

The Adolescent Concept of Social Participation—A Qualitative Study on the Concept of Social Participation from Adolescents with and without Physical Disabilities

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Abstract

Purpose: The construct of social participation is still not clearly defined. To reach a better understanding of social participation, the perspectives of adolescents must be taken into account. This study explores the adolescent concept of social participation and expands knowledge of the meaning of subjective components of the term.

Methods: Thirty-four semi-structured interviews were conducted with adolescents with and without physical disabilities or chronic diseases between the ages of 12 and 17 and analyzed according to grounded theory.

Results: Adolescents describe social participation as involving reflexive interaction with their social environment. Furthermore, forming a social environment plays an important role. All components of the concept are embedded in a context that influences the ways adolescents participate. Adolescents differentiate between active and passive forms of social participation. The concept of reflexive interaction is situated within an interdependent structure of components such as the “feeling of belonging” and the feeling of “well-being” among adolescents.

Conclusion: The results expand the current state of knowledge regarding the theoretical differentiation of social participation by exploring subjective components of the term. This offers the possibility of supplementing the theoretical frameworks of social participation and supports the understanding of the critical importance of social participation for adolescents.

Keywords

social participation, adolescents, disabilities, rehabilitation, qualitative study

Introduction

Social participation plays an important role in the development of children and adolescents with and without physical disabilities or chronic diseases. It influences social experiences, has an effect on social-emotional development and physical and psychological health, and supports experiences in gaining competence while growing up (Carlberg & Granlund, 2018; Powrie et al., 2015; Sahlin & Lexell, 2015).

Social participation is defined as a key goal of rehabilitation processes (Bundesarbeitsgemeinschaft für Rehabilitation, 2006, 2016; World Health Organization & The World Bank, 2011). Since the introduction of the ICF, people who use the ICF in practice, as well as

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researchers, have repeatedly stated that the term social participation is not yet clearly defined (Granlund, 2019; Imms et al., 2017). Researchers have also stated that the current lack of reliable assessment instruments for social participation is connected to a lack of understanding of this multidimensional construct (Adair et al., 2018; Gebhard & Fink, 2015; Imms et al., 2016).

Previous Work on the Theoretical Foundation of Social Participation

In the ICF, social participation is understood as “involvement in a life situation” and represents the social perspective of functioning (World Health Organization, 2007). The ICF describes an activity as “the execution of a task or action by an individual” (World Health Organization, 2007). The concepts of activity and social participation are distinguished from one another and yet combined into one component (Granlund, 2013, 2019). Unfortunately, the definition of social participation continues to be imprecise in the contexts of rehabilitative and health services research (Schuntermann, 2019). In the process of developing new frameworks for social participation, some researchers have evolved the ICF concept and moved away from it by processing a more elaborate understanding of social participation. Imms et al. stated that social participation involves two terms: “attendance,” which is defined as “being there,” and “involvement,” which describes the “experience while attending” (Imms et al., 2016). Attendance is understood as an objective factor of social participation, while involvement reflects the subjective experiences of a person attending to a situation (Imms et al., 2016). To date, the relationship between “attendance” and “involvement” is not fully understood (Adair et al., 2018). Furthermore, Imms et al. formed a “family of participation-related constructs” (fPRC), which takes extrinsic and intrinsic factors into account and applies them to a context with the constructs of attendance and involvement (Imms et al., 2017) (Figure 1).

Previous Work on Youth Perspectives of Social Participation

Studies, systematic reviews, and theoretical works on the perspectives of young people on social participation support the statement that the theoretical foundation of social participation needs to be supplemented by more studies and findings on subjective components and perspectives on social participation among children and adolescents (Adair et al., 2015; Granlund, 2013; King, 2013). In a recent scoping review on the participation of young people with disabilities, Schlebusch et al. indicate that subjectively lived experience of the social participation of children and adolescents needs to be taken into

focus of further scientific research to understand the subjective aspects of “involvement” while “attending” (Schlebusch et al., 2020). Furthermore, empirical findings on concepts of social participation indicate that young people need to be asked directly about their views of social participation, since the comprehension, perspectives, and desires about participation among young people seem to differ from what legal guardians anticipate for their children (Liao et al., 2019). However, even though the demand for the perspectives of adolescents was stated many years ago, knowledge of adolescents’ perspectives on social participation is very limited (King, 2013). In 2013, King stated that there is a need to know more about the perspectives of vulnerable groups of children and adolescents with disabilities and their understanding of social participation. It is said that approaches to this part of the population are very challenging, which may be a reason why the perspectives of this group have not been explored more over the past years (King, 2013).

To address this gap, we conducted a qualitative study of adolescents between the ages of 12 and 17 with and without physical disabilities or chronic diseases. We asked these adolescents about their individual views of social participation and their daily experiences with it. This offers the opportunity for an in-depth exploration and evaluation of adolescents’ views of social participation and their perspectives on influencing factors. The key goal of this study is to widen and specify the understanding of social participation by adding an insider’s perspective and concepts to the spectrum of theoretical frameworks.

Materials and Methods

Background and Design of the Study

The data used here are part of the research project “Development and psychometric testing of an instrument for measuring social participation of adolescents” (PartJu) funded by the German Research Foundation. The main objective was to develop a self-assessment participation measurement instrument for adolescents with and without chronic and/or physical-motor impairments aged between 12 and 17. In the first step of this sequential mixed methods study, we explored the theoretical framework regarding social participation from the perspective of adolescents with and without physical disabilities or chronic diseases. The gained perspective of adolescents was then supplemented by focus groups held with experts of social pediatric care and research as well as with parents of adolescents with and without physical disabilities or chronic diseases to generate a better understanding of the concept of social participation (Baerwalde et al., 2019).

This article focuses on the adolescents' views on social participation.

Data Collection

Data were collected through semi-structured in-depth interviews held with adolescents between the ages of 12 and 17, including both those with and without physical disabilities or chronic diseases. Adolescents with complex cognitive disabilities, acute illnesses, or missing free verbal articulation ability were excluded from the study. The interviews were conducted at two urban high and middle schools and two rural high and middle schools (HS1 and MS1 and HS2 and MS2), at a social pediatric center (SPC), and at a specialized school for children with physical disabilities (SSCPD). All recruitment areas are situated in the rural and urban regions of a large city in central Germany. Data collection took place between April and June 2019. First, we developed a topic guide containing open-ended questions about everyday life, participation experiences, use of social media, views of social participation, and topics emerging during the interviews. The interviews were designed to last approximately 60 min and were audio-recorded after asking legal guardians and adolescents for their consent. The interviews were transcribed verbatim and anonymized afterward. “TB” and “OM” conducted all interviews in German. The data were collected under the scientific understanding of grounded theory. Therefore, data collection, analyses, and theoretical sampling took place through a reflexive process (Strauss & Corbin, 2010).

Sampling

Experiences from other qualitative studies show that “theoretical saturation” can be reached after an average of 20 interviews (Mason, 2010). Therefore, a sample size of 40 participants was anticipated; this sample was designed to include 20 adolescents with disabilities or chronic diseases (disabled adolescents) and 20 adolescents without disabilities or chronic diseases (nondisabled adolescents). Initially, the number of cases varied minimally, as the researchers initially concentrated on age, sex, type of school, and type of impairment variables. During data collection, the sample was continuously adapted to the current status of the parallel data analysis. Data collection and first analysis increasingly indicated that in terms of concepts on social participation, there were fewer differences between the disabled and nondisabled adolescents than anticipated. According to the principle of constant comparison and in acknowledgment of the data that had already been obtained, cases that had a maximally contrasting effect on the previous cases were searched to

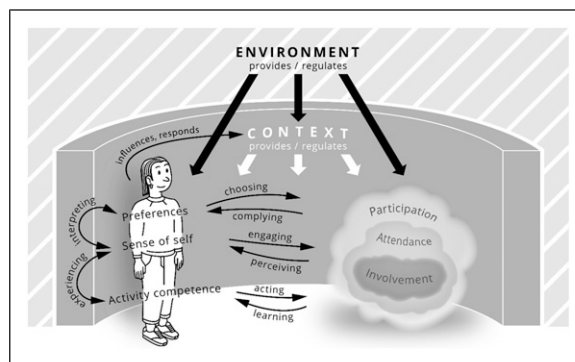


Figure 1. Illustration of the “family of participation-related constructs” based on the concepts and illustrations of Imms et al., 2017 and Spreer et al., 2019 (Lindemann & Baerwalde, 2021).

achieve the greatest possible variation in the sample following the principles of *purposeful sampling* (Charmaz, 2014; Emmel, 2013; Glaser & Strauss, 2010).

A total of 36 interviews were conducted. Two interviews were removed from the sample because the interviews revealed that while the participating adolescents had previously indicated an age of twelve years, they were in fact eleven years old. Fourteen interviews were conducted with adolescents with physical disabilities or chronic diseases; twenty interviews were conducted with adolescents without physical disabilities or chronic diseases (Tables 1 and 2). At the end of each interview, participants completed a short questionnaire so that we could gather basic sociodemographic information (e.g., age, gender, and occupations of their legal guardians). In addition, the adolescents were asked about their current place of residence (city or country), their number of siblings, and their physical disability or chronic disease, when applicable. Medical confidentiality remained at all times.

Data Analysis

The data analysis was based on the research paradigm of grounded theory according to Strauss and Corbin (2010). To gain theories from the collected data, we approached the transcribed interviews with a three-step coding process: open, axial, and selective coding. Open coding serves as an initial approach to raw material and helps to form first categories from raw data (Glaser & Strauss, 2010). During axial coding, phenomena and key findings such as important quotes are coded into more specific categories (Przyborski & Wohlrab-Sahr, 2021). The highest-ranking categories are analyzed closely to identify consistencies and inconsistencies.

Following standards of qualitative research reporting (Tong et al., 2007), the open and axial coding process was

Table 1. Recruiting and Interviews

Recruiting location	Group	Consent	Confirmations	Cancellations	Interviews
HS 1	nd/d	9	7	1	6
HS 2	nd	8	7	1	6
MS 1	nd/d	7	7	1	6
MS 2	nd	6	6	2	4
SPC	d	6	6	4	2
SSCPD	d	13	13	3	10
Σ	—	49	46	12	34

HS = high school; MS = middle school; SPC = social pediatric center; SSCPDP = specialized school for children with physical disabilities; nd = nondisabled; d = disabled.

Table 2. Sample.

ID	Σ	Notes
A1–A14	14	Adolescents with physical disabilities or chronic diseases (12–17 years old) 3 adolescents with mobility impairments, including 2 in wheelchairs
A15–A34	20	Adolescents without physical disabilities or chronic diseases (12–17 years old)
Total	N = 34	
21 male; 13 female		
21 adolescents lived in the city; 13 adolescents lived in the countryside		

conducted by several members of the research group (Milford et al., 2017). To achieve rigor in the data analysis and ensure intersubjective comprehensibility and transparency, five persons (AF, CV, LH, OM, and TB) were involved in coding the data (Milford et al., 2017). We used MAXQDA (version 18 and 20) to organize and store the data. Any inconsistencies in the coding process were discussed and resolved through mutual agreement in the research group. Furthermore, regular meetings were held to discuss and improve the coding system and the first theories that emerged from the data. During the selective coding process, central codes and categories that arose during open and axial coding were explored, and codes for central connections and interdependent relations were examined. Code- and category-based theories were tested to develop a “common thread” from the data (Strauss & Corbin, 2010).

Ethics

The study was carried out in conformity with the Declaration of Helsinki and with standards of good scientific practice. All participants as well as their legal guardians were explicitly informed about the procedure of the project and the handling of the collected data. Written informed consent to participate in the study was obtained from all participants and their legal guardians. Participants were free to withdraw their approval to participate in the study at any time without consequences. The study was approved by the Ethics Review Committee of the Medical

Faculty at Martin Luther University, Halle-Wittenberg (grant number: 404636197).

Results

The following section describes the construct of social participation from the perspectives of the adolescents (Figure 2). The results are illustrated with exemplary quotations and explanations. Since the interviews were conducted and analyzed in German, the provided quotations are translations into English.

Two Currents

During the data analysis, different phenomena were identified as expressions of the adolescent perspective on participation. The results show two main currents. One current consists of concrete ideas about social participation and precise knowledge:

“Social, by social participation I understand that you (...) are involved in life. Like doing something with others in your free time.” (A6; m; 16; d; Pos. 202)

The other current refers to very few adolescents who had a partial or no concept of social participation:

“Participation. (...) No, I can’t really understand anything now. / I1: Okay / I can’t think of anything to do with it.” (A20; m; 15; nd; Pos. 246)

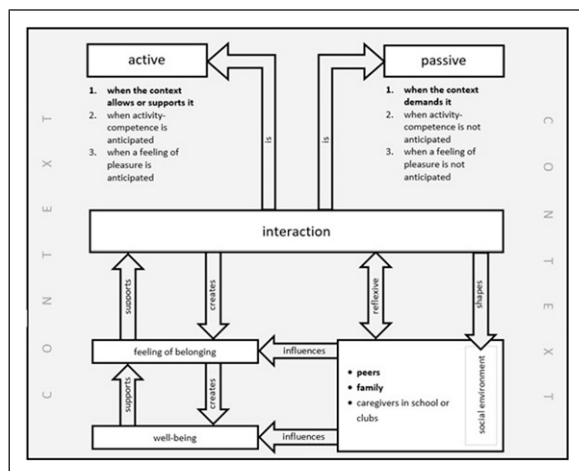


Figure 2. The adolescent concept of social participation.

The following section describes the main phenomena of social participation combined into a theory.

Interaction

The main phenomenon of the adolescent concept of social participation is “interaction.” This is a complex concept and forms the basis of understanding of social participation:

“Yes, you do something with others, you don’t sit in the corner alone and / you do something with others” (A12; m; 14; d; Pos. 157)

Within this concept, the distinguishing feature is to differentiate between participation and other activities by “doing something with others” versus “sitting alone in the corner.” Another important aspect relates to how adolescents differentiate between the presence of and interaction with other people. This distinction can be found in all definitions and includes an understanding of the great implications of social participation for society:

“I think that social participation is basically everything that has to do with society, with what you directly or indirectly do with people. Whether on social media at home, for yourself – it all has an influence or an impact on people’s overall lives.” (A34; f; 16; nd; Pos. 229)

A34, similar to A12, describes interaction and relates to direct (doing something with people) or indirect interaction in the sense of interacting with others via social media from home. She additionally emphasizes that social participation has an “impact on people’s overall lives.”

Another important aspect concerns differentiation between “active” and “passive” interaction. By asking adolescents about their preference in terms of being more active or passive in daily life, they intuitively relate this to their concept of social participation:

A26: “That depends on the group. In a group such as my drawing group, everyone is passive except my teacher. In my group of friends, it always depends on how I feel at the moment, which mood I am in, but I can be both. More often, however, I am actually more active. I’m most active with my grandparents (laughs) because I talk with them. (laughs). And (...) in our house (...)”

II: “Home community.”

A26: “Community, (laughs) I am rather passive. But I find / I don’t have a problem with being passive, because I generally like listening more.” (A26; f; 14; nd; Pos. 253–255)

A26 notes that she is more active or passive depending on the group she is with. She adapts her behavior to different contexts (locations and people present). She refers to the members of her drawing class, which seems to follow top-down teaching rules, passive, even though they actively practice drawing. The teacher is teaching the class and is, according to the definition of A26, active. A26 participates in this drawing class and connects her participation with a passive habitus. The group seems to follow this habitus as well. A26 draws a connection between the context and context-associated variables, which causes her to assume that her participation in this drawing class is passive.

By taking the mechanism of Figure 1 into account, it is possible to conclude that A26 participated based on her personal preferences. During participation, A26 perceived the presence and behavior of her peers. According to the context-regulated rules for behavior within this “interaction structure,” A26 perceived the passive behavior of her peers and adopted this behavior herself or at least felt that she needed to.

In her friendship circle, A26 behaves according to her personal feelings but emphasizes that she is more active than passive. In addition, she adds that she is “most active” when she spends time with her grandparents. At another point in the interview, we asked A26 about the environment in which she feels comfortable. She replied as follows:

“With my grandparents. (...) There will definitely always be discussions about any important topics and that’s great, because I can speak really well with my grandparents and

they both have very good general knowledge. I like it. I (...) really like it.” (laughs) (A26; f; 14; nd; Pos. 237)

This quote shows that she feels comfortable with her grandparents and that the security of the environment they create enables her to be active. The context-related influence of the people present is thus a reinforcing and promoting factor of active behavior. The same applies to passive behavior. As shown in Pos. 253–255, A26 acknowledges exhibiting rather passive behavior in her community, as being passive in a situation where she interacts with people who she does not know well reassures her contextual anticipation and makes her feel safer. She does not rate both types of behavior. Rather, it seems that, depending on the context, both types of behavior make her feel safe and reassure her of her actions.

Another criterion for the intuitive rating of active or passive behavior is, next to contextual setting-associated behavior, the level of competence:

A18: “Well, sometimes I dance with my friends and sometimes I don’t. Then, I simply watch them dance.”

I2: “How does that change? How would you imagine it? Do you prefer to dance or watch?”

A18 “Sometimes I dance with my friends and sometimes I watch them, when they do a new dance or something like that.” (A18; f; 12; nd; Pos. 235–237)

A18 seems to dance actively when she knows a style of dance. She decides not to dance with a group when she does not know a style of dance to avoid feeling uncomfortable or simply watch others dance instead. We identified such competence-based decision-making in many of the adolescents:

I1: “And in what kind of situations do you pull yourself back?”

A6: “Things where I say: ‘He can simply do it better.’ Yeah, but besides that I try everything. Something that I don’t try I can’t rate: ‘It doesn’t work.’ I have to try everything once and if it doesn’t work, I do it right on my own.” (A6; m; 16; d; Pos. 139–140)

A6 emphasizes that he pulls himself back when he cannot perform a task as well as other people can, making a competence-based decision based on the context he finds himself in. However, he does not feel restricted in his participation. By practicing on his own, he initially pulls himself back in situations where he anticipates his competence to be lower than others’, but he still tries the

activity at another point. This shows that A6 makes decisions based on competence but still makes an attempt if he feels pleasure doing an activity. This aspect is a third factor we identified in the context of deciding to engage in “active or passive interaction.” Adolescents’ decisions whether to engage in active or passive behavior appear to be based on the following:

1. CONTEXT: being active when the context allows or supports it; being passive if the context demands it.
2. COMPETENCE: being active when anticipating activity competence; being passive when competence is not anticipated; context is regulating and influencing.
3. PLEASURE-PRINCIPLE: being active or passive after anticipating the pleasure that can be obtained from an activity; activity competence and context are regulating and influencing.

Shaping the Social Environment

Another aspect central to understanding social participation is the influence of the social environment:

“For me, social participation means (...) that you have the opportunity to make and maintain social contacts. In addition, you have the opportunity to do something with these social contacts.” (A32; f; 16; nd; Pos. 294)

The ability “to make and maintain social contacts” is another important dimension of social participation. A32 emphasizes the meaning of interactions with these contacts by noting that one needs to “have the opportunity to do something with these social contacts.” The social environment has a far-reaching effect on social participation, since it makes adolescents feel comfortable or uncomfortable as a context-related dimension and influences the interactions between adolescents. The influence of the social environment was recognized explicitly or implicitly in the adolescents’ understanding of social participation. Context-associated factors have great relevance in shaping the social environment. When we asked A14 to describe her understanding of social participation, she replied as follows:

“Even people you may not yet know at all – spontaneously do something with them. So now, if you go out, for example, get to know some people in the park and do something together in a big group, not two or three – 20, doing something with 20 people. Something outside on the park bench, something like playing in the park or something. Doing something in a group of several people and then, if it was nice, repeat it.” (A14; f; 16; d; Pos. 220)

Meeting new people and the expansion of a circle of friends are also expressions of shaping the social environment. A14 explicitly refers to locations and numbers of people. The focus on building a group and doing activities together in a collective resembles interaction and the pursuit of shaping a context in which A14 feels comfortable. It also resembles the fact that current social participation has an influence on future social participation. Some adolescents describe the shaping of their social environment even more precisely and make direct reference to situational interaction strategies:

“For example, friends, for example, there are now three people, and you would like to speak to them, be friends with them, then that’s the same thing. So you just go and ask if you / ‘if you would like to be friends with me’ and just like that.” (A18; f; 12; nd; Pos. 286)

A18 articulates that she understands social participation as involving individuals or a group of people by making them an offer of friendship. This interactive process is about designing future participation by shaping the social environment. By gaining new social contacts, A18 creates a future context of social participation in which she feels comfortable and a sense of belonging. Belonging to a social environment together with the importance of the social environment for social participation is even clearer in the following quotes:

“I don’t know, I feel, I think, like I belong more with the people that I really get along with.” (A4; m; 15; d; Pos. 147)

“Well, social participation has something to do with the fact that I have something, that I have a feeling of belonging to my social environment.” (A32; f; 16; nd; Pos. 296)

The above expression of well-being in connection with feelings of belonging is a part of the interaction-related phenomenon of social participation and is explained in the following section.

Belonging and Well-Being

When adolescents actively or passively interact with peers, family, or other reference persons in their direct surroundings, this creates a concrete feeling of belonging. From the adolescents’ point of view, social participation accompanies a feeling of belonging. The data show that interaction most often leads to this feeling or otherwise stands in close connection to it. A feeling of belonging is an explicitly expressed emotion, as either young people articulate this feeling in concrete terms, or their perception can be explored as a concept from all statements made:

“Social participation, I think that you just belong to the, to the friends. That you have your friends. That you might also have a group where you simply belong, belong to the family or, yes, also belong somewhere in a / network. That’s how I understand the term.” (A22; m; 15; nd; Pos. 164)

“Social participation for me is always that, if someone / if others are together with you. If you have fun and are socially integrated.” (A6; m; 16; d; Pos. 238)

The social environment and belonging are integral parts of adolescents’ understanding of social participation and thus an expression of a relationship construct between interactions with members of the social environment and the feelings that this interaction creates.

As an individual adolescent’s life world changes as he or she grows older, his or her sense of belonging also changes with age. A32 answered the question “Have aspects of your life that are important and fun to you generally changed in the last 3 years?” (Pos. 232):

“Well that / friends didn’t have the meaning they have now. That has changed. You no longer have such a close bond with your parents. You don’t have to tell them everything anymore. You now have your friends to go to. Well, I’m still going to my parents, but yes, that has changed.” (A32; f; 16; nd; Pos. 241)

A32 describes the importance of friends and relates this to her relationship with her parents. She reports that her relationships and mentors had changed over the past 3 years. The phrases “You no longer have such a close bond with your parents” and “you don’t have to tell them everything anymore” are related to “you now have friends to go to,” and are expressions of a relocation of relationships with a direct influence on feelings of belonging. A32 also says that she “still” consults her parents, which in turn shows that her relationship with her parents is changing but not absent. Over the course of adolescence, one’s sense of belonging does not completely shift from one’s family to one’s peers due to relationship changes. Data show that friendships play an increasingly important role with advancing age. However, family relationships remain important for young people as well.

As a result of the above interaction, feelings of belonging lead to a state of “well-being,” which is another important aspect of the adolescents’ concept of social participation. The adolescents specifically named groups of people and environments that trigger their state of well-being:

“Or when I, in the evening when I watch TV together with my friends on the internet.” (laughs) (A3; m; 15; d; Pos. 218)

“Actually always, especially when my friends are there, I feel extremely comfortable, I feel safe and all.” (A27; f; 14; nd; Pos. 115)

“I feel comfortable there, being outside with friends or with the boy scouts.” (A7; m; 13; d; Pos. 331)

The presence of and interactions with people in the social environment lead to feelings of well-being and again resemble a context-dependent variable of social participation. Social participation, including meeting friends or enjoying their presence, belonging to a group of friends and the feelings associated with this, is a context-defining setting for well-being, which is a result of social participation and, according to the concept of interaction, supports future interaction or rather social participation.

Discussion

To date, despite a large body of research on the subject, the construct of social participation remains poorly defined. To the best of our knowledge, this study is one of the first to qualitatively analyze the theoretical understanding of participation from the adolescents’ perspective. Through semi-structured interviews, we explored, contrasted, and analyzed the experiences of adolescents with and without physical disabilities and chronic diseases regarding their understanding of social participation.

Main Findings

The adolescent concept of social participation is a multidimensional construct and seems to be independent of the presence of physical disabilities or chronic diseases. The root of the concept is represented by reflexive interaction with the social environment as well as the shaping of this social environment. Such reflexivity arises from the fact that interaction with the social environment takes place (social participation) and is influenced by it at the same time, which also has an influence on current and future social participation. Factors that influence or are influenced by such interaction include the “shaping of the social environment,” which is related to making or maintaining social contacts and has a direct influence on feelings of “belonging,” which in turn creates a state of “well-being” and the context of participation in which the concept is embedded. Together with two other factors, the given context has a relevant influence on how adolescents participate. It seems that there is a passive and an active approach to social participation. Adolescents do not rank these forms of social participation but rather explain how behaving one or the other is better in certain situations.

Additionally, it seems that concepts of social participation do not differ between adolescents with and without

physical disabilities or chronic diseases. Since the central, multidimensional concept of social participation appears to represent a part of adolescents’ basic needs, it is possible to suspect that the concept of social participation can exist as a paradigm, independent of physical function.

Main Findings in the Context of Current Research

The multidimensional adolescent construct of social participation shows intersections and potential for additional results from current reviews and studies, which base their understanding of participation on a multidimensional construct as well.

As stated by [Adair et al. \(2015\)](#), the results of our study also show that concepts of social participation go beyond the ICF framework. This indicates a need for further development of the concept of social participation within the ICF framework ([Adair et al., 2015](#)). The ICF concept of participation (“being involved in a life situation”), which, over the years of scientific discourse, has partly been used to develop more elaborate concepts of social participation such as the fPRC, seems to be expandable. The fPRC defines participation as “attendance” and “involvement” ([Adair et al., 2018](#); [Imms et al., 2017](#)). With our results, we were able to add additional subjective components to the framework: the aspects “interaction” and “belonging” could supplement this concept.

According to [Nyquist et al. \(2019\)](#), “attendance” resembles an objective component of social participation, and “involvement” as “experience while attending” resembles a subjective component ([Nyquist et al., 2019](#)). These components can describe scenarios of social participation such as “participating in team sports at a club” or “participating in school.” However, they cannot reflect subjective dimensions of social participation, which are relevant for adolescents outside these representative situations. When adolescents experience social participation, while they are alone in their rooms, interacting with friends through social networks (e.g., chatting via instant messengers), the results of our study show that the concept of “involvement” is not yet elaborated enough. Until now, this has been implied to entail interpretative sovereignty, being the main subjective component of the social participation concept of “attendance” and “involvement.” Our results show that from the adolescents’ point of view, aspects that describe “involvement” have a highly subjective meaning to adolescents and should therefore be considered as valuable as “involvement” itself.

In a qualitative study exploring the participation experiences of children, [Nyquist et al. \(2019\)](#) state that social participation for children accompanies a feeling of belonging ([Nyquist et al., 2019](#)). This assumption is supported by the results of a scoping review conducted by [Willis et al. \(2017\)](#), where the feeling of belonging is

described as an essential part of meaningful participation (Willis et al., 2017). Carlberg et al. (2018) report that “feelings of belonging” are inherent in social participation as part of a subjective aspect of the term (Carlberg & Granlund, 2018). The findings of our study support these statements and add that from the adolescents’ perspective, social participation in the sense of interaction with their social environment induces and/or accompanies feelings of belonging. Such feelings of belonging have a positive effect on future interaction with the social environment. The relationship between social environments, interaction, and feelings of belonging can be a useful supplement to the subjective component of “involvement.”

Schlebusch et al. (2020) note that the objective component of participation is the focus of most studies investigating social participation in children and adolescents. The authors state that this approach investigates an important aspect of participation, but an expansion of related perspectives is needed (Schlebusch et al., 2020). The results of our study support these findings and show that for adolescents, subjective components of social participation are the focus. To adolescents, the core of social participation is not taking part in something but rather belonging with peers, family members, or any other relatable groups and being able to interact with them.

In a systematic review, Maxwell et al. (2012) describe the importance of the environment to the participation experience (Maxwell et al., 2012). The meaning of the environment was differentiated by Imms et al. (2016, 2017) into the context and environment and integrated into the framework concept of the fPRC (Imms et al., 2016, 2017). The influence of the immediate context on current and future participation was also examined by Batorowicz et al. (Batorowicz et al., 2016). The influence and importance of the given environment and context are supported by the results of our study. It is shown that the participation context is a regulatory medium that promotes or requires active or passive interaction behavior and thus has an influence on future participation.

Strengths and Limitations

The main strength of our study lies in its detailed exploration of adolescents’ perspectives on the concept of social participation. The proposed multidimensional concept could be supplemented and checked for inconsistencies in terms of the grounded theory research paradigm. A particularly extensive survey should also be emphasized. By conducting a large number of interviews, we were able to deeply explore the subjective meanings of the social participation of adolescents with and without physical disabilities or chronic diseases. We were able to

develop the beginnings of a theory of social participation from the perspective of young people.

Next, some limitations of the current study need to be acknowledged. First, our direct recruitment of the adolescents may suggest that the participants were highly motivated young people, which could have influenced the findings. However, we can assume that the resulting selection bias is rather low, as parts of our results are in line with existing evidence. In addition, we took special care in selecting adolescents to achieve a sample of maximum variation. We found largely homogenous findings in understandings of participation and its diverse components and determinants and came to similar conclusions across disabled and nondisabled adolescents. A second limitation concerns the number of participating adolescents with physical disabilities or chronic diseases. Recruiting adolescents with physical disabilities or chronic diseases was more difficult than recruiting adolescents without a disability. Nevertheless, since we reached theoretical saturation in both groups, the influence on the results can be assumed to be rather small. Another limitation is the possible influence of some of the narrative stimuli on the adolescents’ understanding of social participation. If the adolescents had problems with the term “social participation,” the interviewer introduced certain ideas of what could be understood by social participation. However, since the results did not differ with respect to the adolescents who did and did not need these stimuli, it can be assumed that the influence on the results was rather low.

Conclusion

The fPRC is a scientifically recognized framework for social participation. It offers a differentiated description of participation and is designed to be widely applicable. However, despite numerous studies of its subjective and objective components, there is still a need for research to specify the individual meanings of these components. Authors have repeatedly stated that the relation between “attendance” and “involvement” needs to be examined more closely (Imms et al., 2016; Imms et al., 2017; Spreer et al., 2019). The results of our study show that “belonging” to a social environment and “interaction” with that social environment represent elementary components of the adolescents’ perspective on social participation. We recommend expanding the fPRC framework to include the aspects of “belonging” and “interaction.” As mentioned before, the importance of “belonging” to social participation has already been scientifically discussed several times (Nyquist et al., 2019; Willis et al., 2017). The use of “interaction” as an additional component in the sense of a further dimension of “involvement” should be consolidated in further investigations.

With regard to the central and multidimensional construct of social participation, the results of our study show that all adolescents in our study exhibit almost identical concepts and wishes with regard to their understanding of social participation. This underlines the applicability of a fPRC framework for adolescents with and without physical disabilities or chronic diseases.

Authors' contributions

TB wrote the initial draft of the article. He was involved in data collection as well as data analysis and interpretation. LH was involved in data analysis and interpretation and revised the article according to the critical comments of the co-authors. AF and OM were involved in data analysis and interpretation. CV and MB commented critically on the draft. AF, BG, and MR contributed to the conception and design of the study and commented critically on the draft. All authors gave their final approval of the version to be published. TB and LH contributed equally to this paper.

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