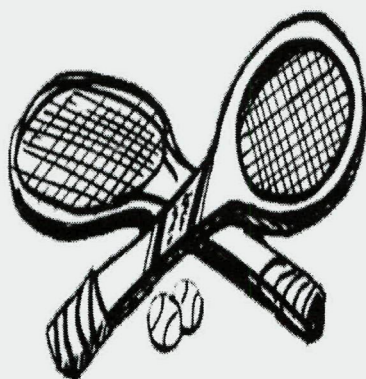


Integrating My Disability: My Journey

When the author turned 23, he suffered a serious accident that left him with a permanent disability. The accident and its ensuing disability shattered his identity and forced him to put the pieces back together in new ways in order to gain self-acceptance. Gaining this self-acceptance has been an ongoing struggle, yet through the struggle he has come to view disability and himself in new ways.

by
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I have always loved to play and compete in a variety of sports. Born with natural athletic ability, I competed in tennis, racquetball, basketball, and swimming. Happiness was competing on a tennis court against an opponent who was my equal in the game. I would run down every ball and use lobs, drop shots, topspin shots, and any other shot that I thought would bring me some advantage. I played to win, but win or lose it was the battle on the court that I loved. I trusted my skills and my athletic ability to carry me through the fight. I was always searching for an opponent who could match my skills and push me to my limit, someone who was just slightly better than I was. This would force me to find new shots or new strategies to win, and frequently I would come up with shots that not even I knew I could hit.

School was something I did between athletic competitions. I attended class and did most of my homework, but my heart was on the tennis or the racquetball court. Even during my first years of college, sports remained my top priority. I loved to compete and felt confident in my athletic abilities.

During those years I lived at home, survived on limited monies, played all that I could, and worked sporadically to earn a few extra dollars.

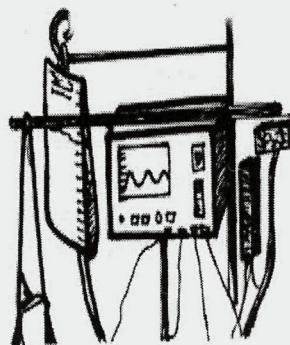
One part-time job I accepted was as a ticket taker for events held at the university I attended. It was a job I felt would bring me some extra cash and, I hoped, free entrance into a variety of events. On my second day of work, I was assigned to take tickets at the opening football game. The date was September 25, 1982, and it was the first game in the newly expanded stadium. Our team had a highly touted quarterback, a gifted passer and scrambler, who was always exciting to watch. Excitement filled the air as we awaited the opening kickoff. Everyone seemed to be in good spirits, so I joked and laughed with many of the patrons as they passed through my gate. I even had a chance to joke briefly with the current president of the University as he wandered around and mingled on the outskirts of the stadium.

I was 23 years old and felt "on top of the world." As the start of the game neared, the crowds swelled, but by early in the first quarter, the crowds had thinned yet were bunching up at

a few of the open gates. I was asked to leave my post and ease the crowding by directing the remaining patrons to a variety of open gates, which I quickly accomplished. Next I was asked to help shut one of the iron rod gates which was about 10 feet high and 25 feet long. The gate was set on a concrete block that was about 2 feet above the ground and had rollers at the base that allowed it to be rolled open or closed. One other ticket taker was also assigned this task. We struggled to get the gate rolling, but even on rollers, it was too heavy for the two of us. Soon, several other ticket takers lined up at the gate to assist us in closing it. Since I had been regulating the crowds previously, I was on the opposite side of the gate from the other ticket takers. I thought nothing of it. With the added help, the gate quickly began to roll and then to gain momentum.

My next memory, some six hours later, was slowly gaining consciousness and recognizing that I was in a hospital bed. I had no idea what had happened, but did perceive that there was a variety of tubes and bags sticking out of my body. I recognized several of these tubes since less than a year previous I had worked as a nurse's aid on the geriatric unit at the state hospital. Several of the patients there had similar tubes, and I knew how serious their implications were. Many doctors and nurses were standing around me as I

searched for a face that I knew. Recognizing my dad standing solemnly amongst the group, I asked, "What happened?" In response one of the nurses gestured with his finger over his lips to be quiet and said, "Shh, you're in extremely critical condition." I searched my memory for what could have gone wrong but found no answer. Shortly thereafter, Dad came to my side, did his best to smile, and in a subdued voice told me that the gate I had been closing had come off its tracks and fallen on me. He explained that the damage was extensive but that I was a survivor. I closed my eyes to escape and prayed to God with all my might: "Please God, let this be only a horrible dream, let me awake to an intact and whole body." Then I opened my eyes to the nightmare of reality. I began to feel physical pain beyond what I had ever experienced. My whole body shook uncontrollably as I tried to cope. The pain was unbearable and felt as if razor sharp knives were tearing me apart from the inside out. All of my body wrenched



in pain. Over the next several hours and days, a variety of doctors and nurses related the details of the physical damage.

My pelvis had been crushed and pulverized in several places by the gate, which had been estimated to weigh between two and three tons. It

was a miracle, some told me, that I was alive at all. It sounded good, but my situation felt anything but miraculous. My left leg was in traction and could not be moved. My colon had been brought to the surface of my stomach in what is called a colostomy and my feces would pass through it into a bag rather than through my rectum. My bladder had approximately six holes and a super-pubic catheter had been placed directly above my genitals and would serve to empty the urine from my body. Stabbing pain was ever present and the only reprieve from it was through the shots of morphine I received every few hours. Yet even their potent effects were short lived. I'd quickly return to unbearable pain racking my body. I struggled to appear optimistic but felt completely overwhelmed; both body and spirit were broken.

Various monitors were placed on my body to monitor my heart and other bodily functions. When there was a problem or, more frequently, when one of the monitors became disconnected, an alarm would sound and doctors and nurses would come running to assess the problem. It was a horribly bleak time. I knew I was holding onto life by a thread and wondered if it wouldn't be easier to just let go of that thread. I imagined how sweet it would be to slip into peaceful death, away from this inescapable pain and broken body. As I prepared to close my eyes and let life slip slowly away, I felt a renewed strength beyond my own. I wasn't quite ready to give up,

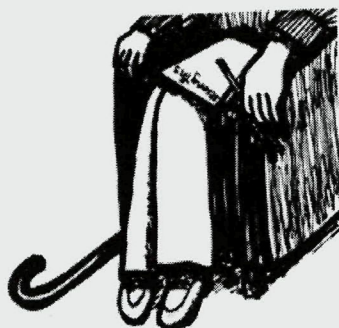
but I would certainly keep it as an option. A part of me wanted to live, if my body could be fixed, but unsure if I was ready to live with this seemingly useless body.

My present circumstances were so dreary as to be unbearable. When my pain could be numbed temporarily with the morphine, I would escape to my dream world where I would play tennis, basketball, and a host of other sports. I relished running as free and fast as my powerful legs would carry me. However, my dream world would always shatter abruptly as my pain overcame the effects of the morphine. I loathed having to return to my broken body. I hated who I was now and was willing to do whatever it took to regain the ability to walk and run again. I endured numerous surgeries, always with the goal of walking and running once more. Finally, after six endless weeks, I was discharged and my parents took me home.

Mom and Dad did their best to care for me. My condition was slowly improving, but I was still incapable of dressing myself or transporting myself without the use of a wheelchair. Nonetheless, being home and around familiar faces and sounds felt wonderful. Neighbors would often visit and frequently brought dinner into our home. I still had my colostomy and super-pubic catheter. We had not figured out how to get an airtight seal on the colostomy, so there always seemed to be the smell of excrement in the air. Visitors would do their best to ignore it but Mom and Dad

often left the windows open even in the dead of winter to lessen the smell.

As I gained more strength, Dad began to take me swimming once or twice a week. He still had to dress and undress me and put on my swimming suit. Then I would tuck the colostomy bag into the suit and remove the catheter bag and cap



it to prevent it from leaking. It was a difficult process but worth the reward. Dad would take me in my wheelchair to the deep end of the pool and lift the wheelchair at an angle so that gravity would slide me into the water. The buoyancy of the water eased the pain in my legs and provided enough of a lift that I could propel myself under my own power. It felt great. I was at home in the water. Throughout high school I had swum competitively, been captain of our swim team, and had even become region champion in the 500 freestyle. What I could do now was a far cry from where I had been, but it was real progress to be able to move under my own power. Sometimes I would run into old friends at the swimming pool. They fre-

quently did not recognize me at first because I had lost considerable weight and my body had become atrophied. When they did finally recognize me, they most often did not know what to say other than "I'm sorry." It was uncomfortable but this was reality. I was no longer the man I had once been.

During this time I was also attending physical therapy on a daily basis. I was weak and struggled with the pain inflicted from various exercises and stretches, yet I knew that it was the only chance I had of walking again. My primary physical therapist, Janie, was wonderful and treated me as a person of unconditional worth and value. I, on the other hand, wondered if my life was even worth keeping. Who was I and what value did I have without the use of my legs? Everything I had ever wanted had been taken from me the moment the gate had crushed me. I hated that I couldn't walk, couldn't dress myself, and couldn't even use a bathroom. I had to pee in one bag and defecate into another. I was nothing, I thought, but a pathetic cripple. I pondered what possible purpose my life could have now, and how I could possibly fit into this world where beauty and health were worshiped, and disability was shunned.

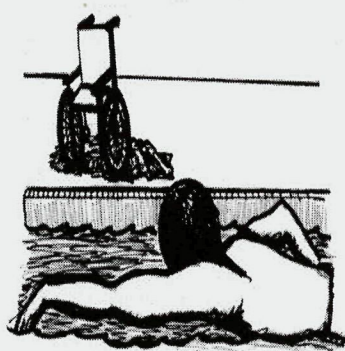
Enduring endless hours of exercises and stretches through physical therapy, I slowly began getting stronger. Yet I also experienced a variety of setbacks including a time while at physical therapy when I tried to take a step with my

walker and my pants fell down to my ankles leaving me bare naked to the world. My body was still feeble so I could not bend down to pick up my pants and had to depend on my physical therapist to do it. It was humiliating. I felt completely useless, but I survived. Following this incident I remember thinking that if I could endure this, I could endure anything that life could throw at me. Progress was incredibly slow, but gradually I taught my legs to take a few steps. This was made more difficult because my legs had suffered extensive nerve damage. They seemed to no longer hear or obey the directions that my mind gave them. It was frustrating to tell them to move and to get no response. Something so simple as lifting a foot and placing it in front of another foot seemed all but impossible. Yet the nerves in my legs had not been completely severed, so I knew that it was a possibility that my legs could once again be taught to move, one step in front of the other, first with the aid of a walker, then with crutches, and finally with a cane. Each step was horribly painful but I forced myself through the pain.

Being able to take a few steps with a cane was a great breakthrough in my life. I imagined never progressing further than the cane and wondered if I could make a decent life for

myself even if I was never able to discard it. Answers were not easy. I wanted more than anything to regain my former physical abilities but knew that was impossible.

As I searched for self-acceptance, it slowly dawned on me that I was prejudiced against people with disabilities. I'd never had any close friends with obvious physical disabilities. I had never seriously considered dating someone with a disability. Yet here I was now, one of them, and struggling to overcome my own prejudice. Could I accept myself in spite of my disability—broken body and all? Resolving this question was an ongoing battle within the depths of my soul for years.



As I wrestled with this question, I read a book entitled *Man's Search for Meaning* by Viktor Frankl (1992). This book had a profound effect on me. Through the first part of the book, the author relates some of his experiences in the concentration camps of Auschwitz and Dachau. He states that in the concentration camps everything was taken away: name, professional identity, clothes, hair. All that was left was an identification number. Yet after all was taken, according to Frankl, man was still free to choose his or her attitude toward his circumstances. Man was not necessarily free to choose circumstances, but al-

ways free to choose the attitude toward those circumstances. Even in the worst circumstances, according to the author, there were people who behaved like pigs and others who behaved like saints. The difference was not circumstances, but rather the attitude one took toward those circumstances. A primary key for coping well was finding or discovering a unique purpose in life. I pondered these words over and over and wondered what possible purpose my life could have now. As I searched for purpose, my focus slowly began to shift. Initially I thought only of the losses created by my accident and what I would never do again; yet gradually I began thinking of what I could do now or would be able to do in the not-too-distant future. As I struggled to find some purpose, I began making some plans and thinking about a lifestyle that might be possible. One of these plans was to return to school and complete my degree.

At the time of the accident, I had been a junior at the University and not yet sure of what I wanted to be. Now I wanted a profession that would provide me sufficient income to pay my bills. But of more importance, I wanted to work at something that would make a difference in someone's life. I thought of Janie, my physical therapist, and how our journey together had brought me from the point of being nearly hopeless to where I was beginning to believe once again in myself. She had treated me with warmth and understanding and had al-

ways believed in me. Her unwavering belief, more than anything else, had allowed me to begin forming a new belief in myself. My hope was to find a profession that would allow me to help others in the way that Janie had helped me. I thought about a variety of professions. Yet social work seemed to best embody the type of work I wanted to do. I felt it would allow me to work with individuals and perhaps have an influence on their beliefs about themselves. I also believed that social work might provide a purpose to my pain. If I could learn to cope effectively with my own pain, then I would be able to better empathize and help others who were experiencing physical and/or emotional pain.

To realize my ambition I returned to school. This was not easy. I was still weak and even with a cane could walk only a short distance. Struggling to fit in, I wanted only to be normal, yet felt so different. Walking, such a simple and effortless task for others, was nearly impossible for me. I felt my disability would forever mark me as an outsider. It was the first thing others saw. And once seen, many wanted to look no further. Nearly all students were nice to me and offered to carry my books and help me in other ways, yet I never felt like an equal. They did for me rather than with me. Even when I did not need help, they helped me. Although I was slowly becoming more self-accepting, the way most students treated me made me think that I was perceived as damaged goods. This rein-

forced old prejudices and made me wonder if I were, in fact, of less value because of my disability. Nonetheless, I attended my classes and did my best to appear optimistic.

Another of my plans was to date and eventually marry. Yet my ego was fragile; I had not yet been able to create a new identity for myself that reflected my current circumstances. I wanted to regain my previous physical abilities and believed that having to use a cane made me only half a man. Additionally, prior to the accident I had never seriously considered dating someone with a physical disability. Therefore, I wondered if most others felt the same way. Still, after about a year of contemplating the risk of asking someone out, I took the chance. Some of the women I met would be friendly but unwilling to date me, I assumed because of my disability. Others were condescending and unwilling even to be friendly. Yet there were a few who could see beyond my disability and judge me by what was on the inside. It took time and the risk of putting my ego on the line to find out which was which. I took the risk and casually dated a few of my female friends, ever wondering if I could be attractive to someone of the opposite sex.

In time, three years after my accident, I received my undergraduate degree and began attending a graduate school of social work in my home state. I was getting stronger and more confident, yet my newly formed identity was still fragile. During the first day of school, the

Dean of our program stated that by the end of our course work she wanted us to have "no sacred cows." Her comment was unsettling. I had worked hard to put the pieces of my life back together, especially some of my new beliefs about god and religion. I feared that if these beliefs were challenged and torn from me, I would lose my entire identity. Nonetheless, I wanted to be a good social worker and decided to verbalize at least some of my beliefs. Many of them were challenged, and some of the challenges seemed valid. I did my best to listen to reasonable arguments that conflicted with my beliefs. Still, it was difficult because I had never had so many beliefs challenged before. Yet I continued to listen. Over time I found myself modifying several beliefs. In doing so I did not lose my identity as I had feared; rather I found myself thinking and acting more like the social worker I wanted to become.

Because of having to use a cane, my professors and fellow students were aware of my disability. I rarely talked about being disabled or the challenges of disability. It was a part of my identity that I was still trying to shun. When asked about it I would briefly tell my classmates or professors what physical problems I had, and then quickly change the subject. I remember one class where the professor asked all minority students to raise their hands. I obliged by raising my hand. Later a classmate asked me why I'd raised my hand. I told him I was a minority student because I

was disabled. He stated, "Yes, but you don't act disabled." I wondered what he meant by his statement and began pondering how he thought those with disabilities were supposed to act. While contemplating this I became upset, thinking that such a statement stereotyped those with disabilities and discounted their other attributes.

His statement reminded me of numerous times when I felt that others had been unable to see beyond my cane and judged me solely by my disability. For example, I remember picking up a woman I had met at school for a date. Her father answered the door cordially and smiled at me. Yet as soon as he saw my cane his expression changed to what I perceived-to-be-disgust. Nothing was verbalized, but the rapid change in his demeanor and attitude indicated to me that I had no right to be going out with his daughter, who had no obvious physical flaws. Another time I remember getting my lunch at the cafeteria at school. As I was carting my tray to the cashier, I accidentally dropped my lunch on the floor. The ladies behind the counter sweetly told me to take a seat so that they could bring me my lunch. I felt completely useless, but I obliged. Days later I returned to the same cafeteria and the ladies again told me in the sweetest voices possible to take a seat so that they could bring me my lunch. I wanted to scream that I could pick up my own damn lunch but acquiesced to their desires. Afterwards I never again went to that cafeteria. Judgment by others was al-

most always subtle, but I would notice actions and expressions that indicated to me that my physical flaws eclipsed all of my other attributes. Perceiving that I was being judged by my disability was always painful and made me want to run away and hide from the world. It also reinforced the idea that I was truly damaged goods.

Despite the fear of being unfairly judged by others, I found most of my classmates and professors in the social work program to be supportive and helpful without being condescending. Besides attending class, I was required to complete an internship. Obtaining a clinical internship, I was assigned a small caseload of clients. I was also allowed to sit in with other counselors as they conducted their sessions. I learned much by listening to and observing the other counselors. Following one of the sessions, I talked with the counselor and asked his advice about being a good therapist. He responded that clients were individuals first and only secondarily did they have problems or a diagnosis. His advice rang true. It slowly dawned on me that labeling my clients by a diagnosis and then treating them primarily by that diagnosis was limiting to their other attributes. The clinical diagnosis, similar to my disability, was only one aspect of who they were. This advice has stuck with me and I have tried to value the many and varied attributes that my clients and others possess.

Over time and after working with a variety of cli-

ents, I began to notice that I was most comfortable and seemed to operate best with individuals who were suffering with depression. I knew what it was like to be depressed and felt that my personal experience allowed me to better empathize with my clients. Moreover, I was still suffering with chronic physical pain in my hip and pelvis and perceived that depression, although not primarily physical, was the equivalent of chronic emotional pain. Although physical and emotional pains are distinct, I believe they share many commonalities. Therefore, I perceived that learning to cope with my own pain was purposeful because it allowed me to better serve my clients who were struggling with the pain of depression. As school progressed and I learned more about the ethics and values of social workers, I felt assured that I had made the right choice of professions. I was performing well in my classes and enjoying what I was learning and doing. I had a few close friends and got along well with most of my professors and classmates. Yet despite my progress, I was still hesitant ever to talk about my own disability.

Following graduation, I sought a job in a clinical setting where I could work primarily with individuals who were depressed. After much searching and many interviews, I was able to obtain the type of employment I wanted. I still had much to learn and frequently believed that I was learning more from my clients than they were from me. Although I rarely said any-

thing about my own disability, many of my clients seemed to perceive that it was an asset rather than a liability to my counseling. They often conveyed their perceptions in subtle ways. Most would relax quickly and indicate through a smile or a nod that they felt safe and were ready to tell their stories. Several of my colleagues indicated that their clients were frequently resistant to input, whereas my clients more often seemed open to the input I provided. This difference I credited to my disability. It appeared to make me less imposing as a person, and therefore less of a threat. My clients were less prone to view me as someone who could provide them with all of the answers to their problems and were more willing to work collaboratively with me in seeking solutions. As we worked together, they seemed also to discern that the physical challenges I faced were not easy, and, therefore, I was better able to understand their challenges and their pain. I enjoyed counseling but found that it was often emotionally draining.

To replenish my resources I tried to maintain a variety of friendships and to stay as active as possible. And although it may have been more of a drain than replenishment, I continued dating a variety of women, ever searching for the right match. Nine years after my accident, I met and, after dating for a time, married my wife, Christy. She was my best friend and could see past my numerous imperfections. Her love seemed unconditional. Nonetheless, I secretly

wondered if she was somehow ashamed of my disability. During our first year of marriage I asked her what it was like to be married to someone who was disabled. She answered that she did not see me as disabled, that disability was not a relevant issue in our marriage. There were areas that needed improvement, she noted, but the way I walked was not one of them. Christy was sincere, and her comments lifted a burden off my shoulders. I felt, perhaps for the first time since the accident, that I was all right just the way I was—disability and all. I could let down my guard and no longer needed to worry about her rejection or to try to compensate for what I couldn't do. Christy's love and vision of me helped reduce some of my own long-held prejudices and to gradually become more self-accepting. Moreover, as I became more self-accepting, I found myself being less judgmental of others and more willing to listen to their stories and experiences without stereotyping.

Currently, nearly 17 years after my accident, I teach full time in the social work department at a university. I have the opportunity to address disability issues as well as issues associated with other minority populations. I still remember, and try to teach by example and through discussion, that whatever our minority or majority status, we are individuals first with unique abilities and talents. By taking the time to listen to our clients and others, without value judgments or stereotypes, we begin to get a

glimpse of who they really are. To better explain this concept I often share a quote that I once heard at a conference: "Out beyond our beliefs of right and wrong (and beyond stereotypes) there is a field; I'll meet you there." This quote, in my mind, represents the cornerstone of good social work. It is the ability to unconditionally be with and listen to our clients.

In addressing minority populations, including those with disabilities, I emphasize the "strengths" perspective and believe that it better serves those of minority status than does the traditional medical model. By focusing on abilities rather than on the inability of our clients, we empower them to discover and enhance the many and varied strengths already within them. This focus builds confidence. More important, I believe it allows those with disabilities to discover further the many strengths and abilities that they've already learned while living with a disability. Furthermore, searching for internal strengths frequently has the benefit of helping clients to observe that living with a disability, although often challenging, offers various silver linings that can be discovered.

I also explain that our society has traditionally discriminated against those of minority status and done a poor job of integrating them into the mainstream of our culture. Nonetheless, I note that the Americans with Disabilities Act (ADA) has removed many of the external barriers which prevented persons with disabilities

from entering the labor market, allowing many to obtain employment. Yet numerous barriers, especially covert barriers, continue to exist. For example, despite a greater number of persons with disabilities entering the labor market, only rarely have I observed their promotion beyond the entry level. To promote further integration, I stress that a variety of micro-level and macro-level changes are still needed. For example, future federal and state policies should reduce duplication of disability services and centralize the service delivery system. But of more importance is the need for an increase in the interaction between those with and those without obvious disabilities. If communities, neighborhoods, and local organizations will encourage and sponsor activities, which promote the interaction on an equal basis between these groups, then, I believe, that as interactions increase, those without disabilities will more easily observe that a disability is only a small part of who a person is. And as those with disabilities are viewed primarily as individuals with unique talents and experiences, then covert discrimination will lessen significantly.

However, I note that most individuals who have had limited opportunities to interact with members of the disabled population feel uncomfortable and fear they will act wrongly when interacting with individuals with disabilities. Despite this fear, I point out that once those with and without disabilities interact on an equal basis,

they become more comfortable with each other and gradually figure out mutual interests. Furthermore, they are usually able to discern which topics are and are not appropriate. Some individuals with disabilities are never comfortable discussing their disabilities whereas others are more comfortable. There is no set way to interact. Still, I encourage my students and others to seek out opportunities to interact with members of the disabled population and, while interacting, to focus primarily on personality and interests rather than on the disability.

In addition to teaching, I continue my personal journey toward unconditional self-acceptance. Although being disabled is only one aspect of my identity, it is an important part of who I am. Not too long ago I entered a convenience store and noticed a middle-aged man who was also walking with a cane. He looked at me, grinning, and said, "Hello brother of the cane." His statement made me smile. I knew we shared something that those without a cane or other disability could not fully appreciate. This experience, among others, has helped me to reframe the meaning of having to use a cane. It represents some of my battle wounds and the struggles that I've chosen to endure. It is a badge of honor rather than something to be ashamed of. The poem, "A Question of Energy," expresses my current thoughts on disability well:

I'm not diminished by
this loss of limb, I'm

more than the sum of my
parts, to deny my scars is
to deny my power the
core of heat in each cell.
I've got wires humming
juice surging detours on
the path it takes less time
now less resistance to
complete the circuit.
I'm well grounded you
can touch me without a
shock
(Baird & Workman, 1986,
p. 108)

Despite its importance, being disabled is still only one aspect of who I am. Multiple dimensions make up my being, and to judge others or myself by one or a few of these dimensions is limiting and inaccurate. As I've struggled to make meaningful sense out of my disability, I've discovered and continue to discover several silver linings. Primarily, I've been forced to try a variety of activities that challenge various aspects of me, rather than just a few physical sports. This variety has brought me a greater sense of emotional balance. It has also allowed me to become less concerned about winning and better able to enjoy the journey.

To date the most difficult part of my journey was the first years after my accident. My injuries initially shattered my identity. Beliefs about who I was and what I could do were no longer valid. I needed new beliefs that accurately reflected my circumstances. Struggling over months and years to redefine myself, I slowly put the pieces of my life back together

and recreated my identity. Re-fitting the pieces of my life allowed me to put them back together in new and often better ways. For example, prior to my injuries I based my worth primarily on my physical prowess. Yet when many of my physical abilities were taken from me, I arduously learned that my true worth was based on the person I had become on the inside and the unique experiences I had. This paradigm shift has brought me a greater feeling of peace. It has allowed me to detach from many masculine stereotypes and given me the freedom to express myself in both masculine and feminine ways.

Learning to integrate my disability has also helped me as a parent. Since I am less influenced by masculine stereotypes, I am more willing to allow my children to pursue the interests they want rather than merely to push them into traditional roles. I am better able to value and love them for their unique personalities and abilities rather than solely by their accomplishments. My marriage, I believe, has also benefited. I have been more willing to detach from traditional roles so that my wife and I can experiment with a variety of ways of running our household. This detachment has allowed us to choose freely and negotiate the roles and responsibilities for which we are accountable.

Finally, my disability has offered me the choice of learning and growing or of resigning from the challenge and giving up. I have not always made the right choice, but lately I've more

often made the choice to learn. This has allowed me to see disability not as the enemy but as a stern teacher with important lessons to be learned. It has helped me to gradually discover what I can do within the limitations of my disability. And ultimately, it has helped me realize that I can choose to see the cup of my life as "half full" rather than "half empty." My journey is still far from complete, but I am moving forward.

□

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