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Content

Introduction
The Importance of Qualitative Approaches in Psychology 5
Günter L. Huber

Part 1: Exploring Social-interactive Processes

01-1 Challenges in the Qualitative Analysis of Peer Counseling – Explorations of Young Children’s Learning 11
Eeva-Liisa Kronqvist

01-2 The Flexibility of Learning Groups and their Importance for Intercultural Education 33
Antonio Medina, María Concepción Domínguez, and Samuel Gento

Part 2: Exploring the Quality of Life

02-1 Experiences of People with Long-term Acquired Physical Disability: Life Stories of Persons with Spinal Cord Injuries in Japan 49
Masakuni Tagaki

02-2 Quality of Life of Tumour Patients Following Surgery and Reconstruction of the Oro-mandibular Region. Contributions of the Hospital Clinical Social Work Service to Psycho-social Care 81
Silke Birgitta Gahleitner, Kirsten Becker-Bikowski, and Robin Schiel

Part 3: Exploring social integration

03-1 Experiences of Adults with Disabilities Involved in a Project to Support Community Living 95
Heidrun Metzger, Annette Ulrich, Christine Rauscher, and Beate Kettner
Part 4: Teaching Qualitative Methods in Psychology

04-1
Teaching Qualitative Methods in Psychology: An Ambiguous Enterprise — Reducing the Irreducible for the Sake of Understanding
Bernd Fiedler

Author Index 145
Subject Index 149
The main difference between designing a qualitative and quantitative study seems to be that qualitative researchers are reminded again and again to reveal all their considerations – first to themselves (for instance, "Why at all am I interested in this question?"; cf. Maxwell, 1996), then to their scientific community. Quantitative researchers, on the other hand, usually do not elaborate much on the various and manifold qualitative decisions they obviously made, maybe somewhere in the back of their minds. The state of the art just demands to refer to the theoretical background of the hypotheses tested, to name the instruments, describe the sample of subjects, and outline the experimental situation. As regards the analysis of data, in quantitative studies it is sufficient to name a statistical calculus and maybe justify its application under the circumstances given. To understand what a qualitative researcher has achieved, however, we need to learn much more about the details of data interpretation. Usually, we want to know exactly how the system of analytical categories was constructed and which were the rules of application.

Thus, we may claim that readers of a study get a satisfactory insight into the process of design construction only in qualitative research. Readers of quantitative studies must be content with a sub-set of information: They learn how the study was conducted, but most of the underlying considerations are not even mentioned, except if some results need further discussion. We may conclude that quantitative studies follow the road-map of a standardized design procedure, whereas qualitative studies demand openness to adapt or specify a most general design to the uncertainties of research interactions with active partners.

Reflective subjects need reflective researchers

In social research it was discussed critically again and again that empirical approaches are often equated with the application of quantitative methods – and interesting conclusions were drawn how to cope with this methodological closed-mindedness. A fruitful approach was based on images of man describing other persons not just as objects of research, which may be described and explained by observing and registering their reactions, but as "reflective subjects" (Groeben & Scheele, 1977) that try to structure their world by "personal constructs" (Kelly, 1955) and to act according to the principles of their "naive psychology" (Heider, 1958). Research programs (i.e., Groeben et al., 1988) and research organisations
(ISATT: International Study Organisation on Teachers and Teaching) were founded with the central aim to reconstruct just these "subjective," "naive," "implicit," or "everyday-" theories and to modify them in projects of "applied" science. This new way of scientific thinking is congruent to developments in clinical psychology and sociology. The empirical characteristics of research on and with reflective subjects may not be focused exclusively on represent practical experiences of the researcher on a numeric dimension, for instance, observations of behaviors of the subjects in specific situations.

Instead, the focus of interest is determined by experiences of researchers and research subjects expressed in the medium of language (cf. Huber & Mandl, 1994). In these expressions not only frequencies are of interest, but above all the quality, for instance, the meaning of particular experiences (perceptions, appraisals of situations, etc.) for particular individuals under particular conditions — maybe valid only for these persons. Most important aspects are lost if subjective processes within an individual are reduced to external, "objectively" accessible events: The behavior of individuals in a specific situation (i.e., marking a particular response alternative in a questionnaire) does not necessarily correspond with what was on their minds in this situation. However, the validity of this type of findings is checked by comparing them with other "objective" information about these individuals.

The validity of an analysis of qualitative data, however, cannot be determined by the researchers only. The "adequacy of reconstruction" of their analyses has to be tested in a joint process of "communicative validation" (Lechler, 1994) and "action validation" (Wahl, 1994) together with their research subjects — again based on qualitative data. The criteria of rigor and control of empirical research place much higher methodological demands on the process of data analysis, if qualitative data are included in a study.

The complementary relation of qualitative and quantitative methods

Today the approach of "mixing methods" (cf. Creswell, 2003; Tashakkori & Teddlie, 2003) depending on the demands of the research question defines the state of the art in empirical social research, although the qualitative contributions in quantitative studies are rarely discussed. As Gürler and Huber (2006) have demonstrated, at the linguistic level of research reports and text books qualitative as well as quantitative approaches cannot be distinguished strictly. That is, whether the studies use quantitative or qualitative methodology, many formulations cannot be assigned unequivocally to the one or the other methodological orientation, because they have to refer implicitly or explicitly to concepts from the other epistemological domain.
Formulating test items that represent the core characteristics of the hypothetical construct under study, dealing with findings that cannot be assigned to preconstructed categories, developing descriptive concepts for empirical findings, modifying the initial conceptual frame of reference in the light of new data are just a few examples, which illustrate the necessity to "make sense" of data and reach beyond the limits of quantifying characteristics of samples.

On the other hand, within qualitative approaches quantifications of any kind as the main source of drawing conclusions are avoided, but in fact we find quantitative criteria like inter-coder reliability or validity scores in many qualitative studies, above all in the field of content analysis (cf. Mayring, 2002). At least on the linguistic level qualitative researchers regularly report their findings borrowing from the language repertory of the quantitative approach – and vice versa. Two examples shall illustrate this relation (for details see Gürtler & Huber, 2006):

As an example of qualitative studies use of language a look into Admiraal and Wubbels' (2005) study is revealing. The authors summarize the findings of a study on student teachers' reflections by clearly quantifying the results, however, in qualitative terms: "Student teachers almost exclusively wrote... seldom showed ... hardly ever related ... mostly wrote...; responses were less frequent ... were not observed at all..." (Admiraal & Wubbels, 2005, p. 320 ff). A well-known textbook on quantitative methods and statistics by Hays (1978) may serve as an example for the necessary complementary relation of quantitative and qualitative thinking. Already in the introduction Hays (1978, p. iii) writes: "The problem is no longer so much 'how to do it' as it is how to select an appropriate technique which will give results in the format needed. ... Nevertheless, the interpretation of a result remains just as big a problem as before." That is, Hays was concerned about the decisions that have to be made whether a particular technique will answer a given research question – a challenge for both quantitative and qualitative approaches. The same is true for the necessary interpretation of findings.

These examples are meant to demonstrate that even within the field of qualitative or quantitative methodology researchers have "to reach out" and complement their statements by quantitative or qualitative concepts. Most obvious is this complementary relation in approaches characterized by applying "mixed methods." An example from the years during which this approach was not yet acknowledged under this label nevertheless reveals the importance of combining quantitative and qualitative methods:

In her study on learning processes in geometry in the 10th grade of High School, Tinto (1986) analyzed lessons with an observation system including the category of "volunteering", i.e., spontaneous contributions of students. A quantitative analysis showed big differences among the students as regards the frequencies of "volunteering." A cross-tabulation of volunteering by academic achievement led to puzzling results suggesting that spontaneous participation in the classroom activities seems to be unrelated to achievement: Among the two most
outstanding geometry students in this classroom, Sandra volunteered regularly and frequently, while Frank almost never showed this behavior. However, Tinto did not only quantify critical behavior, but also interviewed students and teachers. From the student interviews the author learned that "volunteering" had quite different meanings for Sandra and Mark. While Sandra contributed spontaneously to the lesson activities in order to assist in the continuation of the lesson or to avoid sarcastic teacher remarks in case of students’ lack of understanding and silence, Mark volunteered only if he could expect reinforcement for his solution or point of view.

Conclusions

These brief examples of qualitative thinking in quantitative approaches and vice versa should illustrate sufficiently that social reality cannot be analyzed exclusively by applying either qualitative or quantitative methods. Counting the frequencies of a category demands qualitative thinking to determine just this category. The resulting frequencies have to be interpreted with reference to their implicit qualities. Each quantitative analysis is influenced by suppositions about the specific nature of the events that were counted – suppositions that allow us to register these events according to the particular mode in which they took place. On the other hand just naming qualitative characteristics (of a given text, for instance) without quantifying ("rarely," "always," "never") their relation to other meaningful issues is only a preliminary step in the process of research. Even if we wanted in the above example just to show how students think about "volunteering," we would need to quantify their statements. Who would like to read a series of maybe 50 or 60 reconstructions of subjective meanings and what would we gain from reading these highly redundant texts? A still interested reader would do what a researcher should do in complementing the qualitative findings, that is, giving an overview by classifying the statements. Classifying or sorting on a nominal scale, however, is already the first level of quantification.

Thus, it makes sense to mix methods. However, it is absolutely necessary to assure the quality of "mixed designs" by clarifying the dimensions of meaning of quantitative data as well as to systematize and document the processes of interpretation of qualitative data. There are no "hard" or "soft" methods, but only methods appropriate or not to answer a research question.
References


Abstract

This article examines young children's peer learning and tutoring in a semi-structured situation. Of particular interest is the theoretical viewpoint on learning and what consequences it has for methodological solutions. The focus will, however, not be on the individual learning process, but more on the structure and process of learning with a special focus on collaborative learning processes. It is easy to agree that learning should be understood as a social and not merely an individual phenomenon, however, the consequences this point of view has for learning research must be considered. The methodological foundations of this study are based on socio-cultural and systemic perspectives. In this paper, one example of a larger piece of developmental research will presented, where the main focus is on peer tutoring and collaboration. The unit of empirical research is a collaborative dyad of children who either played a maze game or were involved in spontaneous tutoring episode during free play activities. The data was analyzed using qualitative and quantitative methods, although in this paper only the results
of qualitative analysis are presented. This analysis will focus on the process and structure of communications and sharing during games and on the ways and benefits of tutoring. In addition, epistemological-methodological viewpoints on learning are given consideration. The results show that already quite young children can learn from each other and that they use various and diverse ways of tutoring friends in pre-school.

1. Theory, methods, and analyses – the significance of theoretical frameworks in psychological and social research

Theoretical frameworks constrain the choice of what to study and which methods to use. Theoretical perspective reflects, at the informal level, a researcher’s personal stance toward the topics they are studying. A researcher is influenced by factors such as personal history, experience, culture, gender, and class perspectives. At a more formal level, social science researchers view their topics through a formal lens, making use of gendered perspectives, cultural perspectives, lifestyle orientations, critical theory perspectives, and class and social status views (Creswell et al., 2003, p. 222).

Tudge (2000) criticizes that too few psychological articles give clear connections between theory, method, and analyses. He states that students and researchers in education, psychology, and child or human development are not encouraged to give more than cursory attention to issues of theory and the application of theory in methods and statistical analyses. Furthermore, Tudge claims that the journals in which researchers write tend to be bimodal. As he explains; they either allow a focus on matters of theory, with little or no space allowed for analyses of data, or encourage detailed discussion of methods and analyses but provide little encouragement for authors to go into theoretical depth. Tudge (2000) refers to five articles concerning peer collaboration and examines their theoretical frameworks and the implications of the methods used. The articles all represent quite traditional analyses that seem appropriate to the theoretical bases for research and include some interesting qualitative analyses focused on the processes on collaboration. All articles broadened the understanding of the effect of peer collaboration on cognitive development, but to really understand development one should consider the interrelations among interpersonal, individual, and contextual factors. An interesting question in collaborative research is the unit of analyses, because it is the analysis that one does in their study which determines what the unit is. Although the theoretical focus of some articles is emphasized as being Piagetian, the analyses could remain in the positivist tradition and as such, unrelated to the theory. This means that the analysis treats each participant as the unit of analysis, ignoring dyadic aspects.
In developmental psychology there is broad agreement about the nature of development as a system where person and environment are bound together and building one system. Development is inherent in systems that are intertwined with their environment. Developing organisms are open systems; that is, selected aspects of their organization are not strictly preprogrammed, but are left to be formed in the organism-environment interaction (Kinderman & Valsiner, 2003 p. 21). It is easy to agree with this, but problems arise when the development should be analysed empirically.

Instead of arguing about the controversy between different methodological orientations, especially between quantitative and qualitative, according to Kinderman and Valsiner (2003) a more relativistic stance may be useful. A constructive alternative could be to adopt a relativistic stance, examining the fit between the organisation of the object and the investigator's theoretical system (Kinderman & Valsiner, 2003, p 16). Psychological research, developing strongly out of a positivist perspective, has been a highly quantitative field. The positivist and post positivist paradigm have dominated the field, although they are criticised by constructivist researchers for being guided by belief in a single objective reality – that human behaviour is predictable from its antecedents and that every behaviour has a distinct case. Psychological research has rarely fit this profile; prediction of behaviour is probabilistic at best and only at an aggregate level (Tashakkori & Teddlie, 1998) and the relativity of perceptions has been a major component of psychological theory and research (Waszak & Sines, 2003, p. 557). Qualitative data have been used in psychological research – clinical case studies, transcripts from experimental situations, participant observation – but historically it was not used as the primary source of information. Over the past decades, however, there has been more interest in using other research paradigms to study psychological phenomena, e.g. research developed out of a constructivist approach like grounded theory and feminist research (Wasak & Sines, 2003, p. 574).

Morgan (2006) presents a "pragmatic paradigm" as a new guiding paradigm in the methodology of social research. The strength of this pragmatic approach is its emphasis on the connection between epistemological concerns about the nature of knowledge and technical concerns about methods that we use to generate this knowledge. This moves beyond technical questions about mixing or combining methods and puts us in a position to argue for a properly integrated methodology for the social sciences and redirect the attention to methodological rather than metaphysical concerns.

2. Learning – a social or individual phenomenon?

The theoretical concept of learning may be one of the most researched topics in the area of educational psychology. Bronfenbrenner's (1979) ecological model con-
tributes to learning, emphasizing that developmental processes and context interact to shape both individual lives and reciprocally the context in which lives are lived. The socio-cultural perspective on learning influenced by Vygotsky's (1978) notion of the importance of social interaction for development has been widely used as a theoretical focus on learning research during the last few decades. The message is: development cannot be separated from its social and cultural context; and: to be able to understand psychological processes and behaviour, we need to understand the social interaction, and the tools and signs that mediate them. Learning in the Zone of Proximal Development commonly refers to two aspects: firstly to learning, which takes place between individuals, where one is more "expert" than the other (in collaboration with "more capable peers"). Secondly, it points out a joint consciousness of the participants, where two or more minds collaborate to solve a problem (Hyun & Davis, 2005) – so there should exist an asymmetry between participants in joint activity.

From the Piagetian constructivist perspective, learning also occurs in collaboration between pupils who have similar levels of conceptual understanding; learning may result also from symmetrical interactions. We use the term 'peer collaboration' to describe cases involving peers of equal status rather than partners who have different levels of competence (Tudge, 2000). Central to successful support and consultation is the notion of intersubjectivity or a shared understanding of the goal of the action. Peer collaboration and peer counselling have many advantages as a method of intervention (Topping, 2005).

Lindahl and Pramling-Samuelson (2002) have examined how young children are aware of the world around them and demonstrated how young children utilize variation as a strategy for learning. They state, that knowledge is a relation between the human being and her world and learning is not an isolated developmental perspective. Instead, learning is two simultaneous parallel processes. They emphasize learning as relational phenomena, where the surrounding world becomes a part of the child and the subject and object are related in the process of learning. Children use imitation and variation as learning strategies. Children imitate others in order to try and make sense of people's actions.

There are many terms in the area of social interaction research and practice and the use of terminology has been partly inconsistent. It is necessary to define some of the basic terms. By peer collaboration we usually mean that participants are working together to complete a single, unified task. The term represents shared meaning and conclusions of the pair or group as a unit. Damon and Phelps (1989) define peer tutoring as an approach in which one child instructs another child in material on which the first is an expert and the second is a novice" (1989a, p. 11). Cooperative learning is a set of teaching strategies. Usually the task is divided up into components and parcelled out separately to the team members; the individual returns from their individual tasks and teaches the group what they have learned.

There is much research about how collaborative activity may facilitate certain kinds of cognitive operations and social adjustment in the classroom. Benefits of
collaborative learning and of social network were demonstrated, for example, academic gains across different curriculum domains (Fall & Webb, 2000), improved participation in school-based learning (Stephens & Slavin, 1992), and enhanced socialisation among peers (Johnson & Johnson, 1994). Children with multiple disabilities have also benefited through acquiring enhanced communication and motor skills (Hunt et al., 1994).

Johnson, Johnson, and Stanne (2001) argue that there may be no other pedagogical practice that simultaneously achieves such diverse positive outcomes. Children's collaborative activity has also helped them in some of their social problems, for example, in difficulties in paying attention to learning tasks or in overcoming their aggressive behaviour. The social dynamics of interaction are important for promoting learning and have been associated with cognitive advancement in a number of studies (Kruger, 1992; Leman & Duveen, 1999). Interaction between peers offers the opportunity for the exchange of perspectives and even certain forms of conflicts can advance learning (Doise & Mugny, 1984; Leman & Oldham, 2005). Research has revealed that professionals should pay more attention to classroom discourses and allow students to talk more with both peers and with experts in the learning context. Also teachers should permit students to explore technology functions for themselves rather than giving them didactic instructions and a teacher should always be available for scaffolding and dialectical talk with learners (Hyun & Davis, 2005). Many research findings highlight the importance of language in effective collaborative interactions. Collaborating without active verbal interactions has not been better than working independently (Fawcett & Garten, 2005). The socio-cultural theory underlines the role of language as a medium for discussing the process and for restructuring ideas. The talk conditions provide participants with the opportunity to explore discrepancies between their partner's knowledge and their own and to consequently restructure their own knowledge. Investigations on technology-enriched environments have shown that applications of technological tools enrich the intertextual character of children's explanations processes (Vasama & Kumpulainen, 2007). The analysis of collaborative activity in pre-schools and schools showed that those pairs who talked, planned and negotiated the most were the most successful in solving problems (Mercer 1996).

Research shows that, in general, collaborative learning both in non-computer-based and computer-based settings correlates with a wide range of positive outcomes (Katz 1995). Within non-computer-based, classroom and laboratory settings, collaborative learning has been shown to correlate with greater learning, increased productivity, more time on task, transfer of knowledge to related tasks, higher motivation, and a heightened sense of competence (Johnson & Johnson, 1989; Slavin, 1990).

There are, however, both cognitive and social reasons why peer interactions are not always ideal for learning. On the cognitive side, it has been shown that lower achieving students tend to be less able than successful students to use various
articulation tools — i.e., explanation, question asking, summarizing, etc. — that have been shown to promote learning. Social reasons for learning failures by members of a group have been identified by Salomon and Globerson (1989). They observed that peer interactions often degenerate into mutually detrimental processes, such as leaving the work for the most able person (the "free rider" effect) and, conversely, reducing personal effort in order to avoid being the "sucker" who does all the work. In total, there is much evidence that communication in peer interaction and peer learning situations is crucial. Shared knowledge and intersubjectivity promote learning and help students to achieve positive results.

Van Meter & Stevens (2000) highlight the role of the integration of different theories in the area of collaboration research. They illustrate that theories, like socio-cultural and information processing theories, are not incompatible with one another. Theoretical views can be integrated to form a more complete understanding of peer collaboration and thus offer a different lens to view the topic. In this tenet the structure of the collaborative discourse has major implications for the learning of individual members. Three major areas concern the nature of effective structure patterns, context factors, and the individual learning that can be expected to result.

Studying learning is a challenging and difficult task. There is much research about the collaborative nature of learning and it seems to be less difficult to investigate and reveal the process of collaborative learning process than it is to investigate the individual learning process. The focus of this article is on the social nature of learning and it will be emphasized that learning is a systemic and socio-cultural phenomenon that should be studied in the social and systemic context. The episode of dyadic collaboration is promising as a unit of analysis in the empirical analyses.

4. Basic paradigms for studying social interaction and learning as social phenomena

Angela Branco (2003) differentiates three lines of research on peer interactions and collaborations. The first is research on various social forms of behaviour, which includes agonistic, conflicting, and affiliative interaction patterns as well as friendship in day care and school contexts (Hartup, 1996; Rubin et al., 1998). The second is a developmentally oriented tradition encompassing questions like which kind of developmental patterns there are — from simple socially directed behaviour (e.g., imitation) to highly complex and sophisticated interaction patterns (Brownwell & Carriger, 1991). This orientation also includes experimentally oriented projects searching for indications of the superiority of joint work over individual efforts in problem solving situations like peer teaching and peer-tutoring (Tudge, 1989; Doise & Magny, 1984; Rogoff, 2003). The third approach is called interpretative
approach. It investigates children's growing abilities concerning their active participation in the process of co-constructing meanings (Corsaro, 2000; Stambak, 1993) and the origins of "peer culture" like routines, artefacts, values and concerns that children produce and share in interaction with peers.

Cowie and Aalsvoort (2000) describe the main paradigms for studying social interaction in various situations, especially in pedagogical settings:

• The empirical tradition is based on the idea that reality is seen as single observable reality – also existing outside the researcher. The role of theories is limited, until the researcher confronts them with empirical reality. Hypotheses are derived from theory and usually describe causal relations between two or more elements of the theory. Objectivity is emphasized and the interaction between researcher and subjects is kept minimal and restricted to research needs.

This paradigmatic tradition includes various quantitative orientations, which are usually based on classifications. An example – although not a pure quantitative – is one concerning children's collaboration (Verba, 1998). Verba examined observations on tutoring interactions between young children and classified actions in two categories. An expert's actions included comprehension and instrumental help, for example informing and giving directions, demonstrating or modelling, giving feedback and facilitation, the provision of practical help, e.g. handing over pieces and pointing out, helping to put the piece in place (co-action), involvement in action, and maintaining cooperation. The participation of novices included requesting help, which could be classified as direct or indirect.

• The ethno-methodological paradigm is based on the idea not primarily of observing behavior but of learning the "insider's point of view." Usually it embodies qualitative orientations like symbolic interactionism, hermeneutics, grounded theory, ethnography and phenomenology (Cresswell, 1998). In this approach the focus lies on going to the field and "learning from people" instead of "studying people." Observations and non-structured interviews are typically used as research tools.

An example from the child's world is Pia Williams' (2001) research on children's awareness of what it means to teach a game to a peer. Awareness refers to the attention to different aspects of the teaching process shown by the teaching child. The research is carried out in the field with video-observations with children spontaneously teaching and learning from each other in a classroom. Williams asked: "What could you teach a younger school friend? What is collaboration? What can children learn from their peers?" She illustrated that children like teaching through organizing learning situations, through letting the peer imitate and practice, by being a model and through telling others how to do things.
The linguistic paradigm is based on the idea of studying situations through language use and written products. It has been quite influential in social interaction research. The situation is studied in terms of language, meaningful utterances used in social communication and written products containing such communication. Discourse and discussion analysis have contributed much to linguistic interaction research, explaining different styles of talking as well as discourse types related to speaker characteristics like gender, age and race. Mercer (1996), Wegerif and Mercer (1996,2000), Mercer and Wegerif (1998), and Fernandez, Wegerif, Mercer and Rojas-Drummond (2001) characterized three educationally significant ways of talking amongst children. The three types of talk are the following:

(a) Disputational talk, which is characterized by disagreements and individualized decision-making, and short assertions and counter-assertions.

(b) Cumulative talk, in which children build positively but uncritically on what the other has said. It is characterised by repetitions, confirmations and elaborations.

(c) Exploratory talk, in which participants engage critically but constructively with each other's ideas, offering justifications and alternative hypotheses. Knowledge is made publicly accountable and reasoning is more visible in the talk, and progress results from the eventual agreement reached.

These modes of talking have been identified among children from different countries talking in groups whilst doing a variety of curriculum tasks. Kumpulainen and Mutanen (1999) investigated children's interaction in the classroom using categorization three dimensions: functional analysis of verbal interaction, analysis of cognitive processing, and analysis of social processing.

Multi-method pluralism is a growing alternative trend among social interaction studies. It is based on the combination of various tools from different methodologies. As Teddlie and Tashakkori (2003, p. 10) noted, there has been inconsistency in the manner in which certain terms have been defined. The terms multimethod design and mixed methods design have been confused with one another. *Multiple method designs* are defined as research in which more than one method or more than one world view is used. The research questions are answered by using two data collection procedures (e.g. participant observation and oral histories) or two research methods (e.g. ethnography and case study), each of which is from the same qualitative or quantitative tradition. *Mixed methods designs*, on the other hand, use qualitative and quantitative data collection and analysis techniques in either parallel or sequential phases, usually involving a qualitative phase followed by a quantitative phase. This mixing occurs in the methods section of a study. An example is when a qualitative and a quantitative data collection procedure or research method are used to answer the research questions. In order to lesson
confusion over the terms, Teddlie and Tashakkori (2003) suggest the use of the term "mixed methods designs" as a cover term referring to mixed methods and mixed model research.

Angela Branco (2003) emphasizes, that there are quite many new trends for researching psychological phenomena in interaction, but also that there is a need for a paradigm shift that privileges the study of processes instead of outcomes, and the use of qualitative methodological approaches to analyse the phenomena.

5. Aims and objectives

The main goal of the study was to research young children's learning and collaboration in a problem-based situation. This article focuses on the process of and interaction during the peer-learning task in a semi-structured situation. Of particular interest is the nature of the peer-learning and tutoring process — patterns and strategies a child uses to teach another child. There are, however, also theoretical and methodological aims. The theoretical questions relate to research learning as a social phenomena and how to grasp the collaborative nature of the learning. At a methodological level, the aim is to prove an analysis which captures the nature of the dyad and to develop tools for analyzing young children's collaboration, discourse and child-child interactions. At a pedagogical level, the aim is to develop pedagogical methods for organizing classrooms and to apply research results to find applications for supporting children's peer learning, shared communication and intersubjectivity.

6. Design and methods of the empirical study

The study is a part of a larger international project researching children's social skills. The project started as a collaboration between Finland and Estonia. Finnish subjects were selected from nine pre-schools in Northern Finland. The Finnish-Estonian sample included data gathered by questionnaires given to parents and teachers. In the first stage 156 Estonian (84 boys and 72 girls, m(age) = 6.6 years) and 150 Finnish children (76 boys and 74 girls, m(age) = 6.03 years) and their teachers (N = 21) and parents participated in the study. The children's development was assessed by kindergarten teachers using an evaluation scale with items concerning restless, attentive and aggressive behavior as well as cognitive development. Six descriptions of specific types of aggressive behaviors were given and respondents had to evaluate the frequency of the behavior on the 4-point
Likert scale. Aggressive behavior was evaluated by kindergarten teachers on the scale in terms of its directness or indirectness. Also, parents evaluated their children with the same scale and parents’ normative beliefs about aggression were assessed with Normative Beliefs About Aggression Scale (Huesman & Guerra, 1997; modified by the authors.)

Results concerning teachers’ and parents’ evaluation are reported in another paper (Tropp, Kikas & Kronqvist, 2007), but it should be mentioned here since the data forms the main research corpus of the study and also the data used in the second stage reported in this paper. In the second stage child-child dyads were videotaped children in peer tutoring situations.

The video-based data included data collected in Finnish pre-schools. Together 16 dyads of Finnish children were videotaped in peer-learning sessions. From these 32 Finnish children 24 were boys and 8 girls. There were two mixed-gender pairs. The sessions composed semi-structural situations in peer-learning situations, where the child first was taught a maze game by the researcher. Then the child was asked to teach the just learned maze game to another child. In the second stage children played freely and peer tutoring situations were observed and extracted from the data. Pairs were videotaped engaging in maze teaching or playing, and the data consisted of 16 episodes of video-recorded tutoring sessions. The sessions were videotaped in separate rooms away from the childcare classrooms. The mean duration for the sessions was 15.5 min.

7. Data analysis

The data were divided into episodes, where one tutoring session built one episode. The data were analyzed using qualitative methods. The analysis proceeded in three stages:

(1) First, the interaction sequence was divided into three stages: the beginning stage, the middle of the tutoring process and the end of the tutoring process. The videotapes were transcribed and multiple reading of the transcriptions was completed by classifying and coding the discussions.

(2) The utterances were coded according to the categorization based on verbal and non-verbal activity during the interaction sequence. For completion of the analysis the episodes were transcribed; both the verbalizations and descriptions of nonverbal behavior were written. In the analysis of utterances a heuristic method was used. Every stage was analyzed by writing down all verbal utterances and by finding a classification for every utterance. So for example “stating goal” included utterances like “we have to try and see which matches” or “you have to match which ones...” In a class “facilitating” words
were classified, for example utterances like "this one goes right there, that one goes right there".

(3) The content analysis was used to find emerging patterns in children's tutoring processes. In the qualitative content analysis, categories used were derived inductively from the material and were formulated in terms of that material as Mayring (2000) described. "Given" categories were not used, but the dominant patterns and co-occurrences of the tutoring were searched. The analysis focused on the social relationships and types of interaction in peer dyads and each episode was thus one unit of analysis.

At a later point, for the quantitative analysis the computer program The Noldus Observer software was also used. This programme is a tool for collecting and analysing observational data. The method was used for analysing the on and off-task behaviour during the teaching sessions. The results are reported in another paper (Kronqvist 2006).

8. Results

Finding 1: Verbal and nonverbal activity during the tutoring stages

First, verbal and nonverbal activity during the process were analyzed (see tab. 1, next page). The results showed that children used different methods in tutoring depending on the stage of the process. In the beginning stages the tutor usually started by giving advice and guidelines on what should be done. Typically children used nonverbal showing in conjunction with verbal guidance. They assisted by modelling and pointing out the piece and the place where it should be put. Verbal encouragement was also typical. In the first stage there was substantially more verbal activity than in later stages.

Table 1: The three stages of the tutoring process

<table>
<thead>
<tr>
<th>Model</th>
<th>Categorization</th>
<th>Examples and description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal and non-verbal activity during tutoring</td>
<td>Beginning stage: stating goals, giving first directions</td>
<td>Discussions about what should be done, stating goals</td>
</tr>
<tr>
<td></td>
<td>giving more directions</td>
<td>Explaining, giving directions &quot;we have to try...&quot;</td>
</tr>
<tr>
<td></td>
<td>asking questions</td>
<td>Modelling, showing e.g. &quot;put that right there&quot;</td>
</tr>
<tr>
<td></td>
<td>demonstrating</td>
<td>Giving support e.g. &quot;and there you go, that's how you play&quot;</td>
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<td></td>
<td>supporting</td>
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<td></td>
<td>giving statements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>answering</td>
<td></td>
</tr>
</tbody>
</table>
commenting  Commenting the nature of the game: "It's so easy"
off-task  Activity not related to the task

Middle of the tutoring process:
facilitating Encouraging: "It's difficult but you can do it"
encouraging Providing help by pointing, handing etc.
giving feedback Encouraging: "It's difficult but you can do it"
correcting mistakes Showing which piece went wrong
anchoring attention Concretely helping to place the piece
helping Evaluating if it was wrong or not: "yes, it was"
criticizing/evaluating Asking for concrete help: "Where is the blue square?"
asking for help Asking for concrete help: "Where is the blue square?"
asking for corrections Asking for concrete help: "Where is the blue square?"
comments Commenting on the game: "I am really good at this"
resisting Maintaining cooperation: "Try to, you don't need to do it all"
self-talk Activity not related to the task
off-task

End of the tutoring process:
encouraging "Just one more to go in... ok, the game is over"
encouraging "Jacob is really good at this game"
giving feedback "Right like my mom says when I get something right"
commenting "This is boring"
helping "You need help?"
asking questions "How about this one?"
resisting "I want to play a different game"

Example 1. "Jacob, Jacob, do this. Put it like this, okay? So first try to find one of them and that's right here okay? Okay, Jacob, try to find it."

The middle part of the tutoring process was typically the working stage, where the tutor looked after the tutee's activity and commented it. The tutee was active and worked to finish the task, but there was less verbal activity. Some cases saw the tutor using encouragement and comments like "Great, just a little bit". Children didn't usually correct directly, but used indirect ways to help the partner to notice the right way to finish the task like "It is a hard time looking for this one."

Example 2. Eeva says: "I know where this piece should be put" showing the place at the maze.
At the end of the process the tutor "examined" whether or not the tutee had finished the task correctly. Children evaluated and commented on the finished work.

Example 3. Santeri says: "Let's look if something went wrong. Maija has done these very nicely. So good. So good." In the beginning of his talk Santeri looks at the game and at the end he looks at Maija.

The verbal activity was greatest in the beginning, but after that it declined. Children used positive and encouraging patterns in helping and advising another child without emphasizing mistakes or wrong answers. They also used both verbal and nonverbal guiding, which in addition was underlined by modeling. It was also revealed that children knew when and how to advise. As tutors, children usually first followed up on their partner's activity and they were later quite sensitive about interference. Children knew when and how their partner needed helping questions, support or concrete advice.

Finding 2. The emerging tutoring patterns during the sessions

The overall nature of the tutoring and teaching is based on the analysis of social relationships and types of interaction in peer dyads. The social dynamics of dyads differed and the analysis of the pattern revealed five different types of tutoring.

(1) Helping-encouraging pattern

Vignette 1

Eeva is drawing a flower using a template, which will later be cut out. Milla is sitting beneath and looking at Eeva for a very long time. Then Milla says to the adult: "I would also like to draw a flower." Milla starts to use the same template as Eeva had used and she starts to draw and then to cut it out. Milla says: "I cannot get it to turn out." Eeva turns and looks at Milla. Eeva: "Look at how I did it." Milla cuts. Eeva: "Look at this." Milla turns and says: "Yes." Milla continues and cuts the flower out like Eeva did.

In this tutoring mode the child is helping, supporting and assisting another child. In these cases the tutor was usually an older or more competent partner.
(2) Doing-together pattern:

Vignette 2

Tara and Cassandra are working with a game. Tara is teaching the game: "This bone goes right there, that one goes right there." Cassandra: "But this one is orange." They start to examine the pieces. Tara: "It's a hard time looking for this one. Here, I'll give it to you and you put it in. No, that's not the one, that is." Cassandra: "It goes in here." Tara spells Cassie's name and says: "It doesn't fit." Cassandra: "Yes, it does, it goes in right here. After the game we can play hide and go seek." Tara: "Now put it right there."

Joint activity is characterized by collaboratively working at a task. Partners collaborate and there is no great difference between the tutor and tutee in completing the task. A degree of competition could also be noticed on occasion. The results of previous research has stated that cooperation and constructive competition can exist simultaneously in preschool children's dyads (Sheridan & Williams, 2006).

(3) Resisting-maintaining pattern

Vignette 3

Alejandra is teaching William the game: "You just gotta do this. Ok you have to do these things. You have to see which ones cut out. William is resisting: "I want to go play with that one (points to another toy). I want to play with all of them (toys). William tries to maintain Alejandra's interest: "I did it before, I really did this game before." Alejandra: "He can go play (referring to the other toys). William: I don't want to do another game." Alejandra: "Then we can play? Maybe, ok I'll do it then." William: "I don't want to do another game." Alejandra: "You don't have to do it."

The child is resisting the task and tutor is trying to maintain the activity. Children act in a very sensitive way, but if the situation changed to something more challenging, they asked an adult's help. Every dyad, however, finished the tasks.

(4) Tutor-centered, directed pattern

Vignette 4

Jaakko gives advice to Riitu: "You should find this kind of piece." Riitu is searching for the right one and Jaakko follows by looking closely at Riitu's work. When she finish the task, Jaakko comments: "Yes, good, so and now this. Now you should try to find this one." Typically Jaakko follows Riitu's work, checking that she is doing the right movements. Meanwhile Jaakko gives advice like "Good, this one."
The tutor is controlling and giving direct advice. The role of a "teacher" was noticeable in this vignette. Previous research on preschool children also supports the finding that children have a representation of the teacher and that they use this understanding in scaffolding other children (Verba 1998).

(5) Restlessness pattern

Vignette 5

Markus is starting to teach Livari the game. Livari comments laughing: "Very easy one!" Markus also laughs but gives Livari the next piece. Livari makes some off-task movements which make Markus laugh again. They start to finish the game quickly and then some pieces fall on the floor. Both of the boys are laughing and moving restlessly. They just put the pieces on the table without looking at the model.

This extract is an example of two boys who started to show difficulties in concentrating, restlessness, laughing and moving around. They finished the task, however, a competition situation arose between them which resulted in disorganization. It is difficult to find reasons for behaviour like this, but one reason could be the social dynamics of the dyad, for example the quality of the friendship or things what happened before the game playing.

The observations revealed various ways children can teach and learn from each other. Traditionally learning has been linked to the notion that knowledge is best mediated from a competent adult to an incompetent and passive child (Williams 2001; James et al 1998). In this article was examined if children can learn from other children. All children could assist their partners through a variety of tutoring strategies. Expert children provided a variety of forms of assistance, including especially facilitating and encouraging modes. They also corrected mistakes and tried to maintain their tutee's attention. There are some requirements for the good peer-learning situations, however. First, children have to be active. There is evidence that when language is shaped into suitable cultural tools for the intellectual task, discursive interaction promotes development of individual reasoning and learning (Rojas-Drummond & Mercer, 2003). It seems that children usually don't try to "scaffold" each other's learning, but they achieve this simply by using effective communicative strategies for solving problems together (Fernandez, Wegerif, Mercer & Rojas-Drummond, 2001). Secondly, the meaning of adult is significant for foster learning. Lastly, the role a child has in the tutoring process is important. It affects his/her activity in peer-learning situations, because as tutor the child is usually more active than as tutee. There is evidence from earlier research that at best, tutoring gives the child positive self-esteem and a feeling of being appreciated. Good learning experiences and meaningful learning experiences involve a sense of belonging and sharing (Soini 1999).
As Chinn (2000) noted, it appears important to consider not only the content of an individual child's comments but also the overall discourse structure of the interaction. Williams (2001) examined children's everyday activities and stated that in these situations children have opportunities to learn much of life around them - about rules, ways of acting, routines and discursive practices. As she stated: "Knowledge and skills which are often tacit but which children learn from each other through social practices." Preschool can be a starting point for lasting relationships and togetherness. Young children can already have a rich repertory to express their relationship, friendship and togetherness (De Haan & Singer, 2001).

9. Discussion

There are two basic ways to try to epistemologically understand complex psychological phenomena: the first one is to observe from an outsider's viewpoint and the second one is trying to understand from an insider's perspective the nature of phenomenon. As a consequence, this position creates "paradigm wars" or methodological "camps," who regard the different epistemological positions that they see as the foundations of qualitative and quantitative research methods as fully incompatible. However, any methodological considerations within the context of any science should examine the nature of the phenomenon under investigation first and only then address the question as to which method may adequately describe, explain, or understand this phenomenon. According to Erzberger and Kelle (2003, p. 458) the methodological and epistemological arguments should be linked to theoretical considerations concerning the psychological domain in question. The researchers bring their own assumptions to their studies. At an informal level, the theoretical perspective reflects a researchers' personal stances toward the topics they have studied, a stance based on personal history, experience or culture. At a more formal level, psychological and social science researchers bring to their inquiries a formal lens by which they view the topics, including a gendered perspective, cultural perspectives or lifestyle orientations. Only recently have these theoretical perspectives been discussed in the literature on mixed methods research design (Creswell et al., 2003, p. 222).

In this article learning has been defined as a social phenomena, which should be researched in the socio-cultural context. As stated, theoretical frameworks through which the researcher views the world should guide the research, questions and methodology. If the theoretical focus on learning is based on the ontological assumption of contextual and sociocultural nature of the learning, also the methodology used should be based consistently with this presumption. One methodological solution would be to focus on research on group-level processes and on the quality of group or dyad discourses during the learning processes. Previous research has studied how children engage in conversations and which kind
of talk they used in interaction. It has also showed that the meaning of communication is crucial to promoting peer learning. In this research the quality of peer learning was investigated by two methodological solutions: first the process of learning was divided into three stages and the discourses during those stages were analyzed using qualitative analysis and classifications. Secondly, the emerging learning and tutoring patterns were revealed by carefully analyzing the content of the tutoring process. Five tutoring patterns were found.

The results of this research show that young children can learn from each other. Peer tutoring can be an effective way for learning new skills and children use various ways of tutoring each other. There are various reasons for this. Children used very positive and encouraging patterns in helping and advising another child without emphasizing mistakes or wrong answers. They also used both verbal and nonverbal guiding, which in addition, was underlined by modeling.

It was also revealed that children knew when and how to advise. As tutors children usually at first followed their partner’s activity and gradually became more sensitive to how much they should interfere, knowing if the partner need questions, support or concrete advice. The research showed that already young children can act as tutor and scaffold partners. The emerging intersubjectivity requires sharing and common grounds for activity. Young children need however, the world of playing and this is the best way to learn new skills, to understand and grasp phenomena surrounding them. Finally, these studies have highlighted the crucial importance of communication in peer learning. Children evaluated, supported and encouraged partners. Through communication children co-construct common sharing and intersubjectivity.

Educational psychology should also provide useful answers to educators who face daily the pragmatic concern of the classrooms (van Meter & Stevens, 2000). There is much research showing that pupils who collaborate and practice e.g. reasoning tasks with peers, become more proficient at the task than those who practice alone. It has been hypothesized that collaborative processes cause individual cognitive change by inducing cognitive conflict in learners. The results also demonstrate the importance of the structure of peer discourse as a mediator of what pupils learn from peer interaction (Chinn, 2000). Research can help teachers to organize classrooms in a way which promote pupils’ learning.

The next step in research of peer collaboration could be focusing on the quality of dyads. One promising field may be children who have learning difficulties or external behavioural problems. Preliminary results show that children can benefit from acting as tutors if they themselves have learning difficulties. They can be sensitized to learning through working as active partners instead of by being subject of instruction. Learning requires self-confidence. Children, who have difficulties in school often report that failures begin to chip away at their self-confidence. Self-confidence can develop alongside children's tutoring skills.
References


Chapter 01-2

The Flexibility of Learning Groups and their Importance for Intercultural Education

Antonio Medina, María Concepción Domínguez, and Samuel Gento
(Universidad Nacional de Educación a Distancia, Spain)

Content

1. Introduction
2. Teaching and teachers' reflection
3. Students' discussion groups
4. Research questions and methodological approach
5. Results
6. Conclusions and reflections
7. Discussion and proposals for improvement

1. Introduction

The overall goal of this study was to establish an innovative culture in primary schools. During the first year the process of innovation has focused on the work of creative teachers, particularly those teachers who were inclined to implement flexible discussion groups in their classrooms.

In the meetings, we elaborated together with our colleagues in the schools the theoretical and institutional basis necessary to create open and flexible classroom situations. In order to meet both the students' needs and the curriculum's demands we developed didactic units considering intercultural means and goals of teaching and learning.

The processes of interaction and reflection in these meetings promoted the professional development of the participating teachers. Using reflection and cognitive analysis, the teachers have created a didactic approach that assures quality of teaching and learning in primary school. This approach encompasses the following phases:
A. Medina, M. C. Domínguez, and S. Gento

- Diagnosis of students' personal and academic prerequisites and their family situation.
- Application of a program, which is based on personal and cognitive enrichment, using respect and flexibility, aiming at promoting the students' development.
- Design of didactic means that are coherent with objectives of intercultural education:
  * Analysis of existing materials and their level of application in each culture present in the classroom.
  * Evaluation of teaching practices and their adequacy to each of the students' needs and individuality.
  * Study and design of didactic means that are coherent with the characteristics and richness of each culture present in the classroom.

In fact, this process is based on an innovative interaction between teachers and students. Additionally, parents and children, that is the group of families of various cultural backgrounds exchange collaboratively their experiences with learning situations.

2. Teaching and teachers' reflections

Life in our rural and multicultural classrooms was enhanced due to the analytic and reflective activities of teachers. We could verify the improvements by an 'ad hoc' survey, in which the involvement of teachers and the activities of students were the most important dimensions. In their discussion groups at the primary school centre (CEIP) and at the Universidad Nacional de Educación a Distancia (UNED) the teachers have improved their communication skills, their analysis of actual intercultural teaching situations, and their approaches to innovative community education.

Teachers themselves describe the following aspects as most important for their professional development and the implementation of flexible teaching/learning environments:

- Initial diagnosis and the study of educational reality as a whole.
- Analysis of learning issues and processes of students' development.
- Study of the meaning of the flexible discussion groups for students.
- Application of appropriate approaches for professional development in an intercultural environment.
- Improvement of communication and collaboration among colleagues.
- Self- and co-analysis of the actual level of each teacher's involvement in their classrooms.
By reflecting their experiences in discussion groups, the teachers were able to differentiate their weak and strong points, and to generate ideas for further professional development. The fact that a teacher had constructed and implemented a didactical model matching the demands of her/his students’ intercultural education served as a criterion of professional improvement in this study. In addition, the meetings have created innovative secondary effects such as:

- Identifying and evaluating the teaching duties and methods used in the practice.
- Creating a reflective group atmosphere for the evaluation of teaching.
- Evaluating the educational process by including each teacher’s opinion on their students’ problems.
- Discovering teachers’ motives and their implications for our program of intercultural education.

This points match nicely our theoretical considerations, according to which the school culture should be collaborative, constructive, critical, and innovative. In addition, school administrators, participating teachers, and the researchers from the UNED were quite satisfied that there has been a transformation of teaching models. Actually, living in an intercultural society like our present one demands innovation of everyday teaching practices.

Another interesting side effect was the contribution of this project to change the interaction between school and university. In fact, university and school cultures must meet what is demanded of students in the 21st century, that is they must be open for innovation and imagination. For their mutual improvement university and school have to collaborate.

Indeed, our discussion groups have enriched this collaborative atmosphere among teachers, administrators, and investigators/experts. Also, the resulting didactic units are intercultural, collaborative and interactive, altogether focused on a 21st century society.

The flexibility of our teacher groups became obvious in their didactic-organizational model for teaching that led to relevant decisions about

- application of team work (teams of 4-5 students) and flexibility in education.
- integration of students into their social group.
- adaptation of learning-teaching approaches to individual students.
- adjustment of methods, means, and didactic tasks to each student group.
- evaluation of each students’ contribution to group results.

Particularly organizational flexibility is educationally most meaningful in the teaching-learning process. Therefore, our didactic model requires that teachers agree to pay attention to every students’ individual characteristics in a coherent way. Summarizing, the participating teachers had to adopt didactical attitudes favoring
- flexibility as essential for educational processes.
- permanent openness to new realities as the basis for education.
- flexibility in teachers' processes of decision-making.
- flexible processes of timing in teaching from the very beginning.

In fact, each teacher designed a particular task for each of their students taking into account their learning individuality. As proposal for the second academic year of this project, the teachers have to consider the following tasks:

- Consolidation of teaching characterized by an intercultural didactic unity.
- Balance between students' needs and participating teachers' opinions about didactic means.
- Adoption of a collaborative culture as the basis for an innovative investigative teaching and learning environment.

3. Students' discussion groups

The education of students is based on several aspects such as:

- Coherence between students' educational treatment and characteristics of their particular culture.
- Diversity as a basis for organizing flexible learning groups.
- Support for students' adaptation by schools.
- A specific moral context that pays special attention to every individual student.
- A model of teaching and learning in classrooms that depends on students' characteristics, because every student is an individual, intellectual, emotional and multi-cultural person.
- Adaptation of the whole educational system to the reality of flexible learning groups of students.

In our project we tried to secure the flexibility of learning groups by the following means:

- Students from the third course of primary education were organized in three groups of 12-15 students each.
- Students were attributed to these groups according to their prerequisites for learning in small groups, that is
  * low: higher effort and educational attention necessary
  * regular: normal development and progress
  * high: advanced development, higher capacity and intellectual curiosity
- Attribution of each student to his/her correct group or level.
- Implementation of heterogeneously composed groups, which shall become more homogeneous in a process of continuous development.

Generally, the didactic approach is based on discussion groups (of four or five students each) that use their existing knowledge to realize individual and creative ways of teaching and learning.

Our criteria of flexibility in discussion groups were analyzed from a holistic point of view. Thus, the criteria include a variety of aspects:

- Intellectual development.
- Capacity for solving complex problems.
- Academic interest.
- Marks for effort and capacity.
- Attention to educational and multi-cultural necessities.
- Results of our program of intellectual improvement.

As regards flexibility applied to the classroom organization, in the classrooms of the participating teachers there is a social atmosphere, in which the students' flexibility develops easily. The classrooms can be described by features as:

- Classroom as a human ecosystem.
- Scenery for social learning.
- Flexibility of students' attribution to groups improves the environment.
- Adjustment of classrooms to the necessities of students of different cultures.
- Classroom as a unique educational unit that needs continuous flexibility.

Because of these aspects, the classroom has an atmosphere of collaboration, respect and trust among members of different cultures. Actually, our teachers design new creative tasks for their students in order to create a flexible and open learning space. The new openness and flexibility of students challenges demands and reinforces flexible ways of teaching and learning as for instance:

- Individual tutorials for every student's learning problems.
- Expectations, interests, and cultural background influence how the groups of students become composed.
- Permanent change of group members and their adaptation.
- Openness of interests and educational aims demand an appropriate answer that matches varying group compositions.
4. Research questions and methodological approach

During this academic year, we have reached some of our goals. At least once every month there have been investigative lectures in the CEIP Instituto Fernando Martín. Actually, these lectures are used for a search in diversity. Therefore, there have been several types of discussion groups (normal, reinforcement, and enrichment groups) in primary schools. Because of these groups, students improve their self-confidence and autonomy, while teachers' experiences change social and cultural aspects. Summarizing, our flexible discussion groups improve the processes of teaching/learning.

Main questions and goals of our investigation

First of all we want to find out flexible ways to organize learning groups in primary school so that the students' diversity, i.e., every students' individuality can be taken into account in the development of educational treatments. Secondly we want to explore possibilities how to compose learning groups flexibly and with regard to intercultural differences so that every student's academic achievement and socialization are improved.

The main goals of this project are (1) to discover the potentials of flexible grouping of students, (2) to analyze the educational consequences of organizing flexible student groups, and (3) to evaluate the implementation of flexible grouping. In more detail, within the domain of goal (1) we expect

- to develop the intellectual capacity of students.
- to improve the social relations between students of different cultures.
- to comprehend students' necessities at school and in their lives.
- to pay attention to students' special characteristics in cultural contexts.

Among possible impacts of flexible grouping (goal domain 2), we concentrate on the analysis of

- improvement of social relations between students.
- attention to every students' feelings and emotions.
- improvement of the collaborative work of students.

Finally, as regards the evaluation of this approach (goal area 3), we will look for the following dimensions:

- Methods of organization in primary school.
- Teachers' involvement in learning processes.
- Collaboration of families in educational tasks.
- Life in classroom and its development.

**Methodological approaches**

- **Case studies (three cases):**
  - First case: low level of prerequisites
  - Second case: regular level
  - Third case: high level

- **Survey:**
  - Diagnosis questionnaire (adaptation of research), to be filled in by teachers, students, their families and school communities. This instrument includes dimensions related to the family, students, teachers and their didactic performance, and the design of interculturally meaningful didactic materials.

- **Qualitative methods:**
  - Personal interviews (teachers, students and families), and teachers' own stories or narrations.
  - Biographies of students
  - Observation of classrooms
  - Teachers' discussion groups and (monthly) workshops.

As can be seen in this overview, our methodology is based on quantitative and qualitative perspectives. In addition to the instruments mentioned above, there are some tests that are oriented towards cognitive and didactic development. During the first phase of the academic year the survey is administered "ad hoc," i.e., it is oriented towards the aspect of intercultural education.

The methods and their application were evaluated continuously, taking into consideration the use of surveys, the adequacy of contents, clarity, understandability, and several other criteria.

Using the survey, we found some teaching difficulties and our discussion groups tried to find solutions for this problem. Actually, this process established means and strategies for the improvement. Based on the implementation of group organization and didactical materials for intercultural education, we analyzed the quality of the education processes in classrooms:
- Improvement of intellectual skills due to the teaching/learning process.
- Students' efforts in their groups: progress of flexibility and students' development.
- Description of classroom cultures: progress of integration, program dominance, adaptation of the staff to the center and to the learning team.

Besides, there is a continuous intercultural development in our educational institutions. A selection of didactic texts and other materials helped to make easier the process of teaching-learning and the students' adaptation to it.

During the first phase of our project, the methodology has several aspects that will be consolidated during the second phase. These aspects are:

- Design and use of intercultural didactic units for flexible discussion groups.
- Elaboration of an observation instrument based on analytic units that are focused on:
  * Evaluation of the groups' flexibility.
  * Students' cognitive processes.
  * Quality of didactic materials.
  * Intercultural education of students.
  * Improvement and integration of teachers' knowledge about plural communities.
- Students' families involvement created a positive climate for educational development.

In our investigation, the methodological approach is both qualitative and quantitative. Actually, the survey and its analysis is complemented by teachers' narrations. Besides, during field work practices and reflections of teachers were collected. Also our discussion groups have developed a dialogue with the families in the educational centres, that is, there is now a dialogue between teachers, students, experts, and families of the students.

In addition, we applied an on-line methodology for developing the project during the first phase. Our didactic means consisted of the reality of an intercultural center, discussion groups, and technological didactic units. Using a didactic protocol, Webquest or MiniQuest complements the creation of collaborative strategies. Our intention is using the net for our educational purposes. Besides, there is an assignment of tasks for each discussion group that uses these technological means in order to solve problems. Methodologically, the use of computer reinforces autonomous learning and collaboration.
5. Results

5.1 Analysis of the results of our survey

The student surveys are used for the division of their discussion groups, the design of didactic strategies, and the use of the most pertinent materials.

5.1.1 Analysis of content

At the beginning of our project in Mora (Toledo), the public Primary Fernando Martin School has defined the survey, taking into consideration the global teaching knowledge in the country area. Additional information about the following aspects influenced the decisions:

- Rural area (10,000 inhabitants) in Toledo, Castilla-La Mancha.
- Public Primary School that has two lines of teaching in each level.
- Establishment of flexible groups in second and fourth grade.
- Identification of flexible groups as:
  - Reinforcement (less academic effort).
  - Normal.
  - Enrichment (more academic effort).
- Number of teachers involved: 10.
- Support by the center's manager, director of studies, and experts.
- Coaching and tutorials: UNED teachers team, didactic department, school administration, and specialists in didactics.

5.1.2 Use of quantitative and qualitative perspectives

Our diagnosis has two perspectives (quantitative and qualitative) that are complemented by a survey, an interview and our discussion groups. Using these perspectives, we obtain:

- A complete vision of the reality in our intercultural schools.
- Ethnographic studies and a deep analysis of content in each culture.
- Intercultural educational practice claims for an integrated and heuristic investigation, particularly in rural areas.
- Our investigation about discussion groups is complemented by a specific approach to improve teachers' professional development.

5.1.3 Survey about intercultural education

In this survey, there is collected information about

- Students.
- Families.
- Teachers.
- Intercultural didactic material.

The following basic criteria have been applied to our teaching model. These aspects are:
- Students’ intellectual maturation and development.
- Capacity for solving complex problems.
- Interest in studying and learning.
- Evaluation of students’ effort and its relation with their intellectual development.
- Needs for educational implementation and attention to a multi-cultural environment.

5.1.4 Quantitative analysis of our survey

For the following diagnosis, we applied several qualitative and quantitative techniques of analysis.

Analysis of validity

For this quantitative study, we had given written questions to the teachers. Analyses of the questions’ content validity and construct validity have been applied in this study. Actually, there has been a main team, including the principal, the secretary and the director of studies, sometimes also the counselor of the school that have collaborated with external judges and UNED teachers.

The validity was judged after serious scrutinizing and comparing the questions of this survey, which led to various editions of the contents and formulations. Apart from this previous validation, the survey includes some questions about the following aspects:
- Utility.
- Content adequacy to proposals.
- Clarity.
- Understandability.
- Other criteria (to mention).

Empirical results about families

The data give us the following information:
- Adequate communication among families, particularly between immigrant families and host families.
- In general, all families have a stable work situation, included immigrant families.
- Families communicate regularly with teachers, but immigrant families pay less attention to this intercommunication.
- Families’ involvement in school activities, although immigrant families participate less.
- Generally, families participate in educational activities that are organized by teachers.

**Empirical results about students**

- 70% of students describe their basic needs as fulfilled.
- Students go to school regularly.
- Immigrant students usually are accepted by their classmates.
- There is an atmosphere of formal acceptance among all students.
- Generally, students are well satisfied with attending school.

**Empirical results about teachers**

Teachers’ opinions about their students brought some aspects such as:
- Students’ study habits are lower, they have to improve their time distribution, contribution of ideas, work organization…
- Majority students show reasonable interest in work in class while immigrant students pay less attention.
- Majority students participate actively in the classroom, while immigrants do it in a less degree.
- Students' attitude is receptive, so there is a development in their investigative initiatives.
- Students accept the their classmates including immigrant students.
- Students accept different cultures in the classroom.
- Students’ creativity and interest is low, so it must be improved.
- There are noticeable differences among immigrant students depending on their cultural background.
- Social relations and body language should be improved by our students.

**Empirical results about teachers’ and students’ collaboration**

The teachers’ answers about their work with students’ homework and work in the classroom are the following:
- Flexible groups help to obtain the planned aims.
- Flexible groups have improved their own learning.
- Generally, teachers value highly their colleagues’ work and their students’ effort.
- Students’ work in teams is highly appreciated.
- Teachers’ innovative intercultural practice is also highly appreciated.
Empirical results about teachers who have used our intercultural didactic material

- Conventional didactic material does not pay attention to specific cultural differences.
- Flexible groups make easy intercultural processes.
- The didactic materials' characteristics are:
  * Adaptability.
  * Sharing of ideas and values among different cultures.
- These are some of the materials used by flexible groups such as:
  * Word games.
  * Stories about different cultures.
  * Students' previous experiences.
- Students' characteristics are:
  * Companionship.
  * Respect of rules.

5.1.5 Qualitative Analysis

Apart from using our survey, we have taken the interview as a qualitative approach. We applied semi-structured interviews in the following areas:
- Director of the center.
- Orientation expert of the center.
- Director of studies.

There have also been discussion groups of:
- Parents.
- Students.
- Teachers.

Reasons for the use of flexible groups

- Teachers prefer collaborative learning.
- Immigrant students are together with students of the same age.
- Educational treatment is more personalized.
- The classroom atmosphere improves with this flexibility.

Advantages of using flexibility in our groups

- Improvement of intellectual capacity using cognitive processes among all kinds of students.
- Improvement of dialectic ability.
- Improvement of the critical analysis in the cultural perspective.
- Improvement of some aspects in students' intercultural relations such as:
* Good relations.
* There is no evidence of exclusion of particular cultural groups.
* Development of collaborative learning.
* Development of mutual help among students.

However, there is no fast improvement in the following areas:
- Classroom atmosphere.
- Empathy among students.
- Teachers’ work on the emotional dimension.
- Teachers’ work on work in teams.
- Immigrant students prefer flexible groups.
- Lifestyle.
- Students’ mobility.
- Students are evaluated by teachers who work in teams.
- Students’ cohesion.
- Students’ satisfaction.
- Reduction of conflicts.
- Reduction of competition.
- Students’ linguistic and mathematical skills.
- New classroom organization.

**Students’ satisfaction with our flexible groups**
- Classroom and school have a good atmosphere.
- Classroom activities.
- Didactic materials.
- Relations to teachers.
- Relations between students.
- Improvement of their own realistic image.

**Teachers’ satisfaction with our flexible groups**
- Rising satisfaction - as compared to an initial resistance.
- Collaboration with other colleagues about some educational didactic aspects.
- Their work in teams is more intense and professional.

**Involvement of families**
- Some families do not collaborate at all.
- Generally, there is an improvement of family collaboration.
- Families do not participate in the classroom activities.
- Families participate in outdoor activities such as food or carnival disguises…
- Families are satisfied with school, particularly, the immigrant families whose children are members of supported groups.

**Problems of flexible groups**

- More teacher dedication.
- Organization of the center is more complex.
- The flexibility requires more teachers and space.
- There are no conventional didactic materials.
- Teachers, students, and parents are more involved in the institutional project of the school and the flexible grouping of the students.
- Frequently, teachers' resistance towards students' mobility.

**Issues to improve**

- More classrooms.
- More didactic materials that are adapted interculturally.
- Reduction of ratio between teacher and students.
- Economical rising in the budget.
- Improvement of the collaborative learning.
- More professional teachers' readiness as to stay in the same center for at least three years.
- Recognition and support by the educational administration.

6. Conclusions and reflections

The students' intellectual development improves during our program using groups of discussion and reasoning. These discussion groups relate different cultures looking for common perceptions, contents and ways of learning. Using flexibility, students improve their capacities, widen their limits, reduce their problems and needs. Supporting each other, students have generated more assertiveness, respect and collaboration.

The teachers' tutorials are more intense and correspond better with students' expectations. The teachers' methodological system is based on collaborative and independent learning, which leads to an integrated model. In rural areas, teachers use innovation and imagination in order to collaborate between students and teachers.

Families have collaborated more in the creation of an intercultural community. In every discussion group, students have felt teachers' support, so there has been a positive atmosphere.
Working with small discussion groups (four or five people), teachers have found several evidences such as:
- Improvement of students’ cognitive-affective skills.
- Improvement of logical mathematical abilities.
- Application of adequate means for students’ intellectual development.
- Students’ involvement in the process of learning-teaching.
- Informing all students about their progress.
- Widening students’ and teachers’ learning independence and initiative.
- Intensive attention to intercultural and intellectual diversity.
- Promotion of interaction and collaboration among students, teachers and multi-cultural communities.

7. Discussion and proposals for improvement

Our results come from surveys, monthly lectures, deep interviews and ‘ad hoc’ groups of discussion. In fact, these results could be contaminated by a strong empathy and identification with the flexibility principle well-known in rural schools.

There are three aspects that we have to take into consideration:

- The intercultural context in rural multi-cultural areas in Castilla-La Mancha.
- The didactic model uses reflection and educational practice.
- The organization of the classroom procedures, individual learning, and learning in collaborative teams.

Our educational model is widened thanks to a holistic and inter-relational discussion between different cultures.

In addition, our investigation is based on an analysis of data and methods for being coherent with our educational aims and problems. In the future, our program will be consolidated in a concrete didactic unity and by the adaptation of principles of intercultural flexibility. Also, we will focus on each discussion group individually for improving their integral formation.

Finally, our investigation will continue in a flexible intercultural context using a more encompassing interaction between university and primary school.

8. References


9.- Web References


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PART II
Exploring the Quality of Life

Chapter 02-1

Experiences of People with Acquired Long-term
Physical Disability: Life Stories of Persons with
Spinal Cord Injuries in Japan

Masakuni Tagaki (Osaka Prefecture University)

Content

1. Introduction
2. Research question
3. Methods
4. Results
5. Discussion
6. Conclusions

This study investigates the long-term signification of acquired physical disability by an examination of the difference between the implications of long-term and short-term disability, through a qualitative analysis of life stories recounted by persons with spinal cord injuries.

This study does not consider the above subject from a therapeutic or clinical perspective. Most precedent psychological studies on acquired severe mobility impairment have been conducted with clinical aims such as recovery from psychological problems resulting from an experience of loss during hospitalization. Studies on acceptance of disability or stage theories on adjustment to disability during rehabilitation and works on clinical intervention are typical examples (Wright, 1983). However, therapeutic work cannot resolve the everyday lives of disabled people, although therapeutic intervention assists patients in an acute stage, immediately after injury. Findings in a therapeutic context are merely the clinical professional's resource for intervention policy. Understanding them only from the


perspective of therapy or clinical intervention may produce a paternalistic image — one against disabled people — that they always need professional support or that
they cannot live without such support. Therefore, the experience of living with a disability should be analyzed to comprehend the social recognition associated with this experience.

Additionally, this study considers life-span development from a long-term perspective. Life-span development does not imply a wider range of subjects or age, or a combination of various periods in a life; it denotes a standpoint wherein people are regarded as generative, with their existence evoking experiences of both acquisition and loss (Yamada, 1995). The application of this viewpoint to the issue of acquired disability indicates the possibility of the negativity experienced immediately after injury changing into positivity. Life-span development does not always signify the process of acquisition of a desired ability. Therefore, the negative connotation should be equally explored because acquired disability always translates into difficulties in performing activities of daily living (ADL), deprivation of opportunities for education and employment, and stigmatization such as being called powerless.

The present study qualitatively analyzes the life stories of people with disability. The personal viewpoints of the disabled persons in this study on issues such as how their lives have been restructured are important to grasp the experience of loss. In this regard, the study of life stories — narratives of life histories that focus on the narrators’ interpretations of their lives (Mann, 1992) — is extremely effective. This is despite the fact that a life history only assumes a historical perspective of facts about the narrator (Mann, 1992). The disabled structure their life stories in a manner that carries significance to their own lives, even though they may not always be consistent with the knowledge of medical professionals (Kleinmann, 1988).

A qualitative study of life stories or life histories of the disabled focuses on important events or relationships with their significant others by restructuring data from their interviews (Levinson, 1978; Plath, 1980). Levinson (1978) concentrated on an analysis of the change in life patterns such as occupation or family life in the life histories of middle-aged men. Life patterns constitute a concept of daily activity that is similar to that included in the social welfare service system in Japan. Nevertheless, in the study of life stories, the process of change in subjects pertaining to not only events or life patterns but also their implications is worthy of serious consideration.

Previous studies on life stories of the disabled can be divided into four categories (Tagaki, 2003): individual centered and therapeutic, sociocultural and non-therapeutic, individual centered and non-therapeutic, and sociocultural and therapeutic (see figure 1). Here, the vertical axis represents the research focus from an individual to a wider social or cultural area. The horizontal axis denotes the shift in perspective from therapy or clinical intervention to a non-therapeutic one. Some implications for clinical intervention are that non-therapeutic work sometimes makes are sub product, not main object. However, figure 1 represents the ideal
typology for which each category cannot be separated clearly. The color of the four concentric circles in figure 1 gradually fades away as they overlap near their edges.

![Figure 1: Ideal typology of studies on life stories with disability](image)

The author’s previous work (Tagaki, 2004) on narrative analysis of men who have been living with serious spinal cord injuries for more than ten years, indicated that many subjects repeatedly resolved the problems arising from disability. The aspects that they considered positive in their lives then were as follows: (1) better jobs or a deeper understanding of persons with disabilities than before, (2) happier lives at home than those they had led after the injuries, or (3) better economical stability than that of other people. They interpreted any issue borne out of the disabilities they had to live through, as non-threatening. Overall, their life stories suggested that their present was an improvement upon their past. In particular, the subjects who mentioned the first of the three above aspects were likely to construct a causal relation between the injuries and their positive lives. These findings suggest the effectiveness of the viewpoint of life-span development for any study on the lives of people with acquired disability.

2. Research Question

This study focuses on the difference between the meaning of long-term and short-term disability. It reveals the longitudinal process of change in the meaning of disability in each life pattern, and then investigates the meaning of the positive aspects of life and the disadvantages of disability. The author clarifies certain
positive aspects as well as disadvantages of disability because precedent studies have considered only one positive meaning and disadvantage each, thereby oversimplifying the various aspects of reality recounted by the subjects. In addition, the significance of elements that have remained unchanged despite disability should be examined to better understand the actual situations of the subjects; this is because people seek for consistency through unexpected sudden loss experience when they recount their life stories.

3. Method

Subjects

The sample of long-term subjects is composed of ten men who had been living with spinal cord injuries for more than 15 years. Among them, there were two paraplegics and eight quadriplegics. The sample of short-term subjects consisted of 14 men — three paraplegics and eleven quadriplegics — who had been living with spinal cord injuries for up to seven years. The causes of disability were traffic accidents, sports accidents, or falls from heights. The Japanese identification cards indicated a 1st grade severity of disability for every subject. The profiles of all the subjects are indicated in Tables 1 and 2.
<table>
<thead>
<tr>
<th>Name</th>
<th>Current Age</th>
<th>Severity</th>
<th>Injury Cause</th>
<th>Injury Age</th>
<th>Injury Duration</th>
<th>Employment</th>
<th>Marital Status</th>
<th>Family</th>
<th>Mode of Transport</th>
<th>Social Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>45</td>
<td>Quadriplegia</td>
<td>Traffic Accident</td>
<td>29</td>
<td>16</td>
<td>Employed</td>
<td>Married</td>
<td>Wife, Children</td>
<td>Car</td>
<td>Required</td>
</tr>
<tr>
<td>L2</td>
<td>41</td>
<td>Quadriplegia</td>
<td>Traffic Accident</td>
<td>22</td>
<td>19</td>
<td>Unemployed</td>
<td>Unmarried</td>
<td>Mother</td>
<td>Car</td>
<td>Required</td>
</tr>
<tr>
<td>L3</td>
<td>41</td>
<td>Paraplegia</td>
<td>Traffic Accident</td>
<td>22</td>
<td>19</td>
<td>Employed</td>
<td>Married</td>
<td>Wife</td>
<td>Car</td>
<td>Not Required</td>
</tr>
<tr>
<td>L4</td>
<td>49</td>
<td>Paraplegia</td>
<td>Traffic Accident</td>
<td>20</td>
<td>21</td>
<td>Employed</td>
<td>Married</td>
<td>Wife, Daughter</td>
<td>Car</td>
<td>Not Required</td>
</tr>
<tr>
<td>L5</td>
<td>52</td>
<td>Quadriplegia</td>
<td>Sports Accident</td>
<td>29</td>
<td>23</td>
<td>Unemployed</td>
<td>Unnamed</td>
<td>Living Alone</td>
<td>Public Transportation</td>
<td>Required</td>
</tr>
<tr>
<td>L6</td>
<td>32</td>
<td>Quadriplegia</td>
<td>Sports Accident</td>
<td>16</td>
<td>16</td>
<td>Unemployed</td>
<td>Unnamed</td>
<td>Parents</td>
<td>Public Transportation</td>
<td>Required</td>
</tr>
<tr>
<td>L7</td>
<td>35</td>
<td>Quadriplegia</td>
<td>Traffic Accident</td>
<td>19</td>
<td>16</td>
<td>Employed</td>
<td>Married</td>
<td>Wife, Children</td>
<td>Car</td>
<td>Required</td>
</tr>
<tr>
<td>L8</td>
<td>41</td>
<td>Quadriplegia</td>
<td>Traffic Accident</td>
<td>22</td>
<td>19</td>
<td>Unemployed</td>
<td>Married</td>
<td>Wife, Parents</td>
<td>Car</td>
<td>Required</td>
</tr>
<tr>
<td>L9</td>
<td>35</td>
<td>Quadriplegia</td>
<td>Sports Accident</td>
<td>17</td>
<td>18</td>
<td>Unemployed</td>
<td>Unnamed</td>
<td>Parents, Sister, Niece</td>
<td>Public Transportation</td>
<td>Not Required</td>
</tr>
<tr>
<td>L10</td>
<td>35</td>
<td>Quadriplegia</td>
<td>Traffic Accident</td>
<td>16</td>
<td>17</td>
<td>Employed</td>
<td>Unmarried</td>
<td>Living Alone</td>
<td>Car</td>
<td>Required</td>
</tr>
</tbody>
</table>

Note: Each subject belonged to the 1st legal grade of disability
<table>
<thead>
<tr>
<th>name</th>
<th>current age</th>
<th>severity</th>
<th>injury cause</th>
<th>injury age</th>
<th>injury duration</th>
<th>employment</th>
<th>martial status</th>
<th>family</th>
<th>mode of transport</th>
<th>social assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>24</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>17</td>
<td>7</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S2</td>
<td>29</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>22</td>
<td>7</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S3</td>
<td>31</td>
<td>paraplegia</td>
<td>fall</td>
<td>27</td>
<td>4</td>
<td>married</td>
<td>with</td>
<td>car</td>
<td>not required</td>
<td></td>
</tr>
<tr>
<td>S4</td>
<td>29</td>
<td>quadriplegia</td>
<td>fall</td>
<td>22</td>
<td>7</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S5</td>
<td>29</td>
<td>quadriplegia</td>
<td>traffic accident</td>
<td>24</td>
<td>5</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S6</td>
<td>29</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>23</td>
<td>6</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S7</td>
<td>27</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>22</td>
<td>5</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S8</td>
<td>24</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>19</td>
<td>5</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S9</td>
<td>20</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>17</td>
<td>3</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S10</td>
<td>26</td>
<td>paraplegia</td>
<td>traffic accident</td>
<td>22</td>
<td>3</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S11</td>
<td>31</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>25</td>
<td>6</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S12</td>
<td>24</td>
<td>quadriplegia</td>
<td>sports accident</td>
<td>23</td>
<td>1</td>
<td>unemployed</td>
<td>unmarried</td>
<td>institutionalized</td>
<td>public transport</td>
<td>required</td>
</tr>
<tr>
<td>S13</td>
<td>24</td>
<td>paraplegia</td>
<td>traffic accident</td>
<td>22</td>
<td>2</td>
<td>unemployed</td>
<td>unmarried</td>
<td>parent</td>
<td>car</td>
<td>not required</td>
</tr>
<tr>
<td>S14</td>
<td>26</td>
<td>quadriplegia</td>
<td>traffic accident</td>
<td>21</td>
<td>4</td>
<td>student</td>
<td>unmarried</td>
<td>parent, brother</td>
<td>public transport</td>
<td>not required</td>
</tr>
</tbody>
</table>

Note: Each subject belonged to the 1st legal severity grade of disability.
Data collection

The author conducted two semi-structured interviews with each subject. Each interview lasted for approximately 90 minutes. The interviewees were asked to describe the passage of their post-injury lives through the periods of injury, hospitalization, post-discharge, and current life. Additionally, they were asked to extrapolate a trajectory of life without disability. Their stories did not progress in a chronological order, as the sequence was broken by voluntary talks, which were important.

The interviewees were explained that they did not need to speak on any inconvenient topic and that the interviews would be published as academic papers only after careful consideration of the privacy of the contents.

Data analysis

The KJ method (Kawakita, 1967), a qualitative analysis method, was employed to the narratives collected from the interviews in the following manner:

1. On average 200 episodes were extracted from each transcription. For example, these episodes revolved around rehabilitation efforts to ensure, overcome, or maintain independent living, job difficulties, relationships with disabled friends, interest in issues for the disabled, care hardships, and disadvantages of mobility with wheelchairs.
2. The recounted episodes were classified by the KJ method.
3. The chronological table of post-injury life was constructed by arranging the episodes under different categories of post-injury life.
4. With regard to the effect of injury on life after discharge, the process of change in the pattern of life was revealed from the events in the chronological table. A pattern of life comprises one or two major elements (Levinson, 1978), for instance, job, rehabilitation vocational training, recuperation at home, or activity in disabled groups. Moreover, the "subjective" significance of the pattern of life was considered as a "theme."
5. The positive aspects of their current lives and the subjective meaning of disadvantage due to disability were examined.

4. Results

The results pertained to the passage of life from when the subjects suffered injuries until the present time. The author considers brief findings on these two aspects and interviews two subjects, L1 and S2, as case studies. These two cases were
selected based on positive meaning in current life, the life story was constructed past from current situation, not simple fact that had occurred in the past (Berger & Luckman, 1966). L1 and S2 explained the positive meaning of their lives with the most clarity in each group; these positive connotations were arrived at after being viewed in comparison with their extrapolated injury-free lives. My previous study (Tagaki, 2004) indicated that positive meaning associated with extrapolated injury-free life increases the importance of the causal relationship between positive meaning and injury, and is considerably more important from the perspective of life-span development. Re-hospitalization after discharge from initial hospitalization was included in the "discharge" category on the time axis.

Passage of life after injury

The themes were categorized into three types — theme for each life pattern, continuing theme after recovery, and continuing theme after injury. The themes for each life pattern comprised the description of the life pattern (L1’s injury from traffic accident), evaluation of interpersonal relationships (L1’s appreciation of friendship with inpatients with the same disability), and explanation of emotional disturbance (L4: all the valuable things vanished). In some cases, a life pattern comprised more than two themes.

Examples of continuing themes after recovery were the occurrence of serial problems and solution (L4), living in an age where the society is favorable (L4), or connection between post-injury events (L6).

For S2, the continuing theme after recovery was the awareness of support of close people. This is what S2 reportedly realized after recovering from the confusion borne out of incurability.

The themes for the entire life were certain values or personality traits that remained through injury. Table 3.1 demonstrates the passage of life after injury for L1, table 3.2 for S2.

Pre-injury life

Most subjects in both groups recounted that they had not encountered any particular problem in their pre-injury life. L1 remembered an "extremely favorable life," while S6 narrated that he had enjoyed a "satisfactory job situation at a well-known company."
<table>
<thead>
<tr>
<th>time axis</th>
<th>pre-injury</th>
<th>injury</th>
<th>during hospitalization</th>
<th>after discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>life pattern (age)</td>
<td>job (before 25)</td>
<td>job (29)</td>
<td>symptom stability or medical rehabilitation (29-30)</td>
<td>job and family life (30-45)</td>
</tr>
<tr>
<td>themes for each life pattern</td>
<td>smooth life</td>
<td>traffic accident</td>
<td>walk again</td>
<td>expectation of life in wheelchair</td>
</tr>
<tr>
<td>themes for the entire life</td>
<td>responsibility toward family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>time axis</td>
<td>pre-injury</td>
<td>injury</td>
<td>during hospitalization</td>
<td>after discharge</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>--------</td>
<td>-----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>life pattern</td>
<td>school (before 22)</td>
<td>school (22)</td>
<td>symptom stability or medical rehabilitation (22-23)</td>
<td>symptom stability or medical rehabilitation (22-23)</td>
</tr>
<tr>
<td>theme for each life pattern</td>
<td>no significant activity</td>
<td>could not understand the severity of the injury</td>
<td>expectation of recovery and life in wheelchair</td>
<td>encouraged by friends</td>
</tr>
<tr>
<td>continuing theme after recovery</td>
<td></td>
<td></td>
<td></td>
<td>sense of alienation</td>
</tr>
<tr>
<td>theme for the entire life</td>
<td></td>
<td></td>
<td></td>
<td>awareness of support by close people</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>not to be lesser than anyone</td>
</tr>
</tbody>
</table>
During hospitalization

The life pattern revolved around symptom stability and medical rehabilitation. The themes in this regard were expectation of full recovery from injury and effort for rehabilitation due to discovery of incurability judging from the medical doctors' explanations.

Most subjects in each group stated that they were deeply shocked to discover that their disability could not be cured, based on the explanations provided by doctors and the situations of other patients, even though they had continuously worked hard during rehabilitation in the hope of full recovery. However, they slightly recovered from the shock when others with similar disabilities informed them about the management method for ADL or about the recovery process. L1 and L4 perceived a responsibility to feed their respective families as breadwinners. Other subjects did not notice any hope of recovery after their injuries.

After discharge

For long-term subjects, the main determinants of life patterns were job, school, family life, vocational training, and hospitalization for the purpose of rehabilitation. The themes for determining life patterns were social life, encouragement from people with similar disability, occupational satisfaction, return to school, unreasonable dismissal, dissatisfaction with colleagues' lack of sympathy, or broadened viewpoint with regard to disability issues.

L1, L6, and L9 stated that they reconsidered and modified the positive evaluation about their lives after suffering from injuries. L1 appreciated his employer since he was allowed to return to his job even though he had a disability. However, he could not come to terms with his salary, which was lower as compared to that of his colleagues. L6 believed that he had become much more active in life during this period as compared to a certain period in the post-injury life; he ascribed this to diving, which had been impossible for persons with severe disability like him. However, he believed that he had not been very active earlier because he had begun diving as per his sister's recommendation and not due to his own will. He owed his diving success to his elder sister. L9 believed that rehabilitation at a welfare institution was a good experience. However, he considered the experience as constituting only "one step" or one of the passage points to his current workplace that offered a better experience.

Meanwhile, for short-term subjects, the life pattern comprised symptom stability, medical rehabilitation, and recuperation at home because most of them were institutionalized or had just been discharged from institutions. The themes for determining life patterns were ADL, encouragement from people with the same disability, or improved ADL.
Some subjects spoke about certain values or "personality traits" that had continued and remained unchanged despite disability, for example, "strong determination" to do something (L1) or "dislike to be behind anyone" (S2). In addition, S12 stated that he had not consulted others about his distress.

Current life

The analytical framework of current life consisted of positive aspects and the subjective meaning of disadvantage of disability.

The positive aspects of current life were arranged by standards of comparison that the subjects used while evaluating their lives. The result is shown in Tables 4, 5, 6, and 7.

For long-term subjects, the contents pertained to the following: understanding of disability issue, realization of others' position, realization of others' support, broadened interpersonal relationship, establishment of life goals, job satisfaction, stable family life, stable job, enriching leisure, sense of normalcy associated with disability, job satisfaction, quality of experience, and appreciation of others' kindness.

The standards of comparison employed were pre-injury life, assumed non-injury life, post-injury life, and current life.

For short-term subjects, the contents were related to the following: understanding of disability issue, recognition of importance of family, realization of others' positions, realization of others' support, appreciation of others' kindness, establishment of life goals, careful thinking, increase in talkativeness after injury, utilization of the privilege of being disabled, appreciation of happiness, ADL improvement, level of activity, sense of normalcy associated with disability, fulfilling life, use of disability as an execute, disability is not threatening for his life, and friendly time for the disabled.

The standard of comparison in this case were pre-injury life, assumed non-injury life, current others, more severely disabled people who are present, post-injury life, able-bodied person who are present, people who had been disabled earlier.
Table 4: Positive aspects of current life (long-term subjects)

<table>
<thead>
<tr>
<th>name</th>
<th>comparison standard</th>
<th>contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1</td>
<td>appropriate job</td>
<td>With my physical condition, I can work flexible hours by telecommuting.</td>
</tr>
<tr>
<td></td>
<td>condition for</td>
<td>Even if I cannot work on working weekdays, I can finish my duty on</td>
</tr>
<tr>
<td></td>
<td>physical strength</td>
<td>holidays. Particularly, it is very hard for me to work hard on days when</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have to urinate and evacuate.</td>
</tr>
<tr>
<td>L1</td>
<td>injury-free life</td>
<td>I work at a place I like, while watching my children's growth, although</td>
</tr>
<tr>
<td></td>
<td>current life</td>
<td>I am not satisfied with the salary. My friend, who is a teacher, is not</td>
</tr>
<tr>
<td></td>
<td>stable family life</td>
<td>happy with the inequality among students; he is stressed because of his</td>
</tr>
<tr>
<td></td>
<td></td>
<td>responsibilities toward the school management. Without the injury, I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>would have came home from office at 11 p.m.; and it was likely that I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>would have left home to work at 7 a.m. Under such circumstances, I could</td>
</tr>
<tr>
<td></td>
<td></td>
<td>not have seen my children grow.</td>
</tr>
<tr>
<td>pre-injury</td>
<td>understanding</td>
<td>After a seminar on disability issues in the U.S., I noticed that I lived</td>
</tr>
<tr>
<td>life</td>
<td>others' support</td>
<td>with much support from others.</td>
</tr>
<tr>
<td>pre-injury</td>
<td>understanding</td>
<td>Thanks to my injury, I learnt about the word of disability. I sustained</td>
</tr>
<tr>
<td>life</td>
<td>the disability</td>
<td>people with various disabilities such as intellectual disability,</td>
</tr>
<tr>
<td></td>
<td>issue</td>
<td>cerebral palsy, internal disability, and spinal cord injuries.</td>
</tr>
<tr>
<td>L2</td>
<td>pre-injury life</td>
<td>understanding others' positions</td>
</tr>
<tr>
<td>L3</td>
<td>pre-injury life</td>
<td>understanding the disability issue</td>
</tr>
<tr>
<td>post-injury</td>
<td>intimacy with</td>
<td>Except for paralyzed feet, there are no differences between the disabled</td>
</tr>
<tr>
<td>life</td>
<td>disability</td>
<td>and the able-bodied</td>
</tr>
</tbody>
</table>

(continued L4 - L10)
<table>
<thead>
<tr>
<th>L4</th>
<th>pre-injury life</th>
<th>extrapolated non-injury life</th>
<th>job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>understanding the disability issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L5</td>
<td>extrapolated non-injury</td>
<td>broader interpersonal relationships</td>
<td></td>
</tr>
<tr>
<td></td>
<td>displaying his efforts toward his child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L6</td>
<td>post-injury life</td>
<td>other current factors</td>
<td>job satisfaction</td>
</tr>
<tr>
<td></td>
<td>appreciating others' kindness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L7</td>
<td>post-injury life</td>
<td>other current factors</td>
<td>stable family life and job</td>
</tr>
<tr>
<td></td>
<td>enriching experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L8</td>
<td>post-injury life</td>
<td>enjoyable leisure</td>
<td></td>
</tr>
<tr>
<td>L9</td>
<td>post-injury life</td>
<td>job satisfaction</td>
<td></td>
</tr>
<tr>
<td>L9</td>
<td>understanding others' positions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>setting life goals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L10</td>
<td>post-injury life</td>
<td>understanding others' positions</td>
<td></td>
</tr>
</tbody>
</table>
Table 5: Positive aspects of current life pattern (long-term subjects)

<table>
<thead>
<tr>
<th>Standards of comparison</th>
<th>Contents</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-injury life</td>
<td>Understanding the disability issue L1, L3, L4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding others’ positions L2, L9, L10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understanding others’ support L1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Setting life goals L9</td>
<td></td>
</tr>
<tr>
<td>Extrapolated non-injury life</td>
<td>Broadened interpersonal relationships L5</td>
<td></td>
</tr>
<tr>
<td>Pre-injury life/Extrapolated non-injury life</td>
<td>Job satisfaction L4</td>
<td></td>
</tr>
<tr>
<td>Extrapolated non-injury life/Other current factors</td>
<td>Stable family life L1</td>
<td></td>
</tr>
<tr>
<td>Post-injury life</td>
<td>Stable family life and job L7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enjoyable leisure L8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Normalcy with disability L3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job satisfaction L9</td>
<td></td>
</tr>
<tr>
<td>Post-injury life/Other current factors</td>
<td>Job satisfaction L8</td>
<td></td>
</tr>
<tr>
<td>Other current factors</td>
<td>Enriching experience L7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appreciating others’ kindness L6</td>
<td></td>
</tr>
</tbody>
</table>
### Table 6: Positive aspects of current life (short-term subjects)

<table>
<thead>
<tr>
<th>Name</th>
<th>Comparison</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>pre-injury life</td>
<td>meaningful freedom of choice; not being bound to others’ expectations</td>
</tr>
<tr>
<td>G2</td>
<td>pre-injury life</td>
<td>recognizing others’ support</td>
</tr>
<tr>
<td></td>
<td>other current factors</td>
<td>fulfilling life; giving people their due</td>
</tr>
<tr>
<td>G3</td>
<td>current able-bodied person</td>
<td>using disability as an excuse</td>
</tr>
<tr>
<td>G4</td>
<td>pre-injury life</td>
<td>appreciating others’ kindness</td>
</tr>
<tr>
<td>G5</td>
<td>pre-injury life</td>
<td>assertiveness</td>
</tr>
<tr>
<td>G6</td>
<td>pre-injury life</td>
<td>appreciation of happiness</td>
</tr>
<tr>
<td></td>
<td>assumed non-impairment factors</td>
<td>understanding the disability issue</td>
</tr>
<tr>
<td>G7</td>
<td>current able-bodied person</td>
<td>disability is not threatening</td>
</tr>
<tr>
<td></td>
<td>other current factors</td>
<td>recognizing the importance of family</td>
</tr>
</tbody>
</table>

(continued S8 - S14)
<table>
<thead>
<tr>
<th>Experience</th>
<th>Description</th>
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<tbody>
<tr>
<td>S11</td>
<td>Pre-injury life</td>
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<td>S12</td>
<td>Pre-injury life</td>
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<td>S14</td>
<td>Pre-injury life</td>
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<td>S89</td>
<td>Pre-injury life</td>
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<td>S90</td>
<td>Pre-injury life</td>
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<td>Pre-injury life</td>
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<td>S92</td>
<td>Pre-injury life</td>
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<td>Pre-injury life</td>
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<td>S94</td>
<td>Pre-injury life</td>
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<td>S95</td>
<td>Pre-injury life</td>
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<td>S96</td>
<td>Pre-injury life</td>
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<td>S97</td>
<td>Pre-injury life</td>
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<td>S98</td>
<td>Pre-injury life</td>
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<tr>
<td>S99</td>
<td>Pre-injury life</td>
</tr>
<tr>
<td>S100</td>
<td>Pre-injury life</td>
</tr>
</tbody>
</table>

Note: S13 did not convey any concrete positive meaning.
Table 7: Positive aspects of current life pattern (short-term subjects)

<table>
<thead>
<tr>
<th>comparison standard</th>
<th>contents</th>
<th>name</th>
</tr>
</thead>
<tbody>
<tr>
<td>pre-injury life</td>
<td>understanding the disability issue</td>
<td>S6, S9, S12</td>
</tr>
<tr>
<td></td>
<td>recognizing the importance of family</td>
<td>S7, S8, S11</td>
</tr>
<tr>
<td></td>
<td>understanding others' position</td>
<td>S8</td>
</tr>
<tr>
<td></td>
<td>understanding others' support</td>
<td>S2</td>
</tr>
<tr>
<td></td>
<td>appreciating others' kindness</td>
<td>S1, S4</td>
</tr>
<tr>
<td></td>
<td>setting life goals</td>
<td>S2</td>
</tr>
<tr>
<td></td>
<td>careful thinking</td>
<td>S13</td>
</tr>
<tr>
<td></td>
<td>talking more after injury</td>
<td>S14</td>
</tr>
<tr>
<td></td>
<td>utilizing the privileges of being disabled</td>
<td>S13, S14</td>
</tr>
<tr>
<td>post-injury life</td>
<td>appreciating happiness</td>
<td>S6</td>
</tr>
<tr>
<td>other current factors</td>
<td>ADL improvement</td>
<td>S1, S6</td>
</tr>
<tr>
<td></td>
<td>activities</td>
<td>S5</td>
</tr>
<tr>
<td></td>
<td>normality with disability</td>
<td>S14</td>
</tr>
<tr>
<td>current able-bodied persons</td>
<td>fulfilling life</td>
<td>S2</td>
</tr>
<tr>
<td></td>
<td>using disability as an excuse</td>
<td>S3</td>
</tr>
<tr>
<td></td>
<td>disability is not life threatening</td>
<td>S7</td>
</tr>
<tr>
<td>disabled people earlier</td>
<td>enjoying time with other disabled friends</td>
<td>S2</td>
</tr>
</tbody>
</table>

The subjective connotations of disadvantage due to disability were arranged as per their content by WHO’s International Classification of Impairments, Disabilities, and Handicaps (ICIDH).

For long-term subjects, hardship in health management, physical weakness due to aging, restricted mobility brought about by disability, narrow sphere of activity, and trouble during urination and evacuation. Disadvantages between disability and handicap consisted of no voluntary support and support system shortage. The handicaps were considered to be associates' incorporation, dissatisfaction with low salary, estrangement with pre-injury friend, fewer friends, insults,
opposition to marriage by the wife's parents, and unemployment. Disadvantages in the other category comprised irritation, non-admittance into stores due to lack of facilities, repentance, desire to be able-bodied. The results are given in Tables 8, 9, 10, and 11.

Table 8: Subjective implications of disadvantage of disability (long-term subject)

<table>
<thead>
<tr>
<th>subject</th>
<th>contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>dissatisfaction with low salary</td>
<td>My salary is half that of my associate. It is too low for me to work 12 hours a day by telecommuting. Although I do not ask for a full salary, the current amount is extremely low. I deeply care for my children's growth.</td>
</tr>
<tr>
<td>physical weakness due to aging</td>
<td>With age, I have become physically weak. Particularly, the strength in my arm has decreased.</td>
</tr>
<tr>
<td>restricted mobility</td>
<td>For instance, I need to ask for someone to park my car, if I am driving alone. Sometimes, there is no room for me to move freely because the parking space is crowded with many cars.</td>
</tr>
<tr>
<td>evacuation trouble</td>
<td>Evacuation trouble is one of my biggest problems.</td>
</tr>
<tr>
<td>restricted mobility</td>
<td>health management hardship</td>
</tr>
<tr>
<td>narrow sphere of activity</td>
<td></td>
</tr>
<tr>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td>associates' cooperation</td>
<td></td>
</tr>
<tr>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td>evacuation trouble</td>
<td></td>
</tr>
<tr>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td>health management hardships</td>
<td></td>
</tr>
<tr>
<td>health management hardships</td>
<td></td>
</tr>
<tr>
<td>evacuation trouble</td>
<td></td>
</tr>
<tr>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td>health management hardships</td>
<td></td>
</tr>
<tr>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td>lack of facilities in stores</td>
<td></td>
</tr>
<tr>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td>health management hardships</td>
<td></td>
</tr>
</tbody>
</table>
Table 9: Subjective implications of the disadvantage of disability as sorted by ICIDH (long-term subjects)

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Handicaps in health management, physical weakness due to aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Restricted mobility, narrow sphere of activity, urination and evacuation trouble</td>
</tr>
<tr>
<td>between disability and handicap</td>
<td>No voluntary support, support system shortage</td>
</tr>
<tr>
<td>Handicap</td>
<td>Association of cooperation, dissatisfaction with low salary, estrangement with pre-injury friends, fewer friends, insult, opposition to marriage by wife’s parents, unemployment</td>
</tr>
<tr>
<td>Other categories</td>
<td>Urination, non-admission into stores, repentance, desire to be able-bodied</td>
</tr>
</tbody>
</table>
Table 10: Subjective implications of the disadvantage of disability (short-term subjects)

<table>
<thead>
<tr>
<th>name</th>
<th>narrow sphere of activity</th>
<th>reluctance to love</th>
<th>narrow sphere of activity</th>
<th>restricted mobility</th>
<th>hardships in health management</th>
<th>labeling due to medical condition</th>
<th>restricted mobility</th>
<th>desire to be able-bodied</th>
<th>classmates who have progressed further</th>
<th>leaving the institution</th>
<th>narrow sphere of activity</th>
<th>urination and evacuation trouble</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>S2</td>
<td></td>
<td>reluctance to ask for support</td>
<td>Older people are reluctant to help disabled people, as compared to younger people. When I asked an older station staff to help me go up the stairs in a railway station, he refused and turned himself, saying that he had bad legs. I became really angry with him.</td>
<td>narrow sphere of activity</td>
<td></td>
<td></td>
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<tr>
<td>S3</td>
<td></td>
<td>restricted mobility</td>
<td>I need to make exaggerated movements to grasp something. Although I prefer asking my associates to help me carry heavy objects at school, I have to do so. Whenever possible, I do not ask for any help. I make exaggerated movements even to hold small objects that able-bodied people can carry easily.</td>
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<td>S4</td>
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<td>S5</td>
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<tr>
<td>S6</td>
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<tr>
<td>S7</td>
<td>narrow sphere of activity</td>
<td></td>
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<td></td>
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<tr>
<td>S8</td>
<td></td>
<td></td>
<td>restricted mobility</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>S9</td>
<td></td>
<td></td>
<td></td>
<td>restricted mobility</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>S10</td>
<td></td>
<td></td>
<td>narrow sphere of activity</td>
<td></td>
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</tr>
</tbody>
</table>
Table 11: Subjective implications of disadvantage of disability as sorted by ICIDH (short-term subjects)

<table>
<thead>
<tr>
<th>S11</th>
<th>restricted mobility</th>
<th>I encounter the most difficulty in reaching for things at a height. However, everybody has anxieties. Injury or disability is just one of the anxieties that everyone harbors.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>unemployment</td>
<td></td>
</tr>
<tr>
<td>S12</td>
<td>value as a disabled person</td>
<td>I am influenced by the behaviors and values of the disabled. I urinate without any reluctance, as other disabled people do. I try to maintain contact with friends living outside the institution and share similar topics with them. I do not want to adjust to the atmosphere or culture inside the institution.</td>
</tr>
<tr>
<td></td>
<td>reluctant to ask for support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>restricted mobility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>unemployment</td>
<td></td>
</tr>
<tr>
<td>S13</td>
<td>unemployment</td>
<td>Since I do not have a high school diploma, I cannot find good job opportunities.</td>
</tr>
<tr>
<td></td>
<td>insult</td>
<td></td>
</tr>
<tr>
<td></td>
<td>reluctance to love</td>
<td></td>
</tr>
<tr>
<td>S14</td>
<td>narrow sphere of activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>irritation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>fewer friends of the same age</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>impairment</th>
<th>hardships in health management</th>
</tr>
</thead>
<tbody>
<tr>
<td>disability</td>
<td>restricted mobility, narrow sphere of activity, urination and evacuation trouble</td>
</tr>
<tr>
<td>between disability and handicap</td>
<td>reluctance to ask for support, labeling due to medical condition, leaving the institution</td>
</tr>
<tr>
<td>handicap</td>
<td>dominant social norm for the able-bodied, fewer friends of the same age, insult, classmates who have progressed further, reluctance to love, unemployment</td>
</tr>
<tr>
<td>other categories</td>
<td>value as a disabled person, irritation, resentment, desire to be able-bodied</td>
</tr>
</tbody>
</table>
For short-term subjects, the impairments consisted of hardships in health management. The disabilities involved restricted mobility, narrow sphere of activity, and trouble during urination and evacuation. The disadvantages between disability and handicap were reluctance to ask for support, labeling due to medical condition, pressure to leave the institution. Handicaps were characterized by dominant social norm for the able-bodied, fewer friends belonging to the same age group, insults, classmates who have been left behind, reluctance to of love, and unemployment. Disadvantages in the other category comprised value as a disabled person, irritation, repentance, desire to be able-bodied.

5. Case studies of L1 and S2

L1's brief life story

Passage of post-injury life
Before suffering from injury, the subject's life pattern was mainly influenced by his job. His life proceeded smoothly. He could obtain admission without any trouble, and his professor provided him with job opportunities. So, his actions could be termed as voluntary and borne out of his own will. However, he started to face problems at his job.

He was injured in a traffic accident at the age of 29, when his motorbike was crushed by a trailer while he was on his way home.

During hospitalization, his life pattern circled around symptom stability and medical rehabilitation that continued until he reached the age of 30. Initially, he thought that he would be able to walk again; however, his recovery from paralysis stopped within a few weeks after injury. It was only when he learnt that he was suffering from a "spinal cord injury" that he realized the criticality of his condition. He understood that he might need a wheelchair for the rest of his life.

He appreciated other patients with similar disabilities who had given him tips about using a wheelchair. He "analyzed" their condition to extract useful lessons for his ADL improvement. Patients who had been re-hospitalized due to bedsores told him about the situations he could face in the future, because they had already gone back to society and had experienced the same.

Although he had given up standing on his feet, he underwent medical rehabilitation so that he could return home as soon as possible. He practiced moving from the wheelchair to the bed or tried raising the wheel of the wheelchair by a small height.

During hospitalization, he felt responsible for his wife and young children. He was genuinely concerned about whether or not he could live with them again.
After discharge, his life pattern revolved around his job and family life; this went on from when he was 30 years old to when he reached 45. Unlike some people with similar disabilities, he did not enter into a depression after discharge. He controlled urination, and took laxatives to facilitate evacuation.

He returned to his job at the same company by telecommuting with his workplace. He thought that telecommuting could be possible with new electronic equipment like fax machines or computers that make communication between workplace and home possible. In addition, he believed that he was accepted as a valuable human resource by the company due to his experience.

He considered his life to be ordinary — he lived in an ordinary apartment, and not welfare institution, and enjoyed good relations with people in his neighborhood.

After a few years, he grew dissatisfied with his salary, although, at first, he was happy just to be able to work with a disability. His salary after injury was half of that of his colleagues.

He even tried to join communities or parents and teachers association so as to spread awareness about disabled people.

His educational tour, centered on the welfare situation in the U.S., encouraged him to develop interest in other issues pertaining to disability such as intellectual disability or internal disability. With his experience in the U.S., he felt that the problem of disability did not solely lie with disabled people but with society that did not consider them as members. This was despite his feeling of diffidence for society.

Even though his life changed after suffering the injury, he did not let his behavior change nor did he let his determination waver; in other words, he tried living the life he used to live before his injury.

Current life
The positive aspects of his current life revolved around the following: a job that was commensurate with his physical strength, a stable family life, realization of others' support, and an understanding of the issue of disability.

His subjective views of disadvantage related to disability involved dissatisfaction with low salary, physical weakness due to age, restricted mobility, and urination and evacuation trouble.

Life story of S2
Passage of post-injury life
Before suffering from injury, the subject's life pattern was mainly influenced by his life at school. He attempted to identify activities he really wanted to but could not perform.
At the age of 22, he suffered an injury while snow-boarding and subsequently developed a disability. He could not understand the severity of his situation.

During hospitalization, his life pattern revolved around symptom stability and medical rehabilitation (22–23); he was torn between two emotions — hope for recovery and desperation borne out of potential incurability. He was extremely disappointed at being unable to hear the sounds around him. The doctor notified him that he would be confined to a wheelchair for the rest of his life; he found it hard to imagine such a life.

However, his friend who visited him almost everyday appeased his disappointment. He developed good friendships with patients who had similar disabilities. The bonhomie in their inpatients room resembled that at school trips, and patients in the other rooms envied this jubilant atmosphere.

When among his friends, he referred to his injury in good humor because people with similar disabilities were mutually empathetic and do not feel hurt themselves. Conversations with them was not different from those with able-bodied people.

At the rehabilitation institution, he learned about many things. He was surprised to see disabled people driving cars. He was determined to do what he could do — for example, seek for jobs — and, at the same time, was eager to walk again. He developed anxiety thinking about his university friends who had progressed further than him. It was then that he wondered whether or not he could lead a normal life or not.

After discharge, his life pattern centered on symptom stability and medical rehabilitation that occurred in the period during 23–25 years of age. He became confident about spending his life confined to a wheelchair, as he visited various places. In addition, his limitations became clear to him, when the job interviewer apprised him that he could not perform a marketing job that entailed working outside a building. Owing to this realization, he could focus better on what he was able to do.

He got his current job without particular difficulty at the age of 25. His associates did not treat him differently. Soon, he was married to an able-bodied woman. He did not hesitate before asking her or her parents about their marriage.

He appreciated his friends who were genuinely concerned about him. He found himself bonding with people whom he interacted with closely, and thus did not live alone.

Before the injury, he did not see himself as lesser than anyone, and was really upset with anyone who insulted him.

Current life
The positive aspects of his current life centered on setting life goals, enjoying life to the fullest, recognizing the support of others, and spending time with friends who were disabled.
The subjective purports that he derived with regard to the disadvantage of disability involved a reluctance to ask for support, a narrow sphere of activity, and restricted mobility.

5. Discussion

Distinctive features of each group
First, the contents and standards of comparison increased with time in the post-injury lives of the subjects. Since the subjects with long-term injuries lived in various life contexts, their implications became more complex or multidimensional, which implies a variety in the standards of comparison. Each short-term subject, who had lived with less than four years of disabilities, stated only the positive aspects, with the exception of S13 and S14, who spoke of the privileges obtained as a result of their disabilities; however, some long-term subjects mentioned only the positive aspects as well. The requirement for disabled people to participate in many social activities leads to the increase in the contents and standards of comparison.

Beatrice Wright (1983), a renowned rehabilitation psychologist, stated that people with acquired disabilities should evaluate themselves according to their current state, not according to their lives before they were injured or in comparison with able-bodied people. Her advice was intended to help them avoid a negative self-evaluation. However, the present result indicates that her suggestion was either too ideal or impractical. Her advice should be reconsidered from the perspective of life-span development.

Second, the subjects with long-term injuries were able to relate the positive aspects of their present lives after they viewed them in comparison with their pre-injury lives. S6 related positive aspects of his extrapolated injury-free life; however, his duration of disability was the second longest among all the short-term subjects. The causality of injury and positive connotations were salient in terms of life with injury as compared to that without, and vice versa. Further, this consideration reconfirmed the importance of "subjunctivizing reality" (Bruner, 1986). Such a narrative extracts new implications from the existing experience.

However, we should consider the period between their time of injury and current lives. The subjects did not contemplate on their pre-injury lives directly. Rather, they did so gradually as they learned to live with their injuries.

Third, the subjects with long-term injuries had revised their understanding of the post-injury life process, though they previously had a positive impression. L1 became dissatisfied with his low salary, though he appreciated his return to employment. L6 began to attribute his success in diving not to his own will but to his sister's strong recommendation. L9 began to think that his experience in the re-
habilitation institute was only a step toward obtaining employment, not his final goal.

Fourth, the subjects who had lived with their disabilities for more than four years stated that there were no distinctions between disabled and able-bodied people. There are three reasons for this. The first one is that the disadvantage of a disability is just one of many normal anxieties that a person has. This reason applies to L4 and S11. The second reason is that, apart from their disabilities, their daily situation is normal or identical to that of able-bodied people (L3 and S3). The third reason is that, like S7 or S11, the completeness of a disabled person is the same as that of able-bodied people.

However, S12, who had the shortest duration of disability among all the subjects, was reluctant to maintain contact with disabled people. Therefore, he might differentiate between disabled and able-bodied people.

I will describe now four characteristics that were found to be common in all the subjects from the current result.

First, some subjects attributed the disadvantages of a disability to aspects that have no relation with being disabled. For instance, L8 considered his unemployment as a result of his age as well as his disability. S13 mentioned that his low level of education was a cause of his unemployment, besides his disability.

Second, events of contingency were appreciated by the subjects. There were two types of such implications. One was time or social background, which are regarded to be distant from them. L1 stated that electronic equipment enabled his telecommuting. The other was luck or chance. L4 regarded his entrance into the rehabilitation center as a stroke of good luck despite the approaching deadline.

In the analysis of the subjects' lives, the narratives concerning their social backgrounds as well as their personal lives are worth consideration. This discussion indicates that contingency is considered as a mediator between a person and society. Further, the importance of contingency leads to the reconsideration of current welfare policy, such as self-determination. Although self-determination should be taken seriously, making decisions independently means that we have to take responsibility for the results as well. However, with matters of contingency, we would avoid such a burden.

Third, they received practical advice from their direct interactions with other people within spinal cord injuries; however, there was no information about their contributions to others within spinal cord injuries. Moreover, such practical advice could not be given by professional therapists.

Fourth, the subjects' beliefs about their personalities remained unchanged despite sustaining injuries are worth consideration. These imply a connection between pre- and post-injury lives and diminish the actual dramatic changes in body functions or social activities, such as human relationships or employment. Even S12, who had the shortest duration of disability, believed that his personality
remained unchanged. The subjects should be influenced by social educational discourse that people with acquired disabilities should not change after they sustain an injury.

6. Conclusions

This study concludes that difference in the duration of disability influences the contents and standards of comparison of the positive aspects of a disabled person's life, rather than the presence of positive aspects. Both short-term and long-term subjects narrated the positive aspects of their disabilities as well as the disadvantages.

People with acquired disabilities restructured their life stories within the framework indicated in Figure 2. The horizontal axis is the time perspective: pre-injury, time of injury, post-injury, and current life. The vertical axis is in the socio-cultural context that contains significant others such as able-bodied people, other disabled people, and the social backgrounds that were previously discussed. The dotted line that parallels the time axis in figure 2 is extrapolated injury-free life. The arrow that retroactively runs toward the past indicates that life stories reconstructing past lives depend on current lives and are not mere reproductions of past facts.

![Figure 2: Framework of life story of people with an acquired disability](image)

People with acquired disabilities narrated various changes they effected to incorporate their injury experiences into their lives, and maintain continuity with those things that had not changed from their pre-injury lives, such as their personality, in order to relieve their psychological loss. Further, the subjects
stressed their commonality with able-bodied people, and made light of their state of disability. They stated that there was no difference between disabled and able-bodied people. Further, they attributed the disadvantages of a disability to aspects that had no relation with being disabled. Meanwhile, they considered other disabled people to be sympathetic to their situation.

This conclusion suggests that those surrounding disabled people should not focus excessively on the disabilities themselves. However, support groups consisting of disabled people should reduce the emphasis on their disadvantages.

References


Chapter 02-2

Quality of Life of Tumour Patients following Surgery and Reconstruction of the Oro-mandibular Region.
The Contribution of the Hospital Clinical Social Work Service to Psycho-social Care

Silke Birgitta Gahleitner, Kirsten Becker-Bikowski, and Robin Schiel
(Alice-Salomon-University of Applied Sciences Berlin)

Content

Introduction
1. Psychosocial Oncology – a growing sub-discipline
2. Research question
3. Methods
4. A typical case
5. Initial conclusions and hypotheses for further examination

Introduction

Cancer of the oromandibular and facial regions requiring surgery and reconstruction is associated with severe impairment of the quality of life. Patients are confronted with profound changes in their quality of life which they frequently have to face without sufficient social support. The associated stress can be so severe that psychological comorbidities such as anxiety disorders, depressive reactions and post-traumatic stress disorder may arise as additional complications (Schmitt, 2000; Weis et al., 2000). As a rule patients with such issues turn to the staff of the hospital clinical social work service.

There is currently an increased emphasis on assuring the quality of the provision of psychosocial support in hospitals in general and support for coping, however, in the ‘softer areas’ such as psychosocial care. This is a more complex undertaking than in medical or pharmacological healthcare. Hard, easily operationalisable criteria tend to be the exception. Studies combining qualitative and quantitative approaches and using both standardized tests and semi-structured interviews would seem appropriate for addressing the subject from different perspectives.
A co-operation project between the hospital clinical social work service of the unit for Oro-Mandibular and Facial Surgery of the Heidelberg University Hospital and the Alice Salomon University of Applied Sciences, Berlin is currently carrying out an evaluation of the services provided by the hospital clinical social work service. This article presents the exploratory analysis of the first five interviews, taking one case as an example, followed by the hypotheses generated on the basis of this analysis.

1. Psychosocial Oncology – a growing sub-discipline

Cancer is the second most common cause of death after cardiovascular disease and is responsible for a quarter of all deaths in Germany. Elder people are especially affected. Cancers of the oral and pharyngeal cavities are among those showing markedly increasing incidence rates. However, in the last few decades great progress has been made in the diagnosis and treatment of cancer. Advances in medical care have contributed to a prolongation of life expectancy and improvements in quality of life, which are also increasingly influenced by psychosocial factors (Larbig & Tschuschke, 2000; Menzel, 2006).

According to a study by Spiegel and Kato (2000) there is substantial evidence that positive coping, supported by psychosocial interventions, can improve survival rates for those oncological diseases that have been investigated to date. The psychosocial aspects of cancer have thus become an important field of research which is located at a central interface in healthcare between medicine, psychology and social medicine.

The concept of quality of life is playing an increasingly important role (Gandek et al., 1998; Hartenstein, 1991; Kohlbrunner et al., 2001a, b, and c). The term "health-related quality of life" (HRQOL) refers to the temporal course of the subjective perception of the severity of an illness. There are two basic prerequisites that need to be taken into account here: multi-dimensionality, i.e. the fact that quality of life covers several areas, and subjectivity, i.e. the behaviour and sensations associated with the same degree of health-related impairment can be completely different in different people. The evaluation of quality of life must therefore also take into account changes in the course of the illness and its treatment.

In this context, patients' subjective theories of illness fulfil the function of reducing complexity and providing orientation. They also offer possible modes of behaviour and enable the person to develop expectations of the behaviour of others, in short, they constitute a kind of 'cognitive control' over an individual's life situation (Weis, 1998). They are an important part of the ongoing process of understanding the illness and giving it meaning. However, they provide a basis not only for cognitive functions, but also for dealing with the emotions triggered by the
illness, self-protection, defense against feelings of helplessness and the maintenance of self esteem (Filipp & Ferring, 1998).

In line with the transactional model of stress (Lazarus & Folkman, 1984), Antonovsky's model of salutogenesis starts from the subjective component of coming to terms with stress, i.e. from the personal and socially available resources. In addition to ego strength, social support etc., Antonovsky refers in particular to a generalised resource for resilience, the 'sense of coherence'. This 'sense of coherence' has the effect of orienting the dispositions towards an emotional and cognitive appraisal of the situation (Antonovsky, 1987/1997).

Weis (2002) assumes a "simultaneity of stable and variable coping patterns" (p. 182), drawing attention to the importance of recognizing interindividual differences. The 'objective' level of stress should not determine the degree of personally experienced stress. There is a broad and flexible range of coping strategies that are either available from the start or are learned or rendered available in the ongoing process (cf. similar results in Larbig & Grulke, 2000; Tschuschke et al., 1999).

Research results reveal that patients with a realistic understanding of their disease-state coupled with a capacity for emotional reactivity, i.e. the ability to express the distress they experience, and social support in the form of a supportive network of relationships, seem to be best equipped to cope (Brieger et al., 1994; Spiegel & Kato, 2000; overview Söllner et al., 1998). This indicates that coping with illness is an interactive process. Thus, not only the patients themselves, but also their relatives and the healthcare professionals experience and have to cope with stress.

In sum, there are numerous indications that psychosocial variables influence the incidence and progression of cancer, but fewer as to how this actually takes place (Spiegel & Kato, 2000). It remains unclear, which patients with which oncological symptomatologies, of which sex and in which stages of the illness benefit the most (Frischenschlager et al., 1992; Larbig & Tschuschke, 2000; Stump & Koch, 1998). However, to date there has been a tendency to neglect the effects of the illness on a number of variables, including the physical and emotional well-being of the patients and their social and ecological environments, recurrence rates and survival times and especially process-oriented descriptions of individual coping strategies. This also applies to the evaluation of the effects of psychosocial support services and interventions on the subjective experience of coping and gender-specific aspects.

These more salutogenetic aspects of the illness are in fact one of the specific targets of research in the field of social work (Ortmann, 1988; Reinicke, 1990; Rößger, 1986; Strittmatter et al., 1998; Walther, 2006) which shows serious gaps in this domain (see in contrast the overview by Koch & Haag, 1986, or Mehnert et al., 2003), despite an increased presence on cancer treatment and care wards. The study briefly described below was conducted on this area of social work.
2. Research question

If we start from the current state of the art in research on social work, we find a number of unclarified issues. Moreover, psychosocial oncological services vary widely, depending on the specific field of care (Bruns, 2006; Keller et al., 1993; Koch & Weis, 1998; Kreibich-Fischer, 1998; Tönnessen & Schwarz, 1993; Weis, 2003; Weis et al., 1998; Weis & Koch, 1998). In curative units the social work service offers various starting points for addressing the above-mentioned research questions (Röttger, 1996). The study has therefore to focus less on the better investigated dimension of the psychosocial aetiology of cancer than on dimensions of support for coping which could be provided in suitable psychosocial conditions for the patients. Attention was to be paid not so much to the typical issues of psycho-oncology such as the provision of information and psycho-education, but to the provision of psychosocial support for severely ill patients in the palliative phase of this life-threatening and currently often still life-limiting disease.

Research question:

How can the hospital clinical social work service contribute as optimally as possible to sustaining and safeguarding the psychosocial circumstances and quality of life for cancer patients following surgery and reconstruction?

The research question had to take into account the following aspects in particular:

- awareness of and coping with the illness
- daily life with the illness
- work with family members and other social support possibilities
- support to deal with the life-threatening situation
- support to deal cope with the palliative phase.

3. Methods

It is hardly possible to demonstrate the course of coping activities in cross-sectional studies (for further details see Gahleitner, 2003). Research in this field needs to be process-oriented and to describe and analyse coping processes across time. A combination of exploratory and hypothesis-testing procedures was therefore selected for the present study in order to be able to include in the analysis both new, not yet formulated inductive conclusions drawn on the basis of the data and, deductively, evidence obtained in previous studies. Following a brief summary of all the methods employed, this article will focus particularly on the qualitative part of the study in which text analysis was used.
3.1 Data collection

According to the procedure of 'theoretical sampling' developed by Glaser and Strauss' (1967/1998) the attempt is made to achieve results as rich as possible by selecting cases in a stepwise fashion. The study participants meeting the requirements of the study objectives were recruited from the Heidelberg University Hospital's unit for oromandibular and facial surgery and cover different age groups. Equal numbers of men and women took part. The patients were interviewed at several time points in a longitudinal course, namely at the onset of the illness, after an improvement in the symptoms, after a recurrence and in the palliative phase.

At the beginning To begin with the research question was addressed qualitatively in five preliminary, exploratory interviews. Problem-centred interviews (Witzel, 1985) were used to obtain an insight into the current life situations of men and women in the palliative phase. This interview method was employed in order to reveal the intertwining of objective stress factors with individual modes of processing the participants' respective experiences of the illness. The partial standardisation made it easier to compare several interviews with each other and provided a basis for developing a flexible structure between inductive and deductive procedures in the first analysis, which was to establish the starting point for the choice of further measures and a revision of the interview guideline.

3.2 Data analysis

Mayring's (1993, 2000) qualitative content analysis was employed to analyse the interviews with a view to opening up space in an explorative interplay of deductive and inductive methods. For communicative validation (Köckeis-Stangl, 1980) and to substantiate the argumentative interpretation and ensure relevance for practice (Auckenthaler, 1990), the results were presented to a working group of researchers and also to practitioners in order to obtain feedback. The questionnaires were administered simultaneously. The whole set included a questionnaire developed by the hospital clinical social work service, the Trier Scales on Coping with Illness (TSK), the EORTC QLQ and SOC (details obtainable from the author). The answers were analysed by descriptive and inferential statistical procedures and compared with those of similar studies and a reference group.

However, as regards the typical elements of Mayring's content analysis, i.e. the summarising, explication and structuring of the data, a few deviations from the usual procedural rules were made in order to do justice to the processual, case-oriented character of the analysis and to be better able to depict the process. Since the original texts were very long, the usual paraphrasing step was omitted and the text was shortened only where there were repetitions and passages that were not
relevant to the research question. Explications were only seldom required, due to the fact that the data were rich and of a highly narrative nature.

The data were structured using a previously developed category system and the computer programme Atlas ti. All parts of the text included in the categories were coded and new codes and categories were developed inductively. Again, due to the rich nature of the data it proved advantageous not to follow on immediately with the comparative systematization, but to present as a next step selected cases descriptively, including numerous original quotes. The data encoded with the aid of Atlas ti were extracted case by case and category by category on the computer and then presented in individual case descriptions. A typical case from this collection of cases is presented below.

4. A typical case

Mr. Andres: "I overshadow the negative with the positive"

4.1 Case history– Experiencing the illness – Coping with the illness

The positive result of a cancer test undertaken during dental treatment took Mr. Andres completely by surprise. He experienced the confrontation with the tumour as an inscrutable, uncontrollable event in his life. "I didn't have any pain or anything … and then I started not being able to open my mouth any more." (Mr. Andres, Lines 64-126). At the university hospital a malignant mandibular tumour was found. This unexpected event did not fit into Mr. Andres' mechanic's world, which up until then had been unperturbed. "With an appendix or something like that, afterwards you know what might happen, but with a tumour it's different for each patient." (idem, 326-330). After the intensive radiotherapy there were also some unpleasant side effects that he had been able to avoid. "The skin peeled off round there, I couldn't even drink water. When I tried to drink cold water it felt as if I had pepperoni in my mouth" (idem, 163-175).

The feeling of uncertainty was intensified by the fact that Mr. Andres also experienced his doctors as unsure and lacking in competence, despite his confidence in them at the outset (see below). During an examination at the hospital the assistant physician examined the wrong side of his face and then understandably failed to find anything (idem, 477-544). "All that was a setback for me … and those are the negative things … a bit … the information." (idem, 385-442). Later Mr. Andres once suddenly had haemorrhages for which nobody had prepared him. "And that, I think … they should have … been able to say something beforehand … that there might be some bleeding, that something could happen and what one should do … I … that was missing for me." (idem, 620-692).

However, there is also another side to it. Mr. Andres' will to make the best out of life – and out of his illness – is a recurrent theme in the history of his cancer. He states his most important motto – to accept reality – straight after the initial
sequence. "I realized that this was a quite different phase in my life and I resigned myself to it. It's never going to be like it used to be again. Before, I was in the best of health, never needed a doctor or anything. There was never anything wrong with me. And then that. I have resigned myself to it. Now it won't be like that any more." (idem, 706-740).

In contrast, he finds it difficult to cope with the unexpected later on, after receiving the diagnosis. "At home, you have this and that and then you have this pain and that pain … To begin with I would get up and look in the mirror: now it's swollen at the back there, it's pinching a bit there …? Is the tumour coming back again or not?" (idem, 357-379). In this situation of uncertainty Mr. Andres gained stability from his values in regard to the illness – and from rethinking them, precisely because and although to begin with "a world collapsed" for him (idem, 1312-1361).

What proved to save him in this situation were his memories, hopes and fantasies in the present, past and future. "If I should ever get better," he says suddenly at the end of the interview, "I would like to go to Spain again." (idem, 1455-1547). "And then I thought, now … you have saved up and done this and done that, I was brought up like that, I was born in 1941, went through the post-war period, I was brought up to be frugal, you save a little nest egg and what do you get for it? Nothing! You can't do anything with the money. Today you think differently … you can do without that … the meaning, I want to live … I have to make the best out of the present circumstances." (idem, 977-1030).

4.2 Social and professional support

Mr. Andres begins his initial narrative in response to the open question as to his experience of and feelings about his illness with the words "Shall I start with the positive part?" (Mr. Andres, line 55) and concludes it with a sequence about the first time he was in hospital, when the tumour was finally diagnosed. "And now the positive part, then … I was here for two weeks for examinations. Here each cog fitted into the next. I liked that." (idem, 120-126)

Thus Mr. Andres' experiences with professional help were marked by an initial willingness to have confidence in the professionals and positive relationships with them (idem, 113-119). He sums it up as follows: "Well, they left nothing out, nothing at all. Everything was explained, right down to the last detail, bone density and all the rest … I could tell you things, what one thinks of afterwards, what you don't normally look at at all. Really, the preliminary examination, I really liked that, that they looked at everything so thoroughly." (idem, 132-141)

His first doubts arose during the radiotherapy, the effects of which soon took on an inhumane quality. When he asked for the last radiotherapy session to be cancelled, his request was initially refused, with the explanation that the tumour might otherwise not be sufficiently destroyed. When the radiotherapy was suddenly
stopped after all, Mr. Andres was unable to reconstruct the decision process. Later one problem was to become increasingly clear for him, namely that he needed more information and clarity in contact with the doctors. "Now I'm coming to the negative part. You always have to ask, that's what bothers me a bit. You have to ask every doctor ... and that's the negative side." (idem, 271-294)

This applied particularly to situations that gave rise to uncertainty. When, after a long period of uncertainty, he found out with the help of his general practitioner that the swelling was due to congestion of the chemotherapeutic agent in the lymph nodes (idem, 357-379) and subsequently had sudden, sharp pains (idem, 750-792) and bleeding (idem, 385-442). He had not been warned that this might happen and did not know what to do about eating in spite of his side effects (idem, 1126-1172). He became angry at the lack of information. "You see, those are the things you have to keep asking about and where you don't find out beforehand that they could happen." (idem, 357-379)

As a former fitter Mr. Andres tries to classify the information he receives systematically. In this way he calms himself in his world with the tumour, as it becomes less and less certain. "The chemotherapeutic fluid knows where the tumour is. I was told that by the anaesthetist, that was the doctor who inserted the catheter. When he had finished I said "I'm a fitter. I can tell you how to repair machines and now I'd like to hear from you how it [the chemotherapy fluid] knows that the tumour is in my head and not in my intestines or my bladder or anywhere else." And then he explained to me that it goes for the cells that grow fast and that the hair cells are usually also affected. And that was the information." (idem, 1258-1286)

When such precise information was also combined with an element of responsibility and humanity Mr. Andres felt well looked after. "You can go to them!" he replied in answer to a question about other units of the university hospital, and also to a question about a member of the psychosocial service staff, "she takes care of it at least, the social side ... she's a partner who doesn't simply listen to you and then say "It'll all be okay" (idem, 1044-1053). He mentions such qualities as empathy – "that's an ability to empathise, I'd say" (idem, 1057-1067), professional skill – "she goes into things ... she brought me the report on the CT examination ... and said, "Mr. Andres, now I've read it through properly ..." (idem).

Mr. Andres mentions psychological support within the hospital atmosphere, in which there is a marked power gap which makes him feel insecure, and also with coping with his illness, as a positive effect of this sincere commitment. Both aspects repeatedly confront him with surprises. "That they run off and do things. Patients notice that and it calms you, mentally." (idem, 1070-1103). He also mentions aspects such as continuity and reliability.

However, in the course of the interview Mr. Andres also repeatedly reports having received support from fellow patients. This frequently occurred in the context of obtaining information, however, in some cases it becomes evident that
emotional aspects were also involved. "That reassures you again," (idem, 442-469) he says after mentioning a friend who has coped with breast cancer and thus encouraged him.

He also feels supported by his family, that is, by his partner (idem, 1182-1184). He knows how to shield himself from negative influences — "There's one woman who says ... then my life is over. That's no meaning of life." (idem, 969-975) — and seek positive ones — "And then you take the pick of the bunch, where you feel that this is what really gives you support and that you can rely on it." (idem, 1184-1198)

5. Initial conclusions and hypotheses for further examination

The results indicate that the success of professional support in the field of palliative cancer care and during the dying phase depends on the quality of the helping relationship and on whether the support provided by the patient's social environment is taken into consideration. In contrast, previous theories in clinical psychology and medicine have focused on variables relating to the individual rather than on context factors and a comprehensive mode of handling the professional relationship.

The following hypotheses on this issue have been derived from the preliminary interviews.

(a) The illness is a pivotal turning point in the cancer sufferers' lives which becomes the starting point for numerous changes.
(b) Patients cope with their illness by falling back on strategies that have proved successful for them in the past and in which their own self-concepts and subjective concepts of sickness play an important role, but are also profoundly shaken.
(c) The ambivalence between being realistic (accepting) on the one hand and avoidance on the other determines the characteristic poles between which the strategies for coping with the illness stretch.
(d) In the professional care-giving the medical and social fields become polarised. The powerful medical machinery is contrasted with a need for "humane" counselling and support.
(e) The social work service plays an important role in the provision of support for changes in and coping with the tasks of daily living, developing constructive subjective concepts of the altered life circumstances, the threat of death and work with relatives and other social contacts.

These hypotheses will be further differentiated as the study progresses. We shall continue to code the results deductively using existing categories and develop new categories inductively from future interviews, checking the appropriateness by
means of communicative validation. The quantitative results can be employed to
generalise selected hypotheses to larger populations by means of statistical tests.

However, to date it can be concluded that there is a need to develop
indication-specific and contextually adapted methodological concepts for
psychosocial work in the support of cancer patients in the palliative phase. Social
work claims to provide suitable professional responses to the burden to health
posed by psychosocial processes of coming to terms with postmodern life. The
study of the lived consequences of an end-stage cancer diagnosis is a specific, but
important section in the process of developing 'better adapted concepts for
supporting coping attempts within the contextual circumstances' (Pauls, 2004; Pauls
& Mühlum, 2005).

Thus, in order to exert a systematic and sustained influence on survival rates
and quality of life, it would seem necessary to support coping by offering
psychosocial interventions that are comprehensive and concrete and adapted to the
indication and the respective situation. This should reduce the multiple negative
psychosocial stress factors at the onset of the illness, improve compliance, reduce
treatment-induced adverse effects during the palliative phase, support family
members' important contribution to the support of their sick relatives, and also to
offer suitable support in the dying and terminal phases.

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Chapter 03-1

Experiences of Adults with Disabilities Involved in a Project to Support Community Living

Heidrun Metzler, Annette Ullrich, Christine Rauscher, and Beate Kettner (University of Tübingen / ZIEL)

Content

Abstract
1. Introduction
2. The project "Living in the Community"
3. Project evaluation
4. Results
5. Perspectives of support workers participating in the project
6. Data analysis
7. Results
8. Discussion

Abstract

The objective of the study was to explore views of individuals with disabilities on their experiences with newly arranged supported living situations in the community in the project "Living in the Community" supported by a grant from "Aktion Mensch." Interviews with 19 individuals with disabilities in four different regions in Baden-Württemberg, Germany, were included. The study is part of a project evaluation related to the effectiveness of relocation processes of individuals with disabilities into the community. The project "Living in the Community" intends to restructure and/or initiate supported living services for people with disabilities by fostering collaborative networks between service providers for assisted living and (often church-based) volunteer organisations in the community. Difficulties in project implementation are also discussed, such as interagency collaboration, conflicts related to professional identity, and recruitment of volunteers.
1. Introduction

In the past, services for persons with disabilities were provided in segregated settings away from the community (Bradley, 1994). Over the past 20 years it has been a common practice in many countries to support individuals with disabilities in their desire to move from institutional settings to smaller community-based homes and to live independently (Young, 2003; Van Loon & Van Hove, 2001; Landesman-Dwyer, 1981). Generally, this has been restricted to adults with mild disabilities while people with more severe disabilities remained segregated in institutional settings. Insights into the reality of conditions within institutions, legislation around the provision of services for individuals with disabilities, and the paradigm shift in human services facilitated this process (Holt et al., 2000). Research has shown that community settings provide better outcomes in terms of adaptive behavior and self-determination when compared to those of institutional settings (Stancilffe & Lakin, 1998, Young, 2006). A literature review of 13 studies conducted between 1974-1996 in Australia (Young, Sigafoos, Suttie, Ashman, & Grevel, 1998) shows that living in the community is associated with a more self-determined and active lifestyle, greater overall satisfaction with life, improved contact with family and friends as well as increased opportunities for choice-making. Availability of choice is considered integral to quality of life (Kearney, Bergan, & McKnight, 1998). Studies conducted on quality of life in the United States (Vandergriiffe & Chubon, 1994), Australia (Young, Sigafoos, Suttie, Ashman, & Grevel, 1998; Young, Ashman, Sigafoos, & Grevel, 2001), and Europe (Dalferth, 1997; Metzler & Rauscher, 2003; Schwarte & Schaedler, 2005) report positive changes in life circumstances and choice-making following relocation into community residences. However, a review of the relevant literature has shown that a higher quality of life depends highly on the quality and nature of services provided to support people with disabilities within the community (Dalferth, 1997; Stancilffe & Lakin, 1999).

As the community-based approach to services for individuals with disabilities is moving into its third decade, aspects like effective support in terms of community participation and inclusion have become an issue (Hayden & Aber, 1994).

There is ample proof that adults with disabilities are best supported by a group of people in the community who care for them (Schwartz, 1992). The current shift towards community care encourages service providers to establish more and more individualized and community-based services. According to Marone (1992, p. 6) the term "Supported Living" refers to a situation where "a person with a disability who requires long term, publicly funded, organized assistance allies with an agency whose role is to arrange or provide whatever assistance is necessary for the person to live in a decent and secure home of the person's own."
The underlying vision of this development is that every adult should have the opportunity to live in a home of his or her own in the community and with whatever supports are necessary (Taylor, Bogdan, & Racino, 1991). This requires significant changes from the traditional facility-based service delivery system (Hayden & Aber, 1993). The project "Living in the Community" has been designed in response to this development and intends to increase supported living in the community for individuals with cognitive disabilities and/or mental health problems. The purpose of this paper is to explore project participants' and involved support workers' views on changes that have resulted from the implementation of the project "Living in the community."

2. The project "Living in the Community"

The project "Living in the Community" is funded by a grant from "Aktion Mensch." It is being implemented by a combined effort of "Zukunft Familie e. V." (Elisabeth Stauber) and "Caritasverband der Dioeze Rottenburg-Stuttgart e. V." (Wolfgang Mohr), two service providers who oversee different support agencies in the community. Project implementation started in October of 2005 and will end in October of 2008. The project is being evaluated by a research center affiliated with the University of Tübingen, Zentrum zur interdisziplinären Erforschung der Lebenswelten behinderter Menschen (ZIEL).

Four regions in the state of Baden-Württemberg are participating in the project. The goal of each participating region is to initiate a Supported Living arrangement for 15 individuals with cognitive disabilities or mental health problems in collaboration with a neighborhood agency (Nachbarschaftshilfe) and a service provider for families (Familienpflege). The project aims at improving community care for individuals with disabilities and mental illness by developing collaboration between an agency for supported living and two community services previously not involved in the care of individuals with disabilities: the service provider for families and the neighborhood agency. The project also focuses on improving independent living skills. Each of the Supported Living agencies in the four regions has a project coordinator funded by the grant for three years. His or her responsibilities include case management (coordination of supports, monitoring of individual situations to assure quality and appropriateness of support, facilitating person-centered planning, etc.) as well as obtaining input at meetings and workshops organized by "Caritas" and "Zukunft Familie."
3. Project evaluation

Methods

The evaluation process included the development and review of a support planning instrument with 16 categories similar to previously developed instruments constructed for the assessment of individual support needs (e.g., Metzler, 1998), but tailored to the specific needs of this particular project as well as to the respective evaluation questions. This instrument was completed for each new participant by the project coordinators in the Supported Living agency shortly after the first contact with a worker from one or both of the other two service providers. Collecting and analyzing this information can contribute to a better understanding of the needs of individuals with disabilities participating in the project and of changes that will occur in the course of the project. Qualitative interviewing of project participants, project coordinators, and direct support workers from all three agencies was used to explore individual perspectives and experiences (Bogdan, Knopp, & Biklen, 1998). A software for the analysis of qualitative data (AQUAD 6) was used to analyze the interviews.

Characteristics of Project Participants

By December of 2006, 16 individuals with a cognitive disability, 13 individuals with a mental health diagnosis, two individuals with a learning disability, and two individuals with both a mental health diagnosis and a cognitive disability participated in the project. The participants were between 19 and 76 years old. 19 were female and 14 were male. The characteristics of the project participants are depicted in table 1.

<table>
<thead>
<tr>
<th>Table 1: Characteristics of project participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total participants (by December 15th 2006)</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Average age</td>
</tr>
<tr>
<td>Mental health diagnosis</td>
</tr>
<tr>
<td>Cognitive disability</td>
</tr>
<tr>
<td>Learning disability</td>
</tr>
<tr>
<td>Both mental health diagnosis and cognitive disability</td>
</tr>
</tbody>
</table>

Project participation before project implementation

25 of the 33 project participants who were included by December 2006 (74%) were already living in the community and receiving support services by an agency for Supported Living before the project was implemented. Out of eight new partici-
pants, three had been living in their home without support, three were placed in group homes, one person lived in a foster care family, and one person received services from a different support agency. Prior to project implementation, the participants had been receiving support from an agency for Supported Living from five months up to 12 years. The average length of time of receiving support from the Supported Living agency prior to project implementation was 3.8 years (45.6 months).

Involvement of the two Community Services
At the time of this evaluation all 33 participants received services from the Supported Living agency. 21 participants received additionally services from the service provider for families and 12 participants from the neighborhood agency.

Housing situation
16 participants lived in their own apartment, 13 participants shared an apartment with other housemates, one person lived together with her husband and their child, one participant lived with his brother, and one participant lived with her partner (see table 2).

Table 4: Project participants’ housing situation

<table>
<thead>
<tr>
<th>Housing Situation</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own apartment</td>
<td>16</td>
</tr>
<tr>
<td>Together with husband and child</td>
<td>1</td>
</tr>
<tr>
<td>Together with brother</td>
<td>1</td>
</tr>
<tr>
<td>Together with partner</td>
<td>1</td>
</tr>
<tr>
<td>Sharing with others</td>
<td>13</td>
</tr>
</tbody>
</table>

Employment situation
16 participants worked at a supported employment site, 15 of them full-time and one person part-time. Six participants work for 6-9 hours in a workshop setting. Four participants were already retired, one was unemployed, one was employed (see table 3).

Table 3: Project participants’ employment situation

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Employment</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>16</td>
</tr>
<tr>
<td>Part-time</td>
<td>15</td>
</tr>
<tr>
<td>Workshop</td>
<td>6</td>
</tr>
<tr>
<td>(6-9 hours/ week)</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
</tr>
<tr>
<td>Employed</td>
<td>1</td>
</tr>
<tr>
<td>Childcare</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

Average support needs per week:
Participants needed support from the Supported Living Agency for an average of 2 hours per week with a minimum of one hour and a maximum of 5.4 hours. The
service provider for families was involved with 1.45 hours on average, a minimum of 45 minutes, and a maximum of 6 hours per week. The neighborhood service was involved with an average of 2.3 hours per week, a minimum of 1 hour, and a maximum of 5 hours per week. The total average of support was 4 hours per week with a minimum of 2 hours per week and a maximum of 11 hours per week (see table 4).

Table 4: Project participants’ support needs per week

<table>
<thead>
<tr>
<th>Supported Living Agency</th>
<th>Average</th>
<th>2 hours/week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
<td>1 hour/week</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>5.4 hours/week</td>
</tr>
<tr>
<td>Service provider for families</td>
<td>Average</td>
<td>1.45 hours/week</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>45 minutes/week</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>6 hours/week</td>
</tr>
<tr>
<td>Church-based organization</td>
<td>Average</td>
<td>2.3 hours/week</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>1 hour/week</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>5 hours/week</td>
</tr>
<tr>
<td>Total average of support</td>
<td>Average</td>
<td>4 hours/week</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>3.5 hours/week</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>2 hours/week</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>11 hours/week</td>
</tr>
</tbody>
</table>

Overall, eight participants had weekly support needs below three hours, 22 participants between three and six hours and three participants more than six hours of weekly support (see figure 1).

Figure 1: Average support needs per week (n=33)
Interview Participants

The findings presented in this paper focus on 18 semi-structured qualitative interviews with 19 project participants. One interview was conducted with two participants at the same time. If possible, the interviews were conducted at the participants' homes or at the Supported Living agency.

Characteristics of Interview Participants

Five participants have been living in the community less than two years with an average of 8 months. 14 have been living in the community longer than two years with an average of 6.6 years. The average age of the participants was 47.8 years. Nine male and ten female participants were interviewed. Nine persons had an intellectual disability and nine a mental illness diagnosis.

The interview questions evolved around their experiences with their newly arranged support situation. To address the rigor of the employed research methodology, two people coded the interview data, thus ensuring reliability. Additionally, focus groups with service providers (n=27) were conducted.

4. Results

Overall, the project participants reported high satisfaction with the provided support services. Some participants reported initial doubts. Among the benefits mentioned most often were support with household chores like cleaning or laundry as well as grocery shopping. The opportunity to form relationships with people other than care providers, but people with and without disabilities in the neighborhood and community was described as an advantage. In the following three case studies (Stake, 1995) as well as a summary of findings derived from the focus group interviews will be presented in order to allow for more in-depth insights into the lives of the participants in this project.

Case Studies

The case studies include information from different sources (interviews, support planning instruments, and documentation of personal contacts with clients). Selection criteria were (a) agency support prior to participation in the project (case study I), (b) new client (case study II), (c) different disabilities, life situations, and support needs, and (d) involvement of both the Supported Living agency as well as the two agencies in the community (see case study I and III).
Case Study I: Mr. G.

Mr. G. was born in 1965 in Bavaria. He lost his parents very early by a car accident and spent his childhood and youth in an orphanage in Berlin. In the interview he mentioned brothers and sisters "who are dispersed all over the place" and "who cannot be found anymore." He said that he missed his sister who was one year older than him, when he was 16 years old. Then he decided, "oh, forget it" and came to terms with not having any contact to his brothers and sisters. After the orphanage he lived in a Christian children's home for about ten years but he wasn't very pleased with it and therefore ran away. Mr. G. mentioned a professional training, which he completed. Mr. G. has a mental health diagnosis and was addicted to alcohol, he lived on the street for 12 years. He said, "I traveled around, I have been everywhere, here a while and there a while."

Nine years ago he suddenly lost his eyesight. He described that he was watching TV with a friend when it suddenly became darker and darker around him. "When I wanted to go see a doctor, it was already too late. No more light. That was it."

Since then Mr. G. has been living in a Supported Living arrangement, sharing a house with ten other persons. He said that after living on the street for so many years, it took him a while to get used to it. Therefore his answer to the question if he liked to live where he lives, he says,

well, let's say I got used to it. It was weird in the beginning, I had trouble getting used to it when I first got here, because I had really been on the street all the time, always on the street and then suddenly in a group home. I couldn't see anything, that's why. I didn't like it. (...) If you live on the street and then come into a group home setting and have to share with several people, everybody has different perceptions, it drives you crazy, everybody wants to tell you something. (...) But I got used to it. It is not bad here. I can't complain. (...) It's really ok.

At a later point in the interview Mr. G. mentions that it took him three years to get used to the new lifestyle. Despite his impairments Mr. G. can do many things in everyday life himself or with some support. He can make coffee and prepare simple meals. In the past nine years he has also received some training from workers in the Supported Living agency. It is above all his visual impairment that makes support and assistance necessary for him. He is taking care of his bank account and bills, but he needs somebody to go with him and to read out the bank statement to him. Mr. G. does not need any assistance in maintaining friendships or in environments that are familiar to him, but he depends on company for leisure activities outside his home. Employees in the agency for Supported Living describe Mr. G. as an interested and well informed member of the house. He makes
suggestions for activities and knows exactly, what his interests are and what he would like to do, etc. If he needs support, he will request it.

Since June 2006 Mr. G. receives apart from the support by a worker inside the agency (approximately two hours per week) some support from the neighborhood agency (approximately one hour). Together they go shopping or take walks. Mr. G. spends his days predominantly in the house. He described that after breakfast he clears up his room and then joins his housemates in the kitchen. He explained, "those who can see, prepare lunch." For about five to six hours per week, Mr. G. participates in leisure activities offered by the agency. Apart from the support he receives from the social worker in the agency and the assistant from the neighborhood agency, a housemate accompanies Mr. G. to leisure activities, thus securing orientation and safety. If Mr. G. needs to talk about something or has a question, he usually turns to the social worker. Overall he thinks that the supports he receives are enough, except that he would like to have an equalizer for his sound system, because he likes listening to music and has a large CD collection.

Case Study II: Mr. T.

Mr. T. was born in 1943 in a town in the South-West of Germany. He has a cognitive disability. Mr. T. lived for many years in a group home. He shared his room with a room mate who used to hit against the wall especially during the night which bothered Mr. T. a lot. He desired to live in his own apartment and to live "in peace." With the help of a support worker from the Supported Living agency Mr. T. succeeded in finding an appropriate place to stay. He said that he knew "immediately that it was the right decision." His transition from the group home to his apartment in the community was well prepared (for example, he had participated in a cooking class offered in the group home). However, Mr. T. cannot live completely independently yet. Therefore, since May 2006 a support worker from the Supported Living agency as well as a worker from the service provider for families support Mr. T. with various household chores.

The support network around Mr. T. is complex. Mr. T. keeps in touch with his former group home and brings his laundry there, because he does not have a washing machine. He is also still employed as an assistant of the caretaker in the group home facility from 7:30 AM - 4:15 PM. Mr. T. rides his bicycle from his apartment to work (approximately eight kilometers). He prepares his own breakfast and dinner and eats lunch at work. On Saturday a woman from the family support service comes for about two hours to help him prepare lunch. They do groceries, withdraw money from his bank account, cook and do dishes together. At the same time, the woman from the family support service has become an important contact for Mr. T., which has transpired from the documentation of personal contacts that all services participating in the project fill out regularly. The support worker from
the Supported Living Agency usually comes for approximately 1.5 hours per week. Together they take care of financial affairs, and do bills, but also household chores. Mr. T. is very well integrated in the community. He is an active linesman in the local soccer club and in the summer he is a lifeguard by the pool. His desire to live by himself and as independently as possible, which has come true in the course of this project, was very apparent throughout the interview. He is taking proud in being able to handle most of the daily living requirements independently. After many years of living in a group home, Mr. T. seems to have come "home." He says, "I am doing well. I am happy to live here now."

Case Study III: Mrs. A.

Mrs. A. was born in 1957 in a large city of Baden-Württemberg in Germany. Her mental health diagnosis required her to stay in different rehabilitation centers before living in a group home and finally in her own apartment with assistance from support workers in the community since 1995. In 1999 Mrs. A. got married. After her husband's death in February of 2005, the supports for Mrs. A. needed to be extended. Since June 2006 Mrs. A. receives also support from the neighborhood agency for three hours per week in addition to two hours by the Supported Living agency. In addition, she usually calls the agency several times per week if she has concerns or "feels stuck with something."

The support network around Mrs. A. is complex, too. If she needs assistance, she usually turns to the support worker of the Supported Living Agency first, but also to the neighborhood agency. Mrs. A. needs support with household chores, letters and bills, leisure activities, and health care. Her parents support her in dealing with financial affairs. On two days of the week, Mrs. A receives "meals on wheels." On the other weekdays Mrs. A. will prepare her own meals. She goes grocery shopping, keeps her apartment in order, and does her own laundry. The neighborhood agency helps her with cleaning floors and windows. Mrs. A. wants to become more independent. She said, "that is a problem for me, I want to become more and more independent, it is very important for me to be able to do as many things myself as possible." For about seven to nine hours per week Mrs. A. participates in leisure activities for individuals with mental health problems, e.g. gymnastics, choir, or dancing. There is also a medical doctor who supports Mrs. A. voluntarily. Mrs. A. says about her, "she takes care of me." Mrs. A. has two budgies and explains, "that way I am never completely alone." The fact that the budgies need her is very important for Mrs. A. The first thing she talks about when being asked to describe a normal day, is feeding her birds. If she feels that she might not make it through the day, it will help her if somebody tells her that her budgies depend on her. She says, "then I can pull myself back together." Mrs. A. can also call a friend or a neighbor who have offered her to call her anytime if she thinks "it is necessary" or "if she feels kind of weird."
Mrs. A. is obviously well integrated ("I know quite a lot of people, because I am involved in many things.") but has also some difficulties in this area. Asked about friendships, she says,

It is very difficult. Actually, I don’t have real friends. (...) I visit them, because it is important to me and because I have known them for quite some time and I also like them, but P. for example is an alcoholic. I have trouble handling it if he is drunk, it bothers me.

Especially on days where no therapeutic or leisure activities are offered, she misses having good friends. On the other hand she says, "it is not that I don't have any friends at all. If I am not well, there is always somebody there for me." However, her greatest challenge and her goal are related to this area. She says,

the most difficult goal for me – and I have hardly ever achieved it – is to say, what I want and what I don't want (..), to just tell my opinion without becoming aggressive about it. (...) That is really difficult for me, because of my mental illness I always want to be popular.

She also mentions that she sometimes finds it difficult to show her appreciation to people who help her on a voluntary basis. The involvement of too many people has also been a challenge, especially if they had opposite views. She said, "it was too much, I didn't know anymore what I wanted because everybody was telling me something different." Finally, being in the middle of a conflict between different support workers who both thought that the other one should do more, was awkward for her. Nevertheless, Mrs. A. is confident that this will be worked out and is content with the support she receives.

The case studies describe three very different persons, their life stories, and their present situations in life with their successes and challenges. Case study II shows that a dream could come true through creating a good support network and participation in this project. In the other case studies successful participation in the project "Living in the Community" is less easily to detect. In the case of the project participant described in case study I it can be assumed that the additional support by the neighborhood agency has increased his community participation. The quality of life of the project participant in case study III seems to be strongly influenced by her mental illness. Therefore conclusions on the quality of the support and the benefits of her participation in the project "Living in the Community" can hardly be drawn at this point. A second round of interviews at a later point in time as well as support workers' points of views will allow for further insights.
5. Perspectives of support workers participating in the project

This section presents the perspectives and experiences of the support workers participating in the project "Living in the Community" as reflected in interviews conducted in the four participating regions between September and November of 2006. The interviews were guided by a semi-structured questionnaire, transcribed, and analyzed. They evolved around first experiences with implementing the project and planning for new "Living in the Community" arrangements.

In two regions only workers from the Supported Living agency participated in the interview (in one region two support workers, in the other only one support worker). The third interview was conducted with two support workers from the Supported Living Agency, four workers from the family support agency as well as the manager of the same agency. The fourth interview had 15 participants: six support workers from the Supported Living agency, five workers from the family support agency, and four neighborhood agency workers.

Collaboration

The three agencies involved in the project tend to collaborate informally and "as needed." At this point in time meetings on a regular basis had only been implemented in one region, where all workers involved with the project meet every three months and discuss the current situation and needs of current project participants. The need for regular meetings has been judged quite differently by the interview participants in the different regions. One worker sees a need for regular meetings in order to better plan for collaborative efforts and to exchange information. However, another participant explained that time constraints will not allow for such meetings. A participant in another region mentioned that a need for regular meetings might arise if the number of project participants increases.

Project implementation started in all four regions with workshops, staff development activities, and trainings for workers from all three agencies. Those trainings included information on different types of disabilities, mental health issues, questions evolving around professional identity, etc. Most of the 33 "assistance mix" arrangements have been initiated by the project coordinators of the Supported Living agency in the four regions.

In recruiting further potential project participants, the four regions employ similar strategies. It is assumed that future "assistance mix" arrangements will be particularly interesting for individuals with a disability currently living in group homes who would like to live by themselves, individuals with disabilities who live by themselves but need more support, and individuals with disabilities who still live with their family of origin.

Organisation

It was mentioned that organizing the work shifts and considering the different support needs has been time-consuming. Short assignments (0.5 - 1.5 hours per
week) and support needs mainly in the late afternoon or evening or on weekends have caused complicated schedules. Also, it has been a question how the pool of possible helpers from the neighborhood agency who are willing to get involved in supporting individuals with disabilities or mental health problems can be expanded in the future.

Overall, experiences have been very positive. An important finding was that support workers from the Supported Living agency felt relieved through being able to delegate time-consuming tasks. It gave them time to take care of other matters, e.g., debts or other financial concerns. However, close collaboration between the three involved agencies, the project participants, and their families in sharing responsibilities has been pivotal in this process. Making time to meet and discuss understandings of participants' needs on a regular basis has proven to be beneficial in implementing the project. One of the regions developed a checklist for support planning designed to clearly define possible support needs.

It was also reported that one helper from a neighborhood agency suddenly withdrew. Reasons could only be speculated about. One assumption was that he might have felt overwhelmed by the confrontation with mental health issues. A support worker concluded that this experience raises the question, how "para-professionals" can be supported more effectively and how the responsibility to train collaborating support workers from other agencies can be handled. Finding appropriate ways of communicating needs, strengths, and preferences has certainly been a challenge and there has been some tension related differences in professional training and identity.

It was also reported that the initial concern of causing some clients to get the idea of being moved around, so far only proved to be applicable to one person with a disability who preferred having one support worker to take care of all her support needs and not having to deal with and relate to too many different people. The Supported Living agency accommodates this need with respect to the background of this particular client's long history of support needs and changing care-takers in various settings.

Helpers from the family support agency reported that it was a new experience for them that the amount of needed assistance was seemingly not decreasing when working with individuals with disabilities. While they were used to getting things done fast and to train people with the ultimate goal of independence, they needed to familiarize themselves with the concept of pedagogical assistance (i.e., "doing with" instead of "doing for"). The conclusion drawn from this insight was that goals needed to be stated clearly, monitored on a regular basis, and revised if needed.
6. Summary

The goal of the project "Living in the Community" is to include more adults with disabilities or mental health problems into the community, to give them choices, and to foster natural supports. Much progress has been made in providing opportunities for people with disabilities or mental health problems to live in the community and to be included. Interviews with project participants have shown that living in their own homes and experiencing support from more than just one agency is satisfying for them, because it allows for choices and increased self-determination. Especially the case study of Mr. G. who lived in an institution for the most part of his adult life clearly indicated the freedom he experiences now in his own apartment. The evaluation findings also show that identifying individual needs takes the willingness to listen and to collaborate constructively. It also takes leadership, time, training, and planned opportunities for reflecting and sharing experiences (Ashbaugh, 1994).

The literature on helping agencies shift from services to supports shows innovative approaches like the project "Living in the Community" can lead to further change in policies and to replication by similar agencies (Kiracofe, 1994). Supported Living service providers can learn from their own experiences but also from the experiences and struggles of others (Dalferth, 1997; O'Brien & O'Brien, 1994). The long-term success of efforts to install collaboration between those three agencies and to mobilize community resources will depend on the ability of all participants to overcome challenges in the process. Understanding the benefits of increased community participation and the positive impact on the quality of life for individuals with disabilities or mental health problems can help to live and deal with ambiguities on the way.

References


Chapter 03-2

Qualitative Detection of Problems for Prisoners' Reintegration

Samuel Gento, Antonio Medina, and María Concepción Domínguez
(Universidad Nacional de Educación a Distancia, Spain)

Content

1. Objective of the study
2. The study within the framework of the conference
3. Research approach
4. Empirical methodology
5. Results
6. Conclusions
7. Proposals

1. Objective of the study

The imprisonment of people has in Spain, as in the rest of the European Union, two main purposes (Álvarez García, 2001):

- One is the accomplishment of their duty of giving the society compensation for the illegal activities they have done before their imprisonment. For this accomplishment they must be in prison deprived from liberty throughout the period the judge has decided.
- The other one is the preparation of these imprisoned people to be reinserted in society as reliable citizens once they have accomplished the penalty of being deprived of liberty (Bueno Arús, 1986).

Compensation to society and affected people for the penalties that convicted prisoners have committed is a very important – although quite frequently controversial – topic. We have not studied this aspect. We have, by contrary, referred to the possibilities of reinserting the imprisoned people in society once they have compensated satisfactory their victims and society in general for the damage caused by their bad behaviour.

With such purpose of discovering, by empirical analysis, what are the most important or extended problems that prevent the social reintegration, we have contacted – with the necessary permission of the involved authorities – people
imprisoned in Spanish institutions. Our intention was to obtain directly their opinions in relation to the study theme, i.e., their possible reintegration.

In our contacts with some prisoners in Spanish jails we have tried to discover with their active participation what are the most relevant problems that, in their opinion, prevent reaching the second objective of the imprisonment period. In other words: What could impede the preparation for reintegration into ordinary social contexts as reliable citizens, once they have paid for their previous illegal behaviour?

2. The study within the framework of the conference

Our study fits into the general topic of the conference on "Qualitative Approaches in the Field of Psychology" for two fundamental reasons:

- The research represents a typical theme related to the discovery of ideas and feelings of people, with their participation. The objective is to find out which problems these people themselves consider most relevant, that is, which problems they feel must be solved in order to reach their own personal balance and social integration. We are, thus, studying subjective feelings and interpretations of situations and circumstances, which affected their personal balance and often their social adaptation.

- The methodology and techniques used represent two examples of an interpretative symbolic approach, where the involved people express their opinions and feelings on a particular theme that affects their own lives (Fiedler, 2007; Río Sadornil, 2005). The active participation of the involved people is also most important in this approach and research type within the framework of the conference's general topic. The techniques applied (see below) are typical examples of qualitative strategies for obtaining information by using opinions offered by the involved people, who express their ideas in an open atmosphere, without the need of previously defined criteria and without using quantitative data.

3. Research approach

The nature of this study is basically qualitative. For this reason, we have used two techniques to collect information that are rooted in the qualitative empirical tradition. Once the involved people (in this case, prisoners in Spanish jails) expressed freely and spontaneously their opinions on the topic of problems preventing their possible social reintegration, the obtained data were categorized.
Apart from that, in order to set up what are the most important or frequent problems and, as a consequence, to define priorities in the intervention to eliminate or reduce such problems, the techniques applied include the possibility of using some quantitative data. We agree with Erickan and Roth (2006, p. 14), when they affirm: "The use of qualitative and quantitative research would be phases of a joint process, instead of a dichotomy or two opposed alternatives." Both types of strategies are complementary, therefore it is difficult to exclude one of them. And obviously, in our study there is a sequence of qualitative-quantitative-qualitative treatment of data.

4. Empirical methodology

In order to detect the emerging problems preventing imprisoned people to be incorporated again as reliable and useful citizens into ordinary social contexts, we used a fundamentally hermeneutic interpretative approach, based on the vision of reality by the involved people, in this case the prisoners.

According to this approach, we used strategies of an initially and mainly qualitative type, which required the active participation of the research subjects. The techniques used to obtain relevant data are the following ones:

1. Brainstorming
2. Pareto’s analysis

We outline these techniques subsequently.

4.1 Brainstorming

The original conception of the brainstorming technique is due to Alex Osborn, who wanted to design a way of promoting the participative and creative collaboration of involved people, who participate to define or clarify a particular theme or problem. As this author suggests (Osborn, 1948), the fact that not all the involved people will be able to contribute creatively to research on particular topic is frequently due to the circumstance that they have neither been trained to do it nor were they given the opportunity of active participation.

The brainstorming technique is sometimes used in university classrooms, factories, business offices, churches, clubs and in particular homes (Hill & Stone, 1987). It is a technique of team working that, with a simple strategy and with the equalitarian participation of every member of the group, intends to provoke the emergence of the most abundant number of ideas, related to a theme or object of
Sometimes, these ideas proceed from unconsciousness. This technique is particularly useful to produce proposals for the solution of difficult problems, that is problems demanding creative approaches.

The technique must be implemented with very intense participation of all the involved people. The most important feature is just spontaneity and freshness of their contribution of ideas. As a consequence, all the members of the group should participate. At the same time, all participants must absolutely respect each others' ideas and suggestions. They must not reject any contribution – no matter how improper it could, at first sight, look like. The possible contradiction among diverse ideas may produce a reciprocal stimulation of great creative value that may be the origin of new contributions.

The use of the brainstorming technique (also called "storm of ideas," "whirlwind," and sometimes "promotion of ideas") pushes the members of a specific group to propose spontaneously and freely solutions they consider suitable or ideas that a previously well defined theme provokes. But in order to obtain effective results, the group of participants should be small, approximately from five to ten members, and they must be encouraged and coordinated by a "moderator" or "facilitator:" This person's role is mainly to provoke every member's participation. The group will function more productively, if it is composed homogeneously, if the members are mature people, experts in the particular theme or problem to be considered, and above all if they are creative or innovative in their contributions.

Each session may last maximally thirty to forty minutes. For the technique to be implemented correctly, it is necessary to inform the participants that they should respect certain conditions, such as the following ones:

- To adopt a creative, neither self-critical nor inhibited thinking;
- To express ideas immediately, as soon as they come to mind;
- Not to explain ideas, but just simply enunciate them;
- Neither to interrupt nor to criticize ideas when they are put forward by other members;
- To write down the ideas as soon as they are enunciated by the participants;
- To create new ideas by formulating associations with ideas already expressed by other members ("hitch-hiking");
- To put forward contributions in turn, and by enunciating just one idea each turn. If a participant does not have any idea to enunciate on his/her turn, he or she is skipped this turn.
- To enunciate every idea that appears into one's mind, even those that have been previously enunciated.

The brainstorming technique may be successively used a number of times in order to make a profound study of a specific topic or aspect. The use of this participative technique may be used when we try to:

...
- Search for new ideas;
- Identify a particular problem;
- Provoke the participation of a group or team members;
- Propose solutions to a specific problem;
- Enunciate possible improvements to be implemented;
- Discover new ways to be followed;
- Define possible causes of a problem;
- Identify possible resistance to particular situations.

In order to implement the brainstorming technique, the phases described subsequently should be followed (West-Burnham, 1993, pp. 55-57; Gento, 1994, pp. 33-35) (see figure 1):

![Figure 1: Brainstorming](image)

1st Phase: Presentation
During this phase the particular topic and the general rules of brainstorming are introduced. It is essential, of course, that all participants understand the topic. It is a good idea to write it on a blackboard or any other place, where the participants can always see it.

Once the theme has been presented, the purpose of the meeting and the rules of this technique should be explained. In addition, both the available time for the discussion and every participant’s time for individual contributions (for instance, two or three minutes) should be determined. It is also recommended to indicate that controversial opinions may appear. Particularly important is to insist that every member has to participate according to the agreed order. The participants take
turns and should not be inhibited to speak up because of – maybe – other members' status or position. It should be suggested that a creative attitude, but not self-critical thinking is most favourable. Additionally, it is absolutely necessary that ideas are simply enunciated, but not explained. Interrupting other members' contributions should not be allowed, not even in case they are expressed repeatedly. On the contrary, ideas produced as consequence of associations to other ideas are welcome.

2nd Phase: Group organization

The group members dedicate some minutes to introducing themselves and knowing each other. Afterwards, they designate one of the group members as moderator. The moderator's tasks are to coordinate the functioning of the technique, to give each member permission to express him/herself, and to promote every member's participation. In particular, the moderator should support those who have more difficulties to speak up. To facilitate the implementation of the technique it is recommended to designate a group secretary, who will write down all the expressed ideas and will, at the end of session and with moderator's help, summarize all expressed ideas.

3rd Phase: Contribution of ideas

In a relaxed and uninhibited atmosphere, each participant will spontaneously express his/her ideas. The group moderator, director or leader intervenes only to promote and regulate participation. It is important that throughout this phase every participant freely expresses him/herself and that each one will do it by immediately telling ideas that come to his/her mind. Any judgement of presented ideas should not be allowed; on the contrary, all ideas will be accepted initially, no matter how strange they look like, except those that are contrary to previously set up norms or cannot be located within the domain of the actual topic. In the latter case, the group moderator would intervene to focus the discussion again on the group's theme.

Contributions can be written down on a blackboard or any other medium. They may also become just registered by the group secretary. Every member spontaneously suggests ideas that are written down literally and without comments. The group moderator stimulates every member to put forward the maximal number of ideas, although just one idea during each run. During this phase, it should be tried particularly to
- accept all ideas;
- ask every member to put forward spontaneously all ideas that come to his/her mind;
- avoid critique or value judgements;
- avoid any assessment of contributions;
- refrain from debating about presented ideas;
- search for definitive solutions of the problem given.
4\textsuperscript{th} Phase: Clarification of proposals
During this phase, the group moderator successively presents each of the proposed suggestions and checks – together with all group members – how exactly all ideas have been expressed and how well they have been understood. If necessary, the participants who offered proposals can give the suitable explanation and thus clarify their proposal for all members. Once all ideas have been clarified and understood, they can be classified and grouped to form five or six types of categories.

5\textsuperscript{th} Phase: Assessment by consensus
The group checks again all suggested ideas applying the following criteria:
- Are there repetitions?
- Does the idea clarify the topic or solve the problem?
- Are the proposals relevant, appropriate, and feasible?
Ideas or proposals can be rejected only if a "consensus" of all members is achieved.
The prevailing ideas that prevail are again assessed by the whole team. A final decision to keep them also needs consensus. Assessment may be now implemented with reference to criteria as, for instance: costs, availability of personnel, necessary training, feasibility, accommodation to agreed processes, etc. A list of proposed ideas, organized according to their relevance for the topic/problem may be set up.

6\textsuperscript{th} Phase: Selection of ideas
Once the assessment of ideas has been finished, those with higher estimated value or those that better match the criteria may ordered to prepare a kind of "ranking" of all possible solutions or proposals. The solutions or proposals with highest estimation may be considered suitable to be implemented or used, appropriate to be considered in other discussions, or used with other techniques considered necessary for the investigation of the topic or problem solution. Those ideas or proposals now considered of lower value may be rejected or perhaps kept in a specific file – just in case they could be used at another opportunity.
4.2 The Pareto analysis

This technique received its name from the Italian economist Vilfredo Pareto who launched in the beginning of the XX century the "80/20" hypothesis. According to that hypothesis, 80% of world resources are accumulated by 20% of its population, while 80% of the population only have the remaining 20% of world resources. This theory has afterwards been used in studies of organization, under the consideration that 80% of problems affecting a particular process are produced by 20% of main causes, while 20% of problems are produced by 80% of less important causes.

By accepting this hypothesis, the Pareto analysis tries to identify the important real causes of a problem. Particularly, it looks for the more important causes that exert influence over the studied effect or problem. But in order to clarify the more important causes, participation of all the involved people is required. This technique can be used when a team or group of people wants to discover causes that produce a problem and, particularly, to determine the most important causes to be treated to eliminate or reduce the problem. The technique is very useful to promote and use people's participation in processes of decision-making.

The implementation of the Pareto Analysis technique requires the implementation of some phases oriented to discover the most important causes that determine a specific result. Such phases can be the following ones (see Greenwood & Gaunt, 1994, pp. 94-96; West-Burnham, 1993, pp. 62-64):
- Identification of causes;
- Data collection and organization;
- Statistical treatment of data;
- Graphic representation.

1° Phase: Identification of causes

The session director, moderator or coordinator presents the theme or problem to be treated: it must be presented in a way that facilitates the analysis of those elements or causes, which produce the problem. Afterwards, the group will work to identify causes that bring about a specific problem or process. For this purpose, the group may use another suitable technique, such as "brainstorming," "cause and effect diagram" or other approaches. Anyway, it has to be guaranteed that causes or elements are independent from each other and that there is a clear difference between them. To facilitate a good graphic representation, it is necessary to have a reasonable number of selected causes or elements (at least, 80 to 100 of them in total).
2nd Phase: Data collection and organization
During this stage, the group, oriented and coordinated by its moderator or coordinator, tries to obtain the frequency of elections in each proposal and to collect data for determining the frequency of proposals or elections corresponding to each proposed cause. For this purpose, a statistical table may be made: at its left side there will be a column with the name of the proposed causes; the other following columns will include the frequency by which each cause has been chosen by the participants.

3rd Phase: Statistical treatment of data
During this phase, the statistical table is organized by putting down all the proposed causes in a decreasing order of frequencies. To make up this table, a column with the name of each cause (the complete name or a code representing them) will be inserted in decreasing order by the number of votes. The next column on the right side will include the corresponding absolute frequency of each cause. Then, the percentage of votes for each cause (in relation to the total number of selections) will be included in another column. The next column will show the accumulated percentage of each cause.

4th Phase: Graphic representation
Once we have structured the statistical data, inserted into a table according to what we have expressed in the previous phase, we will make up the "histogram" or "chart" of the graphic representation. To this end, we place at the horizontal axis the causes or elements of the considered problem or theme, all of them placed in a decreasing order from left to right. At the left side of the vertical axis we place the scale of absolute frequencies corresponding to each cause. At the right side of the vertical axis we place the scale corresponding to the accumulated percentage of all the chosen causes or factors.

In this histogram we will afterwards draw a bar diagram or chart corresponding to the absolute frequency of each cause (according to the scale placed at the histogram’s left side). Thus, all of them will be shown in a decreasing order from left to right. Then, we draw the line diagram or chart corresponding to the accumulated percentage, placed at the histogram's right side, that is, all causes will be placed in an increasing order from left to right. An example demonstrating the results of this study is shown below in figure 2.

The interpretation of this graphic representation will allow us to distinguish those causes that obtained higher absolute percentage – they may be considered as "vital" causes – from those that obtained low absolute percentage – they may be considered as "trivial" or unimportant causes. The practical consequence of this technique and its graphic representation is that any approach to improve problematic situations, processes, or results will start by scrutinizing those causes that received the highest percentage of votes.
In addition, the complete table and its graphic representation will highlight the accumulative importance of causes, that is, their importance is represented successively in the scale on the diagram's right side (where the accumulative percentage is represented).

5. Results

To obtain direct and fresh information related to what are the main problems that prevent imprisoned people to be reinserted as reliable citizens, we contacted a group of prisoners at the prison of Navalcarnero, province of Madrid (Spain). To contact these people and motivate them to express their opinions on the subject was not a simple task; but with the help of some experienced prison civil servants, it was possible.

With the selected prisoners, we implemented the two previously described techniques; brainstorming and Pareto's analysis. After applying these techniques, we categorized the problems (mainly as a result of "brainstorming" and estimated the relative importance of each of them by considering the votes they had received from the participants. For this purpose, Pareto's analysis was implemented.

5.1 Problems preventing participation

The first difficulty to be solved has been to convince the prisoners of the utility of attending the voluntary session and to work with these techniques. They are not used to have sessions of this type, where they can freely express their opinions about their own future. On the other hand, they consider people coming from outside and going to work with them as strange persons, who neither establish contact nor are interested in knowing about the reality of life in prisons.

Another difficulty was to convince the prisoners that it is useful for them to participate in a very active session where they should express their personal opinions on a very important problem for them, i.e., their own future reintegration into society.

Both difficulties were solved with the jail civil workers and with some direct motivation (by explaining the purpose, the utility, and the feasibility of the techniques used). Once the difficulties were solved, the participant prisoners actively participated in the two mentioned techniques.
5.2 Data obtained by the brainstorming technique

After motivating the prisoners to take part in the sessions, that is to give information about the proposed theme, and once the brainstorming technique was explained to them, they actively participated. They mentioned various facts and circumstances, which they expect to encounter when they try to be really and effectively reinserted in ordinary civic life. The problems they expressed as difficulties are listed subsequently:

- Lack of vocational training for prisoners;
- Lack of incentives for companies to accept former prisoners as employees;
- Lack of re-education for prisoners;
- Judges do not care about future problems of prisoners;
- Lack of employment opportunities for former prisoners;
- Lack of family support for former prisoners;
- Governing politicians do not have sufficient political will to support the reintegration of former prisoners;
- Professionals at the penitentiary do not care sufficiently about the prisoners' future;
- Prisoners are not highly motivated to be reeducated;
- Lack of institutions that would support employment and social reintegration;
- Society rejects former prisoners;
- For most former prisoners it is impossible to acquire or rent housing;
- Prisoners lack money to survive until they find employment;
- Lack of supporting professionals;
- Rejection of immigrants;
- Negative messages in the mass media.

5.3 Data obtained by the use of Pareto analysis

After the prisoners had "brain-stormed" and expressed the problems, which impede their reintegration, we tried to set up the relative importance of these problems by using the "Pareto analysis." Table 1 shows the frequency, absolute percentage (in relation to all votes) and accumulated percentage.

Data obtained with Pareto's analysis were used to elaborate the corresponding diagram inserted as figure 2.
Table 1: Frequency and percentage of problems

<table>
<thead>
<tr>
<th>PROBLEMS</th>
<th>FREQUENCY</th>
<th>ABSOL.%</th>
<th>ACCUM.%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Lack of vocational training</td>
<td>7</td>
<td>9,6</td>
<td>9</td>
</tr>
<tr>
<td>B) Lack of incentives for companies</td>
<td>7</td>
<td>9,6</td>
<td>19,2</td>
</tr>
<tr>
<td>C) Lack of m. education</td>
<td>6</td>
<td>8,2</td>
<td>27,4</td>
</tr>
<tr>
<td>D) Lack of judges' involvement</td>
<td>6</td>
<td>8,2</td>
<td>35,6</td>
</tr>
<tr>
<td>E) Lack of employment</td>
<td>6</td>
<td>8,2</td>
<td>43,8</td>
</tr>
<tr>
<td>F) Lack of family support</td>
<td>6</td>
<td>8,2</td>
<td>52</td>
</tr>
<tr>
<td>G) Lack of political will of governing</td>
<td>5</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>politicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H) Lack of committed professionals at</td>
<td>5</td>
<td>7</td>
<td>66</td>
</tr>
<tr>
<td>the Presidential Centers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I) Lack of prisoners' motivation to be</td>
<td>5</td>
<td>7</td>
<td>73</td>
</tr>
<tr>
<td>sentenced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J) Lack of supporting institutions</td>
<td>5</td>
<td>7</td>
<td>80</td>
</tr>
<tr>
<td>K) Rejection by society</td>
<td>4</td>
<td>6</td>
<td>86</td>
</tr>
<tr>
<td>L) Lack of housing</td>
<td>3</td>
<td>4</td>
<td>90</td>
</tr>
<tr>
<td>M) Lack of money</td>
<td>3</td>
<td>4</td>
<td>94</td>
</tr>
<tr>
<td>N) Lack of supporting professionals</td>
<td>3</td>
<td>4</td>
<td>98</td>
</tr>
<tr>
<td>O) Rejection of immigrants</td>
<td>1</td>
<td>1,4</td>
<td>99</td>
</tr>
<tr>
<td>P) Negative stances of media</td>
<td>1</td>
<td>1,4</td>
<td>100</td>
</tr>
<tr>
<td>TOTAL</td>
<td>72</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

5.4 Pareto’s representation

Data from the Pareto analysis (see above, tab. 1) were used to create the diagram on the left (Figure 2).

Figure 2: Pareto’s analysis as diagram
Bar chart – absolute frequencies/left vertical axis and line chart – accumulated percentages/right vertical axis
6. Conclusions

Data obtained by the use of "brainstorming" and particularly of "Pareto's analysis" offer strategic information to overcome the difficulties that prevent the reintegration of prisoners. Information included in table 1 and in the graphic representation of the Pareto analysis shows clearly the most important difficulties that prisoners expect to impede their reintegration. It is obvious to conclude that those problems that were chosen by prisoners most frequently (see paragraph 5.2 and table 1) may be considered as the most important ones and those that deserve highest attention.

7. Proposals

By focusing on the difficulties with higher percentage of votes we find those that need to be solved with highest urgency. Coherently, we may deduce the most important areas of support for the reintegration of prisoners:

- Vocational training (9.6% of votes)
- Incentives to companies employing former prisoners (19.2%)
- Reeducation of prisoners (27%)
- Involvement of judges (35.6%)
- Employment opportunities (43.8%)

And, if we try to interpret profoundly the obtained answers, we can deduce that the participating prisoners considered education in general highly important for their reintegration into a productive and reliable life. Data referring to those aspects of education, which strongly need more consideration, are the following ones (with the percentage of obtained answers):

- Vocational training (9.6%);
- Reeducation (8.2%)
- Motivation to be educated (7%)

By summing up all this aspects, we obtain a total percentage of 24.8% of all votes. This synthesis of opinions of prisoners on what are the most important problems preventing their reintegration should be understood as their most intense wish to receive help solve these problems.
References


Fiedler, B. (2007). Teaching qualitative methods in psychology: An ambiguous enterprise. Reducing the irreducible for the sake of understanding. Presentation at the Center for Qualitative Psychology Conference on "Qualitative Approaches in the Field of Psychology," Berlin, February 16th-18th (see article 3-03 in this volume).


www.horizontesabiertos.org (about reintegration of prisoners)

www.uned.es/dpto-derecho-politico/framepenit.htm (about rights of prisoners)
1. Introduction

Qualitative methodology is in the way it views itself anti-reductionistic, it is committed to a more holistic paradigm, aiming at "understanding" and not "explaining" (Dilthey) meaning, and it considers an analytic procedure to be counterproductive.

However, teaching has to be stepwise and tentative and must take into account the prerequisites and preceding experiences of students. The topic here, therefore needs to be broken down into understandable portions and accompanied by comprehensible examples.

Teaching methodology in social sciences implies ambiguity creating an artefact of solid determination.

"Psychology seems to be placed on the horns of a dilemma: either it meets the scientific criteria as established by the natural sciences (with physics seen as the paradigmatic model) or else it has to identify itself with another scholarly framework (for example, the arts, the humanities) and admit that it is not a science" (Giorgi, 1996, p. 25).
Moreover, we are confronted in psychological methodology by a virtual "natural law" referring to the probable discrepancy between accuracy and the relevance of the research results – the more likely we are to aim for accuracy, the more we are inclined to collect irrelevant data with very little value – and vice versa.

Following a historic introduction, presentation of misunderstandings, misinterpretations and the illustration of counter concepts, I will continue to demonstrate the methodological integration by means of both a nomological and a qualitative procedure on the topic of the "Violation of Human Rights."

2. Objectives of this Lecture

- The description and explanation of the difficulties of teaching methodology in psychology, especially qualitative methods
- Demonstrating a very personal attempt at overcoming insufficient dichotomies in scientific classifications

3. Reasons for and conjectures about the underlying principles

In the process of teaching qualitative methods to beginners one may be confronted with the following obstacles:

3.1 Expectations, assumptions, anticipation of students as a result of their educational background and personal preferences as well as presumptions regarding the character of psychology as a science and about science itself. Therefore, attitude change is required: the canon of the natural sciences is predominant and popular even among students of social sciences, discursive agreement replaces the search for truth and unambiguous results.

3.2 Reasons and obstacles in the objectives themselves and/or, alternatively, their interpretation of the scientists

3.2.1 Historic influences e.g., arguments about the so called "Werturteilsstreit" (value judgement) and their corollaries.

Construction of "battle groups" and identification of hostile camps (e.g., psychonanlytic vs. behavioural and cognitive approaches; Grawe vs. Mertens (see Barkhausen: Der Widerstand im Herzen des Forsches. Freuds Psychoanalyse und Klaus Grawes Allgemeine Psychotherapie –
I ideological mazes (e.g., level of quantification as a reflection of the capitalistic class structure (Ritsert in: Lamnek, 1988).

3.2.2 Lack of unambiguous definitions referring to the objectives in question (qualitative vs quantitative etc.)
Contradictory definitions of small operational value. Sometimes a voluntary flight into the haziness and darkness of defining and structuring is obvious in becoming immunised to critique (Popper, 1979), e.g. no unambiguous clear-cut definitions can be found even when differentiating between "understanding" and "explaining" as typical topics of social and natural science – this is not self-evident (Bem & de Jong, 1997, p. 64).

3.2.3 Contradictory (mis-)interpretations of the scientific process itself
Misleading (and misunderstood) categorizations/dichotomies:
- Qualitative vs. quantitative
- Nomothetic vs. idiographic (Windelband)
- Explaining vs. understanding (Dilthey)
- Relevant scientific criteria, yardsticks
- Ruling scientific model in question (e.g., three models of Lamiell)
- Nature (body) vs. mind
- Analytic vs. holistic procedure
- Objectives of science: description vs. law-seeking, pure general knowledge vs. intervening (operational) knowledge, orientation vs. application
- Overestimation and underestimation of each alternative model
- Assumptions about the scientific accessibility of the specific topics in question, e.g. the context of discovery

3.2.4 Prevailing (implicitly or explicitly chosen) paradigm and understanding its role in the research process
"The difficulty of getting a solid consensus, understanding of the paradigms in question is carried to extremes by "social constructivists" who consider those topics as artefacts which allow "negotiating understanding" as tools for praising and blaming" (Gergen et al. in Bem & de Jong, 1997, p. 66).

3.3 Frequent lack of a consequent, consecutively-tailed curriculum

in the social science area, i.e., the students' prerequisites are incompatible.
4. The nature of science

4.1 Definitions, descriptions and categorizations

"Science [Lat. scientia=knowledge]. For many the term science refers to the organized body of
knowledge concerning the physical world, both animate and inanimate, but a proper definition
would also have to include the attitudes and methods through which this body of knowledge is
formed; thus, a science is both a particular kind of activity and also the results of that activity"
(Columbia University Press).

Approaches to categorization (e.g. Habermas) usually reflect the implicit or
explicit point of view of the author and reduce all the order criteria actually possible
to a personal selection, e.g. research objects, methods of research, historic aspects,
theory vs. practice. This means that there are infinite possibilities with no set
(natural or logical) outcome.

4.2 Criteria (yardsticks) evaluating the scientific process and/or the results

With reference to our methodological problem, we could ask whether the whole
range of psychological research methods is governed by the same criteria and only
"the manner of implementing the criteria is quite different because of the essential qualitative
difference between phenomena that have consciousness and those that lack it" (Giorgi, 1996, p.
27). "It is claimed that these structures are the result of processes that are systematic, critical,
general and methodical and that they are open to intersubjective verification by the community of
psychologists" (Giorgi, 1996, p. 40).

Bem and De Jong (1997) suggest in accordance with Nagel (1961) the
following list of characteristics of science:

1. Systematization. Theories must be applicable across the board, the theoretical
edifice must be coherent and if possible hierarchical; the domain of
application is specified at the outset, and no ad hoc exceptions are allowed.
2. Well-defined methods (Kuhn, 1962). Methods also specify what counts as
legitimate subject matter, facts, and explananda. Psychologists, for instance,
will be reluctant to investigate poltergeists as phenomena in their own right;
chemists disown the philosopher's stone: they fall outside the framework, do
not count as observation.
3. Reduction, both in the sense of ignoring certain aspects of reality (which are
supposedly accidental) at the descriptive level, and in the sense of reducing
phenomena to underlying principles at the explanatory level. As a simple
example of the latter, water, steam, and ice are explained as the same chemical
substance under different conditions. A more complex example: all matter
may ultimately be explained by the final laws of a (future) complete physical
theory in terms of elementary particles or fields. (This is not self-evident within qualitative methods).

4. **Objectivity**, in the sense of being controllable, reliable and intersubjectively observable. For instance, so-called slow schizophrenia, which could only be observed in Soviet dissidents by Soviet psychiatrists trained by Professor Snezjnevskij in KGB clinics, and nowhere and by nobody else (Joravski, 1989), is not a scientific concept.

5. **Clarity.** Scientific statements are phrased unambiguously, in principle addressed to the public domain.

6. **Never closed.** Scientific knowledge is open, is at all times revisable and never definitive.

### 4.3 The scientific procedure (according to Reichenbach et al.)

- The context of discovery
- The context of justification
- The context of utilization

This classification incorporates no pre-assumption or hidden preference of a specific methodology, i.e. it is universally applicable.

### 4.4 Classification of research methods

Is the dichotomy qualitative vs quantitative adequate or is Windelband’s nomothetic vs. idiographic model a better choice?

Inconsistencies become apparent, e.g. psychoanalysis in a general sense is on no account a quantitative procedure – neither idenographically in the way it views itself nor nomothetically since it claims (at least in a Freudian sense) generalisation without adhering to the usual scientific criteria e.g. systematicity and objectivity.

Lamiell (1996) suggests a different model, differentiating between three alternatives: The Leipzig research model, the clinical experiment research model, and the Galton research model.

### 4.5 The actual choice of a psychological research, therapeutic or intervening method as a result of:

- The type of problem – the leading but not the most effective parameter
- Personal tradition
- The respective institution’s boundaries (s. Westmeyer, Kreativität)
- The respective so-called field of investigators or evaluating staff (Csikszentmihalyi, 2001)
- The domain (Csikszentmihalyi, 2001): This consists of a set of symbolic rules and procedures and is embodied into the respective culture – in our case the appropriate psychological range of topics
- An artificially-constructed (interpreted as naturally existing) dichotomy between qualitative and quantitative methods
- Successful forerunners, assessment of scientific efforts
- The assessment of the probable outcome
- The social and personal (implicitly or explicitly) prevailing paradigm

5. Quantitative Methodology

5.1 Definition

A quantitative property is one that exists in a range of magnitudes, and can therefore be measured. Measurements of any particular quantitative property are expressed as a specific quantity, referred to as a unit, multiplied by a number. Counting is the appropriate action and gives the basis for applying mathematical procedures.

A prerequisite is the process of quantification in which specific variables are assigned according to the requirements of the so-called (four) levels or scales of quantification. This assignment is responsible for the quality of the measurement and can be determined by the application of appropriate mathematical formulas – colloquially referred to as "statistics."

5.2 Scientific aims

When handling and analysing psychological data, such as technical or biological variables, one hopes to fulfil the prerequisites for reaching comparable ideals: objectivity, law-seeking, truth, verifiability, clear control, and prediction. The preferred method for gaining appropriate data is the experiment, but questionnaires and tests etc are likewise in demand.

The underlying scientific ideal is that of the so-called nomological-deductive model which tries to explain a single fact by means of deduction using a suitable general principle, which, on the other hand, is generated from several similar observations. Provided operationally constructed variables and an adequate amount of data can be disposed of, this is a good basis for gaining certain and useful results. The achievement of the nomothetic ideal (inducing laws) appears to be within easy reach.
5.3 Realistic obstacles, respectively drawbacks

In contrast to technical variables etc., our data cannot be measured directly but needs to be primarily constructed by deviating via the operational definition of hypothetical constructs, such as intelligence or motivation, i.e. we look for behavioral indices for the variables in question. This means that there is no clear evidence of the appropriate operation being without a theoretical burden but rather contradictory, inconsistent interpretations. This lack of clarity may be responsible for contradictory results, although the statistical inferences are correct. It appears to me that if there is virtual "natural law" in psychological methodology referring to the probable discrepancy between accuracy and the relevance of the research results – the more we aim for accuracy, the more we are inclined to collect irrelevant data with very little value – and vice versa. We have to put that in our pipe and smoke it! Following a line of approach leaning over too far to one side takes us much further away from the other ideal.

Another point of critique is the frequent misinterpretation of the term "statistically significant."

Since we only can get probable results from a sample (and the underlying appropriate mathematical distribution), our inferences refer only to the probability of a comparable identification in our "constructed" population and not to an important, significant event, i.e. it might be very irrelevant in reality.

Lamiell (1996) emphasizes this drawback: "...While the clinical experiment model and the Galton model differed in certain respects, they shared in common the view that participant aggregates – and not participants – were the proper units of investigation. Within the clinical experiment model, for example, a statement about 'hysterics' or 'somnambulists' would be a statement about the average value of some variable within a group of persons so diagnosed, and not about any particular person so diagnosed. Similarly within the Galton (individual differences) model, the correlation between, say, IQ and speed of reaction to auditory stimuli is a numerical value definable for a group (sample, population) of persons, and not for any individual person within that group."

Another point leads us to the problem of concluding results from the "null hypothesis."

Refuting the null hypothesis is not enough, since it is in itself an artificially-constructed scientific alternative and, therefore, of small value with a view to the accuracy of the hypothesis actually intended – which is just a scientific trick to avoid specific traps within the jungle of scientific theories. Moreover, these conclusions have little behavioral or predictive value.

"MEEHL was rather less gentle in expressing his views about the notion that theoretical assertions in the so-called 'soft' areas of psychology (among which he specifically mentions clinical, counselling, social, personality, community, and school psychology) could ever be evaluated in a scientifically adequate manner by means of conventional tests of statistical significance.
I suggest to you that Sir Ronald [Fisher] has befuddled us, mesmerized us, and led us down the primrose path. I believe that the almost universal reliance on merely refuting the null hypothesis as the standard method for corroborating substantive theories in the soft areas is a terrible mistake, is basically unsound, poor scientific strategy, and one of the worst things that ever happened in the history of psychology." (1978, p. 817; cit. Lamiell, 1996 p. 147).

And he carries on

"Meehl quite properly concludes that much of what has historically passed for 'theory testing' in psychological research reduces to 'meaningless substantive constructions on the properties of the statistical power function' (1978, p. 823), that is, the fact that any non-zero mean difference, or, equivalently, any non-zero correlation, no matter how small, can be statistically 'significant' provided only that a sufficient number of observations have been made. In order to uncover statistically significant relationships, therefore, it is not essential to be theoretically insightful. One must simply be able and willing to get more data. At that, and as noted above, rejection of the null hypothesis says nothing at all about the validity of any competing hypothesis. Alas, this fact, too, is routinely ignored by most contemporary investigators (Gigerenzer & Murray, 1987)" (Lamiell, p. 148).

5.4 Conclusion

Our critique of the usefulness of the quantitative model consisted of the following objections:

- Our assumptions of the appropriateness of a nomothetic model confuse direct measurements with our artificially – (and not consistently) constructed variables
- The frequent misinterpretation of the term "statistically significant"
- Refutation of the null hypothesis is an insufficient basis for operational consequences
- Since we deal with probability and not determinism or safety our concrete predictions are only valid for an average of aggregate variables or persons – in no way do they allow corollaries for single events or persons. This might be one reason why the applicability of psychological research results is very restricted, for example in counseling and school psychology.

I would like to end this conclusion with the following citation from W. Stern (in: Lamiell, 1996, p.159):

"And yet: we should not adopt blindly a position against the possibility and fruitfulness of such mathematization; we must only understand and approach it properly. It is in-
dispensable, because the human is, after all, a part of that macrocosm which submits in endless ways to comparison and gradation and thus to quantification. . . . The person does not simply surface in the world and is therefore also not exhaustible by means of the principles of universal measurement (i.e. by means of measurements of space, time, mass, energy, temperature, etc.). On the other hand, neither is the person an isolated thing, an artefact resting entirely upon itself, something that would be separable from all measurable relationships to the world. Instead, the person converges with the world, and it is just this convergent relationship to the world that must come to expression in specific measurable relationships and measurement principles.” (1923, p. 183, my trans.)

6. Qualitative methodology

6.1 Definitions

The qualitative paradigm prefers, for example, field research and participating observation. Inquiries are exerted in the form of open, recounted interviews - not aimed at establishing given answers to find certain differences. It is often pointed out that the advantage of qualitative methods is that they are better suited for understanding those persons examined; the deeper aspects of human attitude cannot be captured in a standardized interview (Jüttemann, 1989, p. 7; Lamnek, 1988, p. 8). The apparent disadvantage of these methods is that the qualitative results are theoretically evaluated based on a number of narrative interviews – a method which is virtually non-regulated and, therefore, very unreliable (Lamnek, 1988, p. 96f).

In some instances it would be more precise to speak of “non-quantitative” instead of qualitative methods. In short, these methods are claimed to be:

- Interpretative: "reality" is a social construct
- Naturalistic: not artificial
- Communicative
- Reflective
- Open
- Subjective
- Transparent

Preferred methods are, for example:

- Narrative interviews
- Biographic research
- Group discussions
- Participating observations
6.2 Scientific aims and criteria

Life proximity is an essential ideal – besides constituting anti-reductionistic research. The aim of the inquiry is rather to understand than to explain.

As outlined above, there are different opinions as to whether the criteria for evaluating the research process and the outcome should be the same, but I personally agree with Georgi: "...the manner of implementing the criteria is quite different because of the essential qualitative difference between phenomena that have consciousness and those that lack it" (Giorgi, 1996, p. 27). "It is claimed that these structures are the result of processes that are systematic, critical, general and methodical and that they are open to intersubjective verification by the community of psychologists" (Giorgi, 1996, p. 40).

Guba and Lincoln (1998, p. 195) refer to this problem: "From our perspective, both qualitative and quantitative methods may be used appropriately with any research paradigm. Questions of method are secondary to questions of paradigm, which we define as the basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways."

To evaluate the proper paradigm, my model "Assigning Paradigms in Psychology" (see table 1) might prove helpful because, in my opinion, any psychological paradigm could be placed within two dimensions: mind vs. body as well as internal or external causes. This does not imply that every theoretical orientation can be located exclusively in one quadrant. However, proper placement only requires these two dimensions. This liberates us from wasting time and effort looking for artificial points of appropriate classification.

Table 1:

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>1. Source/Localisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>internal</td>
</tr>
<tr>
<td>2. Psychological preference</td>
<td>cognitive MIND</td>
</tr>
<tr>
<td></td>
<td>materialistic BODY</td>
</tr>
</tbody>
</table>

* example
The references to "BODY" and "MIND" result from a suggestion presented to me verbally by Prof. Theo Herrmann during an interview (Mannheim 2004).

Apart from the nomological argument of reduction, no further important difference is apparent and, as far as I am aware, no explicit design exists for evaluating the scientific process used in qualitative research. However, it is by its very nature committed to a holistic approach and is, therefore, less precise. This lack of comparable clarity is also responsible for the difficulty in teaching the subject matter, as teaching involves an analytical approach with precise definitions and suitable examples.

Qualitative methodology itself as an object of science has a meaning and can only be understood in the "field," i.e., in relation to the meaning of others (s. Bem & De Jong, 1997) and in the affiliated "domain" (Csikszentmihalyi, 2001), i.e., in the appro-priate area of related topics.

Qualitative methodology being rather weak is inclined to be confused or mis-interpreted with arbitrariness or mere speculation. Thus, it is essential to point out that it is not automatically "idiographic" in the Windelbandian sense describing uniqueness.

"Hence, reliance on N = 1 methods is neither equivalent to an 'idiographic approach' nor, ipso facto, incompatible with nomothetic objectives in the Windelbandian sense of nomothetic. What is more, while idiographic knowledge might be knowledge of single persons, it might just as well be - to quote Windelband himself - knowledge 'of an entire folk, [of] the peculiarity and development of a language, religion or legal system, of a product of literature, of art or of science' (Windelband, 1894/1904: 11; my transl.). For Windelband, the defining characteristic of idiographic knowledge was not that it pertained to an individual person, but that it pertained to what it once was. Modern confusion on these points is as unfortunate as it is pervasive" (Lamiell, 1996, p. 161).

It is even possible that we are confronted with a crossover of a method or paradigm which lacks the clarity of fulfilling the appropriate scientific criteria, has a qualitative appearance or outlook but an nomothetic claim. This holds for some psychoanalytic theories.

A qualitative methodology does not necessarily conflict with Popperian scientific ideals, since absence of openness, lack of transparency and tendencies for immunization against critique are more important than formal properties, such as the possibility of falsification. Popper's intention is better understood as a shield against the manipulation of agents possessing the monopoly of interpretation or deciding in a closed shop as a guide-dog or scout for correct scientific acting.

Instead of presenting a personal summary I would prefer to cite Kreissl and Wolffersdorfer-Ehler (1985): "The misfortune-blessed, under certain epistemological aspects produced controversy of explanating and descriptive knowledge did not only let our knowledge become impoverished, but at the same time also its prescriptive ability in the reference world of our research decreased."

It is pity that various pseudoscientific works are in circulation under the heading "qualitative," surrogating their lack of clear-cut definitions and comprehensible discovery steps (realization, cognition) "... (the advocates of the new methods become write participants) by outbidding mutually themselves in providing their scientific self understanding and with a quotable conceptual cover" (Kreissl & Wolffersdorf-Ehlert, p. 98).

6.3 Classification, overview of specific qualitative orientation

Listing qualitative methods is not confined by clear boundaries and membership is not always unambiguous with most classifications containing hermeneutics and phenomenology. Since these topics are self-evident, unavoidable and difficult to deal with in teaching, I refer to this dichotomy, well knowing that really is not one. Moreover, my personal experience is that one usually has a huge collection of preknowledge and a more or less clear idea of what these emotive words really mean. During the time I spent studying I also experienced that these concepts – despite being important – are badly defined and historically burdened by German tradition and old-fashioned way of thinking. In the meantime, due to increasing disappointment with behavioural orientation, we can now celebrate a comeback of the non-quantitative models. However, although some attempts are being made to enhance these topics (Klafki; Kron), the students are justified in wanting clear definitions, suitable examples and an operative scaffold – all of which are difficult to obtain.

6.3.1 Hermeneutics


"Criticism of positivism and serious doubts about the idea that the methods of natural science should be held up to the social sciences as the ideal standard merged with the view "that there is an unavoidable "hermeneutical" component in sciences of man" (Taylor, 1971, p. 3).

Understanding is the keyword of the hermeneutic ideal and process. Three aspects might be differentiated

- A certain philosophical understanding or attitude striving for comprehensive and not superficial understanding
- Aiming rather at the subjective and not objective environment
- A certain method, in conscious demarcation to the technical and natural sciences not analytic but holistic.
I would like to sum up my evaluation of the concept of hermeneutics as follows:

- Hermeneutic understanding and interpreting is an indispensable component in any psychological research process. Hermeneutics embodies every cognitive analysis dealing with sense and meaning.
- There is neither a clear understanding of hermeneutics nor of the process of understanding in the sense of an unmistakable action guidance. All attempts aiming to achieve this only have an exemplary function.
- Non-comprehensible, arbitrary statements and interpretations by the owners of an interpretation monopoly and both transferred and secured by an influential institution cannot be protected from criticism in their meaning content by reference to any hermeneutic development process. However, the ambiguity of the term, which is not always unintended, seduces to this attempt of justification and/or abuse.
- In contrast to phenomenology, hermeneutics rather aims at achieving an over-subjectively valid meaning.

With reference to empirical studies in psychology, hermeneutics has, in my opinion, two major functions:

- An autonomous function, as a general analysis of meaning
- An instrumental function during the actual research process which is realized on all three levels (context of discovery, justification and utilization)
  * Analyzing the underlying motives in the context of discovery
  * In the (also operational) definition of the research object and the construction and selection of indices (items)
  * In constructing the hypothesis
  * In the interpretation of research results
  * In the reflection of theoretical and practical consequences

In quantitative social research one can recognize another further sub-function during the process of classification and coding.

Further examples are: Evaluating the aims of our constitution or the meaning and historical development of road signs referring to the change of gender roles in the German society (blue-white pictogram of bicycles is female, there is a woman instead of a man guiding a child on the pedestrian walk).

6.3.2 Phenomenology

The term "phenomenology" or "phenomenological analysis" has been the victim of so many misinterpretations – amongst them some persistent, hardly extinguishable ones – that one automatically winces if someone says 'Phenomenology.' I would like to start out by explaining that the phenomenologists themselves (despite
evidencing more "movement" than the normal school of thought) also made their respective contribution. To quote one of the leading German-speaking phenomenologists (Graumann, 1985, p. 38):

> It is completely unreasonable to speak of the phenomenological method, it represents only one of many aspects and orientations in psychology and is then suitable, if it

- Elects the so-called environment of an individual (Lebenswelt) for the subject of its realization
- Emphasizes the gained realizations in its symbolic content and does without generalizations
- Does not use "holistic" as an undefined fashionable label, but rather understands it as an anti-reductionistic basic attitude
- Forgoes essentialistic references to the "being"-character of their scientific goals (essentialistische Verweise auf den Seins-Charakter ihrer Erkenntnissziele unterlässt)

In this respect, I can also understand Graumann's problem with the three functions of phenomenological orientation in psychology (Graumann & Métraux, 1977, p. 28):

- Critical function – it does not exclude methods (questionnaires, experiments) but complements them. The findings are to be described in an impartial manner
- Heuristic function – alternatives to traditional proceedings in psychology are suggested and converted into research practice ("pragmatic use")
- (the crucial point, according to Graumann): The subject is brought (contrary to the behaviorism) into research practice without being shortened; intentional assumptions and interpretations should not take place; all conclusions, theories and hypotheses should be impossible. Therefore:
  * This is anti-reductionistic, but holistic
  * This reflects implicitly through its methods a specific picture of man
  * There should be no introspective arguments and
  * The situation should not be artificial and contain designs

In other words: This orientation ("it does not appear as subcategory of psychology" – Graumann & Métraux, 1977, in Schneewind, pp. 28-29) strives to be:

- Subjective and not objective
- Concrete and not abstract
- Specific and not nomological

6.4 Conclusion
The historically burdened dichotomy caused between quantitative and qualitative methods is inappropriate:

- Misinterpretation of the term "qualitative" (non-quantitative is more appropriate)
- There is a lack of a clear-cut definition of "qualitative"
- Disregard and ignore the variety of methods in question and their underlying models:
  - Windelband's nomothetic vs. idiographic
  - Lamiell's three models: Leipzig-clinical, experimental, and Galton

The demand for triangulation enables or compels us to fill in our useless trenches and re-import the importance of the objective of research as the guiding yardstick - not the respective modern methods currently in fashion. Triangulation has the three following respective functions or realizations:

- Mutual validation
- Multi-dimensional enlightenment of a phenomenon, revealing different sides of the medal and not reflecting the basic opposites, antithesis or whatsoever
- Avoidance of narrow-minded reflections and stubborn, non-open solutions.
7. Two didactical examples

7.1 Prime example for explaining vs. understanding (see table 2)

Table 2:

<table>
<thead>
<tr>
<th>Violation of Human Rights, Genocide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Explaining</strong></td>
</tr>
<tr>
<td>Manuscript</td>
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<tr>
<td>meaning here — “always-other.”</td>
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<tr>
<td><strong>Object of Explaining:</strong></td>
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<tr>
<td>deed, action</td>
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<td><strong>Assisting circumstances</strong></td>
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<td>theatrical availability</td>
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<td>delegation of responsibility —</td>
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<tr>
<td>absence of guilt</td>
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<td>public habit — violence in normal</td>
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<tr>
<td>public charm, lack of grief</td>
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<tr>
<td>public climate</td>
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<tr>
<td>search for scapegoats</td>
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<tr>
<td>desire for revenge because of</td>
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<td>represented foundation (e.g.</td>
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<td>occupation, hospital</td>
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<td>psychological ramifications</td>
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<td>“duty” traditions</td>
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<td><strong>Psychological principles</strong></td>
</tr>
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<td>principles of meaning</td>
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<td>Traumad versus consequences</td>
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<tr>
<td>feeling of satisfaction</td>
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<tr>
<td><strong>Need for affiliation</strong> — attach</td>
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<td>of suffering mental feeling of</td>
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<td>belonging together</td>
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<td><strong>Legislation</strong></td>
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<td>violent persecution</td>
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<td>— ordered by la — from</td>
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<td>retribution (children, punished)</td>
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<td><strong>Judicature</strong> — no charges against</td>
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<td>the act</td>
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<td><strong>Execution</strong> — no prosecution,</td>
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<td>no detention activity rather than</td>
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<td>detention principle of command</td>
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<td>and obedience</td>
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<td><strong>Pseudo-scientific factors</strong></td>
</tr>
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<td>e.g. genes, core facts, rational</td>
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<td>characters</td>
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<tr>
<td>Personal habit — “I was always that way.”</td>
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<tr>
<td>Emotion: rage, fury — revenge — anxiety</td>
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<td>Need for affiliation — desire to belong to the group etc.</td>
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<tr>
<td>Wish not to be excluded — everybody does it</td>
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<tr>
<td>Loss of self confidence — “cannot say”</td>
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<tr>
<td>Test of courage — act to be a savior</td>
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<tr>
<td>Sense of place</td>
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<tr>
<td>Action of prosenning harm “he/she would do the same to me”</td>
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<tr>
<td>Biography of otherside and victim</td>
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<tr>
<td>Loss of religious freedom of actions</td>
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<tr>
<td>Feeling of hopelessness, power</td>
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</tbody>
</table>
7.2 Example for nomological (empiric-analytic), hermeneutical, and phenomenological solutions: Right-wing radicalism

7.3.1 Empiric-analytic, nomological, nomothetic - explaining -

Searching for basic laws, general conditions, such as theories regarding scapegoats, low identity, economic uncertainty, feelings of threat, subjective danger of an increasing minority etc.

7.3.2 Hermeneutical - interpretative understanding

Product-focused rather than process-focused - what is it for, what is meant?
Interpretation, analysis of motives, intentions of an art product, film, novel, building (e.g. art deco) - in this case: emphasizing the society, danger of being undermined by aliens, exhortation to hold, willingness to fight etc.

7.3.3 Phenomenological - descriptive understanding (influence on observer)

Tends to be process-focused
Three main functions according to Graumann and Metraux (1977):
- Critical
- Heuristic (e.g., base for further hypothesis)
- Purely descriptive (e.g., biography, self report, daily routine of a skinhead)

References


<table>
<thead>
<tr>
<th>Author</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaronson, N. K.</td>
<td>91</td>
</tr>
<tr>
<td>Aber, B. H.</td>
<td>109</td>
</tr>
<tr>
<td>Ademeyer, W.</td>
<td>91</td>
</tr>
<tr>
<td>Admiraal, W.</td>
<td>9</td>
</tr>
<tr>
<td>Alonso, J.</td>
<td>91</td>
</tr>
<tr>
<td>Álvarez García, F. J.</td>
<td>124</td>
</tr>
<tr>
<td>Antonovsky, A.</td>
<td>90</td>
</tr>
<tr>
<td>Apolone, G.</td>
<td>91</td>
</tr>
<tr>
<td>Arnold, R.</td>
<td>93</td>
</tr>
<tr>
<td>Arnoso Martínez, A.</td>
<td>124</td>
</tr>
<tr>
<td>Ashbaugh, J. W.</td>
<td>108</td>
</tr>
<tr>
<td>Ashman, A.</td>
<td>110</td>
</tr>
<tr>
<td>Auckenthaler, A.</td>
<td>90</td>
</tr>
<tr>
<td>Augustin, M.</td>
<td>93</td>
</tr>
<tr>
<td>Bauer, I.</td>
<td>109</td>
</tr>
<tr>
<td>Bern, S.</td>
<td>143</td>
</tr>
<tr>
<td>Bergan, K. P.</td>
<td>109</td>
</tr>
<tr>
<td>Berger, P.</td>
<td>79</td>
</tr>
<tr>
<td>Beutel, M.</td>
<td>91</td>
</tr>
<tr>
<td>Biklen, S.</td>
<td>108</td>
</tr>
<tr>
<td>Björner, J.</td>
<td>91</td>
</tr>
<tr>
<td>Blettner, G.</td>
<td>94</td>
</tr>
<tr>
<td>Bogdan, R.</td>
<td>108, 110</td>
</tr>
<tr>
<td>Bouras, N.</td>
<td>109</td>
</tr>
<tr>
<td>Bradley, V. J.</td>
<td>108</td>
</tr>
<tr>
<td>Branco, A.</td>
<td>28</td>
</tr>
<tr>
<td>Brazier, J.</td>
<td>91</td>
</tr>
<tr>
<td>Brenner, S. W.</td>
<td>47, 48</td>
</tr>
<tr>
<td>Brüger, P.</td>
<td>90</td>
</tr>
<tr>
<td>Brommel, B.</td>
<td>91</td>
</tr>
<tr>
<td>Bronfenbrenner, U.</td>
<td>28</td>
</tr>
<tr>
<td>Brownell, C.</td>
<td>28</td>
</tr>
<tr>
<td>Bruner, J.</td>
<td>79</td>
</tr>
<tr>
<td>Bruns, G.</td>
<td>90</td>
</tr>
<tr>
<td>Bueno Arús, F.</td>
<td>124</td>
</tr>
<tr>
<td>Bukowsky, W.</td>
<td>30</td>
</tr>
<tr>
<td>Bullinger, M.</td>
<td>91</td>
</tr>
<tr>
<td>Bunjes, D.</td>
<td>93</td>
</tr>
<tr>
<td>Burke, K.</td>
<td>48</td>
</tr>
<tr>
<td>Carcedo González, R. J.</td>
<td>124</td>
</tr>
<tr>
<td>Carriger, M.</td>
<td>28</td>
</tr>
<tr>
<td>Castillo Gómez, A.</td>
<td>124</td>
</tr>
<tr>
<td>Chinn, C.</td>
<td>28</td>
</tr>
<tr>
<td>Chubon, R. A.</td>
<td>110</td>
</tr>
<tr>
<td>Clark, V.</td>
<td>28</td>
</tr>
<tr>
<td>Connolly, K.</td>
<td>30</td>
</tr>
<tr>
<td>Corsaro, W.</td>
<td>28</td>
</tr>
<tr>
<td>Costello, H.</td>
<td>109</td>
</tr>
<tr>
<td>Cresswell, J. W.</td>
<td>9</td>
</tr>
<tr>
<td>Csikszentmihalyi, M.</td>
<td>143</td>
</tr>
<tr>
<td>Cuesta Arzmendi, J. L.</td>
<td>124</td>
</tr>
<tr>
<td>Dalferth, M.</td>
<td>109</td>
</tr>
<tr>
<td>Damon, W.</td>
<td>28</td>
</tr>
<tr>
<td>Davis, G.</td>
<td>29</td>
</tr>
<tr>
<td>De Haan, D.</td>
<td>28</td>
</tr>
<tr>
<td>de Jong, H. L.</td>
<td>143</td>
</tr>
<tr>
<td>Denzinger, R.</td>
<td>93</td>
</tr>
<tr>
<td>Diareme, S.</td>
<td>109</td>
</tr>
<tr>
<td>Dimitrakaki, C.</td>
<td>109</td>
</tr>
<tr>
<td>Doise, W.</td>
<td>28</td>
</tr>
<tr>
<td>Duveen, G.</td>
<td>29</td>
</tr>
<tr>
<td>Emerson, E.</td>
<td>109</td>
</tr>
<tr>
<td>Erickan, K.</td>
<td>124</td>
</tr>
<tr>
<td>Erzberger, C.</td>
<td>28</td>
</tr>
<tr>
<td>Fawcett, L.</td>
<td>28</td>
</tr>
<tr>
<td>Fernández Artiach, P.</td>
<td>124</td>
</tr>
<tr>
<td>Fernandez, M.</td>
<td>28</td>
</tr>
<tr>
<td>Ferring, D.</td>
<td>90</td>
</tr>
<tr>
<td>Fiedler, B.</td>
<td>124</td>
</tr>
<tr>
<td>Filipp, S-H.</td>
<td>90</td>
</tr>
<tr>
<td>Folkman, S.</td>
<td>92</td>
</tr>
<tr>
<td>Ford, M. P.</td>
<td>48</td>
</tr>
<tr>
<td>Frischenschlager, O.</td>
<td>91</td>
</tr>
<tr>
<td>Fukuhara, S.</td>
<td>91</td>
</tr>
<tr>
<td>Gahleitner, S. B.</td>
<td>91</td>
</tr>
<tr>
<td>Gandek, B.</td>
<td>91</td>
</tr>
<tr>
<td>García Morillo, J.</td>
<td>124</td>
</tr>
<tr>
<td>Garton, A.</td>
<td>28</td>
</tr>
<tr>
<td>Gaunt, H. J.</td>
<td>124</td>
</tr>
<tr>
<td>Giorgi, A.</td>
<td>143</td>
</tr>
<tr>
<td>Glaser, B. G.</td>
<td>91</td>
</tr>
<tr>
<td>Graumann, C. F.</td>
<td>143</td>
</tr>
<tr>
<td>Grevell, P.</td>
<td>110</td>
</tr>
<tr>
<td>Groeben, N.</td>
<td>9</td>
</tr>
</tbody>
</table>
O'Brien, C. L., 109
O'Brien, J., 109
O'Donnell, A., 28
Olarte Hurtado, A., 125
Olbrich, E., 90
Oldham, Z., 29
Opitz, M. F., 48
Ortmann, K., 92
Osborn, A., 125
Parker, J., 30
Pauls, H., 92
Pavelka, P., 48
Petersen, C., 92
Phelps, E., 28
Popper, K., 144
Pramling-Samuelsson, I., 29
Quack, K., 91
Racino, J. A., 110
Radencich, M. C., 48
Rauscher, C., 109
Reenwood, M. S., 124
Reinicke, P., 92
Rio Sadornil, D., 125
Rodriguez-Blazquez, C., 109
Rogoff, B., 29
Rojas-Drummond, S., 28
Roth, W. M., 124
Röttger, K., 92
Rubin, K., 30
Russinger, U., 91
Salvadore, L., 109
Schaedler, J., 109
Schlee, J., 9
Schmitt, A., 92
Schwarte, N., 109
Schwarz, R., 93, 94
Seelischop, A., 91
Sheridan, S., 30
Sigafoos, J., 110
Sinclair, H., 30
Sines, M., 31
Singer, E., 28
Slavin, R.E., 30
Smith, J. A., 143
Soini, H., 30
Söllner, W., 93
Spiegel, D., 93
Stake, R., 110
Stambak, M., 30
Stanchiff, R. J., 110
Stephens, R., 30
Stevens, R., 29
Stone, C.L., 124
Strauss, A. L., 91
Strittmatter, G., 93
Stump, S., 93
Sullivan, M., 91
Suttie, J., 110
Tagaki, M., 49, 79
Tashakkori, A., 9, 30
Taylor, C., 144
Taylor, S. J., 110
Teddlie, C., 9, 30
Tilkorn, M., 93
Tönnessen, D., 93
Topping, K. J., 30
Tropp, K., 30
Tschuschke, V., 92, 93
Tsiantis, J., 109
Tudge, J., 30
Tyner, B., 48
Valinsier, J., 30
van der Aalstvoort, G., 28
van Hoove, G., 110
van Loon, J., 110
van Meter, P., 29
Vandergriffle, D. V., 110
Vasama, S., 30
Verba, M., 31
Vygotsky, L., 31
Wahl, D., 9
Walther, J., 93
Ware, J. E., Jr., 91
Wazak, C., 31
Webb, N. M., 31
Weber, G., 109
Weinstein, R., 28, 31
Weis, J., 91, 93, 94
Weis, J. B., 93
West-Burnham, J., 125
Williams, P., 30, 31
Witzel, A., 94
Wolffersdorf-Ehlert, C., 144
Wright, B.A., 79
Wrubel, R. M., 48
Wubbels, T., 9

Yamada, Y., 79
Young, L., 110

Zbären, P., 91
Zschocke, I., 93
Subject Index

abilities, 17, 47
acceptance, 43, 49
accordance, 130
accuracy, 128, 133
achievement, 7, 30, 38, 132
acquisition, 52
adaptation, 35-37, 39, 40, 47, 112
adequacy, 6, 34, 39, 42
administration, 41, 46
aggression, 20, 29, 30
aggressive, 15, 19, 20, 29, 105
agreement, 13, 18, 128
alcohol, 102
alcoholic, 105
ambiguity, 127, 139
anticipation, 128
antithesis, 141
anxiety, 75, 81
applicability, 134
AQUAD, 98
assertiveness, 46
attraction, 37
authority, 29
awareness, 17, 58, 74, 84
behavior, 6, 8, 17, 19, 20, 29-31, 74, 96, 109
behaviorism, 140
biography, 143
boundaries, 131, 138
cancer, 81-84, 86, 89-92
caretaker, 103
case, 8, 13, 18, 39, 57, 62, 73, 81, 82, 85, 86, 97, 101-105, 108, 110, 112, 113, 116, 117, 132, 143
categories, 5, 7, 9, 17, 21, 52, 57, 86, 89, 98, 117
categorization, 18, 20, 21, 130
causality, 76
cause, 27, 77, 82, 118, 119
chemotherapy, 88
classification, 20, 68, 131, 136, 138, 139
climatic, 40
coaching, 41
codes, 86
coding, 9, 20, 139
cognition, 28, 138
cognitive, 12, 14, 15, 18, 19, 27, 29, 30, 33, 34, 39, 40, 44, 47, 82, 83, 97, 98, 103, 128, 139
cohesion, 45
competence, 14, 15, 86
complexity, 82
confrontation, 86, 107
constructs, 5, 9, 133
consultation, 14
context, 14-16, 26, 28, 36, 47, 52, 78, 82, 88, 89, 129, 131, 139
counselor, 42
decision, 18, 36, 88, 103, 117, 118
deduction, 132
deductive, 85, 132
definition, 130, 132, 133, 139, 141
definitions, 129, 130, 135, 137, 138
dialogue, 40
didactic, 15, 33-37, 39-42, 44-47
disability, 3, 49, 52-54, 57, 58, 61, 62, 68-79, 96, 98, 101, 103, 106, 107, 109, 110
discourse, 16, 18, 19, 26-28, 78
dominance, 40
discourse, 16, 18, 19, 26-28, 78
education, 28
ecosystem, 37
episode, 11, 16, 20, 21
ethnography, 17, 18
evaluation, 19, 20, 34, 35, 38, 40, 42, 58, 61, 76, 82, 83, 95, 98, 99, 108, 110
environment, 84
executive, 14, 15
experience, 40
experiment, 131-133
experimental, 5, 13, 28-30, 141
ethnography, 17, 18
explanation, 16, 30, 58, 87, 117, 128, 144
explanatory, 130
explication, 85
falsification, 137
fantasies, 87
feasibility, 117, 120
flexibility, 3, 33-37, 40, 44, 46, 47
friendship, 16, 25, 26, 58
generalisation, 131
handicap, 68, 73
happiness, 62
health, 68, 73, 82, 87, 90, 97, 98, 102, 104, 106-108
healthcare, 81-83
hermeneutical, 138, 143
hermeneutics, 17, 138, 139
heuristic, 20, 41, 140, 143
hypothesis, 84, 118, 133, 134, 139, 143
independence, 47, 107
inductive, 84, 85
inductively, 21, 86, 89
interrelations, 12
interventions, 82, 83, 90
introspective, 140
kindergarten, 19, 20
kindness, 62
knowledge, 13-16, 18, 25, 26, 37, 40, 41, 52, 79, 129-131, 137, 138, 144
learning, 3, 7, 9, 11-17, 19, 20, 25-31, 33-38, 40, 42-48, 98, 110
macrocosm, 135
manager, 41, 106
marriage, 69, 75
mathematization, 134
methodological, 5, 6, 11-13, 17, 19, 26-29, 33, 38-40, 46, 90, 128, 130
methodologies, 18, 30
methodology, 6, 7, 13, 26, 29, 39, 40, 101, 111-113, 127, 128, 131-133, 135, 137
methods, 4-9, 11-13, 18-21, 26, 28-31, 35, 38, 39, 47-49, 81, 84, 85, 98, 108, 124, 127, 128, 130-132, 135-138, 140, 141
modelling, 17, 21
models, 35, 129, 138, 141
motivation, 15, 120, 123, 133
motives, 35, 139, 143
narrations, 39, 40
narrative, 53, 76, 86, 87, 135
nomological, 128, 132, 137, 140, 143
nomothetic, 129, 131, 132, 134, 137, 141, 143
nomothetically, 131
normalcy, 62
norms, 116
observation, 7, 13, 18, 39, 40, 130, 135
organisation, 6, 13, 106
organizational, 35
peer tutoring, 11, 14, 20, 27
positivism, 138
positivist, 12, 13
prediction, 13, 132
professional, 33-35, 41, 45, 46, 52, 77, 87-90, 95, 102, 106, 107
proximity, 136
qualitative analysis, 3, 11, 12, 27, 44, 49, 57
QUAN, 9
quantitative, 124
questionnaire, 6, 39, 85, 106
radicalism, 143
reinforcement, 8, 38, 41
relevance, 85, 117, 128, 133
reliability, 7, 88, 91, 101
resilience, 83
resistance, 45, 46, 115

salutogenesis, 83
scaffolding, 15, 25, 28, 29
schizophrenia, 131
spontaneity, 114
strategy, 14, 113, 134
subjectivity, 82

teaching, 4, 6, 9, 14, 16, 17, 20, 21, 23, 24, 33-42, 47, 48, 124, 127, 128, 137, 138
technology, 15, 29, 30
traits, 58, 62
transcription, 57
transfer, 15
treatment, 36, 44, 82, 83, 86, 90, 113, 118, 119
triangulation, 141
tutoring, 11, 12, 14, 16, 17, 19-21, 0, 22, 23, 25, 27, 31
types, 18, 19, 21, 23, 38, 58, 77, 106, 113, 117

uniqueness, 137

verbalizations, 20
verbally, 137
verifiability, 132
verification, 130, 136
victim, 90, 139
videotape, 20