A b s t r a c t:

SOCIAL CLASS AND ADJUSTMENT TO PARAPLEGIA

by

Joseph Etienne Theriault

This study investigates the relationship between social class and the adjustment of paraplegics. It is an individual thesis written as part of a group study on paraplegia, undertaken by five members of the 1969 class of the Maritime School of Social Work.

The source of data was twenty-three paraplegics registered at the Canadian Paraplegic Association, Atlantic Division in September, 1968. Information pertinent to the concerns of all members of the group was obtained by interviews based on a questionnaire. Data relevant to this thesis were extracted and analysis carried out.

It was found that paraplegics from the upper and middle classes adjusted better to their physical disability than those from the lower class. The occurrence of paraplegia was found responsible in some cases for vertical mobility. It was found that programs had been used only by upper and middle class paraplegics. It was concluded that social workers should be more aware of the implications of socio-economic status in rehabilitation treatment and some recommendations were made regarding programs for paraplegics.

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SOCIAL CLASS AND ADJUSTMENT TO PARAPLEGIA

A Study of the Influence of Social Class on the Adjustment of Paraplegics

A Thesis

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by

Joseph Etienne Theriault

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LIST OF TABLES

CHAPTER I

INTRODUCTION

The profession of social work has been increasingly interested with how efficiently the individual functions in his environment. One of the greatest stresses faced by the individual is a severe physical disability. While the medical profession increases the life span of the population, it also increases the number of people living with severe physical handicaps. There are many types of physical disability, but this thesis will be concerned solely with that of paraplegia; that is, paralysis of both legs and the lower trunk. Research concerning paraplegia has been very limited and it would be interesting to look at the factors influencing rehabilitation of the paraplegic. Therefore, this study will investigate how these individuals cope with their severe physical disability and what factors are important in making a satisfactory adjustment.

This thesis is one of five investigating

paraplegics and their adjustment. Variables such as marital status, friendship, self-evaluation, the intensity of the rehabilitation program, and social class will be examined. The purpose of this particular study is to examine whether there is a relationship between the degree of adjustment of the paraplegic and his social class.

For the purpose of this study, adjustment is defined as the process by which the individual is able to establish an harmonious relationship between himself and the situation, conditions and persons who comprise his physical and social environment. Subsequently, an adjusted paraplegic is one who "gets along with other people, he has synchronized his aspirations with reality; he has adequate self-esteem and self-confidence and an abiding set of values and maintains a relatively even emotional tone". (Kaplan, 1965; p. 8)

In this study, social class is regarded as a grouping or division of a society made up of persons having certain social characteristics such as occupational orientation, educational backgrounds and economic wherewithal which qualify them for

participation on roughly equal terms with others of the group in important social relations. (Hodge, 1964; p. 13) (English & English, 1958; p. 89) Because of their approximately common backgrounds and life experiences and the fact that they look at things in similar ways, they will share comparable values, attitudes and life styles.

Recent literature has dealt with the relationship of rehabilitation and social class. R. P. Overs has said in the Journal of Rehabilitation: "When a client holds middle class values of impluse control, deferred gratification of immediate desires for future benefits, believes in education, training, self-improvement and self-discipline, we define him as a good rehabilitation client". (R. P. Overs, 1967; p. 15-16). However, he goes on to say if the client holds lower class values such as living from day to day, believing in and relying on luck and chance or pull, impulse behavior and immediate gratification of desires, he is considered a poor rehabilitation client. Efforts are made by the rehabilitation staff to change those lower class values to middle class standards. For example, in the work adjustment programs emphasis is placed on such working class

virtues as working steadily, getting to work on time, and conforming to job expectations.

It seems that R. P. Overs would support the hypothesis of this study which reads as follows: Upper and middle classes adjust better to their physical disability than those from the lower class.

This hypothesis is based on the following assumptions:

1. Status, prestige and self-respect are universal basic needs. (Bell, 1961, pp. 131-134)
2. In our society, a basic way to satisfy those needs is through economic success. (Merton, 1956, p. 167; Weber, 1958, p. 182).
3. Many more paths are open to upper and middle class persons than to lower class for economic success. (Cohen, 1955; Merton, 1956, p. 146).
4. Economic success is more accessible to upper and middle class paraplegics than to those from the lower class.
5. The lower class, deprived of most of these paths to achievement, rely more heavily than the higher classes upon physical means to obtain status. (Kinsey et al, 1948, pp. 337-385).
6. Paraplegics from the lower class, because of their severe physical disability, will have extreme difficulty in attaining prestige through physical means.

Overs' "deferred" and "immediate" gratification and the above six assumptions are two possible

explanations of why social class is important in the adjustment process of severe physical disability, or paraplegia.

This study is designed to test the validity of the following hypothesis: Paraplegics from upper and middle classes adjust better to their physical disability than those from the lower class.

In an effort to explore further the values of different social classes, the study also examined:

A. The effect of paraplegia on social class vertical mobility and

B. The use of retraining after disability.

CHAPTER II

METHODOLOGY

This chapter will set forth the principal methodological procedures which were followed for the collection of data.

The names of paraplegics were obtained from the Canadian Paraplegic Association, Atlantic Division. Because of limitations of time, finances and transportation only those from Halifax, Dartmouth, and Halifax County were selected for interviews. Two other limits were placed on the sample:

1. Only those who were disabled after reaching their 16th birthdate were selected. It was first decided that the age limit for disability be 18 years because it was felt at that age people are likely to be fairly independent, to be out in the world, perhaps holding a job. However, due to the small population, the age limit was lowered.
2. The disability must have occured two years or more ago. It is considered by experts in the field

of rehabilitation that the readjustment process requires approximately two to three years. However, the lower limit was used to increase the number available for the study.

The total number after introducing the three above limits was thirty-one. From that number five people refused to participate and three were too sick to submit to the interview. Thus, the total sample consisted of twenty-three paraplegics. Although the refusal rate was high, the response rate was increased by a letter from Mr. Donald Curren, Director of the Paraplegic Association, Atlantic Division, which accompanied a letter to the participants asking for their co-operation. As one respondent mentioned, "Without Mr. Curren supporting this study, I would have refused."

The information was gathered primarily by the use of structured interviews, which were conducted at the homes or offices of the participants. An interview schedule was made up of both open-ended and fixed choise questions. (See Appendix A). Additional and more detailed information was obtained by probing. The questions were both presently orientated and retrospective. Since the interview

was exploratory, comments on the respondent's life situation were also recorded. These comments were valuable in discussing and interpreting results and were considered as important as answers given to the questions.

In order to measure adjustment, four indicators were used: acceptance by self, acceptance by others, dependency, and emotional stability. Each indicator measured a slightly different dimension of the concept adjustment; therefore the use of four indicators instead of one or two make for greater validity.

Ten questions were asked to measure adjustment, questions 35 to 44 inclusive (see Appendix A). Each question was given equal value. The minimum a participant could score was zero and the maximum was ten. Six of the questions (35, 36, 37, 38, 40 and 41) could be answered by three possible choices. The respondent received one point for the middle answer; ie."sometimes", which indicated that the respondent was relatively well-adjusted. No score was given for the two extremes of "never" and "always", which meant that the respondent was poorly adjusted. Questions 39 and 42

could be answered by either "yes" or "no". In question 39 the answer "no" was given one point and for question 42 the answer "yes" received the one point. Question 43 had three possible answers and one point was given to either the first or second response; ie. "very happy" or "pretty happy". Question 44, a four choice question, one point was given to the two middle answers; i.e., "not quite as happy" or "about the same".

The actual scores ranged from 5 to 10 points and a greater frequency was found at 7 and 8. It was decided that 7 would be the cutting point; in other words, those who scored above 7 were considered well-adjusted and those who scored 7 and below were regarded as poorly adjusted. This choice was an arbitrary one dividing the sample almost in half with 12 adjusted and 11 maladjusted. Since the majority fell at the 7 or 8 level, the cutting point at 7 possibly affected validity of the study.

There was a tendency for respondents to choose the middle answer rather than either extreme of three-choice questions. Since the questions were

designed so that the middle answer signified good adjustment, it is felt that scores are generally higher than expected and the distinction between good and poor adjustment was more difficult to determine. It is felt that this problem would have been lessened if the questionnaire had been adequately pretested. Also, questions relevant to time seem to affect reliability, such as question 44: "Compared with your life today, how were things before disability? Were things happier for you then, not quite as happy or what?" In some cases over 20 years separated the time of disability and the present.

Questions 2, 3, 67 -72 (See Appendix A) were designed to determine the participant's social class. Also, retrospective questions, (67a, 69 and 71) were designed to determine social class before disability. Three main indicators were used to determine social class; education, occupation, and income. The three indicators received equal value. However, researchers (Warner, 1961; p. 171) feel that occupation is the single most important indicator to social class. Warner attributed almost double weight to occupation over education. He also stated

that, "two characteristics showing the highest degree of correspondence were occupation and amount of income; i.e., those individuals who have high occupational rating also tended to a considerable degree to have high rating on amount of income (Warner, 1961, p. 171).

By using both occupation and income in this study, double weight was given over education. Thus, the principle of attributing equal weight to the three indicators in the present study was consistent with Warner's idea.

Since the sample was very small, only these three class divisions were used; upper, middle and lower class.

Upper class:

1. Education: professional or partial college.
2. Occupation: professional or semi-professional.
3. Income: $10,000 or more.

Middle class:

1. Education: high school or trade training.
2. Occupation: skilled or semi-skilled.
3. Income: $4,000 to $9,999.

Lower Class:

1. Education: elementary.
2. Occupation: unskilled.
3. Income: less than $4,000.

It was expected that some participants would fall in one category for one indicator and in another category for another indicator. The coding ranged from three points to nine points. Every answer falling into the middle class bracket received two points compared to three points for those falling in the upper class bracket and one point for those falling in the lower class. Those receiving a score of three or four were considered to be in the lower class; those receiving a total score of 5, 6, or 7 were considered middle class and those receiving a total score of 8 or over were considered to be in the upper class.

If the participant was living at home either at the time of disability or at present, questions were asked to determine their parents' or guardians' occupation and income (see Question 69). It was felt that the family's gross annual income should be used. Other sources, such as private income, spouse's

income, welfare, stocks, pension and gifts were included to form the gross annual income. Therefore, for those who lived at home either prior to disability or at the present time, their social class was determined through the parents', spouse's, or guardian's social class. Most of the respondents were unable to answer the last part of Question 69 (a) with regard to their parents' income. So instead of using the usual three indicators, occupation was the sole indicator for social class and Blishen's (1961, p. 481) occupational scale was used to determine the parent's or guardian's social class.

To determine the participant's social class before disability, a scale similar to the one used for the participant's present social class was utilized. The only exception was the income indicator for those disabled during the 1940's and in early 1950's. For that group, Warner's income classification based on 1949 economy (Warner, 1960; p. 155) was used:

1. Upper class: $3,000 and over.
2. Middle class: $1800 to $2999.
3. Lower class: less than $1800.

In summary, the three indicators described were used to determine social class of the paraplegic groups, subsequently to illustrate whether or not paraplegics from upper and middle social class adjust better than the lower class.

CHAPTER III

RESULTS

In this study of twenty-three paraplegics, five were females and eighteen were males. The average length of disability was 18 years and 25 years was the average age of respondents at the time of disability. According to the definition, twelve were found to be adjusted compared to eleven who were maladjusted.

The income range of respondents was from $1,500 to $22,000.

TABLE I

DISTRIBUTION OF ANNUAL INCOME AMONG TWENTY-THREE PARAPLEGICS

Less than $4,000.	7
$4,000 to $6,999	7
$7,000 to $9,999	4
$10,000 to $14,999	1
$15,000 to $19,999	2
$20,000 and over	2
Total	23

As indicated in Table I, seven participants had an income of less than $4,000 while the same number of paraplegics had an income between $4,000 and $6,999. Therefore, the majority of the participants were reported to have an income of less than $7,000. There were four participants in the $7,000 to $9,999 income bracket while only one received between $10,000 to $14,999. Four participants were reported to have an income over $15,000. Thus, according to the scale set up, out of the twenty-three participants seven had an income equivalent to the lower class, eleven were reported to be in the middle class bracket, and five fell into the upper class bracket.

The educational level of the twenty-three participants ranged according to the following: (see Table II) Five had grade 9 or less, while four attended or completed high school, eight completed trades such as clerk, clerk typist or bookkeeper, two had part university or a university degree and four obtained a post graduate education.

Therefore, concerning education, five participants had an education corresponding to the lower class, while twelve had an education equivalent to middle class and six to upper class.

TABLE II

DISTRIBUTION OF TWENTY-THREE PARAPLEGICS
BY EDUCATION

Elementary	5
High School	4
Trade	8
Part or University Degree	2
Post University Degree	4

JET/new

Out of the twenty-three respondents, eleven were found to have a semi-skilled or skilled occupation such as various job training. Two females were occupied in their own home as housewives and were classified according to husband's occupation which was at middle class level in both cases. One was a school teacher and four were found to be occupied in professional occupations such as lawyers, directors and managers. One participant was retired and four were unemployed. Therefore, with regard to occupation, four participants were found to be in

the lower class bracket, thirteen were in the middle class, and five in the upper class bracket.

The hypothesis set forth in Chapter I read as follows: Paraplegics from upper and middle classes adjust better to their physical disability than those from the lower class. Table III indicates the relationship between social class and adjustment to paraplegia. At the upper strato level, all four participants were found to be relatively well-adjusted compared to only one out of seven participants in the lower class.

TABLE III

COMPARISON OF ADJUSTED AND MALADJUSTED PARAPLEGICS ACCORDING TO SOCIAL CLASS

	ADJUSTED	MALADJUSTED
Upper	4	0
Middle	7	5
Lower	1	6

JET/new

In the middle class, the distinction between the adjusted and maladjusted paraplegics was not as pronounced but is in the predicted direction. Of the twelve in the middle class, seven were adjusted compared to five maladjusted. The middle class bracket was broken down in Table IV and it was found that three participants were located in the lower middle class.

TABLE IV

DISTRIBUTION OF ADJUSTED AND MALADJUSTED PARAPLEGICS WITHIN THE MIDDLE CLASS

	ADJUSTED	MALADJUSTED
Upper Middle	2	1
Middle Middle	5	1
Lower Middle	0	3

JET/new

It was stated in the introductory chapter that individuals from middle class have access to prestige, status and self respect different than those from lower class. However, the line between the lower class and the lower middle class is very ill-defined and the categories overlap one another. Therefore, it is difficult to demonstrate a clear-cut difference between lower middle class and lower class regarding paths to status, prestige and self-respect. By raising the cutting point to include the lower middle class with the lower class, Table IV would change quite considerably.

TABLE V.

DISTRIBUTION OF TWENTY-THREE PARAPLEGICS BY SOCIAL CLASS WITH ALTERED CUTTING POINT BETWEEN MIDDLE AND LOWER CLASS

	Adjusted	Maladjusted
Upper Class	4	0
Middle Class	7	2
Lower Class	1	9

This change of the cutting point makes a marked difference in the lower class. Only one is considered adjusted and nine maladjusted.

MOBILITY:

It is quite evident that paraplegics have to adjust to a new life situation after their disability occurred. Economically speaking, in some cases this new life situation was inferior to their previous one. However, it is also possible that their new life situation may be superior to the previous one. In some cases the move was pronounced enough that after disability some paraplegics moved from one class to another. Out of the twenty-three participants in this study, nine were involved in a change of social status or social class vertical mobility.

Two members of the present upper class level actually attained this status after their disability; both are adjusted and moved from middle class. Both respondents had been working for a period of two years when disability occured. During and after the rehabilitation process, they both furthered their education to the professional level.

TABLE VI

DISTRIBUTION OF FOUR ADJUSTED AND FIVE MALADJUSTED PARAPLEGICS BY VERTICAL MOBILITY AND PRESENT SOCIAL CLASS

	Upward Mobility		Downward Mobility	
	Adjusted	Maladjusted	Adjusted	Maladjusted
Upper	2	-	-	-
Middle	1	1	1	-
Lower	-	-	-	4

JET/new

There was very little movement from the lower class to the middle class. Table VI indicates that two individuals, one in the adjusted group and one in the maladjusted group, moved upward. In both cases, the participants were students at the time of disability, therefore, they were assigned their parents' social class. However, by remaining in school or completing

a trade, they were able to move from lower to middle class. In this instance, it is impossible to attribute the upward mobility to paraplegia alone because it is likely that they would have remained in school regardless of paraplegia.

The same table also indicates that one participant from the adjusted group moved downward. This was due mainly to the fact that the participant married into a lower economic level.

No case of downward mobility to the lower class was found in the adjusted group. However, in the maladjusted group four participants moved from middle class to lower. The four paraplegics involved in this downward mobility seem to share certain common characteristics. First, they all were employed before disability and all were unable to return to their former employment because of paraplegia. Secondly, none of the four participants took a retraining program after disability occurred. Thirdly, two participants were unemployed and had been since the time of their disability. In both cases, they did not try to find employment. The other two had been employed and were unable to return to their former employment. Since they never

retrained for another occupation, they were forced to work at jobs less prestigious than the previous ones. They both manifested some dissatisfaction regarding their employment; however, they both felt that they had no alternative.

It appears that out of nine participants involved in vertical mobility of social class, paraplegia was an influence in at least six cases. In most of these cases, the presence or absence of job retraining made the difference between upward and downward mobility.

RETRAINING:

It was found that out of the twenty-three paraplegics, fourteen took retraining.

TABLE VII

DISTRIBUTION OF TWENTY-THREE PARAPLEGICS BY RETRAINING AND SOCIAL CLASS

	Retraining	No Retraining
Upper	3	1
Middle	11	1 (a)
Lower	0	7

(a) Paraplegia occured after retirement.

Table VII indicates that three respondents in the upper class took advantage of a retraining program. The one member who did not participate in such a program was able to return to his former occupation.

In the middle class, eleven out of twelve participants completed their high school or a trade after disability occurred. The sole exception was a retired gentleman whose disability occurred after retirement. Of course it cannot be said that this is the result of paraplegia because many individuals leave school for some years and then return for a trade.

In the lower class group, none of the individuals furthered their education.

In summary, the hypothesis was supported by the finding. In other words, the results show that indeed a relationship exists between social class and adjustment to paraplegia, especially in the upper and upper middle class. Also, paraplegia accounted in many cases for participants to move upward or downward on the social class scale. The results also demonstrate very clearly that retraining programs are used mostly by paraplegics from the upper and middle classes.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Although the hypothesis that paraplegics from upper and middle classes adjust better to paraplegia than those from the lower class was supported in this study, it is impossible to generalize the findings to paraplegics everywhere because the sample of twenty-three was very small.

The positive findings tend to support the six assumptions on which the study was based:

1. Status, prestige and self-respect are universal basic needs.
2. One way to meet these needs is through economic success.
3. More paths to economic success are open to individuals from upper and middle classes than to those from lower class.
4. More paths to economic success are open to paraplegics from upper and middle classes than those from lower class.
5. The lower class, deprived of most of these paths to achievement, rely more heavily on physical means to obtain success.

6. Paraplegics from the lower class because of their severe physical disability will have extreme difficulty in attaining prestige through physical means.

These assumptions stress economic success, and it is necessary to consider what this means to the paraplegics. It could be said that paraplegics from the upper and middle classes can provide themselves with better essential material facilities such as a wheel chair that is light and can be easily folded and handled, or a car with special controls for easy operation. These material advantages seem to facilitate their existence, by providing the mobility that paraplegia took away, therefore making adjustment easier. However, this study did not explore this specific aspect and has no data to support this exploration. Moreover, no similar research could be found in the literature.

In the study it was demonstrated that individuals from lower class took no retraining program after disability occurred. This might be a reflection of the social class values of "immediate" gratification as opposed to the "defferred" approach of the upper and middle classes. The battle for survival through physical means among the lower

class has resulted in the emergence of a value structure preoccupied with the satisfaction of short-term goals. These goals are perceived as being more desirable by the lower socio-economic levels. Hence, the pursuit of a career through sacrifice of material things and the incentive for educational achievement is often not acceptable to lower class members. The attainment of materialistic goals is the means by which these members are able to meet their basic needs of status, prestige and self-respect.

Thus, it appears that this study demonstrates the need for economic success or security for satisfactory adjustment of the paraplegic. Also, the study supports Overs' finding regarding the importance of middle class values of deferred gratification in successful rehabilitation. It was proposed in the first chapter that these suggestions were possibilities why a high social class increases the likelihood of a good adjustment. A more sophisticated analysis would investigate which of these is more important in the adjustment process.

The results of this study have certain implications to the field of social work. It provides

greater understanding of those factors which are important in making a satisfactory adjustment to paraplegia. The social worker could assist the individual to provide himself with economic security. He might also be helpful in aiding the disabled person to adopt a value system more suitable to his situation. This might be achieved by the use of discussion about mutual problems under the guidance of a trained group worker. Thus, this may help the members of the group to express and clarify their problems. Such groups would include paraplegics from all social classes, from all walks of life. Group sessions may also provide an opportunity for individual paraplegics to improve their social functioning. With the support of the peer group new ways to prestige, status and self-respect could be formulated, especially for those who can no longer rely on the former method of satisfying their basic needs.

A comprehensive retraining program would attempt to give the individual a means by which he could increase his success with the added support of a peer group, while at the same time offering a social outlet.

The social work profession could also be instrumental in improving public facilities; i.e., larger doors and elevators and ramps in public and private institutions, to meet the needs of paraplegics. The profession could also be involved in public education directed at alleviating the stigma surrounding paraplegia; for example, in the area of employment. By being accepted in his environment, the individual's adjustment could be more successful.

In summary, the role of the social work profession is centered around a general emphasis on the value of education and a positive attitude toward it.

It is suggested that further research in this area is urgently needed. There is very little information about the adjustment of paraplegics which is supported by research. Without sound knowledge of the contributing factors of good adjustment, it is difficult to provide adequate solution to the problem and to offer a sound program for rehabilitation.

APPENDIX 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.( )

NEXT PAGE CONT. F G (RETURN TO PAGE 2 COLUMN I)

Coding Contacts

(1) Daily
(2) Several times a week
(3) Once a week
(4) Once every two 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

0 - 2 years period in hosp. Column F	0 - 2 yrs. period in hospital. G	Present I	Present J	Present K	Present L
During your stay in Hospital, who were your friends?	How did you see or hear from______ (CODE ABOVE)	(PAGE I FIRST) How often do you see or hear from______? (CODE ABOVE)	Who are your present friends? (Underline 3 closest).	How often do you see or hear from______ (CODE ABOVE)	What activities do you do with ______?
	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.( )	
	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
	Disability pension
	Workmen's Compensation
	Welfare
	War Allowances
	Parents
	Spouse
	Others (gift, etc. (specify)

Thank you very much. You have been most helpful.

December, 1968.

APPENDIX B

Canadian Paraplegic Association

Atlantic Division

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

OTIS C. O'HARA
CHAIRMAN
A. H. SHEARS M.D. C.M.
CHAIRMAN
MEDICAL ADVISORY COMMITTEE

DONALD E. CURREN, LL.B
EXECUTIVE DIRECTOR
LEE & MARTIN,
AUDITORS

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

TELEPHONE 423-1277

November 28, 1968

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,

Donald E. Curren

DEC/dms

Donald E. Curren
Executive Director
Atlantic Division

Paraplegic:— a person paralyzed, generally from the waist down, by damage to the spinal cord

APPENDIX C

the MARITIME SCHOOL of SOCIAL WORK

COBURG ROAD AT OXFORD STREET, HALIFAX, NOVA SCOTIA

28 November, 1968

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 Curren, Executive Director of the Canadian Paraplegic Association. He feels that the results obtained will be of benefit to all pararlegic persons, as well as to the organization. Enclosed please find a letter from Mr. Curren.

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 Cillis
Roy Crebo
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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