

Success in Life for Older Adolescents With Cerebral Palsy

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In this article, the psychosocial themes emerging from an exploratory qualitative study are reported. Using a constant comparative method, the authors describe how older adolescents with cerebral palsy defined success in life and the factors they viewed as helping or hindering their success. Participants were 10 adolescents with cerebral palsy between 18 and 20 years of age who took part in a semistructured interview exploring their perceptions of success. For these adolescents, success meant being happy in life. Three key psychosocial factors were related to success in life: being believed in, believing in yourself, and being accepted by others (belonging). The findings are useful in guiding the design of services to meet the life needs of individuals with disabilities.

Walter has made a lifelong habit of challenging others' expectations. One reason Walter has never really let his disability become a handicap is because of his family. He says, "Basically, my family treated me like a normal person."

Kriegsman, Zaslow, and D'Zmura-Rechsteiner, 1992, p. 3

Individuals in later adolescence are on the verge of a crucial transition to adult life. This developmental stage involves the challenges of making living arrangements, setting goals, establishing independence, and forming social relationships (Spekman, Goldberg, & Herman, 1992). It may be a particularly difficult period for young people with physical disabilities who face problems of unemployment, low income, social isolation, and lack of advice (Hirst, 1982). Later adolescence also is a time of self-evaluation and comparison with others, and young people with disabilities may be forced to reflect on their physical differences and areas of competence. These developments ultimately affect their success in life and happiness. For instance, Clausen (1993) has shown that adolescent competence is linked to occupational, financial, and marital success.



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Determining how adolescents with nonprogressive chronic physical disabilities, such as cerebral palsy, define success in life is important to the rehabilitation field. The primary role of habilitation services for older adolescents with a nonprogressive disability is to assist them in acquiring the skills and knowledge they need to make the transition to adulthood. Ideally, the goals of habilitation should be based on the expressed needs of the adolescent (Canadian Association of Occupational Therapists, 1993). With the increasing emphasis on client- or family-centered service (Rosenbaum, King, Law, King, & Evans, 1998), it is important to tailor interventions to help clients achieve broad life goals, in addition to goals addressing areas of impairment or function. The World Health Organization (1997) supports this view that rehabilitation services should address life outcomes such as employment, social relationships, community involvement or participation, quality of life, and life satisfaction.

Therefore, it is crucial to understand what adolescents with physical disabilities desire for their future. It is also important to understand how they view success because having an awareness of how they define success is the first step in helping them to reach their goals. In addition to knowing what adolescents with physical disabilities desire in life, it is important to understand the factors that help or hinder them in these life goals. Service providers may make erroneous assumptions about what is important to adolescents and about the factors that help adolescents feel that they can attain success in life. By understanding the experiences of adolescents, this study will provide information that can be used to guide the development of needed rehabilitation services.

There is little information on adolescents' own reflections, opinions, and perceptions of what constitutes and contributes to success in life (Spekman, Herman, & Vogel, 1993). Although it is important to look at how individuals with disabilities perceive success (Spekman, Goldberg, & Herman, 1993; Spekman, Herman, & Vogel, 1993), few investigators have specifically asked them about their lifestyle, coping strategies, or aspirations (Doyle, Moffatt, & Corlett, 1994). Our present understanding of disability lacks subjective perspectives on key concepts, ignores self-reports, and does not explore in depth the personal values and goals of individuals with disabilities (Fuhrer, 1994). This study addresses this gap by asking adolescents to define success in their own terms.

Arnold and Chapman (1992) found no significant differences overall between people with and without physical disabilities in terms of vocational aspirations and expectations about their social life. The literature does not specifically inform us, however, about what success in life means to adolescents with disabilities and what they believe they need to be successful.

It is important to obtain people's own views of what it means to be successful. Definitions of success are often based on accomplishments that are societally accepted and expected (e.g., educational level, job satisfaction, marriage, and career placement) (Gerber, Ginsberg, & Reiff, 1992). There is an increasing realization, however, that definitions of success should include individuals' own judgments of their adjustment and satisfaction with life (Spekman, Goldberg, & Herman, 1993). We need to look beyond objective, societally determined indicators of success (Halpern, 1985) and place more emphasis on psychosocial outcomes such as the quality of people's social or interpersonal networks (Parmenter & Knox, 1991). The predominant views of what constitutes success for individuals with disabilities have been

based on assumptions about what they want in life rather than what these individuals themselves have to say.

Able-bodied people assume that individuals with physical disabilities are less happy and less satisfied with life (Anderson & Clark, 1982), are depressed, and want to be able-bodied (Lees & Shaw, 1974). These assumptions can have a wide-ranging impact, affecting attitudes and behavior toward people with disabilities and expectations for their school performance and employment (Schlaff, 1993).

Qualitative methods have the potential to address important psychosocial issues (Fiese & Bickman, 1998) and are ideally suited to explore perceptions of success in life. They enrich our understanding of what it means to live with a disability (Fuhrer, 1994) because they help us understand the details and complexity of people's experiences. Exploratory qualitative methods are ideal when little is known about a topic, as is the case for adolescents' perceptions of the factors affecting their success in life.

This qualitative study examined the desires and life goals of older adolescents with cerebral palsy who were at the transition stage between high school and further education or entering the job world. They were asked what success in life meant to them and what they felt were the factors that helped or hindered them in being successful. This article reports on the psychosocial themes that emerged from this exploratory study. The themes dealing with occupational aspects of life (issues of education, occupation, and independent living) are described elsewhere (Miller Polgar, King, MacKinnon, Cathers, & Havens, 1999).

METHOD

Participants

The participants consist of 7 female and 3 male adolescents between the ages of 18 and 20 years ($M = 19$ years). They were nearing the end of high school ($n = 5$), had recently graduated ($n = 2$), or had just begun university or college ($n = 3$). All had cerebral palsy. Of the participants, 2 individuals were nonambulatory. The other 8 were able to move around the community by themselves (with or without aids, braces, or a wheelchair).

Participants were recruited through a regional rehabilitation center in southwestern Ontario for children and young adults with communication and physical needs. The inclusion criteria were (a) being between 18 years and 20 years, 11 months; (b) being near the end of high school, being recently graduated, or beginning university or college (therefore in the midst of a transition stage characterized by changes in life); (c) having a diagnosis of cerebral palsy (a visible, chronic physical disability with no progressive component); and (d) being able to understand abstract questions, articulate thoughts and feelings, maintain conversation for a minimum of 1 hour, and have speech intelligibility acceptable to naive listeners (as judged by a clinician).

The rehabilitation center's medical records system was used to generate a list of potential participants who met the age and diagnostic criteria of the study. In a group meeting, clinicians involved with these individuals were asked whether they met the inclusion criteria related to cognitive and communication ability. An intro-

ductory brochure outlining the purpose of the study and expectations for participants was then sent to those individuals who met the criteria. Interested participants were asked to contact the research assistant by telephone. Following this initial phone call, in which questions about the study were answered, those who provided verbal consent were sent an information letter and consent form. The research assistant made follow-up calls to those adolescents who had not called her within 3 weeks of receiving the letter. Once participants provided written informed consent, an interview was scheduled.

Procedure

Most participants were interviewed in their homes by the research assistant, who was a trained interviewer. (One participant chose to be interviewed in a comfortable, private room at the rehabilitation center.) Each interview took about 2 hours to complete and was audiotaped.

Word-for-word transcriptions of the interviews were made. To ensure accuracy, two individuals (a professional transcriber and the interviewer) were involved. Significant discrepancies between the typist's and interviewer's understanding of the tapes were discussed by these two individuals until agreement was reached.

Member checking is commonly used to ensure the validity of themes emerging from qualitative analysis (Lincoln & Guba, 1985). Four participants attended a member-checking focus group conducted at the rehabilitation center by two of the investigators and the interviewer.

Interview Questions

The interview questions were designed to obtain adolescents' view of what constitutes success in life, whether they presently were or hoped to be successful, and the key people, circumstances, or experiences that helped or hindered them to be successful. The following types of questions were asked, with the specific wording geared to each participant:

- Can you describe a person whom you would consider to be successful—someone with a successful life? What is it about this person that indicates to you that s/he is successful?
- Do you think there are characteristics or things about people, or personal qualities, that are important in helping a person to be successful? Do you think there are certain possessions that are important in making a person successful?
- Given your age and your stage in life, do you think you are or do you consider yourself to be successful? Can you describe ways you see yourself as successful?
- What barriers or obstacles, if any, have prevented you from being successful?
- Please tell me what future success means to you in your life. Think about yourself in 5 years. Picture the way you would like to be. Can you describe this? What do you see yourself doing?
- Have there been people in your life who helped you to learn how to be successful? Have there been people in your life who stood in your way or interfered with your success in any way?
- Can you answer the general question, what does success mean?

The semistructured interview protocol was piloted with two adolescents who went through the interview in its entirety and then were asked to identify potentially

ambiguous questions or any questions that made them uncomfortable. The research team also reviewed the interview protocol for ease of comprehension, completeness, and flow of the questions.

Analysis of Themes

Qualitative data analysis is a recursive, cyclical process of coding statements based on their key concepts, clustering these coded concepts into themes, and revisiting themes several times to delineate and refine them (Spekman et al., 1992). It is an inductive process that involves determining the pervasiveness of key ideas or themes rather than actual counts of code frequency. A constant comparison method was used to derive the themes from the transcripts (Patton, 1990; Strauss & Corbin, 1994). This method is used to ensure a continuous examination of all the data as new data are gathered.

Research team members developed a coding scheme based on key concepts arising in the interview transcripts. This coding scheme was revised in an ongoing manner as new transcripts were read and discussed by the research group. The final version of the coding scheme consisted of over 50 codes, including "enjoyment/happiness," "employment," activities such as "social activities" and "leisure activities," relationships such as "belonging," "positive attitudes" and "negative attitudes" on the part of others, views of the self such as "high self-esteem" and "attitude toward disability," "admired qualities," and "outlook on life."

Using the coding scheme, the research assistant (who also was the interviewer) and one member of the research team separately coded text segments of the first four transcripts. They inferred as little as possible and coded text for particular concepts only when the concepts were specifically mentioned by participants. The two coders reached 84% agreement (calculated over all codes) after the fourth transcript. The research assistant then coded all the remaining transcripts and entered them into The Ethnograph Version 3.0 (Seidel & Clark, 1984). This computer program allows researchers to manage a vast number of text segments. The researchers used this software program to select and extract sections of coded text and to see which codes tended to overlap.

Using the coded transcripts and Ethnograph printouts, the research team made observations about important, recurring themes. The analysis centered on identifying sections of text that provided an understanding of participants' definitions of success and the factors associated with success. The themes were discussed several times to achieve consensus about emerging concepts.

After several revisions, the major themes and relevant text segments representing each theme were presented to the participants who took part in the member-checking group. These individuals were asked to critically appraise the research team's interpretation of the interviews. The importance of honest feedback was emphasized. Group members were quite comfortable in disagreeing with one another and in expressing their views. They confirmed the themes that had arisen in the course of data analysis and provided additional information that elaborated on these themes. Minutes from the meeting were transcribed, and this additional information was used to augment the themes arising from the interviews.

A participant letter was sent to all participants outlining the themes and requesting feedback. No concerns were brought to the research team's attention. Study themes

also were reviewed by a committee of young adults who regularly provide advice and perspectives to the children's rehabilitation center. Members of this graduate advisory committee strongly endorsed the themes as reflecting their own experiences, which gave us additional confidence in the validity of the study themes. Presentations were made by the research team at various national and provincial conferences. People attending the presentations corroborated the themes as ones they also had heard or had personally experienced.

RESULTS

Two types of themes emerged from this study: (a) instrumental themes dealing with employment, schooling, and independent living (Miller Polgar et al., 1999) and (b) psychosocial themes dealing with happiness, interpersonal relations, attitudes, and perceptions of support. This article presents the psychosocial themes. These themes dealt with what success means ("success means being happy") and with the three major factors related to success: being believed in by others, believing in yourself, and being accepted by others (belonging).

Success Means Being Happy

Participants overwhelmingly defined success in terms of being happy in life. Happiness was often mentioned as a characteristic of successful role models. Participants also mentioned happiness when describing what success meant to them or when describing their personal vision of future success. Happiness was linked to meeting personal goals, feeling fulfilled, and enjoying what you do in life.

Successful role models and happiness. In responding to a question asking what it is about a successful person that indicates this success, participants referred to the notion of happiness:

She's got her family, and she's got a good job. She's got basically everything that she wants. . . . She's happy with what she has. . . . She's not one of those people that wants, wants, wants.

He's got a get-up-and-do-it attitude. . . . And he seems happy. . . . He's got it all together.

Happiness and the meaning of success. The following quotes link success to being happy:

[Success] means to be happy with yourself. . . . As long as you're happy, and the people you're around are happy with what you are doing or can accept you, and you're contributing to society a little bit, like having your own job. . . . Whatever you call happiness, I think [is] success.

Success means . . . just that you're happy, that you have the ability to set a goal. And however big or small it might be to somebody else, if you can get there, then . . . it is a success . . . because you've done what you set out to accomplish, and I think that's really important. Success I think is . . . not letting anybody say "no." . . . You're going to meet a lot of people that are going to put you down, regardless of who you are. I

think that if you can prove those people wrong, then you've succeeded. . . . Success can be small.

The last quote above also links happiness to meeting goals, no matter how big or small. It illustrates the idea that success can be small. A feeling of success can come simply from rising above others' limited expectations (i.e., proving others wrong). The member-checking group endorsed the idea that even the accomplishment of small things can lead to happiness.

The idea that happiness is synonymous with success is also shown in the following quote. This person also links happiness to a sense of satisfaction with what one does every day:

I think one of the main things is you're satisfied with what you do. I remember we were . . . at the coffee shop one time . . . and I offered to pay for my supervisor. . . . And he said, "No you're not. You keep your money. You need it more than I do." . . . I think all of us kids had . . . more monetary funds than . . . these guys would . . . at any time. He held his money and he said, "What's this? It's nothing you know. It's paper." . . . And it . . . makes you think. . . . As long as you're happy with what you got . . . that's the main important thing. . . . He was happy with what he had, and you know, money to him wasn't really important. . . . He is successful because he's happy with what he is doing and he has what he needs and what he wants.

Success and doing or getting what you want in life. Both success and happiness were linked to goals around the things people do—their work or occupation or leisure activities—and to their sense of themselves (i.e., who they want to be). When people enjoy what they do on a daily basis and achieve goals that they set for themselves, then they feel happy and consider themselves to be successful:

I think [success] means being happy with what you do and enjoying what you do.
[Success means] for me to get what I want in life and for me to be happy.

Participants were very aware that what makes people happy can differ. What feels like success for one person may not be success for another, depending on the goals that individuals set for themselves (i.e., the things they expect of themselves or want for themselves). The key thing, however, seems to be to engage in some activity that you enjoy doing and that provides a sense of fulfillment:

If you think that you need possessions to be successful, well then go acquire [them].
If you think that you need money to be successful, start a company or be the next Bill Gates.
If you think that you need to find spiritual peace to be successful, go join a commune or get involved with church. . . . It really depends on the individual, but [success] is getting what you want, being who you want.
[Success] means a fulfillment of what you expect of yourself—not of what other people expect of you, but what makes you feel like you're doing alright.

Being Believed In by Others

Being believed in and success in life. Participants felt that being believed in is a key factor in being successful in life. Various people provided this sense of being believed in—neighbors, parents, teachers, and relatives. These people believed in the abilities

of the participants and provided emotional support and guidance. This faith and support provided participants with a sense that they were competent enough to reach their goals:

[Gramma is] the strongest thing in my life. She's always there, and she's the biggest influence on my life. . . . She's the one person who, if I were to say, "I think I'll go bungee jumping tomorrow," she'd [say] "Go for it, do it!" . . . And everyone else would [say] "I think you're nuts." . . . She's backed me my whole, entire life. . . . She understands that it's been a struggle, but she's always been there. I love her a lot.

They all encouraged me. . . . This teacher pushed me into speaking out more in class. . . . [But other] teachers didn't help me. Some teachers tried to hold me back.

Barrier people and lack of belief in people with disabilities. Some adolescents felt that others' expectations of them were too low and limited their opportunities. This idea is illustrated in the next quote, which reflects not being believed in:

There were barrier people actually. The doctors said, "Excuse me, you've got a sick little kid who's not going to be able to do anything."

The image of barrier people is particularly powerful and may illustrate a useful strategy for teenagers to distance themselves from taking others' negative attitudes too personally.

Proving others wrong. Not being believed in means expecting that others are unable to do things or achieve goals. This is a commonly held assumption about people with disabilities. One way of dealing with this assumption is to use a coping strategy in which these limiting attitudes are turned into something powerful—a determination to achieve or succeed and therefore show others that they are wrong to have limiting attitudes. Thus, not being believed in sometimes was a positive thing because it made adolescents persist to prove others wrong and led to an understanding of how to deal with others' low expectations:

You're going to meet a lot of people that are going to put you down, regardless of who you are. I think that if you can prove those people wrong, then you've succeeded.

[My brother] always said that I couldn't do anything and he was always better than me. We always had fights. And I proved him wrong.

My grade eight teacher said that I'd never make it through high school in advanced courses. When we did the sheets to fill out where we were going to go and what classes we were going to take, he sat me down and he told me that he wanted me all in general [classes]. . . . I tried to switch when I was in grade nine, but they wouldn't let me. . . . So I waited a year, and now I'm in advanced. I was getting 98s and 100s in general [classes]. . . . [So] I proved one of my . . . teachers wrong.

Believing in Yourself

Success and believing in yourself. A second key factor related to success was believing in yourself. Believing in yourself refers to a sense of self-efficacy—a judgment about how well we are able to carry out the actions necessary to deal with life events (Bandura, 1982). People with a strong sense of self-efficacy feel that they can

be successful. The following quotes show the power of positive thinking that arises from a sense of self-efficacy:

To be successful, [people] have to think that they can get what they want and not think that they can't. . . . If someone is writing a test in school, they can't think they're going to fail. To pass, they have to think they can pass.

If people want to be successful and do something, [they shouldn't] think they *can't* do it. As Dr. Norman Vincent Peale said, "What you think you can do, you can do."

The connection between being believed in by others and believing in yourself. The following quote illustrates the importance of being believed in by others and how it relates to believing in yourself. When people believe that you can succeed, then this confidence can lead you to feel competent or capable:

I had people in my life who let me prove things to myself. . . . That's probably the biggest thing, [the belief] that you can do anything, because once somebody tells you that you can do anything and once somebody believes and has you believing that you can do anything, your whole world is wide open. You have so many more opportunities to make something out of your life if somebody says, "Yeah, you can do it." Well, I'm going to set myself up a goal and I'm going to say, "I'm going to get there."

Acceptance by Others: Feeling a Sense of Belonging

Belonging and success in life. Throughout our lives, we belong to different social groups—our class at school, groups of friends, activity-based groups of various kinds, and work groups. Feeling accepted by others as part of these groups leads to a sense of belonging.

Relationships were very important to participants in our study. Participants were in agreement about the importance of being accepted, of being one of the group, and how this acceptance helped them feel a sense of belonging. Belonging is one of the ways in which we create meaning in our lives (Raphael, Brown, Renwick, & Rootman, 1996). A sense of belonging, therefore, can be part of feeling that one has a successful life. Participants talked about belonging to their family and to groups of friends:

My older sister and I get along really well. . . . She's just always made me feel like I'm wanted . . . and so does my Mom. My whole family does actually, so that's made me feel like I had something.

In grade 11 and 12, it got a lot better. . . . Me and my friends said, "We're going to be part of this group, and we're going to be known all over the school." . . . And it was like a dream come true for me because . . . it was completely different. I was part of the cool group. . . . In public school . . . I just wanted to be a regular kid. And then when I got to high school . . . I was one.

The importance of belonging to different groups. Participants indicated that it was important to belong to groups of people without disabilities and to groups of people with disabilities. They felt that it was important to know other people with disabilities ("others like me"). This idea was endorsed strongly by those who took part in the member-checking group:

I wish more of my friends had been disabled. I wish I had this whole experience of being in a classroom full of people that were just like me. Because I felt out of place. I felt out of place for a long time. . . . I think that it would have given me the opportunity to say, "Yeah, there are millions of kids exactly like me, knowing exactly what I'm going through," knowing that you're going to have days when it hurts. But I think that being integrated all my life has given me the opportunity to see that there are some able-bodied people with really bad attitudes . . . and [some] with really good attitudes.

[Being involved in teen groups at a rehabilitation center] gave me opportunities to find that I wasn't the only one that felt that I didn't belong. It gave me time to relax and enjoy being with kids my own age.

The impact of lack of acceptance. Lack of acceptance can limit people's opportunities to do well at school or at other things they try:

In public school, I didn't feel accepted in the regular classes. When I was back in the handicapped class, I was fine, but when I was in the other classes, I didn't answer questions and stuff.

The following quote illustrates the difficulty of fitting in—both with people with disabilities and people without disabilities. People with disabilities can feel different from one another due to differences in the visibility of their condition or the degree of impairment they experience. Groups of children with disabilities also can make one feel like an outsider:

All through school . . . I never fit in with anybody. I didn't fit in with the kids that were normal, and I didn't fit in with the kids that were like me. . . . My mom sent me to a summer camp for crippled kids, but I was the only one there that could walk. . . . There were kids there who were in my bunk, and they didn't speak to me, they didn't talk to me, they didn't want anything to do with me because to them I was the normal one. . . . I didn't fit in with the normal kids. I didn't fit in with the disabled kids.

DISCUSSION

This qualitative study of 10 older adolescents with cerebral palsy indicated that for these adolescents, success meant being happy. Three psychosocial factors were related to achieving success (and happiness) in life: being believed in, believing in yourself, and being accepted by others (belonging). To our knowledge, this study is the first to show that a group of older adolescents with nonprogressive physical disabilities feel that these three factors are important to their success in life. Because little research has been conducted with adolescents with physical disabilities, this study provides important and needed background information about their wants and desires.

This study was designed to obtain a rich understanding of the way in which these adolescents view success in life. Because we used a qualitative design, our conclusions are limited to the specific sample of individuals in the study and we cannot generalize to other adolescents. Nonetheless, the themes provide useful insights into adolescents' subjective experiences and can be discussed in the context

of what we know from other studies. This process of relating findings to preexisting reports strengthens the validity of qualitative data (Fiese & Bickman, 1998).

This study suggests that being successful in life is related to happiness. When people are happy with what they do, then they feel that they are successful or that they have achieved success. Success is not about possessions or money or status, although these things can be important. The overarching idea is that happiness is what life is all about.

The literature indicates that success in life and achieving happiness are related to the concepts of resilience (the ability to bounce back from adverse experiences) and key aspects of quality of life. For example, Csikszentmihalyi (1997) has described happy people as having the same characteristics as those associated with resilience. Happy people are open to a variety of experiences, have strong ties and commitments to others, and keep learning until they die. Wagnild and Young (1993) have discussed resilience in terms of personal competence (self-reliance and determination) and acceptance of self and life. Self-reliance is a belief in yourself and your capabilities, which involves a recognition of both strengths and limitations.

Furthermore, the three factors related to success in life—being believed in, believing in yourself, and being accepted by others—are all elements that appear in the literatures on risk, resilience, and adaptation (Brooks, 1994; Gerber et al., 1992). These literatures have identified several key protective factors for children without disabilities: having a positive outlook and self-image, having supportive relationships within the family, having meaningful activity in their lives (such as a helping role within the family), and having a strong social network (relationships with peers and adults who are not family members) (e.g., Garmezy, 1985; Luthar, 1991). Thus, there appear to be strong connections between resilience, happiness, and the three factors related to success in life (i.e., the themes of being believed in, believing in yourself, and being accepted).

There also are links between the three factors related to success and the three components that determine quality of life (Raphael et al., 1996): becoming, being, and belonging. Becoming refers to activities that facilitate personal goals, hopes, and wishes. This concept is similar to being believed in because when others believe in us, it supports our achievement of goals. The notion of being refers to who we are as people—physically, psychologically, and socially. Being, therefore, encompasses all our beliefs about ourselves, including our self-confidence and feelings of self-efficacy, as displayed in the theme of believing in yourself. Belonging concerns how we fit in with other people and whether we feel accepted. Thus, we can obtain a sense that life is worthwhile—that we are successful in life (i.e., happy)—by engaging in life experiences that satisfy our fundamental needs for becoming, being, and belonging.

There is evidence that being believed in is an important determinant of success in life. Across several studies, resilient individuals (i.e., those who do well in life despite adversity) report that the support, guidance, and encouragement provided by significant others were critical to their success (Gerber et al., 1992; Spekman et al., 1992; Werner & Smith, 1989). Other people help us by holding realistic, consistent expectations and encouraging and enabling us to do our best (Spekman et al., 1992). Successful transitions through adolescence are facilitated by the social support of others—through being believed in (Wall, Covell, & MacIntyre, 1999).

The adolescents in our study also indicated that believing in yourself is important to success in life. When we believe in ourselves and our abilities, we have the

confidence to try new things, to challenge ourselves, and to develop new skills. This openness to new experience allows us to set and meet new goals that help us feel a sense of success in life.

Like all adolescents, participants want to be accepted and be part of the group (Wright, 1983). This is the idea of belonging. One of the most pervasive barriers to acceptance is others' negative attitudes (Vienero, 1991). Adults with physical disabilities report that societal attitudes create more problems than do physical limitations (Kokkonen, Saukkonen, Timonen, Serlo, & Kinnunen, 1991; Weinberg, 1984). Adolescents with physical disabilities also report that the major barrier to their future plans is their marginalized position in society (Doyle et al., 1994). These findings and those of this study indicate that attitudes of acceptance are extremely important if individuals with disabilities are to feel successful in life. Service providers, therefore, need to encourage members of the community to be more supportive and accepting of individuals with disabilities. Changing societal attitudes and promoting inclusion should be part of the mandate of rehabilitation programs.

It is interesting that being believed in by others is an encouragement to do more—a belief that a person can be successful in whatever they try. On the other hand, being accepted by others implies that a person is worthy just as they are, that there is no need to strive or become something else. This seeming paradox can be explained by the view that both notions may be correct at certain times in life. When you have a goal, it is often helpful to have others support you and encourage you—to believe that you can accomplish that goal. On the other hand, when there is no immediate goal at hand or in mind, it is important to feel acceptance or unconditional love for who you are at present, not who you might be in the future.

Two key conclusions can be drawn from this study. First, these adolescents with cerebral palsy appear similar to adolescents without disabilities in terms of their desires in life. Like all adolescents, they want to be happy, and being happy is seen as a key part of being successful. Second, three factors of a psychosocial nature were related to success in life for participants (being believed in, believing in yourself, and being accepted by others). These three factors are similar to the protective factors that appear in the literature on risk and resilience and on quality of life. The themes emerging from the interviews, therefore, provide preliminary information about the nature of resilience and success in life for individuals with disabilities within a North American context.

Implications for Research

The findings will be useful in future research examining indicators of successful adaptation for older adolescents with nonprogressive physical disabilities. The emergence of strong psychosocial needs in this study (to be, to become, and to belong, or need for self-actualization, need for achievement, and need for affiliation) supports the view that the measurement of life success should include psychosocial aspects, measured subjectively, and objectively measured activities and accomplishments (Spekman, Goldberg, & Herman, 1993). Demonstrating the effectiveness of services can be a difficult task because the selection and investigation of life outcomes is a complex endeavor (Spekman, Goldberg, & Herman, 1993). The findings will help service providers focus on outcomes related to social support, self-acceptance, and acceptance by others.

Future research in this area should address a number of unanswered questions. For example, do adolescents with other types of disabilities define success and the precursors for success in the same way? How, if at all, do the notions of success and psychosocial values differ between adolescents or young adults with and without disabilities? Are there basic human needs that transcend differences due to disability?

Implications for Clinical Practice

The findings can be used to begin to dispel some myths held about individuals with physical disabilities. The nature of the emerging themes and their overlap with what we know about the psychosocial needs of all individuals indicate that there are many more similarities than differences between people with and without physical disabilities. We should not assume that teenagers with and without disabilities have different wants and desires. Young people with disabilities need what all young people need: "the chance to grow through play and sharing, through friendship and love, and through giving and receiving respect" (Thomson, 1992, p. 431). They need opportunities to participate that will provide supportive relationships, belief in themselves, and a sense of community belonging.

When people are not aware of how important it is for individuals with disabilities to be believed in and accepted by others, they may expect less from them socially and academically and not provide the necessary support and encouragement. Furthermore, lower expectations can be communicated unintentionally, resulting in reduced effort and motivation, in a cycle of self-fulfilling prophecy.

The findings suggest that the attitudes of significant people are important determinants of success, more so than functional limitations. This notion underscores the distinction between *disability* and *handicap*: Disability refers to limitation of function resulting directly from a physical impairment, whereas handicap refers to the obstacles encountered in the pursuit of life goals (Wright, 1983). If rehabilitation services are to play a part in helping adolescents with physical disabilities to become successful, happy individuals, these services must address the attitudes and expectations of clinicians, teachers, parents, and peers. Promoting attitudes of acceptance is key to minimizing handicap and enhancing the quality of life for individuals with disabilities (Lindstrom & Kohler, 1991).

Thus, one recommendation is that rehabilitation services should educate community members about similarities in the needs and aspirations of individuals with and without disabilities while not ignoring the special needs of the former. Parents of children with disabilities should be supported in their efforts to nurture their child's self-acceptance and feeling of belonging.

Another commonly held belief is that independence should be a key outcome in life for individuals with disabilities. Studies evaluating the effectiveness of intervention programs for people with disabilities often equate success with independence (e.g., Nelson, Ruch, Jackson, Bloom, & Part, 1992; Parmenter & Knox, 1991; Powers, Sowers, & Stevens, 1995). It is assumed that independence is essential for psychological adaptation, especially in adolescence (e.g., Harper, 1991; Strax, 1991), and that the role of intervention should be to make people with disabilities as independent as possible. These ideas have been challenged by those who argue that we are all interdependent and that total independence is a fallacy (Condeluci, 1995;

Fine & Asch, 1988). This study shows this interdependence between people and the importance of feeling accepted by others and feeling that we belong.

A second clinical implication is that therapists should be informed about strategies to foster feelings of success in children and adolescents with disabilities. Strategies include helping children accept themselves and encouraging others to accept them and believe in their strengths. Psychosocial issues are important to adolescents. Half of the adolescents in a study by Borjeson and Lagergren (1990) reported that the social and psychological impacts of their disabilities were of greater concern than their physical difficulties, for which they had received the most help. This finding indicates that rehabilitation services need to focus more on psychosocial issues than they have in the past.

Being happy means different things to different people. Therefore, a final clinical implication is that therapists should work in partnership with adolescents, with the therapeutic goals defined by the adolescents themselves (Spekman, Herman, & Vogel, 1993; Townsend et al., 1997). Service providers also need to work with adolescents to seek services and advocate for community changes that adolescents themselves identify as important (Nelson et al., 1992). As well as providing specific types of services, we need to ensure that services are provided in a style that is family or client centered (Rosenbaum et al., 1998).

There are many gaps in service delivery for adolescents and young adults with disabilities. The psychosocial themes from this study help us understand the nature of services that need to be provided to address adolescents' needs for encouragement, belief in themselves, and belonging or acceptance. Truly effective rehabilitation services must aim at changing social and physical environments, as well as assisting people in acquiring needed skills. A rehabilitation services model focusing on life needs acknowledges that the ultimate goal for young people with disabilities is to develop into individuals who participate in their communities and who are satisfied with their lives. We need to continue to work on humanizing service delivery by continually being aware of the aspirations and needs of those receiving the services. Appropriate opportunities and life experiences are needed to ensure that individuals with disabilities are believed in, self-confident, and accepted.

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