe them to have a disability. They said that they felt blamed for their disabling conditions, and that people had trouble seeing them as simultaneously disabled and capable. One participant described this dilemma as follows: "It's not hard for me to understand that [I have capacities as well as deficits], but it's hard for others to understand. Like my mother says: 'How can you go to Europe and travel around all by yourself and learn all of these languages without knowing anybody and be depressed?'" Finally, several participants who had hidden disabilities mentioned that others saw them as intelligent, a claim that was never made by those with visible disabilities.

Perceived Supports

Support can mean listening, assistance with an activity, or an accommodation. Female participants identified far fewer people from whom they received support than did men. Twice as many men than women named a key support person. Many of the men and some of the women identified a specific woman—a mother, sister, aunt, wife, or girlfriend—who provided support to them. Males were identified as key support figures infrequently, and their participation was often implied (i.e., my parents) rather than direct. Several participants, both men and women, volunteered that men in their lives did not play key support roles. When asked who in her family provided support, a participant responded, "Um, probably my mom. My dad, a lot less likely." When asked the same question, another female participant said, "[boyfriend's name], but we won't go there," indicating that the support he provided was not what she wanted or needed. No one volunteered that a significant woman in his or her life was unsupportive.

Discussion

We posed several research questions concerning the impacts of gender and visibility of disability on self-perception, self-presentation, meta-perception, and perception of support. Here we attempt to answer the research questions posed earlier. We also give voice to three participants who reviewed the manuscript.

Self-Perception Based on Gender and Visibility

Overall, women discussed their own self-perceptions more directly than did men. They talked about their strengths in terms of their relationships with others, whereas men tended to describe their strengths in terms of their accomplishments. Regardless of gender, as people came to integrate the disability into their overall sense of self, they became more self-accepting. They valued themselves because of their differences rather than in spite of them. Students with visible disabilities appeared to have integrated disability into their identities to a greater degree than those who had hidden disabilities. This process of integration appeared to be related to a more positive self-appraisal, thus easing the process of self-presentation. Similar to Gill's (1997) observation, we discovered that individuals with visible physical disabilities were able to project self-acceptance, thus eliciting accepting responses from others.

Self-Presentation based on Gender and Visibility

Women tended to talk about their disabilities in personal ways, whereas men often described their worldview. Although women presented themselves with less apparent confidence than did men, they seemed less concerned that others would discover the disability. The apparent confidence of men did not extend to the hypothetical need to disclose. The ability of women to confront disability issues directly with less fear of discovery suggests a significant difference in how men and women present themselves to others. For both genders, context and relationship characteristics influenced how individuals presented themselves. For example, if a participant felt as though a professor or coworker viewed them as competent, they would me more likely to disclose the disability.

For all students, regardless of how obvious the disability was to others, deciding what to reveal, when, and to who was problematic. It was not only the students with hidden disabilities who needed to negotiate these issues. Students with visible disabilities also needed to negotiate relationships as well as assistance and accommodations. The participants indicated a need for privacy and viewed some supports as embarrassing

Meta-perception Based on Gender and Visibility

Overall, women perceived that others evaluated them more positively than did men. The responses of students of both genders suggested that many students internalized the type of societal ideals discussed by Wendell (1992) and lent support to the theory that individuals with disabilities are influenced by the able-bodied dominant group in society. Specifically, their messages appeared to devalue their differences and demanded that disability be overcome rather than embraced. They struggled to reconcile meta-perceptions with their self-perceptions. Regardless of gender, participants with hidden disabilities believed that others viewed them as nondisabled. Those with visible disabilities believed that they were considered by others to be disabled in every way. For people with hidden disabilities, revealing one's disability status meant movement from a non-stigmatized identity to a stigmatized one. For those with visible disabilities, it meant movement from a more stigmatized to a less stigmatized identity. Regardless of the type of disability, people perceived that others were not able to see them as having both strengths and weaknesses. Changing the perceptions of others to more accurately reflect their real abilities and needs appeared to be an important achievement in both formal and informal relationships.

For participants with visible disabilities, the impairment was part of the negotiation of most relationships from the beginning. These participants overcompensated to appear more competent by making intelligent remarks in class or minimizing the impact of the disability on others. Participants with hidden disabilities walked a tightrope, hoping to time revelation about the disability so that they could maintain control of this information and put the best possible face on it. This strategy was difficult and created feelings of anxiety due to the impending possibility of discovery.

Perception of Supports by Gender and Visibility

Barga (1996) found that the most commonly cited support person for students with learning disabilities was the student's biological mother. Like Barga, we found that participants most frequently identified women as key supports. These support people had various roles in relation to the students such as friend, partner, girlfriend, wife, mother, and sister. These women provided feedback, specific assistance (e.g., reading to the student), and emotional support. Nearly all of the men identified someone, always female, who provided emotional and tangible support to them on a regular basis. Far fewer women identified a key support person. It is possible that women do get less support than do men. It is equally possible that women think differently about support and, therefore, underreport such assistance. The fact that men reported being well-supported, and that the support came from women, reinforces the stereotypical view that women should and do take supportive roles in relation to men, and that those roles are not reciprocal.

Like the women with disabilities in the study, students with visible disabilities were far less likely to identify supports of any kind, although we are aware that they do receive various types of formal assistance from the university's disabled students office. Perhaps this is because people with visible disabilities see personal assistance as a means to accomplish daily tasks, and support as having more of a social or personal component. Equally likely is the possibility that individuals with visible disabilities are lacking in needed supports.

An important aspect of support is a sense of community. During the group interviews, people with hidden disabilities appeared to support one another. However, most did not have ongoing support of this kind. Similarly, participants used the safety of the interview situation to be self-revealing as well as to seek support. As was true in the study by Gilson and his colleagues (1997), many questions concerning membership in the disability community emerged from this study. It seems amply clear that individuals who have hidden disabilities do not identify with others with disabilities or with the disability rights community.

Observations of Participant-Reviewers

In keeping with the formulation of grounded theory and qualitative research, our analyses were reviewed by a group of study participants. Three participants reviewed this manuscript individually and made several observations that are relevant to this discussion. All three agreed that the analyses appeared to be accurate, and to fit with their own experiences of gender and disability. One reviewer, a man with a visible disability, was concerned about our findings being interpreted as empirical evidence regarding the primacy of gender-identity over disability-identity. However, he also asserted that disability is closer to the surface and that gender-identity is closer to the inner core of a person. A second reviewer noted that some people with hidden disabilities do indeed participate in disability culture; specifically individuals who are deaf. This reviewer, a woman with a hidden disability, agreed with the assertion that men may think differently about support than do women. She also agreed that regardless of type of disability, others found it difficult to see people with disabilities as possessing both strengths and weaknesses.

A third reviewer noted that gender differences seemed to fall into stereotypical roles. She noted that, in keeping with our findings, women are typically the guardians of relationships and the caregivers in society. This same reviewer, a woman with a visible disability, concurred with the authors' hunch that people with obvious disabilities might not talk about formal and informal support because they have a different idea of what support is. Assistance with daily activities is so much a routine part of life, that it may not be seen as support. This reviewer made a distinction between formal supports that facilitate various life activities, and emotional and social support needs.

Conclusions

The research presented here provides insights into the strategies and thought processes of some students with disabilities. Throughout the paper, we gave voice to participants, allowing them to describe their perceptions and their life events. We sought to verify these findings by comparing the experiences of the participants, and carefully analyzing their statements. The result contributes unique information to the literature through a study by which differences in the disability experience are examined by gender as well as by visibility of disability.

Men and women with disabilities appear to have different needs. It is interesting to note that men and women talked differently in terms of self-perception, meta-perception, self-presentation, and perception of support. Women appeared to feel less adequately supported than men. Women seemed less concerned about revealing their disabilities than did men, and they tended to explore issues of disability with greater candor. The adequacy of formal and informal supports in the lives of men and women may be a fruitful area of inquiry by counselors and researchers. Future research may focus attention on the finding that men appear to be more reticent about revealing their disability than women, especially when such information may be critical to their academic success, through the need to access support services.

The critical roles of support and of community in the lives of students with hidden and visible disabilities are clear findings of this study. Students who participated in this study expressed a strong need to be affirmed and to identify with others who share a core experience. Persons with hidden disabilities did not identify a "community" to which they belonged. Indeed, they might not readily integrate into the existing disability rights movement because of unintentional barriers such as language (i.e., able bodied), and specific stigmas attached to hidden disabilities (i.e., psychiatric disability, cognitive impairment, and chronic illness). Service providers might facilitate a sense of community through development of support groups and organizations, especially those that include students with hidden disabilities such as learning and psychiatric disabilities. By embracing one's identity as a capable person with a disability, fear and shame can be minimized.

Limitations

A volunteer sample was used which had an uneven number of men and women. It appears that gender did make a difference for these participants in terms of how they viewed themselves, presented themselves, thought others viewed them, and perceived supports. However, there was only one male in the visible disability category, and in light of the findings regarding gender, it is likely this may have affected comparisons between those with visible and hidden disabilities. A greater number of males with visible disabilities may have shifted the weight of the data to convey a more "masculine" perspective in this comparison. Moreover, the research is the result of single interviews with 25 individuals. Follow-up interviews may have yielded data that was richer and more consistent. Replication of this study should include a larger sample with roughly equivalent number of participants by gender and by visibility of disability, and possibly incorporate follow-up interviews of participants.

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