THE ROLE OF ADVENTURE THERAPY IN PROMOTING INCLUSION FOR PEOPLE WITH DISABILITIES

by

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B.T.R.M, Malaspina University-College, 2003

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in

The Faculty of Graduate Studies

(Human Kinetics)

THE UNIVERSITY BRITISH COLUMBIA

January 2008

Abstract

People with disabilities have been marginalized and excluded from the mainstream of life, including leisure contexts (Datillo, 2002, Lord & Hutchinson, 1979, Schleien et al., 1997). As a result, this causes major barriers to social inclusion (Bedini, 2000; Devine & Datillo, 2001; Devine, 2004). While inclusion may be appealing on theoretical and policy levels, it remains a confusing, complicated, and fragmented term (Shakir, 2005).

The purpose of this study was to conduct a case study of an adventure therapy organization that delivers outdoor programs for people with disabilities. I specifically focused on an adaptive kayaking program offered to people with disabilities and interviewed or conducted focus groups with clients, staff, and volunteers (n=30). I examined how they view the meanings and experiences of inclusion as well as the inclusion strategies employed by the organization. I also examined what contributes to the constraints to inclusion and ideas for improvement. The interviews were augmented by document analysis and participant observations.

The meanings of inclusion that were voiced included: the integration of people with and without disabilities, treating people uniquely, participating in activities that able bodied people do, being with others like me, and inclusion is mutually understood. The clients' experiences with inclusion encompassed: enjoying friendships with others, experiencing barriers, benefiting from participating in the outdoors, and challenging oneself. The constraints that were evident were feeling belittled when receiving help, dealing with the limitations of disability, not including clients in decision making , over protectiveness from family, and liability in the outdoors. The strategies identified as fostering inclusion included: using the outdoors, the use of adaptations, encouraging clients to take responsibility, and convenient facilities. Promoting the adventure therapy program better, create additional choices for clients, and increasing opportunities for them to take responsibilities were identified as desired improvements.

Exploring the various understandings of inclusion through the voices of people with disabilities within a recreation program is rare and contributes to the literature by identifying what the term means to them and how it can be implemented to increase the benefits derived. The implications of the findings and recommendations for future research are provided.

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CHAPTER ONE (1.0)

Introduction

"You know when it occurs when you don't think about it anymore. You know?
When you don't have to think, how can we include this? Or, how can we adapt
to this? I think it happens when you and everybody is just doing and everybody
is on an equal level and feels comfortable and feels the same about what's easy
and what's hard and stuff like that "(Treena, staff).

1.1. Rationale

The above is a quotation I received during data collection in response to the question, "how

do you know if inclusion has occurred?" I have highlighted it because I feel it adds a new

dimension to the definition of inclusion. Interestingly, Treena points out that inclusion has

been achieved when it becomes a mutually understood way of thinking when delivering

recreation opportunities to people with disabilities. However, as revealed during this study,

there are still many limitations and barriers faced that makes it difficult for inclusion to be

mutually understood.

My professional experience of working in the field of delivering recreation to people with

disabilities has been guided by such practical documents as "Moving to Inclusion" by the

Active Living Alliance for Canadians with a Disability (1994) and "Opening Doors, Keys to

Inclusive Recreation Policy for Persons with a Disability" by the Canadian Parks and

Recreation Association (1992). These documents claim inclusion occurs when "everyone can

participate in community if they choose to do so, and no one is excluded" (Canadian Parks and

Recreation Association, 1992, p. 19). Due to this, I was led to believe that segregated programs

for only people with disabilities, such as the one explored in this study, works in contradiction

to the words "everyone" and "community" in the definition above. Thus, I had a difficult time

calling myself an advocate for inclusion because these programs symbolized exclusion as they are not integrated with able bodied persons. However, the more involved I became in the field, the more I questioned the segregated/ integrated dichotomy and the meanings of inclusion. So, to clarify my thinking and to contribute to the field, I decided to explore this area further.

The purpose of this study is to examine the meanings, strategies, and experiences of social inclusion through a case study of a non-profit organization delivering adventure therapy programs designed to "enhance the health and quality of life for youth and their families" (mission statement, 2006). I have attempted to uncover the meanings of social inclusion from the perspectives of clients, volunteers, and staff in this organization and to identify strategies as well as ideas for improvement to promote inclusion for people with disabilities.

This study is of importance as there is a significant increase in the number of individuals in the population considered to have a disability. Based on 2001 data from the Participation and Activity Limitation Survey (PALS), 12.4 percent of Canadians have identified themselves as having a disability, and this rate will increase as the population ages. Individuals with disabilities are becoming more visible within their communities (Anderson, Schleien, McAvoy, Lais, & Seligmann, 2000), which brings attention to their needs of feeling a sense of belonging and acceptance in their neighborhoods (Frazee, 2005). The World Health Organization (WHO) defines people with disabilities as people who:

> indicated difficulties with daily living activities or who indicated that a physical,
> mental condition or health problem reduced the kind or amount of activities
> they could do (Participation and Activity Limitation Survey, 2001).

WHO further explains that disabilities vary and are dependent on "the relationship between body structures and functions, daily activities and social participation, while recognizing the role of environmental factors (Participation and Activity Limitation Survey, 2001).

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The extant literature suggests that people with disabilities have been viewed as second-class citizens and experience exclusion, marginalization, and isolation from society (Datillo, 2002; Green, 2003). Quite often, people with disabilities have been ignored as they are deemed to be 'unworthy' members of society (Schleien, Ray, & Green, 1997). The following quotation reveals the experience of living with a disability:

> Teaching others that I am not a charity case to pity or to have sympathy for is a job I must do it all the time. There are some benefits to being disabled, yet I would gladly give it up tomorrow if I could. It's easy to feel sorry for myself, but I can't do that much if I want to get somewhere in life. As a handicapped person, you have to work twice as hard to prove yourself. I have to learn how deal with my own disability before I can expect others to deal with it. My disability does limit me; yet, almost all activities and goals can be reached with a creative imagination and some adaptation (cited in Robinson & Skinner, 1985, p. 83-84).

Viewing themselves in society's social mirror, people with disabilities may perceive themselves to have a lower social status than people without disabilities (Devine & Wilhite, 2000). Devine and Datillo (2001) claim that some able bodied people create a prescribed set of standards that rank those with disabilities according to their independence, functional abilities, and social reciprocity. Individuals who do not meet these standards are perceived as not being able to function independently, accomplishing as much, or having relationships that are reciprocal to the same extent as people without disabilities (Devine & Datillo, 2001). As a result, some people may begin to internalize a lower social status by devaluing of themselves as positive contributors to society. Datillo (2002, p. 47) describes this phenomenon as "internalized oppression". In addition to the negative images created by society, some are faced with continual challenges of dealing with their disability, their self acceptance, and overcoming societal and other barriers (Devine & Wilhite, 2000).

The feelings of exclusion are rooted in history, where those with disabilities were treated poorly and cruelly (Schleien et al., 1997). Throughout history, some were even eliminated as

they were considered as imperfect, or were used as fools or court jesters (Schleien et al., 1997). People with disabilities are still sometimes considered to be unattractive, incapable, and dependent (Devine & Wilhite, 2000). This can lead to stereotypes, judgments, barriers, negative remarks, or even fear of them.

One of the most powerful obstacles they face is the negative attitudes from people without disabilities.

> Let's face it: for people with disabilities, the biggest obstacles aren't their own limitations, but the roadblocks set up by society – attitudes that equate disable with unable (Dattilo, 2002, p. 34).

Others openly admire people with disabilities who they see as being entitled to the 'good things in life' (Schleien et al., 1997) or, they may feel it is their responsibility to contribute to improving the lives of people who they perceive to suffer or as less fortunate than themselves (Schleien et al., 1997). However well intentioned, these attitudes can be condescending and can contribute to exclusion by keeping them socially distant (Schleien et al., 1997). As well, these attitudes may result in people without disabilities wanting to help or save people with disabilities to further their own feelings of self-worth and importance.

Ironically, the act of helping may also contribute to feelings of marginalization and exclusion because it may add to the stigmas of people with disabilities as being weak, incompetent, or being unable to complete tasks (Goodwin, 2001). As a result, Hughes (2002) suggests that they are often seen as the victims of oppression and are often on the margins of society. However, the issue of receiving help is also dependent on how those with disabilities perceive themselves - whether they embrace their disability or view it as a hindrance to their well-being (Robinson & Skinner, 1985).

The terminology of how we refer to people with disabilities may also contribute to exclusion. The word 'normal' is frequently used to describe people without disabilities which

mean that people with disabilities are 'not normal' (Datillo, 2002). This is demeaning, as it creates a binary between the disabled and nondisabled that assumes all people live and act similar to one another within these groupings in all aspects of their lives.

Although I employ this binary discourse in this study, it is not my intention to recreate this categorical way of thinking and imply that there are only two categories. Distinguishing these two categories merely simplifies matters to assist me in communicating who I am referring to. Hill (1998) and the Canadian Research Institute for the Advancement of Women (CRIAW, 2006, p. 8) caution us not to put people into categories such as race, class, gender, sexualities, abilities, citizenship, and Aboriginality among others because identities operate relationally and these categories do not stand on their own. To assist us further, Hill (1998) states that it is dangerous to categorize people with disabilities in particular. This is because putting people into categories perpetuates stereotypes and judgments about them. Thus, even though I distinguish between and focus on people with disabilities and people without disabilities, it is important to acknowledge that there are many factors that influence participation in adventure therapy including gender, ethnicity, and socio-economic background.

1.2. Inclusion of people with disabilities

More and more people with disabilities are participating in the workforce, education, leisure activities, and volunteering in their communities (Nisbet & Hagner, 2000). However, it is not clear how they interpret the attempts by others to include them. For example, inclusion does not simply mean removing the mechanical challenges of entering into buildings or other facilities (Frazee, 2005). Rather, it also means establishing a sense of belonging, a sense of being known, a sense of being liked, and a sense of being accepted (Datillo, 2002). Social inclusion is about more than access to participation in mainstream activities; it is about feelings of acceptance, belonging, respect, selfhood, and human community (Frazee, 2005).

"I want to be included!" This simple statement is being spoken, signed, key-boarded, whispered, and shouted by people of all ages, shapes, sizes, colors and cultures. Many are making the request for themselves while others are asking for their friends or aging relatives. It is a simple request and the answer is equally easy: Welcome! (Datillo, 2002, p. 24)

Inclusion is a desired goal of many several different organizations, yet it remains a problematic concept because both it and exclusion have norms and values attached to them, where it is good to be 'within' and bad to be on the 'outside' (Shakir, 2005). Questions as to how people become excluded in the first place define inclusion as a service being done 'for people', since those who are excluded often cannot change their circumstances, so it is up to the others to make them feel welcomed and help them to participate (Shakir, 2005). This creates a power differential with one group doing something for the other group. As a result, those who are 'excluded' may not develop a sense of ownership over their experiences. The literature suggests that excluded persons need to have opportunities to recognize their own identities, have relationships with one another, and be a part of the community just like those who are trying to welcome them in (van de Ven et al., 2005).

Datillo (2002, p. 26) provides one definition of inclusion as:

recognize[ing] that we are one even though we are not the same. Inclusion allows people to value differences in each other by recognizing that each person has an important contribution to make to our society.

Some people with disabilities have the desire to become full and active members of the community. Inclusion calls for respect, having a sense of oneself as a whole person, and an identity as a valued contributor who is a bearer of rights, knowledge, and power (Frazee, 2005). At the same time, inclusion may also mean involving those who are sometimes rendered voiceless and powerless in shaping policies that affect their lives (Shookner, 2002). Thus, inclusion may mean having people involved in decision making, and program development and policy making. Ponic (2007) argues that individuals are fluctuating beings who are shaped by

both broader social circumstances, but who can also exert agency by deciding whether they want to be included or not and how.

However, the subjective feelings and encouraging them to be involved in the decision making is only one part of the equation in the implementation of inclusion. Allison and Hibbler (2004) point out that these aspects can be prevented by the institutional barriers, along with the negative attitudes held by some staff and management of the organization. This makes the process of inclusion challenging and complex. van de Ven et al. (2005, p. 324) introduces the notion of "it takes two to tango" where the individual need to take responsibility so they can join in activities, but at the same time, the organizational policies and practices need to be in place to facilitate this.

1.3. People with disabilities and recreation

Participating in recreational activities is an important aspect of many people's lives because it can promote opportunities for health, new relationships, and new skills (Schleien et al., 1997). Robinson and Skinner (1985) state that a holistic perspective on recreation is concerned with the whole person: mental, physical, emotional, social and spiritual. This viewpoint looks beyond what individuals with disabilities can not do, and emphasizes their strengths and positive qualities (Robinson & Skinner, 1985). Datillo (2002) defines leisure as having two important components which are: i) people perceiving themselves to be freely choosing the activity, and ii) engaging in the activity purely because doing so is meaningful and enjoyable. Opportunities for social interaction and social acceptance can be created in leisure time, as it is usually unstructured and provides satisfaction (Robinson & Skinner, 1985).

However, Donnelly and Coakley (2002) contend that although there are possible benefits to participation in recreation, there can be disadvantages especially for children and youth.

> The participants can be exploited, abused, bullied, or dominated in many ways in organized activity programmes; they can be taught 'poor' values, and inappropriate or dangerous (i.e. injury producing) skills; they can be made to feel alienated, isolated, humiliated (Donnelly & Coakley, 2002, p. 4).

Yet, it is conceivable that identifiable or excluded populations may indeed benefit from social control initiatives like recreation because of the empowerment and the self-determination they may experience (Donnelly & Coakley, 2002).

This study introduces a form of recreation, known as adventure therapy (AT), as an avenue to promote the inclusion of excluded populations. It is an innovative field that originated in the United States in 1901 when there was overcrowding at a New York City Hospital. AT then spread to New Zealand and into Canada (Gibsons, 1979; Bandoroff & Newes, 2004). Adventure therapy utilizes the components of the adventure and the outdoors to encourage participation in experiential and risk-taking activities that are both emotionally and physically challenging for participants (Ewert, McCormick, & Voight, 2001). It varies in the type of programs, the group or individuals who participates, the locations, and program goals (Bandoroff & Newes, 2004). AT is an emerging practice that is differentiated from traditional therapeutic techniques by using the outdoors as a medium to assist in personal growth (Bandoroff & Newes, 2004). It is believed that participating in the outdoors provides new perspectives on life, as it brings people into a whole new environment (Ewert et al., 2001).

It was not until recently that adventure therapy expanded to include people with disabilities as it was thought that this population could benefit greatly from it. The outdoor environment is increasingly being used as a therapeutic setting, with many organizations and programs now incorporating a variety of programs in and out of wilderness experiences (Ewert et al., 2001). Adventure therapy, also known as wilderness-based adventure recreation, has grown rapidly in the last three decades as a method of therapy or rehabilitation (Anderson, Schleien, McAvoy, Lais, & Seligmann, 1997).

However, some people challenge the term adventure therapy as an avenue for promoting social inclusion. This is because of the term 'therapy,' which under the traditional model of medicine was understood to be a cure for patients by fixing their conditions, as a way of restoring afflicted individuals (Mitten, 2004). This gives the impression that people with disabilities need to be fixed because of their impairment in order to function in mainstream society. It also contradicts social inclusion approaches designed to embrace disability as one component of diversity (Datillo, 2001). However, Mitten (2004) states that adventure therapy can be part of complementary alternative medicine (CAM), similar to other methods such as acupuncture, aromatherapy, massage, or healing therapy. Adventure therapy is designed to promote healing by providing people with a sense of well-being, task completion, and social connection (Mitten, 2004).

Adventure therapy claims that it creates a sense of empowerment when people with disabilities conquer their adventures (Terry, 1995), which may be a metaphor for conquering other life challenges and barriers. Usually, adventure involves using the entire body, not necessarily in the athletic sense, but by engaging participants fully in activities that are outside their comfort zones (Terry, 1995). Due to the exclusion or marginalization experienced, a sense of adventure is thought to give them a way to address and conquer those feelings of insecurity by discovering their own abilities (Terry, 1995). The outdoors may allow people to feel a sense of belonging since the outdoors or nature cannot readily be changed or manipulated: a sense which is often difficult to achieve due to the constantly changing and extremely fast-paced developed world (Ewert et al., 2001). Thus, the natural setting may help to recapture a sense of self by being connected to nature (Ewert et al., 2001).

1.4. Case study organization

It is through a case study approach that I examine adventure therapy, meanings of inclusion, and the strategies of promoting it for people with disabilities. The non profit adventure therapy organization selected as the case study site was founded in 1998 due to a desire to offer wilderness trips incorporating adventure therapy for cancer survivors from a children's hospital. Today, it delivers programs, primarily sea kayaking, rock climbing, or winter activities to people who are considered to be marginalized. The clients that the organization works with are people with disabilities, people on low income, or people who have experienced abuse. It currently has nine staff, complemented by approximately 30 volunteers, who deliver its day-to-day operations. This study will focus on one of its programs, specifically the adaptive recreation program in the Lower Mainland that provides kayaking programs in the summer.

The aim is to examine and explore social inclusion of people with disabilities through the vehicle of adventure therapy programs. This will contribute to social inclusion theory by considering the perspectives of both the organizers and the intended beneficiaries of the program in an adventure therapy context. I was employed with the organization at the time of the study, as the coordinator of the adaptive kayaking program. I was hired because of my background in recreation and my extensive knowledge of working with people with disabilities. This gave me an insider position which has several advantages and disadvantages that are mentioned in Chapter 3. I had to identify myself as a researcher and carefully consider my location as a researcher and as a staff person. Having an insider position gave me access to information and may have created a sense of comfort for the participants to voice their feedback (Lincoln & Denzin, 2005). However, study participants may have felt uneasy talking to me about this topic given my dual roles. Despite these cautions, I am hopeful that I am

contributing to the field of adventure therapy by obtaining further insights into how to facilitate

the social inclusion of people with disabilities.

1.5. Research questions

Using the non profit adventure therapy organization as the case study, the research

questions are:

1. What are the meanings of inclusion for participants with disabilities, volunteers, and staff?

2. What contributes to the constraints or experiences of social inclusion for people with disabilities when participating in adventure therapy?

3. What are the inclusion strategies used by staff, participants, and volunteers and do they have suggestions improving them?

My research builds on the inclusion strategies outlined by Donnelly and Coakley (2002) and the

minimal literature about adventure therapy. In the following chapter, a literature review is

provided. In Chapter 3, I outline the methodology that I employed to address my research

questions, along with the complexities I experienced as a researcher because I was working with

the organization. In Chapter 4, I discuss and analyze the findings uncovered through my

research process. To conclude, in Chapter 5, I reflect on my findings and offer some

recommendations and ideas for future research.

CHAPTER TWO (2.0)

Literature Review

It is said that one of the most powerful obstacles people with disabilities may face is negative attitudes by others when attempting to be included in community leisure programs (Schleien et. al, 1997). This section will provide a literature review related to disability and social inclusion, recreation, followed by further information on adventure therapy.

2.1. Definitions of inclusion and exclusion

Shookner (2002) points out several dimensions of inclusion and exclusion which include the cultural, economic, functional, participatory, physical, political, structural, and the relational. These dimensions create differences which people are fearful about; hence discriminations and marginalization are derived leading to barriers and the denial of human rights (Shookner, 2002). As defined by Galabuzi (2002, p. 1), social exclusion refers to the:

> inability of certain groups or individuals to participate fully in life due to structural inequalities in access to social, economic, political, and cultural resources. These inequalities arise out of oppression related to race, class, gender, disability, sexuality orientation, immigrant status, and religion.

In order to fully understand social inclusion, it is helpful to explore the concept of exclusion. Shakir (2005) views inclusion on a continuum, where exclusion is the problem and inclusion is the solution. Yet, questions arise as to how people become excluded in the first place, as Shakir (2005, p. 205) states below:

> there is no structural analysis of marginality or exclusion and the concept is, once again, familiarly linear, social inclusion becomes a paternalistic policy option rather than one that challenges historical and existing power imbalances in our society in order to create real change.

This is tied to the intersectionalities of people such as race, class, culture, gender orientation, and so on because we live in a world where people identify themselves and are treated

according to categories that reflect cultural ideologies and discourses (Kivel, 2000). Kymlicka

(1989, p.162) further explains how such categories are generated in the following quotation:

> that the members of minority cultural communities may face particular kinds of disadvantages with respect to the good of cultural membership, disadvantages whose rectification requires and justifies the provision of minority rights. That is, we need to show that membership in a cultural community may be a relevant criterion for distributing the benefits and burdens which are the concern of a liberal theory of justice.

Due to these identities, how "we can understand and come to know ourselves and others

cannot be separated from how we are represented and imagine others" (Kivel, 2000, p. 80). We

often use these markers of identities with some certainty. For example, it is assumed that

everyone knows the general categories of what it means to be a woman, man, a person who has

a disability, or a person who is gay, because we rarely question the social categories themselves

(Kivel, 2000). These categories create simplicity and quite often, it is within their specific group

that people feel a sense of identity, a sense of self-worth, and value as an individual. However,

putting people within these social categories of identities can be quite dangerous, as it elicits a

sense of oppression for marginalized groups since the identities of individuals are much more

complex (Kivel, 2000).

The Canadian Research Institute for the Advancement of Women (CRIAW) recently

published an intersectional feminist framework, which cautions us not to prioritize one identity

or one relation to power to the exclusion of others, as this misrepresents the full diversity of

women's lived realities (CRIAW, 2006). They further state that:

> CRIAW sees gender as only one relationship to power. Using IFFs, [intersectional feminist framework] social categories as race, class, gender, sexualities, abilities, citizenship, and Aboriginality among others, operate relationally; these categories do not stand on their own, but rather gain meaning and power by reinforcing and referencing each other (CRIAW, 2006, p. 8).

The idea of possessing 'whiteness' and 'ablebodiedness' becomes an automatic symbol for

the norm, unquestioned and unremarked (Galvin, 2003). Similar to how Collins (2000) uses the

concept of 'othering' when she describes the oppression, exclusion and the marginalization of black people, Hughes (2002) uses othering in relation to people with disabilities. Yet, they represent a range of a group of people which may include women and men, disabled people, people with little or no money, and those from minority ethnic groups who face daily structural and attitudinal discrimination in their lives because of who they are in relation to others who are considered to be normal (Tregaskis, 2004). Hill (1998) discusses how this leads to stereotyping.

> Also dividing people into categories of those who want to learn how to support people with disabilities and those who have a disability that need support to learn social skills only serve to perpetuate stereotypes associated with people with disabilities (Hill, 1998, p. 96).

Referring to those with and without disabilities emphasizes the 'invisible wall' of exclusion between the two categories, and the wall becomes more pronounced depending on the severity of the disability (Schleien et al., 1997). As such, they become known as the 'others,' and are more likely to be the recipients of oppression, exclusion and marginalization (Hughes, 2002). Tregaskis (2004) argues that disabled people do not have ownership over being oppressed, but do have ownership of the particular label of 'disablism.' Disability is a marginalized status in our society, a society that assigns people who are different enough from the majority to be judged as abnormal or defective in mind or body (McAvoy, Schatz, Schleien, & Lais, 1989).

The word 'disabled' describes the minority experience of disempowerment, disrespect, or disregard that accentuates negative value judgments by some people towards disabled people (Tregaskis, 2004). In breaking the word 'disabled' down, the 'able' part means having sufficient power or the ability to have success and accomplish tasks involved. However, if we put 'dis' as a prefix for 'able,' there is a reduction or deprivation of the skill or power, giving the impression that people with disabilities are 'imperfect' (Datillo, 2002). Collins and Kay (2003, p. 141) concur that disabled people are:

treated as members of a deviant minority group. Deviant status has meant that disabled persons have been relegated to a position outside the mainstream. Minority status has meant that disabled persons as a stereotyped and stigmatized category or group have been accorded degraded status, little power, and few opportunities for economic advancement or success.

For those with physical or mental impairments, they are automatically assigned a 'marginalized' status, which excludes them from accessing privileges and in doing so, they are identified as being different (Galvin, 2003). When people with disabilities are being referred as 'not normal', this can be quite demeaning (Datillo, 2002). He further states that when the term 'normal' is used to describe people who do not possess an apparent disability, it implies that a disability is the one distinguishing factor that differentiates between normal and disabled. This contradicts a desire to recognize people for their abilities and similarities (Schleien et al., 1997).

People with disabilities face barriers, places and spaces where they cannot go, and their differentness comes to the forefront (Hughes, 2002). Frazee (2005) shows that people with disabilities are often marginalized from the labor force and denied access to opportunities for social interaction and advancement due to stereotyping and discrimination. People with disabilities are often viewed as having 'differences' because of not meeting the standards based on independence, functional abilities, and social reciprocity that some people without disabilities have.

Differences are seen as the manifestations of exclusion (Shakir, 2005). However, differences should not be seen as problematic simply because they lack uniformity and similarity (Shakir, 2005). Acts of exclusion can hinder the quantity and quality of interpersonal relationships as well as one's well being and development (Datillo, 2002). It is important to recognize that one small organization such as the one examined in this case study cannot overcome these broad social forces of social exclusion. However, it may be able to make a difference to people's lives on a more micro level for at least a short period of time.

The exclusion of people with disabilities can lead to paternalistic attitudes of pity and charity, and their entrance into the mainstream has been conditional upon the emulation of able-bodied norms (Frazee, 2005). These elements can be especially emphasized in a leisure context, which is characterized as an area of unstructured learning environment (Devine, 2004). Frisby (2005) states that the negative aspects of sports and recreation are the exclusion of women and minorities in positions of power and the discrimination faced because of race, disability, sexuality, and other markers of difference.

In an ideal world, even though we know ideals can never be fully achieved, each person should be recognized and valued for their uniqueness. Hughes (2002) expands on this idea in the following quotation about respecting the differences in people.

> To unravel the emancipatory potential of contingency-as-destiny, it would not be suffice to avoid humiliating the others. One needs also to respect them – and respect them precisely in their otherness, in the preferences they have made, in their right to make preferences. One needs to honor the otherness in the other, the strangeness in the stranger, remembering ... that the 'unique is universal', that is being different that makes us resemble each other and that I cannot respect my own difference but by respecting the difference of the other (Hughes, 2002, p. 579).

It was not until recently that there has been a shift in the social construction of disability, in the hopes of dismantling exclusionary forces. The traditional view of disability was generated by the medical profession, where they were focused on finding a cure for impairments (Dowse, 2004). This assumes that finding a cure means that something is wrong with a person. However, the contemporary social movement related to disability encourages people "to challenge oppression" (Dowse, 2004, p. 123). This social movement challenges the traditional medical model, as many people with disabilities have a desire to be like anyone else in society; they want to be full citizens and to be treated with respect and equality (van de Ven et. al, 2005). Dowse (2004) elaborates by stating that:

> This movement from the traditional to the social model of disability brings about the cultural shifts to ensure that disabled people can take their places in the broad landscape of the social life endowed with the same possibilities and supported by the same rights as their non-disabled contemporaries (Dowse, 2004, p. 123).

As mentioned, people with disabilities are often viewed as symbols of tragedy and as reminders of the frailty of existence (Hughes, 2002). Hence, the disability social movement encourages society to celebrate frailty and imperfections, in order for us to embrace people with disabilities, thus moving towards the promise of social inclusion (Shakir, 2005).

2.2. Disability and citizenship

Frazee (2005) recognizes how the equality status of their citizenship may be jeopardized by entrenched patterns of social exclusion. She further explains that unequal treatment in the context of disability most often takes the form of denial of opportunities for inclusive participation (Frazee, 2005). In contrast, Kershaw (2005) argues that those who want to be considered citizens need to demonstrate some responsibilities to achieve full citizenship. There is an assumption that in order to implement social inclusion, it is done 'for' people, since those people who are excluded presumably cannot change their circumstances so others must make them feel wanted and help them to participate. However, Kershaw (2005) invites us to challenge this way of thinking by presenting the idea that all people should participate in what Jenson (1997a) calls a "citizenship regime" (p.631). This term should not only be used within the political structures, such as the institutional arrangements and rules that guide state policy, but also in the concepts and assumptions that influence our political-cultural thinking, and understandings of the citizenship (Kershaw, 2005). He further explains that:

> the recent convergence in recent political thought, which treats fulfillment of social obligations as a condition for social entitlement, actually needs to be advanced further to integrate care as a constitutive responsibility and right of social citizenship that binds men as much as women (Kershaw, 2005, p. 4).

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Kershaw (2005) argues that assumptions about caregiving duties need to be challenged as it should not only be the responsibility of women, but also the responsibility of men if they wish to be considered as citizens. Kershaw (2005) brings to the forefront the interrelationships between citizenship and responsibility. In relation to this study, it might be assumed that it is the responsibility of people without an identifiable disability to encourage the 'other' involvement. But by doing this, they may be creating further damage, as some people with disabilities may buy into this thinking that they are unable to participate without help and may thereby deny themselves various opportunities (Datillo, 2002). This may cause them to focus on their limitations rather than making adaptations that may be necessary to ensure involvement within society.

No longer can we be thinking about doing things 'for' people to ensure their participation (Shakir, 2005). It may be partly the responsibility of some people with disabilities to include themselves in opportunities, if they desire to be viewed as full citizens (van de Ven et al., 2005). van de Ven et al. (2005, p. 324) claim that "it takes two to tango" where each person plays a role in inclusion is useful. That is, people with disabilities need to exert agency and take responsibility for their own lives and realize their potential; but at the same time, society and organizations must take action, whether this means adjusting attitudes, management systems, or policies to ensure this is possible. For this to happen, both parties should work together by defining what is expected of each other in achieving social inclusion.

2.3. Definitions of social inclusion

Social inclusion is a messy, fragmented, and complex term. Three reasons that begin to account for this are: 1) the various definitions used in the literature reviewed and in practice, 2) the different levels of analysis referred to, such as societal, policy, organizational, or individual/ personal, and 3) inclusion is described as a process, right of citizenship, and an outcome. For

the purposes of this case study, I focus on the interrelationships between two of these levels of analysis: organizational and individual/personal and I conceptualize inclusion as an ongoing process. At the same time, it is important to conceptualize the study by considering broader definitions of social inclusion.

Shakir (2005) brings to the forefront power in relation to social inclusion as she questions how and why people become excluded in the first place. She argues that social inclusion can become a paternalistic policy rather than challenging historical and existing power imbalances in order to create real change because of the lack of structural analysis. It is because of these power imbalances that differences exist. Shakir (2005) describes differences as manifestations of exclusion as it:

> is constructed by entrenched power structures to define and execute policies of marginalization because it uncritically positions itself to be the given norm from which access to levels and degrees of power and privilege flow (ibid.) (p.203).

Social inclusion is not only about having political rights normally seen as markers of equality in society, but more importantly is about "having a relationship with one's community and the resources necessary to exercise one's citizenship" (Shakir, 2005, 207). She argues that we should recognize that our collective heritage is not commonality but our shared experiences of complex and differing lived realities based on our various intersectionalities of history, culture, race, class, gender, language, and relations of unequal power.

Having a disability is seen as a difference that is evident in the following quotation from a young person with a disability who participated in Frazee's (2005) study.

> We all have our differences. Some kids have difficulty writing, others (like me) understanding things like weird poetry or stories. Whatever the case, we all struggle with different things – some more than others, but that is no reason to single them out from everyone else. Society would not consider dividing people by their hair color, or whether they wore glasses or not, so why should kids like my friend Aaron be any different? Some people may call it specialized learning, but I call it prejudice (Frazee, 205, p.115).

It is in an ideal world, we could forget about the disability and perhaps view it merely as a difference when interacting with one another (van de Ven et. al, 2005). Even though full inclusion is an ideal cannot be fully achieved, it is important to recognize that social inclusion can be worked towards by breaking down the "invisible wall of exclusion" (Schleien et al., 1997, p. 62).

Shookner (2002. p. 16) presents a more holistic approach, as he describes four possible interpretations of inclusion and recommends that "readers are encouraged to use the definition that works best for them". One aspect describes it in terms of social relationship as "to be included and to be able to participate fully within our families, our communities, and our society" (Shookner, 2002, p. 16). A second dimension talks about inclusion at an individual level as a feeling that all people should live comfortably, feel valued and feel like respected members of their community. A broader and more inclusive definition is the capacity and willingness of our society to keep all groups within reach of what we expect as a society (Shookner, 2002). Another interpretation is that the 'voiceless' and the 'powerless' need to be included in processes of shaping policies that affect their daily lives.

> It reflects the need to address poverty and exclusion by including the voiceless and powerless in shaping the policies that affect their lives. It welcomes these individuals and groups into their planning, decision-making and policy-development processes in their community. And it empowers them by offering the opportunities, resources and support they need to participate (Shookner, 2002, p. 16)

One problem with his approach is that he describes excluded people as being voiceless and powerless which is not always the case and some may find this generalization insulting.

Donnelly and Coakley (2002, p. 2) define social inclusion in a broader organizational context such as in the field of recreation as it relates to children which is:

> the social process through which the skills, talents, and capacities of children are developed and enhanced so that all are given the opportunity to realize their full potential, and to fully participate in the social and economic mainstream.

They contend that recreation programs are often created with a paternalistic manner which may emphasize the social control between those that facilitate community development and involvement. Through this, it creates the recognition of power dimension between the traditional traps of programme provision, such as top-down organization, and it brings the question as to "who has to shift?" (Donnelly & Coakley, 2002, p. 2). This links to other literature that ties the notion of social inclusion and systematic features of organizations to basic rights of citizenship, including social, economic, and individual human rights (Donnelly & Coakley, 2002). It is these institutional barriers coupled with the negative attitudes and stereotypes held by some management and staff that may help foster the marginalization of the participants (Allison & Hibbler, 2004).

The Social Planning and Research Council of BC (SPARC BC) and the BC Recreation and Parks Association (BCRPA) recently developed a program planning manual and defined social inclusion as the following:

> ... a feeling of belonging, acceptance, and recognition and is intertwined with issues of diversity, equality, opportunity, and democratic participation. Inclusiveness is linked with social health and quality of life, and this in turn is closely linked with economic prosperity (SPARC BC & BCRPA, 2006, p. 4).

SPARC BC and BCRPA (2006) mention that there are many different approaches to incorporating social inclusion and for it to be successful, it must be integrated into organizational and decision making structures.

Another definition of inclusion was presented in the document, "Opening Doors: Keys to Inclusive Recreation Policy for Persons with a Disability" (CPRA, 1992). This document acknowledges that inclusion may never be completely understood or fully achieved, but recognizes it as a process because it:

- o is all-encompassing, meaning that everyone can participate in community activities if they choose to do so;

o is about developing mainstream equitable opportunities for all members regardless of ability;
o is about changing attitudes and beliefs;
o is a process of continual change which requires time, commitment, and leadership, and the combined efforts of all partners, working collectively and individually; and
o requires developing environments that accept the principle and practice of fair and equitable allocation of resources (Canadian Parks and Recreation Association, 1992, p. 19).

Most definitions of inclusion also refer to the individual/ personal dimension as illustrated by Datillo (2002, p. 26) when he emphasizes difference. He says it is about:

> recognizing that we are one even though we are not the same. Inclusion allows people to value differences in each other by recognizing that each person has an important contribution to make to our society.

He (2002) argues further that people with disabilities should feel welcomed and accepted in their communities. As a result, social inclusion is also tied to notions of acceptance characterized by an ease and enjoyment of social interaction between people, a sense of belonging to a group, and the opportunity to create relationships of equal status (Devine, 2004). Social acceptance is a key ingredient to creating a climate of inclusion that goes beyond providing physical accessibility (Devine, 2004).

Inclusion is about a personal connection and personal understanding that it is specific and to each individual, as outlined in the following quotation.

> To become the basis of daily thought and action, inclusion, like any value, must be personal and relevant for each individual. Instead of providing a definition of inclusion, we must now ask people to define inclusion for themselves...
> Through this dialogue, a more personal connection and understanding is made about what inclusion really means and, hopefully, how essential it is for all of us (Schleien et al., 1997, p. 1).

Not only is social inclusion discussed on multiple levels of analysis, but Frazee (2005) sees it as both a process and an outcome. As a process, social inclusion invokes and cultivates involvement, self-expression and self-discovery, so that participation will be welcomed, choices will be supported, contributions will be valued, and integrity will be safeguarded (Frazee, 2005).

It can also be an outcome when inclusion occurs within a range of meaningful and respectful

opportunities, and when involvement, expression and discovery consistently prompts "being"

and "becoming" as well as "doing" and "acting" (Frazee, 2005, p. 109). It can also be seen as an

experience for growth and discovery that is both socially and personally rewarding (Frazee,

2005). To support her definition, Frazee (2005) interviewed several youth with disabilities, and

one with autism said the following:

> Inclusion is being able to be with kids my own age and do things they do and
> go where they go. Inclusion is being with them. Inclusion helps people see that
> there is a lot more to me than autism. It helps them see that I am just a regular
> teenager. Inclusion is important because it allows me to be who I am and to be
> with my friends and do what they do (p. 11).

This falls in line with Schleien et al. (1997), where inclusion is about making personal

connections. Along with this, Frazee (2005) contends that inclusion is about the sense of

belonging, 'being with them,' and 'being with my friends and do what they do.' It is more than

the mechanical challenge of entry into buildings; it is the access to one's citizenship and

community and about feeling secure and worthy (Frazee, 2005).

While the various ways that social inclusion is described is confusing, multiple meanings

and levels of analysis open our minds to new ways of thinking about the concept to develop

new solutions for old problems (Shookner, 2002). van de Ven et al (2005, p. 324) provides a

helpful metaphor for the purposes of this case study when he says that inclusion "takes two to

tango", where both people with disabilities and the organizations need to work together for

inclusion to be achieved. According to Allison and Hibbler (2004, p.262), the power rests in the

hands of the dominant hierarchy who "in the public sphere, set the parameters of interaction in

our major societal institutions." They further say that the "experiences of those in the non-

dominant groups are muted or "made invisible by the persuasiveness of the dominant culture"

(Allison & Hibbler, p.262). Thus, while it is important to encourage people with disabilities to

enhance the personal connections, it cannot be left solely up to them to ensure their own inclusion. The organization needs to take some responsibilities in ensuring that their organizational policies and structures are appropriate for inclusion to occur.

2.4. Constraints of social inclusion

As mentioned, Shakir (2005) states that there is an assumption that social inclusion is done "for" people, meaning that others must make them feel wanted and help them participate. Through this, the 'wall of exclusion' continues to build, as it perpetuates the norm that some people need help and do not meet a prescribed set of standards (Schleien et al., 1997). Schleien et al. (1997) argue that some able bodied people feel the need to take on the responsibility of improving the lives of others, who they view as less fortunate than themselves. This results in people with disabilities being positioned as passive recipients of services (Miller, Schleien, Rider, Hall, Roche, & Worsley, 2002).

These assumed roles prompt the issue of 'help' as the prevalent source of power that underlies the general interaction between those with and without disabilities. However, help can be a mixed blessing because giving it may decrease opportunities for full inclusion. As Goodwin (2001) states, some perceive help as drastically reducing control over their own lives by being reminded of their limitations in comparison to others. This feeds into the differentiation between the 'givers' and the 'recipients' of the services (Miller et al., 2002) and contributes to the social constructions of people with disabilities as being 'sick' and 'dependent' on people without disabilities (Schleien et al., 1997).

Due to the label 'disabled', a self-fulfilling prophecy may occur if some people with disabilities self-identify as being 'different', instilling a belief that they are not quite human (Datillo, 2002). He (2002) further explains how this can result in "internalized oppression,"

where some people with disabilities begin to believe in these labels and become dependent on others for tasks they might be able to do for themselves.

The various supports for people with disabilities, especially from their own families, can play instrumental roles in how they take part within their communities and lifestyles, and at times this can be a negative factor. Families of children with disabilities often take on more responsibility for raising their children, because they quite often feel a sense of guilt or even blame for their child's disability (Green, 2003; Keller & Sterling Honig, 2004). This may cause them to take on a more protective role in the upbringing of their child by trying to minimize the impact of marginalization. Parents and relatives can become involved in every aspect of their child's life to act as a buffer, to ensure they do not experience isolation, loneliness, and unfair treatment. This is often associated with a fear that their child is at greater risk being hurt, physically, mentally or attitudinally.

Another constraint that may pose a threat to inclusion is the physical accessibility of the facilities. Although Frazee (2005) states that inclusion goes beyond the mechanical challenge of building entry, physical accessibility still needs to be addressed. Datillo (2002) uses the term 'universal design' to ensure that all products and the environments are accessible to people.

> Universal design is making products and environments to be useable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The idea of universal design is to simplify life for everyone by making products, communications, and the built environment more useable by as many people as possible at little or no extra cost. We could see that universal design benefits people of all ages and abilities (Datillo, 2002, p. 173).

Accessibility or usability of a facility is the degree to which people can enter and use a building or surrounding area, a key factor in making recreation experiences possible (Datillo, 2002). He (2002) further explains that a universal design is the ultimate goal as it creates a broadly inclusive environment that blends a variety of design concepts into a range of meaningful options for people.

2.5. Strategies of social inclusion

The complexity of the definitions of social inclusion leads to a confusing process for considering strategies that will foster. There is limited literature concentrating on specific inclusion strategies, especially as it relates to adventure therapy. However, Donnelly and Coakley (2002) identify several inclusion strategies in a broader recreation context, as they believe that play and recreation is fundamental to health, well-being, and social and physical development. They outline a social inclusion framework with six specific strategies (Donnelly & Coakley, 2002).

One strategy is the building of a safe environment where programmes emphasize a philosophy of nonviolence and participants can express themselves freely (Donnelly & Coakley, 2002). In this way, participants can openly experience new opportunities without being judged or stereotyped. Secondly, Donnelly and Coakley (2002) contend that opportunities are needed to develop and display competence where the participants gain self-esteem in an athletic or recreational environment and a sense of moral worth in the community at large. Thirdly, social networks are important for programmes to facilitate connections with peers, because nurturing supportive friendships promote communication and conflict resolution skills (Donnelly & Coakley, 2002). The fourth strategy is providing individuals with moral and economic support to provide guidance as they make moral and economic decisions in their everyday lives (Donnelly & Coakley, 2002). Ensuring autonomy and control in the structures in which programmes occur provides opportunities for participants to be involved in decision-making and exposes them to a variety of programmes so that they can look for appropriate resources and deal successfully with challenges in their lives (Donnelly & Coakley, 2002). The last strategy is where there is hope for the future, where programmes expose participants to future possibilities for their lives (Donnelly & Coakley, 2002).

While these six strategies tend to be ambiguous, they provide a starting place for how professionals can facilitate inclusion in the realm of recreation. Shookner (2002) points out inclusion strategies are important as they begin to raise awareness and identify steps to move towards policies, programs, practices that will be more inclusive. He (2002) proposes that the elements necessary for inclusion are valuing contributions of the diversity of the population, ensuring adequate income for participation, and providing opportunities and the freedom to be involved in every aspect of an organization. Making sure that the environment is healthy and supportive to provide ease of access to public places and community resources, and enabling individuals to fulfill their human rights and entitlements so that the feeling a sense of belonging, respect, recognition, family support, or solidarity gets achieved are additional elements of inclusion (Shookner, 2002).

Inclusion can happen either physically or socially, where people value each other and demystify their differences, thus allowing each person can feel a sense of belonging and acceptance (Sable, 1995). Our relationships with one another can become supportive networks, allowing individuals to grow through programs that promote their own decision making and independence.

Schleien et al. (1997) point out that it is one thing to open up the programs for people with disabilities; but it is another thing to go further to actively recruit and encourage their participation by providing a range of inclusion strategies that meets a diversity of needs. It is common for programs to market themselves as inclusive, but there is a difference between being physically inclusive and socially inclusive. Achieving physical inclusion means enhancing accessibility with ramps, elevators, adapted equipment, or automatic doors. Being socially inclusive is also about providing opportunities for making one's way into full citizenship by feeling secure and worthy (Frazee, 2005).

Inclusion strategies should increase opportunities to interact socially with others, develop friendships, and experience a sense of belonging (Anderson & Heyne, 2000). Frazee (2005) emphasizes the priority of developing friendships as this correlates with the development of childhood resilience and the ability to cope with external stresses associated with living with a disability. In addition, friendships may help contribute to the sense of security, integration, and purposefulness (Frazee, 2005). Sciberras and Hutchinson (2003/2004) agree that when people with disabilities have friends, their world is opened up because they have access to a broader range of opportunities. As well, gaining friendships is a sign of social acceptance and may be an important component of social satisfaction (Devine & Datillo, 2001).

Along with the development of friendships, inclusion strategies emphasize people with disabilities being in the workforce, and participating in various leisure opportunities. The abilities of people with disabilities are being recognized through various sporting events such as Paralympics and the Special Olympics. I will now turn the focus to discussing inclusion specifically in the recreation context.

2.6. Recreation inclusion

Schleien et. al (1997) contend that participating in leisure is an important aspect of life as it promotes health, conditioning, and provides opportunities for people to develop social relationships and new skills. However, recreation for people with disabilities has often been a low priority, because the emphasis has been on planning residential, vocational or educational opportunities, rather than leisure experiences (Lord & Hutchinson, 1979). This idea of recreation not being important to people with disabilities has been recognized by Stebbins (1998, p. 101) when he argues that leisure:

> has not been recognized as a realm in which people with disabilities can explore or discover who they are and who they might become. There has been little recognition that supporting and allowing people with disabilities to experience

the full range of leisure expressions is important to their meaning and creating balance in their lives.

Opportunities for social interaction and social acceptance can be created in leisure, as it is often a time where it is unstructured allowing people to freely enjoy themselves by mutually participating in meaningful, enjoyable, and satisfying experiences (Datillo, 2002; Robinson & Skinner, 1985).

Sable (1995) recognizes people with disabilities are becoming more physically involved within the community, but claims that social acceptance is still lacking as mention in the following quotation:

> These negative attitudes are the most powerful barriers to full inclusion and acceptance of individuals with disabilities into the fabric of community life. As we work toward inclusionary practices in schools, employment, and leisure services, we are reminded that true social integration appears most difficult to achieve than the normalization concept of availability of patterns and conditions of everyday life (Sable, 1995, p. 207).

Attitudes toward people with disabilities are evolving from the traditional to the social model as much of society is seeing their abilities, rather than their disabilities. Dowse (2001) elicits the notion that there is a shift for people with disabilities to take their places in the world, so that they can have the same opportunities as others. The idea that needs to be emphasized is that all people, regardless of disabilities or not, have strengths and weaknesses (Hutchinson & Lord, 1979). There has been a shift within the leisure realm from segregation to integrated recreation, as there is a movement towards embracing people with disabilities to be included in programs, community and in the society (Datillo, 2002).

Despite this shift from segregation to integration, there is often a controversy as to whether partaking in programs in an integrated program consisting of people with and without disabilities is appropriate. The term segregation describes 'disabled-only' programs and is based on the belief that people who with similar labels can be best served in a separate environment

(Datillo, 2002). These programs may help to create trust, a sense of belonging, and a sense that they are not alone (Goodwin & Staples, 2005). Staples and Goodwin (2005) argue that some "disabled-only" programs are appropriate at times because they provide:

> the process of self-categorization that accompanies the feelings of sense of belonging to a socially-relevant group come differential treatment to those they identify with the group. The more a person identifies with another, the easier it becomes to empathize with other members of the same group (Staples & Goodwin, 2005, p. 162).

Perhaps in 'disabled-only' programs, people learn to express their fears, anger, frustrations, loneliness, or guilt and come to realize that they are not alone in their feelings (Goodwin & Staples, 2005).

There is little research that explores the preferences of people with disabilities in relation to specific recreational contexts, but some confirm that people with disabilities often prefer participating with others like them (Ashton-Shaeffer, Gibson, Autry, & Hanson, 2001). This may be because participating alongside people without disabilities emphasizes their limitations in terms of uneven sport skill levels (Ashton-Shaeffer et al., 2001). Yet, it is evident that recreational activities are a rich area for people with and without disabilities to get to know each other and to alleviate fear and ignorance (Anderson et al., 1997).

The support for people with disabilities has increased allowing people to make choices, to live normal lives, and to become active participants in the community (Pedlar, Haworth, Hutchinson, Taylor, & Dunn, 1999). Such support may include accessible facilities and increases in community programs, funding, advocacy groups, or in technological advances to assist people with their day to day tasks. As mentioned previously, I introduced the concept of 'universal design' (Datillo, 2002) where it allows people to access freely or to obtain what they design. Hence, until this is achieved, many leisure professionals provide adaptations to ensure participation. There are adaptations to materials, activities, the environment, and instructional

strategies, which can make a difference between people being excluded or included in recreation (Datillo, 2002). Such adaptations could include sailing with a mouth stick, implementation of extra floatation devices for kayaks to be more stable, or altering instructions for an activity without changing the purpose of it. It is adaptations such as these that can encourage some people with disabilities to more fully participate in leisure experiences.

Datillo (2002) states that the value of leisure experience in enhancing the quality of life for people with disabilities should not be underestimated. Leisure is important for the well-being of people as it provides the opportunity to make personal choices, the opportunity to interact with others, and the emotional value of enjoyment. Robinson and Skinner (1985) agree that recreation cannot be thought of a privilege, but should be considered to be a basic human right. The chance to independently choose activities in which to become involved, or even to decide whether or not to participate, can be an empowering and significant learning experience (Shookner, 2002).

Recreation can also provide people with disabilities the opportunity to interact with the environment and to establish a more fulfilling way of life (Schleien et. al, 1997). Robinson and Skinner (1985) encourage us to look at larger relationships, underlying connections and systems to connect the different dimensions of one's life: family, social, political, cultural, and spiritual. It is through this approach that people with disabilities are seen in terms of what they can do, emphasizing their strengths and positive qualities (Robinson & Skinner, 1985).

2.7. Adventure therapy as an inclusion strategy

Adventure Therapy (commonly referred to as AT) is often used interchangeably with the terms wilderness therapy, wilderness-adventure therapy, therapeutic adventure, therapeutic wilderness, wilderness adventure therapy, adventure-based therapy or adventure-based counseling (Bandoroff & Newes, 2004). For the purposes of this study, I will use AT.

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AT is designed to bridge the gap between inpatient programs and outpatient services and it immerses participants into outdoor environments that include group living with peers, individual/ group therapy sessions, and an application of living skills (Bandoroff & Newes, 2004). AT uses the outdoors as a place to learn and explore positive changes in the self concepts, personalities, individual behaviors and social functioning (Warren, Sakofs, and Hunt, 1995). Bandoroff and Newes (2004) outline several characteristics of AT that provide a foundation for using it as an inclusion strategy for people with disabilities.

A group atmosphere is a vital component as it allows for feedback, support, and interpersonal connections among the group. It uses teamwork, cooperation, and relying upon each other to talk about creative problem-solving or implementing new strategies (Bandoroff & Newes 2004). Together, the group can be involved in the decision making process while giving each individual the empowerment to design an adventure program right for them. This is similar to one of the strategies of inclusion outlined by Donnelly and Coakley (2002) where the participants have an opportunity to be involved in the decision-making processes. The second component to AT programs is when a large amount of time is spent processing the outdoor experience so they can transfer the learning into other aspects of their lives. AT aims to implement these experiences in new environments which include a certain level of risk. Once a challenge is achieved in the outdoors, it may increase people's abilities to conquer other opportunities and challenges (Miles, 1995).

The third key element of AT is challenge by choice, which gives individuals the ability to choose not to participate in the activity by empowering the individual to make their own choices (Bandoroff & Newes, 2004). Fourthly, AT emphasizes the process of goal setting which is established through group decision making, thus encouraging people that have the desire to make decisions to be involved (Bandoroff & Newes, 2004).

The word 'adventure' is associated with adrenaline-fueled feats of daring, risk-taking and technical skills (Bandoroff & Newes, 2004). Programs may include kayaking, rock climbing, skiing, camping, or mountain biking. However, AT alone is not assumed to be sufficient to facilitate deep-level therapeutic growth and change. Instead, it is the processing of the actual experience with the participant in the outdoors which can be used as a metaphor for their daily life that promotes the therapeutic process (Bandoroff & Newes, 2004).

AT aims to create new dynamics and relationships between people because in the outdoors people face new challenges, opportunities, and fears. Mitten (2004) claims that AT uses the therapeutic modality in the outdoor environment as a way of increasing an individual's state of health or well-being, or what Robinson and Skinner (1985) calls the holistic perspective. Adventure therapy uses the term 'therapy,' which is controversial terminology because it implies an imperative term to 'correct' people with disabilities. As Shivers (1977, p.4) says, "Therapy is a specific treatment directly intervening in any physical or mental pathology which is designed to effect a cure, ameliorate the condition or restore the afflicted individual." As emphasized in the quotation, the word 'therapy' can be overused and resisted.

> They call everything I do therapy. Why can't they call what I do what it actually is? Next thing you know, there'll be waking-up therapy, bathroom therapy, eating therapy, talking therapy, and sleeping therapy. Anymore of this jazz, we'll have to get some 'firing therapy' going (to get rid of some of these therapizers) (Hutchinson & Lord, 1979, p. 19).

The word therapy emphasizes the medical model where the aim is to discover symptoms in patients which can somehow be cured through recreation or activity therapy (Hutchinson & Lord, 1979). Therapy involves professionals who have accepted the medical model which has negatively influenced the involvement of people with disabilities (Hutchinson & Lord, 1979). Therefore, the concept of therapy often perpetuates the idea that people who have been 'excluded' have to be 'fixed' in order to be included in society.

Adventure therapy aims to use a therapeutic model which is less constraining and restrictive than the traditional models of therapy. Williams (2004, p. 202) says that therapeutic is defined "as causing someone to feel happier and more relaxed or to be healthier", whereas therapy describes a treatment which helps someone feels better, grow stronger, especially after an illness. Individuals participating in AT programs do not need to have a medical diagnosis, as it concentrates on designing interventions that enhance well-being (Williams, 2004).

Adventure therapy is considered to be a form of alternative therapy, along side acupuncture, aromatherapy, herbal medicine, prayer/ prayer healing, or tai-chi and yoga (Mitten, 2004). Mitten (2004, p. 250) explain the role of AT as follows:

> adventure therapists help participants see themselves not as victims, but as survivors, seeing the courage in being vulnerable. Many adventure therapy programs take place outside and participants are exposed to the beauty and awe of being part of the natural world, witnessing its mystery and feeling its wonder.

There is a certain connection between the outdoors and inclusion. AT may contribute to improved self-esteem, change in personal identity, and improved communication skills, which Allen-Newman and Fleming (2004) say cannot be easily measured. Individuals in the outdoors tend to forget the constraints they face in their daily lives and create opportunities to explore and discover new things (Terry, 1995). It is these opportunities that may promote inclusion, as people are able to establish their own identities in a non-threatening environment. The primary purpose of the therapeutic model is to work with the participants to derive a common goal, whether it is to improve the well-being, help change, restore, treat, remediate, or rehabilitate the individual (Williams, 2004).

Ewert et al. (2001) say that these programs can be used to improve functioning or for those seeking greater physical and/or psychological challenges regardless of the presence of a medically-diagnosed problem. People strive to change so that they can feel better about themselves, providing a sense of security and self-worth so that more barriers will be removed.

Adventure therapists strive to offer fresh and exciting possibilities for change in the lives of the

participant such as improved self-esteem, change in personal identity, improved communication

skills or progression in personal challenges such as substance abuse, illness or disability (Allen-

Newman & Fleming, 2004).

Having fun is a basic human need (Martin, 1974) and adventure usually involves the entire

body, engaging participants fully in activities which are meant to be fun and outside their

routine. Most people have the desire to grow, whether it is physically, emotionally, or mentally,

and to improve themselves. Thus, AT provides the opportunities which are therapeutic and

instigate the process of change.

AT has been rapidly growing in the last three decades as witness in the following quotation:

> The growing sense of enjoyment is likely to be a reflection of the decreased
> need to force oneself to attend. There is the discovery, in other words, that in
> addition to be comfortable and exciting it is also quite safe to attend to what
> one feels like attending to in the wilderness environment (Warren et. al., 1995,
> p. 47).

Many of the programs in the wilderness provide opportunities for healing that assume the

environment contributes to people's achievements and removes exclusionary barriers (Warren

et. al., 1995). This is because the wilderness is generally an unfamiliar and captivating space,

placing people at the same starting point and engaging their senses to increase their success in

experiencing new challenges (Warren et. al, 1995).

> The outdoors also presents itself in a very physical, straightforward way. There
> are mountains to climb, rivers to run, bogs to wade through. As an adolescent
> delinquent whose principal mode of expression is an action-oriented one and
> whose thinking process is mostly concrete, the possible activities in the
> outdoors fulfill his [her] developmental capability. He [she] just stands a better
> chance of excelling here (Warren et. al., 1995, p. 51).

In the wilderness, people can experience an increase in self-confidence and a feeling of

tranquility. It is within wilderness that people find themselves dealing with challenges giving a

satisfying experience for those who may be struggling with marginalization from the 'normal' world (Warren et. al., 1995).

It was not until recently that adventure therapists decided to open up the wilderness programs to include people with disabilities (Sugarman, 1998). Many people have always felt the need to protect and keep them safe because there are perceptions that AT programs are high risk. Yet, it is people without disabilities who often make decisions for people with disabilities, saying that "they can't do it," "they may get hurt," or "it's too hard so they won't like it anyways" (Sugarman, 1998). This creates a paradox of protecting people with disabilities from making their own decisions, living an independent life, doing difficult things, and allowing them to live with dignity and respect (Sugarman, 1998). On the contrary, Sharpe (2005) says that within the context of the outdoors, many barriers are removed and people are able to experience their freedom when they are not confined within the perceptions of society.

In the next chapter, I discuss the methodology I undertook in order to address my research questions.

CHAPTER THREE (3.0)

Methodology

In this section, I will explain how I conducted my research by describing the case study site, my role as the researcher, and the methodology employed.

3.1. The case study rationale

The rationale for the case study methodology is that it draws our attention to the question of what specifically can be learned by a single example of a phenomenon of interest which contributes to a deeper understanding of all similar sites (Stake, 2005). Hartley (2004) describes a case study as a detailed investigation, often with data collected over a period of time within the same context. They are conducted to provide information that promotes the understanding of the social and organizational processes as they relate to theory (Cassell & Symon, 2004). This study focuses on one particular organization in order to address my research questions with the goal of understanding the social and organizational processes of social inclusion. Case studies can employ many strategies of data collection including participant observation, interviews, focus groups, and field notes.

I focused on retrieving information using four methods: participant observation, interviews, and focus groups with as many people involved in the organization as possible, including staff, volunteers and clients. I also wrote field notes to record initial ideas and reflections. The information gathered through these various avenues achieved an increased understanding of how the organization attempts to achieve its mission. The background information is important because it outlines the purpose and programs of the case study site and why it is an applicable location.

3.2. The research site

The non-profit adventure therapy organization is based on the Island and its mission and

mandate is the following:

> We are a registered charity that enhances the health and quality of life for youth
> and families. Our adventure therapy programs integrate inclusive outdoor
> activities and experiential education, providing opportunities for discovery,
> change, and connections (Annual Report, 2006).

The organization started in 1998 with the aim of organizing a wilderness trip for four teens

being treated for cancer at a children's hospital. Two fellows, who had experience working in

the outdoors with people with disabilities, were asked to work closely in consultation with the

hospital oncology staff to determine an appropriate trip outline and destination. This program

placed a special focus on specific health needs, a risk management plan, staff needs and a

participant selection process. The parents involved with the hospital's annual fundraising

campaign were instrumental in making the first trip a reality. Eight years later, in collaboration

with various community agencies, the organization has expanded to deliver programs to youth

and families of a variety of backgrounds.

Today, the non profit adventure therapy organization has evolved to deliver two programs

known as wilderness-based and adaptive recreation. The programs cater to youth (13-18 years)

and adults (19-65 years), along with their families if they also choose to participate. All program

participants are considered to be "challenged" in some way, such as having a mental or physical

impairment, eating disorders, mental health issues, cancer, abuse, or any other characteristics.

For the purposes of day-to-day operations for the organization, there are 10 staff and 45

volunteers who assist with the administration and the operations of both programs. The staff

varies from full time, to part time, to those who are on contractual basis, and the positions

include an Executive Director, Executive Assistant, Administrative Assistant, Operations

Manager, Program Managers, Lead Kayak Guides, Kayak Guides and Risk Management. All

staff is required to attend a staff training session, which includes a trip in the Gulf Islands and to ensure that trips meet the mandate of the organization and to build team cohesion before beginning summer programs. I held the position of a program manager of the adaptive recreation program when the study was conducted, but I no longer work for the organization. I was the only staff who identifies as having a disability.

The adaptive recreation program is based out of Vancouver Island, serving both the Island and the Lower Mainland. For this case study, I concentrated specifically on the Lower Mainland branch. This program provides activities including alpine skiing, sea kayaking and rock climbing, for people who have physical, mental, or cognitive disabilities. The Lower Mainland branch focuses on kayaking through the months of June, July, and August, delivering about 80 day trips. At the time of the study, the program provided kayaking to 34 clients with various disabilities including cognitive impairments, multiple sclerosis, cerebral palsy, autism, spinal cord injury, and acquired brain injury. Of the 34 clients, 12 were female and 22 were male and the ethnicity of participants' ranges from asian, african american, with the majority (24) being caucasian. The clients ranged in age from approximately 9 to 50 years old, with the majority being between 13 to 28.

Each 2-hour day program costs $35 and the overnight kayaking trip is $225.00 per person. The organization attempts to relieve financial barriers by offering a bursary and clients can apply for it by contacting the office. It is an application composed of questions like "how would this bursary assist you in pursuing our programs?" and "explain why you are in need of this bursary?" Two of the clients expressed an interest in and received this bursary.

In addition to myself and a lead kayak guide, the adaptive recreation program has 20 volunteers, none of whom have identified as having a physical or mental disability. All of the volunteers are strongly encouraged to attend a training session held at the beginning of the

season which includes disability awareness training, instruction on the use of adaptive equipment, and it outlines their roles and duties as volunteers. The organization has the ability to adapt equipment to meet individual's needs by offering outriggers on kayaks, one-arm paddles, spinal boards, or hand grips. The staff, along with the volunteers work with each client to meet their goals, which are determined by conversing with them or their support networks.

3.3. Role of researcher

It was important is to consider my position as a researcher who was employed in the organization at the time of the case study.

I have been affiliated with this organization for the past seven years and was hired as the program coordinator for the adaptive recreation program more than two years ago. My role was to provide sea kayaking experiences to people who have a disability, organize volunteers, develop community partners and sponsors, and evaluate the program. As I am employed there at the time of the study, I am considered to have insider status due to my existing relationship with the staff, volunteers, and clients.

A major influence that has led me this topic of study is that I am a 'person with a disability.' I am diagnosed with cerebral palsy, which affects my coordination, motor dexterity, speech, and balance. I am a 31 year old female of asian background, born and raised in Canada. I have been fortunate to be raised in a well-educated family who was able to provide me with supports such as rehabilitation treatments and many leisure opportunities. I have been working the field of providing leisure for people with disabilities for ten years, either in a work or volunteer capacity, including skiing, sailing, and hiking programs.

With respect to my leisure experiences, it was always been a dilemma for my parents whether to enroll me in 'disabled-only' or 'able-bodied' settings, as my disability does not restrict my life activities immensely. When I was in 'disabled-only programs', I tend not to enjoy

them because it is often too slow for me, too easy, or too much time is spent dealing with other people's needs. However, when I participated in 'able-bodied programs' (and quite often I was the only one with a visible disability), my disability was more visible in comparison to the other participants. Today, I participate in 'able-bodied' activities as I prefer them because I feel challenged and comfortable with the other people.

At times, I have been labeled as 'amazing', as an 'inspiration' or as 'brave' by able-bodied people I participate with, which frustrates me, as I do not see any difference between them and myself. However, this leads me to think that maybe they believe it is more difficult for me to live a fulfilled life and they admire my attempt at doing so, which I believe is the wrong way of thinking. In addition, I have been at the receiving end of negative attitudes from several of my peers, family, and people I have come across in my life. Some people jump to the conclusion that I am in need of help that I am unable to be employed, that I am mentally challenged, or hard of hearing and need everything to be slowed down. I try not to let these negative attitudes work as barriers, and through the support of my immediate friends and family, I am still able to accomplish my goals. However, this admittedly, brings out my passion for studying how people with disabilities can feel a sense of inclusion.

It is no doubt that my positions, both professionally and personally, has a significant impact on this study. Hammersley and Atkinson (1995, p.16) state reflexivity refers to "… the orientations of researchers that will be shaped by their socio-historical locations, including the values and interests that these locations confer upon them." I cannot ignore the fact that I am a highly committed staff member and a person with a disability who loves the outdoors. This had an impact on my own thoughts, feelings, and emotions which does influence the research process.

In the paragraphs below, I will outline the process I implemented to recruit the participants for this study.

3.4. Sample and recruitment

Upon receiving agency approval (Appendix A), I was able to obtain contact information for staff (9), volunteers (20), and clients (34) within the Lower Mainland branch of the adaptive recreation program. I sent out an email to all of them outlining the purpose of my study, the importance of their involvement, and an indication that they would be receiving a further letter of explanation, along with a consent form. All of the potential participants were mailed an introductory letter (Appendix B1, B2, B3, & B4), information sheet (Appendix C), a consent form (Appendix D1 & D2), and a pre-paid, pre-addressed envelope (to increase the likelihood of it being returned). In the end, 30 study participants voluntarily agreed to participate, which included six staff, nine volunteers, and fourteen clients.

I was pleased with the breakdown of the study participants, as I really wanted to ensure that there was a representation from the three groups (staff, volunteers, and clients), with the majority of voices belonging to the clients. I attempted to ensure that all participants were clear in that they were partaking in the research by me as a UBC graduate student, not as a staff member of the organization. I did not want this to interfere with their answers and critical feedback in relation to my study. However, there is no doubt that my staff position played an influential role. I asked all the study participants to complete a biographical questionnaire (Appendix G) and to ensure confidentiality; I have used pseudonyms for them.

Data collection started during the last week of August 2006 at the tail end of the kayaking program. Once the program was over, I was able to make arrangements to hold interviews and focus groups at a location and time convenient to each of the study participants.

3.5. Data collection

The next sections describe the different data collection methods utilized.

3.5.1. Document analysis

Document analysis is a relatively easy, informative, and unobtrusive research method which can serve as an important tool for several reasons (Marshall & Rossman, 1995). Firstly, documents are written formal records of organizational activities and how they communicate to the public that may or may not reflect how it operates on a daily basis. A document analysis can add to the details from the other data collection sources and may generate questions about the communications and the strategies used by the organization (Yin, 2003). Analyzing documents can be conducted without disturbing the setting in any way (Marshall & Rossman, 1995). I had access to all of the existing documents which included annual reports, meeting minutes, pamphlets, media articles, and the website. The following table is a list of the documents I analyzed.

Table 3.1. Documents analyzed

Document	Date	Summary
Strategic Plan	December 2007	Vision and task items for the program to accomplish for the coming year
Website	2007	The content of the website in relation to the study
Brochure	2007	Summarizes the programs, and the organization in terms of its mission, vision, and its successes
Media Article	July 2006	Promotion for an event within the adaptive kayaking program
Fundraising Package	2006	How the organization portrays itself to request financial support
Staff Manual	May 2005	Includes welcome and introduction, program planning, policies, and procedures
Marketing Communications Plan	February 2005	The purpose and scope of the organization, along with its profile and situational analysis
Annual Report	2005	Explains the history, values, development, and programs of the non-profit adventure therapy organization
Media Articles	2000-2006	Promotion of the non-profit adventure therapy organization

In analyzing these existing documents, I took into account the target audience, as well as the content, in order to uncover the strategies and the meanings that the organization says it uses to facilitate inclusion for clients with disabilities within their programs.

3.5.2. Participant observation

Another method of data collection I used for this case study was participant observation which involves:

> social interaction between the researcher and informants in the milieu of the latter, the idea being to allow the observer to study first hand the day to day experiences and behaviors of subjects in particular situations, and, if necessary, to talk to them about their feelings and interpretation (Waddington, 2004, p.154).

It is through immersion in the case study where the researcher hears, sees, and begins to experience what the actual program does to facilitate inclusion strategies by spending a considerable amount of time learning about the participant's daily lives (Marshall & Rossman, 1995).

I observed two different kayaks trips over the course of two months, August to September 2006. The first trip was a two kayaking hour trip on August 25th. The second time was the kayaking overnight trip from September 23rd – 25th.

3.5.2.a. Day kayaking trip

Three clients with disabilities, along with three volunteers, participated in the first day trip. Treena was the lead kayak guide. Due to my insider status, there were no objections with me coming to observe the strategies that the volunteers, clients, and staff used in relation to inclusion. I felt inclined to converse with the people as I have a relationship with each person in the program.

The three volunteers were Namrit, Claire, and Sue and the clients were Wayne, Nathan, and Christine. The clients had come on a weekly basis throughout the summer, and came together

The three volunteers were Namrit, Claire, and Sue and the clients were Wayne, Nathan, and Christine. The clients had come on a weekly basis throughout the summer, and came together as friends. All of them knew each other through their community living organization, which facilitates their daily activities including their leisure experiences, volunteer or work opportunities, and social activities. As well, this organization provides care workers to provide additional assistance. All of them lived with their respective families but required 24 hour care from several different care workers. Christine and Nathan have severe cognitive, hearing, and visual impairments which led them to be reliant on a team of support to facilitate their leisure opportunities. Wayne had severe autism which caused him to be non-verbal and dependant on a one-on-one care worker. They found it difficult or impossible to hold the paddle and thus, were not given one. It was evident from their smiles, their laughter, and their individual forms of communication that they enjoyed sitting in the kayak experiencing the movement, the water, and the marine life.

On the water, there were three double kayaks, one single for Treena, and another single kayak for me. According to kayaking policies, they should stay in a tight group for safety reasons because it is much easier for the big boats on the water to see a group of kayaks, rather separate ones. However, all of the kayaks were spread out, with Nathan and Namrit behind the rest of the group by quite a distance. It is difficult for one person to kayak a double as none of the clients had paddles. Since Namrit is not a strong person, they were far behind. In the meantime, Treena continued to kayak, and at points was kayaking well ahead of the group. There was no group management on the water and minimal conversations between the clients, volunteers, and Treena. This distance between the groups definitely raises some questions about whether inclusion strategies can be implemented when there is no group management

and when safety is a concern. Following the trip, I took the time to record field notes

highlighting what kind of inclusion strategies were or were not implemented.

3.5.2.b. Overnight kayaking trip

The other opportunity for observation was a multi-day kayak trip from September 23rd –

25th, 2006. It consisted of four clients with disabilities, two volunteers, two staff as the lead

kayak guides, and me along with Sandra as my research assistant. Sandra was there to help me

so that I could complete my data collection to the best of my ability. Because of my disability, I

was a bit fearful I would be always trying to catch up to the rest of the group, which may have

distorted my observations. Hence, the solution was to invite my friend Sandra to help me in

duties, such as setting up my tent or getting my personal gear in order, which allowed me not to

worry so I could concentrate on data collection. Sandra is also a certified kayak guide and has

many years of guiding (more years than Daniel and Treena combined), but had not been on a

trip with our organization.

It took approximately five to six hours to kayak to the destination, which included lunch

and breaks. There were four doubles and two single kayaks. Again, due to my insider status, it

was simple to gain access to a kayak to be able to observe the trip. Like the day trips, Treena

was a kayak guide so she was familiar with the clients, the volunteers, and the area. Daniel is a

young and experienced kayak guide as he has worked for several years with the kayak company

that sponsors this organization. Daniel has never worked with the programs before, but was

asked to work with Treena on this trip only three days before the overnight departure day. The

two volunteers, Fraiser and Sue, have been volunteering with the program for the past three

years and have been dedicating their time and energy on a weekly basis.

I observed how each person interacted with each other, with attention to the

implementation of inclusion strategies during the trip. When entering the field, I concentrated

on maintaining a polite and non-threatening image, as well as showing care for people's views, while avoiding trying to help the participants as recommended by Waddington (2004). I went into their territory and showed respect by not interrupting their flow within the program. It was advantageous being an insider as I was aware of the operations of the program. However, I wanted to ensure that I was well-recognized as a researcher, and I therefore reminded them of my purpose for attending this trip. I took the time to record my field notes, which included my thoughts about the strategies of inclusion that the staff, volunteers, and clients were implementing and the research process I was employing.

3.5.3. Focus groups

According to Amis (2005), the purpose of focus groups is to "learn through discussion about conscious, semiconscious and unconscious psychological and sociocultural characteristics and processes" (p. 109). Focus groups allow for access to a large number of individuals to discuss their experiences which may help them to overcome the potential intimidation of one-on-one individual interviews and to build on each other's ideas (Morgan, 1998). The reason for choosing focus groups was because it provided an opportunity to ask focused questions to encourage discussion, while encouraging the expression of differing opinions and points of view (Marshall & Rossman, 1995). Focus groups are useful for listening, gathering information, and understanding how people think or feel about a particular issue (Krueger & Casey, 2000). This method allows the people to challenge each other, develop positions of consensus, or to present and consider their own views in relation to others. The results tend to be high in validity, are low-cost, and can be done much quicker than one on one interviews (Marshall & Rossman, 1995). On the other hand, a disadvantage of focus groups is that it may be difficult to analyze individual content in a group discussion, and there might be logistical problems in setting them up (Marshall & Rossman, 1995).

In this study, I conducted a total of four focus groups with two to four participants in each one. In the first focus group, there were two clients, plus a mother; the second included three clients; the third was with four volunteers; and the fourth focus group was with two volunteers. The size of focus groups was appropriate as it was easy to facilitate discussions, so the participants had opportunities to share their insights and opinions (Krueger & Casey, 2000). Each focus group lasted from 1.5-2 hours in length.

The focus groups were facilitated by a question guide (see Appendix E & F). I had two different focus group guides – one for staff and volunteers; and the other one for the clients. There were approximately 8-10 questions that were asked about inclusion strategies implemented by the staff, clients and volunteers, the meanings of adventure therapy, and their experiences of social inclusion. I was the facilitator for the discussions, and I had a tape recorder recording the comments offered by the participants. I encouraged discussions but tried not to make any judgments about the responses by controlling my body language that might communicate approval or disapproval (Krueger & Casey, 2000).

In the opening of the focus groups, I explained what this study was about, and acknowledged that while I was a staff, for the purposes of this study I was a researcher. I mentioned this because in alignment with Lincoln and Denzin (2005) recommendations, I wanted them to state their critical thoughts, without worrying that I would be biased because of my relationship with the organization. In my preamble for the focus group, I also mentioned that I would facilitate in such a way to ensure that everybody had an opportunity to speak. As Amis (2005) contends, this is important because I did not want any one person to dominate. As well, I mentioned that if they should not feel pressured to answer and they should feel free to ask for clarification at any time.

In the focus group guide for the clients, I mentioned that I am a person with a disability because I felt that this would help them relate to me because I can empathize with them because I confront barriers daily as well. Andrews (2005) agrees that my being open about my disability was an advantage as it helped with breaking down the barriers when two or more people meet. I took some time to write field notes shortly after the conclusion of the focus groups in order to capture my immediate thoughts through the process. My notes included such thoughts as how I was feeling while facilitating the discussions, the dynamics of the group, the feelings I sensed from each person as they answered the questions, the interactions between clients and me.

The focus groups took place in a variety of locations of the participants' choice in the hopes of enhancing a comfortable environment, which is recommended by Krueger and Casey (2000). The first focus group was held on Saturday August 26th at the adaptive kayaking program location. We were fortunate that it was a sunny day and we found a quiet spot in an open field. The focus group consisted of two people with disabilities, Trevor and Bill. Trevor recently acquired a brain injury, resulting in the loss of speech and memory and he is in the midst of rehabilitation. He is able to comprehend simple language but his mom was able to join us to assist him with his answers. Throughout the focus group, I simplified the questions for him, and he was then able to answer with a "yes" or "no," after which time he turned it over to his mother for further elaboration. As the facilitator, I would also ask Trevor whether he agreed or not with his mother. While this did facilitate his inclusion in the research, I question whether Trevor's mom answers could truly reflect Trevor's thoughts. It was also possible that because of Trevor's difficulty in speaking, that he may have agreed with his mom because he could not explain his thoughts and feelings. The other person was Bill who has multiple sclerosis,

resulting in heat sensitivity. Because of the hot sun, we had to change locations on the grass field so that we were in the shade.

The second focus group was on Sunday August 27th and consisted of three people, two with cerebral palsy, Cindy and Scott; and Sean who had no identifiable disability. Again, it was held sitting outside on the grass field around the program location and all three were in their pre-teen and teenager years. Both people with cerebral palsy were ambulatory, however Cindy walked with the assistance of a walker. All of them knew each other through this program, as well as other programs, so there was a sense of comfort among them. Due to the focus of this study on inclusion specifically related to people with disabilities, I did not think that Sean would have much to contribute. But, I was proved wrong by his answers as he enthusiastically talked about his experiences with exclusion and inclusion, despite having no identifiable disability. He talked about his experience with exclusion in relation to his trip to an amusement park because he was too short to enjoy all the rides. When completing the biographical questionnaire, Cindy needed assistance, so I helped her to do the writing as she dictated the information to me.

The third focus group took place in the afternoon of Sunday August 27th with four volunteers and was located at a residence of a volunteer who was not involved in this focus group. Three volunteers, Fraiser, Sue, and Elsie had been involved since the inception of the adaptive recreation program three years ago, and Lucy was a new volunteer. All members were respectful of each other when they were speaking. I encouraged people to speak if I felt they were not contributing as much, and then there was no hesitation. Quite often, Fraiser would be the first one to answer the questions, and he was a bit domineering. However, he was respectful of others, giving them opportunities to speak, sometimes agreeing with others, but he had a lot of things to say. Others did not seem to mind it as he pointed out some valuable insights that matched with their thoughts. I could sense some frustrations when Sue answered a number of

questions associated with the operations of the organization. She had been involved since the beginning of this program, so she is well aware of its development but she did not see enough change in the programs. She mentions that it is a "sore point of hers". However, Elsie who has been with the program from the beginning too, contradicted her by saying that things are getting better. This created some discussion and Sue continued to express her disappointment in the lack of adaptive equipment for this program. They all identified improvements that could be pursued by the organization.

The last focus group session was held on September 9th with two new volunteers, Kathy and Michelle. It was raining which prevented us from staying outdoors. Together, we struggled to find a quiet location which ended up being a local coffee shop in the area. It was workable although the background was quite noisy. As a result, I was quite concerned about how this would overpower both Kathy's and Michelle's voices on the tape recorder, causing difficulty in transcribing. This concern affected my involvement as the facilitator of the focus group, even though Kathy did ask if we wanted to move, and I said not to bother. Luckily, my friend who did the transcribing did not have any problems in the transcription of this focus group. Similar to the other focus groups, both Kathy and Michelle respected each other, allowing each other to speak and voice their concerns. Michelle is a relatively new to this program and volunteered only one time through the summer, so she had some difficulty answering some of the questions. She often agreed with Kathy, which leads to the question of whether she was really in agreement or whether she agreed because of her lack of experience.

3.5.4. Interviews

I decided to conduct 8-10 interviews throughout the months of August, September and October for those who were unable to participate in focus groups. I chose this time as the programs were over and since the interviews were mostly with the staff; this is when they had

more time. I conducted five interviews with staff; one interview with a volunteer; and four interviews with clients. This method was mainly targeted to staff because in an interview each staff member could speak openly and not feel intimidated by one another especially when the questions are about the organization (Amis, 2005). King (2004, p.11) says the purpose of an interview is "to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena". Amis (2005) describes interviewing as the most common form of data collection in the social science area, which consists of a single interviewer asking an individual a range of questions related to particular issues. King (2004) suggests that the goal of interview is to see the research topic from the perspective of the interviewee and to understand how and why they come from this particular perspective.

There are many advantages of interviews according to King (2004) including that it can address focused or open ended questions about organizational life, or it may be used to examine broader issues. A disadvantage is that it is more time-consuming than focus groups.

Due to geographical and time constraints, I conducted four telephone interviews because it met some interviewee's needs, which included three staff and one volunteer. Obviously, it is more preferable to have interviews face-to-face to build rapport and gather non-verbal data, but due to a variety of issues, one-to-one interviews might have to be conducted by telephone or electronic mail, or even electronic messaging (Amis, 2005). Three of the telephone interviews were with staff because they work mainly in the head office on the Island and because of my work commitments, it was not possible for me to travel there. The other telephone interview was with a volunteer, Mary, as she was busy and the most efficient time to do the data collecting was over the telephone. Each interview lasted approximately 30 minutes to an hour and each interview was guided by an interview guide (Appendix E & F). The interview guide had the same preamble as the focus group guide for the volunteers. The interviewee completed

a biographical questionnaire (Appendix G) following the interview via email or in person. I used interviews with four of the clients, as the timing of the focus groups did not work out with their schedule or the one on one interaction worked better for them due to their disability.

Face to face interviews were held in different locations such as at the participant's home, in the head office of the organization, in Queen Elizabeth Park, at UBC, or at my home. I tried to situate the interviews at the most convenient time and location for the interviewee. I found that the participants were more than willing to make the effort to travel to meet me, but this varied between the different staff, volunteers, and clients. One of the interviews was done with Peter who is diagnosed with autism. I went over to his home as his father mentioned that this may help him answer the questions because of the quiet and familiar surroundings. I had to adapt my interview questions to meet his abilities. For example, instead of asking, "what do you think inclusion means to you?" I would change the question to be "do you enjoy being with your friends or not?" followed by the question, "when you are not with your friends, how does that make you feel?" Through these simplified questions, I was fearful that I would be putting words or thoughts into his mind; however, this was the best it could be facilitated so he could understand the questions. I had to be careful not to shape questions to get answers I desired for this study. Midway through the interview, I could sense that he was getting tired and was losing concentration, so we went on a few tangents, to assist him to get back his excitement and concentration. This strategy worked well as he went on to answer the remaining questions.

Another interview that posed some challenges was with Dana. She is diagnosed with spina cerebrallum ataxia which affects speech, coordination, mobility, cognitive function, and dexterity. Dana came to join a focus group as stated in the introductory letter that offered a few different options of time and date; however I did not confirm with her that it was happening. The Friday did not work for all of the other participants as no one had replied with that date,

except Dana. I neglected to telephone her to say this date would not work. I apologized profusely and I was lucky that she was in a good mood as she did not mind, but I still felt very badly. We re-scheduled the interview and I went over to her place to conduct the interview. It lasted more than an hour because she had difficulty getting her thoughts out and formulating it into sentences. At times, I had to structure the questions differently to assist her in understanding what I was asking.

3.6. Limitations

One of the limitations of this study is the fact that I am considered to be an insider because I am a staff person of the organization. Since I worked there for three years, I had a relationship with all the clients, volunteers, and staff, which may have caused them to be fearful of saying anything negative about the organization However, an insider status can also be an advantage because the relationships I had with the study participants caused some of them to trust me and open up to me by talking more critically about the program.

Another limitation is the timing of the study as the summer months was a busy time for the clients, volunteers, and staff which may why some people did not participate in the study. The majority who did not participate mentioned that the timing did not work out for them.

The next limitation occurred because of my dual roles as staff and researcher. During my participation observations, I often had to switch between my roles as a staff person and a researcher as there were duties that I needed to attend to. I felt inclined to assist in anyway possible to ensure the safety and enjoyment of this trip, and to make sure that the tasks got completed appropriately.

3.7. Data analysis

All of the data from the focus groups and interviews were audio-recorded, for which I received consent forms (Appendix D1 & D2) from the individuals or their parents. Recordings were subsequently transcribed verbatim using Word processing files.

Atlas.Ti is a qualitative data analysis program that allows researchers to search for quotations under the study themes (Hammersley & Atkinson, 1995). As stated by Marshall and Rossman (1995), data analysis is designed to bring order, structure, and meaning to the data collected. I manually coded the data using Atlas.Ti and used the code-and-retrieve function to assign codes to data segments (Hardy & Bryman, 2004). From the codes, I used the software to search for themes relating to the meanings and strategies of inclusion.

According to the recommendations by Marshall and Rossman (1995), when I analyzed the data gathered I followed five steps which were: (1) organizing the data; (2) generating categories, themes and patterns; (3) testing emergent hypothesis against the data; (4) searching for alternative explanations of the data; and (5) writing the report. This assisted me in drawing out the relationships of how inclusion is interpreted and practiced in the context of adventure therapy.

3.8. Ethical guidelines

Before the data collection phase, I obtained agency approval and the consent forms from all the clients, volunteers, and staff. To maintain the confidentiality and the anonymity of the participants, their names are identified using pseudonyms. The name of the organization has not been revealed in order to protect privacy. Throughout the study, I was conscious of my position as a researcher who is employed by the organization and a person with a disability who has certain perspectives shaping my experiences. Issues arose and it was my job as the researcher to comfort participants by reminding them that everything stated would be kept

confidential and anonymous. Even though it would have been ideal to maintain my two identities as a researcher and staff member as distinct, this was impossible for me to achieve. As well, I assumed that the participants could not ignore that I was on staff as this was referred to in several of the interviews and focus groups. I needed to reassure the study participants that all contributions would be used with the aim of improving the program delivery of the non profit adventure therapy organization and to contribute to the academic literature on social inclusion and adventure therapy.

All participation in the study was voluntary and involvement was assured not to jeopardize staff, volunteers, and participants in any way. Under the UBC Ethical Guidelines, the study participants who had cognitive disabilities and could not voluntarily agree to participate were excluded from the study.

The transcripts have been stored in the project office, Auditorium Annex 156A, and the consent forms are in a separate office. A summary report will be provided to the organization once I have defended my thesis. In the following chapter, I analyze the data received from the participants involved in this study.

CHAPTER 4 (4.0)

Findings and Discussion

In this chapter, I will critically analyze my findings in light of the literature and have organized the results into five key themes that relate to my research questions. These include the meanings, experiences, constraints, strategies of inclusion along with the improvements needed to promote inclusion within an adventure therapy context.

4.1. Study participants

I provide brief descriptions of study participants in the following table based on the information provided in the biographical questionnaire (Appendix G). They are separated according to whether they are staff, volunteers, or clients and the table also identifies their type of involvement in the study.

Table 4.1. Brief descriptions of the study participants (at the time of the study)

Pseudonym	Participation in the study	Description
Marnie *(staff)*	Interview	Marnie is 35 years old, able bodied and has identified herself as Manx, Scottish, French, and English female. She is the Director of Operations for the past 2 years.
Brad *(staff)*	Interview	Brad is 33 years old, able bodied, and self identified as a male of Dutch-British descent. He is the Director of Risk Management and the founding member of the organization.
Treena *(summer staff)*	Interview & Participant- Observation	Treena is 26 years old, able bodied, and has self-identified her as a Caucasian female. She was the lead kayak guide for the adaptive recreation program. Her employment was funded by the Human Resources Development summer program.
Daniel *(contractual staff)*	Participant Observation	Daniel is 23 years old, able bodied, and identified himself as a Caucasian male. He is employed with a canoe and kayak centre as the schools director, which has worked in partnership with the Adaptive Recreation program for the past 3 years. He is knowledgeable of our programs, facilitated some of the volunteer training sessions, but does not participate in the kayaking trips.
Matthew *(staff)*	Interview	Matthew is 39 years old, able bodied and identified as a Western European male. He is the safety and risk management staff member for all the programs.

Thomas (staff)	Interview	Thomas is 37 years, able bodied and identified as an English/Scottish male. He is the Executive Director of the organization including the founding member.
Sandra (researcher's assistant)	Participant Observation	Sandra is 33 years old, able bodied, and identified as a Caucasian female. She is a friend of mine and assisted me in the research process. Sandra has knowledge of the organization through our friendship but has never been on one of the organization's kayak trips. She has been a kayak guide for the past 10 years.
Mary (volunteer)	Interview	Mary is 59 years old, able bodied, and identified as a German-born Caucasian female. She has been volunteering for the Adaptive Recreation program for the past 2 years. She has not completely participated in a full volunteer training before the start of the program.
Fraiser (volunteer)	Focus Group & Participant Observation	Fraiser is 45 years old, able bodied and identified him as an "average white guy". He has been volunteering for the Adaptive Recreation program for the past 3 years. He has always participated in the full volunteer training before the start of the program.
Lucy (volunteer)	Focus Group & Participant Observation	Lucy is 35 years old, able bodied and identified as a Caucasian female. She has been volunteering for the Adaptive Recreation program for one summer. She participated in the full volunteer training before the start of the program.
Namrit (volunteer)	Participant Observation	Namrit is 21 years old, able bodied and identified as an East Indian female. She has been volunteering for the Adaptive Recreation program for one summer. She has participated in a volunteer training before the start of the program but missed the disability awareness section.
Claire (volunteer)	Participant Observation	Sue is 35 years old, able bodied and has identified as a Caucasian female. She has been volunteering for the Adaptive Recreation program for the past 3 years. She has participated in the full volunteer training before the start of the program.
Sue (volunteer)	Focus Group & Participant Observation	Sue is 40 years old, able bodied and identified as a Caucasian female. She has been volunteering for the Adaptive Recreation program for the past 3 years. She has always participated in the full volunteer training before the start of the program.
Elsie (volunteer)	Focus Group	Elsie is 52 years old, able bodied and identified as a Caucasian female. She has been volunteering for the Adaptive Recreation program for the past 3 years. She has always participated in the full volunteer training before the start of the program.
Kathy (volunteer)	Focus Group & Participant Observation	Kathy is 41 years old, able bodied, and identified as a Caucasian female. She has been volunteering for the Adaptive Recreation program for one summer. She has participated in the full volunteer training before the start of the program.
Michelle (volunteer)	Focus Group	Michelle is 33 years old, able bodied, and identified as a Caucasian female. She has been volunteering for the Adaptive Recreation program for one summer. She has participated in the full volunteer training before the start of the program. Due to other commitments, she only managed to volunteer one time.

Dana (client)	Interview	Dana is 33 years old with spina cerebrallum ataxia. She has identified herself as a Japanese female. This is the first summer in which she experienced kayaking once.
Trevor (client)	Focus Group	Trevor is 30 years old with a traumatic brain injury that happened eight months ago. He identified himself as a British-Caucasian male. This is the first summer in which he experienced kayaking twice. He was partaking in the focus group with his mother, Diane, as Trevor has the ability to say "yes" or "no", so Diane helped him expand his answers.
Bill (client)	Focus Group & Participant Observation	Bill is 50 years old with multiple sclerosis. He identified himself as a Caucasian male. He has been involved with the program for the past 3 years and comes regularly to kayak every week through the months of June to September. He participated in the overnight kayaking trip.
Oliver (client)	Participant Observation	Oliver is 11 years old with autism. He identified himself as a black male. He has been involved with the program for the summer. He has come regularly since the end of July and he participated in the overnight kayaking trip.
Sean (client)	Focus Group	Sean is 9 years old and is able-bodied. He identified as a Welch-Caucasian male. He has been involved with the program for the past 3 years and comes regularly to kayak through the months of June to September with his sister, Cindy, who has a disability.
Cindy (client)	Focus Group	Cindy is 11 years old with cerebral palsy. She identified as a Welch-Caucasian female. She has been involved with the program for the past 3 years and comes regularly to kayak through the months of June to September with her brother, Sean, who is able bodied.
Phillip (client)	Participant Observation	Phillip is 27 years old with a hearing impairment. He identified himself as an Asian male. He has been involved with the program for the past 3 years. He comes regularly to kayak through the months of June to September and he participated in the overnight kayaking trip.
Scott (client)	Focus Group	Scott is 15 years old with cerebral palsy. He identified as a Caucasian male. He has been involved with the program for the past 3 years and comes regularly to kayak through the months of June to September.
Hing-Mei (client)	Interview	Hing-Mei is 44 years old with a brain injury and arthritis. She identified herself as an Asian female. She has been involved with the program for one summer and came regularly to kayak through the months of June to September.
Wendy (client)	Interview	Wendy is 28 years old with a spinal cord injury. She identified herself as a Caucasian female. She has been involved with the program for the past 2 years and comes regularly to kayak through the months of June to September.
Nathan (client)	Participant Observation	Nathan is 22 years old and is deaf, blind, and cognitively impaired. He identified himself as a Caucasian male. He has been involved with the program for one summer and comes regularly to kayak through the months of June to September. He is from a group home.

Christine *(client)*	Participant Observation	Christine is 22 years old and is deaf and cognitively impaired. She identified herself as a Caucasian female. She has been involved with the program for one summer and comes regularly to kayak through the months of June to September. She is also from a group home.
Wayne *(client)*	Participant Observation	Wayne is 21 years old with severe autism. He identified himself as a Caucasian male. He has been involved with the program for one summer and comes regularly to kayak through the months of June to September.
Peter *(client)*	Interview	Peter is 14 years old with autism. He identified himself as a Caucasian male. He has been involved with the program for the past 3 years and comes regularly to kayak through the months of June to September.

Due to the large number of participants, it is impossible to present all their different points of views so, I will highlight illustrative quotations. I have chosen these particular themes and quotations because either a large number of study participants mentioned them or even if a point was only raised by a few, I felt it provided important insights.

Under each section, I have used a table to summarize the various themes along with the number of responses from the study participants. In the below section, I highlight various themes that were evident when exploring the meanings of inclusion.

4.2. Meanings of inclusion

As mentioned in previous chapters, inclusion remains to be a problematic, and complex, fragmented term. Yet it continues to be a relevant concept for promoting social justice. Similar to the multitude of meanings outlined in Chapter 2, the meanings of inclusion varied amongst the study participants. When participants were asked what they thought inclusion means, they sometimes had difficulties with this. The answers potentially varied due to a multitude of factors such as their stage of life, other experiences, ethnicity, disability, gender, or knowledge of kayaking. I have summarized the responses into key themes, which are 'the integration of people with and without disabilities', 'treating people uniquely', 'participating in activities that able bodied people do', 'being with others like me', and 'inclusion is mutually understood'.

Table 4.2. Meanings of social inclusion

		Number of study participants observed (n = 13)	Number of study participants in interviews & focus groups (n=19)
Meanings of Inclusion	Integration of people with and without disabilities	10 (4 clients, 5 volunteers, 1 staff)	16 (6 clients, 5 volunteers, 5 staff)
	Treating people uniquely	11 (5 clients, 5 volunteers, 1 staff)	15 (7 clients, 4 volunteers, 4 staff)
	Participating in activities that able bodied people do	6 (6 clients)	8 (8 clients)
	Being with others like me	3 (3 clients)	3 (3 clients)
	Inclusion is mutually understood	13 (6 clients, 6 volunteers, 1 staff)	12 (3 clients, 5 volunteers, 4 staff)

The themes, 'participating in activities that able bodied people do' and 'being with others likes me' were key responses that were mostly highlighted by the clients. Since the volunteers and staff are able bodied, it is not surprising that they did not refer to this point as having a disability is not really a factor for them. I feel that the last major theme, 'inclusion is mutually understood' was unique and different from what I have reviewed in the literature, as it is brings up the idea of normalizing inclusion for people with disabilities. In the below sections, I expand on the key themes regarding the meanings of inclusion.

4.2.1. The integration of people with and without disabilities

The integration of people with and without disabilities was identified as the most critical meaning of inclusion by the majority of the study participants. Some believe that inclusion is about having people all together, regardless of their backgrounds, their ethnicity, or their economic status. Thus, this begs the question if the adaptive kayaking program is really necessary because they could just register for their kayaking lessons through the main centre like able bodied people do. However, maybe by having the staff and volunteers who are able-bodied, along with their friends and family, it symbolizes this meaning of inclusion for the clients.

Wendy, a spinal cord injured client, really enjoyed this aspect of the program as she is constantly exploring activities that she and her boyfriend, who is able-bodied, to do together. She expressed that "it is finally something that [boyfriend] and I could both do together. So it was nice to be able to include my boyfriend as well." She further explains that she tends not to do a lot of disability activities because many of her friends are able bodied and she does not really hang out with people with disabilities very much. Thus, "it was really good that I was still able to do these activities with people I was close too." Similar to Wendy, Cindy, who lives with cerebral palsy, always comes with her brother Sean, who is able bodied, and they both said that they enjoy the marine life and having water fights together while kayaking. Cindy further exclaimed that, "it is something we both can do together." For these two people, inclusion enables them to participate with their partners or siblings that have no identifiable disability.

Perhaps, this way of thinking is guided by the training of the leisure service providers who work with people with disabilities. Documents such as "Moving to Inclusion" provided by Active Living Alliance for Canadians with a Disability (1994) and "Opening Doors, Keys to Inclusive Recreation Policy for Persons with a Disability" by Canadian Parks and Recreation Association (1992) emphasize the idea that "everyone can participate in community if they choose to do so, and no one is excluded." It is within this framework, that many of the clients may think being integrated with able bodied symbolizes inclusion within the program.

When I asked Michelle, a volunteer, what she believes inclusion to be, she replied it is "seeing all kinds of people, of all religions, of all races into a sport, into an outdoor activity" and she saw this as "the beauty of inclusion" (Michelle, volunteer). Sue, another volunteer of the past three years, responded in the same way as she appreciates the integration of people with and without disabilities within the program: "… it is not just people with disabilities out. It is not capped. But it is mixed. We are not separate. It is not just for people with disabilities" (Sue,

volunteer). Through these responses, it is evident that inclusion may be happening within the adaptive kayaking program.

A few years ago Thomas, who is the founder and the executive director of the organization was interviewed for a local newspaper, and he quoted as saying:

> [Thomas'] vision is a wilderness centre that would be accessible to wheelchairs as well as the able-bodied, something that does not exist in Canada, although there is a significant push for adventure therapy programs throughout the world (Media Article, April 2003).

During the interview, he stated that he "desired to see both people with and without disabilities coming together from the beginning, which will be a benefit to both groups." He explains why he loves working in the outdoors when he says, "people will challenge their own potential, their own perceptions, and their abilities." This falls in line with Anderson et al., (1997) where they believe that the integration may help both people with and without disabilities increase acceptance of one another, grow personally, and reflect on themselves and their lives. Along with the outdoor environment, Thomas integrates people with and without disabilities together, which may be one of the understandings to inclusion.

4.2.2. Treating people uniquely

Another major response that was voiced be many of the study participants was the idea of 'treating people uniquely'. When I asked Wendy, a client with spinal cord injury, what inclusion means she stated, "to not have to worry about the details of my disability and to be treated like a person." Trevor, who had assistance from his mom Diane, said "they asked me what I needed to kayak and they quickly adapted to my ability level by putting on pontoons and the one-arm paddle." It is interesting that Trevor pointed out that "they asked me" meaning that the staff and volunteers did not assume that he needed pontoons and the one-arm paddle. This

points out that it important to communicate to the clients to facilitate their kayaking which means treating people uniquely.

Another client, Dana who lives with spina cerebellum ataxia, expressed how welcomed she felt coming kayaking for the first time because "I did not feel rushed when I made my way to the kayak since it is very difficult for me to walk on uneven surfaces." She further said the staff and the volunteers were patient and worked with her according to her abilities.

These examples highlight the idea of adapting to the clients' needs, which may be interpreted as being treated uniquely through "personal connection and understanding" (Schleien et al., 1997, p. 1) or "recognizing that we are one, even though we are not the same" (Dattilo, 2002, p. 26). Most of the participants explained how they felt accepted for who they were by being accommodated. Due to their disabilities, every client has various strengths and weaknesses just like people without disabilities. This falls in line with the 2005 Annual Report of the organization which outlines several values it strives to achieve. One of these is inclusivity which the organization linked to this theme because it:

> has always taken considerable pride in our ability to treat people uniquely rather than equally, with the understanding that the more we personalize our work with the people we serve, the more varied approaches we apply, the more effective we will be. [The organization] is committed to an extensive outdoor program, which is accessible to all members of the communities we serve (2005 Annual Report, p. 3).

The above quotation assists in understanding how the organization interprets inclusion, where they believe in treating people uniquely rather than equally or the same. It brings to the forefront how they work toward achieving the understanding of their clients individually by offering different approaches to meet their needs, instead of using the same approach with all the same clients which gives the sense of treating people equally. This falls in alignment with

Schleien et al. (1997, p. 1), who emphasize that "inclusion, like any value, must be personal and relevant for each individual".

I had the opportunity to observe the overnight kayaking trip and it was observed that everyone, the staff, volunteers, and clients treated each other uniquely. There were four clients with various levels of disabilities, which included two people with autism, one with hearing impairment, and one with multiple sclerosis. Along with them were two volunteers and two staff. From my observations, there was a sense of camaraderie within the group and it seemed that every person was enjoying the company of one another. During activities such as meals or kayaking, there were several conversations and laughter.

I observed that Bill, who was an older client with multiple sclerosis, appeared to appreciate the trip because he enjoyed being around people, he joined in the conversations, and was willing to discuss the day's events and other current issues. Similarly, Oliver, who has autism causing him to be non-verbal, sat during meals very contentedly. Another client, Phillip, who has a hearing impairment and who can read lips to communicate with people seemed to happily converse in this different way.

Thus, in alignment with the organization's stated values, the adaptive kayaking program was attempting to make efforts to strive towards inclusivity by treating people uniquely, rather than equally. For example, the staff and volunteers did not force everyone to come to the meals to talk to each one verbally. They met each of the client's needs and talked to them according to their individual's uniqueness. Another observation I witnessed was during the day kayaking trip when three clients, three volunteers, along with the lead kayak guide were out on the water. All of the clients (Nathan, Christine, and Wayne) went kayaking with their respective volunteers. Under some societal perceptions, the three clients would be recognized as dependent and incapable Devine and Wilhite (2000), as all of them lived with their families but had a full time

caregiver because of the severity of their disabilities. Another perspective was that providing some assistance makes inclusion possible.

Christine, Nathan and Wayne frequently kayaked so they were quite familiar with the routine of wearing their personal floatation device (PFD) and getting in and out of the kayaks. However, the kayak guide, Treena and the volunteers knew that none of them had used a paddle previously because of their disabilities. They were off on their 2-hour kayak excursion with a volunteer. However, during this trip, Treena wanted to work with Wayne on his paddling skills because he expressed a sense of restlessness. Hence, she and Claire worked with him while the other clients paddled around them with their respective volunteers. This is another example of how Treena and Claire worked with Wayne uniquely using varied approaches and may be achieving his needs. But instead, Treena did not try to treat every client 'equally' since each person's goals of kayaking could be very different. Through this example, Treena does not group the clients into a homogenous category by treating them the same or equally. Rather, instruction is geared to their respective level in their kayaking progression. However, it should be noted that this program may not suit the needs of people who do not enjoy the water, kayaking, or even being in the outdoors, so a range of recreational opportunities is needed.

4.2.3. Participating in activities that able-bodied people do

Another meaning of inclusion was 'participating in activities that able-bodied people do' which was emphasized by all of the clients in the interviews or focus groups. That theme was only mentioned by clients suggests their disability plays a major role in excluding them from integrated recreation. An example of this is visible in the following statement from Bill.

> Okay, included in terms of activity literally means that being involved where other disabled or able-bodied people are able to participate. Such as when we come down to the water here, you know there's a hundred odd of the kayaks

out, so we're not the only ones that are shoving off in the water. There are always a large number of people that are doing it at the same time (Bill, client).

It appears that Bill feels he is one of the many kayakers down at the beach, preparing to enjoy the experience, like able bodied people do. This represents another form of integration as clients intermingling with able-bodied people even though they rarely participate in the specific programs offered by adventure therapy organization. The program is located just down the street from where Bill lives, so it is convenient for him and symbolizes his active participation in the community. As well, the location of the program is well known to people who like to kayak or other water activities because of the calm waters and stunning scenery combining to provide a spectacular wilderness escape just minutes from the city. Thus many people may come to this location to enjoy their water activities, but this means that they must have sufficient resources to pay for transportation and program fees, which acknowledges that social class is tied to inclusion. Shookner (2002) argues that economic inclusion provides "basic needs for participation in society" (p.5).

Similar to Bill, Wendy enjoys the fact that the program is located where others kayak because "I was like everyone else." She came to the program regularly over the summer and she mentioned that even the staff at the canoe and kayak centre that are able-bodied, greeted her and talked about kayaking with her. She said she felt welcomed and accepted by the people in the program and at the centre, which supports Pegg and Compton's (2003/2004) argument that community life is enhanced for persons who are disabled when they are not segregated. The mere existence of the kayaking program in the community fosters the inclusion that Wendy and Bill are feeling, as they feel like other kayakers, regardless of a disability or not.

Cindy, who lives with cerebral palsy, expressed her happiness towards the program as she feels that "no one really knows I am disabled once I am in a kayak." This is in contrast to Ashton-Shaeffer et al. (2001) who mention that people with disabilities are often regarded as

spectacles when participating in able-bodied activities. Cindy enjoys the fact that once she is in a kayak, "I am on an equal-level playing field as able-bodies." However, this leads me to question how she feels when she is not on the water, which will be revealed later on in this study.

Another client, Trevor, who lives with an acquired brain injury resulting in paralysis of one side of the body and speech aphasia, expresses his joy in kayaking. Because of his disability, he requires the use of some adaptive equipment, such as the one arm paddle and outriggers (stabilizers which are extensions of the kayak). Although, his kayak is noticeably different from others on the water, he communicated through his mom that "he enjoys seeing other people here and being able to do an activity everyone can do." Diane followed up by explaining that his days are consumed by rehabilitation due to his recent injury, so being with other people, able bodies or those with disabilities, "makes him feel normal." Schleien et al. (1997) suggests that recreational activities should provide opportunities for developing social relationships and new skills and Trevor has found that kayaking provides an opportunity where he can meet people and do what able-bodies do.

4.2.4. Being with others like me

Another possible meaning of inclusion that challenges the notion of integration with able bodies was 'being with others like me.' Although only a few study participants mentioned this, I feel this is important because it brings forward the idea of 'disabled-only' programs. In the past, as evident in the literature by Lord and Hutchinson (1979), people with disabilities were usually found segregated together for organized leisure experiences, but for some time there has been a movement in which they and their advocates are calling for entitlements to integrated leisure services (Schleien et. al, 1997). However, there are still some people who enjoy being within the congregated or segregated setting. One of the participants, Hing-Mei, explains why being with others like her makes her feel included.

It's very nice as a disabled person, be with other disabled persons. So I just feel I belong to some group. Like, disabled persons. It's like a secure, it's a little safety. So it's still a lot comfortable (Hing-Mei, client).

Devine (2003/2004) argues that being with other people with disabilities illuminates a sense of 'freeing' and being away from the pressures of mainstream leisure opportunities. This may be because of factors like uneven skill levels, attitudes, beliefs, and behaviors that make it more comfortable to be with others with disabilities (Ashton-Shaeffer et al., 2001). Another participant, Dana, who has spina cerebrallum ataxia, agrees with Hing-Mei because she finds the environment and people more accepting of her disability. The program is open to her in spite of the difficulties walking on the beach and requires assistance. As well, she enjoyed meeting the other people, staff, volunteers, and clients who made her feel "normal". Dana and Hing-Mei may feel a sense of security and acceptance knowing they are in a program that specializes in people with disabilities. As well, they may appreciate the idea that they have many things in common with the other clients as they all have to deal with their disabilities. This idea falls in line with some "disabled-only" programs provide people with "the process of self-categorization that accompanies the feelings of a sense of belonging to a socially-relevant group comes differential treatment to those they identify with the group" (Goodwin & Staples, p. 162).

Although Wendy, the client, appreciated the program because it involved doing something with her boyfriend and she tends not to do many disability related programs as expressed in 4.2.1., she contradicted herself. She express the need for them when she says, "at the same time, when I was trying something new for the first time, I didn't feel comfortable going to something that was strictly able-bodied. I wanted something that had experience with disabilities" (Wendy, client). Further, she explains how she uses it as a stepping stone as she "likes to be able to do programs outside of the adaptive program so I could access it in other

areas" (Wendy, client). So for her, the disabled-only program may be used to increase her

confidence or her knowledge about the activity before she explores opportunities with able-

bodied people. This may be interpreted as a transitional link between inclusion in a specific

program and social inclusion, where the program leads to other forms of participation.

Another factor that may contribute to them feeling included is that the volunteers and staff

may purposely be associated with this program because they desire to work with people with

disabilities. They have training in program modifications that can contribute to feelings of

safety when participating in potentially risky activities (Devine, 2004). Matthew, the staff person

who manages the risk management segment for the organization, explains this quite nicely

when he said, "I always adapt my recreation. Every group, every person has individual strengths

and weaknesses. So as an instructor, as an educator, I'm constantly adapting". It was evident

that some enjoy being involved in a segregated program as they have attention to their needs

and achieve a sense of belonging and safety. One of the meanings of inclusion emphasized by

Frazee (2005, p.109) that a sense of belonging which can be fostered by feeling "safe, secure,

strong, and you can". Although only three clients referred to this, it points to the necessity of

offering programs on a continuum from segregated to integrated. However, some people with

disabilities may find that being in a disabled-only program is a stepping stone to help getting

involved with able-bodied people, which adds a new spin to the segregation and integration

literature because these terms are often described as an "either or" dualism.

4.2.5. Inclusion is mutually understood

The last meaning of inclusion which intrigued me was when it became mutually understood

by the parties involved. Treena explained this when she said:

> I think – you know when it occurs when you don't think about it, anymore.
> You know? When you don't have to think, how can we include this? Or, how
> can we adapt to this? I think it happens when you and everybody else is just

doing and everybody is on an equal level and feels comfortable and feels the same about what's easy and what's hard and stuff like that (Treena, staff).

I have not come across this idea in the literature and I think it expands our thinking about inclusion. Treena feels that the idea of inclusion should be mutually understood because adaptations are often necessary depending on the client group. Further, she expresses that inclusion should be the natural, the automatic way of thinking of 'how can we include this'.

Mary who has been volunteering for the past two years mentioned that:

> we are people are not gonna to stare or be put off by their disability. They are aware that we already are... you know, already have a heads up on their disability and we are perfectly comfortable with it (Mary, volunteer).

Fraiser, a volunteer who has been with the program for the past three years points out that:

> they are just ordinary people. Yeah, they have difficulties. I mean, we all have our disabilities. Some are more visible than other ones. Some of us can't add and some of us can't read. Then, what the difference is, right? (Fraiser, volunteer)

Wendy, the client with spinal cord injury, expressed how her nervousness of doing another activity quickly subsided when she approached the program and how this lessened even further when adaptations were made without making a fuss.

> Everybody was so laid back and nothing was a big deal and they were totally willing to adapt anything to whatever you needed it to be and nothing felt like it was a chore for them to do that. It was just part of, oh, well, this is what we do and this easy and it's no problem (Wendy, client).

Bill talked about a similar experience when he came on his first day. He said, "you never know how people will react to my scooter and disability. But you guys just took it all in stride, like it was an everyday occurrence for you".

There is much literature that talks about people with disabilities as being dependent and requiring services that separate them from society (Bedini, 2000; Datillo, 2002; Devine & Wilhite, 2000; Schleien et al., 1997). People with disabilities must continually overcome barriers

and as a result, they may be seen as brave, amazing or a spectacle which may be demeaning to them (Ashton-Shaeffer et al., 2001). This attitude may be adopted by those who feel it is their responsibility to improve the quality of life of the 'less fortunate' (Schleien et al., 1997). Ultimately, this normalizing of inclusion comes down to citizenship and equality. Yet, I question Treena's use of "everybody on an equal level" as being idealistic because as soon as a person has a difference in relation to ablebodiediness, their status as normal gets challenged (Galvin, 2003). Such differences are manifestations of exclusion (Datillo, 2002) that jeopardize equality in terms of citizenship (Frazee, 2005) as they lack uniformity and similarity (Shakir, 2005). I would argue that a new dimension of inclusion is that it should be as mutually understood as possible between the staff, volunteers, and the clients, so that the kayaking experience is well facilitated.

Meanings of inclusion for staff, volunteers, and clients emphasized integration as well as segregation, indicating that variety in program configurations is needed to capture a wide range of interests and needs. They also emphasized the importance of 'treating people uniquely' due to the various disabilities. Disability plays a major role in clients' meaning of inclusion because they emphasized 'being with others like them' and 'participating with able bodies'. Further, it was important to the clients how the staff and volunteers facilitated their kayaking experiences in relation to their individual disabilities. The majority of the clients appreciated the attentiveness of staff and volunteers to adaptations required and how this was became to be seen as a normal activity.

4.3. Experiences of social inclusion

I asked clients what their experiences of social inclusion were in terms of the adaptive kayaking program. Because the focus of this study is looking at whether or not the clients are

included in the program, I only highlight the responses of the clients in this section. Similar to

the meanings of inclusion, I received a multitude of responses (Table 4.3).

Table 4.3. Experiences of social inclusion

		Number of clients in participant observations (n=6)	Number of clients in focus groups or interviews (n= 14)
Experiences of Social Inclusion	Enjoying friendships with other clients	6	14
	Experiencing barriers	6	14
	Opportunities for outdoor activities	6	14
	Challenging yourself	2	4

As you can see, all of the clients spoke positively about their experience of social inclusion

within the adaptive kayaking program.

4.3.1. Enjoying friendships with others

It is evident that developing friendships is an important factor in promoting inclusion

which supports existing research by Sciberras and Hutchinson (2003/2004). All of the clients

talked about the friendships they have gained through the program and Peter provided an

illustration of this:

> Karen: And do you like kayaking in a double?
>
> Peter: Yes, as well.
>
> Karen: Why?
>
> Peter: Because being with someone keeps me company.
>
> Karen: So you like to be with friends?
>
> Peter: Yeah, being with friends is nice.

I had a one-on-one interview with Peter as his father said this would work better for him rather

than a focus group so he would be able to concentrate on the questions without distractions.

Peter is diagnosed with mild autism which makes it difficult for him to focus on lengthy

questions. As mentioned in the methodology section, I simplified the questions so he could better understand them.

When Peter compared the experience of a single and a double kayak, he stated that the most distinguishing element was that "I got to develop friends when I was in a double kayak". He schedules his kayaking with Bill, another client, because for the past few years they have enjoyed it together. During the interview, I asked him why he enjoyed kayaking with Bill and Peter replied, "Well, he makes noises – that's kind of funny". Peter further explained that making noises encourages him to paddle.

In another example where developing friendships was pertinent was in the interview with Wendy. She stated the following in regards to her first experience kayaking with the program:

> So it was great, even just when you're waiting to get in and out of the boat, to just be chatting with people, learning more about their lives, learning more about the area, like, what else is available here, what else is going on. And then again, out on the water, kind of chatting (Wendy, client).

She also said that "it is easy to spark up a conversation as this activity brings up a common topic for all of us to talk about". Wendy appreciates meeting people as it enhances the enjoyment of her doing activities. Further, she enjoys "meeting people outside of her work" (Wendy, client), which may be helping her to feel included in the broader context of her life.

Similar to Wendy, Bill enjoys the social aspects of the program. Due to his weekly attendance, he is familiar with many of the clients, volunteers, and staff. He enjoys "chatting on the water and also over a cup of coffee after kayaking". For him, developing friendships exceeds the actual kayaking as the conversations continue beyond it, which may be interpreted as inclusion within his community. Thus, through this program, some people with disabilities, such as Peter, Bill, and Wendy, desire to interact socially with others, develop friendships, and

experience a sense of belonging (Anderson et al., 1997; Robinson & Skinner, 1985; and Wilhite, Devine & Goldenberg, 1999).

While it may seem that some clients have experienced the development of friendships through the social interactions of the program, it may not have been as much of a priority for Oliver during the overnight kayaking trip. As the clients registered to be involved, I assumed that Oliver would enjoy the company of the clients. He is diagnosed with autism causing him to be non-verbal and reliant on assistance for his daily living skills such as eating, going to the washroom, and communicating with other people. The communication system he uses is a Picture Exchange Communication System (PECS) which is a binder filled with pictures that he can point to. His mother said the system does not always work as it is dependent on his mood and surroundings. Oliver is mobile which can be dangerous as he tends not to be aware of his surroundings.

On this particular overnight trip, when we were at the campsite, Oliver appeared to enjoy spending time at the water, making ripple effects by throwing rocks into the water. In contrast to other clients, Oliver was not socially interactive with the other campers during the trip. However, it was observed that Oliver may have felt a sense of inclusion among the group in his own way. He may have gained a sense of comfort with the rest of the group, from just being nearby. According to Wilhite, Devine and Goldenberg (1999), friendships may be developed through interactions with one another symbolizing a sense of belonging. One example occurred during the overnight trip where Oliver would catch the group's attention through his laughter as he was holding his book. As he was laughing, the rest of the group was wondering what was going through his mind which resulted in much of the group laughing with him and trying to persuade him to share the joke with them. Although Oliver could not communicate verbally, Sciberras and Hutchinson (2003/2004), suggests that friends can enjoy each other's company

when they have a similar interest. It was assumed that through their responses and

observations, many of the clients may gain a sense of inclusion through friendships, whether it

is through verbal or non verbal social interaction.

Sciberras and Hutchinson, (2003/2004) recommend encouraging friendships through open

communication, but Oliver or Peter have limited communication skills to develop friendships

in this way. So in addition to the literature, the results illustrate that friendships can be

developed through many different types of interaction, not necessarily verbal.

4.3.2. Experiencing barriers

All of the clients confirmed that they experience many barriers due to their disability. For

example, Hing-Mei talks about overcoming barriers compared to a 'normal person':

> When persons try some new activities, they have some peer. But if you're a
> disabled person, have lots of barriers physically, emotionally, so support from
> other people, it's a big, big difference (Hing-Mei, client).

This past summer was Hing-Mei's first summer trying kayaking and she liked the support

from other people, especially since she faces physical and emotional barriers. She expanded that

people with disabilities do not always work, have an income and may need patience to "wake

up" in the morning, and this is the "real life as a disabled person". Understandably, she is

talking from personal experience as she lives with an acquired brain injury and arthritis. There

are several researchers who point out the emotional and physical barriers faced by people with

disabilities (Bedini, 2000; Datillo, 2002; Devine & Datillo, 2001; Lord & Hutchinson, 1979;

Schleien et al., 1997). For example, Dana lives with spina cerebellum ataxia which affects her

coordination, mobility, speech, and balance. She says that she faces "transportation and

communication problems because of my walking and difficulty in speech". She furthers

explains that it takes a lot of energy walking and some of the buses are not accessible. Thus, not

all people with disabilities face the same barriers as one another. Also, Hing-Mei talked about the emotional barriers and the need for support from others.

In other examples, Christine, Nathan, and Wayne experience significant barriers because of the severity of their disabilities. As mentioned, they are all dependent on their individual caregiver to assist with their basic needs, such as speech, walking, or dressing. Through my observations on the day kayaking trip, the caregivers are needed to assist them with everything, from eating their lunch on the beach, helping them to sit down, or going to the washroom. It was observed that they lack some independence due to their disability and this can lead to lack the social acceptance (Devine & Datillo, 2001). At the same time, having caregivers to assist them might decrease some barriers and results in opportunities to experience leisure activities such as kayaking. Datillo (2002) agrees that once we recognize that people have their different levels of disabilities, we can "dispose of the notion that a person must earn his or her way into a program by being like everyone else" (p. 29).

Bill, who lives with multiple sclerosis, is dealing with different barriers as his condition gets progressively worse. He commented that "I wouldn't be able to physically do much at all" because of constant changes in his condition. This is another example of how the barriers intensify as one's disability progressively gets worse. He explains how he was independent at first because his symptoms were very minor but as years goes by, he has become reliant on a home care nurse, accessible facilities for his scooter, and other people who are understanding and patient with him. Another significant barrier that he experiences is the "heat so I can not kayak in the afternoon because to me, the heat does not help my MS". To reduce this problem, Bill kayaks in the morning.

During one of the focus groups, Sean, who does not have an identifiable disability, presented a good point regarding how he faces barriers when he goes to the roller coaster

because of his height. He is nine years old and participates in this program because of his sister, Cindy, who has a disability. He states that when he was very little, he could not ride on the wooden roller coaster because "I was not tall enough". This presents the idea that all people encounter barriers from time to time. Although, Sean does not face as many barriers as a person with a more severe disability, this point out the complexity of delivering the programs designed to be "accessible to all members of the communities we serve" (Annual Report, 2005).

The barriers expressed by the clients fall in line with what the website of the organization states which say the following:

> These youth are often faced with a variety of challenges that include social isolation, cognitive impairments, physical limitations, and emotional distress. These barriers are often aggravated by the misconceived attitudes associated with their disabilities and the limited funding available for adequate support service (Website, 2007).

However, this is a general statement that does not account for the level of disability of each individual. It is clear from the responses of the clients that there are barriers that they face but the degrees of the barriers are dependent on the individual and their disability. However, barriers may also be presented because of the structures and policies of the organization and within the community.

4.3.3. Opportunities for outdoor activities

All of the clients talked about the positive aspects of being in the outdoors, but since I only collected responses from clients within the program, I spoke to those who self-selected into the activity. The use of the outdoors has increased in popularity as a method of therapy or rehabilitation, personal growth, and production of social benefits (Anderson et al., 1997; Ewert et al., 2001). This point was supported by the several of responses collected and the documents I analyzed.

Scott, who lives with cerebral palsy, loves the program because it gives him "a sense of independence and freedom". Similarly another client, Trevor, through his mother Diane, said that he enjoyed kayaking because it is in the outdoors and "gives him back the control". Trevor is currently going through intensive rehabilitation due to his recent injury, and is learning his daily living activities and to speak again. He was introduced to kayaking through his rehabilitation and it had positive physical and mental effects evident though his frequent bookings in the program and in the below:

> And I think that's why he likes going kayaking because it was a really plus for him to be able to handle it himself. But it was a lake and he wasn't going any great distance. My thought is that would be sometimes to work towards and he's not there yet. It feels good because I see strength coming back. I see some independence coming back. And you know having him start to think for himself again – you know, like when is it? What are we gonna do? What's happening? (Diane, Trevor's mother)

As mentioned previously, Trevor's mother Diane, spoke for him due to his limited speaking abilities, so it must be questioned whether this accurately expressed his thoughts even though he confirmed by saying "yes" or "no". In response to the above quotation, he agreed with his mother. Diane further explained the complementary aspect kayaking serves alongside Trevor's rehabilitation, such as meeting new people or being in the outdoors. Ewert et al. (2001) explains that adventure therapy is often recommended by rehabilitation professionals because it tends to improve functioning or provide greater physical and/or psychological challenges. This was evident through Hing-Mei's description of her experience of kayaking as "calming", "refreshing," "relaxing," and "[the canoe & kayak centre] is a mountainside, where there is an ocean." In addition to this, Peter, Wendy, and Bill mention a different aspect when they bring up aspects of health. Peter, who is diagnosed with autism, agrees with Trevor because kayaking is "good exercise." To further explain his sentiment, he moved his arms to illustrate due to his limited vocabulary. Peter mentioned that he did not like physical education in school, so I

assume that kayaking may perhaps be one of his only forms of exercise. Wendy, with a spinal

cord injury, describes kayaking as being about, "doing something active", "gaining strength in

upper body", or "getting outside".

The health benefits gained coincide with the desired outcomes of the programs which

includes:

- o to provide a healing experience that promotes health, independence and autonomy for each participant;
- o to help participants discover their abilities, strengths and increase their self-confidence;
- o to improve life skills and accelerate recovery regimens;
- o to promote respect for diversity within communities by providing meaningful connections to people of differing cultural, economic and health backgrounds;
- o to support community integration and inspire a greater sense of belonging

(Annual Report, 2005).

Ewert et al. (2001) mentions that people with disabilities may benefit from the outdoors

because it cannot be readily changed or manipulated so that the clients can achieve a sense of

belonging which is often difficult to achieve in this fast-paced world. This may be the reason

why the clients responded quite positively to the outdoors, because it may serve as a refuge for

them to forget the barriers and the negative perceptions of living with a disability (Miles, 1995).

4.3.4. Challenging yourself

Challenging oneself was the last experience of social inclusion that was mentioned by a few

clients. The majority of the responses associated with 'challenging yourself' were derived from

trying to kayak a single on their own. After two years of riding a double kayak, Wendy decided

to give a single a try on the advice of Treena, the kayak guide:

> But that's part of what I liked about being in the single – was it pushed me more. And because I'm stubborn and I'm so competitive, I didn't want people getting much further ahead. I didn't want to slow people down, so I pushed myself that much harder to keep up, catch up (Wendy, client).

One of the reasons she enjoyed kayaking a single is that it pushed her beyond her perceived potential as she was somewhat forced to keep up with the speed of the group. Ewert et al. (2001) contends that activities should be emotionally and physically challenging for personal growth. She elaborated on her experience of steering the kayak and paddling with her arms. Due to her disability, she could not control the rudder (a steering device that helps direct the kayak) using her legs (there are pedals inside where you sit to press if you want to go left or right), so she had to use her upper body to both do the paddling and the steering. Although Wendy identifies herself as having good upper body strength, she found it was challenging in the kayaking session, but she enjoyed the sense of personal growth.

Wendy admitted that it was her choice that she decided to push herself to stay with the group, as she said she is quite competitive and stubborn. She does not enjoy being the reason why the group slows down or acts differently. Ashton-Schaffer et al. (2001) contend that many disabled participants do not want to be a spectacle when participating or to be referred to as brave or admirable because of their disability. Perhaps this is due to the fact that Wendy's friends are people without disabilities and whenever they do something together, she is embarrassed if she needs accommodations. This raises the question of whether it is the role of the staff or the volunteers to ask whether she desires them to slow down or not. Wendy is fully capable of speaking up to adjust the pace, but it was not clear whether she feels comfortable doing this or not.

Peter was another client with autism who was given the opportunity to ride a single after two years with the program. Treena, volunteers and the other clients such as Bill have been encouraging Peter to paddle when in a double. However when he was given the chance to ride the single, he understood the concept of "if you do not paddle, you do not move", thus, he stated in the interview that, "I had to paddle more". Peter felt challenged to increase his

paddling skills to make it back to the shore. Although being in a double may be similar to providing adaptations to encourage a positive impact on individuals' leisure participation (Datillo, 2002), it may also work in opposition to what the program is trying to achieve - to help participants discover their abilities, strengths and increase their self-confidence (Annual Report, 2005). However, being in a double may not encourage this, but in a single, some clients feel challenged to paddle by themselves rather that relying on others for assistance.

At other times, clients had opportunities to further their kayaking skills in a single kayak, but turned it down because they were tired. Bill explained that he would have liked to ride a single kayak, but because of the fluctuations of his disability, he is not confident in his abilities. One of the elements the organization adopts from the field of adventure therapy is challenge by choice, which is defined by Bandoroff and Newes (2004) as the ability to choose to participate in an activity or not. The volunteers and staff just accepted their decision, but I wonder whether they could have encouraged Bill to challenge himself more. Perhaps the staff and the volunteers were afraid to encourage him because they do not know the ramifications of his disability.

However, the experience of challenging yourself may not simply be related to the opportunity to be in a single kayak. I had the opportunity to observe Christine, Nathan, and Wayne being launched into their respective double kayaks. Three of them are assisted in their cockpits (this is the place where they sit, which is basically like a hole in the kayak) while the kayaks are fully on the land. Once they are in, the volunteers pushes the kayaks out on to the water, and then loads them in their cockpits (which is behind from where the clients sits) when the kayaks are just past the shoreline of the beach. This is done so that the bottoms of the kayaks do not get too scratched when launching off the beach. On this particular day, I observed that Wayne was shaky and nervous as we pushed his kayak out to allow for the volunteer to get in. He said, "I'm going to tip, get in" as when we pushed the kayak out, it

swayed left and right a bit, which caused him to be nervous. The volunteer Claire calmed him

down and then she quickly entered into the kayak. This suggests that challenging activities can

be associated with fear as well as personal growth.

In the next section, I outline the constraints to fostering social inclusion within the

adventure therapy context as voiced by many of the study participants.

4.4. Constraints of social inclusion

Despite the stated desire of the organization to foster inclusion, the clients, volunteers, and

staff identified constraints making it difficult to do so. Table 4.4. outline the degree to which

not giving the clients the decision making power, limitations of the disability, over

protectiveness from the family, people with disabilities feeling belittled when receiving help, and

liability resonated for the participants.

Table 4.4. Constraints of social inclusion

		Number of study participants observed (n = 13)	Number of study participants in interviews & focus groups (n=19)
Constraints of Social Inclusion	People with disabilities feeling belittled when receiving help	7 (2 clients, 4 volunteers, 1 staff)	12 (8 clients, 3 volunteers, 1 staff)
	Limitations of disability	13 (6 clients, 6 volunteers, 1 staff)	11 (9 clients, 1 volunteer, 1 staff)
	Not giving the clients the decision making power	5 (1 client, 4 volunteers)	12 (3 clients, 6 volunteers, 3 staff)
	Over protectiveness from family	5 (3 volunteers, 2 clients)	10 (5 volunteers, 5 staff)
	Liability in the outdoors		5 (5 staff)

4.4.1. People with disabilities feeling belittled when receiving help

The first theme was feelings of being belittled when people with disabilities are being

helped. The majority of the responses came from the clients because they are in the best

position to comment on how this affects them. The process of giving help is a balancing act

because sometimes people can be too helpful which emphasizes the limitations of people with

disabilities (Goodwin, 2001). This notion of help, while well intentioned, may lead to the staff and the volunteers being too overbearing with the clients, which I observed on the day kayaking trip. It occurred when two volunteers, one staff member and two caregivers were crowding around Nathan when he was entering the kayak. He is diagnosed with a multitude of disabilities due to a rare genetic disorder with the primary issues being that he is cognitively, hearing, and mobility impaired. Nathan has significant problems with balance that requires him to use a walker for mobility and necessitates assistance into the kayak. Through his grabbing actions, I can only assume that he appreciated the helping hand from his caregiver and one other volunteer. However, it was made clear to us later that all the other volunteers and Nathan's family members were crowding him in, as he became agitated, making it difficult for him to enter the kayak. This may have been caused by an overload of stimuli that made it difficult for him to concentrate on the task at hand. Or, Nathan may not have enjoyed being the centre of attention, which Ashston-Schaffer et al. (2001, p. 96) refers to "as being some sort of spectacle". As a result, his caregiver who works with Nathan on a daily basis, suggested to the volunteers and the staff that they give him a minute to calm down so they subsequently walked away. Nathan was eventually able to get in smoothly and successfully with the help of his caregiver and one other volunteer.

In the interview I had with Wendy, she explains how there tends to be an "overbearing amount of help", when people see her coming in a wheelchair as "people often just want to do everything for me". She has been in a wheelchair for the past 13 years, so she knows when to ask for help, but "people often want to try and jump in before that time". Fraiser agrees as he says it is important to wait and to be asked for help because inclusion can be fostered by encouraging independence as illustrated in this comment:

> They didn't get disabled yesterday and don't know how to deal with it. They've been dealing with it for the last 20, 30 years. Yeah, they struggle a little bit, looks

awkward. If they need help, they'll let you know. Sometimes they may not know, but you can see when they need help. Sometimes it may take them 5 minutes to get out of the kayak, that's fine. That's the inclusion where you don't try and overcome. Help them too much. Let me be. Let me get out of the kayak. We don't need 6 people mobbing one person. So as soon as I see that, I tend to back off a little bit. I sort of back up a couple of feet and let one or two people do that. And if they need help, then I'll jump in. Because you can overcompensate or overdo it and then you almost treat them as a special person (Fraiser, volunteer).

Fraiser expresses frustration when seeing too many volunteers helping a client, as he feels this may unnecessarily center them out. This is the very feeling that some of the clients are trying to escape from because most want to be recognized for their desire to learn about kayaking, not their physical limitations. Cindy explains how much she enjoys kayaking because she is treated "like everybody else" as compared to other situations in her daily life. She provided the example of being at school where sometimes "classmates or my teachers try to help me too much with carrying my bags or opening the doors". She said they do not know the things she can do or have the patience to wait when she is opening a door with her walker.

Sue, who has been volunteering with the program for the past three years, voiced an example of how too much help can be belittling to her friend who is living with cerebral palsy. This happened outside the program, when her friend was participating in an adaptive skiing program. Her friend felt that the volunteers were overly enthusiastic and supportive while she was skiing and as a result, she did not enjoy it. Sue furthered explained that "it's too much. The cheering, clapping at the end was just too much for her and she didn't like it. It wasn't a good experience". Although this example was not part of the kayaking program, it points out that staff and volunteers may go overboard in providing positive experiences for people with disabilities, which may turn into a negative experience for them.

People with disabilities are sometimes seen as 'second-class citizens' and the overburden of help may add to them being seen as 'objects of pity' (Lord & Hutchinson, 1979, p. 16). Some

feel the need to help because they feel responsible for contributing to the quality of life of people who are less fortunate (Schleien et al. 1997). However, Fraiser and Wendy counter that they have coped with and adapted to their challenges throughout their life and if they require help, they will let others know. Too much help may work in contradiction too what the program is trying to achieve – a persons sense of self-worth, self-confidence, and self-identity (Website, 2005). However, it is possible that the act of helping or receiving help may be viewed differently depending on the individual and their disability. It is also possible that with no help, some clients would not be able to experience outdoor adventure activities.

4.4.2. Limitations of disability

Another constraint to social inclusion is the physical and social ramifications of having a disability. The majority of the participants, primarily the clients mentioned that their disability played a major role in determining whether they were included or excluded. Cindy, who is a grade seven student, explains the implications of having a disability within her school environment with her able bodied peers, especially during her physical education class.

> Well, sometimes it takes me a while longer to get changed for my gym strip and so I kind of miss half the lesson. And sometimes it takes me away from things because they think I'm not fast enough and it doesn't make me feel really good. Can you just stay down? Can I just stay down one more minute, just to play? Because often I don't. If I'm in PE, often my schedule is go up two levels for French or whatever and so I have to leave early from things I really enjoy (Cindy, client).

Cindy's limitations due to cerebral palsy are highlighted by not being able to run fast, always getting hit by the ball, or having to leave early for her to have enough time to change in preparation for the following class. Associated with her comments were non verbal cues that conveyed her frustrations with having a disability. She may be going through the phase of realizing that she is 'different' and struggling with self-acceptance, as mentioned by her mother following the focus group. This connects with the concept of "internalized oppression" if

Cindy believes she is not good enough and feels her disability is the limiting factor (Datillo, 2002).

The limitations of disability are also highlighted for Hing-Mei when she joined the Sea Kayak Association of BC as she feels that it is very hard to belong because they are very physically active. She talks about her kayaking skill "is at the same level. Normal person, they improve their skill. So they have their growth". She continues by saying "only I can belong to the seniors. When I joined the some and tried the others, beside the disabled group. There is no choice. I always belong to the seniors' group (laugh). Disabled person's mobility limits them".

Scott, another teenager with cerebral palsy, expresses his dislikes when he participates in sports with his school because of his "inability to jump" and because "I always get hit with the ball". He further explains that "most of them require running around and I'm not that fast. And my reflexes aren't as good". Cindy, Hing-Mei, and Scott talked about when participating with people without disabilities they become frustrated because their skills and abilities do not meet the norm (Devine & Wilhite, 2000).

During the overnight kayaking trip, I had the opportunity to observe the interactions of the group. It was evident that Oliver required more one-to-one attention due to his lack of communication, and skills such as using the washroom, eating, or going to washroom. This promoted much discussion among the staff and volunteers about whether Oliver should have come on the trip or not because he occupied a lot of their time. The program is designed for people with disabilities in mind; hence it makes me wonder why Oliver's attendance during the overnight was questioned.

Scott mentioned the limitations of his disability in the focus group, and then contradicted himself later when he said he does not think his disability plays a role as he feels like he is like "everyone else". He explains that he is unable to do the odd things, like "I can't ride a 2-

wheeled bike or I can't run as fast. But I just learn to live with it. And it does not really bother me that much". This is an exact contradiction to what Scott said about his challenges, and as Davis and Salkin (2005) suggested, perhaps this is one of his coping strategies. Alternatively, there may be a difference in how Scott is dealing with his disability depending on the situation he is in. This also coincides with a point about individual and team activities as pointed out by Michelle.

> People have included themselves in the activity. And then if you look at it deeper, the activity of skiing, they're going into the run and they're skiing. And for individual sports like this, such as skiing or kayaking or hiking, I think it's maybe easier for anybody to include themselves because it's open to any individual. But, to include someone into a team – soccer team, baseball team, wherever you meant – that's a different, that's another, there's a different aspect of inclusion, I think because what is a disabled person who walks into a gymnasium where a basketball team is training, well, might have a totally different life, a totally different perception from the others. And for the disabled person (Michelle, volunteer).

This reveals the complexities of achieving inclusion during a team sport or group activity. It may also be dependent on the setting or the members of the group as witnessed on the overnight trip. It may be that in an individual sport, some people with disabilities may feel more included as they do not have anyone to compare themselves to.

4.4.3. Not giving the clients the decision making power

One of Shookner's (2002) goals of social inclusion is that people who are 'voiceless' or 'powerless' need to be involved in the shaping of decision-making and policy-development processes in their community. As you can see in Table 4.3, many responses related to this theme came from the staff and volunteers, not from the clients. The may be because of how the program is structured where clients pay for the service of participating in kayaking. Due to this, the clients assume the roles of the recipients of the service, while the volunteers and the

staff are the providers of the services (Miller et al., 2002). Thus, clients may not feel that it is

their role to participate in the decision making process.

This structure is reinforced by an organization document which indicates that decisions are

made by the staff:

> Resources will be given to the right people at whatever level. These people are
> brought together in teams and given decision-making power to get on with the
> tasks at hand. Important programming decisions are discussed and made not
> only by the management team but will include staff members who are close to
> the issue (Strategic Review, 2007).

There was confusion about how the organization makes decisions, as their brochure states that

they use a collaborative approach which equips the kayakers with the self-confidence they need

to discover and develop their competencies (Brochure, 2006). While the brochure suggests

collaborative decision-making, the Strategic Review (2007) point out that decision making is

done by staff. Not including the clients in the decisions emphasizes the 'wall of exclusion' as

described by Schleien et al. (1997), and it gives the impression that clients are passive 'recipients

of services' (Miller et al., 2002, p. 248). This finding is in opposition to the ideas of inclusion

outlined by Datillo (2002) in the valuing of each person as a worthwhile member with

responsibilities including decision making.

Despite this, some of the staff did include clients in decision making and some clients took

steps to include themselves. For example, Brad was talking about the pontoons (an adaptive

gear that goes on the back of the kayaks providing extra stability) and whose decision it is to put

them on the kayak. Brad was saying that the "experience of kayaking is all about the clients, so

they should be the ones to make the decision whether to use the pontoons or not". Likewise,

Wendy appreciated the day when she made the decision not to kayak in a single and changed

her booking to ride in a double kayak. She said "and that was great that I was able to do that, I

still wanted to participate as much as I could, but I knew there was no way I could have done

the single". When she made the decision to change kayaks, it symbolized empowerment, which is another goal of Shookner's (2002) framework of social inclusion.

Matthew, another staff member expressed how clients can be more in the decision making process rather than treated solely as clients when he said, "more people with disabilities should be on the committees, the board, or as staff so they can participate in the implementation of the programs". He argues that the programs are for people with disabilities, so they are in the best position to design ones that they would enjoy. Similarly, Lucy, who is a new volunteer to the program, made a revealing comment when she said she would "like to see our clients become volunteers". She indicates this would mean that "true inclusion occurred for me" because the people with disabilities would be a part of the decision-making process in the delivery of the programs. This is similar to how Miller et al. (2002) discusses inclusive volunteering in that people with disabilities can be the providers, and not just the recipients of the services.

Interestingly, I observed opportunities for clients to be involved in the decision making in the overnight kayaking trip. Involving everyone was attempted at the beginning of the planning process. An email was sent from me to all the clients and volunteers as confirmation for their participation, and the staff attached a proposed plan of the kayak route. The staff asked for participant's input and what kind of meals and snacks they wanted during breaks. The staff tried to incorporate their requests into the meal plan and make changes to the route plan. This corresponds well with one of the inclusion strategies outlined by Donnelly and Coakley (2002) that by involving everyone in the planning and decision making process, a sense of ownership can be fostered to ensure that recreation programs work for them.

The opportunity to become part of decision-making and the planning was not extensively taken advantage of by the clients. This may be due to the fact that some simply wanted to participate in an overnight trip. As well, the clients might be just happy to participate in the trip

as 'clients' as it was enough of a challenge to prepare for it. They may have assumed that it was well prepared by the staff since they have the experience and the qualifications in kayaking, and safety is an essential component. With the minimal campsites available around the route that are suitably accessible, it made the choice of kayaking routes easy to determine.

Having only the staff involved in important decision making highlights the hierarchy within the organization and suggests that assumptions are being made about the willingness and abilities of clients. This can lead to a lack of social acceptance, with some people being categorized as 'powerless' or the 'voiceless' (Shookner, 2002). Frazee (2005) ties this to the concept of equality because participation is deeply entrenched by the context of disability and in the patterns of social exclusion. By not including the clients in the decision making, it brings forward their unequal status.

4.4.4. Over protectiveness from family

Another constraint to inclusion which was voiced by the majority of the staff and volunteers was the role of families of the client. None of clients talked about this, and in contrast, they talked about their families in a positive or supportive light. This may because the majority of the clients interviewed believe their families play a major role in their development. Staff and volunteers presented this constraint perhaps because of their experience interacting with a multitude of families who are viewed as being overly protective.

As Keller and Sterling-Honig (2004, p. 337) state, "parents react with denial, shock, anger, and finally, adjustment when faced with having a child with a disability." This leads to some families feeling more responsible for the safety of their son or daughter. They may also feel a sense of blame, especially if their son or daughter acquires a disability later in life due to an accident, as parents sometimes feel they should have been able to prevent it. This sense of protectiveness became apparent through the comment below made by Thomas, the executive

director, who has been working with people with disabilities, alongside their families for the past 15 years:

> I think families do. I think they can also be very judgmental. I think families can be very supportive for their kids that they want them to do well. But I think also they can be very, you know, families and friends can be very overprotective. When they're overprotective, they may not be willing to let their child make a choice, or push them to do something where they really might benefit from it (Thomas, staff).

Admittedly, there is an increased amount of caregiving responsibility when there is a family member with a disability due to their rehabilitation, medical treatments and adapted activities (Green, 2003). Some feel their child already experiences enough stress, challenges, and hardships to fit in with the mainstream. Thus, they may want to manage their son's or daughter's life so that they can minimize the negative experience they face. Hence, this may cause families to be over protective because they do not want them to get hurt, either physically or mentally.

Marnie, who is the director of operations for the organization, said "I think families, too, I think sometimes with the best intentions, even still some families impose limitations on their children, without realizing it". Hence, families may work in opposition to inclusion, by providing too much help or assistance which may limit their child's independence.

I witnessed this during the focus group with Bill and Trevor, along with his mother, Diane. As mentioned, Diane did the majority of the talking because of Trevor's lack of speech which could perhaps be a sign of her being overprotective. I observed that she was quick to volunteer responses, maybe not allowing Trevor enough time to respond. She did tell me that he has difficulty in speaking due to a limited vocabulary. However, I wonder if I had facilitated in a way that gave him more time to speak if he would have voiced more of his own responses. However, when I gave him the chance, he answered 'yes' or 'no' and then he pointed to his

mom. On the other hand, Trevor may agree with his mom's responses or may appreciate her assistance to allow him to participate in the focus group. Thus, I cannot assume that Diane took on the protective role as I do not know how well Trevor is adapting to his life after his recent injury. Her assistance may be viewed as over protectiveness, but it could be viewed as promoting inclusion as she is helping him feel a part of the program and this research project.

Another staff member named Matthew said it is a fine balance maintaining the happiness of both the child and the parents in the field of outdoor activities, especially if the child is under the age of 16. Matthew is part of the risk management team and he says it may be difficult to remove that 'protective shield' that parents have in relation to kayaking, because they may not be into adventure themselves, and thus may interpret the activity as being too risky for their children. To combat this, Lucy, a volunteer suggests that the kayaking program should provide opportunities for families to join in. She expressed that maybe "it's something that the able-bodied members of the family and the disabled members of the family can all do together" which is a form of integration (Datillo, 2002). Yet, this would not give the child the opportunity to be away from their parents, so they should be consulted to determine if there are situations when familial integration would be appropriate.

4.4.5. Liability in the outdoors

Another constraint to inclusion which most of the staff referred to was the risk management dimension of outdoor activities. The staff mainly responded which may be because they are responsible for programs and they may be legally liable if an accident occurs. Sugarman (1998) stated that it was not until recently that people with disabilities have been included in outdoor activities, because adventure education assumed that people with disabilities might get injured. This idea corresponds to a quotation by Brad, who has been

working in the outdoor field for more than ten years and who currently works with the

organization as the director of risk management. He said:

> The risk in insurance these days is also something that's constraining. The
> tendency to sue if any one little thing goes wrong, creates a very hyper-tense
> environment of the out of doors. So safety and priority can sometimes be
> extreme for certain measures. So when you begin to pair an outdoor industry up
> with people who have disabilities, then the likelihood is increased that there may
> be someone capsizing or hurting themselves. Then it does create this hyper
> sense of risk. And often the ability for operators to say, "go ahead and try it" is
> more difficult (Brad, staff).

Brad talks about the outdoors being risky and there is a tendency to sue if any thing goes

wrong. When we put people with disabilities into the mix, it decreases the likelihood that

organizations will encourage them to try it. There is very little research that talks specifically

about risk management and people with disabilities, but Ewert et al. (2001) mentions that there

needs to be an increase in qualifications in outdoor technical skills, emergency response, risk

management, and medical training. The paradox of duty of protection from the adventure

educators and allowing the dignity of reasonable risk may deny or protect people with

disabilities from making their own decisions and from doing exciting activities (Sugarman,

1998).

Another staff member, Matthew, who also works in the risk management area, emphasizes

the concept of the dignity of risk. He believes that everybody has the right to engage in risky

behavior and that there are different definitions of risk.

> In the outdoor industry, most people interpret risk as a negative consequence.
> When you say risk management, it's all about managing the potential negative
> outcomes. And I think we're missing another dimension to risk. I mean, risk
> does carry with it potential for harm, I get that. But with risk, also comes the
> potential for reward, right? So that's very important. When you work with any
> group, is to sort of allow for a certain amount of risk. And I would argue, when
> it comes to risk management, instead of constantly focusing on the negative,
> negative, negative, I think we should also plan the positive. We should also plan
> for a reward. And I think in particular, in adaptive recreation, in adventure
> therapy, historically – and this is changing over the last 4, 5 years – but

historically it's been all about removing risks, removing risks, removing risks, making it completely safe (Matthew, staff).

Matthew points out that in the outdoor field, risk is unfortunately often considered to be a negative consequence. Thus there are quite often misinformed perceptions about people with disabilities participating in adventure activities due to inaccurately exaggerated perceptions of riskiness (Kelley, 1993). But Matthew points out the potential positive sides of taking risks, something which Thomas, the executive director agrees with, when he says "risks also signify personal growth". He added that it is important to manage risks appropriately, while creating the safest and most rewarding experience possible for the clients because there are aspects that are out of our control, such as weather or other boaters. Thus he feels that risks needs to be looked upon as being managed properly, such as by putting on the adaptive gear like pontoons that provide extra balance.

The staff and volunteers go through training at the beginning of every season on the adaptive equipment such as pontoons, one arm paddle for those people that are hemiplegics or limited strength, and the spinal board for those lacking abdominal muscles. One of the strategies outlined by Donnelly and Coakley (2002) is to provide the clients with a supportive environment to develop and display their competence. The organization uses much adaptive equipment so they are able to manage the risks appropriately while striving to achieve its inclusion goals.

The next section outlines strategies study participants referred to in the hopes of achieving a more inclusive environment.

4.5. Strategies of social inclusion

There is very little research on the strategies of social inclusion within a recreation context, especially relating to people with disabilities. Donnelly and Coakley (2002) mention seven

different strategies, but focus on youth in general and the benefits of socially inclusive sport and recreation programs, not adventure recreation for persons with disabilities. I discovered additional strategies through the data collection process including the use of the outdoors, the use of adaptations, encouraging people with disabilities to take responsibility, and the convenience of facilities. A summary of the various responses is provided in the table.

Table 4.5 Strategies of social inclusion

		Number of study participants observed (n = 13)	Number of study participants in interviews & focus groups (n=19)
Strategies of Social Inclusion	The use of the outdoors	13 (6 clients, 6 volunteers, 1 staff)	19 (9 clients, 5 volunteers, 5 staff)
	The use of adaptations	13 (6 clients, 6 volunteers, 1 staff)	19 (9 clients, 5 volunteers, 5 staff)
	Taking responsibility	10 (6 clients, 4 volunteers)	13 (5 clients, 5 volunteers, 3 staff)
	The convenient facilities	8 (3 clients, 4 volunteers, 1 staff)	11 (6 clients, 4 volunteers, 1 staff)

4.5.1. The use of the outdoors

The AT organization claims that "the outdoors is a source of inspiration, regardless of a person's circumstances" (Website, 2007). Warren et al. (1995) agrees that the wilderness provides an opportunity for engaging people in holistic healing. In addition, Ewert et al. (2001) argue that the outdoors provide opportunities for reflection and personal growth without the distractions of modern technology. This was emphasized in the recent annual report which states:

> Our adaptive recreation program provides opportunities for people with disabilities to access outdoor activities. The vehicle of accessible recreation removes barriers and increases a person's sense or self-worth, self-confidence, and self-identity. As a result, our adaptive recreation program assists participants in discovering their potential and purpose as individuals in their community (Annual report, 2005).

Schleien et al. (1997) agree that the interaction with the environment gives people who are isolated a more fulfilling way of life. This was evident when I asked Dana the question about

strategies used to promote inclusion when she said "the outdoors because I feel so free". She said her difficulties in mobility, coordination, and dexterity are lessened once she gets in a kayak because she is overwhelmed with the serenity of the nature: "it feels like there is nothing stopping me because I don't have my walker".

This was also evident during my observations on the day kayaking trip. Christine was screaming which was her way of expressing her love for the outdoors according to her caregiver. Nathan was splashing water at people with a big smile on his face, which I assumed meant he was happy. Although he was a bit agitated at first, Wayne settled down to enjoy the motion of the kayak.

Bill comes quite frequently to the program as he says he feels "incredible" and "free" when kayaking. Since his condition debilitates over time, he feels he is losing some independence as he needs more and more assistance for daily tasks. He really enjoys being in the outdoors, especially when it is sunny, but he says he pays the price as he then needs to sleep and be in his air-conditioned condominium. Still, he remarked: "that reinforces even more why being able to be outside and being able to do things outside is something I'm always looking for. You know, I'm always testing the limits". Even though he schedules his kayaking activity in the early morning and finds it refreshing being in the outdoors, it is difficult to maintain his other activities on the days he kayaks. However, he feels it is all worth it. According to Warren et al. (1995) the wilderness is generally an unfamiliar and captivating space, engaging the peoples' senses and experiencing new challenges. Bill uses the outdoors to challenge his limits of his condition.

Being in the outdoors also provides a space where people can enjoy the scenery or the sea life. Some of the clients the program caters to live in group homes, and although it is not known what they do on a daily basis, Treena, the lead kayak guide, says the following:

I think being outdoors is definitely a benefit, too. Like a lot of the people that came this summer are in care homes and you don't know how much time they spend outdoors. If they get to be out there and enjoy themselves and just be out with all the scenery and nature and all that . . . It's taken for granted by some people. But by others, it's kind of like a privilege to be outside. Which I think it's good that we're doing and we're outside and we're completely based outside (Treena, staff).

In this quotation, Treena agrees with the clients that the outdoors is a benefit. However, she points out that the outdoors can be taken for granted and we need to think of it as a privilege. The literature suggests that changing the outdoors to ensure physical accessibility could adversely affect the sustainability of the environment (Murphy & Datillo, 1989). Marnie is a staff member who expresses her love for the outdoors when she says:

the best thing for me to do is go away and camp somewhere or go kayaking, so that I have peace within myself and I just learn lessons about myself that I wouldn't necessary learn elsewhere (Marnie, staff).

In addition, Kathy, one of the volunteers, enjoys kayaking "as it is serene and provides solidarity". Thus, both Marnie and Kathy agreed with Treena about the benefit of the outdoors, because they retreat there to rejuvenate themselves. However, I would argue that it is easier for them to use the outdoors because they do not have a disability and the many barriers that come with it such as what the clients have to deal with. Yet, Datillo (2002) contends that the physical aspects of the outdoors can be considered to be an obstacle for people with mobility, visual, or sensory disabilities. Despite the physical attributes of the outdoors, it was clearly evident that the clients enjoyed the outdoors and it is a strategy that included them.

4.5.2. The use of adaptations

Another strategy which was talked about by the majority of the study participants was the use of the adaptations. This was evident for Trevor and his mother Diane as she explained that adaptations serve as a sense of comfort that can relieve nervousness. Since Trevor recently acquired a brain injury, he is still getting used to his limitations and what he can do.

> I think having that adaptive equipment on is key and letting the person know it's available, because I saw all kinds of nervousness the first time we were here because we had done it only once before at Trout Lake and when he looked out here, he didn't see any of the pontoons and the one-armed bandit. . . So I think having those things give them back their independence. And I think was what was neat about it – that was he could row and could do his own thing and control it. It gives you back control (Diane, mom of Trevor, client).

She remembers the first time she and Trevor came to kayak as he was extremely nervous and panicking that there would be the adaptive equipment he needed. However, when he arrived and he saw the equipment, Diane noticed a sense of comfort and excitement in him. While on the water, Trevor was expressing his happiness and joy through his non verbal communications by putting his thumbs up while his mother explained being close to the water was his territory because he grew up on a lake. Although one of the strategies outlined by Donnelly and Coakley (2002) is about allowing opportunities for people to display and develop their competencies resulting in enhanced self-esteem and a sense of moral worth, they do not talk about people with disabilities and the use of adaptations.

In a similar context, Wendy said "when you guys were open to any kind of adaptations that needed to be done". She further explained how important it was for her knowing that adaptations could be made to facilitate her learning of the new activity. Adaptations also helped her be more involved with her family as she expressed in regards to another program, adaptive sailing.

> And I sailed before I started using a wheelchair with my Dad. I sailed a lot with my dad. Sailing to me was fun to be able to get involved because at home, our sailboat wasn't adapted and I wasn't able to sail with Dad. But then when I started sailing with the adaptive program, my dad and I had something in common and we could talk more about things. It was neat to be able to do that (Wendy, client).

While relating this to the adapted sailing program, it brings the point forward that these adapted programs assist Wendy to build the connections with her family. Although referring to children

in a recreation context, Donnelly and Coakley (2002) claim that it is in recreation that children gain the skills, talents, and capacities to realize "their full potential, and to fully participate in the social and economic mainstream" (p.2). Despite Wendy talking about the adaptive sailing program, I would assume that the adapted kayaking does the same thing in building her skills, talents, and capacities, so she can function as much as possible in the mainstream of society. Adaptations do not only help Wendy with her kayaking. It may also assist her to recognize her abilities in the broader context.

Likewise, Scott, a client with cerebral palsy, talked about his appreciation for the adaptations too, especially when he tried a single kayak. He said that the volunteers were open to "put on pontoons to ensure the stability of the kayak, and this gave me way more comfort knowing that I can just concentrate on paddling without worrying about balancing". This falls in alignment with Datillo (2002) who says that adaptations to physical equipment are vital to fostering inclusion for people with disabilities.

This was also clearly evident when Dana said "the adaptations because it allowed me to try something new. I don't think without this program and the adaptations, I would even try". From my experience, kayaking is a complex activity that requires multi tasks at one time such as, balancing and paddling or pressing the rudder (a steering control at the back of the kayaks that are pressed with your feet). The adaptations, as Dana explained: "help me so I can concentrate on one thing at a time". Similarly, Marnie echoes the importance of adaptations.

> I guess more challenging things are we've got pontoons to help with stability of the kayaks. So I think those help deal with the . . . . most people who go kayaking are scared that they're going to capsize, so mentally that helps people feel more comfortable and also, if you ever had somebody in a kayak and they had seizures or something, it's going to provide a much better piece of adaptive equipment that is more suitable to their needs (Marnie, staff).

Like all the clients mentioned above, Marnie talks about the pontoons as a comforting device. However, she also points to the safety aspect of having adaptations using a scenario of a person having seizures. In essence, the adaptations are a risk management tool too.

One of the documents I analyzed was promoting an upcoming event called 'Have a Go at Kayaking' which was an opportunity for new people with disabilities to try kayaking (Community Newspaper, July 2006). It quoted me talking about how the organization employs various amounts of equipment to promote independence, rather than restricting a sense of playfulness which is essential in recreation. The article talks about other adaptive equipment such as velcro gloves to help paddlers to grip, and spinal boards to help support those lacking abdominal muscles (Community Newspaper, July 2006). It is these adaptations or modifications that assist clients to participate in the activity so that inclusion can be achieved (Datillo, 2002).

Donnelly and Coakley (2002) mention that there must be autonomy and control in the structures in which recreation experiences occur and I would say that the process of deciding to use the pontoons between the clients, staff, and volunteers, enhances the autonomy and control of clients.

4.5.3. Taking responsibility

Another inclusion strategy that was suggested by many of the participants is the idea of creating conditions where clients who wish to take on more responsibility can do so. Treena agrees with this when she says:

> ...but you know, like as a participant when they come to the program, they have to understand that you getting your chair to the boat and there has to be a happy medium as to how you're gonna do it. So if you're gonna come to the program and be like there's no friggin' I'm getting lifted down to my chair, then we all have to come up with some sort of compromise as to how that's gonna happen if they want to participate. So I think it works on both ends. Like, yes we have to respect the individual, but they also have to realize that some things have to be done in order for you to partake in this activity (Treena, staff).

This relates back to ven de Van et al.'s (2005) concept of how it takes "two to tango": where some people with disabilities need to be aware of their limitations and be willing to accept help; while staff and volunteers need to respect their wishes. This ties back to the theme of clients feeling belittled when they receive too much help. Bedini (2002) argues that clients should embrace their identity as a person with a disability thus, knowing when to apply some control and when to let go. This suggests it is at the discretion of the clients, as they know their abilities and limitations the best, to speak up about when they need or do not need assistance. For example, Wendy appreciated it when volunteers step back: "even if I was struggling to lift myself up from the kayak, they're like, are you ok, and I'm like, yep, and they'd let me keep trying. And that was important for me too". At the other end, the organization needs to have the structures and policies in place to allow for the clients to be involved in the process, such as having the adapted equipment or encouraging them to input their decisions in the programs. It is evident this works when clients are verbal and know when help is needed, but this idea of 'two to tango' (van de Ven et al., 2005) becomes difficult and tricky when the clients have cognitive and physical disabilities. How do we know how much to help if one is unable to communicate their wishes or if they are unaware of the risks involved?

During the over night kayaking trip, it was observed that there were opportunities clients to take responsibility for their own inclusion. For example, the staff and volunteers gave responsibilities to Phillip to be in a double kayak with Oliver due to his kayaking abilities. However, this responsibility was not furthered by the staff or the volunteers by asking him to assist with the moving of the kayaks away from the water because of the tides or with helping around the campsite. In addition, he did not offer to assist throughout the trip. During my observations, I stepped out of my role as a researcher and asked him if he could help out and he subsequently did. A crucial aspect that Shookner (2002) discusses in his inclusion framework

is encouraging clients to participate as fully as possible. However I would argue that each

person might have had different expectations about everyone's roles throughout the trip and

thus, it might not have been on Phillip's mind to help out unless it was suggested to him. The

overnight trip was the first camping and long distance kayaking experience for Phillip, so he

may have been hesitant about doing this. Alternatively, it is also possible that the physical act of

helping out with the equipment may not have contributed to a sense of inclusion for him. His

idea of inclusion may be making connections with the other people or doing other activities in

the outdoors.

In addition Elsie, a volunteer brought up another good point by saying that "clients pay for

the lessons and the overnight trip so clients may expect us to serve them". I cannot help but

assume that serving clients reinforces the impression that people with disabilities are passive

recipients of the services provided by the able bodied (Miller et al., 2002). This feeds into the

assumption that inclusion means that it is often done "for" people (Shakir, 2005). Kershaw

(2005) brings in the discussion of the right of social citizenship as it relates to caregiving when

he says that it:

> treats the fulfillment of social obligations as a condition for social entitlement,
> actually needs to be advanced further to integrate care as a constitutive
> responsibility and right of social citizenship that binds men as much as women
> (Kershaw, 2005, p. 4).

Although he is talking about caregiving, he brings to the forefront the ideas of the 'right of

social citizenship' and the 'constitutive responsibility'. Thus, if people with disabilities wish to

be seen as full citizens and to be treated with respect and equally (van de Ven et al., 2005), the

clients should have opportunities to participate as fully as possible.

However, Fraiser and Mary, who are both volunteers, take on a different approach. They

argue that since the kayaking sessions are only two hours long, volunteers and staff need to be

quick in getting the gear down to the beachfront and getting the clients into the kayak. Fraiser explains that: "it is sometimes our own efficiency that does not allows them to do much because it is all there. All they need to do is get in the boat and go". This may be because the whole idea of this program is to give people with disabilities kayaking experience, so it is the goal for the volunteers and staff to maximize people's time out on the water. However, following up on the quotation that Treena mentioned earlier, she believes clients need to take some responsibility even though "it's 2 hours – well, whatever. If we get an hour out there, at least you're not making them feel like there's something that they need help with when they don't need it". The issue of responsibilities may refer to many things and it does not necessarily mean the physical act of helping move kayaks or to setting them up so they are ready for the program. It could, for example, mean that a client takes responsibility for initiating conversations with other people.

4.5.4 The convenient facilities

The last strategy that was pointed out by just over half of the participants was the location of where the kayaking was taking place. The majority of the responses were voiced by the clients and the volunteers who work with the kayaking program on a continual basis.

The canoe and kayak that the adventure therapy organization operates from explains on their website (2006) that it is located "on the shores of beautiful [location], it is a paddler's paradise". Kathy said the location is an ideal place to learn how to kayak as "it is perfect here because it is calm. And it is a perfect, sheltered area". At the location, hourly, daily and multi-day rentals of ocean kayaks, canoes and surf skis are offered. In addition, a kayak and canoe school with lessons ranging from introductory kayaking; capsize recovery, kids' lessons, or navigation courses is offered (website of the canoe and kayak centre website, 2006).

From my observations, the beach front is busy with people renting from the centre or people bringing their own their canoes or kayaks. I have watched this beachfront for the past three years, due to my involvement with the organization. This location is ideal for the program as they are many people kayaking or canoeing giving the feeling of 'being one of the crowd'. This falls in line with how Wendy, describes the location: "there is a sense of community of people that enjoys kayaking here". Hing-Mei, another client, described the location to be a "mountain side or there is an ocean" and said that she "loves coming out here. It is a totally different feeling". Lucy said that she "forgets her work when I come out here because the air is so clean and it is so breathtaking". She claims it is a perfect place to kayak, as it is so close to the city, but when "when I come out here, it feels like I am in the total outdoors". Thus, this location is quite attractive.

The meeting point for the program is just below a ramp, which makes it physically accessible for people with mobility issues. But aside from the ramp, the beach front is covered with rocks and little twigs which is challenging for people with mobility aids. Cindy said that "I can get down the ramp, but then I need to rely on two people to hold me when I walk down to the kayaks". Similarly, Bill needs to be carried down to the kayaks from the ramp as "the wheels on my wheelchair just spins in the rocks". As a result, the outdoor environment is not always conducive to people with disabilities, especially those with mobility challenges because of the rugged physical characteristics of the terrain (Murphy & Datillo, 1989).

Lord and Hutchinson (1979) and others state that people with disabilities are often plagued with transportation and architectural barriers. Recreation program locations can be difficult to get to by public transit depending on where the client is coming from. For example, Dana said "it takes a lot of effort for me to get to [the location]" because of the transportation and the

length of time to get there. She further explained that by the time she makes the trek for the

kayak session, "I am tired".

Similarly, Wendy expresses her frustrations with parking as follows:

> The parking sucks, but that's not your fault. (laugh) Well, there's only one handicapped parking spot and then the other ones are quite far away, up a huge hill, so they're really hard to access. There are two or three up the hill and if you use a wheelchair, it's almost impossible to get all the way up that hill to access them. Because I am in a wheelchair, I'm limited as to where I can park because I need to have enough space to get my wheelchair out of the driver's side. So I ended up being a parking vulture half the time. Or have to come super early and just kind of hover until something became available (Wendy, client).

There is limited disabled parking in the area and there are a couple of spots up a steep hill,

which presents a challenge for those in a manual wheelchair. One of the strategies of inclusion

outlined by Donnelly and Coakley (2002) is having a safe environment so that people do not

have to withdraw from their social networks because of threats, whether they are physical or

mental. Thus, a convenient location is an inclusion strategy for the program, but the

environment and its surroundings may not always be conducive to the strategy.

4.6. Improvements for social inclusion

Because the program is still in its infancy I asked: "what ideas for improvements do you

have in terms of inclusion strategies". There was clear evidence that the marketing or

promotion of the program was the main theme because it was voiced by the majority of

participants. This was followed by the two more improvements, creating additional choices, and

increasing opportunities for clients to take more responsibility. The below table outline the

three themes and the degree to which each of these elements resonated for study participants.

Table 4.6. Improvements of social inclusion

		Number of study participants observed (n=13)	Number of study participants in interviews & focus groups (n=19)
Improvements of Social Inclusion	The promotion of the program		15 (8 clients, 5 volunteers, 2 staff)
	Create additional choices		12 (6 clients, 4 volunteers, volunteers, 2 staff)
	Increase client responsibility		11 (6 clients, 3 volunteers, 2 staff)

4.6.1. The promotion of the program

The response "increase promotion" was made by the majority of the participants.

> You know, I continue to see a lot of improvements for the program every year, but maybe more marketing is needed. I continually talk about kayaking and how has it benefited me. I always try to encourage my friends with MS to come try it. That will be the perfect place to promote the program... I could invite you to come and speak... and I'll bet that you'll get a whack load of clients (Bill, client).

Over the years, Bill has been telling me that about his MS support group and how he is trying to encourage his friends to come to try kayaking. Similarly, Hing-Mei belongs to a brain injury support group and she said that "maybe coming to speak to my brain injured group would help to get more people". She said she did not know about the program until the last month because it was not advertised within her support group. This made me wonder if the organization could involve clients in marketing to other groups they are associated with, instead of relying on the staff. Datillo (2002) suggests that people are more willing to participate in something that friends have recommended.

Treena who was the only staff that was present on a daily basis mentions another aspect that would promote the program:

> we were quite busy most of the time, but I just think we need to be more visible when we're down there. So I know some people were talking about a banner and this and that. So doing that. Also, just getting ourselves out there even more (Treena, staff).

While I was employed with the organization, the program existed out of my home and out at the kayak and canoe centre. It is situated in the corner of the beach front with no sign or banners to symbolize that we are a specific group. Michelle agreed that "a banner would help us to be more visible" (volunteer). Besides having just a banner, Sue recommends that "we should be wearing hats or t-shirts with the name of the organization on it". She contends that the organization's name does not explain to the public what the program does and additional promotions would create curiosity and conversations if the people come up to ask for further information. This could also help "people to overcome their stereotypes of people with disabilities through finding more information how they participate in activities" (Sue, volunteer). She points out that a more educative role could begin to alleviate some of fears and ignorance (Anderson et al., 2000).

Another volunteer, Kathy mentions another good point about more promotion because "it also helps the new clients to figure out where the program is". Elsie, a volunteer, gives a vivid example of how the banner would help when she revealed a client was "walking around and around to locate us. And by the time he found us he was tired". She was referring to a new client who had a stroke which resulted in mobility difficulties.

4.6.2. Create additional choices

Another suggestion for improvement was the creation of additional choices which was mentioned by many of the participants, mainly the clients. Sean, who was in the program because his sister, stated that he "likes kayaking and with that the out trip can have longer time on the water". When I asked Sean to explain further, he said that: "it will be good f you have a full day program or something like that". Trevor agrees with Sean through his mother, Diane who said: "it can take a lot of effort for Trevor to get in an out of the kayak, and he enjoys being on the water, so maybe the excursions should be a little longer". After Diane made this

comment, I looked at Trevor to see if he agreed with his mom or not and he agreed with a "yes".

This was also echoed by Bill who said he wished there was a choice to do kayaking "half a day, full day or even during the weekdays". These comments may be as a result from the current structure of the program. It is opened three months of the year, June, July, and August, on three specific days, Fridays, Saturdays, and Sundays. In addition, there are specific times on these three days that allow for two hour excursions that the clients can book. As well, only six people can kayak at one time (including the staff and volunteers) because of the kayaking standards, which require one kayak guide to six people unless one of them has their kayak certification. The program structure and regulations does not lead to flexibility and empowering the client to choose when or even where to kayak, as the program is set in its times, days, and place. Donnelly and Coakley (2002) argue that there should be the freedom to make choices in a supportive environment. However, they concentrate on the safe environment being the classroom promoting recreation to youth.

There are a multitude of factors to take into account when allowing the clients to choose their kayaking activities, including avoiding risks by meeting the standards of the kayaking industry. Matthew, who works in risk management, said the following about creating more choices for the clients.

> Creating secondary and tertiary options for those people that are highly motivated. So we talked about offering day programs, and then maybe overnight programs. I also think that another dimension to that should be creating opportunities for people who come through this door into kayaking to be included in other sea kayaking, or kayaking experiences (Matthew, staff).

He suggests offering opportunities for clients, such as a day paddle, to maintain the motivation of the clients. This falls in line with what Datillo (2002) has to say about inclusion which is "about ensuring choices, having support, having connections and being valued" (p. 29).

Matthew had ideas for managing program growth when he said: "if we can't provide the services, then we should work with the wider paddling community to ensure that this is happening". In essence, he is talking about potentially partnering with different organizations to create additional opportunities for clients.

Even though the program structure may not allow for clients to make many choices, Wendy appreciated that she could call up and say she was "booked for a single, but I am not feeling all that great, is it possible to do the double? And that was great that I was able to do that". She said having this choice alleviated the pressure of being in a single kayak when she was feeling fatigued. Having opportunities to make choices elicits a sense of autonomy and control, which are central to theories of inclusion by Donnelly and Coakley (2002).

Sue made a related point about her frustration with the lack of equipment the program owns when she said it: "doesn't allow for the clients to progress because we don't have a single kayak with pontoons". Along the same lines, Elsie, another volunteer, told me that: "this client wanted to ride a single with a one-arm adaptation, but we only have a double kayak with this adaptation".

4.6.3. Increase the responsibilities from clients

The last suggestion for improvement was brought forward by more than half of the participants, especially the clients. When I asked Scott for his ideas, he emphasized that he would liked to be asked to assist others.

> I think they should offer the option of helping to some kids. I mean, I always help but [Cindy] said she would like to help. So they should give them that option. But other than that, I can't really see any other way the program could improve in that aspect (Scott, client).

Cindy also talked about wanting to take on more responsibility when she said: "I can put three lifejackets on my walker or I can hang something over or whatever". Sean also stated that: "I

can help with cleaning up the boats or something". These comments relate back to Donnelly and Coakley (2002) about the importance of having autonomy and control in the structures in which recreation experiences occur. In addition, invoking more responsibilities on clients, it works towards increasing their role as being citizens (Kershaw, 2005).

Presently, the program is set up so that the volunteers and the staff come half an hour before the actual kayaking time to allow for set up and transporting the kayaks from the storage which is a five minute walk away from the beachfront. This does not give an opportunity for the clients to help as they arrive; the kayaks are all ready for them to get in the water. In addition, by having the storage site so removed from the program does not promote the clients to be involved in helping with the setup because it may take a while for them to go to the site. Hence, the program structure and the setting do not help with the inclusive practices the organization is trying to foster.

As mentioned in the discussions on the constraints to inclusion, the issue of help is a tricky one, especially when it comes to helping people with disabilities as some people with disabilities may regard it as a reminder of their limitation (Goodwin, 2005). Yet, Wendy said "I would like to learn and help more in regards to my kayaking sessions, such as getting the gear and setting it up". She admits she can not bring the kayak down because her hands will be busy wheeling herself down to the water but "at least I can help with the gear and going to the storage". It is important to her to learn about all aspects of kayaking because she wants to go on a trip with her friends around the West coast. Hing-Mei said the program could be designed to benefit the clients more if they can learn how to prepare the kayaks. Like Wendy, she acknowledges that she can not carry the kayaks "because of my arthritis, but I want to help with the gear". This relates to Goodwin (2005), when she talks about help as symbolism for independence and an increased self-control over the environment.

Lucy agrees with the clients when she states that: "it would be good to see the clients become volunteers". A volunteer of the organization has the responsibility for participating in the volunteer training at the beginning of the summer season, setting and preparing for the kayak session, or participating in other volunteer events such as the volunteer improvement nights (nights where volunteers have opportunities to improve their own skills). In addition, she suggests that: "maybe clients should be involved in the training so we know first hand about how to interact with them through the program". This would definitely give them more responsibility and might help minimize the gap between the program 'givers' and the 'recipients' (Miller et al., 2002).

Matthew had other ideas about how clients can be more involved: "there should be more people like you, people with disabilities, working for the organization, either at the staff, board, or advisory level". Currently, there are two people with disabilities on the board, but Matthew wants to see more because he feels that since the program is "for clients with disabilities, then decisions and the operations should be by people with disabilities". Shookner (2002, p. 16) would agree that those who are sometimes voiceless and powerless in the "planning, decision-making, and policy-development processes". I agree that people with disabilities might have an increased recognition towards others in similar situations, but I would argue that there should not be an automatic assumption of 'instant empathy' (Andrews, 2005).

The fostering of inclusion for this organization is an ongoing process. The participants voiced various improvements including increased promotion, the creation of additional choices, and having increased responsibilities. No doubt, implementing inclusion within an organization is a difficult task, but this presents some suggestions the organization may wish to consider further.

CHAPTER 5 (5.0)

Conclusions and Recommendations

That is a hard question for me to answer, because I do not know when inclusion has occurred because I am not the person whose . . . I feel included because for whatever reason. So I do not how to answer. It would be up to the client. I do not know how a person feels. And I think I might be surprised that we think we are providing a good experience, but I don't know. But whether that person felt included, or whether that was... I don't know (Sue, volunteer).

5.1. A summary of findings

The above quotation voiced by Sue highlights the complexities of inclusion. She

acknowledges the difficulty of responding to the question, "what does inclusion mean to you?"

because it comes down to the person, their experiences, along with the management systems of

the organization. This was clearly evident by the wide range of responses I received as people

felt included or not depending on the environment, the situation, the people, the severity of

their disability and their willingness to get more involved.

These findings begin to fill a gap in the literature by providing the perspectives of people

with disabilities along with the staff and volunteers who work with them in an adventure

therapy context. The literature often emphasizes the benefits or the negatives of integrating

people with disabilities or explores the segregation of the disabled-only programs. It was

recognized that one's disability plays a major role in inclusion or exclusion, so the idea of

'treating people uniquely' was a resounding theme expressed by the majority of the staff,

volunteers, and clients. The idea of being treated uniquely was clearly evident as the participants

responded in ways that were specific to their experiences, to their needs, and to their feelings of

inclusion. They appreciated that they were not grouped as a homogeneous group, such as to be

given all the same adaptive equipment. The clients enjoyed being asked what they needed to

facilitate their kayak experience by the staff and the volunteers. In turn, this establishes a two-

way communication between the staff/ volunteers and the clients ensuring their involvement in decision making and empowerment.

It is pointed out that some people presented contradictory views as some times they mentioned their appreciation for segregated programs, but at other times they advocated for integration with able bodied people. Therefore, the issue of inclusion is very much dependent on the situation, the individual and their disability, rather than on programming for either integration or segregation. The theme of treating people uniquely takes into account the various identities and situations of individuals and how their needs are met during the kayaking experience. If we connect with each person individually, discover what they require to facilitate their kayaking experiences, and explore their abilities and desires for increased responsibility; it is more likely they would feel included. But at the same time, the organization needs to ensure that they have the structures and policies in place to ensure that the clients can participate in the programs to their full potential.

My learning throughout the research process was facilitated by my overlapping roles as researcher and as an employee in the organization; my relationships with clients, volunteers, and the staff; and my experiences working in the field of promoting leisure for people with disabilities. My thoughts about inclusion are also guided by useful documents such as "Moving to Inclusion" (Active Living Alliance for Canadians with a Disability, 1994), and "Opening Doors, Keys to Inclusive Recreation Policy for Persons with a Disability" (Canadian Parks and Recreation Association, 1992), which emphasize the idea that everyone can participate in community if they choose to do so and no one should be excluded. This led to my belief that the existence of disabled-only programs should be eliminated to ensure people with disabilities are participating more fully in the community. However, after doing this study, I discovered new meanings of inclusion that challenged my thinking because one approach does not fit all.

The critical analysis of the data collected in this case study has led me to several conclusions, recommendations, and possible suggestions for future research. Because this is a micro level study of one organization at one point in time, these conclusions are not generalizable solutions for how organizations should foster social inclusion. However, the findings illustrate the importance of obtaining a variety of perspectives to more fully understand the concept and the possibilities for its implementation.

5.2. Fostering social inclusion within this organization

The following paragraphs summarize what I have discovered through my findings in relation my research questions.

The first research question relates to examining the different meanings of social inclusion. As we know from the literature review, meanings of inclusion are complex and fragmented. Due to the various responses and the themes, the meaning of inclusion is more confusing than I believed it to be, as it is clearly dependent on individuals, the severity of their disability, the environment and the people involved. This emphasizes the importance of 'treating people uniquely' due to the various disabilities. Further, it was important to the clients as to how the staff and volunteers facilitated their kayaking experiences in relation to their individual disabilities and how it became their natural way of thinking.

My second research question was directed only at the clients and their experiences during the program. It was apparent that their disability was their focal point as they talked about the barriers they face and how this makes them feel different (Anderson et al, 2002; Bedini, 2000; Datillo, 2002; Devine & Wilhite, 2000; Green, 2003; Hughes, 2002; Schleien et al, 1997). At the same time, all of the clients expressed an appreciation for being in the outdoors, meeting new people, enhancing their social life with friends, and challenging themselves through new

activities. It is through this program that some of the clients expressed increased confidence in their skills, talents, and capacities to make it possible for them to consider participating more in the broader social mainstream. Yet, for this to occur, Datillo (2002) calls for 'universal design' to ensure that products, programs and environments are accessible to more people.

The third research question was asked to uncover various constraints to the implementation of inclusion. It was observed that perceptions of people with disabilities themselves, their families, and the liability were the most vivid constraints. Many clients saw their disability as a limitation as they quite often compared themselves to able bodied people in their lives, whether it is within the school setting or other recreation activities. It is obvious that the varying levels of disabilities and the intensity level are important factors in determining how it impacts opportunities for social inclusion.

Another constraint appears when family, volunteers, and staff feel the need to over protect clients, potentially because they feel the desire to help the less fortunate (Schleien et al., 1997). The image of the clients being the 'recipients' and the volunteers along with the staff being the 'givers' of the recreation program (Miller et al., 2002) is highlighted by the documents of the organization which emphasize that decisions should be made by the staff. However, this may not help clients feel part of the program, should they wish to participate in decision making. In addition, there was a perception that there was an increase in liability in the outdoors when interacting with people with disabilities which constrained program flexibility.

My fourth research question was to examine the different inclusion strategies implemented by the staff, clients, and volunteers. A metaphor introduced by van de Ven (2005) where "it takes two to tango" emphasizes that clients and service providers need to work together if inclusion is to be achieved. It was evident that the values of decision making, empowerment and independence were important to the clients and many desire opportunities to challenge

themselves. At the same time, the organization must create structures and policies to facilitate the involvement of the clients in the program. These values are assumed to be encouraged through the use of adaptive equipment, but some clients found this to confining.

Another strategy to foster social inclusion is the use of the outdoors. Despite the liability challenges, the adaptive kayaking program allows clients to challenge themselves and gain a sense of belonging to natural setting. Being in a double kayak can foster friendships among clients, volunteers, and staff while connecting with nature. As well, it can be facilitated through the use of adaptations.

The last research question focused on improvements that need to be implemented in order for the organization to enhance social inclusion within of clients. The majority of the study participants felt that more promotion is needed such as talking to support groups and having banners or signs visible enough for people to see at the program location. The clients expressed the need for more independence and empowerment through decision making which included carrying the gear and the kayaks or preparing them for trips. As well, more program choices are needed, such as offering day-long or half-day kayaking trips, rather than only offering the two-hour program. This falls in line with the majority of findings, as the clients desired to develop the competencies needed to participate more fully in the community, and it is within the adaptive program that each of them found support and encouragement that fosters social inclusion.

I became increasing aware that fostering social inclusion is not simply the integration of people with disabilities with those without disabilities or the creation of this adaptive kayaking program. It is about treating people uniquely in whatever scenario they choose to be involved in. To come to further conclusions, further research needs to be performed. However, there is no doubt that fostering inclusion is a complex task to implement as it is dependent on the

individual and their situations. It is clear that providing opportunities for greater involvement and decision making are important.

5.3. Implications for adventure therapy organizations

Offering recommendations for this and other organizations within the adventure therapy context is exciting for me, because I am closely connected with the organization. It is important to state that these are not solutions but are instead suggestions that the staff may want to consider, critique, and revisit. These recommendations are not necessarily goal-orientated, but are rather process orientated. It is hoped that they might provide ideas for re-thinking and continually questioning how the facilitation of social inclusion within the organization can be improved.

Due to my involvement in the adaptive kayaking program over the years, I can see the growth in equipment, clients, and programming of the different activities. The mere existence of this program presents more opportunities for people with disabilities to participate more fully in the outdoors which symbolizes inclusion. Since the program is in its infancy, I offer some recommendations so this organization can continue to offer positive kayaking experiences for its clients.

The first recommendation is that the organization should continue to offer disability awareness training within the volunteer training and extend it to outdoor adventurers more generally. Some participants may think that this will emphasize that people with disabilities are different, but the initial training will relieve the fears that may still exist today. I would encourage the clients to be involved in the preparation of this training and encourage them be a part of it, as people may learn best about interacting with people with disabilities first hand. In addition, volunteers could increase their opportunities to interact with the clients in a different

context, other than kayaking such as participating at the administration or decision making level. In accordance to the literature reviewed (Anderson et al., 2000; Bedini, 2000; Datillo, 2002; Schleien et al., 1997), the more opportunities given to interact with people with disabilities, the further the reduction of fear of differences. In addition, this will give the clients the opportunity to be a part of the planning process in a supportive environment, and encourage them to take responsibility for how they would like to be treated when participating (Shookner, 2002).

Another recommendation is to continue to offer the adaptive kayaking program within a location where similar activities are taking place by those without disabilities. The current location is an excellent one, as it is central to the community and provides peaceful terrain. The mere existence of this program where the clients have opportunities to explore outdoor activities while interacting with people of similar interests promotes inclusion. At the same time, the "existence of the program challenges the beliefs that many people may have towards people with disabilities, so it may breakdown stereotypes" (Lucy, volunteer).

In order for this organization to meet with its stated collaborative approach (Brochure, 2006), it is necessary to involve clients within the decision making process more. Much like Shookner (2002) states, clients should be welcomed into planning and decision-making processes within this organization. This program symbolizes a safe environment (Donnelly & Coakley, 2002), so this should be used to its advantage where some of the participants can express their thoughts, feelings, and opinions, if they desire.

Another recommendation is to take the opportunity to implement several interactive introductory activities, whether pursuing a day or overnight kayaking trip. It is critical to maintain open communications and identify the roles each person could play within the kayak trips. Such activities could include some interactive games such as introducing one another;

establishing each person's roles within the trip; discussing the expectations, fears, and the challenges; or sharing each other's purpose for going on the trip. These activities could help establish a sense of group cohesion and a safe environment where relationships can be built. As well, before the overnight trip, perhaps incorporating three preparation days beforehand would assist the clients, volunteers and the staff to work together towards a common goal. During this, people will be more accustomed with the protocols of camping and develop relationships with one another. It may be done over three separate days, so that the outdoors and activities of camping would not be so foreign to people who are unfamiliar with the process. Activities could include washing dishes, setting up the tent, or taking care of the daily living activities. Thus, everyone would know what to expect and be familiar with different camping activities. This could facilitate empowerment and independence through taking responsibility after establishing comfort levels.

Another recommendation is to encourage clients to take a participatory position within community for developing universal accessible locations. Quite often, clients have difficulty participating in the outdoors because of the lack of physical accessibility, such as the rocks on the beach or accessible parking spaces. Should the clients participate in the planning of community activities or facilities, they could then voice their concerns. This falls in line with the suggestion outlined by Shookner (2002) in involving them in decision-making and policy development processes. By enhancing accessibility, clients can participate more in the preparation of the kayak program, thereby possibly increasing their independence and empowerment.

The last recommendation is to allow clients greater choice in kayaking activities. Currently, the program only offers the two-hour kayaking excursion which limits the choices available for them.

5.4. Future research

There is much that can be done to further explore the meanings and strategies for social inclusion. Future research could examine inclusion processes for people with disabilities outside of the adaptive kayaking context. As it was evident, the responses from the study participants were wide spread, so it makes me wonder what the responses would be like if the study participants are not into these kinds of adventure therapy activities.

Another aspect for future study would be to determine the responses to this adaptive kayaking program from the kayaking community and the canoe and kayak facility. This would reveal whether the mere existence of the program is changing attitudes in the community. Through this, we could examine the roles of people with disabilities within the community, their social acceptance, or the experiences of both people with and without disabilities.

Another possibility for future research is to expand the duration of the study. Through this, the researcher could examine how experiences with inclusion change over time. For example, if enhanced responsibilities are taken on by the clients, does inclusion increase? This would assist with the understanding of the inclusion strategies on a deeper level.

5.5. In closing

Through this case study, the term 'social inclusion' could not be clearly defined, as we know it is a messy, complicated, and fragmented term. Similar to the quotation outlined by Sue, at the start of this chapter, inclusion is difficult to examine unless we know how a person feels. The overlying theme of this study is the idea of 'treating people uniquely' where we connect with one another to discover what would facilitate their positive kayaking experiences. This theme became apparent because there are so many factors that determine whether a person is included or not. It was clearly evident from the clients that their disability and the level of severity shape

their experiences of inclusion and exclusion. As well, it is dependent how the organizational policies and practices embrace those with disabilities in their programs.

However, the clients expressed positive feelings when the program attended to their specific needs to learn how to kayak. Although this study did not focus on the needs of the clients, the overriding theme of connecting with each client and treating them uniquely facilitated their feelings of inclusion. The opportunity to conduct this research has made me think differently about adaptive programs including this one. It is hoped that this study will contribute to the field of adventure therapy by providing further insights towards fostering social inclusion. We know that adventure therapy is increasing and people with disabilities are more visible in the communities. Hence, it is important to recognize the complex meanings of inclusion and the strategies to include them in the programs.

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Appendices

Appendix A: Agency Approval/ Consent Form & Information Sheet

I understand that my participation in the study entitled The Role of Adventure Therapy in Promoting Inclusion for People with Disabilities is entirely voluntary and that I may refuse to participate or withdraw from the study at any time.

I have received information about the purpose and nature of this research project and my involvement in it as per the Letter of Initial Contact that I received in the mail from the researcher. I have a copy of this letter.

If I have any questions or desire further information about this study, please contact the graduate student Karen Lai (karen.lai@telus.net) at 604.224-0720 or Wendy Frisby, Associate Professor/ Faculty Advisor, at 604.822-3018 or frisby@interchange.ubc.ca

I have read the information sheet.

I have received a copy of this consent form for my own records.

_____

I consent for the agency to participate in this study.

_____

Participant Signature   Printed Name   Date

Appendix B1: Introductory letter (study participants ages 13-18)

Dear [*Parent or Legal Guardian of youth aged 13-18*]

The Role of Adventure Therapy in Promoting Inclusion for People with Disabilities

This letter asks you to allow your son or daughter to participate in a focus group we are running through a non profit adventure therapy organization. The group session takes an hour and a half on three of the following four times:

☐ Friday August 25th, 2006   11:30 – 1:30 pm
☐ Saturday August 26th, 2006   2:30 – 4:30 pm
☐ Sunday August 27th, 2006   11:30 – 1:30 pm
☐ Saturday September 2nd, 2006   9:30 am – 11:30 am

Please pick all of the dates that will work for you and I will confirm the date of your focus group. **This date and consent form needs to be returned to me (either in person or with the enclosed envelope) by Friday August 25th, 2006.**

All focus groups will take place at the Deep Cove Canoe & Kayak Centre so please dress appropriately (it will be on the grass area or under a covered area near the park). Your child has been identified as someone who is participating in the adaptive kayaking program and thus will be asked for his/her opinions related to the meaning of what is it like to be included and his/her experiences of inclusion with the program.

This will help us develop an understanding of the meanings of inclusion and the role of adventure therapy as an inclusion strategy. The project intends to utilize the opinions of staff, volunteers, and participants to shape the development of the programs and will also help expand the knowledge of the role of adventure therapy in inclusion.

An *Information Sheet* and *Consent Form* are attached. Please take a minute to read them over. If you are willing to have your teenager participate in the focus group session, please sign the consent form and have him/her bring it to the organization.

Sincerely,

Karen Lai   Wendy Frisby
Graduate Student   Principal Investigator
(604) 224-0720   School of Human Kinetics (604) 822-3018

Appendix B2: Introductory letter (study participants – 18 & over)

Dear [*Participant (over 18 years of age)*],

The Role of Adventure Therapy in Promoting Inclusion for People with Disabilities

This letter requests your participation in a focus group we are running through a non profit adventure therapy organization. The group session takes an hour and a half and will be scheduled on three of the four following dates:

☐ Friday August 25th, 2006	11:30 – 1:30 pm
☐ Saturday August 26th, 2006	2:30 – 4:30 pm
☐ Sunday August 27th, 2006	11:30 – 1:30 pm
☐ Saturday September 2nd, 2006	9:30 am – 11:30 am

Please pick all of the dates that will work for you and I will confirm the date of your focus group. **This date and consent form needs to be returned to me (either in person or with the enclosed envelope) by Friday August 25th, 2006.**

We would like to ask you for your opinions related to the meaning of what is it like to be included, and your experiences of inclusion with the program. All focus groups will take place at the [location of the adaptive kayaking program] so please dress appropriately (it will be on the grass area or under a covered area near the park).

This will help us develop an understanding of the meanings of inclusion and the role of adventure therapy as an inclusion strategy. The project intends to utilize the opinions of staff, volunteers, and participants to shape the development of the programs and will also help expand the knowledge of the role of adventure therapy in inclusion.

An *Information Sheet* and *Consent Form* are attached. Please take a minute to read them over. If you are willing to participate in the focus group session, please sign the consent form and bring it to the organization.

Sincerely,

Karen Lai   Wendy Frisby
Graduate Student   Principal Investigator
(604) 224-0720   School of Human Kinetics (604) 822-3018

Appendix B3: Introductory letter (study participants – volunteers)

Dear [*Volunteer*],

This letter requests your participation in one-on-one interviews we are running through a non profit adventure therapy organization. The group session takes an hour and a half on three of the following four times:

☐ Saturday August 26th, 2006   10:00 am – 12:00 pm
☐ Sunday August 27th, 2006   3:00 pm – 5:00 pm
☐ Saturday September 2nd, 2006   2:30 pm – 4:30 pm
☐ Saturday September 9th, 2006   9:30 am – 11:30 am

Please pick all of the dates that will work for you and I will confirm the date of your focus group. **This date and consent form needs to be returned to me (either in person or with the enclosed envelope) by Friday August 25th, 2006.**

All focus groups will take place at the [location of the adaptive kayaking program] so please dress appropriately (it will be on the grass area or under a covered area near the park). We would like to ask you for your opinions related to the meanings of inclusion, the inclusion strategies you implement within the adventure therapy programs.

This will help us develop an understanding of the meanings of inclusion and the role of adventure therapy as an inclusion strategy. The project intends to utilize the opinions of staff, volunteers, and participants to shape the development of the programs and will also help expand the knowledge of the role of adventure therapy in inclusion.

An *Information Sheet* and *Consent Form* are attached. Please take a minute to read them over. **If you are willing to participate in the sessions, please sign the consent form and bring it to the office.**

Sincerely,

Karen Lai   Wendy Frisby
Graduate Student   Principal Investigator
(604) 224-0720   School of Human Kinetics (604) 822-3018

Appendix B4: Introductory letter (study participants – staff)

Dear [*Staff*],

This letter requests your participation in one-on-one interviews we are running through a non profit adventure therapy organization. The interview sessions takes a maximum of an hour with each one of you. Please check all of the dates and the times that will work for you and I will confirm the date of your interview. If none of the dates and times work for you, please suggest a time and date that works for you (within the month of September):

_____.

✿ **Monday September 11th, 2006**	✿ **Tuesday September 12th, 2006**
☐ 11:30 am – 1:00 pm ☐ 2:00 pm – 3:30 pm ☐ 4:00 pm – 5:30 pm	☐ 8:30 – 10:00 am ☐ 10:30 – 12:00 pm ☐ 1:00 pm – 2:30 pm ☐ 3:00 pm – 4:30 pm
✿ **Monday September 18th, 2006**	✿ **Tuesday September 19th, 2006**
☐ 11:30 am – 1:00 pm ☐ 2:00 pm – 3:30 pm ☐ 4:00 pm – 5:30 pm	☐ 8:30 – 10:00 am ☐ 10:30 – 12:00 pm ☐ 1:00 pm – 2:30 pm ☐ 3:00 pm – 4:30 pm

All interviews will take place at the [non profit outdoor adventure therapy organization] office (2240 Harbour Road in Sidney). We would like to ask you for your opinions related to the meanings of inclusion, the inclusion strategies you implement within the adventure therapy programs. **This date and consent form needs to be returned to me (either by phone or with the enclosed envelope) by Friday August 25th, 2006.**

This will help us develop an understanding of the meanings of inclusion and the role of adventure therapy as an inclusion strategy. The project intends to utilize the opinions of staff, volunteers, and participants to shape the development of the programs and will also help expand the knowledge of the role of adventure therapy in inclusion.

An *Information Sheet* and *Consent Form* are attached. Please take a minute to read them over. If you are willing to participate in the interviews, please sign the consent form and bring it to the office.

Sincerely,

Karen Lai   Wendy Frisby
Graduate Student   Principal Investigator
(604) 224-0720   School of Human Kinetics (604) 822-3018

Appendix C: Information Sheet for Clients, Volunteers & Staff

The Role of Adventure Therapy in Promoting Inclusion for People with Disabilities

INFORMATION SHEET FOR
FOCUS GROUPS, INTERVIEWS, AND PARTICIPANT OBSERVATIONS

Researchers:

Wendy Frisby, Ph.D.	Karen Lai
Principal Investigator	Graduate Student
(604) 822-3018	(604) 224-0720
School of Human Kinetics – University of British Columbia (UBC)	

What is the study for?
This research asks participants (which are youths aged 11 – 18 and adults), volunteers, and staff for their experiences and strategies of inclusion with the programs of a non profit adventure therapy organization. It is intended to help us better understand how the organization includes people with disabilities in their programs through the role of adventure therapy.

What do the participants do?
The participants will meet in groups of 4-5 members to discuss their role in the organization, determine their meanings of inclusion, explore their experiences within the programs, and discover the inclusion strategies used. Karen Lai will be also observing two adaptive kayaking trips to develop a deeper understanding of the topic.

When is it?
The group session will occur at a time convenient with the participants and will be organized through the non-profit adventure therapy organization. This information will be provided to you in the near future.

Who is running it?
Karen Lai, a graduate student is running the study.

What about privacy?
All information resulting from the focus group will be kept strictly confidential. The sessions will be audio taped and transcribed, and the tapes and transcripts will be assigned codes and kept in a locked file. Consent forms (attached) will be kept separately from the focus group materials in a sealed envelope and locked file. According to the University of British Columbia regulations, the audiotapes, the transcripts, and the consent forms will be stored for five years, and then destroyed by shredding (paper), or erasure (tapes). The computer data files will be stored for ten years and then erased. Karen Lai and Wendy Frisby will be the only people that will have access to the files.

What will the results be used for?
The results will be published in Karen's master's thesis and may be used in conference presentations and publications.

Is participation voluntary?

Participation in the study is completely voluntary and you may refuse to participate or withdraw at any time without prejudice.

Further information, questions, concerns?

If you have further questions or desire to speak further about this research, please contact the graduate student Karen Lai (karen.lai@telus.net) at 604.224-0720 or Dr. Wendy Frisby, Associate Professor/ Faculty Advisor, at 604.822-3018 (frisby@interchange.ubc.ca).

Appendix D1: Consent form for study participants (13-18)

The Role of Adventure Therapy in Promoting Inclusion
for People with Disabilities

In order for youth to participate in a focus group, 1) prior permission must be provided on this form by a parent or legal guardian, and 2) the youth must also sign this form.

1) Parental/ Legal Guardian Consent

I have read the attached *Information Sheet* and understand the nature of the study as described in the *Information Sheet*,

I have read the enclosed and have a copy of the *Information Sheet* for my own records.

I consent/ I do not consent (circle one) to allow

_____ to participate in this study.
   (please print youth's name)

2) Youth Consent

I have read the attached *Information Sheet* and understand the nature of the study as described in the *Information Sheet*,

I understand that my participation in this study is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without prejudice.

I hereby agree to the above conditions, and consent to participate in this study.

Signed: _____ Date: _____

Name (printed): _____

Appendix D2: Consent form for study participants (18 & over)

The Role of Adventure Therapy in Promoting Inclusion
for People with Disabilities

I have read the attached *Information Sheet* and understand the nature of the study as described in the *Information Sheet*,

I have a copy of the *Information Sheet* for my own records.

I understand that my participation in this study (entitled "The Role of Adventure Therapy in Promoting Inclusion for People with Disabilities") is entirely voluntary and that I may refuse to participate or withdraw from the study at any time without jeopardy to my involvement within this non profit adventure therapy organization. I have received a copy of initial contact, information sheet, and a copy of this consent form for my own records.

I consent to participate in this study and for the focus group to be audio taped.

Signed: _____   Date: _____

Name (printed): _____

Signature of Witness: _____   Date: _____

Name (printed): _____

Appendix E: Focus group questions/interview guide - clients

Thank you for attending this session – I very much appreciate it. As you know, this will assist with the completion of my masters study under the department of Human Kinetics at UBC. My study is "The Role of Adventure Therapy in Promoting Social Inclusion for People with Disabilities" as I have decided to use the participants, volunteers, and staff of [organization] as my study sample. . This study is important as I hope to improve the programs at [organization], contribute to the field of adventure therapy and the feelings about being included.

As all of you know, I am a staff person of [organization]. But today, I have my researcher hat on who wants to critically examine the adventure therapy programs, in particular, the kayaking program. Thus, please be open about your thoughts and opinions as your answers will be kept anonymous and confidential. Also, let's keep that as a ground rule too, that all thoughts shared will be kept within this group ~ is that good?

You know I am a person with a disability too and I have experienced times where I have been excluded or included. This study is getting at this very idea as it is exploring the meanings of being included, the strategies of what contributes of being included and what is so special being involved in these adventure therapy programs.

This session will be approximately 1 hour and ½ and the entire session will be taped for my note taking. Please do your best in answering the questions, and don't feel you have to answer all the questions. It is really important that every single person participates and because time is limited I may facilitate the session so that every one gets that opportunity.

Are there any other questions before we begin?

Thank you again and help yourselves to doughnuts and drinks.

---

1. How did you end up getting involved in this adaptive kayaking program?

2. Do you enjoy about the adventure therapy program? Why or why not?

3. How does being included make you feel?

4. a) Are there times when you feel included in this program?
   b) Can you give me an example?
   c) What contributes to that?
   d) How does this compare to daily life?

5. a) Are there times when you do not feel included?
   b) What contributes to this?
   c) Can you give me an example?
   d) How does this compare to daily life?

6. Are there things that staff, volunteers and your fellow participants do to make you feel included? Have you got any suggestions for me, as a staff person?

7. Is there anything you don't like about this program? Why or why not?

8. What could [organization], do to include you more? What can you do to feel more included?

Thank you for your time and opinions. These words are my data for my thesis. If there is anything you think of after the session, please don't hesitate to call me at my home, 604.224-0720. So I will be transcribing these results, putting together a thesis and I would be most happy to give you a copy. Just to close up, I have one final sheet I would love you to complete ~ a biographical sheet so I can know you a bit more.

Thank you once again.

Appendix F: Focus group questions/interview guide – staff & volunteers

Thank you for attending this session – I very much appreciate it. As you know, this will assist with the completion of my masters study under the department of Human Kinetics at UBC. My study is "The Role of Adventure Therapy in Promoting Social Inclusion for People with Disabilities" as I have decided to use the participants, volunteers, and staff of [organization] as my study sample. This study is important as I hope to improve the programs at [organization], contribute to the field of adventure therapy and social inclusion.

As all of you know, I am a staff person of [organization]. But today, I have my researcher hat on who wants to critically examine the adventure therapy programs, in particular, the kayaking program. Thus, please be open about your thoughts and opinions as your answers will be kept anonymous and confidential. Also, let's keep that as a ground rule too, that all thoughts shared will be kept within this group ~ is that good?

This study is getting at this very idea as it is exploring the meanings of being included, the strategies of what contributes of being included and what is so special being involved in these adventure therapy programs.

This session will be approximately 1 hour and ½ and the entire session will be taped for my note taking. Please do your best in answering the questions, and don't feel you have to answer all the questions. It is really important that every single person participates and because time is limited I may facilitate the session so that every one gets that opportunity.

Are there any other questions before we begin?

Thank you again and help yourselves to doughnuts and drinks.

---

1. What inspires you to work with this organization and why?

2. What role do you think adventure therapy play in the inclusion of people with disabilities?

3. a) What strategies do you use to promote the inclusion in the kayaking program? Do these strategies work better for some participants than others?
   Are you concerned about the risk/ danger element in terms of kayaking?

   b) Is there anything constraining the implementation of these strategies? Can you provide examples?

3. Do participants play a role in promoting inclusion for themselves and others in the adaptive kayaking program? What about their families or parents?

4. a) How do you think you will know when inclusion has occurred?
   b) How might this vary for the different participants involved?

c) What ideas for improvement do you have in terms of inclusion strategies and what would be required to make this happen? Do you think you have a role to play in this?

5. Do you have anything else to add about [organization]'s role in promoting inclusion?

Thank you for your time and opinions. These words are my data for my thesis. If there is anything you think of after the session, please don't hesitate to call me at my home, 604.224-0720. So I will be transcribing these results, putting together a thesis and I would be most happy to give you a copy. Just to close up, I have one final sheet I would love you to complete ~ a biographical sheet so I can know you a bit more.

Thank you once again.

Appendix G: Biographical questionnaire for clients, staff & volunteers

Study Title: The Role of Adventure Therapy in Promoting Social Inclusion for People with Disabilities

Instructions: The following questions are intended to obtain some background information about you. Answer all questions as accurately as you can. If it is unclear what is being asked, please ask for help or clarification from the researcher.

1. What role do you play within [the organization]?

   ☐ Volunteer   ☐ Staff   ☐ Client

2. Age: _____ (years)

3. Sex: Female _____ Male _____

4. How do you describe your ethnicity? _____

5. What is your education level? (Check all that are appropriate.)

Some high school	____	Some college	____
Finished high school	____	College diploma	____
Some university	____	University degree	____

   Other (please specify): _____

6. Please describe the nature of your disability (if applicable).

   _____

   _____

   _____

   _____

7. Please identify your occupation, if you are employed. (This includes part-time work):

☐ Currently employed full-time	☐ Highschool Student
☐ Currently employed part-time	☐ Elementary Student
☐ Currently unemployed	☐ Other: _____
☐ Student (university/ college)	

8. How long have you been with/ involved with [the organization]? _____

9. How did you find out about [the organization]?

   _____

   _____

Certificate of Approval

PRINCIPAL INVESTIGATOR	DEPARTMENT	NUMBER
Frisby, W.	Human Kinetics	**B06-0555**

INSTITUTION(S) WHERE RESEARCH WILL BE CARRIED OUT
UBC Campus ,

CO-INVESTIGATORS:
Lai, Karen E., Human Kinetics

SPONSORING AGENCIES

TITLE :
The Role of Adventure Therapy in Promoting Inclusion for People with Disabilities

APPROVAL DATE	TERM (YEARS)	DOCUMENTS INCLUDED IN THIS APPROVAL:
FEB 16 2007	1	July 2006, Contact letters / Consent forms / Cover letter / June 2006, Questionnaires

CERTIFICATION:

The application for ethical review of the above-named project has been reviewed and the procedures were found to be acceptable on ethical grounds for research involving human subjects.

Approved on behalf of the Behavioural Research Ethics Board
by one of the following:
Dr. Peter Suedfeld, Chair,
Dr. Jim Rupert, Associate Chair
Dr. Arminee Kazanjian, Associate Chair
Dr. M. Judith Lynam, Associate Chair

This Certificate of Approval is valid for the above term provided there is no change in the experimental procedures