THE MARK OF CHILDHOOD ON DISABLED PROFESSIONALS

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Introduction

As observed by Rutter (1995) and Bornstein (1995), the events of a child's first years are of paramount importance for his or her whole subsequent life. This implies that childhood socialisation may constrain or permit the formation and progression of future skills and abilities, including those needed to meet career goals. Although many social factors and groups affect the process of socialisation, the family is frequently regarded as the most influential agency in the socialisation of the child and in his or her occupational achievement (Cooper & Hingley, 1983, White et al 1992).

Research on disabled and non-disabled childhoods (e.g. Davidson, 1997; Hendey and Pascall, 2001) suggests that there are several elements of childhood socialisation which are important to any child's transition to adulthood (in terms of influencing their behaviour, life choices, strengths and weaknesses). This paper, derived from the first author's doctoral research, reports on three such elements: *Parental Expectations and Social Class, Childhood Experiences* and *Gender*.

Parental Expectations & Social Class

Class differences in aspirations have been found in qualitative studies of vocational development. For example, Ginzberg et al (1951) discovered that all of the boys from the higher social class took it for granted that they were going to college. Conversely, none of their lower class counterparts did, either saying they were not sure or were definitely not going. Gottfredson (1981) believes that the existence of such differential

choices among children in society is largely a consequence of societal stratification because youngsters incorporate considerations of social class into their self-concepts.

When investigating the significant antecedents of female high-flyers, White et al (1992) discovered that 75 per cent of the successful women in their study had middle class origins compared to 38 per cent of the general population with middle class origins. Other evidence emphasising the importance of social background on career choice is presented in Simpson's (1984) study of female lawyers. The findings revealed that all of the lawyers had parents who instilled them with middle class values such as high achievement needs and the importance of education.

Jahoda et al (1988) reported that disabled children's aspirations about future employment seemed to reflect those of non-disabled children. Their 'future selves' seemed to be shaped less by disability status than by other social influences. Similarly, upon reviewing comments made by disabled teenagers in his study, Norwich (1997) maintains that their hopes and fears seemed to be more a reflection of their socio-economic background than their status of being disabled. However, a study by Watson et al (1999) raised concerns about the career aspirations of older disabled children. While sharing similar aspirations to their peers, disabled children had frequently been subject to low expectations by significant adults, particularly if they were in special schools, inhibiting their choices. Disabled children were aware of potential discrimination in education, training and employment. When reinforced by disabling experiences, such concerns fostered a sense of self-limiting conservatism in young people themselves (Watson *et al.* 1999, Hendey and Pascall 2001).

Thomas (1998) argues that parents and the wider family grouping can provide the disabled child with emotional security, promote a sense of self-worth, assist in opening up opportunities, and encourage social inclusion rather than exclusion. However, they can also do the opposite. The narrative of one disabled woman in Thomas' (1998) thesis portrays a highly competitive family where her parents expected her to succeed as a non-disabled person. Her family's inability to acknowledge and engage with her physical difference and the wider disabling social reaction to this impeded her acceptance of herself.

Disability and impairment can add new twists to relationships with parents and can become a vehicle for the expression of emotional abuse and the erection of barriers. As Priestley (1998) contends, disabled children may be excluded from important social processes and childhood socialisation by differential mechanisms of surveillance and segregation. Some authors have argued that some disabled children are prevented from developing social skills and self-confidence because their lives are controlled by adults (Norwich, 1997; Alderson & Goodey, 1998). Therefore, a disabled child is likely to experience neither a normal childhood, nor adolescence, and is likely to be conditioned into an adulthood of dependency.

It can be argued that in the mid 20th Century (when the disabled professionals in this study were born) societal stereotypes of disabled people being passive and dependent strongly influenced parental expectations of their disabled children. At that time, disabled children were characterised by narratives of dependence, vulnerability and

exclusion (Priestley, 1998; Oliver, 1990). This notion was reinforced by the medical model of disability, which dictated that disabled people retained dependency even as maturity increased, and thus were perceived as 'eternal children'. This encouraged the decision for disabled children to be educated in segregated institutions which, Barnes (1991) argues, deny them experiences considered essential for their transition to adulthood, and shield them from the realities of society.

Nevertheless, even if parents are unaware of what is physically achievable for their disabled children, the encouragement and support they can provide may cultivate their child's potential, promoting achievement striving and independence (Stein and Bailey, 1973). Indeed Hendy and Pascall (2001) report, that young disabled people often name parents as the source of their ability to achieve independent adulthood.

Childhood Experiences

White et al (1992) and Cox & Cooper (1985) have argued that significant experiences during the early years of a child's life have deep and lasting effects upon his/her personality development. For instance, Cox & Cooper (1985) discovered that experiencing the loss of a parent during childhood engendered added strengths such as survivability and self-sufficiency in subsequent careers, Thomas (1998) maintains that narratives concerning significant experiences and people in one's childhood help to give structure and meaning to one's life. The connection between early trauma and future success can be explained by Cooper & Hingley's (1983:24) reasoning:

> …as the physical wound produces a healthy scar tissue often stronger than normal to protect the damaged area, so the personality may protect itself by defending vulnerable aspects of the psyche in similar ways

This illustrates the assumptions, postulated by several writers, that the overcoming of early adversity contributes to later success. For example, David Blunkett, Home Secretary (U.K.) (cited in Lewis, 1998: 130), believes childhood trauma can either drive you forward or pull you under, and that his experience of residential segregated education drove him forward.

Residential segregated education was not uncommon for disabled children prior to the emergence of the disabled people's movement. According to Saunders (1994) and Abbot et al (2001), parents believed that a residential school setting was an optimum learning environment for their disabled children. It was thought that residential placements also offered disabled children emotional and social support, which local schools failed to do (Abbot et al, 2001). However, the negative effects of uprooting a child have been documented by many, including Shakespeare & Watson (1998) who argue that segregated education may result in isolation, and loss of regular contact with non-disabled peers and family, because the school is usually well outside the local community.

Feelings of isolation among disabled children may also be caused by regular time out for medical or therapeutic interventions (Shakespeare & Watson, 1998), as well as prolonged periods of hospitalisation. Thomas (1998), who investigated the childhood experiences of 68 disabled women, found that long periods of hospitalisation, at a time when parents were kept out of the wards except for brief visits, left some women with lasting fears of separation and a strong sense of insecurity.

Gender Socialisation

Hoffman (1972) asserts that boys and girls enter the world with different constitutional make-ups. Evidence shows that this difference is reinforced by the way society treats, speaks to, and teaches children acceptable patterns of behaviour and social roles, in accordance with their gender. Typically, society expects and encourages boys to be self-supporting, task-involved and confident (Giddens, 1993). Conversely, girls are perceived as more passive and more likely to be motivated by the desire for love and approval from parents, teachers and peers and not encouraged to strive for mastery in occupational pursuits (Giddens, 1993). Further, as the future "nurturers" of society, females are rewarded for their sensitivity to the needs of others and their ability to co-operate rather than an aggressive pursuit of their own interests.

Children with congenital disabilities are assumed, by many, to be more dependent than non-disabled children, and their life development is arguably less likely to be influenced by gender and more by disability. In some cases boys with disabilities can escape the disability stereotype of helplessness or dependence by aspiring to traditional male characteristics of competence, autonomy and work. However these are not traditional characteristics for females who are expected to fulfil housewife/mother roles. Yet such roles, regardless of their importance, are even less likely to be adopted by disabled women (Bowe, 1983). This may be, as Russo (1988) suggests, in part due to the societal myth that disabled women are asexual, and incapable of leading socially and sexually fulfilling lives. Therefore, as Lang (1982) postulates, girls with disabilities are likely to confront two stereotypes: the "passive, dependent" female and the "helpless, dependent"

person with a disability. This could produce low self-esteem and a lack of self-confidence.

However, no matter how stubborn a stereotype may be, it can be challenged. This was indicated in Baumann's (1997) study of disabled women, who were determined to have a career and were not content with low skilled jobs. These women had a strong desire to be productive and independent, and to fulfil a purposeful role in society by having a career, thus negating traditional stereotypes of women with disabilities. Baumann believes that a lack of gender socialisation in childhood and the limited choices available to disabled women could make them more dedicated towards a career rather than a family, and more driven towards hard work and high status roles in order to divert attention from their physical limitations.

So, as the above review of literature suggests, this paper focuses on three elements of childhood socialisation – *Parental Expectations & Social Class, Childhood Experiences, Gender Socialisation* - and presents findings from an exploratory study of disabled high-achievers to suggest how they perceive the elements as influences on their successes in adult life.

<u>Methods</u>

The information in this paper is largely drawn from interview data collected as part of a PhD study about the experiences of a group of disabled professionals. Semi-structured interviews were conducted with 31 adults with physical impairments, congenital or acquired later in life; 20 men and 11 women, born into different social class

backgrounds. All respondents were well established in their careers by the late 1990's. They worked in professions classified in accordance with either Social Class I or II of the Registrar General's Scale of occupations by social class. Their professions included politics, the arts, media business, medicine and academia. They all believed they had built a record of educational and professional achievements that exceeded societal expectations of disabled people.

As the research is concerned with learning about the social reality of a group of people with different values, beliefs and experiences, the means of inquiry needs to be open-ended. However it also needs to ensure coverage of particular subjects, which the researchers consider to be important to childhood and its impact on the career development of disabled people. Thus, the adopted approach of semi-structured interview was used to draw out information fundamental to the research themes identified, including specific life changes, experiences and relationships.

The design of the interview schedule was greatly influenced by the works of Sonnenfeld and Kotter (1982), White et al (1992) and Cox & Cooper (1985) who identified the areas deemed most significant to an individual's career development and success. The areas were explored with open-ended questions. However, the design needed to be flexible, reacting to each individual being interviewed. This included giving careful consideration to their physical requirements, strengths and weaknesses, and ensuring the interview situation was accessible to each of them.

The interviews took between thirty minutes to two hours to complete. Some respondents were very talkative, needing few questions and just a little steering or, on occasion, a

very specific question to clarify some point which was unclear. Many revealed rich memories with little encouragement and few supplementary prompts. In addition to different personalities, the duration of the interviews could be influenced by the vocal clarity of the respondents.

The interviewer shared some similar experiences with the participants, in terms of physical impairment, childhood background and life development. This shared culture and background was helpful in accessing potential respondents, building a rapport with them, reducing any suspicions and encouraging them to be more open. It was however recognised that this 'shared culture' could also lead either to the interviewer assuming too readily that her experiences matched those of the interviewees, or to interviewees feeling defensive if they felt there were some aspects of their disability that they had not handled well. Nevertheless, only part of the interviewer's life history resembled that of each respondent, and she certainly did not claim to have all the answers to the problems of life! Also, the interviewer kept in mind the danger of assuming too much commonality of perspective with respondents.

The interview schedule was divided into six sections. These represented the themes of success, childhood, personality & motivation, education, career choice & development, and disability, which were perceived to be significant to disabled people's career development and success. The participants' responses to the interview questions were content analysed and encoded data were put into appropriate categories and presented in terms of five themes including childhood, on which this paper is based.

Results

1. Parental Expectations & Social Class

1a Low expectations

Several of the respondents with congenital disabilities felt that their parents had low expectations of them as disabled children and young people. As one man, now a professional actor, pointed out:

> "If you are a disabled person, particularly born disabled, parents, society and the medical profession don't really expect you to achieve that much. They have pretty low expectations"

A similar comment was expressed by one of the vicars who participated in the study:

> "My mother didn't really have any prior expectations of me, because she had received so much advice and medical prognosis about me always being dependent on someone or dying at birth."

1b Achievement-orientated expectations

Ten out of the twenty respondents with a congenital disability had at least one parent who occupied a high-status profession. Furthermore, they had been nurtured within a culture where parents placed a high value on achievement and encouraged the attainment of high standards, particularly in academic pursuits. These disabled adults believed that their parents recognised the constraints of their disability, but did not perceive it as a barrier to opportunity. They were still ambitious for their children to succeed. This was recounted by one man, a financial planner:

> "I was expected to do and to achieve what my brothers and sisters did and what all my friends were achieving. I was very rarely allowed to get away with the excuse 'I

can't walk, I can't do it.' In nearly everything I did I had to achieve the same as everybody else and, I think, that was vital to my later success in university and my career."

Such expectations were not confined to males. Several women felt that although they were not directed by prescribed expectations, they were still encouraged to aim high. One woman, a freelance journalist, reflects:

"It was never any good, in my family, to be as good as other people, we were supposed to be better. How success was defined to me is probably how I define it to myself now."

Another woman (a retired solicitor) felt her childhood background had been critical to her own achievements in adulthood, and that her disability did not dampen her parents' aspirations for her.

"My family have been absolutely crucial to my development and success. Both parents went to Cambridge, so that had a major influence on their expectations of us. Without parental support being the way it was, I wouldn't have been here."

1c 'Be Happy' Expectations

In contrast, just over a quarter of the disabled people had parents who did not have significant amounts of wealth or occupy a high-status position in society's stratification system. They felt they were not really expected to 'aim high' but rather 'aim happy'. They recalled that although their parents had no rigid expectations of their children, in

terms of achieving, they did expect the children to do what made them happy and supported their choices. As one woman, a MP, stated:

"I came from a very traditional working class family with very loving parents who always said 'just do your best'. They were always happy to support and be supportive".

So for these respondents parental expectations were neither low nor achievement-orientated, but simply for their children to be happy.

1d *Respondents with acquired disabilities*

A number of respondents in the sample of disabled high-achievers acquired their impairment, either through illness or accident, in their early adult life. Hence parental expectations were not influenced by childhood disability. Unlike several respondents with congenital disabilities, none of the male respondents with an acquired impairment recalled their parents having low expectations of them. Most of these men were nurtured within a middle class and/or Asian culture where education was prized and the achievement of high standards was emphasised:

"My father was a Lieutenant Commander in the Royal Navy. He was ambitious and successful. My father and his brothers were extremely well educated. By the age of 5 I was doing trigonometry!" (Senior Architect)

Similarly, a barrister, brought up in a Muslim family, said:

"My father's connection with government officials taught him education was very important to all my family. All children, from the first sister to the last, are educated."

Unlike the males, none of the females with acquired disabilities recalled being exposed to the ambitious or achievement-oriented styles of parenting. Rather, their upbringing was described as primarily working class and their parents as supportive and loving, permitting them to do anything that would generate happiness. As one woman claimed:

"My parents never pushed me to become anything particular. Their philosophy was to do what's right for you, what you want to do and what makes you happy."

The difference in the perceptions of male and female respondents with acquired disabilities suggests that gender had a significant influence on parental expectations of the non-disabled children. However, the above findings also suggest that for children with congenital disabilities, gender did not really influence parental expectations. Social class and disability were the primary determinants of their childhood socialisation, as they saw it.

2. Childhood Experiences of the Disabled High-achievers

2a. *Disruptions to relationships with parents*

A number of the respondents were separated from their parents at an early age by being sent to boarding school. Several of the high-achievers felt this was a negative thing as it distanced them from their family and childhood home environment:

"The schools took children from all over the country and you were separated from your home, so when you left school your friends were from all over the place. In this estate for example, kids go to the local school so when they leave school they still have their friends."

However this was not always the case. One of the men felt it was the school not his parents, that had the greatest influence on his personality and character formation. Furthermore it helped him to realise and demonstrate his full potential. He points out:

"Being away at school obviously gave me the opportunity to learn, to obtain qualifications and to gain real life experiences. If I hadn't gone to that Scope school, I would be in some poxy little day centre and would have been treated like a five year old for the rest of my life."

Three men who acquired their disabilities in early adulthood also experienced some disruption of contact with their parents, though this was a different form from that described above. One of them, a careers officer, recalls the effects of being brought up in a matriarchal society:

"From nil to 6 I was in a one-parent family purely because my father was off [in the armed forces]. I'd had a very good relationship with all sorts of females - my mother, my grandmother, my aunts. I was the one nephew and grandchild, so I was really really petted."

Other tales of childhood deprivation expressed included the death of a parent, a traumatic hardship that was experienced by a few of the male respondents. For instance, one of the vicars in the sample identified the death of his father as a significant influence on the choice of his current occupation:

"My father died when I was 8, while I was in hospital. This influenced my spiritual being…"

2b. *Overcoming health difficulties*

Unlike the non-disabled high-achievers in other research, many of the high-achievers with childhood disabilities in this study spent a substantial part of their childhood being recipients of substantial medical intervention and negative prognosis. They recalled frequent periods of hospitalisation and *"...staring death in the face"* which suggests that, for these individuals who also had adult support during childhood, early traumas could induce the emergence of added strengths of self-sufficiency, independence and 'survivability' which were beneficial to their future orientations. For example, one of the men, a parliamentary officer, evidenced his determination by his comment:

> "I had a tracheotomy which prevented me speaking for 4 months. During that time my self-esteem was pulled down by doctors who made me feel like nothing. I think my drive to succeed stemmed, firstly from my determination to defeat them and prove them wrong."

Determination was considered essential for the respondents to survive prejudice against them as disabled people, and progress successfully in the non-disabled world. One woman, currently a member of parliament, recalls her first ambition:

> "I wanted to be a teacher, and when I applied to go to college to qualify that was the first time somebody had said no 'you can't do it'. The doctor at the college said 'no'… But I was determined I was going to be a teacher…I went off to university and got my degree, then I applied to do a postgraduate at college."

2c. *Other childhood experiences*

Many of the respondents identified experiences in their childhood which, they felt, influenced their occupational choice but were not necessarily connected with their disability. The financial planner reflected:

> "As a child I was always interested in work, business, how things were made. As my father was a banker he had a lot of contacts with business people who ran factories. Every week we (my brothers and I) were pestering him to arrange a trip to one of the factories."

Similarly, one of the women, who was brought up in a supportive working class family, recalled a childhood experience that seemed to have a strong influence on her beliefs and thus her choice to become a candidate for the Labour Party:

> "When I was about nine, I remember going into this flat; there were bare floor boards and hardly any furniture. I was aware of deprivation, of real poverty. That was a very important political thing for me in as much as I realised this wasn't right, we shouldn't have people living in these conditions."

So, as has been demonstrated above, several of the respondents, with and without childhood disabilities, experienced some kind of deprivation and trauma as children. Although some of these experiences were disability-related, some were not. Some centred on overcoming hardships – for instance, death of parent, leaving home at an early age, frequent periods of hospitalisation. Others were about single events which occurred during the respondents' childhood or teenage years. However, whatever caused such adverse experiences, these high-achievers felt they had become stronger, more aware of potential barriers, and more able to cope with future life events successfully.

3. Gender Socialisation and the Disabled High-Achievers

None of the respondents with congenital disabilities, male or female, mentioned anything to suggest they believed that their gender had a major influence on their parents' expectations of them. Some, but not all, believed disability was the primary attribute of their childhood socialisation. For example, two sisters in the sample spoke about how their disability had a substantial effect on what their parents expected of them compared with what was expected of their two non-disabled brothers. Interestingly, the sisters attributed this difference to disability, not gender:

"…not quite sure whether they [parents] had high expectations of us girls, but they did for the boys because they're 'normal'. For us girls, I think they just took things as they came and didn't hold us back. They expected us to do as well as we could."

A number of the women with disabled childhoods were greatly inspired by their fathers. The two sisters mentioned the positive influence of their father on their development and success in careers that would have been considered gender atypical during the late 1970s and 1980s. The younger sister thought of her father as her mentor:

"I think my dad is my only real mentor, he was a management consultant towards the end of his career from the age of about 52. And I learnt a lot from him. I actually model myself, quite a bit, on him."

This was echoed by another woman:

"My dad's career in journalism was what set me towards what I wanted to do. I learnt from him, by going down to his London office and seeing how he worked." (freelance journalist)

It is not clear whether these mentoring type relationships with fathers were due to disability, or indeed to gender, although the male respondents with congenital disabilities did not talk in the same way about their fathers. However, for respondents with acquired disabilities and non-disabled childhoods, there was a noticeable gender related difference in what they perceived their parents expected of them. As has been mentioned above, while the men believed their parents were ambitious for them to achieve high goals in terms of education and employment, the women considered their parents' only expectation of them was to do what made them happy. This might suggest a less active role-modelling function on the part of fathers.

Discussion

The main focus of this paper has been disabled high-achievers' perceptions of how parental expectations, childhood experiences and gender socialisation influence their professional choices and development. There is moderately strong evidence, consistent with findings of other studies that early feelings of self-sufficiency, responsibility and independence were important. They seemed to be connected, in the minds of the respondents, with events such as the death of a parent, being sent away to boarding school at an early age, or spending a substantial part of childhood critically ill in hospital. This was particularly true for the males in the sample, who were more likely than the females to report an orphanic existence or some kind of childhood trauma.

Many disabled children seem to spend the majority of their early years under medical surveillance. While these are, obviously, very significant events, what is important is

not the event itself, but how the individual responds to it (Cox and Cooper, 1985). The support the individual receives is also important for him or her to cope successfully with adverse situations. The ways in which the high-achievers in this study responded to and coped with these difficult childhood events appeared to supply them with a narrative that aided the successful handling of other events throughout life.

Onset of disability seemed to have a significant influence on the respondents' childhood socialisation. At times disability appeared to exempt other social categories, including gender. Thus, the professional development of respondents with congenital disabilities was not significantly moulded by the traditional gender socialisation to which respondents who acquired their disabilities in adulthood appeared to have been exposed. There was also some evidence in the data for social class or even individual family effects – where parents were ambitious for their non-disabled children, they tended to be ambitious for the disabled ones too. A large proportion of the respondents were nurtured within a middle class culture, which emphasised the value of hard work and encouraged the achievement of high standards, particularly in academic pursuits. They were also given the support to do so. Although the impact of social class background was at times diluted by the respondents' congenital disabilities, class still appeared to be an important determinant to their life choices and direction. This is consistent with Pfieffer (1991), who maintains that the social class structure that enables certain individuals to have access to education, jobs and higher income still rules in the disability community.

The majority of respondents with acquired disabilities, especially males, were expected to achieve according to their parents' high expectations. This supports the popular

conception of the 'ambitious' parent cited in previous studies of high-flyers (e.g. Cox & Cooper, 1985). All of the women who had a non-disabled childhood felt they were supported by their parents to do whatever made them happy, rather than to become great achievers as the men were expected to be. This is consistent with White et al's (1992) study which reported that a high proportion of successful women in their sample had supportive, loving parents who had no rigid expectations of them other than to be happy.

The influence of the father seemed particularly important in providing a role model to the women. This was more evident for the women with congenital disabilities. The mother was remembered in terms of providing elements of security and encouragement. White et al (1992) suggests a special relationship exists between fathers and daughters. They state that the relationship with the father adds another dimension to childhood from which the girls derived attention, approval, reward and confirmation. This reinforces the more general conclusion from the data that some of the childhood experiences which influence the occupational achievement and direction of people with congenital disabilities are in fact unrelated to their disability.

Several of the women with congenital disabilities pursued gender atypical careers (e.g. solicitor, computer science lecturer) which could be a consequence of having supportive parents who prized high achievement but did not specify that the achievement should be in a particular field. They were not particularly guided, as children, to follow traditional gender roles of wife and mother. This is consistent with Russo (1988), who points to the societal myth that disabled women are asexual, and incapable of leading socially and

sexually fulfilling lives. However this was not altogether a negative thing as it permitted the women to compete against men in the professional sector and succeed in gender atypical careers.

This paper, can be used to inspire and encourage other disabled people, especially younger ones, and encourage them to devote time and effort to defining and achieving their personal goals. Childhood trauma does not necessarily spell the end of all hope for the future, and indeed in some ways may sow the seeds of later success. Ironically, disability may help some women avoid the worst effects of gender stereotyping. Furthermore, the findings could help to inform policy and practice in children's and educational services. For example, there is a clear call for segregated schools to ensure that their students have the opportunity to aspire to the same things as their non-disabled peers, and for all schools to recognise that many young people with disabilities do receive strong support from home for high educational achievement.

Finally, a possible limitation of this study could be that the sample size is small for making reliable inferences about the cross-cutting variables of class, gender and onset of disability. In particular, the subgroup of women with acquired disabilities was too small for the findings concerning this group to be representative. However this is undeniably a fruitful area of research and by extending it to include greater numbers of female high-flyers with acquired disabilities other patterns may be illuminated which were not easy to see in this study. The findings should also be treated with caution as it is not known (from this study) whether other, less successful, disabled people also have similar background events in childhood.

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