

THE PSYCHOSOCIAL ADJUSTMENT OF THE PARAPLEGIC

A Study of Reference Groups

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by

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A b s t r a c t:

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This is an exploratory study to enquire into the psychosocial factors which affect the adjustment of the paraplegic. It is an individual thesis written as part of a group investigation on Paraplegia. The study was carried out by five students of the Maritime School of Social Work in partial fulfilment of the requirements for the degree of Master of Social Work.

The twenty-three subjects of the study were paraplegics registered at the Canadian Paraplegic Association, Atlantic Division, in September, 1968. Only those who were over sixteen years of age at time of disability, had been disabled for two years or more, and were residents of the Halifax-Dartmouth and County areas were considered. A questionnaire was administered by personal interview to obtain information pertinent to the five individual studies. This particular study dealt with reference groups.

It was found that paraplegics use as a criterion of comparison socio-economic and general health factors rather than the use of the legs. A majority of paraplegics had a positive image of their own membership group as compared to specified reference groups, and there was the expected relationship between a good adjustment and a positive self-image.

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CHAPTER I

INTRODUCTION

The purpose of this study is to inquire into the social and psychological factors which affect adjustment to paraplegia, a severe and chronic disability.

Paraplegia is the result of spinal cord injury at any level which leaves the upper extremities intact but the legs remain extremely weak or paralyzed. There is loss of motion and sensation in the lower extremities. The causes of paraplegia are many but they can be divided into two main groups: 1) disease, such as poliomyelitis and muscular dystrophy, and 2) accidents. In the accident group, diving and automobile mishaps account for a large number of paraplegics. Prior to World War II there was very little chance for the paraplegic to survive. However, because of the present advanced state of medical knowledge and skill, and the use of modern drug therapy, many seriously injured people are being kept alive (Jousse, 1963). It is expected that in today's congested urban centres, rising industrial and automobile accidents will increase the number of spinal cord injuries.

Disability removes the individual from normal social experiences and work, two major sources of personal satisfaction. The paraplegic must make an adjustment to his disability and there are various factors operating in the process of adjustment. This study is one of five which examines the various factors in the psycho-social

adjustment of the paraplegic. The five papers are concerned with:

- a) Marital relationships
- b) Peer relationships
- c) Socio-economic class
- d) Rehabilitation
- e) Self-image of paraplegics

For purposes of this study adjustment is defined as the process by which a person is able to establish an harmonious relationship between himself and the situations, conditions and persons who comprise his physical and social environment. Adjustment is not static but changeable.

Further to investigating how the paraplegic adjusts to his disability, the study will also be seeking to find out the following factors regarding his self-image:

- 1) What criteria do paraplegics use in forming their basis of comparison with other reference groups?
- 2) Is the paraplegic's image of his own membership group positive or negative in relation to specified groups?
- 3) What is the self-image of paraplegics as it relates to adjustment?

Self-image and self-appraisal will be used interchangeably in this study to refer to an individual's conception of himself. The paraplegic's self-image will not be assessed by asking direct questions, because it is difficult for an individual to respond to direct questions about himself. An indirect method of asking the questions is by the use of reference group theory, which lets the individual make his own self-appraisal by comparing himself to others.

One can not arbitrarily decide the group to which an individual compares himself because people use not only their own membership group as a frame of reference but also non-membership groups. The groups that the individual compares himself to are those whose attributes he knows (Hyman, 1968), (Merton, 1957). Merton (1957) states that the positive reference group

involves motivated assimilation of the norms of the group or the standards of the group as a basis for self-appraisal; the negative type involves motivated rejection, i.e., not merely non-acceptance of norms but the formation of counter norms. (p. 300)

He summarizes reference group theory by saying that

in general, then, reference group theory aims to systematize the determinants and consequences of those processes of evaluation and self-appraisal in which the individual takes the values or standards of other individuals and groups as a comparative frame of reference. (Merton, 1957, p. 234)

Beach and Lucas's study of "Minetown" (Springhill, Nova Scotia, 1960) was used as a model for the present study on paraplegia. The "Minetown" study was conducted five months after a mine disaster. The people of the town experienced a great deal of emotional stress and strain; there was bereavement — women lost their husbands, mothers lost their sons and many men were physically injured. At the time of the study unemployment insurance benefits had ended for some, although payments continued for the majority. Many households were drawing weekly benefits from the Disaster Relief Fund. In view of all this, the study questioned in what way the Minetowners regarded themselves, their present position and their community.

The Beach and Lucas study used an indirect method of inquiry based upon reference group theory. They asked respondents how they

regarded themselves, their present position and their community compared with two other similar communities. Community A was similar to "Minetown" except that it had not experienced a mine disaster; Community B was also similar to "Minetown", but there was little unemployment and no disaster. The study indicated that the common basis underlying the responses was not in terms of bereavement and emotional stress as would have been expected, but rather in socio-economic terms.

The present study is expected to answer the following questions:

- 1) What criteria does the paraplegic use in making his comparisons? Are they made on the fact that he cannot use his legs or are there other factors?
- 2) Given specific reference groups, does the paraplegic feel his own membership group is "positive"? If so, it is expected that he would have a positive image in regard to his own membership group.
- 3) Does the adjusted paraplegic have a positive self-image? Is there a relationship between adjustment and self-image?

CHAPTER II

METHOD

The subjects of the study were drawn from paraplegics registered at the Canadian Paraplegic Association, Atlantic Division, in September, 1968. Data were collected in December, 1968, by personal interviews at the respondents' residences. Due to serious limitations in the cost of travelling and the time available, only paraplegics who resided in the Halifax-Dartmouth and County areas were considered. Furthermore, the paraplegics in the sample were limited to:

- 1) Paraplegics who were disabled after sixteen years of age.
- 2) Paraplegics who had been disabled for a period of two years or more.

The reason for applying the above criteria is that those under sixteen may have suffered disability at an early age, therefore they did not know adjustment as an adult and many of the socio-psychological questions were geared to adults. Paraplegics require a long period of time for rehabilitation and it was felt that two years was a minimum for purposes of adjustment.

Two letters were sent to the thirty-one subjects who met the above criteria, one from Mr. D. Curran, executive director of the Canadian Paraplegic Association, Atlantic Division, and another from the Research Department, Maritime School of Social Work. The subjects were then telephoned and appointments were made.

Out of the total of thirty-one, there were five refusals and three were found to be in hospital and not in a position to be interviewed; thus there remained a sample of twenty-three for the study.

A questionnaire (see Appendix A) formed the basis for a relatively structured personal interview; this type of interview had the advantage of flexibility in obtaining information. Additional comments made by the paraplegics were also recorded and proved valuable.

The study was designed to measure four indicators affecting the adjustment of the paraplegic. The index to measure adjustment was composed of the following factors:

- a) Acceptance of disability
- b) Acceptance by others
- c) Independence
- d) Emotional maturity

These factors of adjustment were chosen for the following reasons:

a) Acceptance of disability is considered essential for the adjustment of the paraplegic, because if he clings to the "normal" performance as the model of behaviour, it would commit him to repeated feelings of failure and inferiority. As long as the paraplegic views his disability as a stigma, he can only feel he is an imperfect example of a "non-disabled" (i.e., normal) person (B. Wright, 1960). To illustrate more specifically, the paraplegic may insist on the use of crutches which is a slow method of locomotion, but makes him look normal, rather than the use of a wheelchair which

is a more practical and effective way to "get around".

b) Sommers' (1944) intensive study of blind adolescents clearly reveals the feelings of the individual with regard to his own inferiority, incompetence, and uncertainty. It indicates that the manner in which he accepts his defect is conditioned, principally, by the attitude of others around him. In regard to the paraplegic, if his family, friends and employer do not accept him as he is, it is expected that the individual will have a negative self-appraisal.

c) Independence for the disabled is an important factor because when the paraplegic learns to move from the bed to the wheelchair, from the wheelchair to the floor, he is learning something more than a new skill. He is learning that by coping in little things, he regains his self-respect, raises his goal, and is in the process of adjustment.

d) Emotional maturity is marked by strong feelings and usually tends towards a definite form of behaviour (e.g., happiness, unhappiness). If the paraplegic feels that despite his disability he is a worthwhile individual and life is worth living, then he has a positive emotional approach towards his disability which will affect his daily behaviour. On the other hand, if he feels his disability is a punishment and a disaster he may feel he is merely existing, which would then suggest an absence of emotional stability.

The above four dimensions are difficult to measure because it is hard to develop questions which adequately tap each dimension.

However, it was felt that these are key socio-psychological concepts for purposes of adjustment, and respondents replied to the best of their knowledge.

Scoring of Adjustment

On the interview schedule, questions 35 to 44 inclusive were assigned to measure adjustment. There were three possible answers to questions 35 to 38, 40 and 41. The only score given was one point for the middle reply; none for the extremes of "always" or "never". Questions 39 and 42 had two possible answers. For 39 a response of "no" earned one point and for 42 the same value was given for the response "yes". Question 43 offered three choices and a response to either the first or second earned one point; similarly question 44 was scored one point for either the second or third response. The total points obtainable from the questions was ten, one point for each question. After scoring the responses and observing the distribution, the cut-off point was made between 7 and 8. Thus, those above this point were considered adjusted, while those below were considered maladjusted. This was an arbitrary decision to divide the sample into approximately equal groups.

Scoring of Reference Groups

In the section pertaining to reference groups, in order to determine the paraplegic's self-image, a system of coding the responses was evolved by assigning numerical value. Questions 23 to 25 were open-ended; 24 and 25 were set up to determine the criteria that

the paraplegic uses in forming his basis of comparison. The respondent was given the opportunity to answer in his own terms and frames of reference. These two questions were not given numerical value but the responses are listed in Table I, (Chapter III). In question 23 it was decided if the respondent answered "very well" he received two points; "average" or "fine", one point; and "not too good" or "bad", no points. Questions 26 to 34 required the subjects to classify themselves as being better off, worse off, or about the same as other specific groups in the following categories:

- 1) Groups who have suffered some form of personal affliction.
- 2) Groups who have been submitted to social stigma.
- 3) Groups who have low socio-economic status but are "normal" (non-afflicted).

These questions had three possible answers and were coded as follows: for the response "better off", two points; "about the same as", one point; "worse off", no points. Total points obtainable was twenty. A distribution of scores was made and the cut-off point was established between 14 and 15. This again was an arbitrary decision to equalize the two groups. For purposes of this study, those scoring 15 and over were judged to have a positive self-image; those below 15, a negative self-image.

Replies to the reference group section of the questionnaire, specifically the open-ended questions to determine the sources of comparison of paraplegics, were in very general terms. A reason for this could be that the five interviewers were not skilled in probing and the importance of the open-ended question was not fully understood.

Perhaps in future studies, rather than leaving the questions in such general terms, the respondent should be asked to name a specific group — on his own terms, of course.

CHAPTER III
FINDINGS AND DISCUSSION

The first purpose of the study was to determine the criteria the paraplegic uses to compare himself with other groups. Does he compare himself to the afflicted or the non-afflicted? In order to explore this area, reference group theory was used. The questions asked were, "Which group or groups of people do you feel are getting along better than yourself and worse than yourself?" By using this type of question the paraplegic was allowed to state his own standards without any bias from the interviewer. Multiple answers were accepted and there were 62 replies. The results are shown in Table I:

TABLE I
Frequency of Occurrence of Spontaneous Reference Categories mentioned as being "better off" and "worse off" than the Respondents (paraplegics)

(Question 24) Better off	(Question 25) Worse off
12 - those with financial security	21 - those with financial problems
3 - those who are employed	5 - those who are unemployed
9 - those in good health	4 - those in poor health
5 - those who can walk	- - - - -
	3 - those who belong to minority groups

Table I shows that 33 (or 53%) of the responses were based on economic factors as standards. Those with financial security were considered "better off" in 12 responses, and 21 responses indicated those with financial problems were "worse off". This could be an indication that the paraplegic is very concerned with financial security, perhaps because he does not earn as much as he did normally and yet he still must support himself and his family and now has the added expense of drugs and medical bills. In terms of employment, 3 replies indicated those who are employed are "better off", 5 replies indicated the unemployed were "worse off". This represents 8 (or 13%) of the responses. Combining these two categories of financial security and employment there is a total of 66% of the answers which used socio-economic terms as a basis of comparison. People today are concerned with the high cost of living and the value of money; the paraplegic is no different in this respect than the non-disabled (normal).

Health was also used as a standard of comparison in 13 (or 21% of the responses. Nine responses indicated that those with good health were "better off", and four responses showed that those with poor health were "worse off" (quadriplegia and chronic heart patients were specified). It is expected that the paraplegic is more attuned to health factors because his disability not only affects the use of his legs but also may involve kidney problems, bladder control, sensory discomfort and sometimes sexual function.

It was expected at the outset of this study that many paraplegics would state that people who have the use of their legs are better off. However, only 5 (or 8%) of the responses mentioned this.

It is suggested that perhaps walking is not of such great importance to paraplegics because they have other means of locomotion. Wheel-chairs and specially equipped cars allow them to move freely on their own, giving a feeling of independence.

The final criterion used as a basis for comparison was minority groups. Three (or 5%) of the responses indicated minority groups were "worse off" than themselves, all specified Negroes. This could be because the mass media of the Halifax-Dartmouth area has recently made people more aware of the poverty and employment problems of the Negro.

From an analysis of Table I, it is apparent that socio-economic factors were the most important criteria as a basis of comparison for the paraplegic and not the use of the legs as was expected. This emphasis on socio-economic factors is similar to the Beach and Lucas findings which showed that people in the disaster area did not compare their community to other communities in terms of bereavement, but rather in socio-economic terms.

This study also supports the findings of Strauss (1966), who found that the blind do not choose one another for social comparison but tend to choose the sighted (normal). The replies of the paraplegics indicated that the use of the legs was not as important as was expected. Actually, in 92% of the responses, paraplegics compared themselves to the normal (non-disabled).

In summation, it appears that paraplegics use socio-economic and health factors to compare themselves both favourably and unfavourably with others. Socio-economic factors seem to be more important.

Since people tend to compare themselves with others, how they see themselves in relation to other people or groups reflects their self-image. This self-image may be "positive" or "negative". The paraplegic was asked to compare himself to specific reference groups in terms of being better off, worse off or the same. If he felt he was "better off" than the groups mentioned, then there was evidence to suggest that he had a "positive" image of himself and of his own membership group. Conversely, if he replied "worse off", then this suggests a "negative" image of himself and of his own group. Tables II, III and IV show the specific groups to which the paraplegic was asked to compare himself.

TABLE II

Paraplegics' Perception of Themselves
 compared with Groups with Personal Affliction

	Better	Same	Worse
Blind	20	1	2
Heart patients	22	1	0
Epileptics	22	0	1

In Table II an average of slightly more than 21 out of 23 individuals (or 93%) said they were "better off" or implied that paraplegics had a "positive" image of their own membership group compared to those who had other personal afflictions. A little less than two (or 7%) indicated they felt "worse off" than epileptics and blind people; in other

words they had a "negative" image of their own group. It is possible that these paraplegics felt that even though these two groups have severe disabilities they still have the use of their legs.

TABLE III

Paraplegics' Perception of Themselves
 compared with Groups with Social Stigma Connotations

	Better	Same	Worse
Negroes	12	9	2
Immigrants	15	5	3
Alcoholics	20	0	3

This table indicates that an average of 16 of the 23 paraplegics said they were "better off", or implied they had a "positive" image of their own membership group, compared with those who have a social stigma. Although paraplegics belong to the minority group of the disabled and their disability has a stigma attached to it, it is one of pity for the individual rather than prejudice of the group. Approximately 5 of the 23 paraplegics indicated feeling the "same" as either Negroes, immigrants or alcoholics. Many of the paraplegics mentioned they felt the same as Negroes because they, too, were discriminated against. For the paraplegic the discrimination was mainly in the form of physical barriers such as steps, which prevented them from entering buildings; also they are denied the use of washrooms in some premises because the entrances are too narrow for the wheelchair.

Immigrants, too, face many obstacles such as language difficulties, cultural differences and problems securing a job. In a rather similar way, the paraplegic has to learn to move about without the use of his legs; his surroundings may appear different, looking at life from a wheelchair, and he also may have trouble getting a job. About 2 paraplegics indicated they felt "worse off" than groups with social stigma. During the course of the interviews the reasons for these replies were mentioned: the barrier of discrimination is being lowered for the Negro in better housing, schools and equal job opportunities; the immigrant is assimilated when he has learned the language and the culture; and the alcoholic can be cured with medical and psychological help. But the paraplegic's condition is chronic and although rehabilitation is available, he can never regain the use of his legs. It may be worthwhile to note that the majority of the paraplegics in this table, 20 out of 23, feel that they are "better off" than alcoholics. Perhaps they consider alcoholism as an illness rather than a social stigma and thus, alcoholics might have been better included in Table II, groups with personal affliction.

TABLE IV

Paraplegics' Perception of Themselves

compared with Groups with Low Economic Status

	Better	Same	Worse
No source of income	20	1	2
Garbage collectors	10	4	9
Labourers	10	4	9

In Table IV, an average of 13 out of 23 paraplegics felt they were "better off" than groups with low economic status. However, it may be interesting to note that 87% of the paraplegics felt "better off" than people with no source of income whereas only 43% felt better off than garbage collectors and labourers. This again would seem to indicate that paraplegics use economic factors as a basis of comparison and they feel financial security is important. Although garbage collectors and labourers are low on the economic totem pole, they do have a source of income. Approximately 3 paraplegics replied they felt the "same"; that is, no different from the groups specified. The reason given by most of the paraplegics to explain these answers was they did not like to categorize people. An average of 7 paraplegics said they felt "worse off" than those with no income, garbage collectors and labourers. Factors which might have influenced their replies could be that paraplegics have difficulty getting jobs and are often barred from certain types of employment which necessitates the use of the legs. Perhaps another reason could be that some paraplegics are on small disability pensions or earn even lower salaries than garbage collectors and labourers.

The overall picture of Tables II, III and IV shows the majority of paraplegics have a "positive" image of their own membership group, when compared to other specified groups.

Many times one hears the expression "I would rather be dead than crippled for the rest of my life". This is a thought expressed by many normal (non-afflicted) people. Perhaps they feel that adjustment to life, with a severe and chronic disability, would be an

insurmountable barrier. The results of the questions on the adjustment scale indicated that 12 (or 53%) of the 23 paraplegics interviewed were considered adjusted according to the terms of this study. The responses on the adjustment scale seem to show that paraplegics who were considered adjusted tended to be independent, comfortable in the presence of others, optimistic about the future, and happy. This then suggests that people can and indeed do adjust to a severe and chronic disability such as paraplegia.

TABLE V
Relationship of Adjustment of Paraplegics
and Self-image

	Positive self-image	Negative self-image	
Adjusted	11	1	12
Maladjusted	4	7	11
	15	8	23

Table V shows that of the 15 paraplegics who were considered to have a "positive" self-image, 11 were in the adjusted group; and of the 8 with a "negative" self-image, 7 were maladjusted and only 1 was adjusted. Thus, it can be concluded that the adjusted paraplegic tends to have a "positive" self-image. In other words, there seems to be the expected relationship between being adjusted and having a "positive" self-image.

This study attempted to explore three main questions and has demonstrated:

- 1) The paraplegics interviewed used socio-economic and health criteria in comparing themselves to other groups rather than the use of the legs as expected.
- 2) It seems that a majority of the paraplegics had a positive image of their own group as compared to specified groups.
- 3) It was found, in the terms of this study, that paraplegics with a positive self-image tended to be adjusted and there was a definite relationship between being adjusted and having a positive self-image.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

This study on paraplegia was compared to Strauss' study with the totally blind. She found that blind persons do not choose one another for social comparison but rather they tend to choose the sighted (normal). Similarly, in this study, paraplegics chose the normal (non-disabled) as comparative groups.

A comparison was also made with Beach and Lucas' study on "Minetown". The findings of their study was that the basis underlying their responses was in socio-economic terms rather than in bereavements as would have been expected. In the same way, this study found that paraplegics compare themselves in socio-economic terms also, rather than the use of the legs, as had been expected. A questionnaire administered by personal interview was used by all three studies, and all used reference group theory. The present study, however, was an exploratory one limited to a small sample, and findings cannot be generalized.

Reference group theory was useful in this study in that it provided a method of indirect questioning to determine the paraplegic's self-image, feelings towards his own membership group, and criteria used in comparing himself to other groups. This information would have been difficult to obtain by direct questions, which would be hard to phrase, and would involve the personal attitudes and feelings of

the respondents, so the replies would have been less objective. It would seem that reference group theory has not been used to any degree in the field of social work. Therefore, it is suggested that a more comprehensive study be done on paraplegia, using reference group theory, but on a larger population. This could be obtained by comparing urban centres such as Halifax-Dartmouth with Toronto, a larger centre which has more rehabilitation facilities. If this type of study proved beneficial, then reference group theory could be used in other areas of social problems such as alcoholism, and the mildly retarded. One difficulty that was encountered in this study was that the five interviewers were not fully knowledgeable of reference group theory. Consequently, they did not realize the full value of probing in the open-ended section of the questionnaire.

Implications for Social Workers

The individual social worker, being a member of the paramedical team, has a role to play in the rehabilitation of the paraplegic by helping him to make use of the hospital and rehabilitation facilities available to him. While he is in the hospital the worker should also keep in contact with the family to make sure they are not suffering deprivation and to help interpret the meaning and consequences of the disability. They should be made aware of their importance in helping the paraplegic's adjustment; for example, encouraging independence, self-support, if possible, and generally making his life as normal as possible. Social workers as a group could make strong recommendations to employers and government agencies about the necessity of adequate earnings or compensation for the disabled. Furthermore,

they should urge that more retraining programs for job skills be set up for the disabled worker. Social workers could also become involved on a community basis with the problems of the disabled. By explaining the physical barriers, now present in buildings and streets, such as narrow entrances to buildings, steps and high curbs, recommendations for changes in building codes could be brought to the attention of all levels of government and the building contractors.

It is difficult for us (social workers and other members of the medical team) to understand how the paraplegic feels. Perhaps the results of this study can give us some clues which are useful in treatment and rehabilitation. The fact that socio-economic factors are so important to the paraplegic points up the need for security, not only while he is under treatment, but also in total rehabilitation.

A P P E N D I X A

PARAPLEGIC QUESTIONNAIRE:

I hope you will not mind answering these questions even though you may not now be able to see how some of them can be of any value.

As you remember from the letter you received, everything you tell me will be regarded as completely confidential.

1. When were you born? _____

2a) What grade in school did you complete prior to your disability?

Elementary _____

High School _____

Technical _____

Partial University _____

University _____

Post University _____
on job-training _____

b) Did you further your education after disability?

Elementary _____

High School _____

Technical _____

Partial University _____

University _____

Post University _____
on job-training _____

c) Are you now using this training? _____

3. Under what circumstances were you disabled?

4. When did that happen? _____
- 5a) Where did that happen? _____
- b) Were you living at home at the time? _____
6. Where were you hospitalized? _____
7. How long were you in hospital? _____
- 8a) Did you attend a rehabilitation center? Yes _____ No _____
 (If no) answer only the following questions: #11, 12, 14a)
- b) (If yes) What was its name? _____
- c) Where was it? _____
- d) How long were you there? _____
9. What part, or parts, of the rehabilitation program did you find most helpful?
10. What areas do you see for improvement in the rehabilitation program that you had? Any others?
11. At the time of your hospitalization, did a doctor make clear to you the extent of your disability? Yes _____ No _____
12. At this time, was it explained to you the treatment you could receive through a Rehabilitation program? Yes _____ No _____
- 13a) Do you feel that the physiotherapy program was extensive enough to provide you with the ability to cope with the activities of daily living? Yes _____ No _____
- b) How much time did you spend in physiotherapy? (Over what period of time and how many hours each day?)
- c) Did you find the physiotherapy program -
- very helpful _____
- somewhat helpful _____
- not very helpful _____
- not helpful at all _____

- 14a) Were you able to return to your former employment? Yes _____ No _____
 (If yes, skip to question 16a)
- b) (If no) was a vocational counsellor or another member of the staff available to discuss with you other possible areas of employment? Yes _____ No _____
- c) Did you discuss these possibilities with him? Yes _____ No _____
- d) (If yes) How often were you in contact with him? _____
- e) Did you find your contacts with the counsellor to be -
- very helpful _____
- somewhat helpful _____
- not very helpful _____
- not helpful at all _____
- 15a) Was a social worker or another staff member available to help you with making arrangements for an upgrading course, vocational training or on-the-job training? Yes _____ No _____
 (If no, skip to question 16a)
- b) How often were you in contact with the worker in making future plans? _____
- c) Did you find his services -
- very helpful _____
- somewhat helpful _____
- not very helpful _____
- not helpful at all _____
- 16a) Was a psychologist available to help you discover your aptitudes and interests? Yes _____ No _____
 (If no, skip to 17)
- b) How often were you in contact with the psychologist? _____
- c) (If contact) was he able to help you with your problems?
- Was he - very helpful _____
- somewhat helpful _____
- not very helpful _____
- not helpful at all _____
- d) What problems were these?

17a) Was a social worker or rehabilitation officer in contact with your family during your stay in hospital or in the rehabilitation center?

Yes _____ No _____

(If no, skip to question 18)

b) How often was the worker in contact with your family and over what period of time?

c) Did you find this service to be helpful to you? _____

Did you find it - very helpful _____

somewhat _____

not very helpful _____

not helpful at all _____

18. When you had completed the rehabilitation program, were you referred to a Placement Officer at Canada Manpower or National Employment Service for job placement or did a Rehabilitation Officer help in finding a job?

19a) Was counselling available to help you move back into the community once the program was completed? Yes _____ No _____
(If no, skip to question 20)

b) Did you discuss this problem with the Rehabilitation Officer?

c) How often were you in contact with the officer? _____

d) Generally, did you find this service -

very helpful _____

somewhat helpful _____

not very helpful _____

not helpful at all _____

20. After your return to the community, was a rehabilitation officer in frequent contact with you? Yes _____ No _____

21. Was equipment, needed for treatment, made available to you at the Rehabilitation Center? Yes _____ No _____

Taking everything into account, was your Rehabilitation program helpful to you in your re-adjustment to the community? Was it - very helpful _____ somewhat helpful _____ not particularly helpful _____ not helpful at all _____

Well, you certainly have been through a lot.

23. Personally, how do you feel you are getting along compared to other groups of people in society? _____
24. Which group, or groups, of people do you feel are getting along better than yourself? _____
25. Which group, or groups, of people are getting along worse than yourself?
-

PERSONAL AFFLICTION:

26. Compared to the blind, do you feel that you are better off, worse off, or about the same?
27. Compared to chronic heart patients, do you feel that you are better off, worse off, or about the same?
28. Compared to epileptics, do you feel that you are better off, worse off, or about the same?

SOCIAL:

29. Compared to Negroes (North American Indian if respondent is Negro) do you feel that you are better off, worse off, or about the same?
30. Compared to immigrants, do you feel that you are better off, worse off, or about the same?
31. Compared to alcoholics, do you feel that you are better off, worse off, or about the same?

ECONOMIC:

32. Compared to people who have no source of income, do you feel that you are better off, worse off, or about the same?
33. Compared to garbage collectors, (cleaning women, for female respondents) do you feel that you are better off, worse off, or about the same?
34. Compared to labourers (women in factories for female respondents) do you feel that you are better off, worse off, or about the same?

Now I would like to ask you a few questions about everyday living.

35. Do people do things for you because you are a paraplegic that you could do yourself?
a) always
b) sometimes
c) never
36. Do you think your presence makes people feel uncomfortable? a) always
b) sometimes
c) never

37. Do you let people do things for you that you can do yourself? a) always
b) sometimes
c) never
38. Do you rely on others for comfort and guidance? a) always
b) sometimes
c) never
39. Do you feel uncomfortable when someone looks at you? Yes _____ No _____
40. Do you feel limited in what you can do because of your condition? a) always
b) sometimes
c) never
41. Do you daydream about having the use of your legs again? a) always
b) sometimes
c) never
42. Most of the time, do you feel life is worth living? Yes _____ No _____
43. Taking things all together, how would you say things are these days.
Would you say you're very happy, pretty happy, or not too happy these days?
- Very happy
Pretty happy
Not too happy
44. Compared with your life today, how were things before your disability.
Were things happier for you then, not quite as happy, or what?
- Happier
Not quite as happy
About the same
Other (specify)

This is going to be a little tough for you, but could we go back to the time before you were disabled and talk about friendships.

Coding Contacts

- (1) Daily
- (2) Several times a week
- (3) Once a week
- (4) Once every 2 weeks
- (5) Once a month
- (6) Once every 2 months
- (7) Once every 6 months
- (8) Once a year
- (9) Less than
- (10) Never

Code for type contact

- Per - personal
- P - phone
- L - letter

Before Column A	Before B	Before C	O - e years period in Hosp. D	O - 2 years period in Hosp. E	Present H
In the year before you became a paraplegic, who were your friends? Underline 3 closest.	How often did you see or hear from _____ by phone or letter? (Code above)	What activities did you do with _____? ?	While you were in the hospital, how often did you see or hear from _____? ?	While in the hospital, what did you do with _____? ?	(PAGE 2 FIRST) Now, at the present time, how often do you see or hear from _____? (Code above go back to A)
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()
	Per. () P.L. ()		Per. () P.L. ()		Per. () P.L. ()

Now I would like to ask you some questions about your married life.

46. At the present time, are you single _____? married _____? separated _____?
divorced _____? widowed _____?

(If single, skip to question 67)

47a) When were you married? _____

b) Was this before your disability occurred? _____
(If no, do not ask following questions)

48. (If yes) Many paraplegics have difficulty in re-adjusting to family life, I am interested in how you and your wife/husband were able to get along especially during the years immediately following your disability?

Generally speaking, what problems did you have?

49. How have you been able to resolve these problems?

50. Were you a breadwinner for the family before your disability occurred?
Yes _____ No _____

51. How hard was it for you and your wife/husband to reach a satisfactory decision about providing income for the family?

- a) very hard
- b) somewhat hard
- c) not too hard
- d) not hard at all

52. While in hospital, did you feel that your wife/husband was participating in enough social events? Yes _____ No _____

53. When you returned home from hospital, were the two of you able to go out for a social evening as often as you wished? Yes _____ No _____

54. (If no) was this a problem for you at that time? Yes _____ No _____

55. How great a problem? a) very serious
b) somewhat serious
c) not too serious
d) not serious at all

56. How long did it take to get it solved? a) very short time
b) somewhat short time
c) somewhat long time
d) very long time
e) still present

57. Did your disability affect the recreational activities in which you and your wife/husband participated? Yes _____ No _____
58. (If yes) how hard was it for you and your wife/husband to make changes in your recreational habits which were satisfactory to both of you?
 a) very hard
 b) somewhat hard
 c) not too hard
 d) not hard at all
59. Did you and your husband/wife find it difficult to re-adjust to each other sexually? Yes _____ No _____
60. (If yes) within three or four years following disability, do you think the two of you had solved the conflicts in this area? Yes _____ No _____
61. Do you feel that your husband/wife gave you the support and encouragement that you needed?
 a) While you were in hospital? Yes _____ No _____
 b) Upon your return home? Yes _____ No _____
62. Did your partner visit as often as was realistically possible? Yes _____ No _____
63. How often did he/she visit? _____
64. Did you feel that was enough? Yes _____ No _____
65. As a rule, did you look forward to visits from your husband/wife? Yes _____ No _____
66. At the present time, are any of the following items considered by you or by your husband/wife to be problem areas:
 a) Major breadwinner for the family? Yes _____ No _____
 b) The number or kinds of social activities? Yes _____ No _____
 c) Sexual satisfaction? Yes _____ No _____

These questions on general background are the last ones we would like to ask you.

- 67a) What was your (a) occupation and (b) income at time of disability?
 a) _____
 b) _____
- b) (If job) how long had you held that job? _____

c) (If none) what are the reasons for your not working?

- a) in school
- b) did not try
- c) tried but not job
- d) no financial need
- e) other (specify)

68a) What is your job history from the time after your disability to the present?
(according to the following chart).

Date From - To	Occupation	Describe Position	Income (Range)	Reason for Change	
					a) advancement
					b) more money
					c) unsatisfied
					d) new interest
					e) seasonal employment
					f) disability
					g) others (specify)

b) (If not working now) what are the reasons for your not working now?

- a) in school
- b) did not try
- c) tried but no job
- d) no financial need
- e) physically unable (i.e., special problems)
- f) other (specify)

69a) Prior to disability:

What was your parent(s) or guardian(s)
1) occupation and 2) income?

1) _____

2) _____

b) If married, what was spouse's 1) occupation and 2) income?

1) _____

2) _____

70a) At the present time:

What is your parent(s) or guardian(s) 1) occupation and 2) income?

1) _____

2) _____

b) If married, what is your spouse's 1) occupation and 2) income?

1) _____

2) _____

71. Before disability, what was your total income and source per year?

Amount

	Job
	Welfare
	Parent
	Spouse
	Other (specify)

72. Now what is your total income and source per year?

Amount

	Job
	<u>Disability pension</u>
	<u>Workmen's Compensation</u>
	Welfare
	<u>War Allowances</u>
	Parents
	Spouse
	<u>Others (gift, etc. (specify))</u>

Thank you very much. You have been most helpful.

December, 1968.

Canadian Paraplegic Association

Atlantic Division

HONOURABLE H P MACKEEN Q C PATRON
LIEUTENANT GOVERNOR OF NOVA SCOTIA

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CHAIRMAN

H. SWEARS, M.D., C.M.

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DONALD E. CURREN, L.I.C.

EXECUTIVE DIRECTOR

LEE & MARTIN,

AUDITORS



TELEPHONE 423-1277

BUILDING No. 7,
ANDERSON SQUARE,
5775 UNIVERSITY AVE.,
HALIFAX, N. S.

November 28, 1968

Dear

The Maritime School of Social Work has requested the co-operation of paraplegic residents of the Halifax-Dartmouth Metropolitan Area in helping a number of students complete their theses on various aspects of paraplegia.

Specifically, the students wish to interview the paraplegics, either in their homes or at some other place which may be convenient for the paraplegics.

The Atlantic Division believes this is a very worthwhile project, and expresses the hope that you will be able to meet with one or more of the students in the near future. You will be contacted by phone and an appointment time made.

We thank you most warmly in advance for your help with the project, and will welcome hearing from you in connection with it.

Sincerely,

DEC/dms

Donald E. Curren
Executive Director
Atlantic Division

the *of*
MARITIME SCHOOL **SOCIAL WORK**

COBURG ROAD AT OXFORD STREET, HALIFAX, NOVA SCOTIA

28 November, 1968

Westphal
Dartmouth, N.S.

Dear :

This letter is to tell you that a group of our students are currently doing a study of paraplegia. In order to complete their study, they would like to interview paraplegics in the Halifax-Dartmouth area.

This study has been discussed with Mr. Donald Curran, Executive Director of the Canadian Paraplegic Association. He feels that the results obtained will be of benefit to all paraplegic persons, as well as to the organization. Enclosed please find a letter from Mr. Curran.

Your name was obtained from the Canadian Paraplegic Association and we hope that you will be willing to talk with one of our students. We want to assure you that any information you give would be considered strictly confidential and no names will be used in the study.

The students who are working on this study are:-

Lionel Cameron
Michael Gillis
Roy Grebo
Etienne Theriault
Paula Vickers

One of them will be in touch with you by telephone in a few days. Your co-operation and assistance would be greatly appreciated.

Yours sincerely,

Linda C. Ruffman

(Mrs.) Linda C. Ruffman
Thesis Advisor

LCR/eb
Enc.1

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