

# Understanding disability in the labor dimension: unresolved debates that influence exclusionary practices

Eldon Glen Caldwell Marín  
Department of Industrial Engineering/ Engineering School  
University of Costa Rica (UCR)  
San José, Costa Rica  
eldon.caldwell@ucr.ac.cr

Rosa A. Cintrón Delgado  
Department of Educational and Human Sciences/College of Education  
University of Central Florida (UCF)  
Florida, United States of America  
rosa.cintrondelgado@ucf.edu

**Abstract**— This document supports the idea that disability, as a concept and set of values, is a social invention that has been built over time in the "world of life" and has served awkwardly trying to explain what "apparently seems different." We present the results of a hermeneutical research about debates in term of paradigms and models of disability (and evolution), in the context of hiring people with disabilities in the labor market in Latin America. A interpretive methodological approach is used and based on literature research; discovering that two important trends dominate and influence the practices of exclusion of people with disabilities in Latin American labor market: the paradigms and models focused on the "deficiency" (associated with disability as conditioning inherent in the person) and those who are focused on "recognition of diversity and talents development" (associated with disability as extrinsic conditioning to the person). These two trends are developed in this article and a methodological approach is proposed to identify how these trends may influence labor practices in order to avoid exclusion opening lines of future research efforts.

**Keywords**— Inclusive Education, Disability, Labor Opportunities.

## I. INTRODUCTION

The International Labour Organization (ILO), for the sixth consecutive year reported that unemployment levels in the world remained high in 2013 and 2014. This is more than 200 million people unemployed; a figure that is unchanged compared to previous years [1].

This scenario, of a general nature, is linked with multiple causal lines, without forgetting that the prevailing system development in the world, is developed from the perspective of a crisis of "late capitalism". Clauss Offe exposes in the beginning of the seventies: "the economic crisis, the crisis of the welfare state and legitimizing potential weaknesses came to the fore"[2].

This new world historical bloc (using Gramscian language) puts on new edges in the post-neoliberalism which we live and that justify the prevalence of high levels of unemployment. Among them is the resurgence, since 2008, the contraction of large economies like the United States and the Asian bloc; arose, the first, the volatility of capital investments in hedge fragile sectors such as insurance and real estate, supported by large amounts of debt resources; and the second contraction, arising from variations in capital flows located in the money markets and transient also called "Swallow Capital"[3].

In the midst of this critical stage, it is estimated that the population of people with disabilities of working age in the world is just, 50% active from an economic standpoint. In addition, these people show less likely to get decent work in a ratio of 2-1 relative to the rest of the population<sup>1</sup>. Surprisingly, this results in an amount of 30 million unemployed people with disabilities in the world<sup>2</sup>.

Evidence about people with disabilities, professionals or not, face a panorama full of obstacles to reach workforce development. These impediments are the unequal access to education, discrimination by employers, infrastructure and inaccessible transportation and lack of legislation and public policies that protect equal access to employment and decent work for all persons [4].

Clearly, the development of who we identify as "people with disabilities" entails an ideological background that branches of historical and dichotomous form between the psycho-biological and sociological. No wonder, first, found that the understanding of disability still linked to the categorization of people in a rehabilitation and normalizing sense; and on the other hand, find ideological positions that

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<sup>1</sup> Refer to [3]

<sup>2</sup> Refer to [1]

disability is associated with stigmatization of what people can and can not do in all walks of life and, in particular, in working life.

In terms of understanding the role played by labor in the quality of life for all people, training efforts still associate work with the idea of competitiveness and efficacy: the performance as a trigger of self-esteem and achieving social recognition. In this view, education as a process promotes "skills acquisition" as a synonym for "employability"; for example, we can mention the European initiatives to encourage greater participation by organizations in shaping networks of contracting companies [5].

However, from the point of view of the social construction of values, education for labor inclusion of people with disabilities is more holistic than simply creating wealth or increasing production approaches. Numerous studies worldwide establish the relationship between the non-exclusion of people with disabilities and achieving work environments with more constructive, satisfactory and collaborative learning attributes [6].

Additionally, there is evidence that people with disabilities are affected by misconceptions of employers about their skills, among which are non-productive and efficient, requiring expensive special equipment and additionally, they tend to be incapacitated by illness or disease [7].

These ideas, rooting utilitarian visions of the workforce as a competitive resource of the new neoliberal society, are offset from an economic paradigm for studies of "cost-benefit" of the non-inclusion of individuals with disability status in life labor. For example, it is estimated that this exclusion may cost between one and seven percent of Gross Domestic Product (GDP) of each country in the world [8]. Furthermore, the International Labour Organization<sup>3</sup> values between 1.37 and 1.94 trillion what is lost annually, compared to global GDP, due to the exclusion of people with disabilities in the life labor societies.

This document presents preliminary results about a formal hermeneutic research about how disability understanding influence the exclusion practices of people with disabilities in Latin American labor market. First, we present some context facts about this topic. Therefore, we develop some trends about the debates about disabilities paradigms and how they could influence hiring and develop of people with disabilities. Finally, we present a methodological approach to identify how these trends can be analyzed in order to avoid exclusion; opening some lines of future research efforts.

## II. LATIN AMERICAN CONTEX IN LABOR MARKET

In the global market economy, unemployment of persons with disabilities is analyzed mostly from the perspective of the relationship between productivity, wealth creation and competitiveness, as evidenced in the discursive position of official documents of the International Labour Organization

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<sup>3</sup> Refer to [3].

and reports of recent scientific research in Europe and the United States [9].

Surprisingly, in contrast to the world stage, Latin America has been closed since 2012 and until 2014 with a positive balance of growth and employment [10]. After the economic contraction in 2008 this region experienced rapid economic recovery reflected in the possibilities of acquiring decent work.

The urban unemployment rate has continued to decline since 2011 and broke the barrier of 7% to stand at 6.3% level in 2014, not seen since the nineties. About this, remember that the new century started to Latin America with unemployment rates above 10%, reached even in several countries, to exceed 13% [11].

Since 2011 until 2014, conditions improved, such as those related to decent work, and those relating to access to social security, improvement in real minimum wages and conditions of work environment. However, many challenges still prevail overcome, such as the fact that, despite progress in social protection, approximately 44% of the Latin American workforce has not got any coverage<sup>4</sup>. In addition, the urban unemployment rate of young workforce is three times that of adults (taking into account the effect of increased retention of youth in the formal education system). Sadly, one in three young people find employment only in the informal sector.

Despite the growing trends in the fight against unemployment and extreme poverty in Latin America, the fall in unemployment has been very slow between 2014 and 2014 (only 0.3%) and remains, unfortunately, a statistic that supports a common problem in the global context<sup>5</sup>.

Although a scientific report, that provides an accurate figure for all Latin America is not recorded recently, in 2009 an investigation that studied the situation of 9 representative countries (Argentina, Brazil, Chile, Colombia, Mexico, Peru, Dominican Republic, Uruguay and El Salvador) was performed and found that 77.73% of people with disabilities are unemployed. Furthermore, of the total population of people with disabilities, only 11% have some form of education at the secondary level and less than 1% have a college education [12].

This appears to correlate with the fact that, in the investigation of Boriarov S.<sup>6</sup>, the contracting sector said that his main limitation to incorporate more people with disabilities is the education they possess. At a general level in Latin America, it is estimated that people with disabilities it accounts for only 6.4 years of schooling and, generally, are more vulnerable to poverty and marginalization, as reported in [10] about Central America in 2014.

In response, regional actions have arisen such as the Regional Education Project for Latin America and the

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<sup>4</sup> Refer to [10].

<sup>5</sup> Refer to [1].

<sup>6</sup> Refer to [12].

Caribbean (EFA / PRELAC) which aims to promote substantial changes in policy and practice of education to achieve the goals in the frame of Dakar agreements, signed by all countries in Senegal, 2000.

Other initiatives such as the Program in Opportunities for Employment Through Technology in the Americas (POETA), was launched by the Foundation for the Americas (Trust for the Americas) since 2005 to achieve, among other goals, the creation of centers that provide technology training for economic development of vulnerable populations and initiate the implementation of the agreements of the Inter-American Convention on the Elimination of all Forms of Discrimination sponsored by United Nations. By the end of 2013, have benefited more than 180,000 people and has more than 89 centers in 20 countries in Latin America and the Caribbean <sup>7</sup>.

One of the most important events for Latin America, is the adoption of the Convention on the Rights of Persons with Disabilities (2006), achieved by consensus of the United Nations General Assembly on December 13, 2006 and charting a course of intrinsic justification and recognition of the social model supported and based on human rights. Unfortunately, not all Latin American countries have ratified this agreement and others like Venezuela, not even signed it.

Since then, in countries like Brazil, Argentina and Chile, for example, have raised state and national laws to force companies to maintain equitable recruitment policies even to the point of establishing hiring quotas. These initiatives have not proven effective, as evidenced by recent scientific research [13], and can say that still encourages the discursive management idea of "disability" as a "social burden" that all stakeholders should jointly and severally "help alleviate".

So far, the ideology behind these policies is still marked by an emphasis on "social utility" that is associated with the concept of "work", and not necessarily the idea of "work as a tool for social development and co-existence values", where the labor market inclusion is not seen as a struggle of minorities but as a great opportunity for society to grow in equity, equality and social participation.

### III. UNRESOLVED DEBATES THAT INFLUENCE EXCLUSIONARY PRACTICES

This section is based (methodologically) in an interpretive hermeneutic approach to data contained in indexed scientific sources documented in international media and doctoral research reports. These documents were selected from searches recognized, such as UNESCO (United Nations Educational, Scientific and Cultural Organization), EBSCO (Elton B. Stephens Company), ERIC (Educational Resources Information Center) and also publications of AERA (American Educational Research Association).

In the analytical approach, we start from the statement made by Alfred Schütz (1899-1959) about the "world of life" or "everyday life" as a social space which applies the theory of

social action, ie, the scope of intersubjective relations of social actors. The "everyday world," says Schütz, "is common to all and, in this world, everyone lives and acts as a being among his peers, a world that is conceived as the scope of possible orientations, organized around its relation to the specific outline of life plans and "relevances" that derive from everybody "[14].

#### A. *The debate about understanding of disability and who are persons with disabilities*

Jürgen Habermas (Düsseldorf, Germany, 1929) provides another analytical pillar for our hermeneutic approach "communicative action", the skill through which we all understand each other on the horizon in the world of life, ie, in the world of cultural tradition shared by a community. This "lifeworld", for Habermas, is the background of communicative action<sup>8</sup>, one of the four areas of social action (the others are the areas of teleological-strategic action, action governed by rules and dramaturgical action).

Related to this world of everyday life, we reflected on what is "disability" and "who are the people with disabilities." In particular, we can position ourselves head on to the elements of the social construction of "life world" from the "world of states of social consciousness" (values and norms) and the subjective-intersubjective world; explaining this construction from what we call paradigms in disability and underlying models developed with them.

The way in which socially is understood disability and "employability" of people with disabilities could be a determinant of effective labor inclusion [15]. In our analysis, we have found that this understanding of disability has changed over time, from a paradigm focused on the biological to a paradigm based on human rights; in the latter, it is recognized that all people have the same economic, social and cultural rights.

According to our analysis, the main elements of the paradigms we have identified and are present in discussions about what is meant by disability until today, can be summarized as follows:

1. **Traditional Paradigm:** emerged in the years of the First and Second World Wars, disability is understood as a problem of the person; was common to use terms such as "handicapped" prevented, disabled and invalid. The constraints faced by the person under this paradigm, are attributable to bodily experiencing deficiency and in this conceptual whole, the disabled population was marginalized, socially treated as atypical, poor and unsuitable; were subjects of charity, conservation, protection and assistance<sup>9</sup>.

The main features of this paradigm are:

- a) The disabled person had no contact with the rest of the population.

<sup>7</sup> Refer to [10].

<sup>8</sup> Refer to [14].

<sup>9</sup> Refer to [15].

- b) Services for people with disabilities were provided in a charitable way, especially by religious institutions.
- c) Socially, people with disabilities were placed in the last social class, exposed to all kinds of discrimination, neglect and even extermination.
- d) Persons with disabilities were treated as "objects" within the medical and health services provided by Social Security.

2. **Rehabilitation Paradigm:** originates due to social, economic and political conditions that occurred in the post-war (1949 onwards), the influence of these situations resulted in greater attention to people with disabilities.

This view focuses on the impairment of the person and does not cover other aspects of the individual's life, so care services usually run by a team of professionals led by a medical doctor, who decides the level of integration into society that people can access[15].

During the prevalence of this paradigm, it is common to use contrasting terms: useful or useless, fit or unfit relative to the workplace, consumption and economic development of society.

The main features of this paradigm are:

- a) The paradigm states that the problem of disability focuses on the person, their shortcomings and limitations; Then, professional services must be provided for their rehabilitation.
- b) People with disabilities are not proactive and service recipients subjects.
- c) The rehabilitation process is evaluated according to the skills and capabilities recovered by people.
- d) Disability changes in concept and people with disabilities become "patients" in rehabilitation services.
- e) The terms "integration" and "normalization" develop. At this point, it is relevant action to diagnose the condition of the person, which is meant to determine what is "abnormal" and differentiate it from the "normal". In addition, the diagnosis became the vital step of the process and an essential goal, before the integral development of people.

3. **Human Rights / Inclusion / Independent Living / No Discrimination Paradigm:** prevailing ideal of a society organized around the integral human development of all people; also dominated by actions aimed at reducing and eliminating situations of discrimination and exclusion of people with disabilities[17].

This paradigm is characterized in that:

- a) It breaks the dependency and subordination, placing a more active role for people with disabilities to take the direction of their own lives.
- b) The philosophy of achieving "independent living" strengthens, advocating the full exercise of the rights that all people hold and self-representation, independence and equal opportunities emerging as foundations of development. This is intended that persons with disabilities achieve personal autonomy and meaningful social participation on equal opportunities and the total

elimination of physical and social barriers to the exercise of their rights.

- c) This paradigm is based on the principles of "non-discrimination", "Affirmative Action", "Diversity", "Equal Opportunities", "Nonviolence", "Accessibility", "Independent Living", "Self-representation" and "full participation in all stages of life," including working life.

These paradigms are translated into practice, and reinforcement shared values and identities that can be explained in operational action models that we have identified. Then these models are briefly described:

1. **Welfare Model (Assistentialism):** related to the traditional paradigm, emerge after the First World War, in response to the need to care for those who were known as "war wounded". Basically it was implemented policies to assist the "deficient" in meeting their basic needs.

Assistentialism intensified the separation or isolation, so that in many countries during the second and third quarter of the previous century, they established schools for the blind, health centers for "handicapped" or schools for people with physical disabilities.

The welfare model induces people to be socially "labeled" according to their disabilities, so even at the family level, favored their social invisibility and even physical and psychological abuse.

As its main focus is on the "impairment" this model overlaps with the medical model, which is explained below.

2. **Medical Model:** views disability as a problem of the person directly caused by disease, trauma or health condition that requires medical care provided in the form of individual treatment by professionals.

This model aims to achieve a cure or a better adaptation of the person and a change in behavior. From an educational point of view, this model intended to diagnose constraints inherent to the person from a perspective of conditioning factors of learning (cognitive level, motor, visual, etc.) and develop therapeutic teaching and learning strategies that best suits the person with what is considered within a normal-art knowledge and learning curve. From this approach, it is still considered the teacher or special educator, as the only professional able to meet the educational needs of people with disabilities.

3. **Accessability Model:** This model is based on the principle of "normalization" <sup>10</sup>, where people with disabilities should have the right to as normal a life of others. The principle of normalization was initially raised as "the right of children to attend their local mainstream school without

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<sup>10</sup> Standardization is understood here as the use of (family, valued techniques, tools, methods, etc) culturally normative ways to allow the living conditions of a person (income, housing, health services, etc.) are at least as good as those of an average citizen, and improve or support as much as possible their conduct (abilities, skills, etc.), appearance (clothing, toiletries, etc.), experience (adaptation, feelings, etc.), status and reputation (labels, attitudes, etc.).

- possible exclusion"<sup>11</sup>; however, this principle goes beyond the school environment so that its implementation was the social and workplace. One criticism of this model is that it leads intrinsically to determine what is normal and emphasize the diagnosis, leading a welfare thought that would restrict decision making process for independent living.
4. **Social Model:** presents a view of disability as a social class oppressed and excluded by social practices and policies. From the educational level of children and young people, the social model proposes that inclusion is socially constructed from the classroom, so from the perspective of relationships, the active participation of people with disabilities in the classroom is the first step for social change. This implies that teachers facilitate the processes of teaching and learning from an approach that highlights the talents and skills of everyone and implement changes in the individual's interaction with its environment from the perspective of making independent decisions and not just therapeutic care. In this model, the so-called "technical assistance" lose their biologist meaning and become "technologies for inclusion" that allow social integration and the development of an environment without barriers to access to education<sup>12</sup>.
  5. **Constructionist Model:** proposes that disability is a function of attitudes, practices and institutional structures, rather than deficiencies itself. The purpose of those who work with this model, which inspired the American legislation in the nineties (The American with Disabilities Act) is to minimize the physical and social barriers that limit individuals to develop independent living and equal opportunities. Barriers may be physical, social and psychological; and, on the one hand, to break them is more important from a viewpoint of impact, that, on the other hand, changing the physical or biological characteristics of persons.
  6. **Minority group or political-activist Model:** people with disabilities, for the followers of this model, are members of a minority group traditionally discriminated against and excluded, as some ethnic or racial minorities, the poor or the elderly; therefore, it is imperative to undertake a struggle for recognition of their rights. In this model laws and regulations are essential instruments for social change towards the recognition of rights. Also the channels of social communication and active participation in all processes of political and strategic decision are fundamental instruments.
  7. **Universal Model:** promotes the recognition of all human beings with talents and abilities and various forms of expressing them. That is, human potential is recognized in all its forms and disability is seen as a universal condition, a present fact and inherent in all people and also inherent to the way the environment facilitates or hinders the development of talents and skills we all possess or can

learn. Therefore, it calls for the contextualization of human beings both the individual level and in the environment in which they live.

8. **Biopsicosocial/Human Rights Approach Model:** considers people as participants in the biological, psychological and social spheres. In this model, disability is not the absence of physical health, but psychological and/or social distress or inherent limitation of the environment in which people live and which hinders the potential of all people for their integral development. It also recognizes that disability is the result of the encounter between the functional characteristics of a person and a environment (social, school, work, family, institutional); so if in the interaction with the environment nonlimiting occur, no one could talk about disability.

These paradigms and models, socially constructed over time, vary in intensity and demarcate also variable performances in different contexts and environments. In addition, each of them is an implicit understanding of disability and its characterization is not yet resolved from a theoretical point of view. This discussion is developed more specifically in the next section.

#### *B. The debate about understanding of Inclusion, Integration and Diversity*

Intrinsic to the identification of paradigms and instrumental models mentioned in the previous section shape, we identified an unresolved debate appears to be a central hub in the social construction of disability. Answer the questions: What is disability? or, who are disabled?; which are obviously not easy questions to address, it could be the support for grounding social action and government policies.

In the traditional paradigm and the paradigm of rehabilitation, which are linked to the welfare models, medical and focused on accessibility, disability is associated with words such as "deficit", "deficiency" or "normal". Therefore, disability becomes a concept that emphasizes the "dis" prefix as reduction or elimination of "skill". In the utilitarian concept of work, then the term disability refers to "what not to do" or "what is done poorly." Obviously in this social construction of a the concept of worker who has a disability, people may be undervalued prematurely and therefore be subject to exclusion, as well how difficult it is to define normal or abnormal.

How real is the existence of this model in government policies in our time? Take an example. In Latin America PAHO has boosted ICFDH standards (International Classification of Functioning, Disability and Health) coming from the former International Classification of Impairments, Disabilities and Handicaps (ICIDH) of the eighties. The official document of these evaluation standards establishes that the term "operation" is used as a neutral term to cover bodily function, activity and participation; the term "disability" appears alluding to the "deficiencies, activity limitations and participation restrictions" and finally, the term "health" is used because of the need to emphasize the fact that ICFDH standards facilitate evaluation of the health states.

<sup>11</sup> Refer to [17].

<sup>12</sup> According with [6].

Latin American countries have hosted the ICFDH standards to establish programs of assistance and support to people with disabilities. From a critical perspective, it is possible to infer that disability is still associated with the support of these initiatives, a subject of illness, characterization or medical-therapeutic and "health problem" diagnosis.

Precisely, social exclusion has been designated, from the paradigm of Human Rights / Inclusion / Independent Living (and therefore from the models: social, constructionist, minority-political activist group, universal and bio-psycho-social) as the main social unwanted effect that initiated the need to add to all human right definition, the use of adjective "inclusive": Inclusive Education, Inclusive Work, Inclusive Health, among others; and, thus, started environments also be qualified with the same adjective: Inclusive Facilitates, Inclusive Campus, Inclusive Schools, Inclusive Hospitals, Inclusive Businesses, Inclusive Restaurants, Inclusive Parking and so on.

However, the paradigm of Human Rights / Inclusion / Independent Living, overlaps with the paradigm of rehabilitation. Refers to [17], we can read in the Convention on the Rights of Persons with Disabilities of the United Nations in 2006, it is established that disability "results from the interaction between persons with impairments and barriers caused by attitudinal and environmental impeding their full and effective participation in society on an equal basis with others "; and, secondly, hereunder people with disabilities "include those who have physical, mental, intellectual or sensory deficiencies which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others ".

As seen, still in the documents that come from international agreements of United Nations prevails a rehabilitation concept that relies on "being practical" and "barriers functionality" which ends up giving emphasis on diagnosis of functionality and finally the establishment of standards or metrics on what is normal and what is abnormal. This trend points the normality beside of homogeneity (the opposite of diversity) because after measurement of standards of normality comes the categorization.

Social exclusion, from the beginning of the paradigm of Human Rights began conceptualized as the denial of equal access to opportunities for growth and achieving independent living that certain groups in society impose on others. Inclusion, oppositely, is a principle that all people should have equal opportunities for development, independent living, decent work, determination and participation in political and social life of the country, and, together with the above, equal opportunity to free exercise of rights and duties. So, poverty, ethnicity, creed, gender, sexual orientation, political affiliation, the bio-psycho-social skills and age, are attributes and conditions for Human Rights, should not cause discrimination or violating the dignity and equality of access to development opportunities.

The word "access", likewise, became associated with disability. Therefore, moving from the Accessibility Model to Universal Model, the understanding of disability begins to evolve from the inherent normal people until "the way the environment establishes barriers." Thus the "inclusive" adjective begins to associate the word "accessible". Hence nicknames they put on the table for discussion the debate between concepts such as "persons with disabilities" and "persons conditioned towards disability" that are appealing to the physical, social, cultural and legal environments that cause exclusion arise.

These unresolved debates about disability has led to a deeper thinking on the skills, talents and finally, on human differences. Terms seeking a direction opposite to the characterization of the deficit, deficiency or abnormality began to highlight the talent or what in psychiatric terms is known as resilience, ie, the human capacity to solve the problems we face in "the world of life" with the primary objective to survive, develop and, ultimately, live and be in the world. But even in this conception (linked to Universal Model), we found that the tendency to label people persist but this time followed with a "positive repositioning" using terms like "people with special talents" or "people with different skills" which only allude to other ways of referring to who were handicapped or disabled before.

Despite all these transient states understanding about disability and who are disabled, the debate continues. In the paradigm of "inclusion" and "Right to an independent life" has favored a universal movement which means human being, that is, the idea that "the human" is expressed in different and diverse capabilities; just many different ways of living in the world. Thus, all people can do many things and solve the same problems many different ways.

In this paradigm, disability is a human characteristic and what is talent. Throughout life, according to this view, all people are developing different and diverse talents as well as solving problems or living in the world dynamically. For example, with age, illness or due to an accident, a person may feel lost certain skills he had before but, in contrast, develop others that might not know I could achieve.

Social exclusion, then, still in debate and has been carried mostly as a matter of social construction of meaning "what is human" and how certain groups are imposed on others, denying the possibility of development in equal conditions than others. From this point of view, it is not a matter of having "inclusive and accessible environments" or "inclusive businesses" or "inclusive schools" or "inclusive autobuses."

In essence, it is a matter of recognizing the human being what it is and not for what is believed to be or not to be and with this preconception, judge what a person can or can not do. For example, refers to [13], scientific evidence shows that people who are classified as "persons with disabilities" (beyond what everyone can be) still face discrimination in obtaining employment in equal conditions and opportunities

from the moment work environments that impose a characterization of what they are and therefore can do.

#### IV. AVOIDING EXCLUSION THROUGH A BASIC MODEL OF IDENTIFICATION OF DISABILITY PARADIGMS

Based on the unresolved debates that we set in the previous sections, is possible to apply Grounded Theory method [18] to hypothesize a basic model to identify paradigms of understanding about disability that could stimulate labor exclusion in specific contracting organizations. This model is presented in Figure 1.

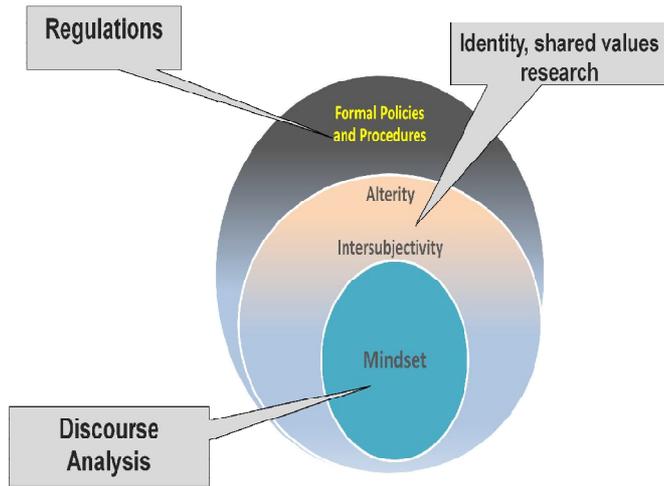


Fig. 1. Basic hypothetic model to identify paradigms of understanding about disability that could stimulate labor exclusion.

With this model, we do not argue against any paradigm necessarily. The importance of identify paradigms in social contexts (in particular, labor market) is related with exclusionary practices or those conditions that promote auto-social exclusion.

The model highlights the interrelation of concentric circles which states that the paradigm lies essentially in the mind, in what has been internalized as central idea of what disability and those who possess it. This first class could be approached methodically through discourse analysis.

Then, there is the individual construction of the self in terms of others. The way in which the recognition of others and their singularities are shaping the way we see ourselves, including the world or self-excluded are also socially constructed. The alterity and intersubjectivity end up closer or away from what the mentality is reached conceptualized as disability and those who possess it. The investigation of identity and shared values in the social environment is shown as a methodological way to understand this second class associated with otherness and intersubjectivity.

Finally, the whole social system will basing on rules, formal structures of coexistence which are reflected in policies, regulations and regulatory codes. Each person develops in the system while the regulations match the values that are shared. The analysis of these regulations and how they

support or discourage the construction of otherness and the ideas conceived in the mind is a way to delineate what paradigms are present in the social environment.

This model does not pretend be sufficient or complete. It is an exploratory and hypothetical model that needs to be thought in depth and rebuilt with more research. However we believe it is a good start to understand how paradigms on disability and concepts about who are persons with disabilities can determine hiring, induction and development of people with disabilities practices with equal opportunities in labor markets.

#### V. CONCLUSIONS AND FUTURE RESEARCH

A interpretive hermeneutical methodology approach, based on literature research, reveled that two important trends dominate and influence the practices of exclusion of people with disabilities in Latin American labor market: the paradigms and models focused on the "deficiency" (associated with disability as conditioning inherent in the person) and those who are focused on "recognition of diversity, singularity and talents development" (associated with disability as extrinsic conditioning to the person in the way survive).

Concepts such as "inclusion" or "accessible" have sought to address the idea that people can be deprived of the opportunity to participate on equal terms in all facets constructed and socially accepted. One is the working life.

However, we found that the exclusion goes beyond what the environments are, whether social, physical, economic or educational environments. It is essentially an effect of socially shared paradigms, culture embodied in line with socially shared values and also the possibility of governance resulted in a will imposed on a social group practices.

Identifying these paradigms is a good start to understanding exclusion. In this paper, we focus on labor market exclusion of people with disabilities and found a theoretical model that allows for a start understanding the paradigms of disability and how to contextualize the possible labor exclusion. In this model we define as relevant: the nature of ideas positioned in the mind, otherness and intersubjectivity that relate to the construction of identities and shared values and additionally regulations and socially accepted formal policies.

Disability is a complex construct. Therefore, complicates the understanding of who the people with disabilities. We found that like any social construct, it builds up over time and socio-historically boosted. In the search for understanding of paradigms, we found the eagerness of the individual; woman or man who describes himself as a person who seeks to satisfy their desires through their own qualities, abilities, possessions or merit; and, consequently, has the right to choose and not be coerced to choose.

That eagerness, however, is not necessarily a product of nature or of biological and psychological characteristics of individuals but develops through social learning. This means

that countries, communities, families and employment organizations must learn to live with disability as well as people do, because disability is not a bad or good attribute; nor is our skin color, our anthropometry or our life story.

This work has left a series of open questions that outline the need for future research. The influence of the paradigms of disability in employment practices exclusion, from the point of view of people who are not considered "disabled" and the relationship between the paradigms in disability and "self-exclusion" can be mentioned as relevant scientific research needs.

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## BIOGRAPHY

**Eldon Glen Caldwell Marín**, full professor (Cathedricus), University of Costa Rica with over 20 years of teaching and research experience. Bachelor and Master in Industrial Engineering at University of Costa Rica, also with a Master degree in Operations Engineering at ITESM, Mexico, Financial Analysis and Marketing of Services at Inter-american University of Puerto Rico, Health Services Management at UNED, Costa Rica and finally Ph.D. in Industrial Engineering at the Autonomous University of Central America-University of Nevada, USA. Currently he is a doctoral researcher at the University of Alicante, Spain, and Academic Excellence Prized (2013 and 2014) at the Ph.D. Program in Education at University of Costa Rica. His research interests include production scheduling, information retrieval, robotics and intelligent development of methodologies for implementing lean systems. Contacts: eldon.caldwell@ucr.ac.cr / egcm@alu.ua.es

**Rosa Cintrón Delgado**, Associate Professor with over 30 years of professional and academic experience. Dr. Cintrón earned her BA with emphasis in Psychology and MA with emphasis in Clinical Psychology at University of Puerto Rico, College of Arts & Sciences. Therefore, she earned her Ph.D. emphasis in Higher Education at Florida State University, College of Education, with Dr. Lou Bender as advisor. She currently teaches and coordinates the higher education tracks (MA, EdD & PhD); aligning curricula, internships and practica to CAS Standards; advising master's and doctoral students; serving on and chairing dissertation work at Department of Educational Research, Leadership and Technology. Higher Education & Policy Studies Program, University of Central Florida. Her research interests include Social justice in higher education: Identity, marginality and power; and Qualitative methodology: Contour(ing) voice, self and persona. Contacts: rosa.cintrondelgado@ucf.edu.