A Secondary Guy

Physically Disabled Teenagers in Secondary Schools

by

Lorna C. Doubt

A thesis submitted to the School of Rehabilitation Therapy
in conformity with the requirements for the degree of
Master of Science

Queen's University
Kingston, Ontario, Canada
September, 1997

0-612-22300-0

ABSTRACT

This study explored the perceptions and experiences of teenagers with physical disabilities attending regular secondary school classes. In particular, the study focused on the meaning that they ascribed to their social integration and the factors that influenced it. Social integration was conceptualized as a sense of belonging in the school community.

A phenomenological approach was used to gain insight into the process of social integration from the viewpoint of physically disabled young people themselves. Seven secondary school students with ambulation disabilities were interviewed in their homes, using a semistructured interview guide. The interviews were analyzed using a qualitative computer program (QSR.NUDIST, Aladdin Systems, 1994) to assist with coding and categorization of the data. Strategies to ensure data trustworthiness were built into the design of the study.

The findings indicated that the participants defined social integration in terms of nondisabled peer acceptance and opportunities for participation in school activities. Extrinsic factors, including peer reactions and inaccessible activities, presented the primary barriers to integration. Intrinsic factors, including masking the disability, finding a niche, making fun of the disability, and educating peers, were identified as the most significant in promoting their integration.

Interpretation of the findings suggested that the participants occupied a secondary place in their schools, as opposed to being fully integrated. This conclusion was based on indications that they were marginalized by their school environments, and that they tended to accept a limited form of integration and to strive for assimilation rather than integration in their school communities.

ACKNOWLEDGEMENTS

I gratefully acknowledge the contributions of the following people to the completion of this study:

The seven young people who shared their time, patience, and perspectives on their school experiences. In spite of the fact that the researcher was a stranger and the interviews delved into a very personal topic, their responses were reflective, candid, and often delightfully humorous.

Dr. Mary Ann McColl, my thesis supervisor, who challenged my thinking and made this such a valuable learning process. Her ability to pose critical questions at the appropriate times pushed me to greater depths of analysis than I would otherwise have been capable.

Dr. Will Boyce, who provided such clear and detailed feedback on many drafts of this thesis. His knowledge and insights in the field of young people and physical disability contributed subsantially to the successful completion of this study.

Dr. Hugh Munby, whose enthusiasm for qualitative research inspired me to undertake this study. His supportive approach to teaching and advising renewed my confidence many times.

The Childrens' Centre staff, for their interest in the topic and their dedication to increasing our knowledge base through research.

My fellow graduate students, who sustained me through the phases of this project with their support, friendship, and encouragement.

Jim, Stephen, and Anna, my family who so willingly sacrificed their own needs to enable me to fulfill a dream of my own.

TABLE OF CONTENTS

CHAPTER ONE INTRODUCTION

CHAPTER TWO LITERATURE REVIEW

CHAPTER THREE METHOD

CHAPTER FOUR FINDINGS

CHAPTER FIVE DISCUSSION

APPENDICES

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

Statement of the Problem

The integration of children with disabilities into their community schools has become a focus of education policy development in many nations of the world. It is generally accepted that the primary reason for integration is to foster the social development of children with disabilities and their nondisabled peers (Kunc, 1992; Lord, Varzos, Wicks, & Wicks, 1990; Murray-Seegert, 1989; Reynolds, 1984). An important function of a school system is to prepare students - disabled or not - to live in the community and school experiences for adolescents with physical disabilities should reflect these goals (Grady, 1995; Kunc, 1992; Murray-Seegert, 1989; Ontario Ministry of Education and Training of Ontario, 1994; Stainback & Stainback, 1990).

The problem is that there is convincing evidence to suggest that adolescents with physical disabilities are limited in their social activities and relationships, and experience more social isolation than their peers without disabilities, both in their schools (Appleton, Minchum, Ellis, Elliott, Boll, & Jones, 1994; Jenkinson, 1987; Lord et al., 1990; Nulcahey, 1992; Reynolds, 1984) and in their communities (Blum, 1992; Brown & Gordon, 1987; Cadman, Boyle, Szatmeri, & Offord, 1987; Pollock & Stewart, 1990; Resnick, 1984b; Stevens, Steele, Jutai, Kalnins, Bortulussi, & Biggar, 1996). However, little is known about the factors that influence the social integration of these young people (Jenkinson, 1987; Law & Dunn, 1993; Lord et al., 1990).

Study Purpose and Objectives

The overall purpose of this study was to identify some of the critical factors in enabling teenagers with physical disabilities to feel integrated in their schools. The study goal was to identify and describe issues of social integration in regular secondary schools for adolescents with physical disabilites, from their own perspectives. Specifically, the objectives were to:

1. explain the meaning of social integration in secondary schools for students with a physical disability;
2. identify and describe factors that limit and promote their social integration.

Rationale for the Research Topic

Studies indicate that 1 in 10 children in the industrialized world is born with a chronic or disabling condition, one-third of whom are limited in their activities of daily living (Blum, 1992). The increasing focus on enabling people with disabilities to participate in their communities (Ontario Ministry of Health, 1993; Ministry of National Health and Welfare, 1986) is reflected in Canadian health promotion strategies (Ministry of National Health and Welfare, 1986) and in education policy (Keeton-Wilson, 1985; Ontario Ministry of Education and Training, 1994). Ontario education policy has mandated that support services be provided to enable all children with disabilities to attend regular schools and have access to the opportunities and resources that will enable them to reach their optimum potential (Keeton-Wilson, 1985). In spite of this, research suggests that young adults with physical disabilities have difficulty with the transition from school to adult community life (Blum, 1991; Brollier, Shepherd, & Markley, 1994; Clark, Mack, & Pennington, 1989; Kokkonen, Saukkonen, Serio, & Kinnunen, 1991; Parmenter & Knox, 1991).

Adolescence is a time of transition from childhood to adulthood. It is within the role of student that the majority of adolescent developmental tasks are carried out (Mulcahey, 1992; Pellegrino, 1995). As young people spend approximately six hours a day in school, the school community provides an important context for social development (Colwell, 1984; Simmons, 1987) and prepares adolescents for integration into the larger community (Ballard, 1993; Grady, 1995; Kunc, 1992; Murray-Seegert, 1989). Authors have suggested that there is a need for better understanding of the process of integration for adolescents with physical disabilities in schools (Jenkinson, 1987; Lord et al., 1990). It is important to identify and understand the factors that affect the social activities and experiences of disabled adolescents to enable them to develop to their full potential as participating members of society.

Theorists are giving increasing attention to the relationship between factors in the environment and the ability of people with disabilities to enact roles that are important to them; and to cope with and adapt to community living (Law & Dunn, 1993; Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996). Expanding both theoretical knowledge and professional practice in this area is essential.

Research on this topic should prompt discussion and raise questions about the extent to which the goals of school integration are being achieved for adolescents with physical disabilities; and the development of strategies to enable young people with disabilities to participate more fully in their school and community life.

Rationale for Research Approach

Perspective of the Student

Social ecologists such as Bronfenbrenner (1979) and Moos (1979) maintained that it is an individual's perceptions and interpretations of the environment that determines both the factors that are important and personal reactions. Understanding the reality of peoples' lives demands consideration of their perceptions, feelings, beliefs and experiences and provides useful information for developing social policy and service delivery (Foster, 1989; Lord, Schnarr, & Hutchison, 1989). However, theorists and researchers have suggested that the perspective of the student with a disability has been neglected in research, policy development and service delivery in schools (Ballard, 1993; Foster, 1989; Law, 1991; Mulcahey, 1992; Murray-Seegert, 1989).

In their study of the transition from school to community life for young people with disabilities, Knox and Parmenter (1990) reported that the most useful and meaningful information obtained was that given by the consumers. In spite of this, studies of the school experiences of students with disabilities have tended to focus on the attitudes and perspectives of other people, for example education staff or nondisabled peers (Bowd, 1992; Foster, 1989; Horne, 1987; Lord et al., 1990; Murray-Seegert, 1989; Stainback & Stainback, 1984). There seems to be little investigation of the experiences of students with disabilities and their attitudes towards their peers, professionals, environment or themselves (Horne, 1985; Morris, 1997; Mulcahey, 1992).

Qualitative Approach

The qualitative form of inquiry is based on inductive rather than deductive reasoning. Conrad (1987) maintained that this is the more appropriate approach for studying the nature of the experiences of disability; and that the principles of qualitative research are the most useful for illuminating the nature of social interactions, their meanings and the factors that affect them. Soder (1989) argued that little is known about the social reality of disabled people and their social interactions; and that more qualitative approaches are needed to "highlight the subjective definitions of situations" (p.126).

Experimental approaches can result in the distortion or exclusion of a critical element (Lord et al., 1990; Murray-Seegert, 1989). For example, standardized criterion measures have tended to assume positive outcomes of change and adaptation in the disabled individual towards the mainstream, and acceptance by the majority (Bowd, 1992). Studies based on sociometric data have been criticized for presenting information that does not necessarily reflect the social behaviour that occurs (Chambers & Kay, 1992).

Theorists in this area have recommended phenomenological studies to determine the nature and variety of factors that affect the participation of children with disabilities in their communities (Law & Dunn, 1993). Several authors have suggested that a qualitative approach is particularly appropriate for studying school social integration from the perspective of the student with a disability (Ballard, 1993; Foster, 1989; Mulcahey, 1992; Murray-Seegert, 1989; Resnick, 1984b; Stainback & Stainback, 1984). The methods are designed to be used when the phenomenon is not well-understood, to develop hypotheses that can be investigated further (Murray-Seegert, 1989). Literature related to the subjective school experiences of students with physical disabilities is limited.

Overview of Thesis

Chapter 2 provides a review of the literature on the social development, social relationships, and social integration in schools of adolescents with physical disabilities. Included is information on adolescent development, disability and adolescent social interactions, and reactions to disability. The chapter concludes with an historical perspective on the integration of students with disabilities in schools in North America, a discussion of the theory and research on the topic, and a summary.

Chapter 3 describes the methodology of this qualitative study. Sampling procedures, sample description, data collection and analysis methods, and strategies to ensure trustworthiness are outlined. Limitations of the study are identified.

Chapter 4 presents the findings of the study. The results are organized in terms of the study questions: definitions of social integration, factors that limited social integration, and factors that promoted integration for the study participants.

Chapter 5 discusses the findings of the study in relation to the theoretical literature. The findings are presented in terms of four themes: environmental barriers, accepting limited integration, striving for conformity, and secondary place. Implications of the study are considered and recommendations for further research suggested. A summary of the study concludes the chapter.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Theoretical concepts and research in the following areas guided the design, analysis and interpretation of this study: adolescent social development; physical disability and social relationships; and the social integration of students with disabilities in schools. This chapter provides a review of the relevant literature.

Theory of adolescent social development is briefly outlined and a social ecology perspective considered. Issues related to the social relationships of teenagers with physical disabilities are identified, including ideas about peer acceptance and reactions to physical disability. An overview of the historical background to the philosophy and government policies of school integration for children with physical disabilities precedes a review of the theory and research in this field.

Adolescent Social Development

To establish new relationships and move into adult life, the adolescent must have consolidated an identity, achieved independence from family, and obtained acceptance into a peer group (Mussen, Conger, Kagan, & Huston, 1984; Strax, 1991). Forming peer relationships is critical to this developmental process (Blum, Resnick, Nelson, & St.Germaine, 1993; Hartup, 1993; Strax, 1991; Youniss & Haynie, 1992). It is within peer relationships that adolescents experiment with new roles, experience success and failure, and learn to develop and maintain supportive relationships (Crittenden, 1990; Hostler, Gressard, Hassler, & Linden, 1989; Shulman, 1993). The development of self-identity is influenced by the perceptions of peers, that is, one sees oneself through the reactions of others (Resnick & Hutton, 1987; Shulman, 1993).

The peer group is the "vehicle for separation from home" (p.509); and problems in social relations arise when access to reciprocal friendships is limited (Strax, 1991). The literature on adolescent development suggests that peer acceptance and friendships are crucial factors in the development of social maturity and in avoiding the implications of loneliness and social isolation (Erwin, 1993; Mussen et al., 1984; Shulman, 1993; Youniss & Haynie, 1992). Friendships require prolonged contact and tend to be based on shared interests and competence in valued skills (Erwin, 1993). At the beginning of this stage of development, conformity to the customs and values of peers achieves heightened importance, gradually declining in the later years (Erwin, 1993; Mussen et al., 1984).

Ecological Perspective

Theories and concepts from social ecology are instructive for understanding adolescent development and behaviour (Bronfenbrenner, 1979). Bronfenbrenner's model of human development assumes that the interaction between individuals and their environments affects human behaviour; and that this interaction is a reciprocal process in which the individual and the environment are continually affecting and modifying each other (Bronfenbrenner, 1979; Murray-Seegert, 1989). In this model, the environment is defined to include physical, social, cultural, and organizational elements (Bronfenbrenner, 1979; Letts et al., 1994). It is conceptualized as a system of physical and social structures, organized to reflect an ecosystem that includes "not only objectively verifiable elements, but also the environment as perceived, described, and/or experienced by an individual" (Murray-Seegert, 1989, p.162). Activities and interpersonal relationships are integral components of this model (Bronfenbrenner, 1979).

Law et al. (1996) extended these concepts to develop a person-environment-occupation model of occupational performance in which the components of person, environment, and occupation are related in a transactive process. In this model, occupation is understood to be the activities and tasks carried out "to meet intrinsic needs for self-maintainance, expression, and fulfilment...within the context of individual roles and multiple environments" (p.16). Environment is conceptualized as the cultural, socioeconomic, institutional, physical and social contexts in which occupations are performed. Person is defined as the "attributes and life experiences of the individual, including self-concept, personality characteristics, cultural background and personal competencies" (p.16). Occupational performance, the outcome of this transactive process, is the "dynamic experience of a person engaged in purposeful activities and tasks within an environment" (p.16). This model suggests that the school environment, the characteristics of the student, and their occupations influence each other to determine the student's occupational performance.

Kunc (1992) and Grady (1995) emphasized that having a social context in which to validate self-worth is essential to the development of achievement and fulfillment.

They argued that a sense of belonging to a community is a prerequisite to developing self-esteem and self-actualization. As school is a social system of peers and adults in which youths spend a large percentage of their weekday hours, it is clear that this social context is influential on their social development and relationships (Colwell, 1984; Pellegrino, 1995; Simmons, 1987).

Physical Disability and Adolescent Social Relationships

Adolescents with disabilities have the same needs for friendship, independence and freedom as their non-disabled peers (Blum et al., 1991; Strax, 1991). However, research indicates that teenagers with a physical disability experience more isolation and loneliness than their nondisabled peers (Blum, 1992; Brown & Gordon, 1987; Cadman et al., 1987; Davis, Berger, Anderson, Linkowski, & Feinstein, 1991; Resnick, 1984b; Strax, 1991).

Blum et al., (1991) studied the patterns of family and peer interactions of 102 youths with spina bifida and 60 with cerebral palsy between the ages of 12 and 22 years. Although most of the subjects reported that they had friends, social contact was limited. The respondents were usually older than their friends; few had contact in their friend's homes; social activities tended to be passive, such as watching television; and most did not date. Other studies corroborate these findings (Blum, 1991; Stevens et al, 1996)

Researchers and theorists in this field have tended to focus on factors such as deficits in self-esteem, social skills, and mobility of teenagers with physical disabilities to explain limitations in their social relationships with nondisabled peers (Ballard, 1993; Mulcahey, 1992; Strax, 1991; Strax & Wolfson, 1984). Although the findings of many studies indicate that self-esteem is not a problem for young people with physical disabilities (King, Shultz, Steel, Gilpin, & Cathers, 1993; Magill & Hurlbut, 1986; Stevens et al, 1996), Appleton et al. (1994) concluded from their study of the self-concept of 79 eight to eighteen year olds with spina bifida that these young people are likely to feel less competent in academics, athletics and social domains, including physical appearance, than their nondisabled peers.

Many authors argue that it is factors in the environment such as overprotective parents, a scarcity of role models, inadequate social opportunities, and ostracization by peers that limit the experiences of these young people and place the physically disabled teenager at a disadvantage in facing the developmental challenges of the adolescent years (Ballard, 1993; Blum,1992; Brown & Gordon, 1987; Kokkonen et al., 1991; Pollock & Stewart, 1990; Resnick, 1984b; Strax, 1991). Individual response to the "culturally embedded negative social expectations that predominate towards disabled people in general" (Resnick & Hutton, 1987, p.796) undoubtedly influences the social development and relationships of physically disabled teenagers.

Social Reactions Towards Disability

Lack of acceptance of people with physical disabilities has been attributed to the negative attitudes of nondisabled people (Gilfoyle & Gliner, 1985; Horne, 1985; Olkin & Howson, 1994; Yuker, 1994). Other authors maintain that ambivalence rather than negative attitudes towards disabled people is more common (Schwartz, 1990; Soder, 1989). However, the relationship between attitude and behaviour is not well understood, in spite of the fact that outcomes such as social acceptance and friendship have been associated with attitudes (Karnilowicz, Sparrow, & Shinkfield, 1988). Attitudes can only be inferred from behaviour that is actually observed, behaviour that is also affected by previous experience, habit, social norms, and the anticipated consequences in that situation (Alcock, Carment, & Sadava, 1991; Antonak & Livneh, 1988).

The research results in this area tend to be conflicting and confusing because of limitations in conceptualization and methodology (Yuker, 1994). Further, studies more often target other age groups and disabilities rather than adolescents with physical disabilities (Horne, 1985; Lord., 1990). However, there are factors that are widely accepted as mediators in the relationship between disabled people and the attitudes of nondisabled people towards them, the most influential probably being the beliefs of nondisabled people about disability and disabled people (Livneh, 1991; Yuker, 1994).

The social interactions between disabled and nondisabled people are often characterized by discomfort and anxiety (Resnick, 1984a). There is considerable support for the hypothesis that positive attitudes towards people with disabilities result when there is social contact that is "personal, rewarding, characterized by cooperation, intimacy, and equal status" (Resnick, 1984a, p.7) and the disabled person is perceived as socially skillful, able to communicate successfully, and competent in the areas that are valued by the nondisabled person in the interaction (Yuker, 1994).

Research indicates that physical attractiveness is a powerful determinant of attitudes towards people with disabilities (Hahn, 1993; Olkin & Howson, 1994). Study findings support a model of aesthetics suggested by Hahn (1993), that the more a physical disability causes a body to deviate from the socially accepted image of what is whole and beautiful, the more negatively it is viewed (Olkin & Howson, 1994). This concept of aesthetics has been extended to include the notion of social and physical competency and the way that the body moves (Olkin & Howson, 1994; Sigelman & McGrail, 1985). As physical appearance has been identified as a salient factor in the acceptance or rejection of adolescents by their peers (Erwin, 1993; Mussen et al., 1984), it is probable that tolerance of differences will be low at this stage (Resnick, 1984a).

Coming to terms with one's body and physical appearance is a major task of adolescence (Erwin, 1993). Acceptance of one's own disability, and willingness to acknowledge and discuss it have been associated positively with positive attitudes by non-disabled people (Yuker, 1994). Research suggests that overawareness of the disability and inability to test objectively whether it is at issue may induce some people with physical disabilities to exaggerate the significance of the disability in the social outcomes of their interactions with non-disabled people (Strenta & Kleck, 1985).

The literature supports the conclusion that combining education with contact over time is the most effective approach to improving attitudes of nondisabled teenagers towards physically disabled peers (Ballard, 1993; Horne, 1985; Rosenbaum, Armstrong, & King, 1987; Yuker, 1994).

Integration of Students with Physical Disabilities in Schools

Historical Perspective

During the 19th century, institutionalization became the primary method of coping with people with mental and physical disabilities in North America (Blackford & King, 1985). By the early 20th century those with physical disabilities who were not institutionalized tended to remain within their own communities and attend the local school until physical or academic obstacles caused them to drop out. As medical specialization increased and fostered the ideology that only specialists could provide appropriate services, there was movement towards segregated treatment centres with school facilities, until even many minimally disabled children were forced to attend special schools (Blackford & King, 1985; Jenkinson, 1987; Stainback & Stainback, 1995; Law & Dunn, 1993).

By the mid-century, other social forces began to influence the thinking about disability. As the civil rights movement's demands for racial de-segregation gained momentum in the 1960s, disability activists were beginning to voice their demands for control of their own lives (DeJong, 1979). They emphasized equal rights and access to participation in their communities rather than the individual deficits traditionally identified by the medical professions.

At about the same time, Wolfensberger (1972) introduced the principal of normalization to North America, providing support for the integration of children into their community schools. He defined the process as "utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics that are culturally normative" (p.28). Although not without controversy, work on normalization has emphasized analysis of the effects of segregated and specialist services, which can emphasize an aspect of a person until it is seen to be their primary characteristic and determines not only their self-perceptions but the reactions of others to them (Wolfensberger, 1980). Consequently, there developed widespread agreement that segregated schools and classrooms should be replaced with environments that included both disabled and nondisabled students (Stainback & Stainback, 1995).

The mid-1970s brought economic pressures to reduce health and social costs. The philosophy of integration became the argument for closing residential institutions and treatment centres and providing community-based rehabilitation and education services to people with disabilities. By 1980 the Ontario Education Act had been amended to ensure universal access to publicly funded education for all school age children, including those with behavioural, communication, intellectual, physical, and multiple exceptionalities (Bowd, 1992; Keeton-Wilson, 1985). An amendment to the Health Insurance Act in 1984 expanded the mandate of the Ontario Home Care Program to provide occupational, physical and speech therapy, and nursing services to school boards to enable children with disabilities to attend their community schools (Keeton-Wilson, 1985).

Theoretical Perspective

Although there is a plethora of studies and analyses of the integration of students with disabilities in schools, they have presented conflicting results, partly because definitions and outcome measurements of integration have been unclear and inconsistent (Chambers & Kay, 1992; Flynn, 1993). Wolfensberger (1972, 1980) defined integration as the maximization of a person's participation in the mainstream of his culture. He argued that integration is only meaningful if it is social as well as physical, and involves the participation of disabled people in social interactions and relationships in activities that are culturally normative in quantity, quality, and setting.

School integration for children with disabilities was originally intended to provide them with "normal" role models and experiences (Kunc, 1992). The assumption of normalization theory that integration would decrease the stigma associated with disability and increase the ability of people with disabilities to cope in mainstream society (Wolfensberger, 1972) influenced the development of education policies and practices. Consequently, there has been a tendency to emphasize the need for the individual to acquire the behaviours and skills necessary to participate in the school community with their nondisabled peers (Ballard, 1993; Bowd, 1992; Jenkinson, 1987; Kunc, 1992).

Authors have suggested that there is a difference between Canada and the United States in the philosophy and implementation of school integration policies (Bowd, 1992). Bowd (1992) maintained that human rights issues have influenced implementation of policy in Canada, whereas normalization theory and its related practice of mainstreaming has had more impact in the United States. Mainstreaming implies assimilation and adaptation of the disabled to the majority population, whereas integration, the common term used in Canada, acknowledges differences and the right of children with disabilities to be educated in regular classrooms, with expectations of interaction with their nondisabled peers and mutual adaptation (Ballard, 1993; Bowd, 1992).

Buell and Minnes (1994) concluded that normalization approaches support services that promote assimilation rather than integration for people with developmental disabilities. They adapted a framework, developed by Berry (1984) for the study of the interaction between smaller cultural groups and the dominant culture, to demonstrate the outcome options of service delivery strategies for people with developmental disabilities (Table 1).

In his model, Berry (1984) explained integration as the retention and assimilation as the abandonment of cultural identity of the smaller group, while joining the dominant group. Segregation is viewed as the maintenance of cultural identity, while moving away from ties with the dominant culture; and marginalization as the loss of both cultural identity and contact with the dominant group. These outcomes were conceptualized as discrete options open to both individuals and groups in societies characterized by more than one cultural group, although relationships between groups do not usually reflect these pure forms.

The outcomes are determined by the response to two issues: the extent to which value is assigned to the preservation of the unique characteristics of the smaller group, and to the development and maintenance of relationships between the two groups. Affirmative or negative resolutions to the two questions posed in the model reflect the nature of the interactions between the two groups.

Table 1

<u>Options in the Adapted Acculturation Framework</u>

		Issue ONE: Is it considered to be of value to recognize and support the unique characteristics of persons with developmental disabilities?	
		YES	NO
Issue TWO: Is it considered of value for persons with developmental disabilities to maintain relationships with other groups?	YES	integration	assimilation
	NO	segregation	marginalization

<u>Note</u>. From "An Acculturation Perspective on Deinstitutionalization and Service Delivery," by M.K. Buell and P.M. Minnes, 1994, <u>Journal on Developmental Disabilities, 3(2),</u> p. 98. Reprinted with permission of author.

Buell & Minnes (1994) identified people with developmental disabilities as the smaller group and service delivery as the cultural relationship. The authors suggested that normalization principles, which encourage people with disabilities to conform to the dominant culture, promote assimilation and emphasize similarity between groups. On the other hand, integration occurs when the environment considers it important to recognize and support the diverse characteristics of people with disabilities and their relationships with the larger community (Buell & Minnes, 1994).

Soder (1989) argued that misinterpretation of the social constructionist approach has resulted in normalizing rather than integrating strategies of educators and rehabilitation practitioners. He contends that the emphasis on de-labelling has promoted a tendency to view the disabled person as the same as everyone else, without special needs. The denial of the experiences and problems related to the disability and resulting lack of appropriate supports has left disabled students fending for themselves in their social relationships and activities.

It is commonly agreed that more than social contact and physical proximity are necessary for the development of social relationships between disabled and nondisabled students; and that the placement of students with physical disabilities in regular classrooms will not automatically achieve the goals of integration (Ballard, 1993; Horne, 1985; Jenkinson, 1987; Kunc, 1992; Lord et al., 1990; Stainback & Stainback, 1990). Several authors have attributed the social isolation that is experienced by many young people with disabilities in integrated schools to factors such as the inadequate knowledge of physical disability and the negative attitudes of education staff and other students (Bowd, 1992; Goodman & Yasumura, 1992; Horne, 1985; Lawrence, 1991; Reynolds, 1984); an emphasis on labelling, categorizing, special services, and professional roles (Slee, 1993; Stainback & Stainback, 1990); and the lack of role models and peers with disabilities (Bines, 1987; Lord et al., 1990; Stainback & Stainback, 1990). Ballard (1993) maintained that just being ignored by others limits one's opportunities and experiences and indicates marginalization. Bowd (1992) suggested that some supportive services may actually foster segregation of students from their peers. For example, he questioned whether transporting young people out of their communities to schools that are accessible is compatible with a philosophy of integration.

Stainback and Stainback (1990) described an inclusive school as "a place where everyone belongs, is accepted, supports, and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met" (p.3). Bowd (1992) argued for a supportive model of integration which implies that significant efforts are expended on the development of attitudes that accept and value human differences. These theorists have suggested that this type of school environment is necessary for the optimum development of all students.

Based on the literature, social integration can be defined as a sense of belonging achieved through acceptance by others and equal participation in mutually valued activities. The goals of integration should emphasize the rights of children with disabilities to the same opportunities as all other children; and the development of schools that value diversity and create a community of belonging (Bines, 1987; Bowd, 1992; Kunc, 1992; Stainback & Stainback, 1990). However, authors have argued that although services and programs have been developed to support many needs, the creation of inclusive and caring school communities has not been a priority (Bowd, 1992; Kunc, 1992; Stainback & Stainback, 1990). Kunc (1992) maintained that education has tended to assume that personal achievement and mastery of skills will lead to a child's self-confidence and sense of worth, independent of a sense of belonging to a community.

Schools have perpetuated the societal belief that belonging and acceptance are to be earned by achievement or physical appearance (Kunc, 1992).

Research Findings

Social Integration. Much of the research on school integration for young people with disabilities focuses on issues such as models, resources and technical services, and management strategies (Lord et al., 1990; Murray-Seegert, 1989; Slee, 1993); and children with intellectual disabilities (Jenkinson, 1987; Murray-Seegert, 1989). There has been little investigation of the social integration of secondary school students with physical disabilities (Lord et al., 1990; Mulcahey, 1992).

Studies of social interaction between children with physical disabilities and their peers have tended to address issues of social skill training; and measurements and comparisons of dysfunction among varying groups of students (Lord et al., 1990; Rich et al., 1984). Research that has addressed environmental factors tended to focus on classroom environments rather than the whole school community (for example, Armstrong et al., 1992; Lord et al., 1990; Peters, 1990).

Several inquiries have found that teenagers with physical disabilities experience more loneliness and isolation in schools than their nondisabled peers (Jenkinson, 1987; Lord et al., 1990; Mulcahey, 1992; Tin & Teasdale, 1985). On the other hand, other studies (Blum, 1991; Stevens et al., 1996) discovered that these young people reported good relationships at school but decreased contact with peers outside of school. Blum (1991) and Parmenter and Knox (1991) included in their investigations the views of parents and teachers, who suggested that the relationships reflected acquaintanceship rather than friendship.

Lord et al., (1990) used sociometric tests to investigate the relationship of the classroom placement of thirty-one adolescents with spina bifida between the ages of twelve and nineteen years, to their academic skills, social skills, and subjective social experience. Those subjects in regular classrooms with nondisabled students reported the highest loneliness scores, even though they also scored higher on academic and social skills than the subjects attending special classrooms for students with disabilities and those who divided their time between regular and special classrooms. The researchers recommended that educators address environmental factors, arguing that changing social skills will not necessarily change the loneliness and isolation.

Jenkinson's (1987) review of the research on school integration corroborates this view. Her conclusion that indifference rather than hostility or rejection seem to be the experience of students with disabilities is supported by other authors (Armstrong, Rosenbaum, & King, 1992; Ballard, 1993). Conversely, studies have shown that bullying in the form of verbal teasing and threats, spreading rumours, and physical hitting is experienced by many students with physical disabilities in regular secondary schools (Dawkins, 1996; Llewellyn, 1995; Resnick, 1984b). This appears to be positively associated with social isolation (Llewellyn, 1995; Whitney & Smith, 1993), having fewer than two friends, and receiving special education services either in a segregated class or by withdrawal from a regular class (Dawkins, 1996).

The participants in several qualitative studies of the experiences of physically disabled teenagers (Mulcahey, 1992; Pollock et al., 1997; Resnick, 1984b) identified teasing and rejection by nondisabled peers. Mulcahey (1992) considered the impact of the environment in her phenomenological approach to a study of the experience of returning to preinjury school environments for four secondary school students with spinal cord injuries. The findings from this study suggest that both the social and physical environment can pose problems for the severely injured student on return to school. These students identified inaccessible spaces, indifference and rejection by peers, and lack of understanding by school staff as significant obstacles to adapting to school life. However, the experiences of students with an acquired disability may be different than those with congenital conditions.

Attitudes of Nondisabled Students. The negative attitudes of non-disabled children have been identified as a significant obstacle to the acceptance and integration of children with physical disabilities in regular schools (Llewellyn, 1995). Research on the attitudes of non-disabled secondary school students towards their peers with physical disabilities is scarce (Gillies & Shackley, 1988) and the results inconclusive (Karnilowicz et al., 1994).

Karnilowicz et al., (1994) referred to Ajzen and Fishbein's theory of reasoned action, that "...human beings are usually quite rational and make systematic use of the information available to them" (p.69), in their study to determine the relationship of intention, attitude, and normative beliefs to perceived levels of intimacy of behaviour of 26 high school students. The results indicated that the intention to engage in social interaction with a student with a physical disability is perceived as socially desirable; and that interactions at low and medium levels of intimacy are more acceptable than at high levels.

Although there were signficant methodological limitations in their study, Gillies and Shackley (1988) found that fourteen year old nondisabled students attending schools with physically disabled peers were more likely to hold positive attitudes towards them than those in schools without teenagers with physical disabilities.

Other investigations have revealed that attitudes towards people with cerebral palsy and spina bifida tend to be more negative than to many other physical disabilities (Horne, 1985; Magill-Evans & Restall, 1991; Olkin & Howson, 1994). Dawkins (1996) compared the rates of bullying ("the intentional, unprovoked abuse of power by one or more children in order to inflict pain or cause distress to another child on repeated occasions...both physical and psychological" (p. 603) in two groups of children, which included adolescents: those with conditions affecting their appearance or gait and those with invisible medical conditions. The young people with visible conditions reported significantly more experiences of being bullied. However, the main variable predicting bullying seemed to be receiving extra help, either in a segregated class or withdrawn from class, rather than physical characteristics. The studies in this area are limited in that the actual behaviours of nondisabled teenagers in interaction with other young people with physical disabilities have seldom been investigated.

The literature seems to support Llwewllyn's (1995) contention that being different than the majority in a school not only obstructs acceptance by peers in itself but that environments created for the nondisabled limit the opportunity for disabled students to interact with their peers.

Summary

School provides an important context for the developmental tasks of adolescence. For young people with physical disabilities, these tasks present unique challenges. The literature suggests that social integration in schools is related to a sense of belonging and acceptance of differences (Bowd, 1992; Kunc, 1992; Stainback & Stainback, 1990). There is substantial evidence to indicate that, as well as individual factors such as self-esteem and social skills, there are elements in the social, physical, and organizational environment of schools that limit the inclusion of young people with disabilities in the school community (Ballard, 1993; Horne, 1985; Kunc, 1992; Lord et al., 1990; Mulcahey, 1992; Slee, 1993).

Based on the literature, social integration can be defined as a sense of belonging achieved through acceptance by others and equal participation in mutually valued activities. Theory suggests that the goals of integration should emphasize the rights of children with disabilities to the same opportunities as all other children; and the development of schools that value diversity and create a community of belonging (Bines, 1987; Bowd, 1992; Kunc, 1992; Stainback & Stainback, 1990).

Studies of integration have tended to focus on social relationships and the acceptance of students with intellectual disabilities by their nondisabled peers (Jenkinson, 1987); and the individual factors critical for successful adaptation to the school environment (Ballard, 1993; Bowd, 1992; Pellegrino, 1995). The literature is unclear about the process of integration for adolescents' with physical disabilities in secondary schools, particularly from their own perspective.

CHAPTER THREE

METHOD

Introduction

This phenomenological study investigated physically disabled teenagers' perceptions of attending secondary schools with nondisabled peers. In the tradition of qualitative research, this approach is inductive rather than deductive, aimed at generating as opposed to testing hypotheses (Morse, 1992; Patton, 1990). The approach is concerned primarily with the information that can be gained from narrative rather than numerical data. It involves constant questioning and reflection to gain insights into the unique experiences of a phenomenon from the perspective of the individuals involved.

This chapter describes the methodological approach used in this study. The sampling, data collection, and analysis procedures are outlined and the strategies used to ensure trustworthiness of the methods are explained. These included triangulation, member checking, interview techniques, peer examination, reflexivity, and development of an audit trail. Finally, the study limitations are identified.

Sample

Procedure

A purposive sampling strategy was used to obtain a sample of seven adolescents with physical disabilities who attended regular secondary schools in four urban centres in central Ontario. Potential study participants were referred by the teen services team of a central Ontario agency which provides rehabilitation services to physically disabled children (hereafter referred to as the Centre). The team included an occupational therapist who provides services to schools, a social worker, and a recreation therapist. The occupational therapist acted as the primary contact for the study. The team was provided with an executive summary of the study proposal, copies of the parent study information sheet and consent form (Appendix A), the participant study information and consent form (Appendix B), and the researcher's letter of introduction to the parents and participants (Appendix C), as well as the inclusion and exclusion criteria for selecting participants. Inclusion criteria:

1. students with an ambulation disability who attended regular classes in a secondary school in any of the municipalities served by the Centre. It was anticipated that an ambulation disability would increase the perceived difference between these students and their nondisabled peers; and place them at risk for problems in developing social relationships (Blum, Resnick, Nelson & St.Germaine, 1991). For this study, the disability was defined as a "restriction or lack (resulting from an impairment) of ability to perform an activity (ambulation) in the manner or within the range considered normal for a human being" (World Health Organization, 1980, p.143). Students could be identified for the study if the severity of their disability matched the description of at least category one of the Disability Severity Scale, which is defined as the ability to "perform the activity or sustain the behaviour unaided and on his own, but only with difficulty" (World Health Organization, 1980, p.175). Therefore, students who required ambulation

aids or a wheelchair were also included in this study (category two).

2. students who were able to communicate their perceptions of their social integration in their schools.
3. students with onset of the disability prior to attendance in the secondary school system. It was assumed that the experience of integration would be different for students who had attended a secondary school before the onset of the disability (Mulcahey, 1992).
4. students who had attended their present school for longer than one year. It was anticipated that enlisting subjects who had been at their school for more than one year would add credibility to the evidence, as newcomers would be less likely to have developed relationships and formed opinions about the school community. Similarly, the first year of high school is a period of change for all students. It was predicted that excluding students during this stage would minimize the factors associated with school transition from clouding the issues of integration.
5. students who were willing to participate in the study and, for those under the age of 18 years, whose parents or guardians provided consent for their participation in this study. The guidelines for acquiring consent from parents or guardians was received from the Ethics Review Board (see Appendix D).

Exclusion criteria:

1. participants who became sick or hospitalized during the study. Prolonged absences from school would potentially influence their perceptions of their school life.

2. students with severe intellectual or behavioural disabilities. It was anticipated that the issues might be different for these students than for those with physical disabilities (Jenkinson, 1987).

The Centre team assembled a list of potential participants. The parents or guardians of potential participants were contacted by the occupational therapist of the Centre by telephone between November, 1995 and February 1996 to request permission to provide their name, address, and telephone number to the researcher. If the parent or guardian agreed, a letter was sent by the occupational therapist, stating that the study had the approval of the Centre and that the information had been given to the researcher. The researcher then sent a letter of introduction to the study, along with a copy of the study information sheet and consent forms. The parents were contacted by the researcher by telephone approximately one week later. If the potential participant agreed to be in the study, an appointment was made to review the study procedures with both the student and the parent or guardian, obtain the signed consent forms, and begin the first interview. The participants who were over the age of 18 years met with the researcher alone and signed the consent forms. All of the participants were given the opportunity to withdraw from the study at any point in the process.

The number of participants was determined by the findings of the ongoing analysis conducted throughout the data collection period. Three participants were contacted and interviewed initially. Subsequently, the Centre team provided further names at the request of the researcher, until data analysis indicated that no new information was being obtained.

Three of the potential nine participants referred to the study refused to be involved when initially contacted by the researcher. Of these, one reconsidered, notified the Centre team occupational therapist, and entered the study in February, 1996.

By including students who attended a variety of schools governed by different boards of education and those who were ambulatory as well as those who used a wheelchair for mobility, the study employed a sampling strategy of maximum variation (Patton, 1990). This method attempts to discover common patterns of shared experience to ensure depth and richness of the information.

Sample size in qualitative studies is guided by the type of information needed, the meaningfulness of the information obtained, and the resources available to the researcher, in particular, time (Patton, 1990). Lincoln & Guba (1985) recommend that qualitative sampling end when redundancy in the information or saturation occurs. Sampling in this study ended when no new information was forthcoming and the data had been confirmed both between and within the responses of each informant. The sample of seven students provided adequate opportunity to achieve this goal. This sample size also corresponded to a study of the social integration of secondary school students with physical disabilities, in which the data from interviews conducted with four informants revealed significant insights and information (Mulcahey, 1992). The data obtained in Mulcahey's study suggested that this size of sample was adequate.

Sample Description

All of the participants in this study had congenital conditions - cerebral palsy or spina bifida. They were all enrolled in regular classes and had been attending their schools for at least one year and three months. None of the participants had changed high schools. Only one person had been in a segregated class for learning disabilities for a period of time during the elementary school years. Three of the seven participants reported that there were no other students with a physical disability in their school. The six different schools attended by these students represented three boards of education, including two public and one separate, in four municipalities.

All of the participants were living at home with their parents. Three of the participants attended schools outside of their neighbourhoods because the local school was inaccessible to them. One of these students was transported to a school in a different municipality than she lived.

The participants were assigned pseudonyms to maintain their confidentiality. Characteristics of the sample are described in Table 2.

Table 2

Characteristics of the Sample

NAME	AGE	GENDER	CONDITION	MOBILITY
Brad	15	M	cerebral palsy	independent
Catherine	17	F	spina bifida	wheelchair
David	17	M	cerebral palsy	independent
Evan	15	M	cerebral palsy	independent
Faith	19	F	spina bifida	wheelchair
Holly	18	F	spina bifida	wheelchair
Liam	19	M	spina bifida	independent

Data Collection

Interview Guide

Interviews were the primary method of data collection. Based on definitions and concepts in the literature (Bowd, 1992; Kunc, 1992; Stainback & Stainback, 1990), social integration was conceptualized as a feeling of belonging or fitting into the school community, as it was anticipated that the term social integration would be less familiar to the students for the interview questions. Interview questions were pilot-tested with two secondary school students without disabilities to check the clarity of the questions and the suitability of the terminology. Although the wording and the order of the interview questions were revised following this pilot test, it was apparent from the responses to the questions and the students' comments about the interview that the topic and the questions were relevant to their school experiences and perceptions.

Procedure

At the initial meeting with the researcher the participants were asked where they would like the interviews to be conducted. Six of the participants chose to be interviewed in their own home. One preferred to meet with the researcher at school on the lunch break. The space for the interview, a private office, was arranged by the student. The consent forms were signed at the initial meeting with all of the informants.

The interviews were audiotaped. They lasted approximately one hour per session and followed a semi-structured interview guide format (see Appendix E). Field notes were written immediately following the interview. The audiotapes and field notes were transcribed into text within 48 hours of the session, using a word processing computer program (see Appendix F for sample of transcript). Field notes were cross-checked with the transcription. The field notes, recording both verbal and nonverbal communication patterns that occurred during the interview as well as researcher ideas and reflections, were helpful in preparing for subsequent interviews (see Appendix G for sample page).

The initial meeting was spent primarily developing rapport and introducing the topic. More than one interview session was required with each participant, to verify and expand on information obtained both within an individual's information and across the sample (Patton, 1990). Table 3 provides an overview of the number of interviews that were held with each informant.

Table 3

Number of Interviews

PARTICIPANT	NO. OF INTERVIEWS
Brad	3
Catherine	3
David	3
Evan	2
Faith	3
Holly	2
Liam	2

The number of interviews with each participant was determined by the amount and depth of information obtained. Some of the students were able to offer insight into the topics more quickly than others; and some took longer to become comfortable with the researcher and the questions. Faith required three sessions because she was available for only thirty minute periods.

The last two participants were interviewed to verify the researcher's interpretation of the information emerging during analysis of the data and to ensure that adequate information had been obtained. They were representative of the sample, in that one was female and used a wheelchair and the other was male and walked independently but with an abnormal gait pattern (World Health Organization, 1980). They attended different schools but both were senior students and able to express their ideas and reflections on the questions.

The questions used in the initial interviews did not necessarily follow the same order for all interviews, but did cover all of the topics in the interview guide. Probes were used to clarify answers and elicit more indepth information, in an attempt to ensure that the researcher's ideas and opinions were not imposed on the participants. The questions changed in subsequent interviews as new information emerged. Ongoing analysis throughout the data collection period guided interpretation of the data, the number of interviews, the interview questions, and the order of the interviews. For example, David's third interview was held after the interviews with Brad, Catherine, and Evan had been completed, to obtain his perpectives on the emerging concepts. Liam's second interview was conducted following two with Holly, to check the information and the researcher's interpretation.

Although open-ended questions are considered essential for ensuring that indepth information is obtained (Patton, 1990), interviewing teenagers posed some challenges. Particularly during the first interview, some of the participants responded frequently with statements such as "I don't know", or with information not directly related to the question. It was sometimes helpful to introduce a topic with a close-ended question, followed by an open-ended one to encourage expansion of the response. Information tended to be more forthcoming after the first interview.

Fine and Sandstrom (1988) stated that "the research role is perhaps more delicate when dealing with adolescents than at any other period of childhood, as sensitivity about one's rights and powers are heightened" (p. 63). During this study the researcher attempted to adopt the role of friend rather than authority figure, which Fine and Sandstrom (1988) suggest conveys respect and the desire to understand their social world. The social worker on the teen services team at the Centre provided helpful suggestions for conducting effective interviews with teenagers, such as allowing time for discussion of interests and activities.

Analysis

The software program QSR.NUDIST (Non-numerical Unstructured Data Indexing Sorting and Theorizing) was used for assistance with text coding and recording of ideas about the data (Aladdin Systems, 1994). The transcribed audiotape data were entered into the program and the lines of text labelled and re-labelled with code words representing topics or categories. The program facilitated the organization of the data into a tree structure of categories and subcategories which assisted with the understanding of their relationships (see Figure 1, p.39). The emphasis in the analysis was on discovering common themes in the data from across the sample. The analysis was done in four stages.

Patton (1990) suggested that an initial framework can be used for focusing the analysis of the data. Therefore, the first stage of analysis involved coding the data obtained in interviews with the first three participants in relation to the themes derived from the research questions. Coding was done by breaking down the data into discrete parts, which were compared for similarities and differences, and then categorized by applying a label which represented one of the three study questions: definitions of social integration, limiting factors, or promoting factors (Strauss & Corbin, 1990). The questions asked in the interview provided a guide to the type of information that was contained in the data. For example, all of the data that described the meaning of social integration from the participants' perspective, including that about the importance and the consequences of feeling part of the school community and the indicators used to assess their own integration in the school, were labelled "definitions". The category of "limiting factors" included the phenomena described in the data as interfering with the participants' feelings of belonging in the school. The data that described phenomena that contributed to their feelings of belonging in the school were labelled "promoting factors".

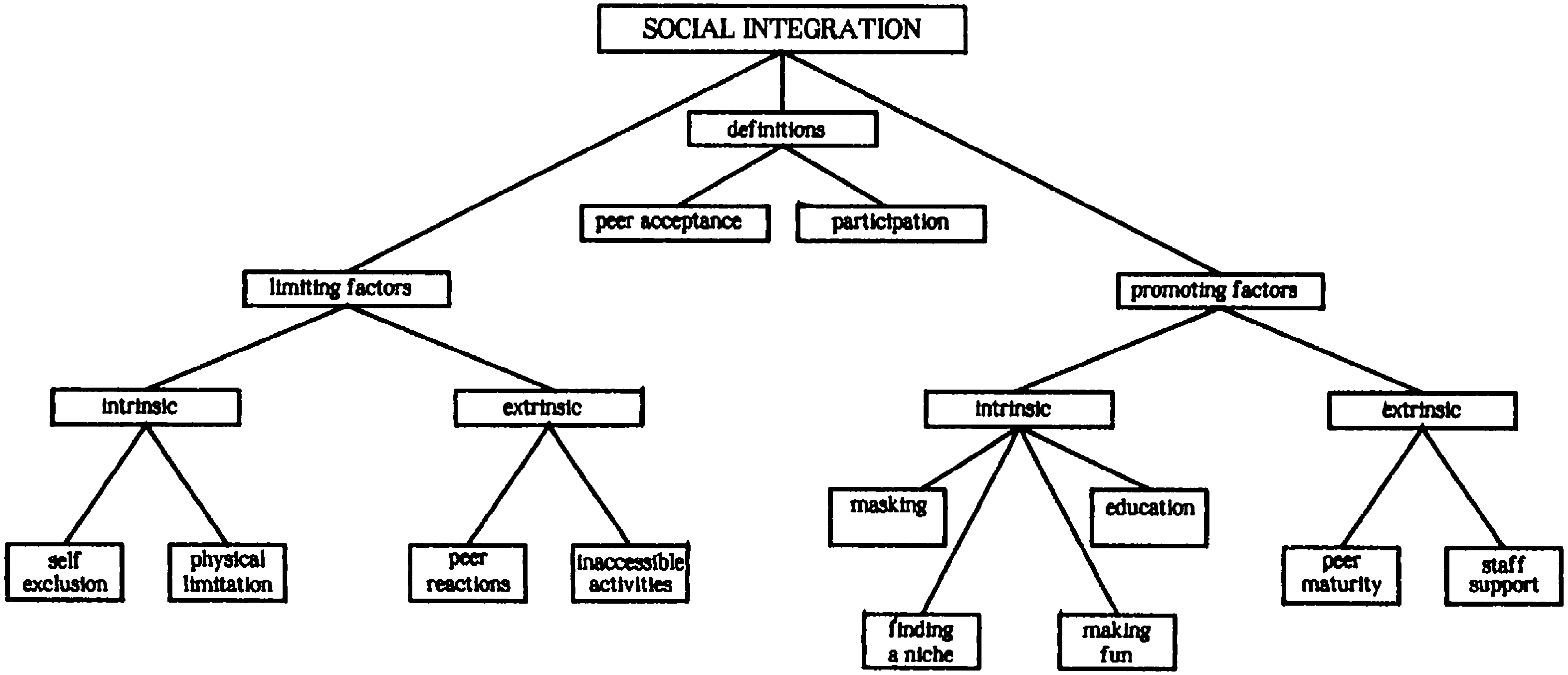
The second stage involved open coding of the data under the initial codes to identify concepts. Concepts for this study were defined as "conceptual labels placed on discrete happenings, events, and other instances of phenomena" (Strauss & Corbin, 1990, p.61). For example, in the data under the code "definitions", the concepts of "friends" and "group membership" were identified.

An ecological perspective guided further analysis to differentiate between intrinsic (individual) and extrinsic (environmental) factors affecting integration (Bronfenbrenner, 1979; Law et al., 1996). Definitions of intrinsic and extrinsic factors were drawn from the models discussed in the literature review (Bronfenbrenner, 1979; Law et al., 1996). Intrinsic factors were those defined by Bronfenbrenner (1979) as individual, and by Law et al. (1996) as person and occupation. Extrinsic factors were those defined as environmental in both models.

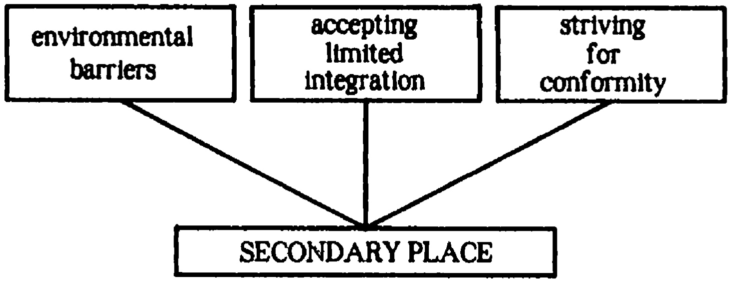
During the fourth stage, concepts within the categories of intrinsic or extrinsic that related to the same phenomenon were grouped into categories and subcategories (Patton, 1990). Categories were defined as "a classification of concepts ... discovered when concepts are compared one against another and appear to pertain to a similar phenomenon. Thus the concepts are grouped together under a higher order, more abstract concept called a category" (Strauss and Corbin, 1990, p.61). The categories and subcategories were given a code name and defined. For example, the concepts of dressing like the group and getting to class on time both related to the phenomenon of "masking the disability" for some of the students in this study. "Masking the disability" was defined by Liam as "play(ing) up other things in my life instead of the disability".

Figure 1

Tree Structure of Categories and Subcategories



Themes



The categories and subcategories developed were used to focus subsequent interviews and to code new data (Patton, 1990; Strauss & Corbin, 1990). The data were coded and re-coded as similarities and distinctions in the concepts and categories were identified. Categories were collapsed and renamed by reading the data in each category and relating it to other categories. Efforts were made to keep categories homogeneous within, but discrete from, other categories.

Krefting (1991) suggested that evidence should be provided for every statement from at least two sources to support the analysis and interpretation of the findings. Therefore, some categories were dropped if they did not meet this criterion. For example, one participant identified the school philosophy of social justice as a factor that influenced the behaviour of the students in the school. However, there were no other concepts in the data to authenticate this as a category.

Interpretation of the findings involved searching for themes that crossed the categories and subcategories developed during the analysis of the data. The themes and their relationship to the findings are presented in the discussion chapter.

Strategies of Analysis

Several strategies were used throughout the analysis process to develop themes and categories (Patton, 1990; Strauss & Corbin, 1990). Questions were asked by the researcher about the data, such as what does this mean? How is this different than what others say? How is this the same? When does this take place? The researcher posed hypotheses which were tested and retested by asking participants to verify the researcher's interpretation of what had been said, both during the interview and with subsequent participants. For example, from one interview the researcher made the assumption that the participant was attributing experiences of being bullied by peers to his physical disability. By examining the data, the researcher realized that he could have been blaming a learning disability rather than the ambulation disability. The researcher's original interpretation was confirmed during the second interview.

Data were compared to look for disconfirming cases, which were then accounted for in the analysis (Patton, 1990). For example, one participant identified participation in the physical education class as important for gaining peer acceptance. However, another said that participation would interfere with peer acceptance.

Each interview was checked to discover what each participant said about a particular concept or category. Charts and memos were used for comparison and to assist with the linking of categories and subcategories (see Appendix H for sample).

The literature was consulted to alert the researcher to concepts and theories relating to the emerging hypotheses. These were compared to the data but not imposed on the analysis and interpretation (Strauss & Corbin, 1990). Ongoing comparison of concepts and categories to the data and to the theoretical literature resulted in the final categories, and a description of their relationship to each other and the study questions.

Trustworthiness

Trustworthiness in qualitative research is a comparable concept to reliability and validity in quantitative work, in that strategies must be incorporated to ensure the truth value, applicability, consistency, and neutrality of the results (Lincoln & Guba, 1985; Krefting, 1991; Morse & Field, 1995). The rigor of a qualitative study is achieved by including methods in the research process to achieve credibility, transferability, dependability, and confirmability to establish trustworthiness. Table 4 contains an overview of the strategies used to ensure trustworthiness in this study.

Table 4

Strategies to Establish Trustworthiness

CRITERIA	STRATEGY
Credibility	Interview technique Reflexivity Establishing authority of researcher Triangulation Member checking Peer examination Structural coherence
Transferability	Nominated sample Dense description
Dependability	Audit trail Dense description of research methods Peer examination
Confirmability	Audit trail Triangulation Reflexivity

Note. Adapted from "Rigor in Qualitative Research: The Assessment of Trustworthiness," by L. Krefting, 1991, American Journal of Occupational Therapy, 45, p.217.

Credibility

Credibility refers to the accuracy of the findings, which Patton (1990) suggested is crucial for ensuring rigor in a qualitative study. This was strengthened by using interview techniques such as open-ended questions, and reframing, repeating, and expanding on questions (Patton, 1990). Interviewing each participant at least twice helped the researcher to identify responses of social desirability rather than personal perspectives.

Reflexive analysis assisted the researcher to avoid imposing her biases on the questioning and interpretation processes (Lincoln & Guba, 1985; Peshkin, 1988. A research journal was maintained to record thoughts, ideas, and feelings about the interactions with the participants in an attempt to make explicit personal biases and asumptions (see Appendix I). As well, the researcher identified her beliefs and expectations concerning the study prior to initiation of the project and reviewed them frequently during the study (Appendix J) (LeCompte & Goetz, 1982).

This reflexive strategy was helpful in addressing the issue of professional and researcher conflict (Krefting, 1991). It was recognized that the researcher's experience as a physiotherapist in the School Health Support Services Program, Home Care Program, could influence her interpretations of the data. On the other hand, the researcher was familiar and sensitive to the concepts and experiences being described, and had developed skills in interviewing (Patton, 1990).

Triangulation is an important strategy for establishing trustworthiness (Lincoln & Guba, 1985; Patton, 1990). It not only provides evidence of the convergence of ideas but identifies inconsistencies and contradictions in the data so the researcher can construct credible explanations (Mathison, 1988). Patton (1990) described four types of trangulation: methods triangulation, trangulation of data sources, theory triangulation and analyst triangulation. Triangulation of data sources was achieved by interviewing seven participants from a variety of schools, boards of education, and communities. Theoretical triangulation was attained by considering theoretical approaches and concepts from education, health, and social psychological literature in the study design and data interpretation. Analyst triangulation involved discussing and checking the stages of the research process with the thesis supervisor, an occupational therapist with expertise in disability and social support, and members of the thesis advisory committee, all of whom have experience in qualitative research. For example, the thesis supervisor coded a transcript of an interview and the results were compared with those of the researcher's. The thesis committee included a member of the division of physical therapy, with a background in childhood disability and research methods; and a member of the education department who teaches a graduate level course in qualitative research methods.

Member checking contributed to the credibility of the study (Lincoln & Guba, 1985; Krefting, 1991). Discussing the interpretation of the data with the informants helped to ensure that they recognized their experiences in the research findings. The interviews were interwoven so that information from one informant could be checked with that of another.

Peer examination is another method of ensuring credibility (Lincoln & Guba, 1985; Krefting, 1991). A fellow graduate student, an occupational therapist who was also completing a qualitative study, coded a section of a transcript, using the codes and definitions provided by the researcher. There was compatibility in the coding.

Structural coherence was achieved when all inconsistencies in the data were accounted for and explained (Krefting, 1991).

Transferability

Transferability refers to the applicability of a study, or the extent to which the findings can be applied to other contexts (Lincoln & Guba, 1985). Although the purpose of qualitative research is not to generalize the findings, it can be argued that if the "fit" between another context and that of the study is good, then the results may be applicable. It is up to the researcher to provide dense description of the methods used in the study, and up to the individual reader to evaluate the applicability of the findings to the particular situation. The methods used in this study were described in detail.

Dependability

Dependability relates to how repeatable the study might be (Morse & Field, 1995). It is the responsibility of the researcher to provide dense description such that another researcher could follow the decision-making process. An audit trail consisting of detailed description of the methods and stages of the study was produced. Member checking and peer examination also contributed to the dependability of the study.

Confirmability

Confirmability is achieved when credibility and transferability of the findings are ensured to the extent that an external auditor could follow the research process to understand the rationale for study decisions (Lincoln & Guba, 1985; Krefting, 1991). A review of the audit trail consisting of detailed description of the methods and stages of the study indicated confirmability. Triangulation of data sources and theoretical perspectives strengthened the study. At least two sources supported the statements made in the analysis and interpretation of the data, as suggested by Krefting (1991).

Study Limitations

As in any research, this study had limitations. It is recognized that only the perspectives of the students themselves were reflected and cannot be assumed to explain the whole picture of the integration policies, practices, and outcomes of their schools or all of the factors that influence the social integration of students with physical disabilities. The small sample size and limited length of time that the researcher was able to spend with in the field restricted the conclusions that could be reached about school social integration for teenagers with physical disabilities. More data in greater depth would have addressed this very complex issue more effectively. The hesitancy of teenagers to share intimate and potentially painful personal insights with an adult who is a stranger undoubtedly limited the depth of information obtained in interviews (Fine and Sandstrom, 1988).

It may also be difficult to separate the impact of other disabilities and issues, for example, communication disabilities, learning disabilities, and catheterization from the ambulation disability. Further, because the focus of the interviews was on school experiences, familial or other social factors which the participants were unwilling to discuss may have been equally influential in affecting their experiences and perceptions of social integration. However, the process did raise relevant issues and questions relating to a topic that has been under-researched.

CHAPTER FOUR

FINDINGS

Introduction

This chapter presents the findings from the analysis of the data. The results are described in three parts to reflect the objectives of the study: definitions of social integration, factors that limit social integration, and factors that promote social integration of physically disabled teenagers in secondary schools, from the perspective of the participants. Quotes from the data are used to support the findings. Words have been omitted if in the opinion of the researcher they do not change the meaning of the quote. An omission is indicated by three dots. Additional words may be added in brackets to clarify the intent of the participant, as perceived by the researcher. Pseudonyms are used to mask the identities of the participants.

Definitions of Social Integration

The data that were coded in the social integration category included the participants' assessment of their own social integration, and their identification and explanations of the factors that indicated to them that they belonged in their school community.

All of the participants maintained that a sense of belonging at school was very important to them and several suggested that it affected their academic performance. Catherine seemed to sum up the sentiments of all of the participants when she described fitting in at school: "that's the best feeling anybody can have." In spite of the fact that only three of the seven (David, Evan and Holly) felt that they fit in well at school, all except Faith reported that they felt as though they fit in better than in elementary school or earlier secondary school years.

Although the participants attended schools in a variety of boards of education and communities and experienced physical disabilities of varying severity, they consistently related a sense of belonging in the school community to two factors: their perceptions of acceptance by their nondisabled peers, and their experiences of participating in the school curricular and extracurricular activities with the other students.

Acceptance by Nondisabled Peers

For the students in this study, the most important factor in determining a level of social integration seemed to be their relationships with their nondisabled peers. Perceptions of being accepted were described on a continuum of experiences, ranging from not being teased, being acknowledged by nondisabled peers, to having friends and being part of a peer group. For Brad, fitting in with the school community simply meant not being teased about walking differently than others. He described someone who fits in at his school as "if they aren't teased or grabbed hold of or something like that". Others described personal standards of acceptance that reflected similarly superficial relationships.

> Catherine: I know half the school and they're always saying hi or whatever, students or even tutors... and so that's really good.

Only three of the seven participants talked about having a friend at school or belonging to a group. However, they considered friends and group membership to be crucial factors in developing a sense of belonging in the school.

> David: It's very important for me to belong or fit in, just to have friends. Like you're first of all talking about peers at school.
>
> Evan: You're just accepted by the group and the group accepts you the way you are.

Not fitting in at school meant not having friends, or not being accepted by the other students.

> Faith: I don't really (have a place) here at school. Like I don't have many friends or anything.
>
> David: What wouldn't make you feel like you fit in is just people that won't accept you basically.

All of the teenagers in the study indicated that being accepted by their peers meant being accepted in spite of having a physical disability and moving differently than the majority of students in the school. Belonging meant being treated by the nondisabled students as though they were no different than their peers. The following comments were typical of the responses to questions related to the participants' criteria for evaluating their acceptance in their school community.

> Holly: Not treating you like you're un-normal. Not treating you like you have a disability. Treating you like you're normal, like you're able to walk.

The students expressed the opinion that feelings of belonging in the school community were dependent upon being treated like everyone else by their nondisabled peers. These sentiments were reflected in the following description of a school in which Holly felt accepted.

> Holly: Everybody treats me like a normal human being. Like they see past the chair, don't just look at the chair and say well that person's in a wheelchair, what can she do. They see right past it you know.

When asked how people treated her when she felt accepted, Faith replied:

> They treat me just like I'm the same as them...They just talk to me like I'm them, like a friend.

Although Faith stated that she did not feel as though she belonged in her school at all, the others indicated that they thought that the level of acceptance by their peers had increased since elementary school and the first years of secondary school.

> David: I always know that there's gonna be some people that see the disability and that's what they see first and that's changed a lot in the last three and a half years too....I've never had a big problem with that in high school, of being accepted or not being accepted. But the amount of acceptance has increased.

The comments of the participants indicated that acceptance by the nondisabled students was the most important factor to them in achieving a sense of belonging in the school. However, several accepted superficial interactions rather than friendship or group membership as evidence of acceptance. Being treated like everyone else in the school was the most significant indicator of acceptance for all of the participants.

Participation in School Activities

The importance of being able to participate in both curricular and extracurricular activities with the nondisabled students was a consistent theme throughout the interviews. For example, Evan described a student who did not fit in at school as follows:

> Doesn't participate in anything like that (sports). Kinda sits around and does nothing in other words.

The students indicated that participating in the school activities contributed to a sense of belonging in the school community. Faith stated that, in spite of the fact that she did not feel accepted by her peers, she felt part of the school when she was participating in the band.

> I like it (the band). I feel like I belong there, just doing something together.

Similarly, Holly commented that being able to participate in all of the activities at her school helped her to feel part of the school community.

> It makes you feel like you belong totally, all together. because if you can do everything that everybody else can do then you will belong because you're not left out of anything.

Participating in activities was also related to being accepted by the nondisabled students. Being acknowledged as a team member, and being perceived as competent by the other students were identified as positive outcomes of being involved in the school activities.

> David: So being on the hockey team's kind of special you know. And plus you go through the halls and the guys on the team'll yell your name...and people will turn around and see who you are. It gives me a chance to have fun at high school and get involved.

Being perceived as competent and able to do the things that the nondisabled students could was another outcome of participating in school activities that contributed to Catherine's social integration. She explained that until this school year, she had been excluded from the physical education courses to do a physiotherapy program.

> Having gym in a regular class really made me feel better because now they're not saying she can't do it for the sake of being in a wheelchair....That helps a lot to make anybody feel part of the group.

Participating in curricular and extracurricular activities seemed to affect the participants' feelings of belonging in two ways: it provided opportunities for them to do the same things that their peers were doing, and it promoted their peer acceptance.

Factors Limiting Integration

This section describes the factors identified by the students in this study that limited both their feelings of acceptance by their nondisabled peers, and their participation in student activities. Analysis of the data revealed both intrinsic (individual) and extrinsic (environmental) factors. Extrinsic factors were described in the most detail and were presented as having the greater impact on the social integration of the participants. These included exclusionary peer reactions, and inaccessible activities. Intrinsic factors, which received less emphasis, included physical limitations and self-exclusionary reactions of the participants themselves.

Extrinsic Factors

Exclusionary Peer Reactions. This category includes the behaviours of their nondisabled peers that the participants perceived as presenting a barrier to their social integration. All of the informants described experiences of being treated by some of their nondisabled peers in ways that made them feel excluded. For example, Faith made the observation that some nondisabled students talked to her as though she were younger and less intelligent, "just because you're different, like in a wheelchair."

> Faith: They talk to me like I'm really young....Its mostly their tone of voice. Probably more than what they're saying is the way they're saying it.

Being patronized by peers more than necessary indicated lack of peer acceptance to Holly.

> They treat me like I can't do anything by myself....It makes me mad because it makes me feel like I'm useless when people do that to me. I just feel really uncomfortable.

For some of the teenagers, being different than the majority meant being ignored and excluded from the peer group.

> Catherine: People judge the appearance before they judge what's inside....Well you don't look right or you don't sound right so you're not a part of my group. That's everybody's opinion and they say it changes in high school. I have news for you. It happens just as much in high school as it does in public school.

All of the participants talked about being teased, either verbally or physically, in elementary and early high school years

> Catherine: Kids used to take my handlebars, pop a wheelie from the back and...just try and scare me. People used to make fun of me just because I was in a wheelchair.

Brad described ongoing incidents of being teased both verbally and physically on the bus and at school. He explained that all of the students with handicaps in his school were treated this way.

> I have a mild stroke on my left arm and my leg....They laugh if my arm's up in a weird way or...if I walk real funny....The kids say mobie and wierd names like that to me. The grade 12s grabbed a hold of me and they dragged me down and this one guy kicked me between the legs.

The following sentiments expressed by Liam in a letter to a penpal and read aloud to the researcher seemed to reflect the experiences of the other young people in this study:

> Personally neither can I stand any kind of ignorance or intolerance or prejudices because I've been through it myself being a person with a physical disability. I know exactly what it's like having people laughing or putting people down because they're different.

The students in this study attributed the negative peer behaviours to inaccurate beliefs about physical disability held by the nondisabled students. The perception that the nondisabled students viewed those with physical disabilities who used wheelchairs as less intelligent is evident in Faith's and Catherine's comments.

> Faith: When they're talking, some people I found talk to you different because I guess they think there's something wrong with your mind too.
>
> Catherine: People just look at her and (say) 'oh she's dumb. She's in a wheelchair, she's dumb'....They just automatically assume that, looking at me, or stupid.

A common theme evident in the data was the perception that the nondisabled students assumed that physically disabled teenagers were less physically competent. For example, Liam suggested that his peers teased him "because they think that they're physically superior." The comments of other participants corroborated this observation.

> Holly: Some people are prejudiced against people in wheelchairs. Like look at that person in a wheelchair she can't move her legs.
>
> Faith: They don't think I can do very much...If I tried it I can find a way to do most things.

The reactions of the nondisabled students were attributed to a lack of knowledge about and experience with physical disability.

> David: I think at times the reason disabled people might get ostracized by certain people is the other people aren't educated enough to realize what's going on.
>
> Faith: Maybe it's because they've never seen anyone in a wheelchair before. They never had experience with anyone like that.

> Holly: They need to get used to seeing people around with disabilities. Like not everybody can walk, you know...Everybody here has got used to it because they've had people in wheelchairs going here for a long time.

The information in this category presented factors identified by the participants as the most significant barriers to their social integration. Condescending and patronizing approaches, exclusion, and verbal and physical teasing were attributed to beliefs that disabled students were less intelligent and competent physically than they are. Lack of knowledge and experience were blamed for these beliefs.

Inaccessible Extracurricular Activities. The data coded in this category included information about school activities. All of the participants identified athletics as the predominant extracurricular activity at their school. The sports that were offered seemed to be ones that were not accessible to students in wheelchairs. Catherine denied an interest in the traditional secondary school athletics but said that she would enjoy bowling, which is potentially more accessible for people that use wheelchairs.

> Catherine: No. I find there isn't much that I was interested in because most of it's sports because our school's big for sports....I love to bowl.

There did not seem to be athletic activities available that students with physical disabilities could participate in at school, in spite of the fact that athletics and athletes were regarded with such esteem by the student body. The sports seemed to be competitive to the extent that only those with excellent skills could play.

> Evan: It's like pick from the whole school like ten players maybe, twelve players. Kinda like an all-star team within the school.

> Brad: I'd like to join it if it was for the whole school.

Even being a part of a team did not seem to guarantee a feeling of full membership. David was involved with a school team as an official but did not consider himself a team member.

> David: I'll sit down at my spare if some of them are there and I don't say too much because I'm not one of them really because if I was I'd be playing.

Liam explained that he had been a member of the school track team but "got blown away" by the competition because his balance was limited by his disability. He attributed his failure partly to the fact that appropriate coaching to compensate for the balance problem was not available at his school.

> My balance. Like for throwing, like discus. If you've ever seen a discus thrower they use the spin. And because my balance isn't perfect I use an altered spin. They didn't have a teacher that knew about it or how to teach with it involved.

The participants painted a picture of schools whose athletic activities are prestigious but available mainly to those who are talented. Team support roles are perceived as secondary to the players, and adequate supports and appropriate physical activities to enable these students to participate seemed to be lacking.

Intrinsic Factors

The subcategories related to this category received significantly fewer comments than the preceding ones.

Physical Limitations: This category was defined as the activity and peer interaction limitations the participants attributed to their own physical disability. Being slower than the other students in the school presented a problem for many of the disabled teenagers.

> Evan: You can't do the things your friends want to do, like you can't do the same things that your friends do. You kinda get left out in that respect...I can't run that quick (to play school sports). I can't run as quick as them. Not as skilled.

> Catherine: The fact that I take longer in the bathroom and take longer to get places...you get all the criticism and nagging and teasing (from teachers and students).

Some of the participants blamed the disability for restricting their involvement in extracurricular activities. For example, Catherine indicated that she would have liked to be a member of the school choir. Although she identified several factors that prevented her from joining this group, such as frequent colds, and lack of expertise in music, the salient factor seemed to be the challenge that the wheelchair would present to travelling with the choir.

> Catherine: They do a couple of gigs and they head off across the world. I wouldn't want to travel that much. Wheelchair in the middle of it...That would really restrict me but that's another reason just to drop it.

Having a physical disability prevented some of the students in the study from taking the physical education courses, in spite of the fact that they were interested in athletics and the courses were available to them.

> Evan: I took a spare instead of phys. ed. because most of the phys. ed. is track and field...a little difficult.

Not only did three of them avoid taking the course, but they did not expect that changes should be made to accommodate them.

> Holly: I can pretty much take all the classes except for phys.ed. which is kind of hard but I wouldn't expect them to change the whole course selection just because of one student.

Limited physical strength also affected the social interactions of some of the young people. In the view of one young man, his inability to win a physical fight reduced his acceptance by his peers.

> Brad: Things that help me (fit in) are...being tough...For fights I have just the one side that works better, that is stronger to use.

Although the physical disability was identified less frequently than other factors as a barrier to their social integration, the students reported that keeping up with their peers, involvement in both the curricular and extracurricular activities, and being able to match the nondisabled students in strength posed challenges for them.

Self-exclusion: This category included information that the participants identified as personal feelings and behaviours that interfered with their ability to make friends with the nondisabled students. Only three of the participants clearly identified factors in this category. Two suggested that their own perceptions about physical disability made them feel that that they would be unaccepted by other students. For example, David indicated that the knowledge that he moved differently than his peers sometimes made him feel uncomfortable with the nondisabled students.

> What hasn't made me feel that I fit in is just the knowledge that there is something different about me and that's always there. I mean no matter who you are, if the majority of people around you are different than you then it's something that no matter how hard you try to keep it positive will always come back at you... And that fact... makes you doubt yourself a lot at times. What people think of you, their impressions.

David and Holly explained that they sometimes had a tendency to think that others would not want to include them because of discomfort with their disability.

> David: Every now and then you just think about the external you know, that people are going to see me like this and they won't want me hanging around with them, maybe they won't feel comfortable, all this stuff. And you wonder, my mind's always wondering what other people are thinking.

> Holly: I used to sit by myself all the time. I didn't know anybody. I didn't know how they would feel being around me and stuff like that.

David confessed that he sometimes excluded himself from activities or blamed the disability rather than other characteristics that might be changed more easily.

> I myself used to be more focused on the disability and internally blaming a lot of things on my disability. And I think that showed through sometimes externally. Just saying things like oh, I'm disabled. Not necessarily that, in that way, but just, I don't think I should do that, or you're just leaving me out because I'm disabled.

He attributed rejection by his peers to his own behaviour resulting from his frustration with the disability.

> Any experiences I have like that (being teased) were experiences that I could be blamed for probably because I got so frustrated at times in elementary school that I lashed right out...a lot to do with the disability. I mean I can't sit here and tell you that I've perfectly accepted it and everything.

Perceptions of social acceptance were influenced by personal reactions to the disability. Self-exclusion resulted from assumptions that others would feel uncomfortable with them.

Factors Promoting Integration

This section describes the factors that the students in the study perceived promoted their social integration, that is their acceptance by nondisabled students and their participation in school activities. The themes that emerged included both intrinsic and extrinsic factors. Intrinsic factors were identified significantly more frequently and explained in more depth than extrinsic factors. Further, there seemed to be a perception that the responsibility for becoming part of the school community rested with the participants themselves. David's comments reflected this theme:

> The majority of people, I'd say about 95 percent of the students are able-bodied. They can function normally and the people that are designing these schools, the people that are running these schools are able-bodied. I don't expect that they're going to have the disabled in the front of their mind every time they do something. And most people have to be reminded about us because we aren't that many....I don't even consider the people that are running the schools to be in the wrong for not having disabled people in the forefront.

The extrinsic factors that were mentioned were elicited in response to probing questions specifically related to the topics of school staff and peer support.

Intrinsic Factors

The young people in this study described four intrinsic factors that allowed them to fit in with the other students: masking the disability, finding a niche, making fun of the disability, and educating peers. These efforts were aimed at decreasing the perception of difference between themselves and their peers; increasing contact and interaction with nondisabled peers; making the nondisabled students more comfortable with the disability; and increasing peer knowledge about their abilities. Some of the participants used all of these approaches; others just one or two.

"Masking" the Disability. Liam stated that his ability to "mask" his disability had allowed him to gain acceptance by other students in his school. He explained that this meant drawing attention away from the disability and towards other aspects of his life.

> Mask it basically is what I've done in a way. To me it seems like a masking compared to what it can be....Just that I've been put down so much in the past that I've basically decided to play up other things in my life instead of the disability.

"Masking" seemed to relate to a goal that was evident throughout the data - trying to manage the disability so that people would pay attention to other aspects of their lives. David's explanation reflected the desire all of the participants that other people ignore their disability.

> You start to want people to know who you really are and not focus on your disability and you're really dead set on people getting to know your personality... want people to forget you have a disability.

"Masking" seemed to include both conforming to the norms of the nondisabled students and consciously hiding aspects of the disability from nondisabled peers. The participants indicated that avoiding behaviours that draw attention to the disability and acting as much like the other students as possible helped them to fit in. Liam had discovered that conforming to group preferences in dress and music seemed to be helpful in drawing attention away from the disability.

> I've basically learned that people didn't accept me with the disability before, like in public school and even early high school. Now they get to know me with the heavy metal (music) and then they get to know me myself.

All of the participants acknowledged attempting to conform to the behaviours of the other students at some point in their high school career. Two of the students who used wheelchairs described their attempts to reduce the differences between the nondisabled students and themselves. Catherine stated that fitting in with her peers meant "being the same as them as possible". She changed her catheterization schedule so that she could get to class on time.

> I changed my time of doing it (the catheter) to my lunch hour instead of in between classes...I can't get to class fast enough. I have a hard enough time doing that without doing (the catheter).

Holly mentioned moving out of the wheelchair as another way of fitting in with nondisabled peers.

> Well at lunch hour if they're all sitting at the table I'll just grab another chair and sit in it, instead of sitting in the wheelchair.

Avoiding attention to the disability seemed to be a common goal. In contrast to Catherine's perception that being able to do physical education would let others know that she was not incompetent, the anticipation of being seen as different deterred some of the young people from participating in the physical education programme. The decision to participate in the physical education courses seemed to depend on the perceived outcomes, that is whether their difference would be accentuated. Faith offered the following explanation:

> I substituted (physical education) for another class...I would have liked it but I also would have felt really different because they would have to change things so I could do them.

David explained that he was becoming more careful about how he expressed himself at school to avoid drawing attention to the disability. However, he acknowledged that the disability is an integral part of who he is.

> At school when you start writing stuff or even when you are doing a debate, you have to be really careful because you like to draw on personal experience...I'm careful to try and phrase things in a way that people

> won't think that I'm looking for self-pity....It's (the disability) part of me, it's there. I can't go back and change it and that's who I am.

Liam even avoided letting his peers know about his accomplishments in sports for the disabled, in spite of the fact that he had reached national level competition.

> So the only way they'd know I'm involved in the sports for the disabled they'd read it through the papers. I don't really play that up much at school...the kids could tease me or put down my sport saying its not real sports or something.

The young people in this study described factors that allowed them to manage other peoples' perceptions of their disability. These involved "masking" their experiences, wheelchair, self-care procedures, and accomplishments and even their self-identity by conforming as much as possible to the norms and expectations of their peers and the school organizational structures.

Finding a Niche. This category was defined as the factors that allowed the participants to join in the activities of the nondisabled students in the school and the roles that they played. David and Evan participated in school sports by officiating with the school hockey teams. Even though they were not able to participate on the sports field, this provided an opportunity for interaction with the athletes of the school. However, the young men perceived that the role they played on these teams was secondary to the players.

> David: I approached them about being a statistician because I really wanted to get involved in the team. This is probably the closest without playing actually that I could... Plus I'm doing work for them too, so I'm useful and that's a good way to get involved. Like feeling almost as one of the guys. And it really gives me a chance to be one of the guys finally. A secondary guy but one of the guys none the less.

> Evan: I did the time clock for them...I guess I'm part of the team. I just got to hang around with the guys and go to the games and help out wherever I could...I guess that kind of helps me because I get to meet different people and stuff.

They both attributed their ability to become involved with the athletic teams to their knowledge and expertise in the sport outside of school. They both played sledge hockey (a game played by people with and without disabilities sitting on sledges that are arm propelled) in the community.

> David: I subscribe to the hockey news... I've always been interested in that, especially goalie stats, watching it since I was young.

> Evan: I'm the only one that knows how to do it (the time clock)...Doin' it for kids games, hockey games.

Playing a position that no one else wanted to play was another way of becoming involved with the athletic activities. Liam explained that the other students were more willing to have him on their team when he volunteered to play an unpopular but essential role.

> In physical education a lot of the times I'll be the last one to be picked... but when we play floor hockey I'll be the first one to get picked...Everybody else is reluctant to put on the pads because there's more glory in scoring. But I'll play net because I'm not as fast as the other kids so I just stay at home in the net.

The three participants that provided information in this category were all male, independently mobile, and had expertise in playing sports with other disabled young people. They found a niche in playing a supporting, rather than primary, role with the athletic teams or playing a position that no one else was interested in. David's explanations of his relationships with the other members of the team highlight the peripheral place that he feels he occupies:

> I'm not playing but I'm on the team and they don't tell me get lost or anything like that but I don't hang around with them all the time so they can't say that I tag along or anything.

Making Fun of the Disability: Another factor that the students identified as promoting their integration was their use of self-deprecating humour. David and Holly provided examples of using humour to make other people comfortable with their disability. David related an incident about laughing with another student who referred to himself as "crippled" after dropping something on the floor.

> Its funny you see...And I think that's when I decided that people gotta be comfortable around me. I think it helps them and it helps me if they're comfortable and they can make remarks around me and I don't take offence to them, then I think that really helps towards fitting in.

Making fun of their own walking seemed to be a favourite topic for humour with both David and Holly. They told stories about their exchanges with some of the nondisabled students.

> David: One day a friend said, "walk this way, walk with me". I said, "if you're gonna walk with us you gotta walk like me". And she just did not know what to say to that... When I do that I find it best to say it dry if you want the best results.
>
> Holly: Somebody'll do something really smart. "Well, you don't walk much, do you? Let me show you how its done", or something like that. And then they'd all laugh...It's good to be like that though...I'm normal. I can make jokes of it if I like to.

David suggested that jokes could be made "if you feel safe with the people around you".

Educating Peers: The importance of increasing the understanding of their nondisabled peers about the abilities of physically disabled students was expressed as a fourth factor that promoted social integration for several of the young people. David described two strategies that he used to educate the school population about the athletic ability of the students with physical disabilities. He wrote an article in the school newpaper to explain the game of sledge hockey.

> I wrote an article about it last year in the school paper .....A lot of it's just promotion for the game and promotion for the athletes that play the game.

He also organized a sledge hockey game between his team and the school hockey team in which he played with the disabled athletes.

> Just to introduce them to the game of sledge hockey and because a lot of people wouldn't think that we're athletes and they wouldn't think that we play hockey...it gives them an idea too of what else we can do.

Holly suggested that answering questions was a way of teaching friends about how to help her if she needed it.

> All my friends don't have a problem with it (the disability) because if they did they'd ask me. If they asked me any questions I'd answer them without a problem. Just gives them more knowledge of what goes on, how to help you if you need it, which I don't very often. But if you do, they know what to do...If I was to fall out of my wheelchair for instance, they'd know how to pick me up.

Holly did not like being helped more than necessary because it made her feel "useless". She explained that she had taught her friend not to help her anymore than she needed, and that she now relied on that friend to let other students know that she was capable of doing most things for herself.

> If she didn't tell other people that I can do it they'd probably try to help me twenty four hours a day but they know now that I just don't need it.

Extrinsic Factors

Peer Maturity: Five of the participants maintained that their peers were more accepting in the later years of secondary school. They reported that they were teased less and had more positive interaction with the nondisabled students. They attributed some of this change to increasing peer maturity.

> Catherine: People are friendlier and more open-minded. And more mature about situations....they're willing to accept people for who they are, no matter what they look like or what disability they have. In grade 9 and 10 you're still looking at their frame of mind they're still in elementary school.
>
> Liam: I guess since they've grown up they've learned to live with my disability so they don't see the disability as far as I know. They just look at me as the person sort of thing.

Supportive School Staff: Two of the young people indicated that teachers were influential in promoting the social integration of students with physical disabilities. For example, Holly explained that the staff would change courses to accommodate students with disabilities, although neither she nor Faith wanted the physical education courses to be changed just for them.

> The staff at school really help out. They make sure that you can do it. They'll even change the course if they have to to make you fit in.

Other comments suggested that school staff helped students to feel as though they belonged in the school by encouraging them to participate in school activities. Faith explained that playing in the band was one of the few times that she felt as though she belonged to a group in the school.

> The music teacher was asking me if I wanted to. So when he asked me I decided to say yes...he asked me different times...he let me bring home a clarinet to practice.

The comments of the participants suggested that the efforts of the staff were focused on changing courses to accommodate them or encouraging them to join activities that are accessible. Their was no indication that they received help with dealing with negative peer behaviours, developing social relationships, or that attempts were made to create equal opportunities for all students to participate in physical activities.

Summary of the Findings

The students who participated in this study indicated that social integration in their schools meant being accepted by their nondisabled peers and having opportunities to participate in both the curricular and extracurricular activities available. The primary factors identified as limiting their integration were extrinsic, specifically, exclusionary peer reactions and inaccessible extracurricular activities. All of the participants recounted experiences of being teased verbally or physically by their nondisabled peers. They attributed this behaviour to the beliefs that physically disabled students were less intelligent and competent, resulting from a lack of knowledge and experience. Other factors were intrinsic and explained in terms of self-exclusion, and physical limitations, which posed challenges for keeping up with the nondisabled students, participating in the physical education courses, and fighting.

The most significant factors contributing to their social integration seemed to be intrinsic and included "masking" the disability, finding a niche, making fun of the disability, and educating peers. Other factors mentioned briefly were peer maturity, and school staff support. However, there seemed to be reluctance to take advantage of staff efforts to accommodate students in physical education courses, primarily because obvious changes would accentuate their difference from their peers.

CHAPTER FIVE

DISCUSSION

Introduction

This study explored the perceptions of teenagers with physical disabilities attending secondary schools in regular classes. In particular, the study focused on the meaning that the participants ascribed to social integration and the factors that influenced it. The findings yielded information indicating that the young people defined social integration as acceptance by their nondisabled peers and participation in school activities. The primary factors limiting social integration for them were extrinsic: exclusionary peer reactions and inaccessible extracurricular activities. The most significant factors promoting their integration were intrinsic: masking the disability, finding a niche, making fun of the disability, and educating peers. This chapter discusses the findings of the research, presents implications of the study, provides suggestions for future research, and summarizes the study.

The discussion focuses on three themes which relate to the social integration definitions and influencing factors described in the findings. The themes of "environmental barriers," "accepting limited integration," and "striving for conformity" suggest that the school environments of these students were not perceived as fully inclusive, that the participants accepted a superficial level of integration, and that they aspired to assimilation rather than integration. The themes support the conclusion that the teenagers tended to occupy a secondary place in the hierarchy of their school communities (Kunc, 1992), challenging assumptions that integration goals in secondary schools are being met.

Environmental Barriers

From the perspective of the students in this study, the school environment is not necessarily "inclusive...a place where everyone belongs, is accepted, supports and is supported by his or her peers" (Stainback & Stainback, 1990, p.3). The findings indicated that extrinsic factors presented the greatest barrier to their integration, and that the students felt that they had to assume responsibility for dealing with negative peer reactions and limited opportunities for participation in school activities. They provided little evidence of factors within the school that promoted integration for the participants. It could be argued that their school experiences reflected marginalization more than integration (Berry, 1984; Buell & Minnes, 1994). Although physically disabled young people have the right to be educated in regular schools, they may lack the necessary supports to avoid being relegated to a secondary position, relative to nondisabled students.

The participants all experienced some form of anti-social behaviour by nondisabled peers in their school years and were limited in their participation in many of the school activities. Other studies also indicate that indifference, rejection, physical and verbal teasing, or patronization by nondisabled peers interferes with school experiences for students with physical disabilities (Dawkins, 1996; Horne, 1985; Llewellyn, 1995; Lord et al., 1990; Mulcahey, 1992; Pollock et al., 1997; Resnick, 1984b).

Several reasons may account for this phenomenon. The teenager with a physical disability is in a minority position in secondary schools. Other researchers in this field maintain that this situation increases the likelihood of anti-social treatment by nondisabled students who are in the majority (Dawkins, 1996; Llewellyn, 1995; Whitney & Smith, 1993).

The participants in this study explained that anyone whose physical appearance differs from the norm may be rejected. Theory which contends that physical appearance is an important determinant of acceptance or rejection by peers in adolescence (Erwin, 1993; Mussen et al., 1984) and that any deviation from society's ideal of the competent and attractive body will be viewed negatively (Hahn, 1993; Lawrence, 1991; Olkin & Howson, 1994) supports the perceptions of these students. The adolescent developmental need to conform to peer values, behaviours and norms contributes to group tendencies to ignore or avoid those who are different (Erwin, 1993; Mussen et al., 1984; Strax, 1991). However, on the contrary, Dawkins' (1996) results indicated that, although physically disabled young people with visible differences in appearance were bullied, teased, or rejected by peers more than those with invisible conditions, the significant variable predicting bullying was receiving special help rather than appearance. Although the participants in the present study attended regular classes, all of them reported having received services such as physical and occupational therapy, nursing, and social work, which involved appointments during class time. These support services may have contributed to their social exclusion, rather than their integration (Bowd, 1992).

The teenagers in this study attributed the behaviours of nondisabled peers to inaccurate beliefs that physical disabilities are synonomous with a lack of competence both intellectually and physically. Other authors support this perspective (Livneh, 1991; Yuker, 1994). Mulcahey's (1992) study found that students with acquired disability who returned to their pre-injury school perceived that teachers and other students viewed them as less competent both intellectually and physically than they actually were. If students with physical disabilities are perceived to be dependent or unable to do the things that their peers are interested in, then they may not be included in their social interactions or may be the recipient of more help than they actually need (Erwin, 1993; Livneh, 1991; Olkin & Howson, 1994; Resnick, 1984a; Youniss & Haynie, 1992; Yuker, 1994).

According to the young people in this study, competitive athletic activities are the most popular and valued activities in their schools. Other authors concur with this observation (Youniss & Haynie, 1992), including Brasile (1990) who asserts that "the nondisabled world has set the standards for normalization and in a sense promotes segregated recreational programs for those with physical and mental disabilities" (p.5). The participants' comments indicated that their schools did not offer sports activities in which all students could participate on an equal basis. Teenagers with a physical disability are at a disadvantage in making the school teams and competing against nondisabled athletes when there are only places for the athletically talented. Having limited opportunity to join in the physical activities in the school decreases the possibility for social interaction, the development of mutually valued interests, and the demonstration of physical competence that tends to improve the relationships between disabled and nondisabled students (Resnick, 1984a). Strax (1991) contended "that society reinforces narcissistic, competitive individualism with an emphasis on performance, achievement and productivity at the expense of relationships between young people" (p.509). This attitude may have relevance to the importance placed on competitive sports and individual achievement in secondary schools. As long as individual performance, achievement, and competition are the primary values in schools, disabled students will face barriers to participation (Kunc, 1992).

The study participants did not emphasize their personal physical limitations as a barrier to social acceptance and participation in school activities. Pollock et al. (1997) also found little focus on physical limitations in a qualitative study comparing the play experiences of twenty physically disabled and nondisabled teenagers. However, in the present study, Evan attributed his avoidance of physical education courses to his limited running skills and Catherine did not join the choir because she perceived that her wheelchair would interfere with her ability to participate fully. Their problem may lie with the lack of choice and opportunity for integration as much as with the disability itself. Many writers argue that the ability of disabled people to function effectively in their lives is influenced more by policies and structures that limit interaction and participation than by physical limitations (Ballard, 1993; Resnick, 1984a; Slee, 1993; Soder, 1989; Strax, 1991). If the activities in a school are organized for the majority skilled, nondisabled students, then perhaps the problem for disabled students is the absence of necessary knowledge and the willingness to adapt environments to accommodate all students. For example, Liam was unable to obtain the type of coaching at his school that he required to compete successfully with the nondisabled students. It has been noted that teachers do not necessarily have the training and expertise to identify integration problems and the appropriate strategies for solving them (Jenkinson, 1987; Lawrence, 1991; Slee, 1993). The participants' assumption that the disability is the barrier to participation, rather than the lack of opportunities, may reflect their personal reactions to their experiences of the school environment and their assumptions that they should not interrupt school policies and procedures (Mulcahey, 1992; Resnick, 1984a; Strax, 1991).

The young people in this study perceived that intrinsic factors were the primary solution to the problem of limited integration. This may indicate good self-image and ability to initiate social relationships (Erwin, 1993). On the other hand, it may indicate that the teenagers observed that the school environment valued conformity more than diversity. The perceptions of the participants suggest that the adapted acculturation framework developed by Buell and Minnes (1994) and discussed in the literature review may have application to the integration practices in their schools. Schools deliver services that are intended to prepare young people for living in their communities (Kunc, 1992). As physically disabled students represent a minority group in their school communities (Llewellyn, 1995), the relationship can be conceptualized as cultural. One issue to be addressed in assessing school environments in relation to disabled students can be expressed as the question: "Is it considered to be of value to recognize and support the unique characteristics of students with physical disabilities?" and a second issue as: "Is it considered to be of value for physically disabled and nondisabled students to develop social relationships?" Table 5 demonstrates four outcomes of choosing affirmative or negative responses to the questions.

Table 5

Options in the Adapted Acculturation Framework (Revised)

Issue ONE: Is it considered to be of value to recognize and support the unique characteristics of physically disabled students?

		YES	NO
Issue TWO: Is it considered to be of value for physically disabled and nondisabled students to develop social relationships?	YES	integration	assimilation
	NO	segregation	marginalization

Note. From "An Acculturation Perspective on Deinstitutionalization and Service Delivery," by M.K. Buell and P.M. Minnes, 1994, Journal on Developmental Disabilities, 3(2), p. 98. Revised with permission of the author.

Interpretation of the study findings suggests that, from the students' perspective, the answer to both questions may be "no." Their comments and explanations indicated that their unique characteristics are not valued. The nondisabled students tended to ignore them or, at worst, bully them. They sensed that they could fit in to the school community only if they looked and acted the same as everyone else. They perceived that changing course curricula to accommodate them required a major undertaking. There seemed to be no development of physical activities in which they could participate on an equal basis, such as wheelchair sports, sledge hockey, or bowling. Even the focus of nonphysical activities, such as the school choir, seemed to present obstacles for anyone using a wheelchair.

The students provided little evidence of concern for the development or maintenance of social relationships between disabled and nondisabled students. There was no perception by the students that the schools had developed strategies for changing these negative behaviours or for facilitating social relationships between the disabled and nondisabled students.

The model does have limitations, primarily that the choices are conceptualized as dichotomous ("yes" and "no"), whereas, in reality, responses to questions regarding values and attitudes may be placed on a continuous scale (Berry, 1984). However, if the perspectives of the young people in this study reflect the dominant values and practices in their school communities, then according to the framework (Buell & Minnes, 1994) marginalization rather than integration may be the outcome.

Kunc (1990) maintained that schools are characterized by a hierarchical social system in which uniformity and perfection rather than diversity are valued, and in which belonging and acceptance are conditional on achievement. It would appear that the schools attended by these students may not value and support diversity, the necessary component for an inclusive school (Bowd, 1992; Kunc, 1992; Stainback & Stainback, 1990). If the school indeed values conformity, then those who cannot conform will tend to be marginalized unless there is commitment to supporting the relationships between groups. Disabled students will continue to be expected to fend for themselves, while playing a secondary role in their school communities (Soder, 1989).

Accepting Limited Integration

The participants in this study seemed to accept a limited level of social integration. They did not expect that the environment should change to enable them to participate more fully and appeared resigned to secondary status in their schools.

The definitions that the participants ascribed to social integration concur with the findings of other authors who have suggested that social integration is achieved when people develop a sense of belonging in a community, feel accepted, and are able to participate in the same activities as other members (Bowd, 1992; Grady, 1995; Kunc, 1992; Pellegrino, 1995; Stainback and Stainback, 1990; Wolfensberger, 1972, 1980). The participants' described their experiences of peer acceptance in terms of gestures of non-discrimination and acknowledgement more frequently than of friendships. Although belonging to a peer group and having friends is an essential developmental need of adolescents (Blum, 1992; Erwin, 1993; Mussen et al., 1984; Shulman, 1993; Youniss & Haynie, 1992), if an individual has experienced rejection or bullying by peers, even superficial positive interactions could induce some sense of belonging. This may be especially true for young people with physical disabilities who, socialized to accept society's expectations and norms concerning physical wholeness and competence (Hahn, 1993; Lawrence, 1991), and influenced by their past experiences of peer behaviours, may have limited expectations of fully belonging to a group or having nondisabled friends (Resnick, 1984a; Strax, 1991). Other studies have found that young people with physical disabilities tended to overestimate the depth of their relationships with their nondisabled peers and have reported friendships that teachers and parents described as merely acquaintances (Blum et al., 1991; Stevens et al., 1996).

Two potentially positive outcomes of participating in school activities with nondisabled students were identified - increased peer acceptance and a feeling of belonging to a group. Other authors have suggested that participation in school activities may increase acceptance of disabled students by increasing contact with their nondisabled peers, thereby providing opportunities for interaction on an equal basis and decreasing the perception of difference between them (Resnick, 1984a; Yuker, 1994). Interestingly, although all of the participants in this study seemed to view participation in athletic activities as highly desirable, three chose not to take the physical education courses because they were unable to do all of the activities included in the curriculum, expressing the opinion that the courses should not have to be changed to accommodate them. The findings in Resnick's (1984b) study indicated that integrated activities are not always a positive experience for teenagers with physical disabilities. One third of the 60 adolescents with cerebral palsy between the ages of 12 and 22 years described playing sports with nondisabled peers as "a rotten experience" (p.319) because it highlighted their differences from the others and emphasized their inabilities. Perhaps the students abdicated their right to participate in the course to avoid accentuating their differences. Inclusive curriculum design and potential for achievement in the activity may be essential elements in successful integrated physical activities.

For some of the participants, a sense of belonging seemed to be achieved when participating in the activity itself, rather than in more involved forms of social interaction or peer acceptance. Integration has been defined as the participation of people with disabilities in the types and number of activities that are normal for the setting (Wolfensberger, 1972, 1980). It is widely accepted that integration must include social acceptance and interaction to be meaningful rather than just physical proximity (Flynn, 1993). Perhaps what some students in this study described as a sense of belonging is just a better situation than it would be if they had not been able to participate at all.

The literature suggests that the quality of social relationships between teenagers is improved when there is contact on an equal basis (Erwin, 1993; Mussen et al.. 1984; Yuker, 1994). The comments of the young men in this study who were involved with school sports inferred that their contact was not equal. David referred to himself as a "secondary guy" and Liam stated that the other students accepted him on the team only when he would take a position that no one else wanted to play. However, in spite of the fact that they competed successfully in integrated sports outside of school, they appeared to accept a secondary role in the school athletic activities and did not seem to expect that sports that everyone could play should be available. Factors such as socialization and past experiences of disability, which suggest that being different than the norm means being less important, may account for the attitude of some of the participants that the environment should not have to be changed to facilitate the social interactions and participation in activities of disabled persons (Pollock et al., 1997; Resnick, 1984a; Strax, 1991).

Striving for Conformity

Little is known about the relationship between social integration and the efforts that teenagers with physical disabilities make towards this goal. However, examination of the factors identified by the participants provides support for the conclusion that these young people attempted to conform to their nondisabled peers, striving for assimilation rather than integration (Berry, 1984; Buell & Minnes, 1994). Although conforming to peers is particularly important for attaining social acceptance in adolescence (Erwin, 1993; Mussen et al., 1984; Strax, 1991), physical and psychological conformity to school and peer norms presents unique challenges for young people with physical disabilities. Physical conformity is an unrealistic goal, and psychological conformity potentially promotes denial of the disability, with subsequent negative implications for the development of self-identity (Appleton et al., 1994; Davis et al., 1991; Kunc, 1992; Resnick, 1984a, 1984b).

All of the students in this study focused their comments concerning integration on their relationships with nondisabled students. It is conceivable that limited choice is a significant factor in this trend, as friendship relationships usually develop between people with mutual interests, values and skills (Erwin, 1993). Finding other disabled students with compatible characteristics is difficult when there are so few in each school. Although little seems to be known about peer relationships between disabled people, Appleton and colleagues (1994) found in their study of 79 children with spina bifida, age 7 to 19 years, that young people with physical disabilities tended to compare themselves to others who were nondisabled rather than disabled. As teenagers are inclined to judge their own self-worth by their perceptions of acceptance by esteemed peers (Erwin, 1993; Mussen et al., 1984; Resnick & Hutton, 1987), it is probable that physically disabled teenagers value the same characteristics in their peers as do teenagers without disabilities. Physical competence and minimal deviation from what is considered normal are highly valued (Erwin, 1993; Hahn, 1993; Lawrence, 1991; Strax, 1991). This appears to be different than for adult disabled persons who tend to associate more with other disabled people, particularly in self-help and disability activist groups. It may be that maturity allows greater self-acceptance and diversity. On the other hand, it may indicate abandonment of unsuccessful efforts to conform to nondisabled norms and gain the approval of nondisabled people.

Consistent themes in explanations of self-integration activities in this study included the students' concerns that the disability be as invisible as possible, that their interactions with their nondisabled peers be as "normal" as possible, and that others be made comfortable with the disability. It has been suggested that adolescents with disabilities tend to share the dominant socio-cultural values and view physical disability in the same way that the majority do (Resnick, 1984a, 1984b; Strax, 1991). If the school organization values conformity rather than diversity, as has been suggested, then young people with physical disabilities may perceive that attaining social acceptance is dependent on their ability to be like their nondisabled peers as much as possible. "Masking" the disability included attempts to hide not only successes in disability sports but the disability itself. This denial of the disability ignores an integral aspect of the individual, conceivably limiting optimum development (Appleton et al., 1994; Davis et al., 1991;

Kunc, 1992; Resnick, 1984a, 1984b). Several of the students excluded themselves from the physical education courses that have the potential to facilitate the development of a sense of physical competence and provide opportunities for social interaction. The findings of other studies infer that whether students choose to participate in integrated activities and courses may depend on their perception of the outcome, that is, whether their choice emphasizes their physical competence or their difference from the nondisabled students (Mulcahey, 1991; Resnick, 1984b). Even if there is willingness on the part of the school to change or adapt course content or allow a student to omit activities, the fact that there have to be changes at all may contribute to the perception that participation accentuates the differences between the disabled and nondisabled students (Dawkins, 1996).

David and Holly made fun of their own disability in order to make other students more comfortable. Other authors have suggested that humour is a useful tool for relieving the uneasiness that tends to exist between disabled and nondisabled people (Resnick, 1984a; Yuker, 1994). Some of the participants who used wheelchairs in Resnick's (1984b) study explained that walking is defined in their own way and that avoidance of the term by their nondisabled peers reinforces the discomfort and distance between them. The tendency of the participants in this study to make fun of their own way of walking may indicate a strong self-image that allows them to laugh at themselves. On the other hand, it may also be one more indication that the participants attempted to conform to prevalent cultural values and norms by ridiculing their own physical differences, thereby reinforcing the image that people with disabilities are less than whole

(Cassell, 1990).

The students seemed to aspire to assimilation rather than integration, as defined by Berry (1984). Although this may reflect their developmental stage to a large extent, they appeared to expect themselves to adapt to an environment which demanded uniformity and valued achievement and perfection rather than diversity, an environment to which they had limited potential for conformity and full participation (Kunc, 1990).

Secondary Place

For the participants in this study, belonging in their school communities seemed to relate to acquiring acceptance by their nondisabled peers and opportunities to participate in school activities by accepting the secondary role ascribed to them and seeking assimilation rather than integration (Berry, 1984; Buell & Minnes, 1994). The themes of environmental barriers, accepting limited integration, and striving for conformity suggest clearly that physically disabled students may be at risk for occupying a secondary place in the school community, rather than experiencing full integration. This situation bears implications for the social and psychological development of young physically disabled people.

It has been well-documented that optimal development of self-identity and social maturity is dependent on experiencing reciprocal relationships and opportunities to participate on an equal basis with peers (Erwin, 1993; Kunc, 1992; Stevens et al., 1996; Youniss & Haynie, 1992). Spending five or six hours a day in an environment that seems to value and be organized for skilled, nondisabled students potentially reinforces the perception that the disability is not only a problem but a primary personal characteristic (Appleton et al., 1994; Soder, 1989; Strax, 1991). Considering their developmental stage (Erwin, 1993; Mussen et al., 1984), it is not surprising that in order to find a place in the school community, the students in this study described efforts to conform to the nondisabled students values and behaviours as much as possible. However, this presents a significant barrier to the development of healthy self-identities for these young people, in view of the fact that these strategies included attempts to hide the disability, avert attention from personal development and accomplishments, and ridicule such an integral aspect of their identity (Resnick & Hutton, 1987; Shulman, 1993).

Accepting a superficial form of social integration and consequently secondary status rather than full participation in the social milieu of the school may have negative implications for the emotional and social development, as well as academic performance, of young disabled people (Kunc, 1992; Shulman, 1993; Stevens et al., 1996; Strax, 1991; Youniss & Haynie, 1992). Attempting to conform to standards set by nondisabled people may obstruct the opportunity to develop unique skills, knowledge, and perspectives. The right to attend regular schools must be accompanied by appropriate supports if physically disabled young people are to avoid a secondary place in their school communities (Bowd, 1992; Soder, 1989), and achieve optimum personal development gained through equal access to opportunities and resources, as promised by Ontario education policy (Ontario Ministry of Education and Training, 1994).

Conclusion

Interpretation of the findings revealed that the participants occupied a secondary place in their schools, as opposed to being fully integrated. This conclusion was based on indications that they were marginalized by their school environments, and that they tended to accept a limited form of integration, and strive for assimilation rather than integration in their school communities.

The environment in the schools that these students attended appeared to value uniformity and competition more than diversity. The participants' perceptions indicated that they were relatively unsupported in their attempts to fit in with the school community. Further, they appeared resigned to this situation and tended to accept a level of peer interaction that was more superficial than the intimate friendships and group membership advocated for optimum self-identity and social development at this stage (Erwin, 1993; Mussen et al., 1984; Strax, 1991). Conformity seemed to be a significant value for both the physically disabled students and the school organization. Attempts to conform to the nondisabled environment have limited potential for success and leave disabled young people denying an integral aspect of their identity. Acquiring secondary status in the school hierarchy has implications for the emotional and psychological development of these young people.

Authors have argued for a supportive model of integration that emphasizes not only the rights of disabled students to attend regular schools, but mutual adaptation of the environment and the individual, rather than the denial and devaluing of differences (Ballard, 1993; Bowd, 1992; Soder, 1989). Berry (1984) identified two advantages of maintaining societal cultural diversity that are relevant to this discussion - individual psychological well-being, and increased social tolerance of individual and group differences. It would seem, then, that all students in the school would benefit from participating in an inclusive environment that attempted to develop and support everyone's abilities (Kunc, 1992).

The goal of the education system is to prepare both disabled and nondisabled students for community life. An inclusive school has the potential to decrease the marginalization of disabled people by supporting students like David to be equal rather than "secondary guy(s)" (Ballard, 1993; Kunc, 1992; Stainback & Stainback, 1990).

Implications of the Study

Rehabilitation Therapy

This study has implications for rehabilitation therapists working with young people with physical disabilities, both in their schools and communities. The study participants identified both environmental and personal issues that affected their ability to participate fully in their school communities. These findings support the relevance of emerging person-environment-occupation models, which suggest that the individual must be viewed in context, and that the transactive process between the social environment, the individual factors, and the occupation (activities) of the student be considered when providing services to disabled teenagers (Dunn, Brown & McGuigan, 1994; Law et al, 1996).

Although the goals of therapists providing services to schools must be linked to educational goals (Fairbairn & Davidson, 1993), environmental factors should be addressed in the therapy process (Canadian Association of Occupational Therapists, 1991; Law et al., 1996). It is noteworthy that a review of the use of theory by school based therapists in the United States did not include environmental theory in the survey (Storch & Eskow, 1996). As the development of social relationships is an important factor for teenagers, it is imperative that barriers to social acceptance and participation in school activities be addressed. Identifying the barriers, providing consultation and education services to school staff, and advocating for changes in the school environment should be an integral part of working with young people with physical disabilities in their schools.

Therapists have a role in helping these teenagers to develop effective skills and strategies for responding to the reactions of others, and developing social relationships. This should include approaches that help the teenager to understand their own disability and become comfortable with it (Hostler et al., 1989). Participants in this study attributed their ability to participate in school activities to the skills and friendships they developed in activities outside of school. Therapists can help their young clients by assisting them to identify activities that develop competencies, by providing opportunities for the development of skills, and by developing environments that are inclusive (Law & Dunn, 1993; Schwammle, 1996; Stevens, 1996).

The findings of this study reinforce the need for a client centred approach (Canadian Association of Occupational Therapists, 1991) with this group of young people and the significance of understanding the issues of school experiences from the unique perspective of the teenager with a physical disability.

Education

Education practice must address issues related to the social exclusion and bullying of students with disabilities (Dawkins, 1996; Llewllyn 1995), particularly at the elementary school level. It seems that the participants' perspectives on this topic were related in large part to their experiences before they entered secondary school. For example, the practice of providing support services during class time should be evaluated in terms of its effect on the social integration of the students (Dawkins, 1996). Other authors have called for the development of school values, knowledge, and practices that promote an acceptance of differences in school communities and an inclusive philosophy that considers the individual characteristics of all students (Ballard, 1993; Bowd, 1992; Kunc, 1992; Lawrence, 1991; Slee, 1993; Stainback & Stainback, 1990). This infers a need for education of students and staff about disability issues.

Encouraging and supporting students with physical disabilities to participate in the physical education courses and extracurricular activities, and to develop meaningful social relationships is essential to their social integration (Lawrence, 1991). Courses and activities are not accessible if the student is unable to participate in any component. However, support that promotes the perception that the disability is a problem or that the recipient is dependent will be retrogressive. An individual approach is required for students who perceive that the amount of change required will be inconvenient for others or will accentuate the difference between them and the nondisabled students.

Brasile (1990) recommended integrated sports such as wheelchair basketball for improving the relationships between disabled and nondisabled people. The inclusion of this kind of activity in extracurricular activities or physical education courses could be achieved with a little staff training and minimal expense.

Disability Movement

The findings of the study also have implications for groups, such as Independent Living Centres, working towards improving the rights and quality of life of people with disabilities (DeJong, 1979). The young people in this study indicated that they compared themselves to their nondisabled peers and attempted to conform to their norms. Providing role models and counselling by adults with physical disabilities, as well as developing activities and self-help groups for young disabled people, could assist disabled teenagers to develop a stronger sense of self-worth and appreciation of their own abilities.

Recommendations for Future Research

The study findings suggest that there are several areas that should be examined further. In particular, the nature of social integration policies and organizational structures in schools could be studied to determine whether an integration, assimilation, segregation, or marginalization process is being supported. To what degree is social integration for young people with physical disabilities an issue of personal adjustment or social inclusion? It would be illuminating to apply Buell & Minnes' (1994) adapted acculturation framework to a survey of education services.

The participants' explanations of their approach to achieving integration present an important finding of this study. Which ones are effective and why? How do individuals choose one strategy over another? Comparison of the methods used by individuals who describe themselves as successfully integrated and those who describe themselves as unsuccessful may be helpful. Case studies which include examination of the context have the potential to yield clearer insights.

The research on attitudes to people with disabilities has been primarily with adults (Soder, 1989) and little is known about the phenomenon for youths. What is the relationship between a disabled teenager's attitudes and those of his peers towards the disability? The issue of being teased and bullied by other students demands a longitudinal study to determine the extent, the influencing factors, and the effects over the developmental stages of the child. Ethnographic studies, including interviews with students, teachers and parents would be an appropriate approach to investigating the issue from the perspective of all players. Outcome studies of programs designed to curtail this phenomenon could be informative.

Summary of the Study

This study explored the perceptions of seven teenagers with physical disabilities attending regular secondary school classes. In particular, the study focused on the meaning that they ascribed to social integration and the factors that influenced it. Social integration was conceptualized as a sense of belonging in the school community. A phenomenological approach was used to gain insight into the process of social integration from the viewpoint of the students.

The findings indicated that the participants defined social integration in terms of acceptance by their nondisabled peers and opportunities for participation in school activities. Extrinsic factors, including peer reactions and inaccessible activities, presented the primary barriers to integration. Intrinsic factors, including masking the disability, finding a niche, making fun of the disability, and educating peers, were identified as most significant in promoting their integration.

Interpretation of the findings revealed that the participants occupied a secondary place in their schools, as opposed to being fully integrated. This conclusion was based on indications that they were marginalized by their school environments, and that they tended to accept a limited form of integration, and strive for conformity with nondisabled peers and assimilation rather than integration in their school communities.

Both rehabilitation and education practitioners have a role to play in changing the process and outcome of social integration practices. The values, knowledge, and attitudes of people involved in the education system must include a commitment to developing school environments that value and include all students, regardless of their individual characteristics.

REFERENCES

Alcock, J.E., Carment, D.W., & Sadava, S.W. (1991). A textbook of social psychology (2nd. ed.). Scarborough, ON: Prentice-Hall.

Antonak, R.F., & Livneh, H. (1988). The measurement of attitudes toward people with disabilities: Methods, psychomentrics, and scales. Springfield, IL: Charles C. Thomas.

Appleton, P., Minchom, P., Ellis, N., Elliott, C., Boll, V., & Jones, P. (1994). The self-concept of young people with spina bifida: A population-based study. Developmental Medicine and Child Neurology, 36, 198-215.

Armstrong, R.W., Rosenbaum, P.L., & King, S. (1992). Self-perceived social function among disabled children in regular classrooms. Developmental and Behavioral Pediatrics, 13, 11-16.

Ballard, K. (1993). A socio-political perspective on disability: Research and institutional disabilism. New Zealand Journal of Educational Studies, 28(2), 89-103.

Berry, J. (1984). Cultural relations in plural society: Alternatives to segregation and their sociopsychological implications. In N. Miller & M.B. Brewer (Eds.), Groups in contact: The psychology of desegregation (pp. 11-27). San Fransisco, CA: Academic Press.

Bines, H. (1987). Equality, community and individualism: The development and implementation of the "whole school approach to special education needs". In L. Barton (Ed.), The politics of special education needs (pp. 145-215). London, U.K: Falmer Press.

Blackford, P., & King, A. (1985). Count me in! Toronto,ON: Is Five Press.

Blum, R.W. (1991) Overview of transition issues for youth with disabilities. Pediatrician, 18, 101-104.

Blum, R.W. (1992). Chronic illness and disability in adolescence. Journal of Adolescent Health, 13, 364-368.

Blum, R.W., Resnick, M.D., Nelson, R., & St.Germaine, A. (1991). Family and peer issues among adolescents with spina bifida and cerebral palsy. Pediatrics, 88, 280-285.

Bowd, A.D. (1992). Integration and mainstreaming in cultural context: Canadian and American approaches. International Journal of Disability, Development and Education, 39, 19-31.

Brasile, F. (1990). Wheelchair sports: A new perspective on integration. Adapted Physical Activity Quarterly, 7, 3-11.

Brollier, C., Shepherd, J., & Markley, K. (1994). Transition from school to community living. American Journal of Occupational Therapy, 48, 346-353.

Bronfenbrenner, U. (1979). The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press.

Brown, M., & Gordon, W. (1987). Impact of impairment on activity patterns of children. Archives of Physical Medicine and Rehabilitation, 68, 828-832.

Buell, M.K., & Minnes, P.M. (1994). An acculturation perspective on deinstitutionalization and service delivery. Journal on Developmental Disabilities, 3(2), 94-107.

Cadman, D., Boyle, M., Szatmeri, P., & Offord, D. (1987). Chronic illness, disability and mental social-being: Findings of the Ontario Child Health Study. Pediatrics, 79, 805-813.

Canadian Association of Occupational Therapists (1991). Occupational therapy guidelines for client-centred practice. Toronto, ON: CAOT Publications.

Cassell, J. (1990). Disabled humor: Origin and impact. In M. Nagler (Ed.), Perspectives on disability (pp. 151-157). Palo Alto, CA: Health Markets Research.

Chambers, S., & Kay, R. (1992). Research on social integration: What are the problems? International Journal of Disability, Development and Education, 39, 47-59.

Clark, F., Mack, W., & Pennington, V. (1989). Transition needs of severely disabled high school students and their parents and teachers. Occupational Therapy Journal of Research, 8, 323-344.

Colwell, S.O. (1984). The adolescent with developmental disorders. In R.W. Blum (Ed.), Chronic illness and disabilities in childhood and adolescence (pp. 327-346). Orlando, FL: Grune & Stratton.

Conrad, P. (1987). The experience of illness: Recent and new directions. Research in the Sociology of Health Care, 6, 1-31.

Crittenden, P.M. (1990). Toward a concept of autonomy in adolescents with a disability. Children's Health Care, 19, 162-168.

Davis, S.E., Berger, K., Anderson, C., Feinstein, C., & Linkowski, D.C. (1991). Developmental tasks and transitions of adolescents with chronic illnesses and disabilities. In R.P. Marinelli & A.D. Del Orto (Eds.), The psychological and social impact of disability (pp. 70-80). New York: Springer Publishing.

Dawkins, J. (1996). Bullying, physical disability and the pediatric patient. Developmental Medicine and Child Neurology, 38, 603-612.

DeJong, G. (1979). Independent living: From social movement to analytic paradigm. Archives of Physical Medicine and Rehabilitation, 60, 425-446.

Dunn, W., Brown, C., & McGuigan, A. (1994). The ecology of human performance: A framework for considering the effect of context. American Journal of Occupational Therapy, 48, 595-607.

Erwin, P. (1993). Friendship and peer relations in children. New York: John Whiley & Sons.

Fairbairn, M., & Davidson, I. (1993). Teachers' perceptions of the role and effectiveness of occupational therapists in schools. Canadian Journal of Occupational Therapy, 60, 185-191.

Fine, G., & Sandstrom, K. (1988). Knowing children: Participant observation with minors. Newbury Park, CA: Sage.

Flynn, R.J. (1992, November). Social integration between 1982 and 1992: Conceptual and operational definitions. Paper presented at the International Science Symposium, organized by the Office des Personnes Handicapees du Quebec, Montreal, CAN.

Foster, S. (1989). Reflections of a group of deaf adults on their experiences in mainstream and residential school programs in the United States. Disability, Handicap and Society, 4, 37-56.

Gilfoyle, E., & Gliner, J. (1985). Attitudes toward handicap children: Impact of an educational program. Physical and Occupational Therapy in Pediatrics, 5, 27-41.

Gillies, P., & Shackley, T. (1988). Adolescents' views of their physicaly handicapped peers: A comparative study. Educational Research, 30(2), 104-109.

Grady, A.P. (1995). Building inclusive community: A challenge for occupational therapy. American Journal of Occupational Therapy, 49, 300-310.

Goodman, G., & Yasumura, K. (1992). Physically handicapped children adrift in the mainstream: A call for a transdisciplinary physical management curriculum. International Journal of Rehabilitation Research, 15, 345-348.

Hahn, H. (1993). The politics of physical differences: Disability and discrimination. In M. Nagler (Ed.), Perspectives on disability (pp. 118-123). Palo Alto, CA: Health Markets Research.

Hartup, W. (1993). Adolescents and their friends. New Directions for Child Development, 60, 3-22.

Horne, M.D. (1985). Attitudes towards handicapped students: Professional, peer, and parent reactions. Hillsdale, N.J: Lawrence Erlbaum Associates.

Hostler, S., Gressard, R., Hassler, C., & Linden, P. (1989). Adolescent autonomy project: Transition skills for adolescents with physical disabilities. Children's Health Care, 18, 12-18.

Janelle, S. (1992). Locus of control in nondisabled versus physically disabled adolescents. American Journal of Occupational Therapy, 46, 334-342.

Jenkinson, J. (1987). School and disability: Research and practice in integration. Hawthorn, VIC: Australian Council for Educational Research.

Karnilowicz, W., Sparrow, W.A., & Shinkfield, A.J. (1994). High school students' attitudes toward performing social behaviors with mentally retarded and physically disabled peers. Journal of Social Behavior and Personality, 9(5), 65-80.

Keeton-Wilson, A. (1985). Special education in Ontario: Understanding Bill 82. Toronto, ON: T.V. Ontario.

King, G., Schultz, I., Steel, K., Gilpin, M., & Cathers, T. (1993). Self-evaluation and self-concept of adolescents with physical disabilities. American Journal of Occupational Therapy, 47, 132-140.

Kokkonen, J., Saukkonen, A.L., Timonen E., Serlo, W., & Kinnunen, P. (1991). Social outcomes of handicapped children as adults. Developmental Medicine and Child Neurology, 33, 1095-1100.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. American Journal of Occupational Therapy, 45, 214-222.

Kunc, N. (1992). The need to belong: Rediscovering Maslow's hierarchy of needs. In R.A. Villa, J.S. Thousand, W. Stainback, & S. Stainback (Eds.), Restructuring for caring and effective education: An administrative guide to creating heterogeneous schools (pp. 25-39). Baltimore, MA: Paul H. Brookes.

Law, M. (1991). The environment: A focus for occupational therapy. Canadian Journal of Occupational Therapy, 58, 171-179.

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. Canadian Journal of Occupational Therapy, 63, 9-23.

Law, M., & Dunn, W. (1993). Perspectives on understanding and changing the environments of children with disabilities. Physical and Occupational Therapy in Pediatrics, 13(3), 1-17.

Lawrence, B. (1991). Self-concept formation and physical handicap: Some educational implications for education. Disability, Handicap & Society, 6(2), 139-146.

LeCompte, M., & Goetz, J. (1982). Problems of reliability and validity in ethnographic research. Review of Educational Research, 52, 31-60.

Letts, L., Law, M., Rigby, P., Cooper, B., Stewart, D., & Strong, S. (1994). Person-environment assessments in occupational therapy. American Journal of Occupational Therapy, 48, 608-618.

Llewellyn, A. (1995). The abuse of children with physical disabilities in mainstream schooling. Developmental Medicine and Child Neurology, 37, 740-743.

Lincoln, Y. S., & Guba, E. G. (1985). Doing naturalistic inquiry. Newbury Park, CA: Sage.

Livneh, H. (1991). On the origins of negative attitudes toward people with disabilities. In R.P. Marinelle, & A.E. Del Orto (Eds.), The psychological and social impact of disability (pp. 181-196). New York: Springer Publishing.

Lord, J., Schnarr, A., & Hutchison, P. (1987). The voice of the people: Qualitative research and the needs of consumers. Canadian Journal of Community Mental Health, 6(2), 25-36.

Lord, J., Varzos, N., Behrman, B., Wicks, J., & Wicks, D. (1990). Implications of mainstreaming classrooms for adolescents with spina bifida. Developmental Medicine and Child Neurology, 32, 20-29.

Magill, J., & Hurlbut, N. (1986). The self-esteem of adolescents with cerebral palsy. American Journal of Occupational Therapy, 40, 402-407.

Magill-Evans, J., & Restall, G. (1991). Self-esteem of persons with cerebral palsy: From adolescence to adulthood. American Journal of Occupational Therapy, 45, 819-825.

Mathison, S. (1988). Why triangulate? Educational Researcher, 17, 13-17.

Ministry of National Health and Welfare (1986). Achieving health for all: A framework for health promotion. Ottawa, ON: Author.

Moos, R.H. (1979). Evaluating educational environments. San Francisco, CA: Jossey-Bass.

Morse, J. (Ed.). (1992). Qualitative health research. Newbury Park, CA: Sage.

Morse, J., & Field, P. (1995). Qualitative research methods for health professionals. (2nd. ed.). Thousand Oaks, CA: Sage.

Morris, J. (1997). Gone missing? Disabled children living away from their family. Disability and Society, 12(2), 241-258.

Mulcahey, M. J. (1992). Returning to school after a spinal cord injury: Perspectives from four adolescents. American Journal of Occupational Therapy, 46, 305-312.

Murray - Seegert, C. (1989). Nasty girls, thugs, and humans like us: Social relations between severely disabled and nondisabled students in highschool. Baltimore, MA: Paul H. Brookes.

Mussen, P., Conger, J., Kagan, J., & Huston, A. (1984). Child development and personality (6th ed.) New York: Harper and Row

Olkin, R., & Howson, L. (1994). Attitudes toward and images of physical disability. Journal of Social Behavior and Personality, 9(5), 81-96.

Ontario Ministry of Education and Training. (1994). For the love of learning: Report of the Royal Commission on Learning. Toronto,ON: Queen's Printer.

Ontario Ministry of Health (1993). Rehabilitation strategic framework. Toronto, ON: Author

Parmenter, T.R., & Knox, M. (1991). The post-school experiences of young people with a disability. International Journal of Rehabilitation Research, 14, 281-291.

Patton, M. O. (1990). Qualitative evaluation and research methods (2nd. ed.). Newbury Park, CA: Sage Publications.

Pellegrini, L. (1995). Cerebral palsy: A paradigm for developmental disabilities. Developmental Medicine and Child Neurology, 37, 834-839.

Peshkin, A. (1988). In search of subjectivity - one's own. Educational Reseacher, 17(7), 17-22.

Peters, S.J. (1990). Integration and socialization of exceptional children. Anthropology and Education Quarterly, 21, 319-339.

Pollock, N., & Stewart, D. (1990). A survey of activity patterns and vocational readiness of young adults with physical disabilities. Canadian Journal of Rehabilitation, 4, 17-26.

Pollock, N., Stewart, D., Law, M., Sahagian-Whalen, S., Harvey, S., & Toal, C. (1997). The meaning of play for young people with physical disabilities. Canadian Journal of Occupational Therapy, 64, 25-31.

Resnick, M. (1984a). The social construction of disability. In R.W. Blum (Ed.), Chronic illness and disabilities in childhood and adolescence (pp. 29-46). Orlando, FL: Grune & Stratton.

Resnick, M. (1984b). The teenager with cerebral palsy. In Blum R.W. (Ed), Chronic illness and disabilities in childhood and adolescence, (pp. 299-325). Orlando, FL: Grune and Stratton.

Resnick, M.D., & Hutton, B.A. (1987). Resiliency among physically disabled adolescents. Psychiatric Annals, 17(12), 796-800.

Reynolds, M.C. (1984). The educational needs of disabled children and youths. In R.W. Blum (Ed.), Chronic illness and disabilities in childhood and adolescence (pp. 75-95). Orlando, FL: Grune & Stratton.

Rich, Y., Linor, M., & Shalev, M. (1984). Perceptions of school life among physically disabled mainstreamed pupils. Educational Researcher, 26, 27-32.

Rosenbaum, P., Armstrong, R., & King, S. (1987). Improving attitudes towards the disabled: A randomized controlled trial of direct contact versus kids-on-the-block. Developmental and Behavioral Pediatrics, 7(5), 302-307.

Schwammle, D. (1996). Occupational competence explored. Canadian Journal of Occupational Therapy, 63, 323-330.

Schwartz, H.D. (1990). Further thoughts on a "sociology of acceptance" for disabled people. In M. Nagler (Ed.), Perspectives on disability (pp.131-136). Palo Alto, CA: Health Markets Research.

Shulman, S. (1993). Close relationships and coping behavior in adolescence. Journal of Adolescence, 16, 267-283.

Simmons, R.G. (1987). Social transition and adolescent development. New Directions for Child Development, 37, 33-61.

Sigelman, C.K., & McGrail, L.E. (1985). Developmental differences in evaluative reactions to physically and mentally handicapped children. Journal of Social and Clinical Psychology, 3(3), 352-366.

Slee, R. (1993). The politics of integration: New sites for old practices. Disability, Handicap and Society, 8, 351-360.

Soder, M. (1989). Disability as a social construct: The labelling approach revisited. European Journal of Special Needs Education, 4, 117-129.

Stainback, S., & Stainback, W. (1984). Broadening the research perspective in special education. Exceptional Children, 50, 400-408.

Stainback, S., & Stainback, W. (1990). Inclusive schooling. In W. Stainback & S. Stainback (Eds.), Support networks for inclusive schooling: Interdependent integrated education (pp.3-23). Baltimore, MA: Paul H. Brookes.

Stainback, W., & Stainback, S. (1995). Contemplating inclusive education from a historical perspective. In R. Villa, & J. Thousand (Eds.), Creating an inclusive school (pp. 16-27). Alexandria, VA: Association for Supervision and Curriculum Development.

Stevens, S.E., Steele, C.A., Jutai, J.W, Kalninsi, I.V., Borolussi, J.A., & Biggar, W.D. (1996). Adolescents with physical disabilities: Some psychosocial aspects of health. Journal of Adolescent Health, 19, 157-164.

Storch, B.S., & Eskow, K.G. (1996). Theory application by school-based occupational therapists. American Journal of Occupational Therapists, 50, 662-668.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage.

Strax, T.E. (1991). Psychosocial issues faced by adolescents and young adults with disabilities. Pediatric Annals, 20, 507-511.

Strax, T.E., & Wolfson, S.D. (1984). Life cycle crisis of the disabled adolescent and young adult: Implications for public policy. In R.W. Blum (Ed.), Chronic illness and disabilities in childhood and adolescence (pp.47-57). Orlando, FL: Grune and Stratton.

Strenta, A.C., & Kleck, R.E. (1985). Physical disability and the attribution dilemma: Perceiving the causes of social behavior. Journal of Social and Clinical Psychology, 3(2), 129-142.

Tin, L.G., & Teasdale, G.R. (1985). An observational study of the social adjustment of spina bidfida children in integrated settings. British Journal of Educational Psychology, 55, 81-83.

Whitney, I., & Smith, P. (1993). A survey of the nature and extent of bullying in junior/middle and secondary schools. Educational Research, 35(1), 3-25.

Wolfensberger, W. (1972). The principal of normalization in human services. Toronto, ON: National Institute on Mental Retardation.

Wolfensberger, W. (1980). The definition of normalization: Update, problems, disagreements and misunderstandings. In R. Flynn & K. Nitsch (Eds.), Normalization, social integration, and community services (pp.71-115). Baltimore: University Park Press.

World Health Organization. (1980). International classification of impairments, disabilities, and handicaps. Geneva: Author.

Youniss, J., & Haynie, D.L. (1992). Friendship in adolescence. Developmental and Behavioral Pediatrics, 13, 59-66.

Yuker, H.E. (1994). Variables that influence attitudes toward people with disabilities: Conclusions from the data. Journal of Social Behavior and Personality, 9(5), 3-22.

Appendix A
Parent/Guardian Study Information and Consent Form

Researcher: Lorna Doubt, B.Sc.P.T.
Master's of Science (Rehabilitation) Student, Queen's University
613-545-6110 (Queen's University); or 905-372-8410 (home)

Title of Project
Social Integration of Adolescents with Physical Disabilities in Secondary Schools

Purpose of the Study
The purpose of the study is to increase our understanding of the experiences of teenagers with disabilities who attend secondary schools with non-disabled students. This will help us to know what changes could be made to assist young people with physical disabilities to participate more fully in their schools and communities.

Explanation of Procedures
If your son/daughter agrees to take part in this study, he/she will be interviewed by Lorna Doubt. The interview may require more than one interview session and a follow-up telephone call.

Before the interview the study will be explained and she/he will be asked for his/her written consent.

You and your son/daughter may choose whether the interviews take place at your home, or another location. At all locations, a quiet, private place will be needed. The interviews will last approximately 45 minutes. The questions will not require a right or wrong answer. I am interested in his/her own views and opinions about school life, particularly concerning friendships, extra-curricular and academic activities, and feelings about belonging to the school community. Some examples of questions that might be asked are:

How do you feel about going to school?
What makes you feel that way?
What would you change in your school? Why?
She/he may refuse to answer any of the questions. I will go to the next question.

The interviews will be tape-recorded. I may take some brief notes during the interview. He/she will be given a copy of the interview after it has been typed into written notes if he/she would like it. An opportunity will also be given to correct the researcher's interpretation of the information given in the interviews.

Assurance of Confidentiality
The information provided by your son/daughter in the interviews will be kept confidential. Your name will not appear on any of the interviews that are produced by

this study. The interviews will be coded and the name will be disguised. All notes and tape recordings will be stored in a locked filing cabinet.

Audiotapes will be destroyed at the end of the study. Your son/daughter's identity will be concealed in any interviews and notes on conversations that may be kept for future studies or publications.

Only the researcher and her thesis advisor will have access to the identifying information and the interview tapes and notes, both during and after the study.

The final report and any future reports will contain the responses of your son/daughter combined with those of the other young people in the study so that no individual responses may be identified by anyone other than the researcher and your son/daughter. Any quotations from the interviews will be identified using disguised names.

You may read the final report and any published material based on this study. You will be provided with a summary of the final report.

Withdrawal from the Study
You have the right to withdraw your son/daughter from the study at any time. He/she is also free to withdraw from the study at any time. You also have the right to refuse to allow your son/daughter to be in this study without affecting the services that you and your son/daughter receive from (name) Centre.

Potential Risks and Benefits
There are no apparent risks or benefits to your son/daughter. However, many young people find it helpful to express their views and opinions on situations that they are involved in. The results may help other young people to participate more fully in their school and community in the future.

Offer to Answer Questions
If you or your daughter/son have any questions at any time, please do not hesitate to ask. My phone number is listed on the front of this form. You may contact my thesis advisor:
Dr. Mary Ann McColl
Head, Department of Occupational Therapy
School of Rehabilitation Therapy
Queen's University
(613) 545-6110

You may also contact:
Dr. Malcolm Peat
Director, School of Rehabilitation Therapy
Queen's University
(613) 545-6104

CONSENT FORM

I have read and understood the study information and consent form for this study. I have had the purpose, procedures and technical language explained to me. I have been given sufficient time to consider the above information and seek advice if I have chosen to do so. I have had the opportunity to ask questions which have been answered to my satisfaction. I am voluntarily signing this form. I understand that I am free to withdraw my consent for my son/daughter to be in this study at any time, and that my son's/daughter's collected data will be destroyed immediately. I understand that withdrawal from this study will not affect the services that my son/daughter receives from (name) Centre. I will be provided with a copy of this study information and signed consent form.

YES _______ I AUTHORIZE LORNA DOUBT TO ASK MY SON/DAUGHTER IF SHE/HE IS WILLING TO BE INTERVIEWED

PARENT/GUARDIAN NAME (printed): ______________________________

PARENT/GUARDIAN SIGNATURE: ______________________________

DATE: ______________________________

WITNESS SIGNATURE: ______________________________

DATE: ______________________________

The information within this consent form has been explained to the participant's parent or guardian. To the best of my knowledge they understand the nature of the study and the risks and benefits involved in the study.

RESEARCHER SIGNATURE: ______________________________

DATE: ______________________________

Appendix B
Participant Study Information and Consent Form

Researcher: Lorna Doubt, B.Sc.P.T.
Master's of Science (Rehabilitation) Student, Queen's University
613-545-6110 (Queen's University); or 905-372-8410 (home)

Title of Project

Social Integration of Adolescents with Physical Disabilities in Secondary Schools

Purpose of the Study

The purpose of the study is to increase our understanding of the experiences of teenagers with disabilities who attend secondary schools with non-disabled students. This will help us to know what changes could be made to assist young people with physical disabilities to participate more fully in their schools and communities.

Explanation of Procedures

If you agree to take part in this study, you will be interviewed by Lorna Doubt. The interview may require more than one interview session and a follow-up telephone call.

Before the interview the study will be explained and you will be asked for your written consent.

You may choose whether the interviews take place at your home, or another location. At all locations, a quiet, private place will be needed. The interviews will last approximately 45 minutes. The questions will not require a right or wrong answer. I am interested in your own views and opinions about school life, particularly concerning friendships, extra-curricular and academic activities, and feelings about belonging to the school community.
Some examples of questions that might be asked are:
How do you feel about going to school?
What makes you feel that way?
What would you change in your school? Why?
You may refuse to answer any of the questions. I will go to the next question.

The interviews will be tape-recorded. I may take some brief notes during the interview. You will be given a copy of the interview after it has been typed into written notes if you would like it. An opportunity will also be given to correct the researcher's interpretation of the information given in the interviews.

Assurance of Confidentiality

The information provided by you in the interviews will be kept confidential. Your name will not appear on any of the interviews that are produced by this study. The interviews will be coded and the name will be disguised. All notes and tape recordings will be stored in a locked filing cabinet.

Audiotapes will be destroyed at the end of the study. Your identity will be concealed in any interviews and notes on conversations that may be kept for future studies or publications.

Only the researcher and her thesis advisor will have access to the identifying information and the interview tapes and notes, both during and after the study.

The final report and any future reports will contain your responses combined with those of the other young people in the study so that no individual responses may be identified by anyone other than the researcher and you. Any quotations from the interviews will be identified using disguised names.

You may read the final report and any published material based on this study. You will be provided with a summary of the final report.

Withdrawal from the Study
You have the right to refuse to take part in this study, and the right to withdraw from the study at any time without affecting the services that you receive from (name) Centre.

Potential Risks and Benefits
There are no apparent risks or benefits to you. However, many young people find it helpful to express their views and opinions on situations that they are involved in. The results may help other young people to participate more fully in their school and community in the future.

Offer to Answer Questions
If you have any questions at any time, please do not hesitate to ask. My phone number is listed on the front of this form. You may also contact my thesis advisor:

Dr. Mary Ann McColl
Head, Department of Occupational Therapy
School of Rehabilitation Therapy
Queen's University
(613) 545-6110

You may also contact:
Dr. Malcolm Peat
Director, School of Rehabilitation Therapy
Queen's University
(613) 545-6104

CONSENT FORM

I have read and understood the study information and consent form for this study. I have had the purpose, procedures and technical language explained to me. I have been given sufficient time to consider the above information and to ask for advice if I have chosen to do so. I have had the opportunity to ask questions which have been answered to my satisfaction. I am voluntarily signing this form. I understand that I am free to withdraw my consent to be in this study at any time, and that the information I have given will be destroyed immediately afterwards. I understand that if I withdraw from this study, it will not affect the services that I receive from (name) Children's Centre. I will be provided with a copy of the study information and this signed consent form.

PARTICIPANT'S NAME (printed): ________________________________

PARTICIPANT'S NAME (signature): ________________________________

DATE: ________________________________

WITNESS' NAME (signature): ________________________________

DATE: ________________________________

The information within this consent form has been explained to the participant in this study. To the best of my knowledge he/she understands the nature of the study and the risks and benefits involved in the study.

RESEARCHER SIGNATURE: ________________________________

DATE: ________________________________

Appendix C

Letter of Introduction to Parents / Guardians and Participants

Dear

Thank you for considering (name)'s participation in a study of the school experiences of teenagers with physical disabilities. (name)'s name, address, and telephone number were given to me by (name), an occupational therapist at (Centre name, city). I trust that you have been contacted by her concerning the study.

I will contact you by telephone within a few days. If (name) agrees to take part in the study, I will make an appointment to meet with both of you at your home or another place that is convenient for both of you. At the first meeting, the study will be explained further, and you will be given an opportunity to ask questions. If you and (name) decide that (he, she) will take part, both of you will be asked to sign the consent forms before the interview begins.

The interviews will be tape recorded. However, (name)'s name and the information that (he, she) provides will be kept confidential, both during the study and in any reports produced after the study. The services that you receive from (Centre name) will not be affected if you or (name) decide that (he, she) will not participate, or if either of you decide at any time that (he, she) should withdraw from the study.

The enclosed study information and consent forms provide an explanation of the study procedures. If you or (name) have any further questions about the study, please do not hesitate to contact me or any of the other people listed in the study information.

I trust that this will be an interesting experience for (name), and that the study will contribute to our ability to assist young people with physical disabilities to reach their goals.

Sincerely,

Lorna Doubt, B.Sc.(P.T.)

Appendix D

Ethics Review Board Guidelines for Acquiring Consent

Office of the Associate Dean
Medical Research Services
Faculty of Medicine
Queen's University
Botterell Hall, Room 234
Kingston, Ontario, K7L 3N6
TEL: 613-545-2544
FAX: 613-545-6884

September 27, 1995

Ms. Lorna Doubt,
School of Rehabilitation Therapy
Queen's University

Re: Research Project entitled "The social integration of adolescents with physical disabilities in secondary schools" REH-060-95

Dear Ms. Doubt,

I am writing this letter in response to your telephone call requesting clarification of the age of consent for subjects in your study.

We have verified the age regulations with our legal representative of the Committee. The present system:

- a parental consent is required for subjects up to 16 years of age participating in a study
- studies involving subjects 16 years of age and older do not require a parental consent

As discussed previously, studies conducted through schools usually are required to provide parental consent forms as a requirement of the various school boards. I am aware that your study does not involve the schools.

I hope that this letter clarifies the question of consent. If you require any further assistance please do not hesitate to call me.

Yours sincerely

Albert F. Clark

Albert F. Clark, Ph.D.
Associate Dean,
Medical Research Services
Chair
Research Ethics Board

AFC/kr

Appendix E

Interview Guide

I am interested in how things are for you at school - how you feel about your place in the school; about how you fit in; how having a physical disability affects your experiences at school.

1. How important is it to you to belong, to be part of the school community?

   Why? Why not?

2. How do you know when you are fitting in/not fitting in?

3. How would you describe someone who is part of the school community?

   Someone who is not?

4. How would you describe/explain your place in the school?

   How is this different/similar than in your earlier years in secondary school (or at elementary school)?

   What has contributed to any change?

5. How do you think having a physical disability affects things at school for you?

   Examples?

6. How do you think other people in the school see/think about you? What makes you think that?

7. What kinds of things make you feel as though you have a place in the school?

   What helps/has helped you to feel part of the school?

   How do they help? Examples?

   Areas to **probe**:
   (a) relationships with people - other students, teachers, consultants
   (b) activities - extra-curricular, academic
   (c) school policies - e.g. modification of space, adaptation of physical education course
   (d) physical space, accessibility
   (e) personal characteristics and efforts
   (f) other things e.g. family; outside activities and involvements

8. What things make you feel as though you don't have a place in the school?

   What things have stood in the way of your becoming part of the school community?

   Areas to **probe:**
   (a) attitudes and behaviours of other students, teachers, consultants
   (b) activities - extra-curricular; academic
   (c) school policies - transportation, courses, rules
   (d) physical space, accessibility
   (e) personal characteristics and/or reactions

   What is it about that experience that makes you feel that way?

9. If things could be changed, what would you change?

   What would you leave the same? Why?

   How could this be changed?

   Who could help with this? How could they help?

10. Describe the ideal school for someone with a physical disability - to enter; to attend.

BACKGROUND/DEMOGRAPHIC INFORMATION

Name:

Identification No.:

Gender: M / F

Birthdate (Y/M/D):

Address:

Telephone no.:

School:

Grade:

No. of years in school:

Mobility:

Appendix F

Sample of Interview Transcript

NOTE: The researcher's questions and comments are presented in upper case; the participant's responses in lower. The first number represents the segment of the interview. The initial is the first letter of the participant's pseudonym. The final number identifies the interview number for this participant.

LIAM: INTERVIEW 1

WE WERE TALKING ABOUT THINGS THAT HELP PEOPLE FIT IN AT SCHOOL. YOU SAID DEVELOPING YOUR OWN IDENTITY AND YOU TALKED ABOUT MASKING THE DISABILITY. HOW DO YOU DO THAT?

93L1 I just use the heavy metal. They see me with the long hair, the black t-shirts, the black leather jacket, the cowboy boots. They don't...people seem to be superficial. They don't look for the inside. They just look on the outside. So they see heavy metal. They don't see the disability unless I decide to go in there with Ontario Games for the Physically Disabled t-shirts or something. I don't play it up as much.

BY CHOICE THEN.

94L1 By choice, yah. Unless somebody really gets to know me and then I feel more comfortable with them. Then they know me as a person more so than a disabled person. They know me as a person.

SO WITH THE PEOPLE THAT YOU GET TO KNOW, WOULD YOU TALK ABOUT THE DISABLED GAMES? WOULD YOU BE MORE APT TO SHARE WITH THEM

95L1 I share with everybody. I've done presentations on sledge hockey, track and field, the games, whatever.

SO I'M GETTING THE PICTURE THAT YOU PICK AND CHOOSE A LITTLE BIT WHAT YOU SHARE WITH

96L1 Yah. I'm more closed than normal. Somebody I'll never meet like penpals that I write to I'll write about anything to them. Like (reading) "personally neither can I stand any kind of ignorance or intolerance or prejudices because I've been through it myself being a person with a person with a physical disability. I know exactly what its like having people laughing or putting people down because they're different". And that's to a person I write to so. As I say I'll play this I'll put this in because I may never meet them so...

[TAPE TURNED]

THATS AN INTERESTING IDEA. SO WHAT ABOUT PEOPLE THAT MAKE YOU NOT WANT TO TALK ABOUT THESE ISSUES

97L1 Just that I've been put down so much in the past that I've basically decided to play up other things in my life instead of the disability.

SO THAT PUTTING DOWN THEN HAS BEEN RELATED TO THE DISABILITY?

98L1 Yah, definitely.

ARE THERE ANY EXAMPLES TO HELP ME GET A CLEARER PICTURE OF WHAT THAT IS FOR YOU?

99L1 Teasing, belittling.

IS THERE A SPECIFIC EXAMPLE YOU CAN GIVE ME OF BELITTLING? HOW WOULD SOMEBODY DO THAT?

100L1 Oh, just like ganging up on the person and tearing them down mentally because they know that..they think that they're physically superior than the other person sort of thing.

SO OTHER PEOPLE THINK THEY ARE PHYSICALLY SUPERIOR TO SOMEONE WHO HAS

101L1 So they tear them down.

Appendix G

Sample of Field Notes

January 28

Catherine: Interview 3

C. said that she would not have let me come today if she had been called to the phone. I did ask to speak to her when I phoned to make the appointment but her father took the message instead. When I apologized and asked her whether she had had enough of this, she said "yes". I asked her if this was tiresome and boring. She agreed but added that she didn't want to talk about some of this stuff. She said "you told me to tell you if I didn't want to talk about something". I thanked her for telling me and gave her the option of continuing or stopping the interview. She said that she would do it but this was the last one. I agreed, thanked her, and told her again how helpful she has been.

We spent the first twenty minutes talking about the week's activities, camp, home accessibility issues, and future career plans, etc. She seems very much to want to get control of her life - to gain some independence.

The interview went well. She talked more easily than in the previous interviews. Her voice was stronger and more assertive and she did not put her hand over her mouth. She confirmed some of my interpretations of data in the first interviews. She told me that if I had asked her these questions last year she would have lied because she wanted people to think that she was managing just fine. I asked her what had changed. She said she wanted things to work better, so she had to learn to say what the problems were.

I sensed that if I had started by asking questions that were too close to the bone, she would not have provided the information she did. I tried to give her more feedback today, as I think I did not give enough in the last interviews. I must do better at this with everyone.

Appendix H

Sample of Memo

JANUARY 28, 1997

	EXTRINSIC FACTORS	INTRINSIC FACTORS
LIMITING FACTORS	**peer reactions (verbal and physical teasing, talking down, patronization,lack of knowledge and experience)** **inaccessible activities (sports, unknowledgeable staff, choir, drama productions)**	physical limitations (difficulty keeping up to school schedule, limits phys.ed courses and sports, too weak to fight) self-exclusion (assume others uncomfortable, frustration)
PROMOTING FACTORS	peer maturity staff support (change courses, encourage involvement)	**masking (hiding the disability, downplay accomplishments, avoid phys.ed., change schedule)** **find niche (official, play unpopular position)** **make fun (walking)** **educate peers (article, hockey game, train friends)**

MAIN LIMITATIONS / BARRIERS = <u>EXTRINSIC</u>

MAIN ENABLERS = <u>INTRINSIC</u>

Appendix I

Sample of Research Journal Notes

February 23, 1996

Today I talked to a young adult with C.P. about his school experiences. He uses a wheelchair much of the time now but was walking with crutches when he was in high school. I have been thinking about two issues that stood out for me in this conversation:
1. Isolation. He talked about having acquaintances but no real friends. No relationships outside of school. He was the only kid with a disability in his school who was not in a special class. He said that he got used to not being involved in the sports and dances as he got older but he thought that it was a lot better for young people now than in his time. I wonder how true that is. Perhaps this study will shed some light on that. Only three of the people I have interviewed say that they see school friends outside of school. And there are strong indications in the data that they have limited participation in school activities.

2. Accessibility. He talked about the difficulty of just getting to class with crutches and books, etc. The lockers never seemed to be located in convenient places. He mentioned his constant concern about being late for class and feeling centred out. Or dropping things in the hall. Another issue was related to group coursework. He had difficulty staying after school to work with others because he was transported out of his neighbourhood and dependent on the bus and its schedule. One of the participants in this study travels to another town because the local school is inaccessible. Two others are bused to accessible schools outside of their area. They deny that this affects their school experiences but I wonder about it. Perhaps they are so used to it because many of them have been travelling on buses to get to schools out of their neighbourhood since they were very young. However, I must be careful not to impose my assumptions on their explanations.

Note:
Be aware of these issues in the data but check interpretation with the kids and with other data.

Appendix J

Beliefs and Expectations

Between 1986 and 1994 I was a physical therapist employed by a Home Care Program in the School Health Support Services Program. During that time I observed that many young people with physical disabilities in the secondary schools seemed to have fewer involvements in the school extra-curricular activities than other students; and spent more time alone. I often thought about how important my own teenagers' friendships and school activities were to them. It seemed that the young people that I worked with lead significantly more isolated lives. I wondered whether in fact the goals of "equal opportunities for all students" promised by the Ontario Ministry of Education are being realized for young people with disabilities.

I anticipate that the results of this study will suggest that teenagers with physical disabilities do experience feelings of social isolation and that there are physical, social and organizational factors within the school system that limit their social integration.