

Disability Group Identification and Disability-Rights Advocacy: Contingencies Among Emerging and Other Adults

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Abstract

Following social identity theory, the present investigation examines the political benefits of self-identification as a member of the disability community for disability-rights advocacy across college ($n = 204$), community ($N = 93$), and international ($N = 268$) samples of adults with disabilities. Consistent with predictions, emerging adults (EAs) with disabilities ($n = 204$) demonstrated more political conviction and were twice as likely to be involved in disability-rights advocacy as nondisabled peers ($n = 1,111$). Studies 2 and 3 revealed that disability identification predicted disability-rights advocacy, preferences for affiliation with other disabled people, and stronger perceptions of solidarity, personal, and group discrimination. Age-group moderated effects in Study 2 such that EAs least identified as disabled reported the lowest levels of solidarity and the least awareness of discrimination. Implications of social identification for the political involvements of stigmatized groups are discussed along with complexities related to age, impairment visibility, and duration of disability.

Keywords

social identity theory, disability identification, disability stigma, ableism, discrimination, political activism, disability-rights advocacy

This year marks the 25th anniversary of the Americans with Disabilities Act designed to protect against disability discrimination, ensure equal employment opportunities, and increase access to public spaces. Most young adults in the United States, therefore, have grown up expecting their civil rights to be guaranteed regardless of race, gender, or disability (Myers, 2012). Yet, to date, disabled people are among the most politically underrepresented of all minority groups, and many are disenfranchised from the political process (Bovjberg, 2010; Schriener, Ochs, & Shields, 1997). U.S. voting rates are nearly 20% lower among people with disabilities compared to those without disabilities (Schur, Shields, Kruse, & Schriener, 2002). Consequently, the democratic ideal of full adult participation remains an unrealized goal in the United States—not only for those with disabilities—but for younger constituencies for whom political involvement has not yet been fully mobilized. Some people may need to feel a sense of belonging to a broader community with common interests or complaints before actively engaging in political events.

In many Western societies, young adults emerge slowly into adulthood as they transition from home to college and independent living (Arnett, 2004). Most 18 to 26-year-olds express ambivalence about adult responsibilities, the burden of full-time work, and they vote less frequently than other age classes (Pew Research Center, 2010). Some speculate that emerging adults (EAs) are less active politically due to lower levels of community involvement (Rosenstone & Hansen, 1993). Consistent

with this idea, regular attendance in voluntary organizations and civic groups predicts participation in a broad range of political activities including writing to public officials, voting, contributing to candidates, and working with others on community problems (Diaz, 1996; Tate, 1993).

Although generally satisfied with life, mental health outcomes become more variable during the unsettled, unstable period of emerging adulthood (Schulenberg & Zarrett, 2006), and some groups are more susceptible to feeling overwhelmed or in crisis. For vulnerable groups, like those who experience disability and chronic-health conditions, identity exploration is also limited due to resource constraints and inaccessible environments (Lindstrom, Kahn, & Lindsey, 2013). Marginalized socially, politically, and economically, disabled people have among the highest rates of unemployment and poverty. They are also less likely to marry or matriculate from college (Beresford, 2004; Brault, 2012); when they do, these outcomes are often delayed compared to nondisabled peers (Newman et al., 2011; Wittenburg & Maag, 2002). Despite paternalistic

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treatment and fewer role transitions, EAs with disabilities perceive themselves to be no younger than those without disabilities (Galambos, Darrah, & Magill-Evans, 2007). Still, disabled young adults face unique challenges during the transition to adulthood as they navigate new roles and negotiate their own accommodations at school, work, and in community—often without any training in self-advocacy (Stewart et al., 2010).

Developing a positive identity can be complicated for those who experience disability. In the psychological literature, disability is widely pathologized as abnormal and tragic, an inherently negative group membership stereotypically associated with dependence, incompetence, unemployability, and social isolation (Nario-Redmond, 2010; Stern, Mullennix, Fortier, & Steinhauer, 2010). These disability stereotypes emphasize some of the very markers of adulthood (MOA) young people struggle to attain in general, that is, a sense of independence, self-competency, employment, and community engagement (Arnett, 2004). Yet, the achievement of adulthood markers (e.g., parenthood) has less to do with disability per se and more to do with the lack of accommodations that restrict participation in adult activities (Van Naarden, Yeargin-Allsopp, & Lollar, 2006).

Political Participation and Disability

There is limited scholarship on the factors that contribute to the political citizenship of disabled people and the extent to which these depend on generational differences. In one nationally representative sample of adults with disabilities, Schur, Shields, and Schriener (2005) found that seniors (aged 65+) were less likely to have participated in political activities than either younger (aged 18–39) or middle-aged groups (aged 40–64). These results run counter to most research showing older adults are among the most politically active and civic-minded generations (Putnam, 2005). Interestingly, this study also found that young adults with disabilities (aged 18–39) were engaged in *more* political activities than their same-age peers without disabilities.

The present investigation examines how young and other adults with disabilities confront stigma and discrimination that can affect both identity and political involvement. We review research from the perspective of social identity theory (SIT), which emphasizes how self-definitions that incorporate group memberships have positive implications for self-worth, political, and collective action. We then report three studies that investigate the relationship between disability as a group identity and participation in disability-rights advocacy, considering visible as well as less apparent impairments (e.g., cognitive and psychiatric). The first study examines these relationships as a function of emerging adulthood markers using the 2004 multi-institution data set. The second and third studies present data collected in 2004–2005 that generalize the relationship between disability identity, disability-rights advocacy, and other politically relevant variables to community and international samples.

Coping With Disability Stigma

According to SIT, individuals are motivated to feel good about themselves and use various strategies to maintain positive self-regard (Tajfel & Turner, 1986). Positive identity derives not only from personal attributes but also from group memberships or social identities (e.g., college major and nationality) by distinguishing how one's in-groups compare positively to out-groups. However, for members of stigmatized groups (e.g., disabled and sexual minorities), positive identity development is difficult because stigma can threaten well-being (Chalk, 2016; Major & O'Brien, 2005).

Social scientists have traditionally assumed that individuals avoid identifying with stigmatized groups whenever possible to pass for “normal” or part of the dominant group (Charmaz, 1995). The use of such “individualistic” coping strategies whereby people distance themselves from low-status groups is a way of protecting identity (Branscombe & Ellemers, 1998). For disabled people, such strategies include denial of one's disability status, concealment or passing as nondisabled, downplaying the importance of disability, and overcoming limitations to meet normative standards of achievement (Olney & Brockelman, 2003). These individualistic coping strategies are not always available however to those with more visible disabilities, and not all disabled people choose to renounce their disability status even when impairments are less apparent (Li & Moore, 1998).

Rather than eschewing socially devalued groups, individuals sometimes choose to embrace these memberships as an alternate route to maintaining positive identity (Branscombe & Ellemers, 1998). “Collective” approaches to stigma management focus on enhancing the status of the entire group and not only of the individual. These strategies include reappraising negative traits as positive signifiers (e.g., Black pride) and advocating for the improved status of the group through educational campaigns, legislative reforms, and political protests (Tajfel & Turner, 1986). Like other minority groups, disabled people have forged an affirmative sense of identity as part of a larger collective, reclaiming disability as a valued cultural heritage (Kaplan & Liu, 2000). Historically, the disability-rights movement has encouraged disability identification and collective action for social change (Little, 2010), but psychological theorists have been slow to recognize disability as a socially determined construct, independent of specific impairments (see Nario-Redmond, 2010). Research has consistently found that strategic responses to stigma critically depend on how one's disadvantaged status is appraised and whether one identifies positively as a group member (Lindly, Nario-Redmond, & Noel, 2014; Outten, Schmitt, Garcia, & Branscombe, 2009). To illustrate, Nario-Redmond, Noel, and Fern (2013) found that those most strongly identified with disability as a social group were least likely to conceal, minimize, or overcome their disability status; and the more individuals identified with disability, the more they valued the disability experience, expressed pride in disability culture, and endorsed social change.

Furthermore, and consistent with SIT, there are clear protective benefits associated with collective stigma-management

strategies. While the negative psychological consequences of real and perceived discrimination are well documented across low status/minority groups, people report enhanced well-being from identifying with these groups because they are stigmatized by race (Mossakowski, 2003), sexual orientation (Luhtanen, 2003), old age (Garstka, Schmitt, Branscombe, & Hummert, 2004), mental illness (Corrigan & Watson, 2002), or disability (Fernández, Branscombe, Gómez, & Morales, 2012).

In summary, identification with disability as a group membership is associated with support for social activism and well-being. However, research has not yet tested the political implications of being *supportive* of collective action for participants' *actual involvement* in disability-rights advocacy. The goal of collective action is to change status relations and improve outcomes for the entire group (Shapiro, 1994). Before people take collective action, however, they may first need to feel a sense of group belonging. Identifying as a member of the disability community is considered a critical precursor to collective action on behalf of the group (Barnartt, Schriener, & Scotch, 2001). Reciprocally, involvement in political affiliations with fellow in-group members should increase the available means of establishing a positive social identity, providing a supportive context and opportunities for subsequent collective actions (Bat-Chava, 1994).

The very enactment of social change strategies on behalf of the group encourages members to reappraise their experiences of exclusion and marginalization as due to prejudice rather than personal weakness, and this attributional practice can also protect self-esteem (Major, Quinton, & McCoy, 2002). For example, if denied employment or admission to college, those who identify as a member of the disability community should be more likely to attribute this outcome to discrimination and less likely to internalize stigma and blame themselves. Research confirms that those who strongly identify as group members are more likely to perceive discrimination (Branscombe & Ellemers, 1998) and to view their lower status as illegitimate and amenable to change through group advocacy (Tajfel & Turner, 1986).

The present investigation tests these relationships in three separate samples. Study 1 presents the initial test of the relationship between disability identification, political convictions, and current involvement in disability-rights advocacy among EAs (aged 18–29). Based on previous research, we predict that EAs with disabilities will express stronger political convictions and be more likely to participate in disability-advocacy groups than their nondisabled peers. We also predict that political convictions and disability-rights advocacy will be highest among those most strongly identified as members of the disabled community. We additionally explore the potential role of MOA and key dimensions of disability such as whether the membership is lifelong or recently acquired, visibly apparent or relatively hidden in predicting political conviction and disability-rights advocacy.

Studies 2 and 3 extend these results across age-groups and to other politically relevant variables. We predict that individuals most strongly identified as members of the disability community will be more involved in disability organizations and disability-rights advocacy groups. In addition, we expect that

those most highly identified as disabled will report more in-group solidarity, affiliate more with other disabled people, and be more likely to recognize and attribute negative outcomes to discrimination. Finally, these relationships may also depend on age and covary with key dimensions of disability.

Study 1

Method

Participants and Procedure

Data were collected in fall 2004 in research methods/statistics classes as part of a multicampus collaborative project ($N = 1,353$; see Reifman & Grahe, 2016, for details). Participants qualified as disabled ($n = 208$) if they responded affirmatively to experiencing any one of the six impairment classifications or affirmatively to the “disabled” self-identification category (see Table 1). Individuals not indicating their age or who were 30 or older were excluded, leaving a final sample of 204.

Materials

To conserve space, details regarding the survey are presented on the Materials component of the special issue OSF page (Grahe, Reifman, Walker, & Oleson, 2015). Presently, we focus on measures specific to our study. Disability identification was operationalized as the degree to which individuals define themselves as members of the disability community by averaging 2 items, namely, “I belong to the disability community” and “Being a member of the disability community is a very important part of my identity,” where higher numbers on a 1–7 scale indicated more agreement ($\alpha = .62$).¹ Involvement in disability-rights advocacy was assessed by responses to “Are you currently involved in disability advocacy/rights groups,” recoded with higher numbers indicating involvement, 0 = *no*, 1 = *yes*. Participants reported their impairment types (physical, sensory, learning, psychiatric, chronic health, or other disabling conditions), and the relative noticeability of impairments (visibility status) was assessed with the question: “Unless I disclose it my disability is hidden,” 1 = *yes*, 2 = *no*; and the longest duration of time lived with at least one impairment was captured in both years and months.

Additionally, a 10-item measure of Political Attitude Conviction adapted from Berger and Alwitt (1996) assessed cognitive elaboration, emotional commitment, and ego preoccupation, with an additional item indicating that they discussed political issues often. Finally, measures of emerging adulthood included the Inventory of Dimensions of Emerging Adulthood (IDEA; Reifman, Arnett, & Colwell, 2007) and the MOA (Arnett, 1997). Consistent with national polls showing that only half of those between the ages of 18 and 29 feel they had “reached adulthood,” the MOA scale was designed to measure the degree to which EAs feel they have attained different domains of adulthood and the importance they place on each. EAs vary on their attainment of and the importance they place on family/career role transitions, avoiding drugs and alcohol, emotional

Table 1. Participant Demographics: Studies 1–3.

Study 1	<i>n</i>	Percentage	Study 2	<i>n</i>	Percentage	Study 3	<i>n</i>	Percentage
Age ($M = 21.06$) proportion of life disabled ($M = .47$)			Age ($M = 40.25$) proportion of life disabled ($M = .63$)			Age ($M = 44.87$) proportion of life disabled ($M = .68$)		
Emerging adults (<30)	204	100	Emerging Adults (<30)	26	30	Emerging Adults (<30)	35	13
Adults (30+)		n/a	Adults (30+)	61	70	Adults (30+)	228	87
Sex ($n = 204$)			Sex ($N = 93$)			Sex ($N = 256$)		
Male	69	34	Male	44	47	Male	95	37
Female	135	65	Female	49	53	Female	161	63
Ethnicity ($n = 195$)			Ethnicity ($N = 89$)			Ethnicity ($N = 259$)		
White	176	90	White	72	81	White	222	86
Non-White	19	10	Non-White	17	19	Non-White	37	14
Education ($n = 204$)			Education ($N = 90$)			Education ($N = 265$)		
HS or less	9	4	Less than HS school	11	12	Less than HS	16	6
In college	166	82	HS graduate	23	26	HS graduate	26	10
Some college	8	4	Some college	28	31	Some college	86	32
College degree	21	10	College degree	28	31	College degree	137	52
Visibility status ($n = 174$)			Visibility status ($N = 90$)			Visibility status ($N = 261$)		
Hidden	149	86	Hidden	48	53	Hidden	114	44
Visible	25	14	Visible	42	47	Visible	147	56
Impairment ($n = 200$)			Impairment ($N = 88$)			Impairment ($N = 268$)		
Physical	27	14	Physical	34	39	Physical	197	74
Psychiatric	54	27	Psychiatric	21	24	Psychiatric	74	28
Learning	65	33	Learning	18	20	Learning	37	14
Sensory	32	16	Sensory	21	24	Sensory	46	17
Chronic health condition	72	36	Chronic health condition	13	15	Chronic health condition	113	42
Other condition	19	10	Other condition	17	19	Other condition	40	15
Involved ($n = 189$)			Involved ($Ns = 90$)			Involved ($Ns = 262$)		
Disability-rights	16	9	Disability-rights	28	31	Disability-rights	140	53
Disability organizations		n/a	Disability organizations	45	50	Disability organizations	188	72

Note. HS = high school; n/a = not applicable. Proportion of life disabled (0 to 1) was computed by dividing the total years (and/or months) disabled by age (in years). When total time disabled was slightly larger than age (e.g., reported age was 19 and years disabled totaled 19 years and 6 months), then proportion of life disabled was converted to 1.0. In Study 1 only, four respondents indicated a higher number of years disabled than their age in years; these were deleted from any analyses using proportion of life disabled.

maturity, and independence. We included all subscales of the MOA to examine their potential influence on political outcomes; subscales were scored following Fosse and Toyokawa's (2016) approach (see MOA Subscales Development, Fosse, Grahe, & Reifman, 2015). We also included the item asking whether participants considered themselves to be adults from the set of attainment MOA (responses were no, in some ways, and yes with higher numbers indicating higher attainment). Similarly, we included measures that captured individual differences in identity exploration, self-focus and other focus, experimentation, and feeling "in between" different life stages from the IDEA scale. For a complete list of construct definitions and a Table of Descriptive Statistics with associated Cronbach's α s, see the Materials Component of the Emerging Adulthood Measured at Multiple Institution OSF project page (Grahe et al., 2015).

Results and Discussion

Preliminary Analyses Comparing EAs With and Without Disabilities

Preliminary analyses compared EAs with disabilities ($n = 204$) to those without disabilities ($n = 1,111$) on the 15 emerging

adulthood variables, political conviction, and disability-advocacy participation. As predicted, EAs with disabilities had higher political convictions ($M = 2.78$, $SD = 0.95$) compared to nondisabled EAs ($M = 2.62$, $SD = 0.95$), $t(1,310) = -2.20$, $p < .03$, $r = .06$. Similarly, EAs with disabilities were nearly 2 times more likely to have participated in disability-advocacy groups (8.5%) compared to those without disabilities (4.4%), $\chi^2(1, N = 1,061) = .543$, $p < .03$, $\Phi = .07$. EAs with disabilities were more other focused ($M = 2.68$, $SD = 0.71$) compared to those without disabilities ($M = 2.55$, $SD = 0.68$), $t(1,291) = -2.53$, $p < .02$, $r = .07$. It appears that for EAs, disability may be a protective factor when it comes to political attitudes and behavior. Although sharing the same age as nondisabled EAs in this sample ($Ms = 21$), those with disabilities felt more commitment to others, had more solidified political convictions, and were more likely to be involved in disability-rights advocacy.

Preliminary Analyses for EAs With Disabilities

Before examining our primary question of how young adults' self-identification as members of the disability community relates to political conviction and disability advocacy, we

analyzed whether disability identification depended on key demographic variables. Neither participant age, gender, ethnicity, nor proportion of life disabled predicted disability identification. All descriptive statistics for EAs with disabilities in Study 1 are reported in Table 2.

Emerging Adulthood, Disability Identification, and Political Conviction

To test the extent to which disability identification and emerging adulthood variables predicted political conviction, hierarchical regressions were employed. In these analyses, one set of emerging adulthood measures was entered along with visibility status and proportion of life disabled at Block 1,² and disability identification was entered at Block 2. We examined three sets of emerging adulthood variables. The first set included the four importance MOA, the second set included the five attainment MOA (the four subscales plus the single-item measure of attainment), and the final set included six IDEA (Reifman et al., 2007). MOA measures were recoded so that higher numbers indicated more importance and more attainment. Higher numbers on the IDEA measure indicated more of that emerging-adulthood dimension. We present the results for the predictors at the final step.

While the *importance* of adulthood markers provided little prediction, many measures of the *attainment* of these markers provided insight into political conviction, $F(8, 140) = 2.61$, $p < .02$, $R^2 = .13$, at the final step. Interestingly, those who had attained role transitions (e.g., getting married and having children) reported *lower* political conviction, $B = -1.05$, $SE(B) = .44$, $p < .02$, whereas those who were more likely to consider themselves to be adults reported *higher* political conviction, $B = .50$, $SE(B) = .18$, $p < .01$. Those who had experienced disability proportionately longer also reported higher political conviction, $B = .48$, $SE(B) = .24$, $p < .05$, even when controlling for the attainment of the emerging adulthood markers.

We also found evidence for some of Reifman et al.'s dimensions of emerging adulthood predicting political attitude conviction, $F(9, 140) = 2.38$, $p < .02$, $R^2 = .13$ at the final step. Disabled individuals who reported higher self-focus expressed higher political conviction, $B = .82$, $SE(B) = .23$, $p < .001$; interestingly, proportion of life disabled again predicted political conviction when controlling for these emerging adulthood dimensions, $B = .46$, $SE(B) = .23$, $p < .05$, such that those disabled for a longer proportion of their lives expressed higher political conviction. Contrary to predictions, however, disability identification was unrelated to this broader measure of political conviction when controlling for condition visibility, proportion of life disabled, and the emerging adulthood variables.

Emerging Adulthood, Disability Identification, and Disability-Rights Advocacy

To test the extent to which disability identification and emerging adulthood predicted disability-rights advocacy, hierarchical logistic regressions were employed using the same order of

entry as noted previously. Across the three regressions, the overall models revealed that the set of predictors including disability identification and emerging adulthood predicted disability-rights advocacy (χ^2 s ranged from 15.03 to 17.42, ps ranged from .03 to .06, R^2 s—Nagelkerkes—ranged from .25 to .29 at the final step). In these regressions, none of the 15 emerging adulthood measures significantly predicted disability advocacy. However, disability identification did predict disability advocacy in each regression (B s ranged from .63 to .67, all $ps < .03$) when controlling for emerging adulthood measures. There was some evidence that those with visible conditions were more likely to be involved in disability advocacy (B s ranged from 1.80 to 2.06, $ps < .05$ in two of the regressions). These findings suggest that for disabled EAs (individuals 18–29), strong disability identification predicts taking political action by being involved in disability advocacy, independent of any MOA, visibility of condition, and proportion of life disabled.

The results for Study 1 are promising yet we need to take caution given the small numbers of individuals with visible disabilities and even smaller numbers involved with disability advocacy. Two additional studies were conducted that included a richer set of outcomes and allowed us to compare EAs with disabilities to adults with disabilities over 30.³

Study 2

Method

Participants and Procedure

Ninety-three participants with physical, sensory, learning, psychiatric, or other chronic health conditions were recruited through Reed College disability services and other disability organizations in Portland, Oregon (see Table 1). The survey was administered individually and prepared in alternate formats.

Measures

A more reliable 5-item measure of social identity was developed for this study along with other new measures using 1 (*strongly disagree*) to 7 (*strongly agree*) response scales. Consistent with SIT (Tajfel & Turner, 1986), disability identification was operationalized to include cognitive and affective components indicating the degree to which individuals define themselves as members of the disability community ($\alpha = .87$). In addition to using the Study 1 measure of involvement in disability-rights advocacy, participants also responded (0 = *no* and 1 = *yes*) to “Are you active in organizations with other people with disabilities?”

Preference for associating with other disabled people was computed with 4-items ($\alpha = .65$). The 3-item in-group solidarity scale ($\alpha = .64$) captured perceived in-group commonalities. The personal discrimination scale ($\alpha = .72$) focused on attributing one's own past experiences to discrimination. Finally, the group discrimination scale ($\alpha = .71$) focused on attributing

Table 2. Correlations, Means, Standard Deviations, and Counts for the Measured Variables, Study 1, for Emerging Adults With Disabilities.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1	—																		
2	.19*	—																	
3	-.02	.02	—																
4	-.03	.04	.54**	—															
5	-.01	-.03	.34**	.30**	—														
6	.03	.09	.00	-.08	.04	—													
7	.06	.04	.48**	.58**	.12	.07	—												
8	.03	-.01	.61**	.38**	.38**	-.05	.22**	—											
9	.05	.04	.03	-.15*	.10	.28**	-.07	.06	—										
10	-.07	-.00	.07	-.06	.13	.15*	.05	.16*	.33**	—									
11	-.07	.10	.20**	.02	.20**	.30**	.13	.10	.52**	.37**	—								
12	-.01	.04	.11	-.07	.14*	.36**	.08	.08	.62**	.38**	.62**	—							
13	.12	.01	-.17*	-.26**	-.09	.28*	-.13	-.26**	.24**	.22*	.16*	.22**	—						
14	.02	.03	.09	.06	.09	.04	.13	.06	.02	.46**	.08	.13	.05	—					
15	.14	.12	-.02	.02	-.11	.36**	.18*	-.12	.21**	.24**	.38**	.27**	.23**	.15*	—				
16	.16*	-.01	-.09	-.16*	-.16*	.28**	.11	-.23**	.11	.11	.15*	.25**	.54**	.06	.40**	—			
17	.02	-.03	-.17*	-.09	-.12	.14*	.04	-.32**	-.05	.10	.01	-.02	.28**	.09	.10	.44*	—		
18	.05	-.06	.01	.08	-.00	.01	.20**	-.08	-.06	.02	-.02	-.04	-.03	.12	.10	.07	.20**	—	
Mean	1.79	.08	3.33	3.35	3.00	2.68	3.28	3.16	2.57	2.99	2.97	3.23	0.22	2.54	1.87	1.92	2.09	2.78	
Standard Deviation	1.24	.28	.56	.56	.56	.71	.45	.80	.69	.76	.60	.51	.22	.45	.20	.40	.54	.95	
n	178	189	200	200	200	200	200	200	204	204	204	204	204	204	204	204	197	204	204

Note. 1 = disability identity, 2 = involved in disability rights, 3 = identity exploration, 4 = experimentation, 5 = negativity, 6 = other focused, 7 = self-focused, 8 = in between, 9 = importance of role transitions, 10 = importance of norm compliance, 11 = importance of emotional maturity, 12 = importance of independence, 13 = attainment of independence, 14 = attainment of norm compliance, 15 = attainment of emotional maturity, 16 = attainment of independence, 17 = overall adult attainment, 18 = political conviction.

* $p < .05$; ** $p < .01$.

Table 3. Correlations, Means, Standard Deviations, and Reliabilities for the Measured Variables, Studies 2 and 3.

	1	2	3	4	5	6	7	M	SD
1. Disability identity	—	.34**	.32**	.58**	.59**	.30**	.32**	4.29	1.51
2. Involved in disability rights	.44**	—	.53**	.33**	.18**	.30**	.26**	.53	.50
3. Involved in disability organizations	.56**	.58**	—	.33**	.18**	.19**	.16*	.71	.45
4. Affiliation	.38**	.10	.26*	—	.40**	.28**	.23**	3.61	1.31
5. Solidarity	.51**	.10	.21*	.32**	—	.18**	.21**	5.10	1.21
6. Personal discrimination	.33**	.18	.12	.32**	.40**	—	.59**	4.73	1.20
7. Group discrimination	.38**	.22*	.12	.28**	.45**	.54**	—	5.56	1.13
Mean	3.82	.31	.50	3.72	4.70	4.56	5.32	—	—
Standard deviation	1.69	.47	.50	1.19	1.38	1.32	1.25	—	—

Note. Sample 2 ($N = 93$) descriptive statistics below diagonal; Sample 3 ($N = 268$) descriptive statistics above diagonal.

* $p < .05$; ** $p < .01$.

outcomes to discrimination against disabled people as a group. Items for all scales can be found at <http://osf.io/za3j5> under appendix A. Nario-Redmond & Oleson Disability Identity Measures Studies 2 and 3.

Results and Discussion

Consistent with Study 1, there were no significant differences in disability identification as a function of age, age-group, gender, or ethnicity. In Study 2, those who described their disability as “hidden unless disclosed” reported lower disability identification than those with more visible conditions, $t(88) = -2.61, p < .02, r = .27$. Table 3 presents the descriptive statistics and zero-order correlations between disability identification and the other measured variables. Because this sample included more diverse age-groups, we were able to test whether the relationship between disability identification, disability-rights advocacy, and other group perceptions differed for EAs ($n = 26$) compared to those aged 30 and older ($n = 61$). Therefore, we updated our hierarchical regressions to include condition visibility and proportion of life disabled in Block 1, the disability identity index (centered) and age-group (EAs coded as 0, Adults 30 and older coded as 1) in Block 2, and the interaction between disability identity and age-group in Block 3. When this interaction was significant, Step 3 parameters are reported while Step 2 parameters are reported when this interaction was not significant (see Hayes, 2005).

Disability Identification, Disability-Rights Advocacy, and Group Perceptions

Consistent with Study 1, disability identification was the only significant predictor of current involvement in groups advocating for disability rights and of participation in organizations with other disabled people, controlling for age-group, condition visibility, and proportion of life disabled (see Table 4). In addition, those scoring higher on disability identity were more likely to affiliate with other disabled people, expressed more in-group solidarity, and were more likely to recognize disability discrimination, both personally and against the group, independent of other variables. Independent of the effects of

disability identification, main effects of age-group were also observed: EAs reported less in-group solidarity than adults aged 30 and over; and compared to older adults, EAs were less likely to perceive disability discrimination directed at them personally and directed at the group, controlling for all other variables.

Disability identification interacted with age-group to predict in-group solidarity, personal discrimination, and group discrimination in this sample (see Table 4). To decompose these interactions, we examined the unstandardized regression slopes for each age-group separately as recommended by Hayes (2005) to facilitate comparisons. While disability identification predicted in-group solidarity for both emerging, $B = .71, SE(B) = .19, p < .001$, and older adults, $B = .25, SE(B) = .10, p < .05$, the slope was much steeper for EAs. Disability identity was also a predictor of personal discrimination for EAs, $B = .40, SE(B) = .14, p < .01$, but not for adults over 30, $B = .10, SE(B) = .10, p > .30$. Similarly, disability identity predicted group discrimination for EAs, $B = .47, SE(B) = .13, p < .01$, but was less predictive for those aged over 30, $B = .17, SE(B) = .10, p < .08$.⁴ Finally, although not predicted, those living with disability for a longer proportion of their lives were more likely to perceive group discrimination; also those with more visible impairments were less likely to affiliate with other disabled people even after accounting for the other predictors. No other effects were significant.

To provide an even stronger test of cross-impairment disability identification while examining the robustness of these findings with a more diverse international sample, a third study was conducted by recruiting those who access support from impairment specific online communities.

Study 3

Method

Participants, Procedure, and Measures

Participants ($N = 268$) were recruited from over 100 disability-based listservs to participate in an anonymous online survey. All experienced physical, sensory, learning, psychiatric, and/or other chronic health conditions (see Table 1). Most participants

Table 4. Summary Statistics for the Regression Equations With Disability Identity (centered), Condition Visibility, Proportion of Life Disabled, Age-Group and the Interaction of Age-Group and Disability Identity Predicting Disability Advocacy, Organizational Involvement, Affiliation, Solidarity, and Perceptions of Discrimination.

Predictors at Final Step	Study 2			Study 3		
	B	SE(B)	R ²	B	SE(B)	R ²
<i>Disability advocacy</i> ^a						
Condition visibility	-.72	.56		.05	.29	
Proportion of life	.19	.83		.69	.44	
Age-group	-.00	.63		-1.62***	.45	
Disability identity	.55**	.18	.24	.50***	.10	.22
<i>Involvement in organizations</i> ^b						
Condition visibility	-.60	.58		-.18	.31	
Proportion of life	.18	.82		.51	.45	
Age-group	.68	.64		-.03	.47	
Disability identity	.92***	.23		.48***	.11	.16
<i>Affiliation with disabled people</i> ^c						
Condition visibility	-.69**	.25	.41	-.43**	.14	
Proportion of life	.21	.37		-.13	.21	
Age-group	.24	.27		.51**	.20	
Disability identity	.30***	.08	.22	.52***	.05	.39
<i>In-group solidarity</i> ^d						
Condition visibility	.06	.25		.01	.13	
Proportion of life	.06	.37		-.35	.19	
Age-group	.85**	.27		.18	.19	
Disability identity	.72***	.13		.49***	.04	.36
Age-group × Disability identity	-.48**	.16	.42			
<i>Personal discrimination</i> ^e						
Condition visibility	.45	.26		.30*	.15	
Proportion of life	.23	.38		.32	.23	
Age-group	1.14***	.28		.12	.23	
Disability identity	.43**	.14		.22***	.05	
Age-group × Disability identity	-.34*	.17	.34			.12
<i>Group discrimination</i> ^f						
Condition visibility	.15	.25		-.22	.14	
Proportion of life	1.08**	.37		.42*	.22	
Age-group	.58*	.27		-.00	.21	
Disability identity	.48**	.13		-.05	.13	
Age-group × Disability identity	-.33*	.16	.30	.30*	.14	.14

Note. Parameters are reported at Step 3 when the interaction between disability identity and age-group was significant, and at Step 2 when the interaction was not significant (Hayes, 2005). For full models, see Nario-Redmond & Oleson Extended Table 4 with Steps 2 and 3 Parameters at <http://osf.io/za3j5>.

^a $\chi^2(4) = 14.71, p < .01$ Study 2; $\chi^2(4) = 45.34, p < .001$ Study 3; R^2 —Nagelkerkes.

^b $\chi^2(4) = 28.80, p < .001$ Study 2; $\chi^2(4) = 29.69, p < .001$ Study 3; R^2 —Nagelkerkes.

^c $F(4, 79) = 5.32, p < .01$ Study 2; $F(4, 245) = 38.28, p < .001$ Study 3.

^d $F(5, 79) = 10.74, p < .001$ Study 2; $F(4, 251) = 35.36, p < .001$ Study 3.

^e $F(5, 79) = 7.75, p < .001$ Study 2; $F(4, 242) = 7.98, p < .001$ Study 3.

^f $F(5, 79) = 6.40, p < .001$ Study 2; $F(5, 242) = 7.56, p < .001$ Study 3.

* $p < .05$; ** $p < .01$; *** $p < .001$.

(75%) resided in the United States followed by Australia/New Zealand (13%); Europe, India, or South Africa (7%); and Canada (2%). They completed the same measures as in Study 2.

Results and Discussion

Consistent with Studies 1 and 2, disability identification did not vary by age, age-group, gender, or ethnicity. In this larger, international study, the longer individuals had lived with disability as a proportion of their age, the more highly they identified as members of the disability community ($r = .31, p <$

.001). Using the same hierarchical regression strategy as Study 2, we replicated previous findings that disability identification predicted participation in organizations with other disabled people *and* current involvement in groups advocating for disability rights, controlling for other variables (see Table 4). Disability identity was also the strongest predictor of affiliation with other disabled people, in-group solidarity, and awareness of personal discrimination, controlling for the other variables.

Age-group explained unique variance in these models. Compared to adults aged over 30, EAs were less likely to be involved in disability rights and to affiliate with other disabled

people, controlling for other variables. In this international sample, age-group and disability identity interacted to predict group discrimination. Examining the regression slopes for each age-group separately, we found that disability identification predicted perceived group discrimination among adults aged over 30, $B = .24$, $SE(B) = .05$, $p < .001$, but not for EAs, $B = -.02$, $SE(B) = .13$, $p > .80$.

Finally, as in Study 2, those with more visible conditions were less willing to affiliate with other disabled people; those with more visible conditions perceived more discrimination leveled at them personally; and those living with disability for longer, perceived more discrimination against disabled people overall, independent of other predictors (see Table 4).

General Discussion

Our goal was to extend predictions on the psychological benefits of group identification to examine certain political benefits. We found convergent evidence in support of SIT where identification with a stigmatized group predicted involvement in political organizations committed to improving the status of the group. Our first study focused on EAs with physical, sensory, mental, and chronic health conditions whereas Studies 2 and 3 extended findings to more diverse samples of adults with disabilities. Our findings consistently revealed that across college only, community, and international samples, individuals who self-identify as members of the disability community were more likely to participate in organizations promoting disability rights and in organizations with other disabled people more generally (Studies 2 and 3). Replicating other SIT research, in Studies 2 and 3, we found the more strongly participants identified as members of the disability community, the more they preferred to affiliate with other disabled people, the more in-group solidarity they expressed, and the more they recognized disability discrimination.

Although robust, these findings reflect some complexities relevant to age, emerging adulthood, and some unique to the disability experience. Despite participation constraints and delayed role transitions that characterize young adults with disabilities, we found that EAs with disabilities demonstrated more political conviction, were more other focused, and were twice as likely to be involved in disability-rights groups compared to same-age peers without disabilities, consistent with previous research (Schur, Shields, & Schriener, 2005). Furthermore, among those with disabilities, participation in disability-rights advocacy was most likely among those who identified strongly as members of the disability community.

Contrary to predictions, we found no relationship between disability identification and the strength of political views more generally. Instead, the political convictions of young adults with disabilities varied with key MOA and were higher for those more focused on themselves, those claiming adulthood, and those living longer with disability. Thus, political conviction had less to do with attaining specific transitions like getting married or having children and more to do with psychological variables including self-focus, believing oneself to be an

adult, and negotiating disability across one's lifetime (see Chalk, 2016; Walker & Iverson, 2016). Furthermore, disability-rights advocacy was better predicted by identification with the disability community than by MOA.

Differences by age-group followed a consistent pattern as well. In the U.S. sample (Study 2), EAs with disabilities reported less in-group solidarity and perceived less disability discrimination against them personally and against the group than disabled adults aged over 30. Similarly, in the international sample (Study 3), EAs with disabilities were less likely to affiliate with other disabled people and were less likely to be involved in disability advocacy than adults. Furthermore, age differences moderated the effects of disability identification on feelings of solidarity and perceived discrimination. In Study 2, EAs who were least identified as members of the disability community were the least aware of any discrimination and felt less solidarity with fellow disabled people. A close examination of all three interactions between age-group and disability identity revealed that for those who were highly identified as members of the disability community, age did not differentiate perceptions. Age mattered more for those *least* disability identified, as EAs reported the lowest levels of in-group solidarity and the least awareness of personal and group discrimination relative to adults aged over 30. By contrast, age-group did not moderate the effects of disability identification among the international sample except in one instance. It is unclear why we did not find similar effects for age-group in this international sample. How emerging adulthood and age groupings are conceptualized most likely varies across countries (Arnett, 2004). We encourage researchers to examine age to see if these effects are replicated in other samples.

Finally, the relative permeability of the disabled/nondisabled group boundary for persons with less apparent conditions did not reduce involvement in disability-rights advocacy. In all three studies, disability identification strongly predicted engagement with disability rights. In Study 2, those with more visible impairments scored higher on disability identification. Moreover, in Study 3, those with more visible conditions were more sensitive to personal discrimination, and this may explain why they were less likely to affiliate with other disabled people in both studies. By contrast, with our international sample, those who had been living longer with disability scored higher on disability identification, consistent with previous research (Hahn & Belt, 2004). Furthermore, in both U.S. and international samples, those who had been living with disability for longer recognized more discrimination against the group, independent of other predictors.

The potential for a disability identity that cuts across specific impairments gives rise to questions not typically addressed in studies of race and gender identification. That is, it may be easier to attribute negative outcomes to prejudice for those with more visible impairments than for those with hidden conditions for whom attributional ambiguity is higher. However, ableism is not limited to those with visible impairments because those with less apparent and more fluid conditions are also marginalized and misunderstood (Olney & Brockelman, 2003). To the extent that disability identification is associated with

heightened recognition of discrimination targeting one personally or the group overall, advocacy for social change should be more likely *regardless* of the visibility of one's condition. Conversely, those less identified as members of the disability community should be more likely to dismiss negative outcomes as due to their own impairments or personal failings, which does not bode well for collective action. In fact, this shifting of personal shame to system blame is consistent with the sociopolitical model of disability that relocates the problems of disability as embedded in social policies, institutional practices, and physical environments that restrict access and systematically discriminate against those who fail to conform to normal standards (Linton, 1998). If the goal of collective action is to improve the structural conditions of opportunity and access for the entire group, developing a strong social identity as members of a minority collective should facilitate the recognition of social injustice (Tajfel & Turner, 1986) as amendable through disability-rights advocacy (Shapiro, 1994). One direction for future research then focuses on interventions designed to instigate the development of social identification (see Ball & Nario-Redmond, 2014), including increased involvement in community organizations (Rosenstone & Hansen, 1993).

Consciousness raising and the creation of a distinct social identity merge the need for buffering the self from stigma with a political agenda aimed at improving the disadvantaged status of the group (Linton, 1998). Future research is needed to test the behavioral manifestations of disability identity, its development, and the reciprocal relationships involved in participating in group advocacy on subsequent identification. Research has yet to test assumptions related to whether disability identification is a necessary precondition to participating in collective action for social change (Barnartt et al., 2001). Ultimately, longitudinal designs are required to help disentangle these relationships as our studies preclude causal interpretation. Furthermore, our samples were not representative and sample sizes were too small to investigate intersections related to national origin and impairment type. Nevertheless, we provide convergent evidence that the predictive power of disability identification for disability-rights advocacy generalizes across impairment groups to samples varying in age and region of origin.

Although disabled people of all ages confront stigma that pathologizes their lives as tragic, stereotypes them as dependent and incompetent, and discriminates against them in community and educational settings, research has documented an increasingly affirmative construction of disability as a positive cultural identity (Kaplan & Liu, 2000), a minority group membership that encourages group solidarity and social change (Nario-Redmond, Noel, & Fern, 2013). The present investigation extends these benefits of group identification to the political arena with implications for how improved access and disability rights can be leveraged. Our work suggests that those most likely to cause trouble by challenging the status quo are those who have come to claim disability as a centrally defining aspect of the self. Previous work demonstrates that this view of self as part of a minority collective has protective benefits—prejudice does not undermine self-worth in the same way as

it does for those less identified with the group (Branscombe & Ellemers, 1998). This may seem ironic that those who are most sensitive to recognizing prejudice or to attributing negative outcomes to ableism are the same people who derive the most protection from internalized oppression due to stigma. The group protects the individual and individuals are more apt to work on behalf of the group when the group is claimed as part of self-definition. These implications may seem controversial, harkening back to identity politics which may be at odds with more inclusive, hybrid, and embodied approaches to disability identity. But many disability scholars (Little, 2010) have argued that there remains an ongoing need for disability activism requiring the deployment of collective identity to challenge hegemonic values assuming disabled people to be disengaged, in need of protection, and desirous of cure. One route less travelled may still be acceptance of disability as a positive and centrally important aspect of one's identity.

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Notes

1. Participants completed an additional item related to disability identification that was not included in the overall scale as it lowered the internal consistency.
2. Because both proportion of life with a disability and the visibility of disabling conditions have been found to explain unique variance in previous research examining disability identification, stigma management, and well-being, these key intrapersonal facets of disability were included here as covariates (Nario-Redmond et al., 2013).
3. These studies were part of data collection for, but were not presented in, Nario-Redmond, Noel, and Fern (2013), which examined disability identification, strategic coping, and well-being.
4. When we inserted values of the disability identity scale that were 1 standard deviation above and below the scale mean into the interaction regression equations, for those highly identified as disabled, differences between age-groups were minimal; however, for those who were not highly identified, EAs consistently had the lowest in-group solidarity, personal and group discrimination scores. We elaborate on the interpretation of patterns in the Discussion section.

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