CHAPTER 1

INTRODUCTION

Commenting on the status of children with disabilities in South Africa, the Integrated National Disability Strategy (1997), had the following to say;

" South African society still regards children with disabilities as incapable, ill and a burden on society .....When born into families of poor socio-economic backgrounds, such children frequently grow up believing that their disabilities are an economic and social curse and burden on their families. As a result they often perceive themselves to be worthless.....Children with disabilities fear and experience exclusion from a very young age. Separation from family, friends and peers is common. Non-disabled children, in their turn, learn that the exclusion of children with disabilities is the norm and therefore socially acceptable. These early experiences reinforce acceptance of segregation in later life." (White Paper, Office of the Deputy President, 1997,p.5).

Given the impact of disability on the self-perception of disabled children and the effect it has on their interaction with, and acceptance by, non-disabled children, one would have expected psychologists to have studied this area of interest extensively. This is not, however, the case.

Issues surrounding physical disability have been extensively studied by a few psychologists and neglected by most others (Asch, 1984). The reason could be the complexities which surround disability, ranging from the medical and technical on the one hand, to the educational, social and psychological on the other. Within the field of psychology of disability, the most researched topic concerns the effects of disability on personal adjustment (Vash, 1981; Vash, 1994). According to (Roessler & Bolton, 1978), the three questions usually examined are :

a) Is self-esteem diminished as a result of disability ?

b) Does disability lead to severe emotional maladjustment ?

c) What are the effects of disability on the broad area of normal personality functioning ?

The results of numerous studies (Vash, 1981; Philp & Duckworth, 1982; Halliday, 1989; Lalkhen & Norwich, 1990) have supported three often repeated and independently derived conclusions :

a) Specific disabilities are not associated with identifiable personality types.
b) There is no simple relationship between severity of disability and degree of psychological impairment.
c) There exists a wide range of individual reactions to disability.

The meaning of disability varies from person to person. Not all persons react to disabilities in exactly the same way. One's reactions and variety of adjustments is influenced by many factors deriving from both inner and outer reality. The experience of even minor forms of disability may be experienced as intensely, strongly and painfully as an objectively greater disability and, of course, the converse may be true.

" There is plentiful evidence that children with physical disabilities experience a higher than average level of

social and emotional difficulties, and that children whose disability is associated with neurological impairment are particularly at risk of socio-emotional disorders" (Cogher, et al. 1992, p.48).

The reality of one's disability is never experienced more acutely than during adolescence. Christie Brown (1954), himself a very severely disabled spastic quadriplegic with dysarthric speech, very effectively described the feelings of an adolescent with cerebral palsy :

"...always, whatever I did, wherever I turned, I felt lonely and restless. It was like living in chains... all the friendly ties that I had formed in my childhood were now broken by the rift that adolescence had wrought between myself and the boys I had played with as a child. It seemed that instead of coming to a better understanding of my handicap as I got older, I only became more troubled and bitter"

It is extremely difficult to isolate the factors which might contribute to poor social adjustment and low self-confidence and self-esteem in young people with cerebral

palsy (Halliday, 1989). Some of the difficulties arise partially because of the diverse characteristics of the young people who make up this group. The members of this group will present with a variety of mobility competencies, some will have sensory impairments and some will have speech and language difficulties. Whatever the factors might be, a study by Tringo (1970) indicated that cerebral palsy was amongst the least socially acceptable disability amongst non-disabled people. In most situations, those with cerebral palsy were less acceptable than those with a visible disability (e.g. amputees, the blind, spinal cord injuries, etc.) or communication disorders (e.g. the hearing impaired, stutterers, etc.)

Philp and Duckworth (1982) claims that there is a tendency amongst researchers to view disability as an emotionally, as well as physically crippling event. To assume that disability will automatically result in emotional difficulties in young people is wrong. However, to hide from the fact that disability can be emotionally damaging is also wrong. Participating in routine activities of daily living and compensating for the varied and inevitable ramifications of

disability can be physically exhausting. It can also be emotionally draining as experience teaches the young person that the disability is a permanent fact of their lives.

A disability pervades all aspects of an individual's functioning. Coupled with "the sturm und drang" of adolescence, a disability exacerbates the problems associated with that period of development. The need for psychotherapy is therefore never greater.

The disabled adolescent has largely been ignored by the research fraternity, except those disabled individuals who are considered to be socially deviant (Abrahamson, et. al., 1979). Within the field of special education, most professionals have tended to concentrate on the academic and intellectual aspects of childhood and adolescence and have neglected the study of how the disabled adolescent experiences his disability, of his sense of identity, self-competence and self-worth and of his social and emotional adaptation to a non-disabled environment (Lalkhen & Norwich, 1990). According to Roberts (1990) a prerequisite for successful adaptation is a positive self-concept. A strong sense of identity, competence and self-

worth are vital traits found in resilient children and adults. School setting, in which most adolescents find themselves, is the interface between living in the family and living in society. During this period of ambivalent experiences, the adolescents also experience the nascent disintegration of the ideal-parent image. It is indeed a testing time for any person and a particularly anxious one for those individuals who are psychologically unsupported or poorly supported.

The study of disability is the study of real people, going about their everyday life and additionally coping with the effects of a disability, and the position people are placed in because of their disability.

According to Van den Berg (1973), the human being is inseparable from the world in which he dwells. Person and world are mutually implicated. Since all behaviour is intentional and relational in nature, man lives in relations to objects, his body and the people around him. Our environment, the nature of our relationships, and our perceptions of others and ourselves are objective crystallizations of our subjective needs and their unavoidable consequences.

While we are indeed, outwardly and partially, social beings, each one of us stands alone. We are alone at birth and alone at death. Alone, too, in our pain and in our innermost and often incommunicable thoughts and emotions. It would be these "incommunicable" thoughts and emotions which disabled adolescents should try to articulate and psychologists should try to comprehend.

CHAPTER 2

A PHENOMENOLOGICAL UNDERSTANDING OF BODY, SELF AND THE WORLD

2.1 The approach to body in western philosophical and scientific tradition

It is in some ironic sense quite just that the natural scientist should have such an elevated and glorified status in our society, since it has been largely through their efforts that the philosophy and worldview underpinning our society and the individual's place in it has become the dominant view to this day. As a concrete expression of this philosophy, modern science has claimed an almost complete monopoly on truth, viewing the scientific method as the only valid path towards knowledge.

Amongst these scientist/philosophers, it was Descartes who formulated most decisively the philosophical principles of the new science, its dreams of reducing knowledge to a mechanistic and purely quantitative attitude towards man and nature. This new science has unleashed tremendous, though misdirected

energies, which has resulted in a fragmented view of man and his world. Descartes' philosophy of dualism has left us with the lasting distortion of a dualism between mind and body and between man and his world (Kruger, 1988). This mechanistic, reductionist and deterministic assumptions of the Cartesian worldview has steadily but significantly permeated every aspect of our lives - from philosophy to psychology.

According to Morris (1982), within the western scientific tradition, there appears to be basically five ways in which the relation between the body and the self or person can be construed :

a) The relationship between the body and the person can be construed as one of opposition, even hostility.

b) While the body is part of the person, it is a lesser part, a part which needs to be transcended, or to be in the service of the mind.

c) The relationship between the body and the self is viewed as one of co-operation, with the body clearly playing an inferior role.

d) The body is construed as something indifferent, either relatively or totally.

e) The body is considered as a central element of personhood, for reasons which are mainly theoretical. Even in this case, however, very little importance is attached to actual experience of bodies, whether one's own or those of others.

On the whole it is clear that western philosophical tradition has treated the body primarily as an object of investigation and knowledge, and has almost completely ignored any consideration of the body as lived. A consequence of this division between mind and body, are the divisions between behaviour and experience and the objective and subjective aspects of the human being (Moss, 1988).

Notions of body-image, body-concept, body-schema and body-concept, are some of the many terms which have been introduced over the years in an attempt to re-unite the apparently dual realms of body and mind into a living unity (Moss, 1988). Thus, "body-image" and "body-schema" describe phenomena showing properties of both body and mind. Body-image generally refers to an individual's explicit picture of the body. Body-schema on the other hand refers to the implicit knowledge

persons have of the position of their bodies, and a disposition to action. These two concepts are closely related (Moss, 1988).

The objective neutral stance of the natural scientific approach has resulted in the following assumptions about body;

a) It is assumed that a person perceives his or her own body in the same way a disinterested on looker notices anything in the surrounding world, e.g. tree, car etc.
b) A person should form his body-image from objective, neutral and disinterested information.
c) A person looking into a mirror is obtaining that neutral, objective information about his or her body (Moss, 1988).

It would therefore seem that Western philosophical tradition treated the body as primarily an object of knowledge, and has virtually ignored phenomenological consideration of the body as lived.

2.2 Phenomenology of body, self and the world

Unlike the natural scientific approach, phenomenology within psychology views the human being as a unity of body and mind

and behaviour and situation, and therefore attempts to study the whole person, including behaviour, body and the personal world of experience. Thus human action and human experience are not studied separately. The phenomenological notions of embodied-being-in-the-world and of the lived body are attempts to give a more enlarged and satisfactory perspective on the body of the human being.

The notion of the lived body is viewed by many as probably one of the most important contributions which phenomenology has made to philosophy as well as psychology. This section will rely heavily on the writings of psychiatrist/philosopher Erwin Straus and psychologist/philosopher Maurice Merleau-Ponty to expound the notion of the lived body.

The type of existence of disabled young people, is an existence in which physical functioning and mobility is to a greater or lesser degree, restricted, with all the ensuing ramifications.

However, even when our bodies function normally, corporeality is of fundamental importance to our existence, though we might not always be aware of it. It was Merleau-Ponty who

established that not only do we have a body with which we do everything, we also are our bodies.

By adopting this viewpoint, he is challenging the objective scientific approach which created an unbridgeable chasm between the cognizing subject on the one hand, and the world of objects on the other. The two consequences of this approach are that :

a) the body is seen primarily as an object in space about which objective knowledge can be collected.

b) there is a subjective experience of the body , which is essentially founded in the body as an object.

Merleau-Ponty more or less reverses this approach. In the very first instance there is a pre-reflective and pre-objective being-in-the-world. He indicates that this pre-objective existence in the world is nothing other than physical being. One might say that one's body is the silent base from which one learns about the world. Here "silence" refers to the fact that we are usually not conscious of our bodies. Van den Berg (1973) concurs with Merleau-Ponty on this point and refers to the bypassing of the body. This "bypassed

body", in a sense, constitutes the foundation of our corporeality.

It usually takes a special situation to make us aware of our bodies. A person who is climbing stairs is simply oriented to his destination, and in this situation, is not oriented to his or her body, having bypassed his body. If, however, that same person sprains his ankle, climbing stairs is no longer a matter of course. In this situation, the body has become the central theme in that person's existence, and it features consciously in experience (Bleeker & Mulderij, 1992).

What is the relevance of all this to a person with a physical disability? Van den Berg (1973) states that the invalidity of the body is generally bypassed as in the case of the physically healthy person. In order to live, the disabled person has to forget himself just as the healthy person has to. However, the way in which the disabled person meets this task, highlights his invalidity. The disabled person's task becomes a labourious task, an insurmountable obstacle or shaming failure. Thus for disabled persons the body is bypassed, but more frequently becomes a central theme in experience and existence (Bleeker & Mulderij, 1992).

In the case of handicapped children, a situation arises where the body dominates existence, and all too often these children have their bodies and too little are their bodies. All too often, the body as the silent base from which the world becomes known, loses its silence. The body demands attention, while in fact, it is the world to be learned about that needs attention. Thus, with regard to handicapped children, the typical childhood orientation to the world is disturbed, and with it the way in which the child relates to others and gives his world meaning.

Body image is a widely used concept in psychology and psychotherapy. The exact definition has challenged psychologists and philosophers, whose efforts have resulted in a variety of diverse and often esoteric descriptions. According to Merleau-Ponty (1962) body-image is not a product of objective, neutral and accurate knowledge concerning the body.

Merleau-Ponty (1962), regarded the person's body as it is lived and experienced as a lived body. The concept of the body-image is considered in the light of the lived body. Prior

to reflecting on or knowing his or her body, the person lives the body. As the person lives the body, he or she develops capacity for acting through the body in an action-oriented focus on some object or person. In so doing the person forms a familiarity with his or her body. The body, in fact, constitutes one's earliest capability for relating to the world of objects. Thus, according to Merleau-Ponty (1962), the body-image is constructed around the immediate pre-reflective familiarity with one's own body and one's life-world, as well as with the infinite network of actions of which one's body is capable. The body is something a person lives, an objective picture only arrives much later, if at all.

Just as in the case of the lived body, human space or lived space is essentially pre-reflective. In other words, we live it, orientate ourselves to it, experience it and move about in it before we even think about it. One's body spatiality entails the specific human situations, and the attitudes and actions one takes up toward these situations.

CHAPTER 3

TOWARDS A PHENOMENOLOGICAL APPROACH TO ADOLESCENCE

It is important to keep in mind that adolescence, in contrast to adulthood, is primarily a time of becoming rather than being. This matter of becoming implies doubts and fears that the young person has regarding his worth or ability to do anything in the world; the being of adulthood means security and a feeling of belonging, if only to an image the adolescent has created, which, however flawed, is relatively fixed (Jackson & Rodriques, 1993).

Explanations as to what takes place during adolescence have always been approached from the perspective of some theoretical orientation of cognitive and social development and psychopathology. Underlying each theory are some basic assumptions about human and psychological development and functioning. As a consequence, theories of drives, ego, separation-individuation, psychosocial interaction or the development of the self make different contributions to the

definition, the process and the expected outcome of adolescence (Slomowitz, 1991).

Fischer and Alapack (1989) makes it clear that there is currently no comprehensive collection of research data available which could lead one to a phenomenological theory of adolescent psychology. However, while a comprehensive theory is not available, phenomenological psychology does extend an invitation to explore the complexities, uncertainties and richness of the adolescent experience, by providing phenomenological foundations and qualitative research methods in pursuing this task.

A study by Knowles (1986) goes some way towards shedding some light on the phenomenological view on the dimensions of human development which would be relevant in our understanding of adolescence. In his study, Knowles (1986), acknowledges Freud's analysis of the significance of body and of childhood for development. He further attests to Erikson's development of the Freudian perspective to include both social context and stages of continuing human development. Some of the salient features of Knowles' view could be summarised as follows

(Fischer & Alapack, 1989) :

(a) While Freud's stress is on biological forces, and Erikson's stress is on the ego, both are very useful in developing our understanding of the adolescent, they both neglect what could be called "selfhood". The last-mentioned term focuses our attention on the open-endedness of our personal futures, i.e. that adolescents are not simply shaped by the events in their lives, but that they also take up these events in terms of their visions, goals and values as well as their own personal history.

(b) Adolescents are always positioned in relation with themselves, others and the world. To this approach, which highlights the relations amongst body, ego and the social context, Knowles adds the dimension of the "self". He focuses attention on the co-constituent nature of the adolescents relationship with his/her world, and characterizes the "self" as the sphere of the possible.

(c) Adolescents are always ahead of themselves, on their way to the possible, even as they are contained by

the facticity of their past i.e. the condition they find themselves in by virtue of history and unchosen constraints e.g. physical disability, and the ostensibly predefined character of their present condition.

(d) Knowles distinguishes the developmental crisis of adolescence in accordance with the temporal moment (given past, cognized present, existential future). The tasks of the adolescent stage could be viewed as opportunities for continued development of prior achievements.

(e) In his exposition of the fallen modes, which first appear during the adolescent stage, Knowles makes a very special contribution to our understanding of the adolescent. The fallen modes are fanaticism and faintheartedness. " In fanaticism, one closes off the ambiguous future through a forced certainty, which seeks to define one's identity once and for all....in faintheartedness, the ambiguity, uncertainty, and risk of life are avoided through remaining half-hearted, as in adolescent cynicism, and being above

it all or dismayed by it all" (Fischer & Alapack, 1989, p.103).

(f) Knowles has emphasised the existential-phenomenological theme that even though adolescents may be confronted by a disabled and changing body, they must take up these givens in their own way. Adolescents are never totally determined by givens, but co-constitute their impact for their lives. This helps us to present particular developmental tasks to adolescents while recognising that most of these tasks are still being unfinished in adult life.

(g) The adolescent comes to know himself/herself through regular fluctuations in the quest for certainty and in spontaneous openness to contrasts and discrepancies, obligations, enquiry, and reconfirmation.

Fischer and Alapack (1989) are of the opinion that Knowles' analysis is a powerful reminder that much of the adolescent's struggles are not merely adolescent.

CHAPTER 4

DISABILITY IN ADOLESCENTS

4.1 A Phenomenological understanding of Physical Disability

In order to better understand the notion of disability from a phenomenological perspective, we need to carefully examine the categories of the lived-body and the life-world as Erwin Straus, psychiatrist and philosopher and others like Merleau-Ponty, psychologist and philosopher, have done. In the case of the latter, this examination was done in Section 2.2

To Straus we owe a debt for his development of the importance of the fully wide awake and conscious individual for whom the upright posture is constitutive of his humanness and for whom the world has a distinctive and ever-changing physiognomy. (Kruger, 1988). Merleau-Ponty's major contribution remains the discovery and exposition of the significance of the habitual body, and the world which forms itself around the individual - largely passively and through the intentionality of habit (Williams, 1984).

Bernal (1984) suggests some of the reasons for the relative neglect of the phenomenon of physical disability, immobility or poor mobility in psychological research and in the investigations of health care professionals.

(a) The relative lack of interest in immobility can be traced to philosophical origins, represented by the speculations of philosophers such as Descartes. Descartes was of the opinion that the body is a machine which does not move of its own accord, but only as a response to "impressions" which it passively receives.

(b) In Descartes's philosophy, human movement has no task to perform which would qualify as contributing to knowledge. The body thus appears as a "good natured machine" which supports the mind physically but does not contribute to reason (Straus, 1969).

(c) In the natural scientific framework, space was viewed as impersonal, homogeneous, and governed by mathematical law. Consequently, human movement and action in the world came to be viewed and understood as impersonal and mechanical, taking place in the

> space and the homogeneous time. Thus only the physical rather than the psychological aspects of movement are worthy of study (Straus, 1969).

While the present task is to develop the phenomenological sense of disability, this would necessitate a review of conventional terminology surrounding disability. It is generally accepted amongst rehabilitation professionals that "disability" refers to some objective "impairment" which is normally assessed as such by a physician. On the other hand, a "handicap" is assumed by convention to be the result of the interaction between the "disability" and psychological / social / environmental barriers (Williams, 1984).

While handicap, as described above, describes the impediments imposed by an objective and social world upon those individuals with disabilities, this is not the "life-world" of which the disabled person is a member. Rather, it is the world of objects and people with whom the disabled person interacts. This level of interaction fails to grasp the meaning of disability at the level of the "life-world" in which we "begin our existence and to which we are intentionally related from

the perceptual and habitual levels to the fully wide awake and conscious levels of experience" (Williams, 1984, p.97).

Williams (1984) is of the view that the clue to the true understanding of the dynamic and plastic nature of disability lies somewhere between the power of the world in which an individual is embedded and the freedom of that individual to stand up in opposition to that world. Any view which purports that an individual completely creates himself or herself, is to leave that individual worldless from the start. On the other hand, any view which purports that the world is all powerful, reduces the individual to an organism needing physical and functional restoration.

Disability is also often equated with illness. Illness, however, connotes a pathogenic process with signs, symptoms, and test values which have meaning to a physician, and which further raises the expectation of recovery. It further connotes something alien and invasive which requires corrective action. Williams (1984) is of the opinion that it is the alien nature of the disabled individual's relationship with the world, which is the alienation which is of greater concern.

It is also important to recognise the experience of suffering. Suffering may result from internal psychic conflicts involving sense of self, self-esteem, altered ability to fulfil expectations, negative perceptions of self or others regarding disability. From a phenomenological point of view, suffering could result from violation or impending threat to the integrity of the individual, not simply the body and its functions (Langer, 1994).

To be disabled means we are speaking of something one is rather than something one has. It is not uncommon for disabled persons to consider themselves more than disability. Disability, which suggests that paraplegia is more than a condition affecting the legs, is an important and essential part of who one is because of the I-World nature of its disruptions. It is not a pathogenic process or organism which is alien in this perspective, rather it is the person in relation to the world. Disability is therefore best understood as a condition of the world as well as the body.

Some of the features of the phenomenology of physical disability as expounded by Williams (1984) could be summarized

as follows :

a) Physical disability should be understood as an existential as well as an orthopaedic or physiological event.

b) Human movement is constitutive of self-world relations. The ability to move plays a crucial role in passing time, pursuing activities, finding interesting sensory information and maintaining one's concept of self.

c) The upright posture and mobility are in some sense constitutive of what it means to be a person, an agent who is self governing, who chooses goals and meets them, and who is the centre of action and value.

d) The body and its position in time and space provide a here which allows action in the world out there.

e) It is not the loss of a major life activity through some condition which characterizes disability, rather, disability is the disruption of the I-World relation which may attend this loss.

f) With disability, the world becomes a strange place, and its geographical and temporal boundaries become

extremely shrunken and impoverished experientially.

g) The I-World relation may be a more fruitful focus in the disabled person than the objective view of function/loss and function/replacement. It is the intentional relation that opens the world to the disabled person, and in its absence closes it.

4.2 Psychological impact of Disability during Adolescence

The transition to adulthood can be an extremely difficult one for most young people but most, sooner or later, adapt to a variety of adult roles. For those on the margins of society, which includes young people with disabilities, the problems often have longer lasting effects and their transitions to adult roles may be prolonged or curtailed. A study by Clarke and Hirst (1989), showed that disability can affect the timing and sequence of transition of disabled young people to adulthood. This in turn may limit or prevent the fulfilment of a role that is considered normal in society, and thereby affect their overall self-image.

Most writers on adolescence see the central developmental task at this stage in life as being the gradual attainment of

personal independence. Erikson (1966), whose work in this area has been particularly influential, describes this as "identity formation", and views the adolescent as engaged in a gradual separation and detachment from his parents. He believes that the young person may, because of the uncertainty of his new role, experience an "identity crisis" which can lead to apparently maladaptive behaviour patterns.

Blos (1962) whose views are fairly similar to Erikson's, sees adolescence as a process of "individuation" in which a young person takes increasing responsibility for what he does, rather than placing this on the shoulders of others, in particular on the family.

While these issues apply equally to all adolescents, in the case of the disabled adolescent, the question is greatly complicated by the physical dependence of these people on others, especially their parents. Issues of independence and responsibility are, however, just some of the issues disabled adolescents have to struggle with. According to Anderson and Clarke (1982), disabled adolescents experiences social isolation, feelings of helplessness and despair, fears about

relationships with the opposite sex and concerns about vocational placement.

In their social interaction with others, young people's difficulties are usually manifested in three areas, namely over-dependency, over-independency or social isolation (Halliday, 1989). Over-dependency may lead to fearfulness and anxiety when confronted by the unknown and passivity in the face of the known. This will further limit successful experience from which to gain confidence to make forays into a world which may appear overwhelming and frightening. Over-independency may result in the young person taking unacceptable risks and behaving in a socially inappropriate manner, and thus incurring criticism. This could further compound the often inherent feelings of unacceptability and dislike. Isolation may lead to resentment of the disability which may lead to further isolation as the resentment colours the degree of self-acceptance and impedes relationships.

Freeman (1970), was of the opinion that while there is general agreement that the incidence of psychiatric disorders is greater among the disabled population, and greater still

during adolescence, there is no substantial evidence that a particular type of disturbance is typical or universal of the disabled adolescent. One may therefore expect the full range of disorders which may be prevalent in the non-disabled adolescent population. Minde (1978) found that approximately 18% of the young people with cerebral palsy studied were assessed to have definite psychiatric problems, and this was closely related with parental discord and also with having no non-handicapped friends. It is also interesting to note that Thomas (1986) found less than 5% of young adults with disabilities receiving psychiatric care. This could indicate a gradual resolution of the difficulties as the person grows older.

Abrahamson, et al. (1979) refers to a number of dialectics which characterizes this phase of development for the disabled adolescent, dialectics which comprises of struggles between two opposing needs. These include, amongst others, acceptance-rejection, independence-dependence, and expectation-performance. While these areas are not the exclusive province of the disabled, the nature of these dialectics and their ultimate resolution differs from non-disabled adolescents.

Abrahamson, et al. (1979) suggests that the importance of social acceptance is not entirely confined to how significant others perceive an individual. Sound self-evaluation and success in the arena of social life is often measured by the number of friends one has within the group. Subsequently, the more one is socially accepted within a group, the more opportunities exist to develop and to utilise one's social skills. Over time these experiences contribute towards the development of a positive self-concept.

Thus one could conclude that the cycle of either acceptance or rejection is self-perpetuating. Disabled adolescents generally experience rejection far more frequently than acceptance. They therefore find it difficult to make friends, do not easily find social acceptance and may have inadequate self-concepts. By the time the disabled child reaches adolescence, efforts on his part to become more autonomous are often viewed by others as rebellious behaviour. The adolescent, after having observed his non-disabled peers achieving increasing responsibility, independence and decision-making abilities, tries to emulate them. These efforts are often blocked by overdependent parent-child relationships as well as severe physical involvement.

The final dialect, according to Abrahamson, et al. (1979), finds most disabled adolescents in a no-win situation. Parents, teachers and peers may expect more from a disabled adolescent than what he is actually capable of performing. Significant others may also expect too little, thereby not challenging the adolescent, and causing him to under-perform.

Disability may further challenge some fundamental assumptions that are often implicit about living. Future goals and projections may be shattered. The present may be replaced by many anxieties about an imagined future. The body itself may be viewed as an opponent to intention, where disability renders physical effort and will incapable of embarking on or completing an intended action. The invitation to experience life is filled with considerations of accessibility, social acceptability, feelings of low self-acceptance, etc.

Furthemore, the suffering experienced by the adolescent is not simply a result of impaired body function. It results too from the impending threat to the integrity of the individual. It results from internal psychic conflicts involving sense of self, self-esteem, ability to fulfil expectations, negative perceptions of self or others regarding disability.