

“Here we are together, at home you are alone” – social interactions and personal engagement during a group-based rehabilitation program for young adults with disability

Purpose: Young adults with disabilities often report feeling alone in their experience of disability. Group-based rehabilitation programs provide opportunities to participate in learning processes and share experiences of living with a disability. The aim of this study was to explore and interpret social interactions and personal processes of engagement and development of young adults with disabilities during a rehabilitation program.

Methods: Fifty-four young adults attending a group-based rehabilitation program at Beitostølen Healthsports Center (BHC) participated in the study. A grounded theory methodology employing ethnographic data enabled an in-depth exploration of the social processes occurring during the rehabilitation stay.

Results: The social environment was important to personal processes during the stay. Fundamental to the social processes was a culture defined by opportunities, competence, and involvement of the young adults that promoted feelings of safety and the freedom to challenge themselves. Being with peers with disabilities enabled a sense of community underpinned by a shared understanding. Peers fostered motivation to actively engage in the participation processes, built courage and promoted self-reflection.

Conclusion: This article contributes to the understanding of the dynamic interactions between social contextual structures and interrelations, and personal processes of engagement and developmental experiences during a group-based rehabilitation program.

Keywords: adapted physical activity; community; disability; group processes; participation; personal development; rehabilitation; young adults

Introduction

Adolescence is a challenging time for youth in general and in particular for youth living with disabilities, who experience a greater risk of participation restrictions than their non-disabled peers and participate less in both organized activities and informal social settings [1, 2, 3]. For adolescents with disabilities participating in activities and interacting socially with peers, both with and without disabilities, is beneficial to developing self-awareness, an understanding of social roles and relationships, and the skills necessary to navigate social situations [2, 4, 5, 6]. Being commonly the only person with a disability in their social circle youth often feel alone with this experience. This limits their opportunities for discussing their experiences of participation restrictions and their feelings and fears related to their evolving sense of self with others sharing the experience of disability [2, 4, 7, 8, 9].

Rehabilitation programs for youth with disabilities that target everyday participation outcomes are important catalysts in influencing an individual's relationship with their social environment [1, 5, 10, 11, 12]. By providing a range of participation opportunities and employing a wide variety of strategies tailored to an individual's needs, rehabilitation programs aim to promote physical functioning, activity competencies, self-understanding, and self-advocacy skills [5, 6, 13, 14]. Research examining specialized group-based programs, such as rehabilitation programs, summer camps and recreational activities, highlights that youth with disabilities experience these programs as having a unique social context [15, 16, 17, 18, 19, 20]. The sense of community emerging from such programs is underpinned by a culture of acceptance and understanding of disability, creating a safe space to confront challenges and practice skills, increasing participant's awareness of self, and promoting a sense of belonging and relatedness [1, 16, 19, 20, 21, 22]. Engaging in group-based activities

with peers with disabilities is motivating for youth, enabling the discovery of new possibilities [7, 22, 23, 24].

All participation occurs as a dynamic and process-driven social system between an individual and their context. The social environment enables participation through the availability of opportunities, resources, and support structures, while an individual influences participation processes through their choices, willingness to collaborate with others, sense of safety, and level of engagement [1, 6, 13, 14, 25]. Personal development emerges as a product of the continuous and dynamic interactions between an individual's internal processes, including self-understanding, self-regulation, and mobilization of capacities and their contextualized participation experiences [6, 13, 14]. While there is a growing understanding of the importance of the social context of rehabilitation programs in promoting personal development of participants [15, 16, 22, 26], there is a further need to understand the role that social systems play in influencing the interactions between an individual's internal processes of engagement and development [6, 13, 14, 27, 28]. Therefore, the aim of the present study was to describe, and interpret the social system of a rehabilitation community emerging from a group-based rehabilitation program for young adults with disabilities. This included exploring the dynamic transactions between socio-cultural structures of the rehabilitation program, interactional relationships within the community, and the young adults' processes of engagement, and experiences of learning and growth.

Methods

Design

This study employed an explorative qualitative ethnographic approach to studying a group-based rehabilitation program for young adults with disabilities at Beitostølen Healthsports Center (BHC). Data were sourced via ethnographic data collection methods, providing in-depth descriptions of personal actions and experiences, social interactions, and the wider cultural aspects of the program context. Constructivist grounded theory research seeks to explore and produce knowledge about the connections between personal experiences, the social processes of actions and practice, as well as the influence of cultural structures, in an attempt to get to the core of the studied life [29, 30, 31, 32, 33, 34]. Given the aim of the study, constructivist grounded theory was deemed an appropriate analytical approach.

Researcher characteristics and reflexivity

The first author (MM) undertook all ethnographic data collection. MM is a trained ethnographer and an adapted physical activity (APA) instructor [35] and at the time of data collection had three years of experience working at BHC. During data collection MM adopted the role of researcher and trusted confidant for the young adults, with her previous APA instructor experience enabling her acceptance within the groups [36, 37]. While research within one's own culture can be challenging in terms of limiting the new role of researcher and being blinded by previous assumptions and tacit knowledge, engaging in the rehabilitation community from the position of a researcher provided a new perspective [29, 36, 38]. Daily contact with the participants across four rehabilitation groups afforded opportunities for revisiting topics and confirmation of emerging themes, enabling deeper

insight into the perspectives of the participants [32, 33, 34]. The ongoing dialogue between the research team and the first author's maintenance of a research log detailing personal views supported critical evaluation and reflection on the impact of previous experience and professional background on the research process [29, 32, 38].

Context: Description of the intervention

BHC in Norway provides a group-based rehabilitation program underpinned by the principles of APA for people living with disabilities [39, 40], adopting a “*holistic approach to disability, seeking to enhance lifelong activity and participation in local environments*” [41,p.199]. The program focuses on developing physical skills in both new and known physical activities through experiential learning processes tailored to the preferences and needs of each individual [26, 35, 41, 42].

The group context is an important component of the model of service at BHC and is valued for the opportunities it provides for peer-to-peer learning and the exchange of experiences [15, 26]. Participants have a range of medical diagnoses and are allocated to a group based on their age (children: 5-17 years, young adults: 18-30 years, and adults: 30+ years), participating in a residential stay lasting 3-4 weeks. A core team leads each group at BHC for the duration of their stay, comprising a physiotherapist, an APA instructor, and an activity assistant.

The young adults' program at BHC includes a residential stay with an intensive schedule comprising of 2-5 hours of physical activity per day over six days a week for between 19 and 26 days. The daily and weekly program of each group is developed in collaboration with group members and is tailored according to members' personal goals and

preferences. The daily activity schedule includes season-based outdoor activities (i.e. bicycling, kayaking, horse-riding or skiing), indoor activities (i.e., wall climbing, ball games, wheelchair skill practice, strength and cardio training, swimming pool-based activities, and physical therapy), and diverse leisure activities (i.e., making camp fires, game nights, and handcrafts). In addition to the activity schedule, time is allocated for educational workshops and group discussions.

Sampling strategy

All young adults attending the group program at BHC in the period from September 2014 to June 2015 were invited to participate in the study. Groups are typically composed of 16 young adults, aged 18 to 30 years, attending a residential stay of between 19 and 26 days. Sampling of young adults from these groups occurred purposively during the initial phase of the data collection [43]. Progressive data collection enhanced conceptual understanding, with theoretically sampling and data collection ultimately focusing on refining the emerging theory and exploring gaps within the data, including seeking data that provided greater insight into negative cases and experiences [29, 43]. Following data ascertainment from four groups and 72 days of data collection, data collection ceased, as theoretical saturation was deemed to have been achieved [29]. Participants in this study attended one of three diagnostically heterogeneous groups and one diagnostically defined group.

Ethical considerations

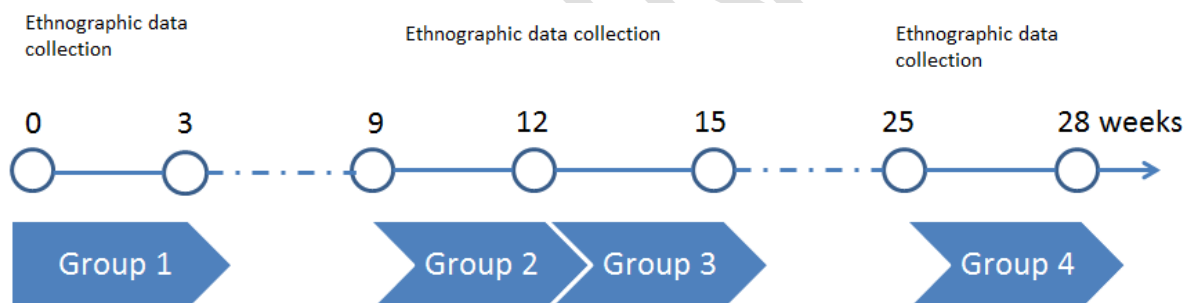
The Regional Committee for Medical Research Ethics in Norway confirmed that the study fell outside the Health Research Act, and thus did not require approval (REC-South East-B

NO.:2014/2055). The Norwegian Center for Research Data approved the study (NSD NO.:48117).

Data collection

The first author (MM) spent a total of 14 weeks, over three separate time periods (figure 1), undertaking all of the data collection, allowing for initial analysis of the data collected and reflection on data sources, sampling, and saturation.

Figure 1: Timeline of data collection in weeks



Data collection triangulated three primary sources [33]: 1) Participants' personal goals established at the beginning of their stay in partnership with a member of staff, and a structured group conversation led by a member of the core team; 2) participant observations within the field; and 3) informal conversations in the field with participants, including group members, parents and support workers. These sources, along with the research log and memo writing, enabled an iterative approach to validating emerging theory and its properties as they arose during data collection and analysis [29]. Data collection occurred organically following

the lead of the participants, limiting potential interference from the presence of the researcher [32].

Personal intervention goals and initial staff-guided group conversations

Upon arrival, the young adults' personal goals for their stay at BHC were formulated during an interview between the individual young adult, a member of the core team, and a medical doctor. Following their individual interviews, participants attended an initial staff led group conversation about the young adults' expectations for their stays. The young adults' individual goals and field notes taken during initial structured group conversations informed descriptions of rehabilitation priorities and participants' expectations of their stay, providing a foundation for exploring the socio-cultural structures at BHC, the peer group community and the participants' personal processes of engagement, self-understanding, and development.

Participant field observations

Observations of the young adults in the study occurred during the hours of their typical day, from 8AM to 10PM, in a range of settings at BHC, including structured group-based and individual intervention activities, educational lessons, periods of informal activities and conversations, and during mealtimes. Detailed field notes were made immediately following each observation period, detailing a record of the events and conversations, along with the researchers' reflections [32, 44]. The parallel writing of memos, recording of preliminary thoughts and ideas relating to the data, and emerging categories allowed for exploration and reflectivity during data collection and the analysis process [29].

Informal conversations

In-field conversations [29, 32] were conducted spontaneously within the rehabilitation setting and took the form of informal conversations with one or more participants during activities or breaks in the activity schedule. Topics discussed related to participants' experiences of specific situations and activities, and as the study progressed, were guided by emergent themes. These conversations provided descriptions of the participants' experiences of their stay, including their experiences of engaging in activities and emerging sense of belonging. For example, positive experiences included the formation of friendships, while negative experiences included participants feeling excluded from the group. Written summaries of conversations were made immediately following each conversation and supplemented with field notes, generating a chronologically-ordered data record.

Participant characteristics

In total, 54 of 55 invited young adults consented to participate in the study with parents providing co-consent when participants were younger than 18 years and/or were diagnosed with an intellectual disability. Participant characteristics are presented in Table 1. All of the young adults had a disability impacting their physical functioning, with diagnoses including cerebral palsy, intellectual disability (mild or moderate), Down syndrome, stroke, cerebral hemorrhage, spina bifida, and spinal cord injury (see table 1). About one-third (n=21) of the young adults were accompanied by either their parent(s) or personal support worker(s) during their stay at BHC, whose function was to enable activities of daily living (ADL), communication, social participation, or guardianship in the case where participants were

younger than 18 years. Parents and support workers accompanying a young adult at BHC were verbally informed of the present study, and while their presence at times affected the dynamics of the young adult groups, they were not the focus of the present study, which adopted the perspective of the young adults. Staff consented to participate in the study, providing insight into the culture at BHC and outlining the strategies they employed in promoting activity participation and in regulating the dynamics of the groups.

INSERT TABLE 1 HERE

Data processing and analysis

Data analysis and collection occurred in parallel, enabling an iterative approach of constant comparison between data, emerging codes, and analysis [29, 30]. NVivo 11 qualitative data analysis software [45] assisted in the handling of field notes, informal conversations, personal goals, memos and research logs.

Descriptive and coding analysis of observation data, comprising field notes and written summaries of conversational interviews, occurred away from the field. This involved elaborating and refining descriptions of fieldwork experiences and reflecting on the emotional responses and patterns of behaviors of the participants. Daily contact with the participants during the initial phase of the analysis enabled checking and confirmation of emerging meanings, with categories and their properties adjusted accordingly [32, 33, 34].

An inductive approach, involving multiple readings of all sources of data and memos, allowed meanings to emerge from the data [29]. Initial coding of all data sources followed an

open coding model, attending to comparisons between individual participants, groups, and incidents and exploring emerging categories and their properties [29, 30]. Initial coding triangulated field notes, transcriptions of conversational interviews, and participants' goals for their stay, identifying additional subcategories and triangulating data sources [32, 33, 46]. Particular attention was given to negative and deviant cases, enabling revision, broadening, and confirmation of emerging patterns [29]. Focused coding examined, compared, and tested preliminary codes with larger batches of data, checking preconceptions of emerging topics, and guiding the construction of categories [29]. The first author initially coded all data, which was subsequently reviewed and checked by other members of the research team.

In the later stages of the ethnographic field-work, emerging theory guided data collection, systematically developing and refining the properties of categories and revealing discrepancies that required clarification [29, 30]. In line with the tradition of constructivist grounded theory, a core theory emerged, unifying categories, and enabling an understanding of how participants constructed meaning from their relationships and interactions in the context of a rehabilitation intervention [29].

Memos

Throughout data collection and analysis, memos captured the first author's thoughts on the emerging synthesis of data and provided a written record of theory development. Memos recorded the exploration of categories and documented comparisons between data, emerging codes, and categories. This allowed reflexive engagement to occur iteratively during data collection and analysis [29, 30]. Maintaining a record of the integration and relationships

between higher- and lower-level categories helped to define the links between categories, capturing participants' meaning and actions [29].

Trustworthiness

Several procedures were employed to ensure the trustworthiness of the methods. The credibility of the data interpretations was strengthened by prolonged engagement in the field, persistent observations, and triangulation of data sources, as well as through dialogue about emerging themes within the research group [46, 47]. The continuous informal conversations with the young adults enabled checking of initial interpretations and analysis, while the inclusion of several groups in the study allowed for crosschecking interpretations from one group to the other. Sampling strategies and detailed descriptions of the participants enhanced understanding of the potential transferability of findings [43, 46, 47]. Documentation of the researcher's reflections in both memos and a research log established an audit trail of the research methods, strengthening the dependability of the findings [43]. Triangulated data collection across four groups of young adults documenting reflections and discussion on methods and analysis within the research team enhanced the confirmability of the study [43, 47].

Results

Comparing data across four young adult groups at BHC revealed patterns demonstrating intertwined and evolving transactional relations occurring across three levels: Level 1) the socio-cultural contextual level, formed by social structures of the rehabilitation culture at BHC and the young adults' expectations and goals for their stay; Level 2) the social

interactional level, in the form of activity participation, peer interactions, and collaboration with staff; and Level 3) personal processes related to engagement in activities and social relations, self-reflection, and personal growth.

The social structures of the rehabilitation context (Level 1) were shaped by the intersection between the culture of BHC as an APA rehabilitation setting and the young adults' expectations and goals for their rehabilitation stay. Fundamentally, this provided the common ground for the dynamics within the social community, and guided the young adults' engagement with the program opportunities and resources.

The second level (Level 2) was characterized by the formation and transformation of the group community and program opportunities during the young adults' stay at BHC. The young adults, staff and those providing support (parents and support workers) actively participated in shaping the social program context through engaging in various roles, relations, and the opportunities afforded by the program at BHC. While similarities emerged across the four groups involved in this study, each group was subtly different, reflecting the relationships between those involved.

On a personal level (Level 3), engaging socially with peers and staff and participating in the activities at BHC led to opportunities for self-reflection. Ultimately, these personal processes had the potential to lead to personal experiences of growth for the young adults, including developing skills, mastering physical activities, and gaining a new perspective on themselves and their future participation opportunities.

Socio-cultural structures of the rehabilitation community - the relationship between the program opportunities and resources, and personal expectations and goals (Level 1)

Young adults set between one and four goals for their stay, most commonly identifying two or three goals, with the 54 participants collectively setting 138 goals. Goals spanned four main areas: 1) learning skills and activities, 2) working on physical functioning, 3) social participation, and 4) improving autonomy and motivation (Table 2). Relating directly to BHC's focus on physical activity and physical rehabilitation, the first two themes represented 102 (74%) of 138 the goals. The additional two themes, representing 36 (26%) of all the goals, captured young adults' perception of the rehabilitation stay as an opportunity for interacting and learning with other young adults sharing the experience of disability, and improving their independence and acceptance of living with a disability.

INSERT TABLE 2 HERE

During the initial group conversations participants shared: 1) their expectations for program opportunities at BHC, 2) their goals for the stay and plans for achieving them, and 3) young adults who had previously attended the program at BHC shared their experiences of challenges relating to transferring program outcomes to their local environment (Table 3).

INSERT TABLE 3 HERE

Based on the goals and the group conversation the results highlight that the young adults' experiences of the person-centered and APA approach underpinning the program at BHC was characterized by involvement, continuous collaboration, and supported learning. The young

adults were enthusiastic about the opportunities BHC presented to try new physical activities with the necessary equipment and supervision from competent staff. While the young adults anticipated that the peer relationships they formed would not necessarily extend beyond their time at BHC, they recognized that the social aspects of the program were key in enabling to continue activities at home. The young adults expected that the social context of BHC would be inspiring, motivating and foster a sense of fun, belonging, and personal safety, equally valuing interactions with peers and staff members. They foresaw the BHC program as a means to develop their understanding of their physical capacities and limitations, as well as their equipment and support needs, and highlight areas for growth and improvement.

Social interactions within the BHC community – roles and relationships (Level 2)

Three groups of people influenced the social community at BHC: 1) staff members, 2) young adults participating in the group, and 3) support people (parents and support workers). The roles and relationships between those involved took different forms, evolving and changing over time and across situations, based on the transactional relation between personal needs and expectations, and social expectations within the group community (Table 4).

INSERT TABLE 4 HERE

Staff strategies: fostering a culture of opportunities, strengths and autonomy

Staff members at BHC focused on engineering a supportive and inspiring context, fostering trust and feelings of safety for the individual participants (and their parents) and supporting both physical and emotional risk-taking. Staff attempted to balance individuals' needs with

the needs of the group. They provided opportunities for the young adults to take responsibility for their personal autonomy and growth through choice-making, engagement, and self-reflection. Young adults described the staff and culture at BHC as respectful, caring, and humorous, and as a factor strongly influencing their engagement and self-understanding:

The staff here are the best, they know a lot and their attitudes are so important. They are to the point; their feedback is specific and straight-forward. [...] bad excuses are rejected, but they still recognize when you have a bad day or struggle. They are fair, definite and friendly - no nonsense. Young man (Group 3)

Relations and interactions: balancing peer group dynamics and personal needs

The young adults engaged in various roles and relationships with the other group members based on their personal needs and sense of responsibility for the group dynamics and others. During activities, more experienced group members served as role models, encouraging and supporting participants who were engaging in the activities for the first time. During both organized physical activities and informal social settings, participants drew on their personal resources, helping others with practical tasks, organizing group activities or games, and adapting activities to enable others to be involved.

While the experience of being part of a group was overwhelmingly positive for the majority, several young adults described struggling to balance the intensity of being part of the larger group with their need for personal space. At some times young adults withdrew from the group to spend time on their own or with their closest friends, with whom they shared mutual interests and confidential conversations.

Overall, there was a high level of shared understanding and acceptance between the group members. Those struggling with understanding the social rules and norms were largely

accepted and included in the groups' during formal and informal activities, with others assuming the role of carers and organizers. However, at times, participants were marginalized from the larger group, particularly when they interfered with the activities of the larger group or focused on their own needs at the expense of others.

I know he [her son] can be a bit tough to include [...]. However, I think they [the others] are excellent, not only with him but with each other in general. The card game yesterday was so nice to watch -how they included all, teamed up and used each other's strengths, they played for hours and it looked like they all had fun. Mother of a young man (Group 3)

Parents and support worker: balancing caring and interfering

Parents and personal support workers participated in the stay at BHC in the role of supporting individual participants. However, while personal support workers had a clearly defined role, the role of parents was less defined and more emotionally driven. While most parents stayed in the background and provided assistance to their youth only when needed or asked, others chose to stay close to their child, actively engaging in both informal and formal activities, and at times negatively affecting their child's social inclusion and independence.

I think I have taken a bit of control over the social situation in the group. Many things have been going on here and there, especially in the beginning. Surprisingly, it is actually often the parents or personal support workers that have interfered negatively! Young woman (Group 4)

Personal processes of learning and self-exploration within a rehabilitation community

(Level 3)

The reciprocal trust and understanding between staff members and group members underpinned a safe context, enabling young adults to explore their capacities, developing their

autonomy in activities, and promoting new perspectives on themselves and their opportunities (see Table 5).

INSERT TABLE 5

Experiencing own body and exploring capacity:

Engaging in the activity opportunities within the program at BHC inspired the young adults. However, young adults felt vulnerable when their limitations were exposed, and they were confronted by the reality of reconciling the complexity of the learning process with their dreams and aspirations. Staff supported the young adults in developing the understanding that learning processes takes time and involves identifying and learning to use equipment, acquiring the necessary motor skills, and that these processes risk exposing vulnerabilities.

Mastery experiences built young adults' confidence, helping them to push their physical and psychological boundaries and feel more positive about their bodies, for instance by gaining or regaining an athletic identity or sense of strength. Experiencing both the strengths and limitations of their bodies helped the young adults to understand how to use and take care of their bodies and health in their everyday lives. For several of them, accepting their limitations was related to overcoming stigmatizing experiences, for example, accepting their need to use a wheelchair, or reducing their working hours, allowing energy for exercising and socializing.

Experiencing self within a peer-community

Participants experienced BHC as different from the 'outside' world, with the majority experiencing it as free from stigma and judgement. This afforded them an opportunity to explore their capacities and reflect on their self-understanding by engaging in activities and exchanging experiences with other group members. Some young adults sensed a hierarchy between members of the group based on diagnoses or functional capacity. These experiences had the potential to affect their sense of self negatively. For a few young adults being part of a group with others sharing their experience of disability heightened their feelings of belonging to an unwanted sub-culture, defined by having a disability. Despite this experience, these participants still appreciated opportunities to explore new activities and meet others sharing their disability.

Discussion

Findings from this study revealed how socio-cultural structures of the rehabilitation community at BHC significantly influenced the dynamic processes relating to the formation of peer groups, social interactions, collaborative processes, and personal processes underpinning activity engagement and self-exploration of the participants in the young adult group program. These socio-cultural structures emerged from intersection between the APA principles of the BHC program, which guided staff strategies and the availability of opportunities, and the young adults' expectations to and engagement in the program. While the stated focus of BHC is promoting participation in physical activities, findings from the

present study revealed that the social community of BHC supports personal experiences and processes extending beyond mastering activities.

The group context is a core element of the program at BHC, valued for its role in providing a safe and supportive social community, founded on knowledgeable staff and understanding peers. The inclusive and accepting community at BHC was formed around the needs and anticipations of the young adults, which enabled them to be courageous in challenging themselves and share their experiences without feeling judged or pressured to meet normative expectations of performance [8, 19, 48, 49]. These findings align with that of previous research, highlighting that meeting others with a disability and learning together can be a pivotal turning point in developing self-understanding and navigating life with a disability [5, 15, 16].

The young adults' program at BHC is founded on a peer group whereby "everybody has something" and a culture of acceptance and understanding of individual differences, affording an opportunity for the young adults to share their experiences of navigating life with disability and form a new looking glass for self-understanding [50, 51, 52]. At the same time, belonging to a group creates a bi-directional dynamic, requiring young adults to negotiate a balance between their desire to reach their personal goals and conform to social expectations and values of the group [53]. An individual's standing within a group is largely determined by their personal investment in the group and their understanding of the groups' values [53, 54]. As demonstrated in the present study, these roles and processes were evident, for instance in young adults assuming the role of *carers* and *role models* being highly valued by other members. This was particularly evident among those *on the periphery of the group* who were struggling to find their place, and for those *withdrawing*. While withdrawing from the group may not impress other members, it may serve as a self-protection strategy by negating social

attachment and reducing the risk of doing or saying things that others might regard as negative [54].

Patterns in the data revealed similarities across the four groups with regard to social structures and dynamics. However, at the personal level, the experience of sensing oneself negatively in relation to others was experienced more intensely in the diagnosis-based group. This may relate to the expectations that sharing a diagnosis engenders a powerful sense of belonging, even if there are great variations in functional level among the group members. Further research should seek to understand if this finding resulted from the personalities, or the aspect of shared diagnosis within the group.

While parents and support workers were not in focus in the present study, findings highlighted their key role in caring for and supporting young adults with disabilities in an intensive rehabilitation context, and in enabling the transfer of newly acquired skills beyond the rehabilitation context. However, at times, parents and support workers inadvertently complicated the relationship between the young adult they support and members of the group. Further research is needed to understand and explore this dynamic within the young adults' groups.

Incorporating disability into one's self-perception is important in understanding personal strengths and limitations, fostering personal growth, building resilience, and changing priorities during turning points in life [4, 5]. Participating in activities and social settings with other young adults sharing the experience of living with a disability adds a further dimension to the rehabilitation context, promoting opportunities for personal growth as a result of the self-reflection triggered by meeting comparable role models and the of sharing experiences and learning processes [4, 15, 16, 55]. Building an understanding of the personal experience of living with a disability and how to negotiate and navigate within

diverse social contexts, through the regulation of roles, expectations, and understanding of others' reactions can help support the transfer of rehabilitation outcomes to everyday contexts [6].

Limitations

The findings of this study should be interpreted in the context of a number of limitations. Conducting interviews with the participants about their experiences in relation to the social context and relationships with peer group members was deemed inappropriate, given the potential to interfere with the naturally occurring dynamics of the groups. As such, we were not able to conduct complete member checking. However, an iterative process of data collection and data analysis with daily contact with the group members, staff, parents, and support workers confirmed the meaning emerging from informal conversations, enabling comparison of findings between the four groups. Of note, we consider the participant sample as reflective of the demographics of young adults with disability participating in the young adults' group at BHC. Ethnographic studies are conditioned by the nature of the programs they investigate, meaning that these findings are provisional. Further exploration and research are needed to illuminate the meaning that young adults derive from their experiences with group-based programs.

Conclusion

The findings of the present study illustrate the dynamic transactions between socio-cultural structures, contextual opportunities, peer group dynamics, and the personal processes of engagement and development during a group-based rehabilitation programs for young adults

with disability. A prolonged group-based rehabilitation program is a rare opportunity for people with disabilities to meet peers who share their life experiences. The rehabilitation program at BHC provided the young adults with activity opportunities, knowledgeable staff, time, and comparable role models, enabling interactional processes and supporting feelings of personal safety, freedom, and belonging. The opportunity to interact with peers sharing the experience of disability was key in building self-awareness, developing competence and navigating everyday life. This article contributes to the understanding of the dynamic interactions between the social context and personal processes present during an intensive group-based rehabilitation program. Further research is needed to explore the experiences of these young adults on their return to their local communities and the impact of their experiences at BHC on their everyday lives.

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Declaration of interest

The authors report no conflicts of interest.

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Tables

Table 1: Sample characteristics of the young adults

Characteristics	Total
Total sample of young adults	54
Age range (years):	17-34
Gender:	
• Female:	26
• Male:	28
Impairment:	
• Congenital	42
• Acquired	12
Mobility limitations:	
• Wheelchair user	14
• Uses crutches/walker	4
• Walks without aids (occasional wheelchair users)	36 (7)
Number of stays at BHC ^a :	
• Initial stay	23
• Second or more stay	31
Young adults in need of personal assistance:	21 ^b

^a Beitostølen Healthsports Center (BHC)

^b Note. 14 young adults were accompanied by a parent, 6 by support workers and 1 by a dyad of a parent and a support worker.

Table 2: Young adults' goals for their rehabilitation stay at Beitostølen Healthsports Center

Goal category	Specified goal examples	Number of goals (K=138)
<i>Learning skills and activities:</i>	<ul style="list-style-type: none"> • Try out (new) activities which I could continue to engage in in my local community • Improve/refresh skills in familiar activities (ex. skiing or swimming) • Learn about suitable physical activities, equipment and how to exercise in context of having a disability 	<p>26</p> <p>19</p> <p>8</p>
<i>Physical function:</i>	<ul style="list-style-type: none"> • Improve general fitness, muscular strength (get stronger, get in better shape), cardio capacity • Improve balance/stability (core strength) • Improve mobility, in the form of wheelchair skills, standing and walking abilities • Managing fatigue—balancing activity and rest • Improve functioning following an injury or operation • Learn how to maintain a healthy diet, and lose weight • Improve motor function and coordination (eye/hand) 	<p>26</p> <p>6</p> <p>6</p> <p>4</p> <p>3</p> <p>3</p> <p>1</p>
<i>Social participation:</i>	<ul style="list-style-type: none"> • Spend time with other young adults with disabilities, including exchanging experiences, improve social skills, make new friends 	25
<i>Autonomy and motivation:</i>	<ul style="list-style-type: none"> • Find enjoyment in exercising and improve motivation, optimism and belief in own abilities and activity opportunities 	6

- Improve autonomy and the ability to navigate life with a disability 5
-

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Table 3: Themes emerging from young adults' group conversations on expectations for their stay at Beitostølen Healthsports Centre

Conversation topics:	Thematic quotes:
Expectations to program opportunities at BHC ^a – four themes:	
1) <i>Staff:</i>	1) <i>"[BHC staff] can help me try out new things and become conscious of my limitations - and then how to create adjusted activity opportunities."</i>
2) <i>Time:</i>	2) <i>"You have the opportunity to work, step by step." "You can practice and push your limits."</i>
3) <i>The group-based approach:</i>	3) <i>"Being with peers with similar challenges, – it gives you a feeling of togetherness, it's more fun. We are in the same place and share interests. It makes you become more open."</i>
4) <i>Nature:</i>	4) <i>"It is good to be out in nature and feel the sun, the wind, the snow."</i>
Discussion of goals and desired outcomes – four themes:	
1) <i>Comments on activities and skills—three sub-themes:</i>	
a) Trying out and participating in different activities:	1a) <i>"Having the opportunity to try out... fun activities... new things... get new experiences... a variation of activities..."</i>
b) Improving skills in selected activities:	1b) <i>"Improving skills is not only about technique, it is also about increasing endurance and pace."</i>
c) Mastery experiences:	1c) <i>"It sucks to have a disability, and you constantly have to work to accept it - so mastering and learning new activities is important."</i>

2) *Comments on functioning – two sub-themes:*

- | | |
|--|---|
| a) Training to improve physical functioning: | 2a) <i>“Getting better balance and strength can make it easier to do more and handle the everyday life.”</i> |
| b) Managing your energy: | 2b) <i>“It is easy to just keep speeding up until you hit the wall – it is important to get to know your body.”</i> |

3) *Anticipated benefits of being with peers – three sub-themes:*

- | | |
|----------------------|---|
| a) Just being young: | 3a) <i>“It’s nice to talk about other interests than diagnosis and difficulties – like normal topics.”</i> |
| b) Understanding: | 3b) <i>“It is nice to be with people who understand – we get a chance to confront our difficulties with others who really understand what we are going through”</i> |
| c) Peer learning: | 3c) <i>“By being with others you get to see what they can do.” “Not everything comes easy, and then it is nice that we can support each other.”</i> |

4) *Comments on autonomy and motivation – three sub- themes:*

- | | |
|--|---|
| a) The effort required to engage in activities and social participation: | 4a) <i>“You need to be courageous and actually dare to try out new things and share your experiences.”</i> |
| b) Self-understanding
“What can you learn about yourself?”: | 4b) <i>“You get to know your own limitations. Accept that something is not working, and then reconcile your will and wishes with what you actually can do.”</i> |

c) Motivation and
autonomy:

4c) *“I think this stay will give me motivation to continue
being active at home on my own – a kick in the butt!”*

Experiences of returning back to the local communities after a stay at BHC–three themes:

1) *Opportunities, transport and
economics:*

1) *“At home the available opportunities for activities are
limited, so it’s important to investigate what is possible
while you are here.”*

2) *Time, priorities and everyday
life:*

2) *“It is a real challenge to set priorities. A lot of things
take up your time and energy, school, job, friends,
housework, cooking, TV and internet steals your time.”*

3) *Being on your own:*

3) *“Here we are together, at home you are alone!”*

*“It is easier to do things when you are together with
someone, make regular plans with a friend or a team.”*

^a Beitostølen Healthsports Center (BHC)

Table 4: Actors, strategies, roles and relations within the social community at Beitostølen Healthsports Center

Participant's roles in the social processes of BHC ^a	Sample of narrative quotes from field notes
1) Staff strategies: fostering a culture of opportunities, strengths and autonomy.	
a) <i>Involvement and inspiration:</i> Staff actively involved the young adults in the rehabilitation process, listening to their ideas, introducing them to activities and providing feedback.	a) <i>It is funny, you have this guy, he comes here and his focus is all on this one thing –alpine skiing, and now his attitude is completely changed, he has hardly been on the slopes, but wants to focus on technique in cross country skiing and wishes to learn about climbing. It is interesting seeing how they start to expand their horizons.</i> Staff member (Group 3)
b) <i>Challenges and opportunities:</i> Matching level of challenges with individual's abilities inspired the young adults to challenge themselves in activities.	b) <i>Every group is a puzzle and about balancing the different needs of each member. Some need to be pushed a bit to dare to challenge themselves, or motivated to put in the extra effort into what they are doing. However, many also have to learn to put the brakes on, accept their limitations.</i> Staff member (Group 2)
c) <i>Supported autonomy:</i> Staff encouraged young adults in problem solving and understanding their personal needs, responsibilities and requirements in relation to activity participation.	c) <i>Today, [my contact person at BHC] gave me a very important tip; I need to start making choices, because right now my focus is all over the place. [...], I have to think about what is most important [when retuning home]. [...] I have to find out what is possible. When you are in a wheelchair and dependent on support you can't just assume things will work out.</i> Young man (Group 3)
d) <i>Facilitated social interaction:</i> Staff helped the young adults in understanding the dynamics of the group and the social rules, both implicit and explicit, including the importance of achieving a balance between their individual needs for personal space and requirements of the social group.	d) <i>You are a large group of very different people. It is natural to connect with some more than others. Besides, not everyone thrives on being social all the time and it is not the intention [with the group approach] that you (all) should do everything together all the time. You are allowed to do things together in pairs or in smaller groups. And even if you want to be with someone, it's not always going to work out that way, they may have other plans, without there being any harm in that, but then it's</i>

fortunate that there are 11 or 14 other people in the group you can do stuff with. We must all accept each other, and that others may have different needs than you. Staff member during a joint morning meeting (Group 4)

2) Relations and interactions: balancing peer group dynamics and personal need.

- | | |
|---|---|
| <p>a) <i>Role models:</i>
Role models were individuals that the young adults could relate to, providing inspiration and challenges. Being a role model to others was highly valued.</p> | <p>a) <i>I have done it for a while [driven the sit ski], a couple of years actually, and I am still learning, still a bit afraid of losing control. You just have to accept it takes time, learn the basics, and work step-by-step. Young man advising a beginner on sit ski (Group 1)</i></p> |
| <p>b) <i>Carers and organizers:</i>
Some young adults took the role of supporting other group members, or organizing social events for the group and facilitating the inclusion of group members on the periphery of the group.</p> | <p>b) <i>It is so hard to include everyone, I'm really trying because I don't want anyone to sit by themselves or feel left out. But, a lot of things happen spontaneously, and you don't always succeed in spreading the word, and then someone ends up getting upset. Young woman (Group 2)</i></p> |
| <p>c) <i>Withdrawers:</i>
Some young adults withdrew from the group based on their personal needs. For some the social aspects of BHC added an unwanted dimension to their rehabilitation process, and for others the attention from the group was too intense.</p> | <p>c) <i>I have actually prioritized being alone in my room, rather than being social with the rest. I haven't felt a need for it. I mean I have lots of friends at home [...]. Besides being here in a group gives me a feeling of being institutionalized. I have gotten some great advice on activities, and equipment, and that was what I came for!" Young man (Group 2)</i></p> |
| <p>d) <i>Friends:</i>
Some young adults developed close friendships during their stay. Created opportunities for confidential conversations and a break from the larger group.</p> | <p>d) <i>We just went on a walk, it gave us an excuse to get away from the rest of the group for a while. It can get a bit intense with all the attention from the others [...], it can be difficult to find places to do things together and talk, on our own! Young woman (Group 4)</i></p> |
| <p>e) <i>Those on the periphery:</i>
Some young adults had a strong wish to engage in the social activities, but struggled</p> | <p>e) <i>"I often feel left out. I guess it started that day with the [Trivial Pursuit] game, I wasn't interested in playing, but I wanted to be with them [a small</i></p> |
-

to find their place, leaving them to feeling excluded and alone.

group of five], so I stayed. – I tried to be social, but they just weren't interested in me, just kept on playing. After that, I guess it was done. Almost every time I try to join them, they end up excusing themselves and leave.” Young man (Group 4)

3) Parents and support workers: balancing caring and interfering.

a) *Parents and support workers:* Their role was at times ambiguous, requiring them to negotiate the best way to support their young adult practically and socially.

a) Sometimes we have to guide the parents; it can be hard for them to find the right balance between helping and interfering. They mean well, but then things end up having the opposite effect or they wear themselves out. Staff member (Group 4)

^a Beitostølen Healthsports Center (BHC)

Table 5: Personal processes of learning and self-exploration

Description of learning processes	Narrative quotes from field notes
Experiencing own body and exploring capacity:	
<p>a) <i>Rehabilitation as a learning process:</i> The desire to acquire new skills and mastering activities related to the young adults' self-images and dreams for future participation. For the young adults this involved taking chances and risking exposing their vulnerabilities.</p>	<p>a) <i>I never thought it would be so hard to drive the sit ski. [...] He [staff member] said I have to learn all these things before we start practicing to drive it. I just had this idea that it would be easier, that I could go home and be the cool kid on the slopes. I mean it is hard enough to be the guy on the weird ski, I don't really fancy being bad at it as well. Young man, after first sit ski lesson (Group 1)</i></p>
<p>b) <i>Mastery experiences:</i> Becoming skilled and accomplished at new activities improved the young adults' sense of achievement and developed their sense of self.</p>	<p>b) <i>Trying out snowboarding was my biggest goal for this stay. After the injury I was in a wheelchair, it took me a year to learn to walk, and now [three years after the injury] I am a snowboarder – again. Young man (Group 3)</i></p>
<p>c) <i>Understanding and accepting limitations:</i> By engaging in activities and conversations with peers sharing the experience of living life with a disability, the young adults explored their physical capacity, including accepting their limitations and managing their energy.</p>	<p>c) <i>Talking with some of the others [group members and participants at BHC^a] got me thinking about reducing my work hours. [...] I know my body needs it, or I will wear it out, but I haven't been ready to take the step. I want to, or I feel that I have to prove that I can do what everybody else does, and I can [at work]! It is just that everything else in life take so much more energy for me to do. Young man (Group 3)</i></p>
Experiencing self within a peer-community:	
<p>a) <i>Feeling free to be me:</i> Being part of a community comprised of understanding staff and peers was fundamental to young adults feeling comfortable in exchanging their personal experiences and in exploring their</p>	<p>a) <i>During the years I have met many [teachers, support workers, therapists, peers] who have read a book, and therefore they think they know everything about me and my body, so they don't listen to me and my experiences [...]. So, it is so nice to meet people [staff, group members and support people at BHC]</i></p>

physical capacities and sense of self, in a social environment free from stigma and patronizing attitudes.

- b) *Seeing self through the eyes of others:*
 Belonging to a social community with a different set of socio-cultural values than those present in their local community, provided the young adults with a chance to experience different types of social relations and a new perspective on themselves.

- c) *Sensing a hierarchy:*
 The shared experience of living with a disability underpinned a group culture of equality and cohesion. However, the comparison to peers with a disability was at times painful and difficult, leaving some participants feeling stigmatized by their peers.

- d) *Belonging to an unwanted sub-culture:*
 For some of the young adults engaging in the social community within the rehabilitation program intensified their sense of having a disability, which had the potential to negatively challenge their self-image

who actually care and are interested in you.
 Young woman (Group 4)

- b) *P (young man) pushed back his chair, and walked away clearly angry, 'I can just leave then,' he said. The rest of the group looked surprised, unsure as to what happened or how to react. [...] T (young woman) smiled, understanding the problem, 'We laughed because we were impressed by you, we weren't making fun of you.' P smiled nervously and sat down with us again.* Field notes (Group 4)

- c) *It is sometimes really hard when others [members of the group], often those who have a high level of [physical] function or those whose injury is more recent, keep comparing their situation with what it could have been. I know they [those whose injury is quite recent] probably struggle a bit, you know accepting that life turned out different to what they expected, but it kind of hurts, like they think of this – our lives - as a lesser life.* Young woman, having participated in multiple stays at BHC over the years (Group 4)

- d) *I feel like I have nothing in common with the others [the group members] – being injured, it is kind of a different situation [than being born with a disability] [...] I have nothing to talk with them about... On the other group [adult group at BHC] there are more people like me. I think I would have gained more from being in a group with them.* Young woman (Group 3)

^a Beitostølen Healthsports Center (BHC)