

# PHYSICAL ACTIVITY AS A NORMALIZING EXPERIENCE FOR SCHOOL-AGE CHILDREN WITH PHYSICAL DISABILITIES

## Implications for Legitimation of Social Identity and Enhancement of Social Ties

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*Children with physical disabilities are frequently excluded by classmates and discouraged from participating in such typical childhood experiences as physical activity. By being restricted from this context, these children have fewer opportunities to enhance physical and social skills. The purpose of this study is to examine the socialization potential of physical activity for children with physical disabilities. In-depth, tape-recorded interviews were conducted with 21 boys and girls with physical disabilities (age 10 to 17 years) regarding perceived outcomes of their physical activity and reactions of others toward their participation. Findings indicate that physical activity is a normalizing experience for these children because it facilitates perceptions of legitimating their social identity as children and provides a setting in which social networks with peers are enhanced. Implications of physical activity as a context for socialization of children with physical disabilities as well as a setting for their identity work are discussed.*

**C**hildren with physical disabilities often experience indifferent attitudes and diminished interaction from classmates (Anderson & Clark, 1982; Brown & Gordon, 1987; Tackett, Kerr, & Helmstadter, 1990). Compared with able-bodied peers, these children are ostracized and viewed in negative ways (Cohen, Nabors, & Pierce, 1994; Hoenk & Mobily, 1987; Hundert & Houghton, 1992; Tackett et al., 1990). Such rejection and withdrawal by peers engender feelings of loneliness for children with physical disabilities. These children report fewer friends at school and limited availability of friends (Anderson & Clark, 1982). Isolation and restriction from peers may inhibit socialization for children with physical disabilities through decreased social opportunities.

This exclusion of children with physical disabilities by classmates limits their involvement in many typical childhood experiences, including active recreation and physical activity (Anderson & Clark, 1982; Brown & Gordon, 1987; Longmuir & Bar-Or, 1994). Physical activity is depicted as

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routine and expected for children (Longmuir & Bar-Or, 1994) and plays a significant role in childhood socialization and organization of leisure time (Adler & Adler, 1994; Polgar, 1976). However, isolation from peers is a critical factor in explaining why less than half of children with physical disabilities play indoor and outdoor games at school (Anderson & Clark, 1982). Moreover, physical education teachers frequently exhibit minimal interest in teaching children with physical disabilities and often hold stereotypical perceptions about their abilities (Miller, 1994; Rizzo, 1984).

Given to such social barriers, these children are usually relegated to the role of spectator rather than active participant in games (Foret, 1987; Longmuir & Bar-Or, 1994; Miller, 1994). Thus, it is not surprising that until recently, exercise and team membership were promoted primarily as therapy rather than recreation for individuals with physical disabilities (White & Duda, 1993). Being excluded from typical childhood play, children with physical disabilities may have their status as children questioned. Instead of a child with a disability being viewed as just another child, the child's disability can become the master status or salient social identity (Anderson & Clark, 1982; Becker, 1963; Tackett et al., 1990).

Along with social obstacles that restrict participation in physical activity, significant environmental barriers limit access to this context for children with physical disabilities. The physical design of sport equipment and the arrangement of playground settings often are inappropriate for these children (Anderson & Clark, 1982; Jambor & Gargiulo, 1987; Wilkinson, 1984). Furthermore, the lack of available programs and experienced personnel lessens the physical activity for children with physical disabilities (Anderson & Clark, 1982; Longmuir & Bar-Or, 1994; Wilkinson, 1984). Such shortage of suitable play opportunities results in the child being "doubly 'handicapped'" (Wilkinson, 1984, p. 9), by the physical disability and by the lack of accessible contexts.

Due to these physical and social barriers to physical activity, children with physical disabilities often experience decreased fitness levels, reduced cardiorespiratory endurance, and interpersonal isolation (Anderson & Clark, 1982; Saris, 1986; Winnick & Short, 1985). Such outcomes are especially unfortunate because physical activity can play a significant role in the lives of children with physical disabilities (Wilkinson, 1984). For example, physical activity can be an opportunity for children with physical disabilities to socialize with able-bodied children in integrated contexts (Jambor & Gargiulo, 1987; Jansma & Gayle, 1984; Wilkinson, 1984). Given their lack of available play experiences, significant amounts of forced leisure time, and resultant boredom, these children may perceive greater gains than their classmates from physical activity (Wilkinson, 1984). In general, little research exists on the socialization process of physical activity for children with physical disabilities. Most previous work on the participation of these children in physical activity has used standardized questionnaires or consisted of interviews with parents and physical educators (e.g., Longmuir &

Bar-Or, 1994; White & Duda, 1993; Wilkinson, 1984). Especially lacking in the literature are studies that incorporate the viewpoints of these children toward their physical activity.

The purpose of this exploratory research is to investigate experiences of children with physical disabilities from their perspective, focusing on the socialization potential of physical activity. In this study, physical activity is defined as games and events that require movement of the body and can be played with others or alone, in an informal or organized context. Such activities occur in physical education classes, during recess, after school, at home, or in the community. In-depth, tape-recorded interviews were conducted with school-age children with physical disabilities to examine their perceived outcomes from participation in physical activity as well as to explore their perceptions of the reactions of others to their involvement. The protocol for the research was approved by the university's human subjects committee.

## METHODOLOGY

### SAMPLING PROCEDURE

Recruitment of students with physical disabilities began with phone calls to public and private schools located within a 100-mile radius of a large, Midwestern university. In defining the parameters of physical disabilities, this study focused on physical conditions that restrict movement capabilities; students with learning or sensory disabilities were not included. School administrators were asked to help in the identification of students with physical disabilities in Grades 4 through 12. Younger students were not requested because the interview schedule was thought to be too long and complex for them.

School administrators willing to assist in the study were asked to forward a letter from the researchers to parents of students with physical disabilities. The letter explained the research purpose and protocol and contained two copies of the informed consent document along with a self-addressed, stamped envelope. A parent and child could sign and return a copy of the consent form and keep the remaining one for their records. After receiving the signed informed consent document, the researchers contacted school administrators to arrange an interview date and time. Interviews with respondents were scheduled during school hours convenient for both students and school personnel.

Most schools contacted were located in predominantly White, middle-class, rural communities with populations of less than 36,000 residents. A total of 80 schools were approached during recruitment of the sample. Most of the schools were publicly funded and reported small student enrollments. Fifty schools did not have students with physical disabilities or students who met the age requirements. Of the remaining 30 schools, 4 institutions declined to participate; students from 9 schools did not return the informed

consent documents. Ultimately, a total of 17 schools and 22 students were involved in this research. For those schools that had students with physical disabilities, it was not uncommon for only one or two individuals with physical disabilities to be enrolled. Thus, classes and school activities occurred in integrated settings. Because this study focused on physical activity, one student with cerebral palsy, who reported no prior involvement, was excluded from the final sample.

The 21 remaining respondents were children with several different types of physical disabilities. Nearly half of the sample consisted of students with cerebral palsy ( $n = 10$ ). Other disabilities of these children included muscular dystrophy ( $n = 1$ ), spina bifida ( $n = 3$ ), paraplegia ( $n = 1$ ), head injury resulting in muscular weakness on the left side of the body ( $n = 1$ ), degenerative bone disease ( $n = 1$ ), congenital motor coordination impairment ( $n = 2$ ), cerebral hypoventilation syndrome ( $n = 1$ ), and congenital muscular weakness involving the left side of the body ( $n = 1$ ). All but 2 respondents were born with disabilities. Of the 2 students with acquired disabilities, 1 became paralyzed in a shooting accident when he was 11 years old, whereas the other sustained a head injury as a result of a fall when he was 4 years old. Respondents also represented a diverse group in terms of the nature or level of disability. Six participants operated electric wheelchairs, 3 students used manual wheelchairs, 1 respondent used a motorized cart, 4 participants wore braces and used crutches, and the remaining 7 students walked without assistance. Similarly, some disabilities affected students' capabilities to move their hands or speak.

All respondents were White and the mean age was 12.7 years. The youngest student was 10 years old and the oldest was 17. This sample included 18 boys and 3 girls. Therefore, results of this research are primarily generalizable to White male students with physical disabilities in Grades 4 through 12.

## INTERVIEW PROTOCOL

The second author, who conducted the interviews, followed a pre-interview guide. This procedure informed students about the purpose of the research and how the data would be disseminated at the completion of the study. Confidentiality was explained, and pseudonyms that would be used during interviews were selected by respondents. Participants were encouraged to respond to questions according to how they thought or felt. In addition, they were advised that they could stop at anytime or could exclude any questions they did not wish to answer. This preinterview process, averaging 30 to 45 minutes, facilitated rapport between the interviewer and child.

A semistructured, in-depth interview schedule was then used to ask respondents about their physical activity and how this involvement affected their lives. They were questioned about their history of physical activity, encouragement and discouragement they received regarding participation,

the role of physical activity in their lives, and what they perceived others thought about their involvement.

Respondents usually recounted participation in several different varieties of physical activity. Involvement in basketball, baseball, and soccer were the activities most frequently mentioned. In general, these children participated in physical activity several days per week. Level of involvement varied for each student depending on the nature of their disability. For example, a 17-year-old respondent with a degenerative bone disease could participate in swimming but could not take part in activities involving physical contact. Physical activity for children with physical disabilities generally required modifications to game rules (e.g., allowing a student only to pass during a football game, having an able-bodied classmate be a designated runner in baseball), accommodations to students (e.g., using an electric rather than a manual wheelchair, removing a leg brace so a participant could run faster), or adjustments to the game environment (e.g., lowering a basketball goal, having able-bodied friends use wheelchairs to play wheelchair basketball).

To encourage children to discuss topics thoroughly, open-ended questions were asked with probing techniques used. Depending on the response, students might be asked, "How does that make you feel?" "Why do you think that?" or "Could you please give me some examples?" Interviews were tape-recorded to ensure accurate data gathering and to facilitate smooth, uninterrupted responses. Ranging from 45 to 70 minutes, interviews averaged an hour. The interviews were conducted privately in empty classrooms, libraries, teachers' lounges, principals' offices, or conference rooms. Considering both the preinterview guide and interview schedule, the time spent with each child was approximately an 1 ½ hours.

After the student left, postinterview comments were tape-recorded. Spontaneous statements by teachers, counselors, or principals regarding respondents, as well as comments about the interview environment, were included. Descriptive information applicable to the child also was noted. For example, the interviewer indicated gender and the nature of the student's disability (including a brief description of the visual indicators). Emotions exhibited by students were described; such knowledge was beneficial when data were transcribed and analyzed. For example, if a child became excited or sad while answering a question, then that emotion could be incorporated into the interview transcript. In addition, some students provided insightful comments before and after the interview; this postinterview process ensured that such information was included as well.

## DATA ANALYSIS

Tape-recorded interviews were transcribed verbatim into written text by a trained graduate student. To ensure accuracy, transcripts were then reviewed by the person who had conducted the interviews. Content analysis of the data involved notation of consistencies, patterns, and regularities in

students' responses (Bogdan & Biklen, 1992; Lofland & Lofland, 1995; Miles & Huberman, 1994). This analysis was performed independently by both researchers and by the graduate student who transcribed the interviews. Following the completion of content analysis, coding categories emerged as certain words, phrases, and attitudes were repeated (Bogdan & Biklen, 1992; Lofland & Lofland, 1995; Miles & Huberman, 1994).

The content analysis resulted in a high degree of consistency and agreement on the primary themes. These mutually agreed-on themes evolved into more specific concepts through which the data could be sorted and analyzed. Primary themes suggested that physical activity for children with physical disabilities contributes to legitimation of their social identity as children and provides them a context for strengthening social ties. These broad themes were then divided into more specific concepts, such as competence, self-enhancement, interaction opportunity, and social bonding. Although less commonly mentioned, negative experiences also were noted to provide a more inclusive analysis. Summary sheets were constructed for each concept with applicable responses from the interviews listed on their respective summary sheet.

## RESULTS

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Given that the purpose of this article is to examine the effect of physical activity on children with physical disabilities, the data analysis focused on the experiences and perceived outcomes derived from such participation. Overall, respondents viewed physical activity as positive. The negative and discouraging comments regarding their experiences primarily concerned being excluded during physical education classes, not being chosen during team selection, and having their skills made fun of by peers. These experiences, although less frequently mentioned, could detract from the positive results of physical activity for children with physical disabilities.

In general, two outcomes of physical activity for children with physical disabilities were identified. Interview comments from respondents indicated that physical activity can be viewed as a context for (a) legitimation of a social identity and (b) strengthening social ties.

### LEGITIMATION OF A SOCIAL IDENTITY

The physical activity setting provides an environment in which children with physical disabilities can engage in common and expected childhood experiences. By participating in physical activity with peers, these children were given an opportunity to acquire physical skills and enhance social capabilities. Throughout the interviews, it was apparent that these gains demonstrated to respondents that they were similar to their classmates. Two benefits of physical activity were identified by children with physical disabilities that legitimated or validated their social identity as children: perceptions of competence and feelings of self-enhancement.

*Perceptions of competence.* Due to societal stereotypes, the competence and abilities of individuals with physical disabilities are often questioned (Higgins, 1980; Miller, 1994; Snyder, 1984). One aspect of physical activity that facilitated legitimation of a social identity for children with physical disabilities was increased perceptions of competence. Such impressions acquired through participation in a common childhood activity helped these children believe they were typical children. Respondents mentioned three ways that physical activity enhanced their perceptions of competence.

One factor frequently indicated was the physical competence gained through physical activity. In particular, students felt such involvement improved their strength and muscularity. For example, respondents indicated that physical activity “makes me feel stronger” and promotes “physical fitness . . . and builds more muscle.” When asked how he would feel about his physical skills if he could not play games, a 15-year-old boy with paraplegia who participates in basketball stated, “It would probably just make me think I wouldn’t be able to do much of anything.” Moreover, a 10-year-old boy with cerebral palsy stated that he did not become involved in physical activity until a year ago because he thought he lacked the necessary physical attributes. Discussing at length how such involvement drastically altered perceptions of his physical abilities, he said,

[Physical activity is] helping me recover from my disability a little, helps fills me out a little . . . get to be like normal people. . . . I just want to recover what I can and do the best I can. . . . I do it to try to get stronger so I can do things I want to do better.

An additional element of physical competence provided by physical activity concerned enhanced perceptions of movement capabilities. Due to the physical nature of their disabilities, these children often have limited opportunities to move their bodies in a variety of ways. Physical activity thus offered a context for respondents to expand perceptions of their range of motion. Asked what he learned about himself by participating in basketball and tennis, a 13-year-old boy with cerebral palsy indicated, “I learned that I can run a lot faster and do a lot more games . . . than I thought I could.” Relatedly, a 12-year-old boy with cerebral palsy explained how he felt about his body when playing basketball with able-bodied classmates: “I feel like my body and their body are the same. They can do what I can do. I can do what they can do. Only thing is, I can’t walk like they can.”

The second factor related to perceptions of competence was that physical activity provided an opportunity for these children to exhibit physical abilities. This involvement for the vast majority of respondents was a way for them to demonstrate that they, like their classmates, possessed physical skills. When asked how they feel about playing games with able-bodied children, respondents remarked that participation “makes me feel that my abilities are pretty normal. . . . I can do pretty much everything they can do” and “I just do what I can to be like them, play the games like they do.”

A 16-year-old boy with a degenerative bone disease proudly described how horseback riding illustrated his physical prowess: "I do ride horses, and a lot of this is 'going to town' for a person in a wheelchair." Discussing their physical talent in games, other children boasted, "[If] I'm the only man open for a shot [in basketball] . . . I take it, I get it" and "My friends . . . think I can steal bases pretty good."

Respondents were very aware that other students questioned their physical competence because of their disabilities. For these children, physical activity offered an opportunity to reverse stereotypes about the physical limitations of individuals with physical disabilities. When asked how they think peers viewed their participation, respondents stated, "They ask me how I'm doing this stuff. . . I guess it just amazes them" and "When they see me playing basketball . . . they think I'm a good kid . . . just like a regular child." A 12-year-old boy with cerebral palsy remarked how he thought his friends would describe his participation in basketball:

I have some friends that . . . think I can't do nothing . . . sometimes I have to prove it [game skills] to them, that I can do it. They just don't think I can but I can. . . I show them.

Another 12-year-old boy with cerebral palsy extensively discussed what he felt were the expectations of classmates regarding his physical activity:

They don't expect me . . . to be as active as I am. . . They see me . . . playing catch . . . or [doing] something with the basketball. They're like, "how is he doing that . . . he's supposed to just sit up here doing nothing, like a lump on a log." That's not who I am. I like to be doing something.

Although physical activity provided an opportunity to display physicality, not all children felt their abilities were always viewed as adequate. While discussing his daily anxiety about going to his physical education class, a 13-year-old boy with a congenital muscular weakness said, "About every time I get embarrassed because I can't walk well. I can't run well. I can't do volleyball that well. I can't do any kind of sport well." Other respondents indicated there were classmates who would not play with them because they were "slow" and "bad at it [games]."

In addition to peers, adults such as physicians were sometimes perceived as doubting the ability of respondents to be active due to their physical disability. A 13-year-old boy, who sustained a head injury 9 years previously, discussed how surprised his doctors were that he was able to ride his bicycle and play football. With pride, he further commented, "The doctors . . . said I could never sit, stand, crawl, walk, or talk, or ride a bike, and I showed them [laughs]."

Family members also were given as examples of individuals who had originally doubted the capability of respondents to be engaged in physical activity. For example, parents were characterized by their children as being



“surprised at how mobile I am” and “happy that I can do it [play games].” By exceeding expectations about the physical abilities of children with physical disabilities, respondents felt they were able to demonstrate they were competent participants.

A third way physical activity contributed to perceptions of competence was through an increased awareness of potential. Respondents enhanced their beliefs of self-efficacy by expanding the limits of what they could accomplish. Several students described how physical activity facilitated impressions of effectiveness and mastery.

While discussing the benefits of physical activity, respondents stated, “[Physical activity] makes me feel like I really don’t have anything wrong with me”; “I can do stuff [games] just like other people can”; “Some games I can do better . . . better than I thought I could do”; and “Before I started playing . . . I didn’t know . . . that I have the capability to be that active.” Surprised at his adeptness in football, a 13-year-old boy with cerebral palsy indicated that his involvement was now a significant aspect of his daily activities. Discussing his newly developed skills and abilities, he commented,

I didn’t think I’d be able to [play football] because I didn’t think I could run fast enough or throw the ball far enough . . . and then I found out I could . . . and I usually play football almost every night.

Rather than promoting proficiency, participation in physical activity could be disheartening. A 10-year-old girl with cerebral palsy related her feelings at not being able to perform as well as her classmates: “Sometimes I get frustrated cause if I can’t kick that ball far enough or if I hit the . . . ball, when I play baseball, somebody might catch it real fast.”

For most respondents, an increased awareness of potential acquired through participation in various types of physical activity enhanced beliefs about fulfilling a greater range of life possibilities. Describing what he has learned about himself through playing basketball and baseball, a 10-year-old boy with cerebral palsy stated, “I learned that I was better than I thought I was, a whole lot better than I thought I was, learned I could do more than I thought I could.” Furthermore, several children discussed how physical activity promoted the realization that they actually could achieve their potential. These perceptions of self-actualization are represented by the following comments of a 16-year-old boy with degenerative bone disease who swims and rides horses:

[Through physical activity], I’ve learned to adapt to a lot of things. I’ve learned that I am an adaptable person, that anything I have to do, I can get done. I’ve learned to use available resources to my advantage.

*Feelings of self-enhancement.* A second component of physical activity that contributed to legitimation of a social identity for children with

physical disabilities was increased feelings of self-enhancement or self-worth. Such positive emotions supported beliefs of respondents that their disabilities did not prevent them from engaging in typical activities for children. The vast majority of students indicated that physical activity greatly improved their self-confidence and view of self.

Throughout the interviews, it was apparent that students felt an increased sense of pride and satisfaction because of their physical activity. Describing their feelings when they discovered they could play a game they did not think was within their range of physical capabilities, respondents indicated, "[I was] amazed more than anything else, I was just shocked, 'Yes, I can do this!'", "[Physical activity] made me feel great . . . when I found out I could do it, it made me feel good"; and "Mentally, it's an ego trip for me to think yes, I can do this [play games]!" An 11-year-old boy with a motor coordination impairment animatedly discussed how his newly discovered ability to roller blade changed his image of himself. He exclaimed, "I can roller blade! . . . I didn't think I could! . . . I could be proud of myself!" Another student, a 12-year-old boy with cerebral palsy, recalled his feelings the first time he played basketball:

I was very surprised when my dad and I started playing basketball cause I never thought I could really do that. . . . It made me feel very good to know that I actually could play a sport. And, as you know, that is a very good feeling to know that you can actually play a sport.

In addition, numerous students described the emotional benefits of physical activity: "It's good for your self-esteem"; "I'll get all excited and start jumping up and down . . . 'cause I know that I've done something really good"; and "Being on the team . . . makes you feel a little bit older and have a little more point to your life." Explaining how physical activity influenced how he felt about himself, a 10-year-old boy with cerebral palsy remarked, "Since I can play sports and games . . . it makes me feel better than what I used to when I couldn't do sports. . . . It makes me feel better that I came that far." Although most children mentioned improved self-esteem through participation in physical activity, some respondents discussed negative feelings about themselves derived from their involvement. Describing how she sometimes perceived her abilities while participating in physical activity with nondisabled classmates, a 12-year-old girl with spina bifida commented, "I put myself down, why I can't do as good as they [can]. . . . I feel like I've let myself down."

Feelings of self-enhancement also were increased when respondents received affirmation of their physical abilities from others. These students especially felt positive about themselves when friends and family members encouraged them to participate in games with their classmates. For example, a 12-year-old girl with spina bifida who plays soccer commented on how support from others made her feel: "happy . . . 'cause they know I can be active instead of sitting around. . . . I think that they're going to just cheer

and just tell me I did real good.” Similarly, a 12-year-old boy with cerebral palsy discussed his feelings when people encouraged him to participate in basketball and baseball: “[Encouragement] makes me feel good because it makes me know that they don’t just classify me in the handicapped category . . . and that to me is a good thing.”

Many children remarked that they perceived physical activity as a possible means of attaining admiration from others. The self-perceptions of these students were enhanced when responses from others confirmed they were capable of playing games. For example, a 12-year-old boy with cerebral palsy excitedly described how respect from teammates affected his feelings of self-worth while playing basketball, “I feel like I’m the greatest; I’m the best, I’m the best there ever was. . . . People look up to me.”

In summary, physical activity increased perceptions of competence and feelings of self-enhancement for children with physical disabilities. Given the physical nature of their disabilities, these children indicated that being physically active was especially significant to them. By engaging in common childhood activities, respondents were provided an opportunity to demonstrate that they were not simply children with physical disabilities. Legitimizing their social identity as children facilitated their feelings of being “normal” or typical children. Such perception of normalization entailed the redefinition of an attribute from atypical to typical. This process lessened the salience of the stigmatized master status and refocused attention on other aspects of their identity (Becker, 1963; Davis, 1961; Elliott, Ziegler, Altman, & Scott, 1990; Phillips, 1985).

## STRENGTHENING SOCIAL TIES

The second major outcome of physical activity expressed by children with physical disabilities was increased social integration. This involvement furnished respondents an opportunity to form new relationships as well as a context for spending time with their friends. Such interpersonal benefits of physical activity provided a normalizing experience for these children because they were interacting with peers as typical children and not simply as children with physical disabilities. Respondents identified two aspects of physical activity that strengthened social ties: interaction opportunity and social bonding.

*Interaction opportunity.* As previously noted, children with physical disabilities are frequently devalued and excluded by their classmates (Anderson & Clark, 1982; Hundert & Houghton, 1992; Tackett et al., 1990). Through physical activity, respondents were exposed to a social setting with increased chances to socialize with peers. Inclusion in physical activity and the accompanying expansion of social networks provided evidence to these children that they were just typical children. Students indicated two ways their involvement facilitated opportunities to interact with classmates.

One aspect of physical activity discussed by an overwhelming number of respondents was how participation increased their access to other classmates. When these children were not encouraged to play and were allowed only to observe, they felt excluded from peers. Such experiences of separation from others were described at length by nearly all students. For example, a 16-year-old boy with degenerative bone disease sadly remarked on his feelings of isolation while sitting in his wheelchair watching classmates in his physical education class:

So many days of just sitting there staring at people. . . . I felt different like there was something wrong with me. . . . I enjoyed . . . imagining that I was out there able to do it [physical activity] with them. The few things that I could do with them, I did enjoy.

Being able to participate in a physical activity setting was perceived by most children as creating a context in which other classmates would be accessible for typical childhood interaction. Some respondents, however, experienced exclusion from their peers during physical activity, especially during team selection and physical education classes. These children remarked that “[classmates] try and shove me off the court, tell me not to play”; “they just don’t want me on their team”; and “there’s a couple of people that won’t play with me.” Explaining how selection for a basketball team often depends on his friendships, a 10-year-old boy with cerebral palsy stated,

They like me but they know I’m not as good. But my real friends will take me anyway because I can shoot pretty good; I just can’t get the ball. And if I’m trying to get in a game without a friend, it’s kind of hard.

Participants discussed how physical activity was one avenue for them and peers to become acquainted as equivalent interactants. By being included with classmates in physical activity, these children with physical disabilities indicated that they “get to spend time with other kids,” “get to know people,” and “get to be with other kids and have fun with other kids.” Describing how playing games with peers made him feel like an ordinary student, a 13-year-old boy with cerebral palsy commented, “[Playing games] makes me feel good ’cause I get to be with everybody, get to talk to everybody and talk about how our day was in school while we play.”

A second way physical activity promoted interaction opportunities for children with physical disabilities was through increased sociability. By participating with peers in physical activity, these students enhanced development of their social abilities and broadened their social networks. Several respondents remarked that physical activity facilitated communication skills and cooperation with classmates. For example, a 16-year-old boy with

degenerative bone disease indicated that through participating in swimming and baseball,

I learned that I do have the ability to talk to people. . . . It has to be just the right situation . . . one where everyone has a positive attitude about what they're doing, and sports, that does seem to be a prerequisite.

Another student, a 15-year-old boy with cerebral palsy, indicated that through involvement in baseball, he learned to cooperate with classmates. Asked what he enjoyed about physical activity in general, he replied, "just getting along with other students . . . do something different with them. . . . I can get along with the kids more."

Related to enhanced sociability was the belief of these children that engaging in physical activity expanded their social alliances. The vast majority of students described how this involvement facilitated new friendships. Commenting about the benefits of physical activity, a 15-year-old boy with paraplegia said, "You probably get to make more friends, get to know people more . . . 'cause you're out more, you're going to be meeting more people." Similarly, a 15-year-old boy with cerebral palsy discussed how involvement in baseball introduced him to classmates he might not otherwise encounter: "[Playing baseball] makes me feel like I don't have to sit on the bench and watch them play. . . . It gives me more friends."

Many respondents also remarked that physical activity promoted their inclusion in a social context. By providing a social environment in which these children can interact with peers, physical activity facilitated their beliefs that they were similar to other students. For example, a 16-year-old boy with degenerative bone disease indicated that participation in swimming and baseball made him more acceptable to his classmates. Discussing his experiences in physical activity, he confidently remarked, "Socially, it's a good thing; people like people who are like themselves. It [physical activity] is an activity where I can make friends." For a 12-year-old girl with spina bifida, physical activity provided an opportunity to socialize with boys at her school. She commented, "I like to have other people play with me; [by playing games], I could goof around and stuff with boys."

*Social bonding.* A second way physical activity strengthened social ties for children with physical disabilities was through social bonding with their friends. Such interpersonal attachments provided normalizing associations for these students because they believed they were included socially as typical children. Respondents discussed how being physically active with their friends facilitated shared experiences and closer relationships.

When asked what they preferred doing with their friends, the vast majority of students mentioned some aspect of physical activity. Playing games provided an opportunity to engage in a mutual activity with friends that in turn enhanced feelings of being bonded. Describing why they enjoy

physical activity, respondents stated, "My friends like to do that [games], so I play too"; "It's fun, something to do . . . to be with my friends"; and "I like being with my friends playing a game, and that way we can be together after school and talk."

Further illustrating how physical activity can create shared experiences, a 16-year-old boy with degenerative bone disease stated, "The physical fitness to me, a lot of times, is secondary to the fact that you're able to get out there with your friends and do something you all enjoy." For some respondents, physical activity was an unexpected mutual experience with friends. As an example, a 12-year-old boy with cerebral palsy, who had head and upper-body restraints attached to his wheelchair, discussed how proud he was at being able to play games with his friends: "Playing basketball is something that I can do with my friends that I never thought I could do [with them], but I can, I can!"

Along with being a shared experience with friends, physical activity provided an opportunity for children with physical disabilities to become closer to their friends. Such enhanced friendships demonstrated to these students that they could form attachments like other children. Respondents indicated that physical activity promoted solidarity between friends, or as one student remarked, "Sport builds camaraderie." Describing experiences with his friends while playing games, a 10-year-old boy with cerebral palsy stated, "I like being with my friends, and we talk, and tease each other and joke around, and all that kind of stuff."

Some respondents purposely chose to engage in physical activity to enhance relationships with certain individuals. For example, a 16-year-old boy with degenerative bone disease discussed how he was the "black sheep" of an athletic family and was participating in games as "a conscious effort to try to blend in" and maintain closeness with a family member. Expressing a desire to sustain a warm friendship with his younger brother, this respondent commented,

My little brother has started getting older and more into sports. . . . I had to come up with a way to spend time with him and this [playing games] seemed something that we could both do.

In summary, physical activity for children with physical disabilities increased their interaction opportunities with peers and enhanced social bonding with friends. Although these students spent time with other children playing computer games, watching movies at home, and playing board games, social outlets and opportunities to connect with friends were limited. As a result of their inclusion with peers in the social context of physical activity, respondents believed that they were closer and similar to other children. Such normalizing interactions for children with physical disabilities facilitated their perceptions that they were socially competent and valued as children.

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## SOCIALIZATION THROUGH PHYSICAL ACTIVITY

Findings from this research suggest that significant socialization occurs within the physical activity setting for children with physical disabilities. Normalizing experiences from participation in physical activity for these children largely result from spontaneous play with peers rather than physical education courses or sport programs. Compared with organized sport activities, informal and unstructured play in peer groups generally is more flexible and has fewer rules (Adler & Adler, 1994; Eitzen & Sage, 1993; Mantel & Vander Velden, 1974; Polgar, 1976). During spontaneous play with classmates and friends, the rules and environment are made adaptable to accommodate students' physical disabilities. In this type of child-directed physical activity involvement, children learn such skills as cooperation, goal setting, sociability, and forming alliances (Adler & Adler, 1994; Brower, 1978; Coakley, 1994).

Although physical activity overwhelmingly is described by respondents as normalizing, it should be emphasized that these beneficial outcomes coexist with disempowering experiences. For example, negative comments from these children with physical disabilities primarily concern their being excluded from participation during recess and physical education classes. These children believe they can physically perform in such contexts but feel prevented from being involved because teachers would not alter sport guidelines or physical activity settings. Furthermore, physical activities involving competitive team selection may be more disempowering for respondents than participation in solo activities, in which assessment of physical skill is based on self-perception rather than on the evaluation of others.

Differential outcomes of physical activity and sport involvement occur because of variations in the social context (Adler & Adler, 1994; Eitzen & Sage, 1993; Kunesh, Hasbrook, & Lewthwaite, 1992; Polgar, 1976). These children with physical disabilities lack opportunities to engage in organized and competitive sport programs. Even though respondents greatly benefit from their involvement in spontaneous play, they are hindered in developing qualities associated with adult-structured and supervised activities. For example, organized physical activity at the recreational level (e.g., YMCA, community centers) facilitates understanding of such social processes as establishment of impartiality, formalization of rules, and acquiescence to adult authority (Adler & Adler, 1994).

In addition, exclusion from more competitive and elite sport contexts impairs development of the "corporate other" or embracement of corporate work norms and values (Adler & Adler, 1994, p. 324; Berlage, 1982a, 1982b; Sage, 1978). By participating in structured sport, children learn to value such qualities as teamwork, role specialization, self-sacrifice, and professionalism (Adler & Adler, 1994; Berlage, 1982a, 1982b; Dubois, 1986;

Mantel & Vander Velden, 1974; Sage, 1978). Because respondents do not participate in organized and elite sport settings (e.g., school teams or Little League), they may be impeded in mastering skills and values necessary for advancement in the business world (Adler & Adler, 1994; Berlage, 1982a, 1982b; Sage, 1978). At the same time, development of the corporate other may perpetuate structural inequalities, constrain creativity, and promote intolerance of differential skill levels (Adler & Adler, 1994). However, restricted exposure to an organized and competitive sport context can prevent children with physical disabilities from acquiring the positive professional skills and personal benefits associated with the development of the corporate other.

## NORMALIZATION THROUGH PHYSICAL ACTIVITY

By participating in physical activity, these children with physical disabilities believe they are more similar to peers than they previously thought possible. Interview responses indicate that the physical and social nature of their disability limits opportunities to fulfill role requirements of a child. Physical activity is a means for them to legitimate their social identity as children and to enhance typical childhood interaction.

Although interviews focused on perceptions of children with physical disabilities, respondents provided evidence that classmates and friends also think they possess legitimacy as children because of their physical activity. To establish a claim of legitimacy, these children must be viewed as competent, predictable, consistent, and benign (Elliott et al., 1990). For example, by being included with peers in physical activity, children with physical disabilities are able to demonstrate competence or sufficient athletic skills. To acquire predictability as children, respondents engage in physical activity that is a common experience expected during childhood. By being involved in physical activity over time, these children become identified by peers as consistent participants. Last, through their physical activity, respondents are benign to the extent they contribute to social interactions and group solidarity (Elliott et al., 1990).

Because children with physical disabilities often have restricted opportunities to engage in typical play with other children, physical activity serves as a salient normalizing experience. During participation in physical activity, these children believe their interactions with peers are based on attributes other than their disabilities (Davis, 1961). Normalization for respondents is achieved by redefining their physical and social abilities (Phillips, 1985). Physical activity provides an occasion to increase perceptions of competence, feelings of self-enhancement, interaction opportunities with peers, and social bonding with friends. Such participation represents a socially valued childhood activity and may transcend the significance of a physical disability by accentuating other components of a child's identity (Pfuhl & Henry, 1993; Warren, 1980). Future analysis of physical activity for



children with physical disabilities may be extended by observing their interactions and negotiations with peers in this context.

## IDENTITY WORK THROUGH PHYSICAL ACTIVITY

To enhance normalization, these children with physical disabilities engage in "identity work" through their participation in physical activity. Identity work commonly refers to strategies individuals use to construct, maintain, or transform identities that are consistent with their self-definitions (Sandstrom, 1990; Snow & Anderson, 1987; Tewksbury, 1994). Because the vast majority of research on identity work has focused on techniques used by adults, the lived experiences of children and their processes of identity work have been neglected. For these children with physical disabilities, strategies of identity work consist of legitimating a social identity and strengthening social ties.

In contrast to individuals who construct, maintain, or transform a social identity, respondents attempt to legitimate or validate their ascribed status as a child. Such identity work involves claiming an established identity that naturally should be conferred. Although other children are not required to initiate a personal effort to be viewed as a typical child, children with physical disabilities must work to achieve and occupy this social identity. By striving to attain an ascribed status or position, these children are practicing a unique form of identity work. Through applying identity work to an ascribed status, this research extends the use of the concept, which has previously focused on achieved statuses. Moreover, examining legitimation of a social identity as another technique of identity work constitutes a conceptual broadening.

The respondents' second strategy of identity work, strengthening social ties, is accomplished by their being included with able-bodied children in a typical childhood experience. Through their inclusion in physical activity, children with physical disabilities feel accepted by other children, holders of their desired social identity. Respondents attempt to emphasize commonalities and shared interests through their association with peers. During their physical activity, children with physical disabilities engage in identity work by increasing and enhancing social interactions with classmates. Identity work is thus performed through social affiliation with able-bodied children.

Strengthening social ties with peers affirms the beliefs of these children with physical disabilities that they are similar to other children. Such identity work facilitates congruence between self-perception and social identity. Performance of identity work in a physical activity or sport environment, even among adults, has not been previously discussed. By engaging in physical activity, children with physical disabilities choose a context for identity work that enhances interaction opportunities and social abilities as well as involves a valued and expected childhood experience. Because most respondents are the only students enrolled in their school with a

physical disability, identity work is an individual process that lacks subcultural guidance and support. Different strategies of identity work for children with physical disabilities might be employed in large, urban schools or in integrated educational environments in which they represent a sizable group.

## CONCLUSION

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Interview responses indicate that physical activity is a significant normalizing experience for children with physical disabilities. Believing physical activity legitimates their social identity as children and strengthens social ties, respondents perceive they are similar to other children. Being physically active is enabling for respondents because it increases perceptions of improving life situations and strengthens feelings of having greater control over life events. Although socialization for children with physical disabilities is enhanced through their physical activity, these gains predominantly occur at the personal or small-group level. When discussing their participation, respondents seldom question the discriminatory treatment of individuals who do not demonstrate physical ability in the typical (i.e., stereotypical) ways. Furthermore, these children exhibit little understanding of the full implications that the societal value placed on physical ability has for their lives.

For participation in games and events to be advantageous on a broader or societal level, children with physical disabilities collectively need to acquire access to more competitive and elite sport contexts. Although the Paralympic Games have promoted attention to the value and abilities of athletes with disabilities, these events only occur every 4 years, are not integrated, and are limited in participation to a few elite athletes. For children with physical disabilities to internalize the beneficial aspects of the corporate other, they need increased community opportunities to participate in integrated competitive and elite athletic events. Such involvement may enhance their knowledge of organizational norms and values that facilitate professional advancement and societal integration.

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