THE EXPERIENCE OF
TEACHING WITH MULTIPLE SCLEROSIS:
AN EMERGING BLEND OF THEORY WITH PRACTICE

by

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for the degree of Doctor of Education
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ABSTRACT

The purpose of this research was to explore the experience of teaching with a disability. More specifically, I intended to describe and understand the experience of teaching with Multiple Sclerosis (MS).

At the outset of this research endeavor, I aimed to explore some of the following questions: What is it about the nature of a teacher's work which makes it challenging for one with Multiple Sclerosis? How does having MS influence one's ability to carry out teaching responsibilities? How does it positively, or negatively, affect the teaching experience? What resources and support networks are available to, and desired by, teachers with MS? Finally, what recommendations do teachers have for improving the environment in which they work, so that it may be more accessible, comfortable and supportive for them and, perhaps, for teachers with similar disabilities?

On the basis of my epistemological and ontological assumptions, I chose a qualitative approach for carrying out the research at hand. From the many qualitative models which guide human science inquiry, I chose an approach which merges the aims of, and perspectives underpinning, phenomenological and heuristic modes of inquiry. While I intended to explore the experience of teaching with MS from the perspectives of those who had lived it, I also hoped to acquire enhanced self-knowledge and self-understanding in relation to my own teaching experience, from the vantage point of coping with a disability.

Three in-depth phenomenologically based interviews were carried out with four teachers who have Multiple Sclerosis. Focus group sessions were also held with all of them, which served to complement the data gathered from the interviews and ensure consistency therein.
Having immersed myself in teachers' stories of experience, I gradually discovered them coming together around a passion for work and desire to stay there. Hence, the question unfolded: How can teachers, who have MS, stay in their profession and hold onto well-being? In other words, the desire to give to and be sustained through their work came forth as a puzzling dilemma in need of practical solutions.

Naturally, from there, practical answers for teachers, fellow colleagues, school boards as a whole and insurance carriers, were voiced. Implications were then drawn. Personal along with professional next steps were also taken. As one of those steps came forward as the beginning of a support group for teachers who have MS, the valuable contributions this thesis makes in both theory and practice were revisited and, thereby, acknowledged.
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Where does one begin? While 'beginning with myself' lay a foundation in guiding the research process, acknowledging the role played by others within it, indeed, placed them on a higher, most respected, ground.

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TABLE OF CONTENTS

Chapter 1. **Beginning with Myself** .................................................. 1.

1.1 Prologue ......................................................................................... 1.
1.2 Beginning with Myself: An Inside-Out Approach .................................. 2.
1.2.1 Who am I as Researcher? ......................................................... 2.
1.2.2 My Implicit Theories about Teaching with Multiple Sclerosis ............. 4.
1.3 Summary ....................................................................................... 8.


2.1 The Nature of a Teacher’s Work .................................................. 11.
2.2 Enhancing the Wellness of Teachers ............................................ 16.
2.3 Introduction to Neurological Diseases .......................................... 20.
2.4 Multiple Sclerosis ........................................................................ 23.
2.5 Multiple Sclerosis and Employment ............................................ 32.
2.6 Teaching with a Disability .......................................................... 42.
2.7 Summary ....................................................................................... 54.

Chapter 3. **Methodological Orientation: Connecting Personal Orientation with a Qualitative Research Approach** ................................. 56.

3.1 Beginning with Personal Assumptions, Beliefs and Values ....................... 56.
3.2 Laying a Foundation for Qualitative Inquiry ..................................... 57.
3.3 Choosing Compatible Research Models ........................................ 59.
3.3.1 Phenomenology ........................................................................ 60.
3.3.2 Heuristics ................................................................................ 63.
3.4 Bringing Together Phenomenological and Heuristic Research .................. 64.
3.5 Research Design ........................................................................... 66.
3.5.1 Choosing Participants ............................................................... 66.
3.5.2 Negotiating Participation .......................................................... 69.
6.5 For Faculties of Education: Pre-service Programs Lay a Foundation .......................... 183.
6.6 For the Person with Multiple Sclerosis ................................................................. 183.
6.7 No Magical Solutions .......................................................................................... 185.
6.8 Implications and Next Steps ................................................................................. 186.

After Word .................................................................................................................. 195.

References .................................................................................................................... 198.

Appendix A Letter to Potential Participants ............................................................... 207.
Appendix C Invitation to Focus Group Meetings ......................................................... 211.
CHAPTER 1

BEGINNING WITH MYSELF

1.1 Prologue

This study set out to explore the experience of teaching with a disability. More specifically, I intended to describe and understand the experience of teaching with Multiple Sclerosis (MS).

Planning to explore the depth of four teachers' lived experiences, I hoped to uncover responses to some of the following questions: What is it about the nature of a teacher's work that makes it challenging for one with Multiple Sclerosis? How does having MS influence one's ability to carry out teaching responsibilities? How does it positively or negatively affect the teaching experience? How does having MS influence a teacher's relationship with other colleagues, administrators and students? What resources and support networks are available to and desired by teachers with MS? Finally, I wondered as to the recommendations these teachers had for enhancing the environment in which they worked, so that it could be made more accessible, comfortable and supportive for them and for teachers with related disabilities.

Upon immersing myself in the data-gathering process, I came to know and understand teachers' passion for their work. Hence, I discovered the latter research question emerging as yet another one: How do teachers with MS stay in their profession and hold onto well-being? Continuing to talk with teachers, who have MS, about their teaching experiences, I aimed to acquire answers to these questions, thereby enriching my own understanding of what it is like to teach with this disability.
Consistent with my personal desires, I also hoped to demonstrate that this research would be meaningful and valuable to those who became participants in it. More specifically, it was my belief that opportunities for self-expression in a mutually supportive context, sharing as well as enhanced personal understanding would emerge as meaningful outcomes through participation in this endeavor. Overall, it was my hope that our work together would one day provide a valuable contribution to the lives of other teachers who bear the burden of MS, and to the topics of teaching, disability and professional development in the broader sense.

1.2 **Beginning with Myself: An Inside-out Approach**

I came to this research myself as a teacher with Multiple Sclerosis. As such, my research represents what Hunt (1992) calls "Beginning with Ourselves: An Inside-Out Approach" (p. 3). In describing this approach, he states that, "To begin with ourselves is to stop and reflect, to enter into our inner life, to connect with what we feel and believe, and to set an inner foundation for continuing our life's journey" (Hunt, 1992, p. 3). Indeed my work became personally meaningful and significant when I approached it by connecting with who I am as a researcher and by bringing out my implicit theories about what it means to teach with Multiple Sclerosis.

1.2.1 **Who am I as Researcher?**

I had the opportunity to connect with who I am as a researcher by recalling a personal experience of being a participant in a research project. In so doing, I relied upon the Kolb Cycle as an interview guide (Hunt, 1992, adapted from Kolb, 1975). As explained by Hunt (1992), "Kolb believed that experiential learning could be considered in terms of four steps which in every day affairs often meld together" (p. 11). Accordingly, I proceeded through those steps of Concrete Experience (reliving), Reflective Observation
Recalling this experience as one in which I was an involuntary and fearful 'subject' of an experiment, I was able to develop some guidelines for conducting my research in a way that was consistent with my personal values and beliefs. Primarily, I believed that as researcher, I needed to take into account the intentions and feelings of those being researched. Instead of treating people as 'subjects' in a study, I felt it was critical to recognize participants as human beings, to explore their own perspectives on the topic at hand, and to discover how the research could be made meaningful and valuable to them.

Furthermore, I believed that I needed to be cognizant of the importance of the relationship between the participants and me. Specifically, it was my belief that this relationship should be characterized, as much as possible, by trust, openness, honesty and respect. It is these qualities which I truly believed would form the foundation of a working relationship that was positive, collaborative and mutually satisfying.

As well, if participants were willing to devote their time and efforts to this research, I believed they were entitled to receive feedback pertaining to the results of the study. On the basis of my experience of being the researched, I had come to understand that participants want to know about specific findings, how their participation may have influenced them and what will be done with the results in the future. Finally, I fully recognized that my appreciation would need to be expressed to all those who chose to become involved throughout this research process.
Therefore, through my own negative experience of being the researched, I had been able to bring out my own underlying attitudes and beliefs about conducting research. In short, it was my aim to recognize participants as human beings with intentions and feelings, develop trusting and collaborative relationships with them and provide individuals with thorough and detailed feedback as to the findings of this study. Altogether, I fully intended to do so in a very attentive, careful and ongoing way.

1.22 My Implicit Theories about Teaching with Multiple Sclerosis

Although I had been teaching with Multiple Sclerosis for quite some time, it was not until recently that I was granted the opportunity to explore the roots of my interest in this research topic. Exploration began with my selection of a positive experience related to it, with an emphasis on my personal understanding of what happened (Hunt, 1992). Once again, by proceeding through the four steps in the Kolb Cycle (Hunt, 1992, adapted from Kolb, 1975), I was able to identify my implicit theories about what it means to teach with this disabling and most unpredictable condition.

The positive experience I chose to explore was my brief experience as a grade four teacher in an inner-city school in Hamilton, Ontario. While I had prior experience working with children with a variety of physical disabilities, I was somewhat ill prepared, or so I thought, for the numerous and severe challenges with which the children I would be teaching were confronted. For example, although few children at this school had physical disabilities, many of them suffered from ADHD (Attention Deficit Hyperactivity Disorder) as well as a variety of psychological and emotional problems associated with abuse and poverty.

During my stay there, however, I became drawn to one particular child who needed very special attention and whose experiences I soon realized I
could understand. As classes were being organized, I was informed that I would have a little boy, named Brian, in our classroom who was 'legally blind'. At the time, I was not completely sure what this meant and, accordingly, became disturbed that I had not been told about his condition earlier. What I had been told, however, was that there would be no educational assistant to help him with his daily classroom activities.

It was then that I turned toward my own life experiences for insight regarding how the other students and I could best support Brian and facilitate his learning. Specifically, I recalled a time in my life when I could not see. I remembered it well because my fears about not being able to cope with my work and family life often overtook me. Reflecting upon that situation, I soon realized that what we needed to do together was to 'get up close' to Brian's experience, thereby acquainting ourselves with what it would be like to be 'in his shoes'.

Attempting to do so, we planned a classroom activity in which all the children had a chance to wear blindfolds for a brief period. Following it, the students revealed that they were afraid, frustrated, and highly dependent upon others around them. Interestingly, they also concurred that this dependence was something they did not like.

Hence, through our activity, this question emerged: How can we best help Brian to help himself? Just as I needed to learn to help myself in the past, we now needed to discover the ways in which we could support Brian, yet also encourage his self-support. Readily, the children agreed that they would take turns acting as his 'buddy', when walking down the halls, playing games at recess time and also in the gymnasium. Instead of performing individual tasks for the purpose of taking care of our classroom, the students felt it would be best for Brian if they fulfilled these responsibilities in pairs.
Furthermore, as his teacher, I arranged for Brian to have a computer to assist him with his academic work, and for a consultant to come in once each week to meet with me and discuss additional teaching strategies that might be beneficial. As well, Brian's parents provided me with information about his interests and strengths; ones which I felt were important to capitalize upon in order to build his self-esteem.

Collectively, the students and I agreed that we could best support Brian by assisting him during difficult tasks while encouraging him to do as much as possible independently, by showing compassion as well as empathy and respect for his situation, and by providing him with small risk-taking opportunities where success was achievable. Needless to say, the results of our efforts were very positive for Brian and extremely rewarding for everyone in our classroom.

Through reflection upon that positive experience, I was able to bring out my implicit theories about the experience of teaching with Multiple Sclerosis. First of all, I acknowledge the many fears I had regarding my physical ability to teach in a very stressful and demanding environment. Not only was I trying to keep up with my regular duties, those consisting of preparing activities, attending regular staff meetings, coaching and communicating with parents, but I was also doing so in the context of an inner-city classroom where so many children have special needs. The physical and emotional demands of teaching in this kind of setting were, for me, sources of extreme fatigue and the catalysts in an eventual relapse which temporarily impaired my ability to walk.

In spite of those challenges, I uncovered a very positive side of teaching with Multiple Sclerosis. This experience had alerted me to the enormous variety and severity of disabilities with which both children and
adults are confronted inside our schools. Learning how to best support individuals, who live with these conditions, is both a critical and ongoing concern; however, through my experience, I had also come to realize that people with disabilities have a great deal to teach all people. For example, Brian was not someone who was truly 'blind'; rather, he was a child who could actually see quite clearly. Broadly speaking, it is my belief that people with visual impairments are able to see very well, by listening with their ears and feeling in their hearts.

Furthermore, I believe that to teach with Multiple Sclerosis is to become increasingly empathic and sensitive to the special needs, which in a way, every one of us has. While I have Multiple Sclerosis, which presents me with certain needs, I believe that we all have unique needs which must be tended to throughout the course of our formal education and well beyond. I also believe that non-disabled persons may truly be valuable sources of strength and support to challenged children and adults within our schools. By helping those of us with disabilities to uncover our values and beliefs, non-disabled others may assist us in becoming better able to support ourselves. This is how we become more independent and gain self-confidence.

Finally, my reflections on a positive experience of teaching with Multiple Sclerosis had unveiled, for me, the belief that people with disabilities truly can lead productive and fulfilling lives. While I doubted my ability to do so shortly after my diagnosis, I now realize that I can still teach, I can teach well and am extremely fortunate to have the teaching opportunities and abilities that I do have.
1.3 Summary

'Introducing myself', as I have done, serves partly to provide a context for the impetus behind this research. It also reveals my awareness and acknowledgment of the special lens through which this study was conceptualized, analyzed and interpreted. One of the prominent assumptions underlying qualitative inquiry is that the researcher's personhood - life experiences, beliefs, values and goals - represents an integral part of every phase of the research process. The need to acknowledge the researcher's stance and voice, while attending to issues of rigor, is clearly emphasized throughout the literature on qualitative inquiry (Connelly & Clandinin, 1990; Morgan & Smircich, 1980; van Manen, 1994). Moreover, it is the idea of value-free research that is being recognized as the 'soft spot' of inquiry, while trustworthy, openly ideological research is regarded as the 'rock' (Lather, 1986).

Creating a broader picture of this research project, I was introduced to four teachers, who have Multiple Sclerosis, and desired to work with them. As individuals, Susan, Jennifer, Dina and Vera participated in three in-depth interviews. Together, they then did so in informative and supportive focus group sessions. Within those meetings, practical answers to our emerging question were strongly voiced. Next steps, pointing to the notion of inclusion, were, thereafter, naturally taken.

While acknowledging having lived positive experiences as a teacher with Multiple Sclerosis, I had also encountered negative ones which strenghtened the impetus behind this research project. Unable to sustain myself in my work, having attempted to do so inside two different schools, I was forced to leave it, and returned home feeling saddened, empty inside and, accordingly, unfulfilled as a professional.
Lying awake one early morning, I found myself reflecting upon my teaching experiences and how I valued them. Delving deeper into thought, I wondered how, if there was a way, I might have been able to sustain myself in my treasured work and continue to thrive there. In essence, my heightened need to talk with and learn from others, who shared related experiences, became powerful impetus behind this research endeavor.
Delving into the mounds of literature which informed my work, I acknowledge having found myself somewhat intimidated and, at the outset, highly overwhelmed. Beginning with those areas most relevant to my topic, I briefly review some recent literature on the nature of a teacher's work. In this part of the review, I first highlight some of the positive aspects of teaching, in terms of personal satisfaction, reward and fulfillment. Though it was not my intent to focus mainly upon the often stressful and demanding nature of this profession, I did choose to bring out some of the more salient aspects of it which make it challenging for all teachers, including those of us with disabilities.

I follow this section with one titled 'Enhancing the Wellness of Teachers'. My reason for incorporating perspectives on wellness was twofold. First of all, as is revealed within the literature (Armstrong, 1995; Morris & DeVane, 1994), the concept of wellness is indeed connected to one's work as a teacher, in both a positive and negative sense. Secondly, though wellness is not often mentioned in other areas of the literature which are relevant to my research, I did see the potential for this topic to surface during conversations that I would have with my participants. Hence, my clear understanding of what it means to be well, or unwell, became an important prerequisite in both planning and carrying out this research. Though this part of the literature review is somewhat narrow, I believed it
fitting to focus my interests more specifically upon the well-being of teachers with disabilities.

Having explored the literature further, I have provided an introduction to neurological diseases and defined related terminology. Within this discussion, I identify and briefly describe some of the conditions which are similar to my own, including Parkinson's disease, Epilepsy and Stroke. I then move to a more detailed and comprehensive description of Multiple Sclerosis, and proceed to a discussion of MS in relation to employment. Finally, having attempted to merge the topics of teaching and Multiple Sclerosis, I review some of the more recent literature in the area of 'Teaching with a Disability'. Disappointingly, as revealed by Gerber (1992), there is only a 'paucity' of literature available on this subject. Furthermore, though I continued to search, I was unable to locate any literature at all which focused specifically on 'Teaching with Multiple Sclerosis'.

While attempting to broaden the scope of my literature review, I also searched for work in the area of 'Teaching with a Neurological Disease'. With the exception of one outdated article, I uncovered virtually nothing. Though somewhat shocked and disappointed with the lack of reading material in those areas, I became, at the same time, excited about having a research topic which appeared wide open for my participants and me to explore!

Altogether, given the emergent nature of qualitative inquiry, my aim was not to complete a thorough and exhaustive review of relevant research; rather, to provide a framework of literature in which to situate my study.

2.1 The Nature of a Teacher's Work

It is my experience that the teaching profession is a challenging, rewarding and very fulfilling one. The opportunity to create a safe
environment in which children can acquire the knowledge and skills necessary to become mature, productive and responsible citizens has for me been both an honor and a privilege.

Jennifer Nias' (1989) study of primary teachers in England, Primary Teachers Talking, reaffirmed some of my professional experiences and identified additional positive aspects of teaching. For example, her findings revealed that practical and emotional support from one's colleagues, in the forms of advice, guidance, assistance and reinforcement, are significant and positive features of a teacher's work life (p. 135). They also indicate that teaching provides a person with a sense of purpose, fulfillment and achievement. Specifically, "accomplished classroom practitioners often feel purposeful and satisfied. The resulting sense of equilibrium may account for why they feel 'whole' and 'in control'' (Nias, 1989, p. 199). Similarly, Armstrong (1995) reported that middle-age women elementary teachers described the satisfaction they gained from their teaching as feeling "empowered" and "well" (p. 295).

Not withstanding these positive aspects, teachers are often confronted with a variety of changes within their profession. Coming from various external forces, both public and political, these changes are clearly sources of stress for most educators. As Ball and Goodson (1985) state:

Any attempt to portray the contemporary situation of teachers' work and teachers' careers must inevitably recognize the changing context within which this work is undertaken and careers constructed. Changes in the financing of education, in the degree of political intervention into school matters, and in the views of and general level of esteem for teachers held within the public at large, have, and are
having profound effects upon the ways that teachers experience their jobs (p. 2).

Years ago, most parents and students maintained a high regard for their teachers and school system as a whole. Now, however, it appears that teachers are viewed by the public and media as having an easy job with long holidays and being overpaid. According to Fullan (1991), "The conditions of teaching appear to have deteriorated over the past two decades; it is a fact that teachers have become devalued by the community; teacher stress and alienation from the profession are at an all time high" (p. 117).

The stress created by the public's negative attitude toward teaching and schools has been compounded by powerful political pressures. For example, in spite of their tremendous opposition, Ontario teachers are now faced with drastic changes imposed upon them by the provincial government. Specifically, the highly controversial education reform Bill 160 reduces preparation time for high school teachers, limits class sizes, increases the time that teachers and students spend in class, controls education tax rates and allows uncertified teachers to teach courses of music, physical education, art, computers and family studies (OTF / FEO, 1997). While the government plans to test teachers, the New Ontario Curriculum specifies that students in Grades 1 to 8 will read, write and spell at an earlier age and have sharper problem-solving skills (Ministry of Education and Training, 1997). Arriving at a time when ethnic, cultural and language diversity within classrooms is on the rise, these changes have altogether left teachers feeling powerless, isolated and demoralized.

Not surprisingly, teachers are also seriously affected by internal forces. Specifically, they are perpetually caught in 'double binds—situations' that dictate contradictory sets of expectations for their behavior; ones which they
are powerless to change. For example, in her study of the school and home lives of 50 women teachers in the United States, Spencer (1986) reveals that teachers are expected to exhibit control over students in the classroom, yet they possess little control over what or to whom they are teaching; teachers are also expected to demonstrate enthusiasm and provide a positive and dynamic example to motivate students who are in the classroom involuntarily. This contradiction between exerting control, while promoting enthusiasm, is not only difficult, but often exhausting.

In the same study, Spencer unveils yet another contradiction wherein the teacher is expected to show warmth, caring and compassion to all children, even though the reality of the classroom readily shows that all children are neither always lovable, nor even likable. This dilemma represents a serious contradiction because teachers find it difficult and inappropriate to admit to disliking a student. As Spencer (1986) states, "To do so is to admit to failure or show disloyalty to the teaching profession" (p. 10).

Therefore, teachers, and the profession as a whole, are strongly influenced by powerful external factors and overwhelming internal ones. These forces deem a teacher's work as rigorous, overwhelming and highly stressful. It is unquestionable that a strong support base for teachers is needed; however, community support is often unreliable and can quickly become hostile. Though a teacher might anticipate strong collegial support, this is also infrequent and irregular; mainly due to time constraints. As emphasized by Armstrong (1995), "Teaching by its nature is isolationistic, with each teacher in her own classroom" (p. 4).

Moreover, the organization of the typical school day is neither conducive to true support, nor collaboration. In a recent Environsics
telephone survey titled, "Workload and Worklife", 1002 randomly chosen Ontario English Catholic Teachers Association members were surveyed to counter misinformation spread by the provincial government. The survey revealed that many teachers begin working before the school bell rings, and then continue through lunch, and long after most of the students have gone home (Robertson, 1996). While 62 percent of the teachers estimated spending between one and three hours per week on professional reading and upgrading skills, 70 percent reported having taken workshops on weekday evenings. In spite of these findings, 73 percent of the teachers surveyed revealed that they could not imagine being anything other than a teacher (Robertson, 1996). Even in the face of unreliable and sporadic community and collegial support, Robertson (1996) claims that, "Teachers in every classroom across this province are dedicated and committed to the children under their care and are more than willing to make our schools work" (p. 12).

Spencer (1986) summarizes the nature of a teacher's work as follows: The strain of standing all day, monitoring students' work and behavior, and dealing with problems and disruptive behaviors is draining and difficult. Unlike other workers, teachers often have no coffee breaks, lunch hours away from their work setting, or places to prop up their feet and complain. Despite these conditions, they know that the common perception is that they have an easy job.... Teachers are surrounded by students all day; they see other teachers only briefly. But despite this isolation from other adults, teachers have no moments of privacy when they can let down and relax because they are always before an audience of children. They have to eat lunch under crowded conditions, sometimes with a number of noisy children; and
breaks in the day are filled with hall duty, playground duty, or bus duty (p. 9-10).

Thus, according to Spencer, a teacher's job is one that is often isolating, misunderstood and exhausting. While keeping in mind the rewarding and fulfilling side of this profession, the difficult conditions of it remain, and are further exacerbated by heightened demands and reduced sensitivity to them. Altogether, Morris and DeVane (1994) caution that, "If there is no let up in this exhaustion, there is a greater risk of teacher burnout" (p. 30). They explain that teachers who suffer from burnout are completely drained physically, emotionally, mentally, behaviorally and often spiritually.

In order to effectively cope with the demanding nature of their work, and avoid burnout, Armstrong (1995) emphasizes that teachers need to be highly organized, full of energy, balanced, perceptive, self-controlled and in tune with a sense of humor. In other words, she states that, "There is a very real need to act from a place of wellness" (p. 8).

2.2 Enhancing the Wellness of Teachers

The concept of wellness is described in different forms by various authors. For example, Hoeger (1987) conceptualizes wellness as, "the constant and deliberate effort to stay healthy and achieve the highest potential for well-being" (in Morris & DeVane, 1994, p. 32). Within Hoeger's wellness model are eight essential components: health education counseling, medical-physical screening, stress management, adequate nutrition, alcohol and drug abuse control, physical fitness, smoking cessation, along with diet and weight management.

Another definition is provided by Greenburg and Dintiman (1992), who reveal that wellness is the integration of social, mental, emotional, spiritual and physical components of health, so that one is living a quality
life. According to them, a high level of wellness is achieved when a balance among these components is reached. Interestingly, Greenburg (1985) explains that people can be well, regardless of whether they are ill or healthy. In essence, then, wellness should not be viewed as an absolute state; rather, it is an ongoing effort by individuals to reach a state of wholeness, which is characterized by feelings of serenity and an overall sense of well-being (Morris & DeVane, 1994).

Morris and DeVane (1994) believe that their Proposed Integrated Model of Wellness, which incorporates the components of mind, body and spirit, could essentially reshape some wellness programs by encouraging them to address more sharply those areas of imbalance. With respect to developing programs for educators, they suggest that several important factors need to be considered: choosing a director or coordinator, planning and developing a program, implementing the program as well as evaluating its effectiveness.

Elaborating further, Morris and DeVane (1994) reveal that wellness programs for educators require that a director be chosen; one who possesses sufficient academic training in exercise prescription, nutrition and first aid, and who has the ability to initiate and provide support for teachers in a comfortable environment. They also stress that the planning phase must incorporate the needs and interests of the teachers involved. The program should be developed in keeping with these interests and driven by clearly written goals and objectives.

Moreover, program implementation necessitates both the commitment and adequate financial resources of affiliated school boards (Morris & DeVane, 1994). Learning activities should be designed to equally enhance the body, mind and spiritual components of health, and incorporate lectures
on the topics of smoking cessation and stress management. Finally, Morris and DeVane (1994) emphasize that in order for any wellness program to be effective, evaluation must be formative, summative and ongoing.

Learning activities or practices which aim to enhance the health and well-being of teachers, and educators in general, exist in a variety of forms. For example, in his classic book, The Contemplative Practitioner: Meditation in Education and the Professions, Miller (1994) supports the practice of contemplation within education and other professions. He defines contemplation as "the development of compassionate attention" (p. 2). Thomas Merton extends this definition by elaborating upon the sacred characteristic of this practice, in saying:

Contemplation is the highest expression of man's intellectual and spiritual life. It is that life itself, fully awake, fully active, fully aware that is alive. It is spiritual wonder. It is spontaneous awe at the sacredness of life, of being. It is gratitude for life, for awareness and for being. It is a vivid realization of the fact that life and being in us proceed from an invisible, transcendent and infinitely abundant Source (Merton, 1959, in Miller, 1994, p. 3).

The Source, according to Miller, is the unity that underpins all life, and is also known as God (Christianity), Allah (Islam), the Tao (Taoism), the Brahman (Hinduism), the realm of the invisible (Plato), the implicate order (Bohm), and the collective unconscious (Jung).

As a form of contemplation, Miller (1994) defines meditation as simply, "the development of attention" (p. 51). He explains that attention puts people in touch with all that is happening around them. Meditation, then, "may actually be described as deep listening during which we attune ourselves to what is happening within and outside" (p. 53). Miller (1994)
also reveals that meditation encompasses several types of practice, including vipassana or insight meditation, visualization and mantra.

According to Miller (1994), there is a substantial amount of research that supports the positive outcomes of meditative practice for educators and other professionals. For example, Murphy (1992) reveals that meditation may help to lower a person's heart rate and blood pressure, relax the muscles, heighten perception and enhance motor skills and empathy toward others. Furthermore, Miller (1994) indicates that research on the flow experience, characterized by "deep concentration where we temporarily lose the awareness of our separate self, the ego, and become totally focused on what we are doing", demonstrates an important connection between contemplation and daily life (p. 2). Specifically, he believes that deeply focused attention is the state in which people perform most effectively in their work; while they often find themselves distracted and unproductive in study and work, contemplation may help them to achieve the flow state more frequently, and thereby participate more fully in that work. Overall, Miller (1994) feels that, from the contemplative state, work becomes sacred as it becomes fulfilling in itself.

Therefore, in view of these positive outcomes, meditative practice appears to have an important connection to a person's wellness. The physiological benefits, the experience of a sense of the sacred which often accompanies the flow experience, as well as the ability to function more effectively in study and work, may enhance a person's physical, spiritual and mental health respectively. Thus, while adequate nutrition and smoking cessation are important factors, meditative practice also has a valuable place in wellness programs and in the daily lives of teachers and other educators.
2.3 Introduction to Neurological Diseases

My aim in introducing neurological diseases is to situate my topic within the broad context in which it is commonly described. While an in-depth discussion of the numerous diseases of the nervous system seems unnecessary, I believe it is worthwhile to first define those terms which become relevant to this research, then briefly describe the structure and function of the body's nervous system and, finally, touch upon those diseases which are related, or similar, to Multiple Sclerosis. In so doing, it becomes apparent that this research has the potential to make valuable contributions, not only to teachers who are attempting to cope with Multiple Sclerosis, but also to those who are diagnosed with other disabling conditions of the nervous system.

In *The World Book Rush-Presbyterian-St. Luke's Medical Center Medical Encyclopedia*, neurology is defined as, "The field of medicine concerned with the study of the nervous system and its diseases" (1995, p. 601). My review of literature on this topic revealed that the terms 'disease' and 'disorder' are often used interchangeably. For example, in the same book, disease is defined as, "A disorder in the structure or function of any organ or system in the body. The disorder is often recognizable by a known set of signs and symptoms; the cause, pathology, of these signs and symptoms may or may not be known" (p. 260). Hence, neurological diseases are "those that affect the nervous system" (p. 600), and a doctor who specializes in this branch of medicine is known as a neurologist.

Upon reading about various parts and functions of the nervous system, I became intrigued by the assertion that, "Every time you do anything, literally anything, your nervous system is intimately involved at every stage. It is the body's most complex and important network of control and
communications" (The Marshall Cavendish Encyclopedia of Family Health, 1991, p. 1308). According to the descriptions provided within this source, the nervous system is essential for eyesight and hearing, the perception of pleasure and pain, the ability to control movements, regulate body functions such as breathing and digestion, the development of thinking patterns, language skills, memory as well as decision-making. In other words, it gathers and receives information from the external world, and uses that information to determine the body's response.

In The Marshall Cavendish Encyclopedia of Family Health (1991), the 'working parts' of the nervous system are described as millions of interconnected cells, called neurons, which function in a manner similar to the wires within a complicated piece of electrical machinery. Specifically, these cells become alerted to signals from one part of the nervous system and bring them to another one. At this latter site, the signals may be carried on to other neurons, or stimulate an action such as the contraction of muscle fibres. Neurons are highly delicate cells which are easily damaged or destroyed by infection, pressure, injury, chemical imbalance or oxygen deprivation. In addition, since neurons that are destroyed cannot (at this point in time) be replaced, disorders of the nervous system often have serious consequences.

The nervous system is divided into two interdependent parts. The first one, being the central nervous system (CNS), is composed of the brain and spinal cord, and receives messages from sensory fibres in the body's sense organs and receptors. The messages are filtered, analyzed and then returned along monitor fibres which elicit an appropriate response within the muscles and glands.

Next, the peripheral nervous system consists of all the nerve tissue surrounding the central nervous system. Like the CNS, it also has two main
components: an outer system, known as the somatic nervous system, and an inner one called the autonomic nervous system. The role of the somatic system is to gather information from the body's sense organs and relay it to the central nervous system. It also sends messages from the central nervous system to the muscles, thus initiating motion. The autonomic nervous system serves to regulate the body's internal organs and glands, such as the heart, kidneys, stomach and pancreas.

In The Marshall Cavendish Encyclopedia of Family Health (1991), several common diseases of the nervous system are identified, many of which have no known causes. For example, Bell's Palsy (facial paralysis), Neurifibroma (a tumor of a connective tissue of a nerve), Polyneuritis (inflammation of several nerves), Retrobulbar Neuritis (inflammation of the optic nerve), and Von Recklinghausen's disease (multiple tumors of the nerve sheaths) represent some of the more prevalent diseases of the peripheral nervous system. Those which affect the central nervous system are: Brain Tumors, Epilepsy (a seizure disorder resulting from sudden bursts of electrical energy in the brain), Motor Neuron disease (degeneration of brain cells), Stroke (a stoppage of blood supply to a part of the brain, resulting in difficulty breathing, paralysis of part of the body and speech impairments), Parkinson's disease (a chronic brain disorder featuring tremors, slow movements, stiffness of muscles, difficulty with balance and walking, and reduced volume and clarity of speech) as well as Multiple Sclerosis (The World Book Rush-Presbyterian-St. Luke's Medical Center Medical Encyclopedia, 1995).

According to The World Book Rush-Presbyterian-St. Luke's Medical Center Medical Encyclopedia (1995), many of these diseases are treatable with drugs. More specifically, Epilepsy is treated with Anti-convulsant drugs
and Parkinson's is treated with Anti-Parkinsonian ones. They do vary, however, according to age of onset and prevalence in Canada. For example, though Parkinson's may occur in younger people, it is more common in people over the age of 55. Moreover, while Epilepsy can present itself at any age, most individuals who develop seizures during childhood tend to experience a reduction in the frequency and intensity of them as they approach adulthood. Recent research also indicates that approximately two percent of the Canadian population have had, or will have, some form of seizure disorder in their lifetime (Epilepsy Ontario, 1996).

Astonishingly, Multiple Sclerosis is the most common neurological disease of young adults in Canada. An estimated 50,000 Canadians have it (Szymanski, 1996). According to Lawry (1987, in O'Connor, Low & Shelley, 1996), "After trauma and arthritic disorders, Multiple Sclerosis is the most important cause of moderate to severe disability in adult life" (p. 7). In addition, MS affects women nearly twice as often as men, and typically strikes between the ages of 20 and 40. This represents a time in people's lives when relationships, parental responsibilities and careers are peaking (O'Connor, Low & Shelley, 1996; Syzmanski, 1996). Altogether, these facts provide a strong impetus for gaining a deeper understanding of Multiple Sclerosis, and how people who have it experience it on both personal and professional levels.

2.4 Multiple Sclerosis

When the average person hears about someone who has Multiple Sclerosis, I suspect the visions are of a wheelchair, leg braces or confinement to a bed. I choose to begin my discussion of this topic by stressing that people in these situations have a severe and unkind MS, and truly represent only a minority of those with the disease. Indeed, the term 'Multiple
Sclerosis' sounds much more threatening than it actually is. As stated by Szymanski (1996), "Multiple Sclerosis is not contagious, not a mental disease, and not a disease of the muscles" (p. 2).

According to Minden and Frankel (1994), Multiple Sclerosis is a disease of the central nervous system (CNS) wherein the covering of the nerves, known as myelin sheath, is destroyed by a process called 'demyelination'. Similar to insulation on electrical wires, myelin allows for rapid transmission of nerve impulses from the brain in order to mobilize a body part, and from the body to the brain in order to interpret sensations. When myelin is destroyed, these messages are not transmitted effectively. Hence, movement becomes slow or uncoordinated and sensation is altered.

As explained by Minden and Frankel (1994), healing may begin to occur and normal function can resume by itself; however, scar tissue (plaque) later develops which can permanently interfere with nerve transmission as well as motor or sensory function. This damage to the myelin may develop at any time and target any part of the brain or spinal cord. Since there are multiple areas of scarring (sclerosis), the disease is called 'Multiple Sclerosis'.

While MS is neither hereditary, curable nor fatal, the unpredictability of the disease is well documented (Marsh, 1996; Minden & Frankel, 1994; Risidore, 1989; Sanford & Petajan, 1989). Minden and Frankel (1994) reveal that the development and outcome of this condition are dependent upon the frequency of demyelination episodes as well as the extent of brain and spinal cord involvement throughout the disease course.

Broadly speaking, they indicate that approximately 70 percent of people diagnosed with MS have the Relapsing-remitting kind. In their case, exacerbations (onset of new symptoms or worsening of prior ones) are
followed by periods of remission (complete or partial recovery). Of those with this type, some (about 25 percent) have few attacks with minimal disability. In their situation, the Benign form of the disease can be decided upon.

The majority of people diagnosed with Relapsing-remitting MS will develop the Secondary-progressive kind 10 to 15 years later. In their situation, attacks become less frequent as higher levels of disability appear. A small number of individuals, said to have Primary-progressive, experience steady worsening from the beginning (MS Canada, 1999).

According to Szymanski (1996), though the cause is unknown, it is believed that people are born with a genetic predisposition to developing this disease. Adding to the complexity, it is also believed that MS is likely caused by several factors interacting together, both genetic and environmental ones (MS Ontario, June, 1999).

In her classic book, *Multiple Sclerosis: The Kinder Side*, Lyn Risidore refers to the process of diagnosing MS as "the run around" (1989, p. 7). According to her, this process typically begins with visits to several doctors in an attempt to understand what is wrong. Risidore (1989) explains that, because the symptoms are often similar to those of other illnesses or diseases, physicians often hesitate to give a quick diagnosis. The astounding outcome is that many people remain undiagnosed, confused and afraid for several years. Once an accurate MS diagnosis is given, the initial shock and fear are often overcome by relief and a renewed appreciation for life. About her own experience, Risidore writes:

Fourteen years of my life, of not knowing, were spent with a thorn in my paw. Once the thorn was removed, the thorn had to heal, and once the paw had healed, look out life 'cause here I come. Maybe I was
not walking and bounding, but I would settle for walking and living (1989, p. 16).

In the past, neurological tests categorized sufferers as having "possible", "probable" or "definite" cases of Multiple Sclerosis (Risidore, 1989). Recently, however, the use of an Evoked Potential Test and Magnetic Resonance Imaging (MRI) has allowed neurologists to more readily detect the disease and classify it as "definite". According to Szymanski (1996), the former test measures the response of the central nervous system to rapidly repeating stimuli. The MRI searches for and identifies lesions appearing on the CNS. To date, it is the most definitive test, since it can detect "silent" lesions unassociated with any signs or symptoms (Szymanski, 1996, p. 3). In addition, Computerized Axial Topography (CAT) scans are used to perform a cross-sectional scanning of the CNS by x-ray.

Minden and Frankel (1992) caution, however, that none of these tests are "foolproof". They reveal that a neurologist will likely make a diagnosis only when there are definite signs of damage to multiple parts of the central nervous system. This usually means that more than one episode of neurological impairment and one kind of symptom have occurred. To add to the confusion, Risidore (1989) indicates that negative diagnostic test results do not eliminate the possibility that a person has MS. Simply put, the evidence and pattern of Multiple Sclerosis usually build and become clearer over long periods of time.

Each person with MS has a unique set of symptoms that require specialized treatments. These symptoms are dependent upon the location in the central nervous system at which demyelination occurs. Broadly speaking, O'Connor, Low and Shelley (1996) reveal that MS symptoms are both invisible and variable. Regarding invisibility, they comment that, "People
may look well, but they do not feel well" (p. 1). They explain that symptom variability means that not all MS sufferers have the same symptoms, or the same pattern of disease progression. O'Connor, Low and Shelley (1996) also elude to the "sometimes-ness" of MS symptoms, meaning that sufferers may be fine one day, and bed-ridden the next by an unexpected acute exacerbation (p. 1).

Of all the symptoms associated with Multiple Sclerosis, Szymanski (1996) indicates that fatigue is probably the most common one, affecting over 90 percent of people with the disease. She explains that this often invisible and puzzling symptom renders a person feeling tired all over and lacking in energy. Szymanski (1996) further reveals that it differs from normal fatigue, since it is experienced more rapidly, intensively and frequently. She also indicates that a person with MS may encounter fatigue from other sources, such as heat, overeating, muscular fatigue or depression.

According to Burnfield (1996), unless this kind of fatigue is recognized and understood, people with MS may be deemed as having psychological problems by family members, friends and employers. Along with a regular exercise program to help individuals become and remain physically fit, Szymanski (1996) reveals that fatigue may be minimized by practicing energy conservation, planning work or play for the times a person feels best, and avoiding excessive heat in the form of hot showers, baths and warm environments in general.

Next, vision problems will affect nearly half of those diagnosed with MS at one time or another. Szymanski (1996) reveals that common vision problems include: Optic Neuritis (an inflammation of the optic nerve which may be treated with anti-inflammatory agents, such as I.V., oral steroids or ACTH (Adrenocorticotrophic hormone)), Diplopia (double vision, which
may be corrected by wearing an eye patch), and Nystagmus (an involuntary jerking of the eye which renders focusing extremely difficult).

Furthermore, some MS sufferers will encounter speech difficulties which impact the clarity, not the formulation, of speech. According to Szymanski (1996), Disarthria, which is experienced as slurred speech, verbal harshness, reduced volume along with altered tone and rhythm of speech, as well as a lowered rate of speaking, affects 10 percent of people who have MS. Helpful practices include simple exercises, assuming better posture and slowing down the rate of speaking (Szymanski, 1996).

While pain is not a primary symptom of MS, most people who have this disease will encounter some pain, and a small percentage (five to 15 percent) will have chronic pain (Szymanski, 1996). Pain is often experienced as extreme pressure, or a burning or tingling sensation. Along with medication and physical therapy, yoga and meditation may also help to alleviate these uncomfortable feelings.

Moreover, although researchers are still in the process of defining which cognitive (intellectual) functions are most affected by MS, some consistent findings have emerged. According to LaRocca (1990), a short term memory, or recall, problem is the most frequently reported symptom of cognitive impairment. He indicates that abstract reasoning, problem-solving abilities, verbal fluency and speed of information processing may also be adversely affected. While it has been routine to consider cognitive rehabilitation for individuals who suffer from head-injury or Stroke, it has only been recently that such rehabilitation is receiving attention for MS sufferers. LaRocca (1990) reveals that, for these individuals, there are several different approaches to cognitive rehabilitation, including
medications, compensatory measures (e. g., keeping calendars and personal notes), and various cognitive strategies (e. g., word association).

LaRocca (1990) emphasizes that cognitive symptoms are very different from the emotional difficulties that a person experiences in response to the limitations imposed by an MS diagnosis. Sanford and Petejan (1989) reveal that regardless of the type of MS a person has, emotional reactions are likely to be similar to the feelings encountered by individuals with other neurological or chronic diseases. For example, Rao, Huber and Bornstein (1992) discovered that Depression is the most predominant emotional disorder associated with MS and Parkinson's disease. In MS patients specifically, they identified "Mania", "Hysterical Conversion disorders" and "Psychosis" as occurring less frequently than Depression (p. 371).

Furthermore, Minden, Orav and Schildkraut (1988) reveal that reversible emotional changes can often occur as a side effect of steroid therapy. They also reveal that "pathological laughing and weeping" has been observed in a small percentage of individuals who have MS (p. 1632). Schiffer, Herndon and Rudick (1985) explain that this disorder, wherein patients experience embarrassing and unpredictable emotional outbursts, is also observed in Stroke patients, and may occur "when the brain centers involved in emotional response are disconnected from areas required to program the motor response associated with emotional expression" (p. 1481). Finally, other common emotional reactions to MS, and chronic disease in general, include: fear of pain or disability, guilt from not being able to accomplish usual tasks or "letting down" family and friends, grieving, denial, as well as a lowered sense of self-worth (Sanford & Petejan, 1989, p. 5).
To summarize, a person diagnosed with Multiple Sclerosis may experience a number of physical, cognitive and emotional symptoms which vary in both frequency and severity. Many of these symptoms show themselves in individuals who are suffering from other neurological diseases, such as Parkinson's and Stroke. Along with the ones already described, Szymanski (1996) reveals that for MS victims in particular, problems may arise with bladder or bowel control, sexual function, balance, coordination, tremors, spasticity and paralysis. Truly, these difficulties demand readily available and effective medical treatments as well as helpful coping strategies.

MS research is a coordinated world-wide effort to discover the cause and cure for Multiple Sclerosis and study therapies which may alleviate symptoms. According to Szymanski (1996), one of the most exciting medical breakthroughs has been the discovery and approval of various forms of beta interferon. Beta interferon has shown a reduction in the both frequency and severity of attacks (exacerbations) in people who have the Relapsing-remitting form of the disease. Copaxone (glatiramer acetate) has more recently been approved by Health Canada for the same individuals, and is believed to have fewer side effects (MS Ontario, 1997). Szymanski (1996) emphasizes that future research will aim to find other therapies which can minimize the numerous symptoms experienced by MS sufferers and prevent the onset of mild and severe attacks.

Not withstanding the importance of effective medical treatments, numerous helpful coping strategies are presented throughout the literature on MS, which are aimed at enhancing the health and well-being of persons diagnosed with the disease. As stated by Szymanski (1996), "Proper nutrition, exercise and a positive attitude will provide the keys to good
health" (p. 8). She specifically reveals that since no special diets or vitamins have been shown to change the course of MS, healthy eating in accordance with Canada's Food Guide is recommended.

Furthermore, while the inherent variability of the disease often presents challenges to the physical rehabilitation specialist, Rosenthal and Scheinberg (1990) suggest a variety of exercise programs for minimally and moderately impaired individuals, as well as those patients who are confined to a bed. Primarily, for minimally impaired individuals, they encourage a routine consisting of a warm-up (stretching), a 20 to 40 minute aerobic workout followed by a cool-down period. While yoga and tai chi come highly recommended, swimming is often regarded as the best exercise for a person with MS. According to Rosenthal and Scheinberg (1990), swimming provides aerobic activity to both upper and lower parts of the body, helps to control body temperature, may be performed even with moderate degrees of impairment and can be planned as a group activity with positive social outcomes. Sanford and Petkjan (1989) emphasize that an exercise program which is tailored to the individual's condition may also be beneficial in treating both anxiety and depression.

Overall, maintaining a positive outlook is deemed as paramount in attempting to cope with a disabling condition. In this regard, Risidore (1989) states:

The mind, with the right nourishment, makes the body rich. That nourishment is a good positive attitude. With a positive outlook, your body can perform to its fullest. Your heart will show you what is right. Put up a battle (p. 5)!

In order to nurture such a positive outlook, Szymanski (1996) recommends keeping the lines of communication open with family members,
friends and healthcare practitioners. Sanford and Petejan (1989) specifically emphasize that having a doctor whom you respect, and with whom you feel comfortable talking about health issues, "can make a big difference in your overall well-being and how successfully you cope with MS" (p. 19). In addition, the value of spiritual beliefs should not be underestimated. While faith is a very personal and sometimes private part of a person's life, Sanford and Petejan (1989) reveal that people with chronic illnesses, who also have strong religious or philosophical belief systems, cope more effectively than those who do not have such support.

For those coping with any disease, Gebauer (2000) emphasizes the importance of being patient with yourself and appreciating your efforts, struggles and the direction in which you are headed. Above all, Szymanski (1996) recommends that people who have been diagnosed with Multiple Sclerosis remember, but not dwell upon, the good times, take time to laugh, share a smile or a kind word with family and friends and "live each day to its fullest" (p. 14).

2.5 Multiple Sclerosis and Employment

In beginning to address this area of the literature, I believe it is necessary to point out that I found the research on this topic to be somewhat limited, yet also very complicated. In particular, I discovered that the relevant issues are very complex and often intertwined with many other important ones. My attempt to present this area of research in a logical and comprehensible fashion has led to an overview the following issues, which I discovered were the most salient: disclosing an MS diagnosis to an employer and the risks involved in doing so, suggestions for accommodating and supporting people with MS in the workforce, social handicaps as a subject of
change, and the impact of resigning from work because of Multiple Sclerosis, including creating meaning in a new life without employment.

According to Swanson (1994), "One of the most common dilemmas of working people who have Multiple Sclerosis is what to tell their employers" (p. 4). While there is no easy answer to this question, she reveals that individuals must first consider how well they know and trust employers or senior managers. Some employers may respond in a sensitive and supportive fashion, while others may concern themselves solely with how MS will affect the employee's ability to perform his or her job effectively. Hence, Swanson (1994) emphasizes that for the most part, the choice to share, or not to share, such information with an employer is strictly a matter of personal judgment. She reveals, for example, that for persons who are not suffering from any symptoms of the disease, and are able to manage responsibilities within their working environment, there may be no need to disclose anything pertaining to their condition unless they personally wish to do so.

On the other hand, for people who are experiencing physical difficulties, or whose symptoms are visible, there may be a stronger need to discuss their situation with someone in a more senior position. Swanson (1994) notes that if individuals who have MS are able to trust their employers, they may be well served by disclosing information pertaining to their diagnosis and engaging in an open and honest discussion about how their needs may best be met within the workplace. Swanson (1994) cautions, however, that in some organizations, employees with MS are "faring pretty badly", since some employers attempt to release employees whom they see as being detrimental to the bottom line (p. 5).

Therefore, the decision to disclose or not to disclose an MS diagnosis is not only a personal, but a complicated, one. For those with MS who are
not suffering from any serious symptoms, it may not be necessary to disclose these situations to employers. In addition, if individuals are suffering from symptoms which are visible, and they feel the need to discuss this with people in more senior positions, they are placing themselves at risk of loosing their jobs.

Moreover, it is possible that employees who experience invisible symptoms, and disclose their conditions to employers, are also at risk since these employers may not have a true understanding of what and how the employees are feeling. As Gigliotti (1996) reveals, people with MS will attest that the most frequent response from employers and co-workers is, "How can you be ill when you look so well?" (p. 4). According to O'Connor, Low and Shelley (1996), the invisibility of MS symptoms, and the lack of understanding of what it means to live with them, may give rise to social tension and inflated expectations throughout the workplace.

In their recent study, Support Needs for Women with Multiple Sclerosis, O'Connor, Low and Shelley (1996) drew forth these comments, from some of their participants, pertaining to colleagues' lack of understanding of invisible MS symptoms: "They think they know what you mean when you say you're very tired . . . they don't know it means that you can't stand up another minute or you're going to fall down" (p. 43). Another woman stated, "People don't know how to behave . . . we look well and we're not. We should wear a sign" (p. 43).

In light of these comments, Gigliotti (1996) reveals that it is little wonder that employers and co-workers often look upon fatigue as "slacking off" (p. 8). Furthermore, O'Connor, Low and Shelley (1996) emphasize that fatigue is one of the most common complaints of people with MS; however, because of its invisibility or mundaneness, it is not always viewed or treated
as a disability. As well, since there may be no obvious cause for one's "clumsiness", "inefficiency", or "laziness", a person with MS may feel obligated to "make tedious explanations or live closer to the social margins" (Lloyd, 1992, in O'Connor, Low and Shelley, 1996, p. 8).

Thus, in view of the complexity of disclosing an MS diagnosis to an employer, along with the inherent risks of doing so, Swanson (1994) suggests that if the employee who has MS is a union member, it may be helpful to discuss the situation with a union representative. Moreover, in addition to the numerous provisions which the Multiple Sclerosis Society of Canada makes for people who have MS and their families, (e. g., support programs, information, recreation programs and assistance in obtaining medical equipment), it also offers educational displays and presentations to employers who are interested in, or require, information pertaining to MS and employment (Multiple Sclerosis Society of Canada, 1994). Finally, as employees, it may be helpful to inquire about individual rights, and employers' requirements to make accommodations for people with disabilities, under Canadian and provincial Human Rights Legislation (Multiple Sclerosis Society of Canada, 1994; Szymanski, 1996).

In A Guide for Career Counselors (Nebraska University in Omaha, 1994), suggestions are provided regarding various accommodations which may be made for people within the workplace who have Multiple Sclerosis. One in particular, for career counselors and employers, is to first ask the individuals with MS, which modifications or accommodations would be of greatest assistance to them. Other helpful recommendations are provided, and include: redesigning work areas to minimize reaching and lifting, controlling climate (e. g., keeping the temperature of the working environment cool), giving written instead of verbal instructions to employees,
providing computerized or written calendars to assist individuals with remembering appointments, and restructuring jobs to minimize fatigue.

Although people with MS may learn to pace themselves and eliminate unnecessary tasks in order to conserve energy, the Multiple Sclerosis Society of Canada (1994) reveals that fatigue may also be dealt with by resting at lunch time and consulting with occupational therapists to develop techniques for working more productively. This type of consultation might in turn be informative and helpful for the entire staff. Finally, Swanson (1994) indicates that employees who have Multiple Sclerosis should consider making appropriate arrangements with their employers, such as working from home, particularly in the event of extreme heat and humidity, working part-time while using sick days or long-term disability benefits when they are unable to work, as well as organizing "flex-time", which permits employees to work during hours when they feel they are at their best (p. 4).

While it is apparent that various accommodations may be made in the workplace for employees who have MS, a report from the British Psychological Society (1989) places an interesting twist on what it is that may really need to be changed. Specifically, the report states:

The focus on the individual with a disability ignores the extent that society favors able-bodied people and excludes people with disabilities from, for example, buildings, committees and employment opportunities. Some have argued that the social handicaps should be the subject of change, rather than fitting the person to an arbitrarily defined norm set by able-bodied people (p. 4).

Gigliotti (1996) reveals that part of the problem of social handicaps lies within the misinformation which surrounds the terms 'disability', 'handicap' and 'impairment'. While they are often used interchangeably, these terms
have very precise meanings. Specifically, *Webster's Ninth New Collegiate Dictionary* (1986) makes the following important distinctions:

**Disability:** "A disabled condition: inability to pursue an occupation because of physical or mental impairment: a disqualification, restriction or disadvantage" (p. 359);

**Impairment:** "Damage: deterioration: injury" (p. 603), and

**Handicap:** "A disadvantage that makes achievement unusually difficult (p. 550); "Refers to a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normally possible for that individual" (Quaass & Fraser, 1994, in Gigliotti, 1996, p. 5).

According to these definitions, having a disability and having a handicap represent similar situations. They both imply that a person has a disadvantage, which imposes limitations upon his or her ability to carry out roles that are normally possible, such as occupational ones. Furthermore, a person who has an impairment is not necessarily disabled, nor handicapped. Rather, disability and handicap are the result of impairment. While these definitions may be helpful in distinguishing between the terms, Gigliotti (1996) points out that, "What they fail to make clear is that while impairment belongs to the individual, disability and handicap are, in the main, environmental factors" (p. 6).

This public misconception regarding the meanings of 'disability', 'impairment' and 'handicap' may give rise to serious consequences within the workplace. Specifically, it may result in people becoming frustrated and either choosing, or being asked, to leave their jobs. For example, in Gigliotti's (1996) study of people who resigned from work because of Multiple Sclerosis, she found that, "When you give up work because of
Multiple Sclerosis, you have either made a choice to do so, or have been 'encouraged' by your employer" (p. 5).

Several studies have shown that women's experiences with MS are different than men's. While this assumption may have a biological basis, it may also be socially constructed. For example, men and women differ with respect to social roles and family responsibilities, occupation, income level and financial stability (O'Connor, Low & Shelley, 1996). O'Connor, Low and Shelley (1996) also reveal that because of their social status, women with disabilities suffer more severe consequences than men, particularly within the workforce. This assertion holds true, in view of their: employment history and access to disability benefits (Lonsdale, 1990), present employment situation and income (Ridington, 1989d; Lonsdale, 1990), and access to retraining programs (Quinn, 1994). Specifically, Russell (1985) found that women with MS had a higher rate of unemployment than men, and had frequently been advised by their doctors to stop working. Acting upon this advise, the women discovered that not working was more stressful. Interestingly, the men in Russell's study did not receive the same sort of 'encouragement'.

From the findings of Russell's (1985) study, some important questions emerge: What is it about not working that is stressful for people, particularly those with disabilities? More specifically, what happens to their self-esteem and self-worth when their identity is intrinsically connected to what they do for a living, and that living is no longer possible? According to Fox (1994):

The results of lack of work are spiritually devastating. When people lack work, they lack pride; they lack an opportunity to return their unique gift to the community; they also lack the means to provide the taxes that make services possible to the greater community (p. 9).
In his writing, Fox (1994) is specifically referring to unemployment from the vantage point of either being 'let go' or being unable to find work. Truly, unemployment for these reasons may be quite different from situations in which people must leave their jobs and, hence, become unemployed because of disabling conditions. For example, Gigliotti (1996) found that some very distinct patterns emerged from circumstances wherein people resigned from work because they have Multiple Sclerosis. Specifically, she reveals that grief, workplace issues and behavior, financial aspects and creating meaning, are prevalent factors throughout these experiences.

Primarily, Gigliotti (1996) indicates that the grieving process plays an integral part in the lives of those who suffer from MS. She explains that people go through one grieving process when they are initially diagnosed, and then another when they realize they can no longer work in their chosen profession. Reflecting upon the latter situation, Susan, one of Gigliotti's participants, commented:

I worked and worked until my body said no more. Why? I felt I was doing something useful and was truly needed in our society. Resigning from the work I loved was relieving in that I could now rest, but heartbreaking ... as I realized that I might never be able to work again (p. 7).

Interestingly, some of the participants in this study revealed that, for them, the grieving process was ongoing.

Next, Gigliotti (1996) indicates that difficult workplace issues and behaviors are determining factors for people with MS in resigning from their places of employment. She emphasizes that if employers do not fire these people, they can do some pretty terrible things to make lives difficult. For example, as Anne, another participant in the same study, spoke:
A meeting was arranged for me with the director of nurses, my supervisors, the head of finance and the head of personnel. My head nurse could accompany me. It seemed to me that it was us against them. At no time during this period did I feel I was getting any support from my employers, except my head nurse. I was made to feel that I was becoming a major problem and, in spite of the years I had given them, no one was looking out for my interests. I felt that I had been accused of a crime instead of suffering from a debilitating illness (p. 10).

In Anne's situation, these feelings eventually led to her resignation from work. From my own perspective, it is of tremendous concern that her experience occurred within a medical setting; an environment wherein one might expect understanding, sensitivity and compassion.

The financial impact of resigning from work was another theme which emerged from Gigliotti's (1996) findings. According to her participants, the loss of income became more and more difficult to endure, as some were unable to access their full benefits with regard to insurance and superannuation. One participant, Catherine, described her experiences in this way:

Finances are so much different now. When you become accustomed to living well, you miss the holidays and the ability to buy anything you want and never worry about the price. Those days are gone forever. I was working in a rewarding and challenging career - but now I put what energy I do have into other areas. I used to have a small but profitable portfolio. I sold it to buy transportation, independence and retain the ability to drive. I needed adaptations to my house to do household chores. I sold my car and it paid for some of the
renovations. You learn to do things differently and your values change as you adapt to your situation. I'm still alive and able to do some things I want to - I intend to enjoy the time and abilities I still have (p. 10).

As reflected in Catherine's words, Gigliotti (1996) discovered that in fact, many of her participants, who resigned from work because of their MS, were able to enjoy the time and abilities they still had. They created meaning in their lives by doing volunteer work or retraining for positions in the helping professions, so that they could "give something back" (p. 13). Many reported that their road to accepting an MS diagnosis involved a re-looking at values previously held, and what now gives life meaning. This perspective, held by many people who cope with Multiple Sclerosis, is captured in the poem, We Can Still Run, which reads:

*Only in my spirit can I still run up a grassy green hill.*
*Only in my spirit can I still skip along a shady park path.*
*Only in my spirit can I still run up the stairs.*
*Only in my memory can I still run in out of the cold, windy weather or walk along the beach.*
*Only in my heart can I still dance to the music.*
*As real as it seems, it is only in my dreams I still roar and glide with ease.*
*There is no effort or pain, no heavy dragging feet.*
*In my spirit and in my dreams, my heart is so light.*
2.6 Teaching with a Disability

According to Knight and Wadsworth (1996), recent litigation and legislation have allowed more people with disabilities to enter the work force. In particular, Gerber (1992) reveals that increasing numbers of people with learning disabilities are able to assume various positions throughout the workplace. Interestingly, the United States Department of Education reports that approximately .05 percent of today's school-age population are categorized as visually impaired, while .12 percent are hearing impaired and .25 percent are physically impaired (Hallahan & Kauffman, 1991). From this population, Knight and Wadsworth (1996) predict that many individuals will choose careers within the field of education.

Current research has demonstrated that for disabled or impaired persons who do select careers within this field, success is indeed a possibility (Gerber, 1992, 1991; Keller, Karp & Simula, 1992, 1991a, b). They may also assume a variety of positions, including teaching, counselling, administrative and speech therapy (Keller, Karp & Simula, 1992), and make valuable contributions to schools. According to Keller, Karp, and Simula (1992), these individuals may add a unique perspective, or dimension of diversity, to those who hold positions of responsibility within the educational field.

Furthermore, educators who are disabled may become valuable role models for students with disabilities, for careers within the educational profession, and for a lifestyle which is fully integrated into society (Keller, Karp & Simula, 1992). In addition, Johnson and Johnson (1984) reveal that
the presence of disabled educators may affect the attitudes of fellow colleagues and students, in terms of helping them to acquire an accurate understanding of those limitations which accompany, and do not accompany, certain impairments and, more importantly, whether some limitations really matter or do not. As well, a higher prevalence of educators with disabilities is conducive to a more thorough understanding of the inclusion of disabilities which many educators are aiming to achieve within our schools (Keller, Karp & Simula, 1992).

While success for educators with disabilities is a realistic possibility, current research efforts are focusing more specifically on what it is that accounts for this success and, conversely, what makes other experiences unsuccessful. Reflecting upon the early teaching years, Gerber (1992) points out that first-year teachers begin their careers with a "plethora of items on their professional agenda, instructional and behavior management systems to develop, pedagogical skills to refine, and accountability and evaluation procedures to master" (p. 213). In particular, he emphasizes that teachers with disabilities, especially those with learning disabilities, have an even greater adjustment to make. Specifically, Gerber (1992) reveals that they have a problem that has them constantly wondering what impact their disabilities will have on them, not only daily, but from one minute to the next. As one highly successful individual with a learning disability commented, "I am not sure if I am going to be smart or stupid today" (Gerber, 1992, p. 214).

In his study of the experience of "Being learning disabled and a beginning teacher and teaching a class of disabled students", Gerber (1992) identifies several variables which were paramount in success of one particular teacher. This teacher, known as TJ, was a 30 year-old white male,
who was diagnosed with a learning disability while still in elementary school. He also had Epilepsy which was controlled by medication. According to Gerber (1992), the success which TJ experienced during his first year of teaching was fostered primarily by the 'goodness of fit' in job selection. Specifically, TJ chose a job wherein his principal was dynamic, up-front and had a reputation for getting along with the teachers. This principal also had a strong background in Special Education (Gerber, 1992). In addition, TJ's position required that he teach students in grades four and five. Thus, the material would neither be too difficult for him to work with, nor would it surpass his own academic capabilities. As well, his school was within a reasonable driving distance to the university where he was pursuing a Master's degree in counselling.

According to Gerber (1992), "Disclosure of having a learning disability can have both positive and negative effects, depending on the situation, the context and the people" (p. 220). For TJ, being 'up-front' about his disability, only with the students whom he taught, had somewhat of a positive impact upon his teaching experience. From his perspective, disclosure allowed the students to see a living example of someone with a learning disability who had 'beaten the odds'; in essence, TJ felt that he had become a role model who "had been there" when it came to having a disability (Gerber, 1992, p. 221).

Similarly, Beattie (1996) found that Texas high school students, in grades 11 and 12, believed that having a disabled teacher affected them in a positive way. Though seniors were more positive in their responses than juniors, all students, especially female juniors, felt that they were better equipped to understand individuals with disabilities.
Next, teaching performance and instructional factors appear to play important roles in the success experienced by disabled teachers. In a study conducted by Keller, Karp and Simula (1992), 25 educators participated in open-ended interviews to determine if, and if so how, their disabilities affected positively or negatively their training or employment experiences. Relevant to the present study, 14 of the educators had physical disabilities, health impairments or medical conditions. Four had acquired brain injuries, four others suffered visual impairments and another four teachers had learning disabilities. In addition, two educators had hearing impairments and one suffered from a speech impairment.

The findings of this study reveal that the success experienced by two of these teachers was related to having opportunities, and giving them the responsibility to perform their duties, as they saw fit (Keller, Karp, & Simula, 1992). For example, Sarah and Barbara had supervising teachers during their practicum who outlined responsibilities in the classroom and then allowed them to figure out for themselves how to best accomplish those duties. Receiving praise for their efforts was also important (Keller, Karp, & Simula, 1992). Furthermore, teachers who were able to devise their own adaptations to assist them in carrying out their responsibilities also experienced success. Specifically, one teacher allowed her students to be her "spell checkers" when she wrote on the board, and another permitted his students to be his "legs" in the classroom when materials needed to be distributed (Keller, Karp, & Simula, 1992, p. 9).

In Gerber's (1992) study, there were numerous indications that TJ was a competent teacher. Though TJ was not aware of how hard he was working, and the effects of his desire to do well, all assignments were individualized and a behavior management system kept the students focused. As such, this
system encouraged a classroom climate wherein TJ felt that there were no "bad kids" (Gerber, 1992, p. 223). In addition, TJ had a sense of humor which allowed him to connect with all his students. His teaching style also incorporated motivation, analysis of students' goals and ongoing feedback on their progress (Gerber, 1992).

Finally, adequate resources and support are two other variables which may contribute to the successful experiences of disabled teachers. In the study carried out by Keller, Karp and Simula (1992), three teachers were satisfied that resources had been provided pro-actively and four were pleased that resources were given in response to their requested needs. One teacher in particular, Lisa, was provided with computers, other assistive technology, transportation and a "job coach" to assist her with teaching (Keller, Karp, & Simula, 1992, p. 11). In TJ's situation, he valued the support which he obtained from a mentor at his former university and from his parents. Specifically, during visits, TJ's parents discussed issues which were pertinent to his teaching and his father occasionally edited his written materials (Gerber, 1992).

In summary, a number of factors may be crucial to the successful experience of a disabled educator. Goodness of fit in job selection, disclosing a disability to students, teaching performance and instructional factors, adequate resources and support all appear to enhance the classroom experience; however, some of these factors, among others, also have the potential to make a disabled teacher's experience somewhat trying, or even unsuccessful.

Primarily, while disclosure of a disability to students may have advantages for both the teacher and the children, there may be disadvantages in the event that this disability surfaces during interactions with fellow staff
members. In TJ's situation, he planned to disclose his disability after completing one year of teaching; however, during that year, he was shocked to find out that his condition was no longer a secret. To him, this was a source of tremendous stress, as he thought his plan to establish credibility for himself and his program would be jeopardized (Gerber, 1992). Relating this experience to a prior negative one in which he worked in a shipyard, he states:

Now I feel that if I make some type of an error, they'll say 'it was because of his learning disability. He has no business teaching'. That adds more pressure. Everybody knows now and I wanted to establish myself. I have established myself with a number of students. It could bother me because it is the shipyard all over again. That's when it all fell apart. Because when they found out, they treated me like some dumb retarded person (Gerber, 1992, p. 221).

Interesting, while disclosing his disability brought about positive attitudes among the students whom he taught, the realization among other colleagues that TJ had a disability was indeed a source of strain and eventual self-doubt. This may have been a result of the ignorance and fear that most teachers express when it comes to disability (Reiser, 1990). According to Reiser (1990), when disabled teachers meet together, examples of discrimination by other teachers come thick and fast. One deaf teacher pointed out that, "There are only 30 teachers in the entire UK who have hearing impairments, and each one has to fight battles against prejudice and ignorance to gain a begrudging acceptance" (Reiser, 1990, p. 94). Reiser (1990) emphasizes that the experience of a teacher with Epilepsy may be even more appalling. One such teacher reported that she was about to be "sacked" following many years of teaching because of occasional seizures in
the classroom (Reiser, 1990, p. 94). Though an assistant in her classroom may have been helpful, this teacher was expected to work alone on able-bodied terms.

As Reiser (1990) reveals, it is far too often that attitudes in staff-rooms do not allow for individual differences. And, he firmly states that "treating all teachers as if they were the same is not equal opportunities. It is a form of discrimination that will not accept value differences" (p. 94). Clearly, this type of discrimination represents a tremendous source of pressure, which may create feelings of vulnerability and, ultimately, a sense of failure (Gerber, 1992; Reiser, 1990). Of equal importance is the potential negative impact of integrating students with disabilities into the education system in the face of such blatant prejudice.

Next, while adequate resources and support may contribute to successful experiences for disabled teachers, inadequate resources and nonexistent support may become sources of fear, isolation and ongoing struggle. Keller, Karp and Simula (1992) recount this story of Diane, who recalled her struggle regarding financial resources pertaining to her disability:

A man from the school district interviewed me and he offered me the position, but then he said after the interview, "Well, how did you lose your leg?" I said, "I had cancer". And then he said, "Oh, I don't think I can offer you the job then because if you die, our insurance rates will go up". I said, "I don't plan on dying". (p. 10)

Also in this study, three other educators revealed that resources which were needed for disabled teachers were neither provided pro-actively, nor were they provided in response to requested needs.

In the same vein, Reiser (1990) emphasizes that, "No attempt is made to offer the sort of support and help that could be made available for disabled
teachers to carry out their duties efficiently" (p. 94). He reveals that, instead, they are judged according to the medical view of disability. This situation was reaffirmed in TJ’s case, as he stated, "I don't have a system of support. My support system is only one person; I'm disappointed . . . the Director of Special Education does not provide any support at all, just direction" (Gerber, 1992, p. 225). Furthermore, while TJ’s principal was generally supportive, he had a demanding job which required that his energies be spent elsewhere. Though TJ had provided support to his colleagues in the past, they could not provide him with the kind of support he needed either. As Gerber (1992) reveals, what TJ really needed was a mentor. A mentor, Gerber explains, would have been able to tell TJ that he was doing okay and minimize the stress factor by providing affirmation and concrete assistance.

Instead, the overall lack of support took its toll on TJ. As Gerber (1992) indicates, it was the greatest contributor to his high stress level. TJ himself revealed that the intertwined feelings of isolation and vulnerability "made me wonder if this lack of support caused deep and severe problems regarding professional self-concept and self-esteem" (p. 226). Ultimately, Reiser (1990) emphasizes that the whole issue of support may impinge dramatically on both job satisfaction and success on the part of the disabled educator.

In summarizing the story of TJ, Gerber (1992) states:

TJ is in an imperfect profession. He will have to learn to accept its imperfections. Conversely, the system will have to accept his imperfections as an adult with learning disabilities (p. 230).

From this statement, questions emerge regarding possible job modifications for educators with varying types and degrees of disabilities, those being:

What types of jobs within the education profession are best suited for
disabled educators? What support systems are most needed by these people? And, how might teacher education programs effectively prepare disabled teachers, and schools, for successful teaching and learning experiences?

Consistent with the factors which contributed to TJ's success, Gerber (1992) emphasizes that 'goodness of fit' in job selection is of primary importance. Choosing schools in which principals have backgrounds in Special Education, along with high levels of flexibility and sensitivity, may indeed facilitate the success of disabled teachers. In addition, teachers with learning disabilities may benefit from teaching students in earlier grades, in view of the lower level of difficulty of the academic materials (Gerber, 1992). Regarding available resources, they might also find that word processors are helpful in report writing. Likewise, "Franklin spellers" and spell checks may be useful in overcoming significant difficulties related to spelling (Gerber, 1992, p. 262).

Furthermore, Gerber (1992) reveals that ongoing and systematic feedback may be of tremendous assistance to disabled teachers. This type of feedback may provide helpful boosts to novice teachers, as well as important performance data for teachers with any type of disability. This, in turn, may minimize their potential fear of failure as well as feelings of intense pressure to perform (Gerber, 1992).

Moreover, Gerber (1992) emphasizes that administrators may make a big difference in the adjustment of disabled teachers to their working environments. While it is important for these administrators to develop an understanding of the teachers' strengths and weaknesses, it is critical that they fully comprehend how these characteristics translate into the classroom and are reflected in work styles (Gerber, 1992). Only then, can they provide the
support which is consistent with the emerging needs of disabled teachers as the school year proceeds.

More specifically, administrators must allow for teaching styles to develop and be prepared for what looks like nontraditional "modus operandi" at times (Gerber, 1992, p. 262). What may initially appear to be impending disasters, might actually represent approaches fitting with particular styles which are necessary to get the job done. As well, Gerber (1992) reveals that the most crucial task, for administrators in these situations, involves effective communication with colleagues that teachers with disabilities are trained, qualified and certified professionals. This represents an accomplishment which may be arrived at only by successfully overcoming numerous challenges, hurdles and barriers. Hence, this achievement is also something of which disabled educators can be extremely proud.

Therefore, choosing jobs that are suitable, gaining systematic feedback, and working with understanding and supportive administrators, may be helpful to disabled individuals during their early teaching years. What may be even more helpful, however, could in fact occur well before entering the classroom for the first time. Specifically, pre-service teacher education programs need to focus not only on learning to be a teacher, but also on learning how to factor disability into the teaching experience (Gerber, 1992).

Accordingly, Knight and Wadsworth (1996) offer practical suggestions for supervising professors and cooperating teachers; ones who serve as mentors to teacher candidates with disabilities, in regular elementary and secondary school classrooms. Primarily, they suggest that candidates be encouraged to "network" with other people who have disabilities and are already working within the school system (p. 316). These people may
provide emotional support, information about accessing resources as well as opportunities for sharing ideas and experiences. Knight and Wadsworth (1996) also recommend that candidates with disabilities be provided with field experiences which are comparable to those encountered by people without disabilities. Throughout these experiences, positive feedback designed to foster maximum growth should be stressed.

In addition, cooperating teachers should encourage candidates to assume leadership roles when making decisions, planning learning experiences and managing student behavior (Knight & Wadsworth, 1996). As well, Knight and Wadsworth (1996) emphasize that supervising professors and teachers need to collaborate in their efforts to honestly evaluate disabled pre-service teacher candidates. This evaluation may be facilitated with audio-tapes, written documentation and regular conferences. Finally, Gerber (1992) suggests that disabled pre-service teachers may benefit from learning and developing job interviewing strategies which are relevant to the disabilities at hand.

As well, in their efforts to promote diversity in teacher education programs, Keller, Karp and Simula (1992) advocate for the increased presence of people with disabilities in all educational professions. Not only should equitable opportunities be provided for these individuals throughout the professions, but opportunities for admission into education programs must accordingly be available, in view of all that disabled people have to offer within schools (Keller, Karp & Simula, 1992). Keller, Karp and Simula (1992) also reveal that teacher educators need to diversify their perceptions about the role which a disability plays in a person's life. By expanding their thoughts in this way, teacher educators may be able to see more of a person's capabilities, than disabilities. This, in turn, could have a positive impact
upon their views of disabled individuals, as potential candidates for the educational professions.

In addition, teacher educators need to expand their conceptions about the ways in which teachers may fulfill their job responsibilities. Keller, Karp and Simula (1992) specifically indicate that these educators must remain open to the adaptations and accommodations which disabled teachers themselves rely upon, in order to effectively carry out their role as teachers. According to Knight and Wadsworth (1996), teachers with physical impairments may utilize various instructional adaptations which are unique to their particular condition. For example, they may rely upon small ramps and modify seating arrangements to allow for increased mobility throughout the classroom. These teachers might also require assistive devices for reaching materials and equipment, such as posters or an intercom, which are typically at a high level.

Lastly, Keller, Karp and Simula (1992) argue that teacher educators need to diversify their conceptions regarding the nature of their own role. A common metaphor for this role is that of a gatekeeper who protects the community from inadequate teachers; however, this gatekeeper can do far more than simply bar entry. Simply put, teacher educators can facilitate entry, for disabled individuals seeking admission, by carrying out a three-step process. First, they can communicate openly with the disabled person about his or her capabilities and difficulties as they pertain to the teaching profession. Communication might also include a discussion of special dietary or medication needs (Knight & Wadsworth, 1996). Secondly, the teacher educator and the candidate can develop modifications, accommodations and alternative approaches to dealing with present or potential obstacles caused by the disability (Keller, Karp & Simula, 1992).
Thirdly, teacher educators must lend support to the choices made by a disabled candidate to take advantage of any of these alternatives (Keller, Karp & Simula, 1992).

Altogether, there are numerous job modifications which may be made to encourage both positive and successful teaching experiences for disabled individuals. There are also effective ways by which these individuals may be adequately prepared for entrance into the teaching profession. In addition, diversity throughout this profession may be enhanced by encouraging that same diversity throughout teacher preparation programs. Reiser (1990) cautions, however, that the added cost of employing disabled teachers cannot be met with a declining budget. Accordingly, he emphasizes that education requires specific government funding in order to meet the costs of employing these individuals.

2.7 Summary

Reflecting upon the literature which I had reviewed, I realized that there were many areas which would be important to consider throughout this research process. While the nature of a teacher's work was a paramount consideration, so would be the nature of Multiple Sclerosis. Issues reflected in research on MS and employment also became important to explore, as did those pertaining to teaching with a disability.

As I attempted to synthesize the information presented throughout this literature, and make sense of it with respect to my research topic, I found some very puzzling questions coming to mind. Primarily, given the demanding and stressful nature of a teacher's work, and the need for her to act from a place of wellness, how does one with Multiple Sclerosis cope with this type of work? Though having MS does not necessarily mean that a person is unwell, it does mean that one has a chronic and unpredictable
disease with symptoms which are often disabling (Marsh, 1996; Minden & Frankel, 1994). Hence, the nature of a teacher's work, coupled with that of Multiple Sclerosis, unveiled a highly complex and risky situation within the classroom, wherein these two factors may operate against each other . . . and 'sparks begin to fly'.

Conversely, through my reading and own experiences, I gradually came to learn how the positive aspects of teaching and those of Multiple Sclerosis could actually work together to soften the potentially harsh impact and become sources of energy for each other. Accordingly, in this research, I hoped that the participants and I could uncover some of the many positive and rewarding features of our work, along with some of the positive changes or new learnings that having MS had brought to our lives. In other words, my intent to explore the ways in which these positive factors could work in support of one another within the context of our profession had grown stronger. Briefly stated, I longed to "accentuate the positive" (Hunt, 1992, p. 16).
CHAPTER 3

METODOLOGICAL ORIENTATION:
CONNECTING PERSONAL ASSUMPTIONS WITH
A QUALITATIVE RESEARCH APPROACH

3.1 Beginning with Personal Assumptions, Beliefs and Values

As Morgan and Smircich (1980) state, "A preoccupation with methods on their own account obscures the link between assumptions that the researcher holds and the overall research effort, giving the illusion that it is the methods themselves, rather than the orientations of the human researcher, that generate particular forms of knowledge" (p. 499). Explicating my assumptions about knowledge and how it is represented was crucial, since they have a direct link with the type of research questions I posed, the approach I chose to undertake as well as the techniques I utilized in order to work out my research method. Schwandt (1989) reaffirms the importance of this link by stating:

Our constructions of the world, our values and ideas about how to inquire into these constructions, are mutually self-reinforcing. We conduct inquiry via a particular paradigm because it embodies assumptions about the world that we believe and the values that we hold, and because we hold those assumptions and values we conduct inquiry according to the precepts of that paradigm (Schwandt, 1989, in Glesne and Peshkin, 1992, p. 9).

More pointedly, van Manen (1994) states that, "The method one chooses ought to maintain a certain harmony with the deep interest that makes one an educator (a parent or teacher) in the first place" (p. 2).
3.2 Laying a Foundation for Qualitative Inquiry

On the basis of my philosophical orientation, I saw myself adhering to a qualitative paradigm for carrying out this research. To reaffirm my stance, I believe that knowledge is socially constructed. It is informed by my observations of and interactions with people and things in the external world, and shaped by my inner perceptions, beliefs, values and attitudes. I also believe in multiple realities. From my perspective, the world is neither something which is concrete, nor objective, but rather something which is highly subjective, complicated and in need of understanding. Finally, I believe that given the inherent complexity of social interaction, it is best described and understood in the context within which it naturally occurs.

In his writing about research of lived experience, van Manen (1994) draws a clear distinction between natural and human science. Where natural science studies "objects of nature" and the way they behave, human science, in contrast, studies "persons, or beings that have a consciousness and that act purposefully in and on the world by creating objects of meaning that are expressions of how human beings exist in the world" (p. 4). According to van Manen (1994), while the preferred mode of inquiry for natural science is quantitative measurement, the most fitting approach for human science is qualitative; one seeking description, interpretation, and self-reflective or critical analysis.

More explicitly, quantitative and qualitative approaches to research hold very different assumptions about reality, human nature and what qualifies as valuable knowledge. Quantitative or "traditional" research is founded upon the assumption that there is a single, objective reality; a world out there which is constant, one which we can observe, know and measure (Merriam, 1988). From this perspective, human beings are regarded as a
product of the external forces within their surrounding environment (Morgan & Smirchich, 1980). They behave and respond to stimuli within that environment in highly predictable and determinate ways. In addition, Morgan and Smirchich (1980) reveal that quantitative researchers concern themselves with an "objective form of knowledge which specifies the precise nature of laws, regularities and relationships among phenomena measured in terms of social facts" (p. 493). Thus, as Cole and Knowles (1993) emphasize, quantitative researchers uphold a conception of teaching as "a rational set of predictable behaviors essentially devoid of person and context" (p. 475).

In contrast to this perspective, qualitative researchers assume that there are multiple realities which are socially constructed, complex and ever changing. As Merriam (1988) reveals, reality is seen as a highly subjective phenomenon which seeks interpretation as opposed to measurement. While values and beliefs form the basis of perception, research becomes exploratory, inductive and focuses on processes rather than outcomes (Merriam, 1988). Hence, as summarized by Patton (1985):

It is an effort to understand situations in their uniqueness as part of a particular context and their interactions there. This understanding is an end in itself, so that it is not attempting to predict what may happen in the future necessarily, but to understand the nature of that setting; what it means for participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that particular setting and, in the analysis, to be able to communicate that faithfully to others who are interested in that setting. ... The analysis strives for depth of understanding (p. 1).
Thus, on the basis of this description, it is apparent that my epistemological and ontological views are compatible with those inherent in a qualitative research approach. My personal desire to adhere to this was further supported by Cole and Knowles (1993), as they affirm that, "Hypothesis testing and theory generation by rating, classifying, and correlating observational and verbal report data gathered under contrived (or at least controlled) conditions, are no longer readily accepted ways of apprehending and representing classroom life" (p. 475). Instead, having chosen a qualitative approach for carrying out my research, I intended to explore, describe and acquire an in-depth understanding of the experience of teaching with Multiple Sclerosis. I planned to do so by talking and interacting with participants, while giving credence to the natural context within which their experiences occurred.

3.3 Choosing Compatible Research Models

 Truly, there is a clear distinction between research method and methodology. In keeping with this study, methodology refers to the philosophical framework, the fundamental assumptions and characteristics underlying a human science perspective; hence, the notion of method implies a certain mode of inquiry or technique utilized for data gathering (Harding, 1997, in Maynard, 1994; van Manen, 1994). Indeed, it is paramount that the philosophical orientation of the researcher be congruent with the one underlying the chosen research approach.

 On the basis of my epistemological and ontological assumptions, I chose a qualitative methodology for exploring the experience of teaching with MS. As Morse and Field (1985) emphasize, this paradigm is most appropriate when there is little known about a domain, or when the research
question pertains to understanding or describing a particular phenomena or event.

From the many qualitative models which guide human science inquiry, I chose, in the main, a phenomenological approach to carrying out the research at hand. It is this particular one which I found highly compatible with my world view and approach to knowledge, as well as the research question under investigation. This not withstanding, I came to this research as a teacher with Multiple Sclerosis and, thereby, acknowledge the presence of my 'self' in this process.

Therefore, within the upcoming sections, I elaborate upon and further refine my methodological orientation. While focusing upon a phenomenological approach, I choose also to touch upon a heuristic one as it reflects my role within the research process. Towards their end, I describe how the two approaches came together within the context of this study.

3.31 Phenomenology

According to van Manen (1994), phenomenological research is the study of lived experience. More explicitly, it is the study of our world as we presently experience it pre-reflectively, rather than as we conceptualize, organize or reflect upon it (Husserl, 1970b). Moustakas (1994) explains that phenomenology seeks to uncover what an experience means for those who have had the experience and are able to provide a thorough and comprehensive description of it. As such, phenomenologists ask the question: What is it like to have that experience? Though the phenomenologist seldom reaches a conclusion, she may challenge the reader by stating, "Yes, it is like that" (Morse & Field, 1985).

Phenomenological research is also the clear and precise description of phenomena as they present themselves to consciousness (Polkinghorne, in
Valle & Halling, 1989; van Manen, 1994). To be conscious is to be aware, in some way, of a particular aspect of the world; hence, phenomenology is highly interested in the important world of the human being. Van Manen (1994) further reveals that phenomenological reflection is not introspective, but rather, retrospective. In other words, reflection upon lived experience implies reflection on an experience that has already passed, or been lived through.

Moreover, van Manen (1994) indicates that phenomenological research is the study of essences. He explains that the essence, or nature, of an experience is sufficiently described, if that description unveils the lived quality and importance of the experience in a richer or deeper manner. He goes on to say that phenomenology attempts to uncover lived or existential meanings. It aims to describe and understand those meanings with a certain degree of fullness and depth. Thus, as van Manen (1994) emphasizes, phenomenological research is a human science, since the focus of this approach rests upon the meaning structures of the lived human world.

Van Manen (1994) also reveals that if there is one word which appropriately describes phenomenological research, then that word is "thoughtfulness" (p. 12). From the phenomenologist's perspective, thoughtfulness is "a minding, a heeding, a caring attunement (Heidegger, 1962), a heedful, mindful wondering about the project of life, of living, of what it means to live a life" (van Manen, 1994, p. 12). Overall, it is the understanding of meaningful concrete relationships inherent within the original description of experience, in the context of particular circumstances, which is the primary goal of phenomenological research (Moustakas, 1994).

Though the terms are often used interchangeably, van Manen (1994) points out that it is possible to draw a distinction between phenomenology
and hermeneutics. While phenomenology may be regarded as pure description of lived experience, hermeneutics may be defined as the interpretation of experience through some "text" or symbolic form (p. 25). In his own work, however, van Manen (1994) employs the term 'description' to include both the interpretive (hermeneutic), as well as the descriptive (phenomenological), component.

A clearer distinction may be made between phenomenology and other research approaches, in the sense that the results of a phenomenological study cannot be severed from the method by which the results are acquired. Metaphorically speaking, to summarize a poem so that a result may be produced, would in essence destroy that result because the poem itself is the result (van Manen, 1994). Not unlike poetry, phenomenology is "a poetizing project; it tries an incantative, evocative speaking, a primary telling wherein we aim to involve the voice in an original singing of the world" (Merleau-Ponty, in van Manen, 1994, p. 13).

Therefore, it is a phenomenological approach to carrying out research that I found most compatible with my intent to explore the experience of teaching with Multiple Sclerosis. Phenomenology studies lived experience. It seeks to uncover what it means to have an experience, from the perspectives of those who have had it and can provide a full description of it. Indeed, this approach was fitting with my desire to discover what it means to teach with a disabling condition, from the vantage point of those who have done it. As a phenomenologist attempts to describe the very essence of an experience, so did I plan to describe the nature of the experience of teaching with Multiple Sclerosis, in a way which would reveal the quality of that experience in its fullest, deepest and richest form.
3.32 **Heuristics**

According to Moustakas (1994), heuristic inquiry is "a process of internal search through which one discovers the nature and meaning of an experience and develops methods and procedures for further investigation and analysis" (p. 17). Heuristic research builds upon phenomenology in the sense that the 'self' of the researcher is present throughout the process. Hence, while coming to an understanding of the phenomenon at greater depths, the investigator also experiences enhanced self-awareness and self-knowledge (Moustakas, 1994). In other words, the exploratory process leads researchers to new images and meanings regarding human phenomena, but also to realizations which are pertinent to their own experiences and lives (Moustakas, 1990). Thus, as emphasized by Moustakas (1990), a focus upon the investigator's internal frame of reference, self-searching, intuition and indwelling, lies at the heart of heuristic inquiry.

In contrasting empirical phenomenological research with heuristic inquiry, Moustakas (1994) reveals that several important distinctions may be made. First of all, whereas phenomenological studies focus upon a situation in which the experience investigated occurs, heuristic inquiry is a broad investigation wherein the research participant extensively and deeply explores the phenomenon (Moustakas, 1994). Thus, in heuristic research, it is rare that only one example or situation is used to portray the research participant's experience. In addition to the narrative descriptions obtained in phenomenological research, heuristic studies also search for stories, poems, journals, self-dialogues and artwork, along with other personal documents which are relevant to the experience (Moustakas, 1994). As well, Moustakas (1994) reveals that in contrast to phenomenological research, which aims to construct structures of an experience, heuristic inquiry seeks to create a
composite depiction which closely resembles the individual stories. In other words, while a phenomenological study ends with a general structural description, a heuristic one culminates in a creative synthesis which represents the depictions and portraits of the entire group of research participants. Finally, Douglass and Moustakas (1985, in Moustakas, 1994) emphasize that in phenomenological research, individual co-researchers are removed from the process of data analysis and interpretation; in heuristic inquiry, however, they remain "visible" throughout that process (p. 19).

Therefore, it is also a heuristic approach to research that paralleled my intent to explore the experience of teaching with Multiple Sclerosis. As I have unveiled, I am a teacher with Multiple Sclerosis. Thus, while coming to an understanding of the nature and depth of this experience from the vantage point of those who have lived it, I also hoped to acquire enhanced levels of self-understanding and self-knowledge. By engaging in an internal search, through focusing on the research question and its constituents, self-dialogue wherein I could enter into dialogue with the phenomenon, and indwelling or turning inward, I aimed to heighten my self-awareness and arrive at realizations which were pertinent to my experience of teaching with this disabling condition.

3.4 Bringing Together Phenomenological and Heuristic Research

According to Moustakas (1994), the qualitative research approaches of phenomenology and heuristics, along with those of hermeneutics, ethnography and grounded research theory, all hold certain features in common which distinguish them from other traditional, positivistic, quantitative methodologies. Broadly speaking, these qualitative models come together in that they acknowledge the value of the study of human experience, which is not approachable through quantitative paradigms. They
also investigate the wholeness of an experience, instead of simply its objects or parts (Moustakas, 1994). Furthermore, Moustakas (1994) reveals that these methodologies seek out the meanings and essences of human experience, as opposed to measurements and explanations, and obtain narrative descriptions of experience through casual or formal conversations and interviews.

In addition, qualitative models are founded upon questions or problems which reflect the passions, involvement and commitment of the researcher; they also view the data of experience as paramount in comprehending human actions and as evidence for scientific studies (Moustakas, 1994). Finally, Moustakas (1994) emphasizes that these qualitative methodologies regard human behavior and experience as an "integrated and inseparable relationship of subject and object, and parts of a whole" (p. 21).

While these features reflect the commonalities of qualitative research approaches in a broad sense, I believe it is important to identify how phenomenological and heuristic approaches in particular came together within the context of this study. As I have emphasized, both phenomenological and heuristic methodologies aim to explore and discover the nature and meaning of an experience from the perspectives of those who have lived it. Consistent with this aim, mine was to explore the experience of teaching with Multiple Sclerosis from the perspectives of those who had encountered it. Further, just as heuristic research builds upon phenomenology to incorporate creative self-processes and self-discoveries (Moustakas, 1994), so did I hope to gain an enhanced level of self-knowledge and self-understanding through my role as researcher and learner throughout this study.
This not withstanding, while having drawn upon certain principles underlying a heuristic mode of inquiry, I acknowledge not having followed Moustakas' research process per se. Neither did I choose to search for stories, poems, journals or other personal documents which may have related to each teacher's story of experience, nor did I desire to keep participants 'visible' throughout the process of data analysis and interpretation. Indeed, I regarded it paramount that I place my participants' physical and emotional capabilities and limitations at the forefront throughout the research process. Having intended to describe and understand the experience of teaching with Multiple Sclerosis from the perspective of those who had lived it, I, therefore, drew mainly upon those characteristics underpinning a phenomenological research approach.

3.5 Research Design

According to Merriam (1988), a research design is "a plan for assembling, organizing, and integrating information (data), and it results in a specific end product (research findings)" (p.24). The research design which I chose reflects certain epistemological and ontological assumptions. These assumptions formed a foundation from which my research question emerged, approach unfolded and, accordingly, defined how I chose participants, gathered data and analyzed them. From there, my plan with respect to issues of validity, transferability and ethics naturally unfolded.

3.5.1 Choosing Participants

According to Moustakas (1994), "There are no in-advance criteria for locating and selecting research participants" (p. 107). In the same vein, Glesne and Peshkin (1992) state, "The open nature of qualitative inquiry precludes the ability to know either all of the important selection criteria or the number of observation or interview sessions necessary to gather adequate
They further reveal that the strategy for choosing participants in this type of research is founded upon the multiple purposes of illuminating, interpreting and understanding, as well as on the researcher's own creativity and judgment. Hence, in formulating this research plan, I needed to remain open to the ways in which it would naturally unfold and, in the process, be prepared to draw upon my instincts, imagination and personal judgment. Keeping this in mind, phenomenological researchers are known for choosing participants who have had the experience under investigation and who are able to provide complete and sensitive descriptions of it (Polkinghorne, in Valle & Halling, 1989). Therefore, the participants in this endeavor were teachers who have Multiple Sclerosis.

While acknowledging that the context of their teaching would be a critical area to explore, I did not believe that it needed to be a deciding factor in choosing individuals to participate. From my experiences in talking with teachers who have Multiple Sclerosis, I had come to realize that the variability and unpredictability of MS symptoms coincides with variability and unpredictability in their work as teachers.

Specifically, each of the four teachers with whom I had spoken suffered from different symptoms and to varying degrees. Though one of them was able to perform part-time work, another had accepted an occasional teaching position; at the same time, one other was enduring a 'sick' or 'disability' leave of absence. Through another encounter, I became aware that some teachers with MS had chosen, or been encouraged, to leave their profession altogether and begin an early retirement; the reason being, that they could no longer keep up with the demanding nature of their work. It was this latter circumstance in which the fourth teacher whom I had met found herself.
Thus, in view of the unpredictable nature of MS symptoms and, accordingly, the variable positions in which teachers with this disease were functioning, narrowing my study to a particular type of teaching context became unreasonable and unrealistic. Hence, I chose to describe my participants in the broader category of 'Teachers who have MS'.

In the same vein, it was my hunch that the kind of MS, with which individuals had been diagnosed, would not be a critical factor in choosing individuals to participate either. Whether Chronic Progressive or Relapsing-remitting, my instincts told me that finding teachers who have MS, and finding ones who were willing and able to participate would be key issues.

Indeed, it was my initial hope to include both male and female participants in this research project. While a man's concerns and experiences in having MS may be similar to those of a woman, his traditional role is inclined to differ from that of her own. As I have discovered, though a man typically assumes a working role outside of his home, a woman, often doing so, also holds a valued one inside it. Hence, the psychological and emotional ramifications, of having to 'leave' work, may differ in light of a person's gender. Acknowledging that MS strikes women nearly twice as often as men, and respecting the way in which this research would naturally unfold, I openly accepted the opportunity to work with female participants alone.

It is said that the number of participants chosen for phenomenological research varies considerably (Polkinghorne, in Valle & Halling, 1989). This notwithstanding, Seidman (1991) states that, "The method of in-depth phenomenological interviewing applied to a sample of participants who all experience similar structural and social conditions gives enormous power to the stories of relatively few participants" (p. 45).
Therefore, in this endeavor, I aimed to work with approximately four teachers. I felt that this number was one which would allow me to deeply, yet somewhat broadly, explore the experience of teaching with Multiple Sclerosis. It was also a number with which I was comfortable and which I felt I could manage in view of my own physical condition.

3.52 **Negotiating Participation**

As Hunt (1992) emphasizes, planning applied research must happen in close and ongoing contact with potential participants and their setting. In order to begin choosing participants, qualitative researchers frequently use 'snowball' or 'network' techniques, in which they make initial contact, and use recommendations to move outward from there (Glesne & Peshkin, 1992; Seidman, 1991). Accordingly, it was a networking technique which I believed was the most appropriate one for finding teachers with MS to participate in this study.

My initial attempts to connect with teachers who have MS involved contacting the Individual and Family Services Co-ordinator at the Multiple Sclerosis Society of Canada: Hamilton and District Chapter. In view of her ongoing volunteer work with individuals and families who bare the burden of MS, I believed that she would be an excellent resource person to assist me in finding research participants. Her willingness to meet with me provided an opportunity to introduce myself and reveal the purpose of the research at hand. Through our conversations that followed, we agreed that in order to protect the privacy of potential participants, it would be best if I began by writing a letter to them.

I opened this letter by introducing myself and articulating the aim of my study. I also described what my research might involve and how I felt that participation in it might be meaningful and valuable (Hunt, 1992). Upon
drafting this letter, I asked that she review it carefully in order to ensure that it was thorough and appropriate for sending to potential teacher participants. Upon her approval, she willingly sent the letter to four teachers with Multiple Sclerosis, whom she had come to know through her work at the MS Society. A copy of this letter is provided in Appendix A.

Shortly thereafter, I began receiving telephone calls from each of the four teachers. During these calls, they expressed their interest in my research and agreed to talk with me further about it. I then arranged to meet with each one of them, privately, at mutually convenient times and accessible locations. I commenced our initial meetings by introducing myself once again and taking some time to establish rapport (Glesne & Peshkin, 1992; Seidman, 1991; Yow, 1994). Then, I asked each teacher if she would feel comfortable responding to some questions pertaining to my study. This Responsiveness Interview (Hunt, 1992) was not intended as "pilot" work, in which I would try out my final study in a miniature form (p. 128); rather, it acknowledged the importance of involving potential participants throughout the planning of this research. In addition, each interview provided an opportunity for testing my means of communicating with and relating to respondents.

Using the Kolb Cycle as an interview guide, I was able to discover their experienced knowledge on the topic at hand and how their involvement in this study might be meaningful and valuable for them (Hunt, 1992, adapted from Kolb, 1975). Proceeding through the four steps of Concrete Experience (reliving), Reflective Observation (highlighting), Abstract Conceptualization (analyzing) and Active Experimentation (planning), we touched upon stories of experience and how we learn from them. Indeed, it was my hope that opportunities for reflection, self-expression and learning in a mutually supportive context would be only a few of the benefits that
teachers with MS might acquire throughout this study. During the interviews, I also believed that it would be important to give consideration to the participants' thoughts, regarding the ways through which we could best inquire into and understand the experience of teaching with MS. As Hunt (1992) emphasizes, "Giving prior considerations to the intentions of those researched is much more than a device to motivate participants; it acknowledges the need to consider the intentions of both parties and to negotiate a mutually satisfactory arrangement" (p. 117).

Finally, in my efforts to continue networking, I asked each participant if they knew of other teachers who have MS. Those who did know of someone expressed their willingness to give him or her a prepared copy of my letter. At the end of the meetings, I asked each teacher if we could meet again. All of them responded positively and expressed their interest in becoming involved in this study. As Cole and Knowles (1993) emphasize, true collaboration is more likely to come about when the goal of the research is not equal involvement in all aspects of the process. Therefore, the aim of this research was for "negotiated and mutually agreed upon involvement where strengths and available time commitments to process are honored" (Cole & Knowles, 1993, p. 486).

Our mutually shared intentions were articulated in a consent form which the participants agreed to sign. A copy of this form is shown in Appendix B. As Sieber (1992) argues, informed consent means much more than a consent statement. According to him, "It means communicating respectfully and openly with participants and community members throughout the project, respecting autonomy and life-style, and providing useful debriefing about the nature, findings and value of the research and its likely dissemination" (Sieber, 1992, in Renzetti & Lee, 1993, p. 18).
Recognizing the emergent nature of this type of research implies that information gathered from in-depth interviews and focus groups may focus the study in a different direction (Yow, 1994). Thus, the best I could do was to articulate the purpose of my research, as well as our mutually shared expectations and responsibilities at that time, as clearly as possible.

3.6 Data Gathering

3.6.1 In-depth Interviews

According to Seidman (1991), the word 'interviewing' covers a broad range of practices. There are highly structured survey interviews with pre-established, closed questions and, at the opposite end of the continuum, are very open-ended, unstructured anthropological interviews which may be regarded as friendly conversations (Spradley, 1979, in Seidman, 1991).

In his writing, Seidman (1991) focuses upon the latter type; specifically, he ascribes to what he calls 'in-depth phenomenologically based interviewing'; a technique which combines life-history and focused in-depth interviewing, informed by assumptions drawn from phenomenology. According to him, the goal of this technique is, "to have the participant reconstruct his or her own experience within the topic under study" (Seidman, 1991, p. 9).

Therefore, it was in-depth interviewing that I chose as my main method of data gathering for this research. Marshall and Rossman (1989) emphasize the importance of choosing a method within qualitative inquiry that is compatible with the question under investigation. Hence, I believed that in-depth interviewing was most fitting with my desire to understand what it is like to teach with MS, from the perspective of those who had experienced it. This coincides with Seidman's (1991) assertion that in-depth interviewing is a powerful tool for acquiring insight into educational
concerns, through understanding the experience of people whose lives constitute education.

As a researcher, it is also important that I am comfortable with the method of data collection I choose (Glesne & Peshkin, 1992). My prior experiences as a classroom teacher, and ongoing desire to learn from the stories people tell, reflect my interest and comfort level in talking with others and making meaning of their work.

In developing my approach to in-depth interviewing, I drew mainly upon the work of Seidman (1991) and van Manen (1994), along with that of Glesne and Peshkin (1992), Yow (1994) and other researchers of lived experience. In a broad sense, van Manen (1994) reveals that as we interview people about their experience of a particular phenomenon, it is important to stay close to experience as lived. More specifically, he suggests that as we inquire what an experience is like, it may be helpful to be very concrete. Accordingly, he states, "Ask the person to think of a specific instance, situation, person, or event. Then explore the experience to the fullest" (van Manen, 1994, p. 67).

In the same vein, Seidman (1991) suggests a model of in-depth interviewing which consists of three separate interviews with each research participant. During the first one, the interviewer's goal is to place the participant's experience within the context in which it occurs. This is accomplished by requesting that the participant tell as much about himself or herself, with respect to the topic at hand, up to the present time (Seidman, 1991).

The aim of the second interview is to focus upon the concrete details of the participant's current experience. Stories about experience are a way of eliciting details upon which their future opinions may be built (Seidman,
In the third interview, the participant is asked to reflect upon the meaning, or essence (van Manen, 1994), of the experience. According to Seidman (1991), the question of 'meaning' should encompass the intellectual and emotional connections between the participant's work and life. For example, the researcher might ask the participant how he or she understands the experience at hand, and what sense it makes to him or her. The question might also take upon a future orientation, by exploring where the participant sees himself or herself in the years to come.

To summarize, Seidman (1991) reveals that the blend of exploring the past to identify the events which led participants to the present, and describing the concrete details of their current experiences, creates a foundation for reflecting upon what they are now doing in their lives. He emphasizes that the effectiveness of the third interview is highly dependent upon the foundation established during the first two. Seidman (1991) also indicates that, as long as the researcher adheres to a structure which permits participants to reconstruct their experience within the context of their lives, alternatives to the three-interview structure can certainly be explored. Thus, while adhering to Seidman's model, I also remained somewhat flexible as to the number of interviews which I would carry out, keeping in mind the preferences of the participants, their daily schedules (van Manen, 1994), as well as the number of focus group sessions we would later have.

Furthermore, though each interview needed to have a clear purpose and a sense of direction, I believed it might indeed be interesting and worthwhile to pursue a participant's particular line of conversation. Disagreeing with this, Seidman (1991) felt that to do so might "erode the focus of each interview and the interviewer's sense of purpose" (p. 13).
It is my belief, however, that, rather than consecutive and linear, life experiences and the stories we tell about them are more circular and interactive in nature. Hence, the in-depth interviews which I carried out were aimed at striking a balance between providing enough openness to tell stories, and focus to allow the structure to work. As timing is critical, I could not assume that what was about to be shared during an early interview could simply be postponed for the 'proper' later one.

In developing questions for these interviews, I drew upon a variety of resources. Using the Kolb Cycle as an interview guide (Hunt, 1992, adapted from Kolb, 1975), I began by designing questions which emerged from my experiences as a teacher with MS. For example, thinking back to the time of my diagnosis, I recalled the fear which I felt being informed that I might not be entitled to disability benefits. Also at that time, however, I began to realize that the nature of my work as a teacher might be far too demanding for me in the physical sense.

On the basis of that experience, this question emerged: How does a teacher cope with the conflicting opinions of authority and self, regarding her condition and subsequent rights to disability benefits? It was this question and these issues, coupled with those which other teachers with MS regarded as salient in their teaching experiences, and which prevailed within relevant literature, that I broadly and deeply explored throughout this study.

In addition, I delved into my experiences within a support group, which I had recently joined, for MS sufferers and their families. As well, though a formally designed 'pilot' study was neither practical nor feasible, opportunities to test my questions with other teachers, including potential participants, provided me with valuable occasions for revising and learning (Glesne & Peshkin, 1992).
Indeed, I recognized that the questions I posed during in-depth interviews needed to reflect the topic of inquiry, be specific, clear and comprehensible to participants. I also paid careful attention to the order of these questions and avoided asking 'double' ones; hence, I did my best to phrase them in such a way as to "make words fly" (Glesne & Peshkin, 1992, p. 63). As suggested by numerous researchers, opening with questions which are easier to answer and less personal would likely enhance the participants' comfort levels and improve the quality of the interviews (Glesne & Peshkin, 1992; Measor, 1985; Seidman, 1991; Yow, 1994). Questions which followed were built upon previous ones, as I sought to explore possible contradictions and engage in clarification and co-construction of our emergent knowledge. Concurring with van Manen's (1994) assertion that it is not possible to ask ready-made questions, I regarded all of mine as tentative and flexible, as new ones were added, and some modified or replaced by others (Glesne & Peshkin, 1992).

In addition to the questions themselves, I carefully attended to the various techniques that could make my interviews more effective. Primarily, Glesne and Peshkin (1992) reveal that "good listening is at the heart of effective interviewing and is an act of submission" (p. 82). My effective listening was facilitated by remaining fully attentive to what the participants were saying and by learning to tolerate silence (Glesne & Peshkin, 1992; Hunt, 1992; Seidman, 1991; van Manen, 1994). Also by taking notes during interviews, I was able to keep track of things which I wished to return to at a later time (Seidman, 1991).

Next, it was important to avoid asking leading questions, refrain from interrupting and keep my respondents focused by asking for concrete details pertaining to their teaching practices (Glesne & Peshkin, 1992; Seidman,
1991). As well, Erikson (1973, in Glesne and Peshkin, 1992) suggests seeking to "make the strange familiar and the familiar strange" (p. 42). By continually questioning my perspectives and beliefs throughout the research process, I hoped to gain new understandings and new ways of thinking about the topic at hand. Above all, I believed that by trusting my instincts and asking questions when I felt unsatisfied, both the participants and I would enhance our knowledge and understanding of the experience of teaching with Multiple Sclerosis.

Finally, the time, location and length of the interviews were matters which needed to be agreed upon. Convenient times and accessible locations were openly talked about and then established, when and where the participants could be relaxed, comfortable and uninterrupted. Desired to be held during the mid-mornings, interviews were carried out inside each participant's home. For the most part, this was necessary, given that only one woman was able to drive. Each woman's interviews lasted approximately 90 minutes (Seidman, 1991), depending upon the her condition. For example, during a prior meeting which I had with a retired teacher who has MS, I discovered that after a period of 45 minutes, she began to experience symptoms of fatigue; hence, she asked that we delay our discussion until a later time.

Having reflected upon our time together, I realized that it would be important for me to remain alert to both the physical and emotional condition of the participants during our interview sessions. We, accordingly, agreed to communicate openly and honestly about any discomfort which began to surface.

All of our interviews were audio-taped and later transcribed (Seidman, 1991; van Manen, 1994). Along the way, I respected the need to review the
tapes and transcripts as part of an ongoing process of reflection and learning about the questions I posed, the techniques and skills I used or did not use, and the new understandings that I acquired. As researcher, I also found keeping a journal and analytic files to be helpful, by way of recording the insights I gained, discovering patterns therein, and nurturing my ongoing reflections upon them (van Manen, 1994).

The importance of the research relationship is reiterated throughout the literature on interviewing. While building a relationship characterized by openness and trust is paramount in enhancing the comfort level of the participants, Measor (1985) also indicates that "the quality of the data is dependent on the quality of the relationship you build with the people being interviewed" (p. 57). Glesne and Peshkin (1992) reveal that in qualitative research, the nature of relationships depends on two factors: "the quality of our interactions to support our research, or rapport, and the quality of our self-awareness to manage the impact of self on our research, or subjectivity" (p. 93).

In this research, I aimed to develop rapport between the teachers and me in a variety of ways. As Woods (1986) suggests, I first considered the type of people to whom I would be prepared to reveal some of the more personal and private aspects of a particular experience. For me, thoughts of close personal friends came to mind; however, establishing friendships with my participants was not a goal, since that might have influenced my and the teachers' behaviors, with possible negative consequences for complete data gathering and analysis (Glesne & Peshkin, 1992; Yow, 1994). Instead, I recognized that someone who is understanding, genuinely interested in me for myself, a good listener and respectful of my personal points of view,
would ease my comfort level when sharing personal thoughts and experiences for research purposes.

Furthermore, it was imperative for me to be conscious of the ways in which reciprocity, or the sharing of myself, could enhance our relationship. Graham (1984, in Renzetti & Lee, 1993) indicated that this sharing is recommended in order to "reduce the exploitive power balance" between the researcher and participants (p. 186). In her discussion of power relations in interviews, Ridell (1989, in Burgess, 1989) insists that it is impossible for the researcher to establish warmth and trust without disclosing anything of her own personality, interests and concerns. While my comfort level was a factor, I believed that sharing my thoughts and experiences also enhanced the teachers' willingness and comfort in talking with me, gave vent to any of their curiosities about me and, in essence, was an important part of developing empathic relationships (Measor, 1985; Renzetti & Lee, 1993). In short, I did not ask the participants to do anything which I could not do myself (Cole, interview, September 17, 1997).

Moreover, I recognized that developing and maintaining rapport would be influenced by the age, race, gender, social class and ethnicity of all participants, as well as the setting and time of the study (Glesne & Peshkin, 1992; Yow, 1994). In the end, I, indeed, recognized that rapport had been established having witnessed it in the "willingness of others to allow access to that part of their life of interest to me" (Glesne & Peshkin, 1992, p. 96).

Above all, the quality of the relationship between the teachers and me was strongly influenced by my own personal orientations, or subjectivity. As stated by Glesne and Peshkin (1992), "My subjectivity is the basis for the story that I am able to tell. It makes me who I am as a person and as a researcher, equipping me with the perspectives and insights that shape all that
I do as a researcher, from the selection of topic clear through to the emphases I make in my writing" (p. 104). Hunt (1992) reveals that these personal intentions, coupled with the perspectives and behaviors which flow from them, represent our deepest and most powerful means for recording and understanding our research. Although it was important to maintain an openness to surprise (Hunt, 1992), and try to hear what I was not hearing, I acknowledged my own subjectivity as a valuable and important part of the research process to be capitalized upon, not exorcised (Edwards, in Renzetti & Lee, 1993; Glesne & Peshkin, 1992).

3.62 Focus Groups

During my initial conversations with four teachers who have Multiple Sclerosis, I discovered their experienced knowledge on the topic of inquiry and how their participation in this research might be meaningful and valuable to them. I also asked them to respond to the question: What ways will best help us to inquire into and understand the experience of teaching with Multiple Sclerosis? Asking this question unveiled my desire to give the participants a degree of ownership in this study, share control over the research design and remain flexible as to the methods of information gathering we would choose.

In response to my question, two of the teachers suggested that a small group of them meet periodically to talk about those issues which had been, and continued to be, important in their own experiences. They also believed that meetings would provide opportunities for sharing teaching pointers and acquiring 'health tips' within a mutually supportive context. Upon sharing their idea with the two other teacher participants, I discovered a collective belief that gatherings of this nature, commonly called focus group sessions,
would be beneficial in providing valuable information with respect to the study and their own teaching practices.

The literature also reveals that, in general, women with disabilities appreciate and benefit from peer counselling and participation in support groups (Andreychuck, 1993; Lyons & Meade, 1993; Kopala, 1989). For example, Lyons and Meade (1993) discovered that women with MS appreciated the focus group as a medium for presenting their opinions, providing an opportunity for a group to validate or critique their point of view relative to the experience, and offering support and solutions. In addition, it is at many of these group meetings where women form the friendships and connections that give them strength, and assist them in overcoming feelings of loneliness and isolation (Risidore, 1987). Given that all four of the teachers, who had expressed their interest in participating in this study, were women, facilitating focus group sessions as a part of the data gathering process was hoped to be an informative, valuable and enjoyable endeavor for all of them.

While the first two took place in the sense of more formal data gathering, the third focus group session remained less so. More specifically, as we came together inside one participant's home, I began our initial meeting by welcoming everyone, then encouraging and guiding self-introductions. Given that our conversations were to be tape recorded, I asked that each person speak as naturally, however clearly, as possible, while doing so one at a time. I also encouraged each woman to address all others by name, so that voiced experiences and reflections upon them could later be connected with each person. While time spent engaging in personal introductions became greater than expected, I sensed each woman becoming relaxed and
comfortable with others, in a setting to which we had been so openly and graciously invited.

Before unveiling the aim of the first group meeting, I briefly touched upon the course of our prior individual interviews. In so doing, I revisited my inquiry as to how it was that they became teachers and the concrete details of their present experiences. Having sought their description and understanding of the nature of a teacher's work, I then wondered how having MS may have influenced their abilities to carry out professional responsibilities. As we explored relationships with colleagues, students, and parents too, wherein the issue of disclosure naturally surfaced, we then delved into support networks available to and desired by them. Having sought recommendations for enhancing the environment in which they worked, to make it more comfortable and supportive for them, we closed our individual time together by making meaning of experiences. I asked, in essence, how each woman understood her experiences and what sense they made to her. Finally, I inquired as to where each woman saw herself in the years to come.

Having recalled the course of the individual interviews, I then shared with everyone the purpose of this first group meeting, that being to provide participants the opportunity to talk about, to share those issues which were pressing, or important to them; ones that they had thought about as a result of their conversations with me and wished to further explore as a group.

Three weeks thereafter, the second group meeting provided me the opportunity to 'give back'; in essence, to share what I had learned from them. Though preliminary, key themes, emerging in their experiences through my privileged vantage point, were voiced. Along with those, I also unveiled new, more practical developments which had surfaced since our individual
time together; ones which I welcomed their thoughts upon. Thereafter, I shared with participants the fact that recommendations, which they earlier made, had been shared with administrative members of our school board. More pointedly, I informed participants that their voices of experience were being heard and intended to make a difference, even if a small one. In closing, I gifted each woman a candle; a sign of her light which had inspired and strengthened my ongoing research, and me.

Our third and final meeting provided space for open commentary on the thoughts and issues which had emerged during our prior sessions together. During this one, I also took the opportunity to share with everyone a newspaper article which I had recently read (Browne, 1999), and my later reflections and writing in keeping with it. Focusing upon the notion of 'inclusion' of exceptional children, and special education programs which abide by a philosophy that, "each belongs", this article captured the attention of and sustained powerful conversation among all participants, in light of being teachers with their own special needs.

From the beginning, it was my aim in this research to facilitate very dynamic and informative focus group sessions to compliment the data I gathered from in-depth interviews and ensure consistency therein. Within these sessions, I drew upon many of the techniques that I have described; ones which contributed to the effectiveness of interviews. Some of those techniques included: effective listening, attending to the order and phrasing of my questions and tolerating silence (Glesne & Peshkin, 1992; Hunt, 1992; Seidman, 1991; van Manen, 1994).

Overall, in addition to being personally and professionally valuable, I regarded our meetings as opportunities to be responsive to the needs and suggestions of participants, to gather rich data in a supportive environment,
and to continue interacting with and learning from teachers who have Multiple Sclerosis.

3.63 **Summary**

In keeping with the emergent nature of qualitative inquiry, it was paramount that I remain flexible and open to other methods of gathering data throughout the study. Reflecting upon other possibilities, however, it was my hunch that in-depth interviews and focus group sessions would indeed suffice.

Though I had pondered the idea of observation as a data gathering tool, I later realized its inappropriateness, given the unpredictability and invisibility of MS symptoms. As well, van Manen (1994) suggests that "keeping a regular diary may help a person to reflect on significant aspects of his or her past and present life (p. 73). He adds that journal writing may assist in establishing goals to work or to strive for. While I recognized the value of these tools in gathering information pertaining to lived experience, I had become aware of the difficulty which people who have MS often experience when it comes to keeping a journal or diary. Specifically, two of the teachers, whom I had met, had minimal hand coordination. Thus, for me to have asked them to keep a journal or diary as a way of reflecting upon their teaching experiences, would, in my opinion, have been highly insensitive and unfair.

This notwithstanding, I acknowledge having remained open to other data gathering methods which may have been deemed appropriate by knowledgeable informants, relevant literature as well as those who were participants in this endeavor.
3.7 Data Analysis and Interpretation

It is my belief that data analysis and interpretation represent the most creative, challenging and personal part of the research process. Perhaps this is because there is no one way to do it. How a researcher chooses to analyze and interpret data depends upon one's epistemological assumptions, as well as the purpose and method which guide the research.

For the purpose of this research, I chose to focus mainly upon the work of Seidman (1991) and van Manen (1994), while incorporating the work of Glesne and Peshkin (1992) and Merriam (1988) in a broader sense. As they define it, Glesne and Peshkin (1992) describe data analysis as "the prelude to sensitive, comprehensive outcomes that make connections, identify patterns, and contribute to greater understanding" (p. 146). Seidman (1991) reveals that, given the enormous amount of data a researcher gathers from in-depth interviews, the researcher's goal is to condense and then shape the material into a form which may be shared or displayed. He emphasizes that this reduction of data needs to be done inductively, rather than deductively. In other words, the researcher must approach the interview transcripts with an open mind, looking for what emerges as important and interesting within the text.

In my own work, I recognized that this would ultimately involve exercising my personal judgment regarding what is salient throughout the transcripts. As Marshall (1985, in Seidman, 1991) emphasizes, this judgment, which depends upon my experiences, both in the past and in working with the interview material, may have been the most powerful tool that I brought to the study.

Though Seidman (1991) acknowledges his sensitivity with regards to the ways in which class, race and gender operate in people's lives, as well as
how power and hierarchy influence them, he does not approach interview
data in search of these factors. Likewise, recognizing my role as learner in
this research, along with the sensitive issues which may have surfaced
throughout it, I remained committed to being open with respect to what the
data themselves would say.

Seidman (1991) proposes two basic steps which are involved in
sharing the interview data. In the first one, the researcher crafts a profile of
each of the participants in the study. Seidman (1991) states that crafting a
profile, in the words of the participant, is "a way to find and display
coherence in the constitutive events of a participant's experience, to share the
coherence the participant has expressed, and to link the individual's
experience to the social and organizational context within which he or she
operates" (p. 92).

During this initial phase, one which I comfortably chose to undertake,
I told each woman's story of experience from her perspective and, where
fitting, in her own words. While, as interviewer, I posed questions to keep
our thoughts focused upon the topic at hand, our time together encouraged a
sharing of my encounters as well. Hence, my voice of experience, in the
context of participants' profiles, is naturally blended with theirs.

Upon the second step, the researcher identifies individual passages,
groups these into categories, and studies the categories for thematic
connections within and among them (Seidman, 1991). Guiding further this
next step, Moustakas (1994) reveals that, herein, overlapping and repetitive
statements may be removed. Also in this stage of analysis and interpretation,
Seidman (1991) emphasizes the need for the researcher to ask what the
research has meant to him or her. In other words, he or she must respond to
the same questions which were posed to the participants: What was it like to
have the experience, how do I understand it and what connections do I see within it? Altogether, having abided by this dual method of sharing data, I found myself comfortable with it allowing for the telling of individual stories, and the making of thematic connections within and among them.

In his own work, van Manen (1994) delves deeper into the conduct of thematic analysis. He begins by defining the process as that of "recovering the theme or themes that are embodied and dramatized in the evolving meanings and imagery of the work" (p. 78). Phenomenological themes, according to him, are structures of experience; elaborating further, he describes a theme as "the experience of focus, of meaning, of point; the form of capturing the phenomenon one tries to understand" (p. 87).

My particular approach to uncovering thematic aspects of participants' teaching experiences was a selective or highlighting one (van Manen, 1994). Having read each teacher's profile, time after time, I, accordingly, asked myself the question, 'What statements, or phrases, appear particularly essential or revealing about her experience?' Those, I then highlighted and, what I felt to be more powerful ones, I also underlined.

Having gained themes, and statements in keeping with them, I then moved toward capturing those statements in, what van Manen (1994) describes as, phenomenologically sensitive paragraphs. In other words, I wrote notes, and then paragraphs, based upon my ongoing reading, reflection and practical research efforts. Overall, van Manen (1994) likens this composition of linguistic transformations not to a mechanical procedure; rather, to a creative, hermeneutic process.

According to van Manen (1994), by organizing situations conducive to collaborative hermeneutic conversations, a researcher can encourage participants to reflect upon their experiences (once these have been gathered),
so that deeper meanings or themes inherent in these experiences may be uncovered. He further explains that several interviews may be scheduled with chosen participants which encourage reflection on transcripts of prior interviews, so that as much interpretive insight as possible may be gained. In the same vein, van Manen (1994) reveals that collaborative discussions, or hermeneutic conversations, focused upon thematic descriptions of experience may also be carried out by a research group or seminar. While there are many formal ways a researcher may seek assistance in her work, there are also less formal ones, in the manner of sharing the text with an advisor, colleagues or friends. It is this latter approach to seeking and receiving collaborative assistance in my writing that prevailed in the context of this study.

Clearly, focus group sessions provided opportunities for participants to talk further about issues which were pressing and important to them; ones that had surfaced during our prior interviews. Indeed, it was my hope that this opportunity would be professionally and personally meaningful for all involved. In order for this to occur, however, it was critical that I maintain a non-evaluative stance and 'accentuate the positive' throughout this data gathering and interpretation phase of the research process (Cole, 1987; Cole & Knowles, 1993; Hrnt, 1992). In addition, these meetings gave me the opportunity to unveil some of the themes which had surfaced through my preliminary efforts to analyze and interpret data gathered along the way.

Not withstanding, our focus group sessions did not serve to collectively uncover deeper meanings or themes of experiences, or encourage reflection upon a given text. As equal involvement on the part of participants was not intended in all aspects of the research process (Cole & Knowles, 1993), their negotiated and agreed upon participation honored their strengths and
available time commitments; ones not in keeping with a formal role in analysis of data and a deeper interpretation of them.

The less formal way in which I interpreted my data was the one van Manen (1994) likens to "talking together like friends" (p. 100). While she did not try to weaken me, my research supervisor guided, encouraged and, in essence, strengthened what was weak in my human science text.

Overall, while recognizing the inherent challenges in separating data gathering and analysis, Seidman (1991) suggests completing all interviews before engaging in any in-depth analysis. Other researchers support a more dynamic and intertwined relationship between these two phases, wherein data analysis occurs simultaneously with data gathering (Glesne & Peshkin, 1992; Merriam, 1988). According to them, this relationship allows the researcher to clarify and shape the research as it proceeds. With analysis beginning upon the first interview, emerging ideas, hunches and insights shape the next phase of data collection, which in turn assists in the clarification or reformation of research questions.

As I have touched upon, my approach was more compatible with the latter, that of simultaneously gathering and analyzing the data, with a more intensive analytical process to follow. Throughout this process, writing memos, making analytic files and developing preliminary coding schemes were some of the strategies I did incorporate (Glesne & Peshkin, 1992). I also kept a journal for recording insights gained, emerging patterns in my work and reflections upon them (van Manen, 1994).

Thus, unlike traditional, positivistic research, my research lent itself to a non-linear, interactive form of data gathering, analysis and interpretation. For me, knowing when to end this phase was somewhat tricky. As Glaser and Strauss (1967, in Glesne & Peshkin, 1992) suggest, a researcher should
stop gathering data when "theoretical saturation" has been achieved (p. 132). This, undoubtedly, meant trusting my instincts and being able to recognize when the data I had gathered were thorough, complete and integrated.

In the same vein, Merriam (1988) states that, "Unlike experimental designs where validity and reliability are accounted for prior to the investigation, rigor in a qualitative case study derives from the researcher's presence, the nature of the interaction between researcher and participants, the triangulation of data, the interpretation of perceptions, and rich, thick description" (p. 120). Therefore, while standards of rigor are different in qualitative than quantitative research, substantiated, corroborated, justified work is, and herein remained, equally important.

Not unlike Seidman (1991), other research methodologists talk about several dimensions of qualitative data analysis. Beyond the development of preliminary coding schemes, methodologists talk about a second level of analysis, as described, involving the construction of categories and themes which help to interpret the data for the reader (Glesne & Peshkin, 1992; Moustakas, 1994; van Manen, 1994), and also a third level of inference making and theory construction (Merriam, 1988). According to Merriam (1988), thinking about the data, or theorizing, is a step toward developing a theory which explains a particular area of educational research and permits one to make inferences about future activity. In talking about theory development, Merriam (1988) cautions that the amount of analysis and interpretation a researcher aims for depends upon the intent of the study as well as the final product desired.

I found Merriam's comment particularly helpful in deciding how far I would like to proceed on the analysis continuum. Given my intent to explore the experience of teaching with MS, I did not see my work approaching the
point of theory development. I agree with Seidman's (1991) view that, "the narratives we shape of the participants we have interviewed are necessarily limited" (p. 103). Arguing that their lives go on, he suggests that researchers need to accept a degree of uncertainty in the manner that they report what has been learned from their studies. Keeping this in mind, I saw my own work situated somewhere between the formation of categories and themes, and the third phase of establishing connections and making predictions at a higher, more conceptual level.

Plummer (1983) summarizes his thoughts on the process of analyzing and interpreting data as, "reflecting upon mounds of data for long periods of time until key ideas and themes flow from them" (p. 99). While the data themselves became a focal point of my reflections, I also regarded it important to revisit the literature which informed my work (Seidman, 1991). Doing so helped me to establish connections throughout the interpretive process and challenge my subjective understanding of the data I gathered. I also found reading other theses, those relevant to my work, to be helpful in terms of deciding how I would represent my data in the final research report. Finally, since the process of analyzing and interpreting data was, for me, time and energy consuming, as well as labor intensive, I acknowledge having tried my best to be patient, trust my own judgment and other resources, and most importantly, honor and trust the research process.

3.8 Methodological Issues: Trustworthiness and Ethics

Reflecting upon my research plan, I became overwhelmed by the numerous complex issues that I would need to consider, and attend to, throughout the course of the study. It was not my intent to discuss all of the issues which might have surfaced during this research, but rather to raise the ones which I believed to be the most important. Those issues, although often
interrelated, fell into two broad areas: trustworthiness and ethics. Being alert to the emergent nature of qualitative inquiry, and my role as the learner within, it was paramount that I maintained a degree of openness regarding other issues which may have arisen throughout the study. Likewise, I needed to confront them in a way that was consistent with the perspectives underpinning a qualitative research approach.

3.81 Trustworthiness

According to Merriam (1988), "All research is concerned with producing valid and reliable knowledge in an ethical manner" (p. 163). She suggests that most writers on the topic of qualitative research have unique conceptions of validity and reliability, which reflect unique assumptions about reality and ways of knowing. Instead of using the term validity, which neglects the multiple constructions of reality, most authors choose to talk in terms of the trustworthiness of the research (Merriam, 1988). Regardless of the terminology used, the key question is the same. As posed by Merriam (1988), "To what extent can the researcher trust the findings of a qualitative study?" (p. 166). It was my intent to apply this question to my research, and to respond by considering the suggestions made within the context of the literature on qualitative inquiry.

The trustworthiness of the findings from this study was enhanced by applying various strategies suggested by Seidman (1991) and Moustakas (1994), along with Glesne and Peshkin (1992) and Merriam (1988). As Seidman (1991) emphasizes, the three-interview structure incorporates factors which may contribute to the trustworthiness of the data gathered. More specifically, this approach placed the participants' experiences in the context within which they occurred. It also encouraged my interviewing over a period of two to three weeks, which in turn allowed me to check for
internal consistency of the participants' stories. And as Seidman (1991) explains, internal consistency over a period of time is indicative that participants are being truthful to the interviewer. More importantly, as participants disclosed aspects of their lives which I regarded as somewhat private and very personal, it was my strong inner sense that in the context of our meetings together, truth indeed prevailed.

In the same vein, Glesne and Peshkin (1992) emphasize that spending time and building positive relationships with participants will contribute to data that is trustworthy. Triangulated findings will also help. In relation to this study, pooling together the data I gathered, from in-depth interviews and focus group sessions, served to corroborate findings and provide a holistic understanding of the situation at hand (Merriam, 1988). Having provided copies of the profiles I crafted to each participant, I asked that she carefully examine it, and make additions and corrections as needed (Moustakas, 1994). As I have revealed, I also shared the interpretive process with my academic supervisor and other colleagues. This sharing helped to ensure a common orientation to the phenomenon at hand, that my work reflected the insider's perspective and assisted in the development of new ideas and interpretations (Glesne & Peshkin, 1992; van Manen, 1994). As well, by recognizing the limitations of the study, the trustworthiness of my data was enhanced. As Glesne and Peshkin (1992) emphasize, "Elucidating them helps readers to know how they should read and interpret your work" (p. 147).

Finally, as Seidman (1991) states, "Interviewers are a part of the interviewing picture" (p. 16). They pose questions, respond to participants and often share their own experiences. Seidman (1991) goes on to say that interviewers work with their data, choose from it, describe, analyze and interpret it. While acknowledging my role in the meaning-making process as
a valuable and important one, more trustworthy interpretations of the data I gathered developed through an ongoing alertness to my own biases and assumptions, and the ability to challenge my subjectivity throughout the research process.

Since a discussion of the term 'reliability' in the traditional sense seems somewhat inappropriate in the context of a qualitative study, Lincoln and Guba (1985) suggest thinking about the 'dependability' or 'consistency' of interpretations developed from the data. That is, rather than ensuring that outsiders obtain the same results, the researcher aims for outsiders to concur that, given the data gathered, the results make sense; in other words, they are consistent and dependable (Merriam, 1988). Though reliability and validity are inextricably linked in the conduct of research, Merriam (1988) suggests a variety of techniques which an investigator may use to ensure the dependability of results. For the purpose of this study, triangulating my data and being clear about my assumptions from the outset were important. In addition, I remained committed to keeping an "audit trail" (Guba & Lincoln, 1981, in Merriam, 1988, p. 172). This meant describing in detail how the data were gathered, how categories and themes were developed and how decisions were made throughout the inquiry (Merriam, 1988).

As with notions of validity and reliability, the term generalizability is replaced by various other terms which are appropriate within the realm of qualitative research. While Lincoln and Guba (1990) use the term 'transferability' and 'applicability', Donmoyer (1990) talks about 'assimilation', 'accommodation', 'integration' and 'differentiation' as ways of characterizing how generalizability may occur. Similarly, Eisner (1991) describes generalizability in terms of one's ability to learn from the experience of others, with narrative providing a valuable and rich source for
assessing the degree of applicability to one's situation. As well, Merriam (1988) identifies various ways of enhancing the 'external validity' of a qualitative case study, such as: developing working hypotheses, searching for concrete universals, naturalistic generalization and user generalization.

Regardless of the sense in which findings may be externally valid, generalizable or transferable, Merriam (1988) asserts that the researcher must provide a detailed description of the study's context. Specifically, "the description must specify everything that a reader may need to know in order to understand the findings" (Lincoln & Guba, 1985, p. 125).

With respect to this study, I found myself particularly drawn toward the term 'reader or user generalizability'. As Wilson (1979) explains, this involves "leaving the extent to which a study's findings apply to other situations up to the people in those situations" (Wilson, 1979, in Merriam, 1988, p. 177). Thus, the degree to which the findings of my study are applicable to other teachers with MS, or to teachers with similar disabilities, is something which may be decided upon by the teachers themselves. With careful attention to the context of participants' experiences, teachers may be able to decide, as individuals, which aspects of those experiences are relevant and applicable to their own. In addition, I recognized the potential for the applicability of my study to the broader areas of teaching, disability as well as teacher and professional development.

3.82 Ethics

Within the context of their writing on issues and questions which arise in 'Teacher Development Partnership Research', Cole and Knowles (1993) state that, "Ethical issues permeate collaborative research projects at every point of their implementation" (p. 489). In her definition, Sieber (1993) reveals that, "Ethics has to do with application of a system of moral
principles to prevent harming or wronging others, to promote the good, to be respectful and to be fair" (in Renzetti & Lee, 1993, p. 14). In order to solve problems related to ethics, she emphasizes that the potential for such risks and sensitivities must be carefully assessed. This involves an alertness to how various issues can arise in every aspect of the research process, from theory to practice, acknowledging the vulnerability of each individual or institution that may be affected by the research, as well as understanding the specific types of issues which may develop (Sieber, in Renzetti & Lee, 1993).

While a discussion of ethical issues common to all types of research seemed irrelevant, I chose to reflect upon some of the issues which arise within the realm of qualitative inquiry. As suggested by Glesne and Peshkin (1992), qualitative researchers must consistently define what it means to be ethical, as they develop relationships with research participants. Burgess (1989) asserts that the whole relationship between researcher and researched centers upon a respect for the person whose privacy is protected, and who is not harmed, deceived, betrayed nor exploited. Narrowing the discussion of ethical issues as it pertains to this research, I then needed to elaborate upon the ones which I believed would be the most salient: consent, probing for further information, privacy, including confidentiality and anonymity, as well as reciprocity.

While I have touched upon the importance of obtaining written informed consent from my participants, I felt it worthwhile to elaborate further upon this issue; my primary reason being that I regard this research as sensitive in nature, given the emotional aspects of the teachers' experiences which we might have uncovered and explored together.
In her discussion of ethical issues in feminist research, Riddell (1989) reveals her discomfort regarding "the ethics of raising highly charged topics and then walking out leaving them unresolved and offering no solutions" (p. 90). With this in mind, I initially thought that obtaining medical consent from caring neurologists might be an important precautionary measure to take in the interest of all participants; clearly, I did not wish to place them at risk of experiencing greater emotional stress than they might already be encountering in their work and daily lives. I later felt that the level of trust established between the participants and me was what was relevant and exceedingly paramount. To be more specific, I believed that it would be important for me to place complete trust in the decisions made by the teachers themselves to participate in this endeavor.

In the same vein, I fully respected their rights to withdraw from the study at any time (Moustakas, 1994). As I emphasized earlier, Multiple Sclerosis is not a mental disease (Szymanski, 1996). To say that I required medical consent for participation, is a step which I felt would compromise, considerably, the levels of trust, openness and honesty, that are essential in building positive and collaborative working relationships.

Another closely related issue is the ethical boundary of "probing" for further information during in-depth interviews. Specifically, Cole (1991) states that, "Being careful not to overtake the interview, the interviewer, at appropriate points, needs to ask clarifying questions, and both verbally and nonverbally demonstrate interest and provide encouragement for the informant to continue talking" (p. 201). Regardless of one's natural desire to learn as much as possible, the need to respect the boundaries of research participants is reiterated throughout the literature on qualitative interviewing (Cole, 1991, 1994; Glesne & Peshkin, 1992; Measor, 1985; Yow, 1994).
Therefore, in my own research, it was critical that I remained alert to and respectful of each participant's comfort level in talking about sensitive aspects of the teaching experience. Giving them the right to decide whether or not to pursue a certain aspect of that experience, conveyed my respect for their well-being, while giving them a measure of control over the stories they came to tell.

Furthermore, Glesne and Peshkin (1992) reveal that when the rights of research participants are discussed, the foremost concern is their right to privacy. Specifically, participants have the right to expect that when they permit a researcher to interview them, the researcher will maintain their confidentiality and preserve anonymity (Glesne & Peshkin, 1992; Moustakas, 1994). In relation to this study, I respected confidentiality by refraining from discussing with anyone that which I saw and heard throughout the data gathering period.

The issue of privacy also arises during the reporting phase of the research process. In order to protect the anonymity of participants, researchers often use pseudonyms and sometimes change descriptive characteristics, such as gender and age (Burgess, 1989; Glesne & Peshkin, 1992; Moustakas, 1994; Seidman, 1991). In doing so, Seidman (1991) recommends that one must take into account issues of ethnicity, age and the context of a person's life.

In a study such as this one, however, it may be difficult to preserve the identity of each of the participants. As stated by Cassell (1978), "Exposure of the case through publication or other means of dissemination poses several risks: the danger of presenting the case in a manner offensive to the participants, the violation of anonymity, subjecting an individual or group to unwelcome publicity, or exposing people to legal, institutional or
governmental sanctions because of behavior revealed by the fieldworker" (p. 141). Moreover, Shulman (1990) reveals that since research on teaching has become a strong vehicle for the professional development and empowerment of educators, then the anonymous teacher may no longer be a desirable focus within all studies on teaching. Overall, Shulman (1990) recommends that the complicated issue of 'anonymity versus visibility' is best confronted "on a case-by-case basis, through negotiation and deliberation among all the relevant stakeholders" (p. 15). Thus, within my study, whether or not the participants remained anonymous, became a collaborative decision among the individual teachers and myself, along with administrative and supervisory members of our school board and OISE / University of Toronto.

The context in which the issue of anonymity prevailed was that of our third focus group session. While I shared with participants my desire to initiate a broader support group for teachers who have MS, by way of communicating with representatives of our school board, all four women expressed their wish to reinforce my thoughts in their own writing. Naturally thereafter, the dilemma surfaced as to whether or not each woman would sign such a letter anonymously. As van Manen (1994) explains, human science research endeavors may prompt feelings of discomfort and self-doubt, yet also those of hope, insight and a certain thoughtfulness.

As participants collectively sought my advice in this regard, I respectfully conveyed to them that a decision such as that one, ultimately, remained in their hands. While communicating the sensitivities and risks associated with disclosure, I also revealed my admiration for and pride in their wish to take, what I saw as, a highly thoughtful, courageous and positive step in the interest of teachers who have Multiple Sclerosis. Three
teachers, in the end, chose to employ a pseudonym, as the other one openly and confidently unveiled her given name.

Finally, Glesne and Peshkin (1992) reveal that the issue of reciprocity within a qualitative study is a challenging one, in view of the time involved and the nature of the relationships which develop between the researcher and participants. They specifically indicate that the degree of sharing or 'indebtedness' varies depending on the duration of the study, the research topic as well as the individual participants involved. It is believed that equal involvement throughout the entire research process is not necessarily an appropriate criteria for judging the adequacy of my reciprocity (Cole & Knowles, 1993; Glesne & Peshkin, 1992). Instead, by acknowledging the importance and value of the participants' time and collaborative efforts, by listening attentively during interviews, sharing some of my experiences, and expressing my gratitude for their commitment to the research, I felt that I may contribute to a stronger sense of mutual identification and benefit throughout all phases of the study.

In summary, Glesne and Peshkin (1992) state that, "By their nature, ethical issues defy easy solutions" (p. 124). They assert that, while ethical codes may guide research activities, whether or not research is ethical depends upon the researcher's ongoing sensitivity to and communication with research participants. Therefore, I regarded it paramount that I place research relationships first when ethical and moral issues arose within this study.

Reflecting upon my research plan, I looked upon it as a challenge. By continuing to review areas of the literature which informed my work, and by interacting with knowledgeable colleagues, supervisors and supportive others, I hoped to broaden and deepen my knowledge and understanding of the experience of teaching with Multiple Sclerosis.
CHAPTER 4

INDIVIDUAL PROFILES OF
THE EXPERIENCE OF TEACHING WITH
MULTIPLE SCLEROSIS

4.1 Self-introductions

In beginning to write this chapter, I regarded it a courtesy to introduce each one of my teacher participants. I later chose to do so in a manner consistent with the one in which they introduced themselves at the commencement of our initial focus group meeting. Accordingly, these introductions reflect how each teacher understood herself and her purpose, rather than how I may have.

Jennifer

My name is Jennifer. I was never a full-time teacher. I was a supply teacher. I went to teachers' college in 1991, didn't get hired. I was diagnosed with MS. It never came to be. Although I was certified to teach high school, I did get into grade school. I was never very good.

I like keeping busy, doing something. I enjoyed taking a correspondence course: Philosophy. Ya, I did well.

Susan

My name is Susan. I have been a teacher for 27 years. In my 28th year, I had to back out. The MS hit me too hard and too fast. I was diagnosed in '92 and still working at the time. I went back to work in September. By Thanksgiving, I was wiped out. In '93, I had to retire. I was forced into retirement.
Now, I'm on Betaseron. It stopped the attack that put me where I am. I enjoyed, loved teaching. I taught 27 years, loved every minute. If I could go back tomorrow, I would.

Dina
I'm Dina. I'm the Senior of the group. I turned 60 in the Fall. It's been 30 years since my diagnosis. I've been fortunate, very lucky.

In 1970, I had a severe exacerbation. Everything went: vision, bowel, bladder; everything, except speech. As quickly as I went down hill, I went back up. I spent eight years at home and raised my kids. When I thought about returning to work half-time, the doctor said, 'It will likely do you good'.

It was good for me. I never missed one day of school that year. I stuck with the half-time. I'm officially retired now. Looking back, I did very well. I credit it to half-time, good support at home and a positive outlook. I know now how lucky I am after 30 years. It doesn't have to be down hill.

Vera
I will be 48 on my birthday. I have two children: Sarah is 16 and Donald is 21. They are enough to keep you occupied. If you think you have nothing to do, there is always something. I taught for 25 years. Then, I was diagnosed three years ago. I kept working, kept struggling. I was determined I was going to keep working and got to the point where I had to go half-time. I couldn't go a whole day.

The insurance company said they were not going to consider my claim for disability benefits, unless I was off totally. That was the day I had to quit totally. So, it's been a year and a bit since then. If they
hadn't pushed for that, I probably would have tried to work half-time.
Their philosophy made no sense to me. If I'm willing, why not let me?

4.2 Crafting Profiles with Blended Thoughts and Understandings

In light of my intent to understand what it is like to teach with Multiple Sclerosis from the perspective of those who had experienced it, I chose in-depth interviewing as my main method of data gathering (Seidman, 1991). During initial interviews, I aimed to place each teacher's experience within the context in which it occurred. Progressing towards the concrete details of those experiences, I then asked participants to reflect upon their meaning (Seidman, 1991).

As researcher, I regarded my main roles as those of guiding and listening, while remaining flexible, attentive, sensitive and patient at the same time (Glesne & Peshkin, 1992; van Manen, 1994). Given that I too am a teacher who has MS, our time together also encouraged sharing of related experiences, reflecting upon, and hence, learning from them (Moustakas, 1990).

Therefore, the crafting of each teacher's profile blended some of my reflective thoughts, and newly emerged understandings, with theirs. Those, I chose to present in italicized font. Naturally, since the interviews were carried out over a period of two years, the context of my teaching and personal experiences varied. Accordingly, I arranged each teacher's profile in a chronological order consistent with the one in which the data were gathered. Hence, through their collective stories, mine is woven, and ultimately, told.

Attempting to bring to life the emotions which surfaced in the midst of their experiences, I chose to underline words which were strongly voiced by participants at the time of the interviews. Similarly, aspects of their
My intention in crafting the following four profiles is to unveil teachers' experiences as they lived them. Blending my voice with theirs, they provide a sense of individuals' encounters, in revealing the richness of achievements and challenges inherent within them. In essence, these profiles are aimed at describing participants' lived experiences, from their perspectives, deepening their own understanding of them, along with mine. Consistent with Seidman's (1991) explanation, the profiles I have crafted are a way of showing coherence in the events of teachers' experiences, sharing the coherence expressed by them, and linking their experiences to the context in which they naturally occurred.

4.3 Jennifer: Eager, Educated and Seeking a Reason for Being

From the time she was a child, Jennifer had always enjoyed opportunities to be physically active. Opening in the early mornings, the swimming pool near her Montreal home was a place where Jennifer would often stay until she was so hungry, she "couldn't stand it". Her passion for physical activity, coupled with desire to "show others how much fun it can be", eventually inspired her decision to pursue a teaching career.

While her sister taught kindergarten, and her brother held a position as a professor at a community college, Jennifer believed that her family had no initial role in leading her towards her chosen path. Though her professors in teachers' college had taught her the importance of classroom "control", experiences which surfaced as powerful and important to them are presented in bold print and earlier introduced within the title of each teacher's profile. Finally, appearing in bold italic font are hand written notes to participants, from family members or students, which provided them with inspiration move forward with their personal and professional lives.
Jennifer was more inclined to encourage "cooperation". As she stated, "The kids came to school with all their defenses up - adults were always telling them what to do and what not to do. For me, it was just 'back off' and let them come to me". Hence, according to Jennifer, "I figured I could do well with kids".

As a Montreal native, Jennifer described her background in education as one which differed from that of a high school student in Ontario. Specifically, after completing grade 11, she attended CEGEP (College de l'Enseignement General et Professionnel) for three years. Focusing on Health Sciences for one year, and Social Sciences for the next two, Jennifer likened her program to "community college before university". Thereafter, at the age of 17, Jennifer "figured it was time to get out of the house" and then began a four-year degree program at the University of New Brunswick. Not being interested in the scope of recreational course offerings, she eagerly chose to continue studying and learning within the realm of Health Sciences.

Upon returning to Montreal, Jennifer quickly discovered, with respect to the degree she had earned, that, "I couldn't do anything with it". Furthermore, as her earlier years of schooling were conducted in English, she was constantly reminded that she clearly possessed a "horrible French accent". Thus, she promptly decided to attend Laval University to improve her verbal skills; through a French for non-francophones (FNF) one-year course of study, she aimed to do just that.

Acknowledging her desire to become a teacher, but not one of high school students at the time, Jennifer then applied for work at various community colleges and universities across Canada. Since the response she received revealed that graduate studies were a requirement for teaching positions, Jennifer promptly enrolled in, and later completed, a Master's
degree program at the University of Saskatchewan. Returning to her pursuit of the same teaching positions, Jennifer was then informed that a Ph.D. (Doctor of Philosophy) degree would also be important. While she chose not to pursue doctoral studies, she did choose to continue seeking out opportunities to fulfill her desire for life-long learning.

One such opportunity emerged through a government funded program known as Katimavik. Organized for young people between the ages of 16 and 21, this program held the primary goal of "unifying the country through the kids". It also promoted a modest, or conservative, approach to daily living. In Jennifer's words, it encouraged those enrolled "not to be so consumer oriented". Describing her role therein as "group leader" and "house mother", Jennifer enjoyed supervising, assisting and counselling individuals within her designated grouping. While they spent their days working within the community for a modest wage of one dollar per day, Jennifer persisted with her efforts to encourage and guide them along the way. At the same time, she prided herself in her ability to "accept" and "see the good in" others. With respect to the role which that experience played in her eventual decision to become a high school teacher, Jennifer unveiled, "I could do it... I had positive feedback from them and I thought I did well. Yes, I felt good".

Returning to her home in Montreal once again, Jennifer began working at a local health club where she taught weight lifting, aerobics and aquafitness classes. Her lunch hours were spent conducting fitness tests for new members. Through that experience, Jennifer acquired a deeper understanding of Kinesiology; in her terms, "the mechanics of exercise". In essence, from Jennifer's perspective, "I learned how to do things and how not to do things".
After that, she became employed at a gym known as Winston's. Looking back, Jennifer remembered a day when she walked across the gym floor and felt as though she was "stumbling". Feeling dizzy at the same time, she wondered, "What the hell was that"? During her time there, Jennifer initially assisted competitive body builders with their weight training programs. Later, she proposed to organize and carry out a similar, yet more specialized, service of her own. With the denial of her proposal, Jennifer accepted that "things were not going to happen" the way she had hoped. In other words, her strong desire to apply and broaden her education, within a professional context, was not being fulfilled. The death of her mother at the same time provided Jennifer with inspiration to move forward with her life. According to her, "There was hope again".

Hence, Jennifer decided to move to Toronto and stay with a friend while she sought new employment opportunities. Since her sister lived in Hamilton, she then chose to move once again after a short stay of only two weeks. In the interim, she was also married. Reflecting upon her educational background, and the frustration she felt with respect to her prior work in the fitness industry, Jennifer unveiled that, "I've never been able to do what I wanted to do".

Regarding herself as a "traditional woman - not", she then became involved in WITT (Women in Trade and Technology), an organization supported by Canada Manpower. While she described WITT as a program which "encouraged women to try different things", Jennifer readily chose to focus her efforts on drafting courses held in the evenings at Mohawk College. Pondering the idea of eventually becoming a 'Draftsperson', she acknowledged, "I wanted something that would pay me and something I could stomach".
My interest in Jennifer's regard for herself as a nontraditional woman inspired me to explore the concept at a deeper level. From her perspective, "It bugs me when people say, 'That's a girl's job', or, 'That's a woman's job'". From there, Jennifer agreed that gender stereotypes were indeed removed from her realm of thinking and behaving. *Sharing some of my own beliefs and experiences with her, I also saw myself as a 'nontraditional' woman, yet through somewhat of a different lens*. More specifically, I revealed that, "I like to do whatever it is that makes me happy and feels right inside, regardless of whether it is deemed as gender appropriate, or not".

Jennifer's heightened interest in drafting inspired her to enroll in the Mechanical Drafting program, also offered at Mohawk College. At the same time, she began working as a Sales Clerk in the women's clothing section at Robinson's department store. Although she was hired by a consulting firm, through which she fulfilled one of her 'placement' requirements of the college, Jennifer soon discovered that, "It was an office job". Hence, she concluded, "I really can't survive". Elaborating further, she expressed her feelings of discontentment and being "tired" of the work she had been doing. Thinking about her sister's recent application to teachers' college, Jennifer suddenly realized, "I can get out of here". For her, the idea of following the curriculum, while talking to students and helping them through adolescence, was indeed an appealing one. As she stated, "That was always what I kind of wanted to do".

Therefore, Jennifer applied to the College of Education at Brock University to pursue a career teaching high school students. Choosing initially to focus her studies in the areas of French and Physical Education, Jennifer applied once again with the hopes of teaching French and Biology. Curiously, she said, "I didn't want to be a 'gym' teacher". While I was
surprised at what I saw as a contradiction between Jennifer's personal and professional interests, she promptly explained her feeling that as a 'gym' teacher, "you're just a supply teacher". In addition, given what she understood to be a surplus of female physical educators at the time, Jennifer emphasized, "I just thought I wouldn't get hired".

During the course of her formal teacher training, Jennifer again encountered some troubling signs. Specifically, while driving to the college in the mornings, she often found herself needing to stop and use the washroom. Puzzled and frustrated there, she discovered that, "Nothing was happening". Furthermore, Jennifer's "disjointed manner of speaking" had clearly become a source of criticism from supervising professors. According to her, "They were kind of picking on it". Along with that, Jennifer experienced a "screaming headache by noon of each day - for the whole year". As well, she felt that her practice teaching generally had not gone well. In particular, Jennifer described her experience of having to develop a lesson plan as a negative one. To her recollection overall, "I hadn't got a positive response on anything in teachers' college".

It was the following summer, that of 1991, when Jennifer was diagnosed with Multiple Sclerosis. In spite of her condition, she promptly enrolled in the specialist course, Physical Education Part 1. Likening her experience throughout it, to the one she had recently encountered in teachers' college, she unveiled, "I couldn't do the things I normally could do". Her attempts to demonstrate a 'spike' during volleyball classes were frustrating and unsuccessful. More specifically, Jennifer revealed that, "The ball went right into the net. I couldn't stop it - I couldn't jump"! As well, Social Dance sessions quickly became an annoyance to her and to others in the class.
Raising her hands in the air, then clapping and tapping slowly, she apologized to her colleagues there, saying, "I'm sorry - I can't do it".

Initially, Jennifer believed that MS was not a factor which influenced the course of her interviews to obtain a future teaching position. Though her speech had gradually become "worse", she openly acknowledged that, "I was always lousy at interviews". As such, Jennifer revealed that if applying for work, of any sort, meant participating in an interview, she would not be the one to eventually be hired. Conversely, if an interview was not planned, the position might indeed be awarded to her. Hence, when I asked Jennifer if she believed that the reason for which she was never hired as a full-time teacher was related to the struggles she encountered during her interviews, she clearly responded, "Yes". She also accepted that, "If they were just going to hire one, it certainly wasn't going to be me"!

At this point in our conversation, it was evident to me that Jennifer had a pressing need to pursue a discussion of the same topic yet a little further. Accordingly, she said, "On paper, I looked all right. But I would come in for an interview - I figured they must think it was all lies". Recognizing that her strengths were not visible in the context of a relationship with fellow colleagues or superiors, Jennifer applauded her ability to "relax" with the "kids" and permit them to do the same with her.

Exploring additional barriers to being hired, Jennifer raised the issue of supervising extra-curricular activities. During her interviews, she was often asked, "What can you bring to this school"? In other words, people wondered, "What else can you do"? Not being talented musically, or able to coach an athletic team, Jennifer revealed that she could offer no unique contribution beyond that of fulfilling her teaching responsibilities.
As well, Jennifer expressed a need for having had a positive role model when it came to classroom management. Admiring an associate teacher who effectively encouraged and achieved a cooperative classroom learning atmosphere, Jennifer wished she had been taught how to promote a similar one. Indeed, her recollections of earlier years as a student were anything but positive in that regard. More specifically, she unveiled, "In our high school, it was just, 'Get out'!"

Collectively, Jennifer's interviews for formal teaching positions had been unsuccessful. Thus, it became clear to her that she would not be granted a full-time teaching position. From her perspective, "There was no one there that thought I was good enough. And it wasn't a big surprise, because I had never gotten a job from an interview". While I later inquired as to whether or not the school boards' subsequent decisions, to hire her strictly as a supply teacher, were at all related to her disability, Jennifer responded, "Yes". From her point of view, those decisions were based primarily upon a "merging of my Jennifer speak and my MS speak". Recalling her experience overall, she revealed:

Well, I just came out of teachers' college and I thought, 'I don't deserve a job. I barely deserve to live'. It wasn't a positive experience. Like I felt they hoped I would just do something - something else.

Not withstanding, Jennifer eventually began working as a supply teacher within the Hamilton-Wentworth Public and Catholic school boards. She also taught within one in Wentworth County. For Jennifer, a typical day began quite early. Recognizing that "things took longer than they used to", Jennifer left for work in the mornings sooner than she would have in the past. As she explained, "Each drive to school now required a stop to use the
washroom". In the same vein, focusing her teaching in the areas of French, Keyboarding, Physics, Chemistry and Biology, Jennifer quickly discovered that teaching 75-minute periods was "better" than the "awful" 40-minute ones. Specifically, in the former instances, she needed to move from one class to another only three times. When she arrived at each classroom, the students eventually became accustomed to, and apparently comfortable with, her needing to leave momentarily for personal reasons.

While the students themselves were helpful in this way, the nature of their work was also conducive to fewer demands being placed upon Jennifer. As she explained, their assignments consisted simply of "busy work". In addition, Jennifer derived comfort from teaching students in the higher grades. Describing the behavior of younger grade nine students during Science classes, she revealed, "They go wild".

Bearing the burden of Multiple Sclerosis, Jennifer found that some of her teaching duties had become difficult to carry out. For her, writing on the black board was particularly challenging. Not surprisingly, however, the students whom Jennifer taught eagerly volunteered to help. Unable to see clearly with her eyes, Jennifer also became frustrated when disruptive student behavior arose. From her viewpoint, direct and clear eye contact were important in those situations.

To her relief, however, Jennifer found the photocopier to be of great assistance when work completed in pencil became difficult to read. In essence, this equipment made hand-written material darker and, hence, more visible to her. Similarly, on days when she brought her cane to school, Jennifer found that her duties became somewhat "easier". According to her, "People didn't expect me to be as nimble as everybody else". Therefore,
since she often had to pause and use the washroom between classes, Jennifer revealed that, "Other teachers would just stop in".

Though she was grateful for their assistance, Jennifer wondered if staff members were pleased, or not, upon her arrival at school in the mornings. Although nobody said it, Jennifer guessed that some teachers might be thinking, "We always have to fill in for her". More positively, Jennifer spoke of a teacher who, upon noticing her walking slowly on the stairs, advised her that a key was available for use of the elevator. Indeed, Jennifer was most appreciative of this information. With pleasure, she later learned that each high school in the area had this provision for easier traveling and enhanced accessibility for staff members, students and visitors.

Inside elementary schools, Jennifer encountered challenges which were notably different than those which had emerged within high school settings. For her, open concept classrooms quickly became a source of frustration, given the struggles she experienced with her hearing. As a French teacher, rotating from one class to another, Jennifer also found her rigorous schedule to be especially tiring, particularly since she needed to carry resources and materials with her. To Jennifer's relief, however, the children frequently offered their assistance along the way.

Moreover, since there was little to hold on to within open playground areas, yard duty required that Jennifer rely upon a cane. As well, through her experience, she discovered that some elementary teachers' positions involved work inside two different schools. Therefore, as their supply teacher, Jennifer often found herself eating her lunch in the car. Accordingly, she missed out on opportunities to meet and converse with other teachers. Overall, from Jennifer's viewpoint, "It's a lousy thing for a school board to offer". From mine, a sense of belonging is of utmost importance.
Eventually, in light of the demands inherent within a teacher's work, and the symptoms which developed from her having Multiple Sclerosis, Jennifer resigned from supply teaching inside elementary schools. Having a sense of the challenges she had encountered, I was eager to uncover how MS may have positively influenced her teaching experiences in the broader sense. While I wondered if Jennifer truly enjoyed her work, she revealed to me that eventually, she did. In essence, she explained:

Once I stopped going for control, then they just cooperated with me.

It was great. Yes, I sort of felt that what I really am works. I treat others how I always wanted to be treated.

*Listening to her, I came to understand that Jennifer's ability to 'be herself' was truly a positive factor; one which played a role in her success as a supply teacher.* Overall, Jennifer recalled that, "Being a supply teacher was good". Indeed, she did not believe that she would have been able to sustain herself in her work as long as she did, without having obtained a job so quickly in the first place. Imagining herself never having had the opportunity to work at all, she unveiled, "I don't know - It would have been me killing myself or somebody I don't know".

Somewhat stunned by Jennifer's revelation, I felt a need to pursue our conversation in the context of how MS may have positively influenced her teaching experiences. Interestingly, Jennifer explained that, "If I didn't have it, I'd be trying to be all things to all people". Relieving herself of that responsibility, as an MS sufferer, Jennifer assumed that she could "now have permission not to do everything". For her, focusing on fewer things at once, and doing them well, was far less stressful than otherwise.

Promptly, I became curious as to whether or not Jennifer's students regarded her as a role model; a person with a disability who was actively
teaching and doing her best. Primarily, from Jennifer's perspective, her situation raised students' awareness of the possibility that "anyone can develop a disability". She further believed that her condition enhanced their understanding of some of the limitations associated with it. Finally, as a teacher who often walked with a cane, Jennifer hoped that those around her indeed recognized that people with disabilities "have a lot going on in their heads that doesn't have to do with their legs".

With respect to disclosing her diagnosis to other teachers, Jennifer firmly stated, "I didn't come out and announce it". When asked directly about it, however, she affirmed that she was "always honest" in that event. Confidently, she assured them, "You don't need to be uncomfortable because you won't catch anything". Often hesitant to elaborate, Jennifer remained uncertain about what in particular, and how much, to share. Furthermore, during days when her cane remained at home, Jennifer sat in a chair in the midst of teachers' busy schedules. While she hoped that they did not regard her as a "stick in the mud", Jennifer's preference, clearly, was to be involved. In essence, she "just would have done more".

Recapturing the "parts of MS" which prevented her from doing so, Jennifer confirmed that balance and fatigue were main concerns. Troubles with her vision also became apparent in her struggle to catch a ball. Hence, Jennifer's decision not to teach 'gym' was, in her opinion, the right one. Lastly, though bladder control persisted as a problem, one which restricted her ability to carry out her responsibilities, the side effect of her medication, that being dryness of the mouth, did not.

With respect to available support inside the schools wherein she taught, Jennifer once again identified the elevator as having been helpful in terms of providing ease of accessibility. While writing on the chalkboard
was a task she found challenging, beyond the students, there were no aids or devices available to assist her in carrying it out.

Through Vocational Rehabilitation, a service to which she had been referred by the MS Society in Hamilton, Jennifer received a computer. Quickly, she learned that this could, in essence, allow her to type and then display lesson plans on overhead transparencies for students to view. Since she was not often at a school longer than one day at a time, however, Jennifer did not find this technology particularly helpful. According to her, typing information on the computer "was a job that was going to take time".

Finally, Jennifer revealed that at the elementary level, there was no flexibility offered to teachers with disabilities when it came to yard duty schedules. At one particular school, though, she did recall a teacher coming to her in that regard, and saying, "You can relax". Upon mentioning the Teachers' Union as a whole, Jennifer unveiled that, "If you have a disability, there is nothing available for you".

Within her community in a broader sense, Jennifer found the MS Society helpful in more ways than one. To begin, it offered Aerobics - Aquatics for individuals with special needs. Through her experience in this program, one which she tremendously enjoyed, Jennifer found that, "You don't have to worry if what you're doing is normal - you just go and do your thing". In addition to that, the Support Group, which gathered on a monthly basis, was one which provided Jennifer with access to a cane and a scooter; devices which she readily relied upon. As well, the Leisure Program afforded opportunities for disabled people to socialize and visit various attractions within the surrounding community. On one special occasion, Jennifer dined at Pizza Hut and then watched "Desperate Measures". About
that film, she revealed, "It was good. But I was the only one who could see it".

In beginning to talk about her doctor, Jennifer commented that, "There isn't too much a doctor can do . . . because there is no cure for MS". Not withstanding, Jennifer did speak very positively of hers in saying, "She is always 110 percent with you. Like she closes the door and you're aware of how clumsy you are, but you don't feel it all". In essence, Jennifer felt comfortable in spite of her often visible, and potentially embarrassing, disease symptoms. Moreover, she believed that her doctor would "do anything" to help, especially when it came to providing resources in the event that Jennifer requested them. Overall, Jennifer commended her doctor's ability to be sensitive and thorough, and devote whatever time was necessary to meeting the needs of each patient who came her way.

Of her husband, Jennifer also spoke highly. To him, Jennifer having MS was "not a big deal". In light of what she understood to be negative reactions from other marital partners in the same situation, she said, "Compared to how he could have been, he's great". More specifically, Gary accepted and was comfortable with her condition; never once did he judge her negatively. To the contrary, Gary remained a source of encouragement to Jennifer while she was working as a supply teacher. When she was debating whether or not to go to work, he said, "You tell me how you feel. You decide".

Truthfully, Jennifer never felt that her husband regarded her as "a free loader". While she often felt that she was, that feeling was never brought upon her by Gary. Hence, she unveiled, "I just thank God he's not as hard on me as I am on him". Elaborating further, she said:
If one of us, or the other, had to have MS, it's better that I have it. I don't think I would do well being married to someone like that - as well as he has. Just like I don't think he would do as well having MS as I do.

With respect to her family as a whole, Gary often became annoyed in the event that they would call and not ask how Jennifer was feeling. With a softer perspective, Jennifer explained, "We all feel very comfortable. Anyone calls us, or I feel I could call anyone and get help right away . . . but we just don't". For Jennifer, this relationship which she maintained with her family was indeed a comfortable one.

When I inquired as to what role, if any, spirituality might have played in Jennifer's teaching experiences, she promptly identified her "guardian angel" as a source of security for her. Even further, she expressed, "Thank God it's there". For Jennifer, strength was derived in simply knowing that it was. Gaining comfort from her belief in God, "His" presence in her life, and a life thereafter, Jennifer acknowledged that, "It certainly is handy".

Reflecting upon her teaching experiences collectively, I wondered, in essence, what they had meant to Jennifer. As she stated, "I'll never know what it's like to be a teacher without MS". Elaborating further, she revealed, "I'll never know what I could be fully like as a teacher, when there are the limits of MS". Through what I saw as making meaning of her situation at an even deeper level, Jennifer struggled in saying, "I always felt I was put on earth for a reason. And I sort of feel that I can't be whatever the reason is". Believing that MS had, at the same time, relieved her of the pressure to attain a full-time teaching position, Jennifer added that, "Now I can say, 'I can't work - because I have MS'". While I asked what she understood to be
the reason underlying her not being employed as such, Jennifer pointed once again to "the interviewing thing".

As we continued to explore an issue which I regarded as an emotionally charged one, I asked Jennifer if she felt that her "purpose" in life might simply be different than that of a full-time teacher of high school students. Upon raising the possibility of volunteering, or tutoring adults who had chosen to return to high school, Jennifer firmly stated that, "Like I can do it. But I can't tell someone".

In other words, Jennifer had recently applied for CPP (Canada Pension Plan) benefits. In so doing, the process of "arguing for your limitations" was indeed, for Jennifer, a difficult one. According to her:

You're not supposed to be able to do anything to get them. Like, it's hard to tell a neurosurgeon, "Sorry, you can't do anything - you have to be a vegetable". Me, I'm not a vegetable. But in order to apply for them (benefits), you have to be.

Though I had a hunch as to how that process made Jennifer feel, she emphasized to me, "Really, really shitty".

In relation to her work as a supply teacher, Jennifer explained that she would not be eligible for benefits as long as she continued to teach. Frustrated with the situation as a whole, she exclaimed, "I can't get a full-time job. I can't try to get a full-time job"!

While I remained curious about the extent to which she was working at the time she first applied for benefits, Jennifer clarified that, "It was ten days a month". Becoming two days in a row, her schedule "pretty much killed" her by the end of the second day. Being unable to work during days which immediately followed, Jennifer often worried that she would not be contacted again for a while. According to her, "Like the principals call you and if you
keep saying, 'No', then they sort of shelf you". Then, I wondered whether or not Jennifer felt as though in order to qualify for CPP benefits, she had no choice but to resign from teaching. Her response to me was, "Well, definitely. The only way I couldn't resign, is to not try and get benefits".

Jennifer's experience promptly brought to mind a related one of my own. Accordingly, I shared with her a situation wherein an insurance company, which paid my disability benefits at one time, allowed me to teach a graduate level course at Brock University. One half of the money I earned, in so doing, was simply deducted from the total amount which I was paid by the insurer on a monthly basis. Reflecting upon that situation, I revealed, "It was good for the insurance company and rehabilitative for me". At the same time, my success within a rehabilitative context, one which the insurers likened to that of teaching elementary children on a full-time basis, supplied them with the ammunition they needed to eventually terminate my benefits. Accordingly, what I initially saw as a win-win situation, later became one of win-lose for the insurance company and me respectively.

*It seemed to me as though the financial aspect of our experiences was an outstanding one. In order to apply for disability benefits in the first place, arguing for limitations, or what we cannot do, becomes of paramount importance. For Jennifer, it clearly was. Once we qualify, our income then becomes stable . . . for a while. Feeling a need for a sense of purpose and, for me in particular, longing to teach once again, we attempt to return to work in a capacity that we believe is compatible with our interests and physical limitations. While the mental and emotional stimulation feel good, in so doing, our financial stability is suddenly jeopardized.*

Attempting to make sense of our experiences, I shared some of these understandings with Jennifer. From her perspective, upon qualifying for
benefits, taking a correspondence course was something she might be "allowed" to do. Exploring the possibility in greater detail, she planned to enroll in a Philosophy course, offered during the upcoming Fall term, and a Moral Issues one in the Winter immediately following. While I wondered to what extent Jennifer was looking forward to pursuing these challenges, she revealed to me that she derived comfort simply in that someone would actually be reading her work; in essence, from "somebody taking an interest in me".

Alongside her interest in further academic endeavors, Jennifer's desire to assist others who have MS, in coping with their disability, presented itself through an interest in "teaching them how to fall". This she described as information to "help others help themselves" and, hence, become more self-sufficient. As well, Jennifer's recent involvement as a participant in Equestrian for the Disabled, a recreational program offered within the Niagara region, was one that she immensely enjoyed and hoped to continue.

Admiring Jennifer's aspirations, ones which had emerged through experiences which blended personal and professional challenges, I commended her on her efforts to take a "positive turn" within her journey through life. Revealing that nobody had ever described her as "an optimist", Jennifer posed the question, "Well, shit happens. Well shit has happened, so now what"? As Jennifer seemed frustrated in saying, "I'm getting nothing to happen", I responded to her:

Life is so unpredictable, isn't it? And so is MS. But I think the important thing I'm hearing from you is that you have a will to keep going. There is strength coming from inside you that is driving you to carry on in a way that is meaningful for you and for others too.
Recognizing the fears which are often associated with that challenge, I shared with Jennifer some of my own that were associated with my upcoming return to work as a grade five/six teacher. Though I felt excited about the opportunity to teach in what I saw as a positive, motivating, enthusiastic, comfortable and supportive context, I remained somewhat anxious about the physical challenges accompanying my health condition and inherent within a teacher's work. Of those anxieties, I revealed, "I'm pretty nervous about the workload for me in terms of teaching two very different Science curriculums, each with different resources, materials and equipment, in one 45-minute block"!

Continuing to share our stories of teaching and life experience, some difficult and others very positive, Jennifer read to me a letter, written by her sister, which accompanied the book she had given to her, "Still Me", by Christopher Reeve. The letter read:

Dear Jennifer,

Hope you find this book worthwhile reading. We hope it gives you at least a small amount of inspiration and warm fuzzies. You inspire us with your ability to laugh at yourself and with your perseverance that gets you through every day of life.

Happy Birthday.

4.4 Susan's "Mighty Strange" Teaching Experience

In beginning to explore her early life, Susan attributed her desire to become a teacher to her admiration for another one. According to Susan, Mrs. Jones had a wonderful rapport with her grade five students. She was also "very avant garde for her time and was just the model teacher. She was everything I wanted to be and she was really really good".
In 1963, after Susan graduated from high school, she attended a one-year program at Hamilton Teachers' College. There, she became qualified to teach students in grades one through ten. Although this program was "a lot to absorb in a short time", Susan found it to be "very interesting" indeed.

Shortly thereafter, Susan attended "courses and more courses" offered by the Ministry of Education, which focused upon helping children with special needs. Although she did not complete all the requirements, Susan also pursued a Bachelor of Arts degree at Brock University. There, her interests were equally divided between Philosophy and Psychology.

While I inquired about other experiences in the past which may have led her to become a teacher, Susan's response was simply, "There was just that one person". *It was my hunch that Mrs. Jones must have been a very powerful influence in Susan's life*. Concurring with my thoughts, Susan unveiled that, indeed, "she was".

During later years, Susan earned her Specialist certificate as a kindergarten teacher. Recalling her 27 years of experience, she revealed having taught "all the grades from one to eight", with the exception of the fourth. In addition, Susan was responsible for Science on rotary and 40-minute rigorous Physical Education classes two days each week. All of these duties, she enjoyed tremendously.

As a kindergarten teacher, her work day typically began at 5:00 a.m.. She remembered having breakfast with her husband, after which she drove to Champions for a one-hour workout. Arriving at school by 8:00 a.m., Susan had time for a bowl of cereal, but was unable to enjoy a cup of coffee in the staff room. Since "there was nobody to take care of the kids", she made her own coffee, and proceeded downstairs to her classroom, where she could be with the children when they arrived promptly at 8:30.
Generally, Susan had 30 minutes for lunch, during which she was often responsible for hall duty or outdoor supervision. As she recalled, "When I had hall duty, I had to do two floors and they did not make any exceptions". Then, after lunch, "the whole thing would start over . . . class two would come in and we'd begin again. It was an extremely busy day".

Upon her arrival at home, Susan prepared supper for her husband and four teenagers; one being her own and three being her husband's. Having managed to put two families together, she described her home life as an "extremely busy and very active one. I used to call it the walking hormone house - one full of teenagers, plus all their friends".

Later in the evening, Susan retreated to her home office and planned for the next day. Typically, she found herself "marking papers", since the children she taught "could not mark their own". As the President of the Kindergarten Teachers' Association, she otherwise engaged in letter writing to affiliated members, or returned to the school board office, and possibly another school, to plan or carry out regularly scheduled meetings. Finally, at approximately 11:00 p.m., Susan readily "collapsed in bed". Regarding her day as a very long one, she also recalled that, "It was fun and I enjoyed every minute".

Attempting to capture the nature of her work as a teacher, Susan believed that "hectic" was most fitting. According to her:

Teachers have very little time to themselves. You put on your lipstick in the morning and it lasted until the end of the day, because you never had a chance to put more on. That's the kind of day it was. It was just very very busy.
As our conversation gradually moved toward issues of disability, I asked Susan, "What is it about a teacher's work that makes it challenging for one who has Multiple Sclerosis"?

Susan promptly responded with, "The demands - the constant, constant demands". Elaborating further, she explained that as a kindergarten teacher, "you have no breaks". Neither the age of the children, nor the structure of their day, were conducive to periods of rest. Standing for long periods of time, working in a large school having two stories with "steps all over" and supervising a huge playground were particularly challenging.

Although sympathetic, other teachers, who were so "crammed and burdened" with other things to do, simply could not accommodate her. In that vein, Susan explained:

Since everyone was doing double and triple duties, I had to arrange for someone to come in if I was not feeling well. I could not ask others to help with my duties, because they had too many of their own. It was an impossible situation and cutbacks have not made it easy.

At this point in our conversation, I realized that the challenges Susan was raising closely resembled those emerging through my own experience. As such, I shared my concern that, "It is hard for the kids to adjust to different supply teachers and the inconsistency that goes along. The cost to them seems unfair".

As my curiosity deepened, we began to focus more upon Multiple Sclerosis and how it influenced Susan's ability to carry out her work as a teacher. Looking back into the past once again, she remembered a time in 1983 when her doctor told her, "You have MS". Denying that anything was wrong, Susan responded, "No, I don't".
Her recollections of the ten years which followed unveiled that the hectic schedule was never bothersome. "I lived a perfectly normal life. My family adapted to it and everything was fine, no problem. Emotionally, psychologically, in every way, I was fighting it."

It was not until a vacation to Cancun in 1992 that she came to accept her initial diagnosis. "The heat was overpowering and had such a severe effect on me." Accordingly, much of Susan's time was spent in the shade or, otherwise, in bed. Looking back upon that ten-year period, she acknowledged her road to acceptance as being a "very long one" indeed.

Recalling her return to work in the Spring of that same year, she began to unveil many symptoms which influenced her ability to carry out her teaching duties. Walking up and down the stairs, and on uneven ground outside, became particularly difficult. The sensation of heat and cold, and her ability to decipher textures, grew weaker. While her balance was affected, she also had trouble with her bladder. For example, during outdoor play days, Susan acknowledged having to leave her station far more often than other teachers. Furthermore, she revealed:

Sometimes, I was lucky when my station was located close to the school. At other times, it was at the opposite end of the playground. I had to take what I was given. I had no choice.

With her fatigue being so pronounced, Susan acknowledged that, "It was one of the things that eventually made me quit". To begin with, she was no longer able to go to the gym before work. Instead, after getting herself dressed, preparing her materials for the children and then driving to school, Susan often found herself "exhausted - even before they arrived".

Believing that the administration of her school board could have done more at the time, she stated:
They could have moved me to a school without steps. I had the skills that could have been used in other areas. I could have been a teacher's aid, or taken a reduced pay, or something - but not have to retire. I felt so cheated when I had to retire.

Deeply resenting the situation in which she found herself, Susan admitted that there were, in fact, other schools in her area which did not have the enormous physical challenges that presented themselves at her own school.

Having accepted her diagnosis and recognized these barriers, Susan began to "use the systems" in the school as best she could. The washroom inside her classroom she described as "a blessing". Her system of ten student helpers allowed her to take regular breaks. Reliable parent volunteers were also a "big help" during regular classroom time as well as gym periods. Finally, preparation time, which had been newly allotted within her contract, afforded her an opportunity to complete more work at school, take less home and go to sleep after a long tiring day.

With respect to her principal, Susan did not recall the same kind of support or assistance. Of him, she spoke:

He did not assist me in any way whatsoever. I never knew if he was telling the truth or telling a lie. And I never knew if he was on my side or against me. I think he was against me. I'll never forget the day I brought my dog in. My dog growled at him the whole time. That's sort of the way I felt.

Interestingly, Susan explained that she did not have a problem with her principal because of the position she held as President of the Kindergarten Teachers' Association. "He couldn't attack me like he attacked other people. And when he did attack me, I attacked him right back." Eventually, he developed respect for Susan. To her disappointment, however, and with full
knowledge of her condition, this principal failed to contact his superiors to inquire about other job responsibilities or positions which Susan may have been able to fulfill.

Since it was invisible at the time, Susan's MS was something of which few of her colleagues were aware. Accordingly, having it "did not change anything" about the relationships she had developed with them.

From those immediately inside her school who were aware of her condition, Susan recalled mixed reactions; the most prominent one being, "But you look so well". According to Susan, "This comment used to drive me crazy to the point where I said, "There is nothing wrong with my looks; there never was. It's the MS, it's the rest of my body that has the problem". Acknowledging her frustration with what was an invisible handicap in the beginning, and a lack of understanding on the part of others, Susan concluded that, "It is very very difficult to cope with".

From Susan's perspective, the relationship between kindergarten teachers and their students is indeed a special one; "almost a mother-child relationship". And because they were so young, Susan chose not to "burden" her kindergarten pupils with her condition. Only after she had been forced to retire, did she allow them to be told. Even still, they always believed that somehow, she would return. In spite of their hopes, she revealed that together, "We were all devastated".

Interestingly, when some of Susan's helpers suddenly recognized changes in her physical capabilities, she did feel obliged to inform them of her problem. Though acknowledging their response as "very supportive", she refused to permit them to spend more time in her classroom. Susan firmly believed that since they only go to school once, young people should "take part in extra-curricular activities and do their own things".
Believing that other "good" teachers were role models too, Susan did not regard herself as a unique inspiration to others. More positively however, the fact that she was "very very organized" allowed her student helpers to sufficiently develop the same skill. In particular, she emphasized the importance of a well-organized classroom in the event that she was absent from work. She also regarded her participation in the school's 'Olympics' as highly positive and a "real boost". In spite of her MS, Susan was especially proud of achieving first place in a series of events which she planned and actively participated in with students in kindergarten through grade eight.

On the negative side, though Susan earned "good money" as a teacher, and benefited from an inheritance along with various investment opportunities, adaptations which she later required in her home grew "extremely expensive". While her son performed the labor, the kitchen costs amounted to 12 000 dollars. Cupboards which she could now reach totaled 5000 dollars. Only by selling her car was she able to have a bathroom built which accommodated her personal needs. According to Susan:

The financial issue was, for me, the worst. I took out a private insurance plan instead of the one offered by the school board. It didn't pay as well. But adaptations are necessary if you want to stay home and remain useful.

Recalling that they had "put up with a teacher for all those years", Susan expressed gratitude to her family for their ongoing financial and emotional support. "They make sure that when we have family get togethers, they do all the leg work. We do pot luck dinners now, so no one has as much of a burden." Often wondering if she and her husband "could make this grouping into a family", she proudly revealed that, "They stick together, they help each other and they still help us".
Recognizing her family as the most supportive, Susan readily acknowledged several other support networks available to her outside of her workplace. Specifically, she said:

To this day, I rely on the MS Society, MS self-help groups, and the MS clinic at McMaster University because they answer me honestly - they are not biased. When I follow-up on things, they are there to help me. When I wanted to continue driving, they gave me the route to take. They're good that way.

As well, regular in-home appointments with a reflexologist had allowed Susan to feel revitalized and energized. Betaseron treatment, recommended by her doctor, also seemed to be "working well". Finally, the Women's Teachers' Federation was "absolutely wonderful" in providing Susan with a lawyer to assist her over financial hurdles connected with the government, school board and new agencies. Because of their dedicated support, Susan did not lose out on things which she believed she would have otherwise lost out on.

Reflecting upon the meaning of her experience as a whole, Susan understood that:

Teaching with MS was exhausting. When I was in a remission, no problem. But when I was having an exacerbation, it was exhausting to the point where it was disabling. I could not fulfill my duties. As such, she unveiled that, "My husband and I have a name for MS: we don't call it Multiple Sclerosis; we call it 'Mighty Strange'. You never know what is going to happen, when or where. It's unpredictable".

Through her experience, Susan witnessed a change in the "things" which occupied her thoughts on a day to day basis. Accordingly, she stated:

When a teacher, you're broad- centered . . . thinking about so many
different things with parents, children, the Board and the system.
But when you retire, you start thinking about yourself, what you're
going to do, the money and all the rest of it. You become more self-
centered.
Likewise, she identified a shift in her values, and described it as the most
dramatic outcome of having taught, and then been forced to retire, with
Multiple Sclerosis. "I don't value the money very much. Now, I value what I
can do and what I want to do."

A glance into the future unveiled that much of what Susan wanted was
simply to stay involved. She seemingly enjoyed her work on a home
computer, a daily 20-minute active-passive exercise routine, and her ongoing
commitment to and involvement with MS research. Finding means to derive
fulfillment on both personal and professional levels, she affirmed:

You can't help but do that because of where you came from. Being a
teacher, you're always advocating for one thing or another. So it's a
natural part of your upbringing and who you are. And you just carry it
on.

Elaborating further, Susan revealed:

Yet there are other people who are disabled and don't do a thing -
because they can't. So it is up to those of us who can, while we can, to
do what we can to make things better for everybody. As I say, MS
is mighty strange. You never know what is going to provoke it and
when it is going to come back. You just have to have constant contact
with your doctor, do your best and keep going.

With admiration for Susan's determination and enormous inner
strength, I paused, reflected briefly and said, "I hope some day when I stop
teaching, whenever that may be, that I will have your strength".
Confidently, Susan responded, "You will, because it's part of being a teacher".

4.5 Dina's Musical Teaching Experience

According to Dina, "It was all I ever wanted to be. As long as I can remember, I was going to be a teacher". Having been blessed with good teachers throughout her school years, most of whom were Notre Dame sisters, along with very supportive parents, she was always encouraged to pursue whatever it was that she aspired to become.

Upon graduation from high school, Dina attended a one-year program at Hamilton Teachers' College. After that, she was "supposed to be ready to go". Knowing, however, that renewal of her religious qualifications was required every five years at the Hamilton school board wherein she became employed, Dina decided to pursue related part-time studies in the evening by correspondence. The opportunity to "move up a level" with respect to her teaching qualifications also inspired that decision.

Along side, while beginning to teach half-time, and enjoying flexible mornings at home, Dina eventually attained her degree from the University of Waterloo. Reflecting upon that period in her life, Dina vividly recalled that, "Dad encouraged me all the time".

Beginning to explore the details of her teaching experiences from the start, Dina recalled that, "I started at the ripe old age of 17". Having taught elementary children for the three years which followed, Dina and her husband then chose to have a family. Naturally for her, she remained at home for a period of eight years to care for her four young children. Believing she was ready to commence teaching once again, Dina returned to work as a half-time kindergarten teacher for three more years.
It was May of the latter year when Dina had her "first inclination" that something was wrong - tingling in her hands. By the following June, at age 28, she recalled that, "It was coming and going... and in my legs as well". A formal diagnosis was later given through, what she saw as, a process of elimination. Specifically, upon leaving the hospital for the first time, Dina was informed that, "You don't have a brain tumor". Light heartedly, she responded, "That's very nice. What do I have"?

Being informed that she "didn't have this and didn't have that", Dina was eventually diagnosed with Relapsing-remitting Multiple Sclerosis. Indeed, she was "heart broken" when her doctor advised her to take a leave of absence from teaching. As she encountered no trouble at all with walking, Dina's reaction at the time was, "I thought this neurologist was losing it"!

Dina described that summer of 1970 as one in which she was in "pretty bad shape". She specifically revealed that, "Anything that can go wrong with MS, pretty well did: vision problems, bowel, bladder, everything but speech". Confined to a wheelchair for a while, and "paralyzed everywhere", she later progressed to a walker, then to a cane, and then to "doing fine". Before that year came to an end, Dina began to realize that her neurologist's recommendation was, indeed, the "right" one.

Dina attributed her rapid recovery to a Home Care program, organized by a social worker at the nearby hospital. Explaining that this program provided housekeeping services, along with physiotherapy, she revealed that, "Without it, I wouldn't have come along as quickly as I did". Dina was particularly impressed with her homemaker being so knowledgeable about MS. As a firm believer in physiotherapy, she also revealed that, "The exercises give you a feeling that you're doing something about it. You're not just sitting back, letting the disease wreck havoc on you". When I
acknowledged Home Care as a needed support system and service available to those who choose not to remain hospitalized, Dina readily concurred. In the same breath, she revealed that, "It's being cut - left, right and center".

Having stayed home for seven years following her recovery, Dina again returned to school on a half-time basis. About her return, she spoke:

The doctor thought it would be good for me, and it was. It keeps me occupied. You're not thinking about yourself when you've got 23 little rug rats. In that way, I think it was a wise decision.

Planning to "give it a try for a year to see what would happen", Dina proudly claimed that she did not miss a single day of school during that time. With the prompt arrival of the last day of school, she remembered saying, "I did it". She also recalled that, "It felt so good".

What seemed like a detour from the pride Dina felt, was her revelation of what she saw as the benefits of part-time teaching. Happily, she unveiled that, "I had the best of both worlds". More specifically, Dina explained that choosing to teach in the afternoons allowed her to get her children off to school in the mornings with a little less confusion. It also afforded her the time she needed to plan and prepare for her own day, eat lunch and then drive to school.

While she taught kindergarten for several years at St. Helen's School, Dina later enjoyed the opportunity to teach Music while providing planning time for other staff members. Smiling, she remembered, "I was in my glory". With the introduction of French into the primary grades, however, the need for a planning-time teacher was eliminated. Upon being asked to consider teaching grade one, Dina then agreed. Enthusiastically, her students responded with, "Mom finally made it to grade one". Hearing this, I began to sense that the relationship which Dina had established and built with her
students was indeed a strong and positive one. As such, she said to me, "I did so enjoy the little ones".

Having an understanding of her history in becoming and being a teacher, I then wondered if we might slowly pursue her role in light of Multiple Sclerosis. Dina began by revealing that fatigue had never been a problem for her. "I pace myself", she announced. "If I'm tired, I know enough to stop and take a rest."

To the contrary, fatigue had always been something with which I struggled. Sharing with her how it made me feel, I explained, "It's different than the 'tired' I experienced before I was diagnosed. For me, it's really like running into a wall".

In light of her absence of troubles relating to fatigue, Dina unveiled to me, "It's probably the reason I've been able to carry on".

For her, the length of time she could stand and the distance she could walk were key concerns. Hence, she revealed that, "I learned how to teach sitting and have the kids come to me". In the same vein, Dina informed me that she was generally not involved in after school sports; instead, her extracurricular contributions lay within the Music department, since they could be provided from a chair. Similarly, her fear of "being bumped" inspired her decision not to teach Physical Education and allow the other half-time teacher, or her "better half", to fulfill that responsibility. In light of the same fear, Dina also revealed that the children knew to avoid her on the stairs. Because stairs were a problem, she did not travel up them anymore than necessary. Accordingly, she did not visit the staff room which was inconveniently located on the second floor.

As my own memories of stairs were promptly triggered, I recalled a time when I was teaching in an inner-city school, wherein my grade three /
four classroom was upstairs and everything, I needed to access, was downstairs. Sharing my experience with Dina, I vividly recalled that:

I was always running down to the office, to the photocopier, the phone or staff room. I found it hard. I didn't last there very long. One day, my right leg sort of fell out from under me. I felt so bad for the kids. They didn't know where to turn. They helped me down to the office.

Dina readily pointed out that while many schools have two floors, there are also several which have one. Interestingly, she revealed that, "They can't save those ones for people like us".

Having shared my experience, I then eluded to the physical environment in a school as a whole. Promptly, Dina informed me that her son held the position of Head of the Planning Department at a nearby school board. During a meeting which he attended, an issue was brought forward which concerned another teacher, who has MS, and her desire for air-conditioning within her portable. At the time, attending colleagues revealed that, "We really don't have too much knowledge of this disease or what the problem is". Confidently, her son responded, "To tell you the truth, I do".

Upon learning that heat can be a problem for MS sufferers, they later agreed that, "It was well worth air-conditioning the portable to keep this teacher working". Otherwise, and from Dina's perspective, they would be paying her LTD (Long Term Disability) benefits.

As I wondered about other issues which might have influenced Dina's ability to carry out her role as a teacher, I inquired as to whether, or not, she had ever encountered troubles with her vision. While those had not been a problem for her, she readily acknowledged that, "They would certainly be a bummer at school". Agreeing with her, I described my experience from the Fall of 1998:
That was a hard time for me. After being back at school for eight weeks, I started to lose my sense of taste. My right leg was giving me the run around. And I was really getting tired. Our house was for sale. My husband was traveling. I had my little girl to take care of. I had a split grade and a brand new curriculum to work with. Because there were so few resources at the time, I was developing my own.

Then my eyes started. I didn't know if it was my MS, or if I needed glasses. I was terrified driving to work.

Dina quickly revealed that the only time something severe happened to her while she was teaching, was when she encountered Vertigo. Since I was unfamiliar with the term, Dina described it to me as an MS symptom resulting from a small amount of inflammation which aggravates the brain. Anxiously, she recalled that, "I never knew from one moment to the next, when I turned my head, if the whole room was going to start spinning. It was like being on a roller coaster".

After waking in the morning, showering and dressing for school, Dina would suddenly feel "awful" about having to call into work and say, "Sorry". She further explained that, "After doing so well for 20 years, you almost get cocky". Not liking the idea of having several different supply teachers, however, she suddenly felt as though she was letting the children down.

At first, Dina simply missed four days of school. During that time, she was admitted to the hospital and treated with injections of ACTH (Adrenocorticotropic hormone). To those, she "reacted like crazy". Looking back, Dina revealed that, "I actually seemed to do my best once they stopped experimenting, or trying to use different drugs, and let my own system fight back". Thereafter, her return to work was acknowledged with numerous welcome back cards which the children had made. Never having
been so sick in her life, however, Dina eventually had to take a leave of absence. And then, she revealed, "I was fine".

As I thought about Dina's story, I looked to her in utter amazement. While she had sustained herself in the teaching profession up until two years later when she retired, coped with MS and raised four children, I wondered what it was that kept her going. Clearly, she informed me that it was a "good positive attitude, good support and faith". For her, support was derived at home from "a loving caring husband and kids who did their best". In terms of support at school, Dina clarified at the outset that her staff had always known about her MS. Elaborating further, she said, "I figure it's better for people to know than to wonder if I'm drinking on the side. It's better to be up front". Softening her perspective, Dina later revealed, "I guess it's an individual thing. I'm sure there are many other teachers who try different strategies".

Clearly, my own strategy was dependent upon the rapport and comfort level established between other staff members and me. Accordingly, I explained:

I was very comfortable telling my principal. And I felt a need to tell him in case something happened. I trusted him completely; we had a wonderful connection, a strong rapport. I told one other person on staff; the one who taught grade six in the portable beside me. Right from the start, we clicked. We planned together, took our kids on a trip together and coached together.

When I told her about my MS, she was somewhat shocked. At the same time, she was sensitive, supportive and encouraging. She always offered to carry things for me, take my yard duty or coach when it was my turn, so I could rest if the need arose.
I was a little nervous about telling other staff members right away. I guess I was afraid they would go out of their way to help me. They were a really nice group. I just wanted to be treated the same as everyone else.

With Dina being so open and up front about her condition, I wondered how staff at her school had responded. Confidently, she affirmed that they had always been very encouraging and willing to help. For example, during the winter months when the playground became icy, teachers would be annoyed in the event that Dina refrained from asking them to assume her yard duties. Similarly, when school trips became a "worry" for Dina, as walking was often involved, the advantage of half-time again became apparent. Overall, she believed that, "As long as you were working with someone who was accommodating, it could be worked out".

Dina's experiences carrying out presentations for the MS Read-a-thon revealed to me that her students were also aware that she had MS. At first, she debated conducting these at her own school, fearing that people might wonder if she was "capable of doing her job". Her principal, however, assured her that she was, in fact, very capable and doing her job well. Dina's eventual decision to teach the children about Multiple Sclerosis, in the context of the Read-a-thon, was one which she did not regret. Clearly, she believed that for the children, learning about something from the standpoint of someone who had experienced it was far more meaningful than "simply watching a film".

It seemed to me that, in this way, Dina's having MS brought forth something positive. From her perspective, the fact that she was doing so well gave her a positive outlook. It also taught the children that, ultimately, "you can overcome". Furthermore, Dina revealed that, "Having been in a
wheelchair myself, it was easy to identify with the little girl who had Spina Bifida". In other words, the disability with which Dina coped provided her with a deeper understanding of some of the challenges with which her students were confronted.

While Dina had confirmed that her principal and fellow teachers were always encouraging and willing to assist her in any way that they could, I inquired about other support networks or resources which were available to Dina inside her school, or throughout the school board. Her response to me was simply, "I don't know of any".

Beyond her teaching environment and into the broader community, the MS Society was one which Dina described as having been particularly helpful to her and other MS sufferers. Interestingly, during a time when she was feeling quite well, Dina assumed an active role there supporting and inspiring recently diagnosed and, accordingly, fearful young people. From her perspective, "There is nothing more depressing, for a newly diagnosed MS patient, than to walk into a room full of people in wheelchairs and wonder, 'How will it be for me'?"

In addition, Dina recalled that her doctor had always been both positive and encouraging, especially in saying that, "What has kept you going is teaching. Keep at it". Indeed, Dina agreed with his belief and subsequent advice. Accordingly, she affirmed:

When you work with children, you're not thinking about yourself. The whole time you're at school, you're thinking about them. They give you inspiration and energy. And there is hardly ever a day when you don't laugh about something.

*Listening to Dina, I was beginning to understand that in the context of her work, humor was something very important.*
At this point, I also recognized the role which a good doctor had played in sustaining Dina in her work. Thus, in a broader sense, I began to wonder, "What is it that can keep people like us going, keep us teaching"? In my heart, my desire to return to work remained powerful. I desperately wanted to be with the kids and to be with the great staff at St. Clare Catholic School. Pondering deeper, I wondered what might have allowed me to stay there. Looking to Dina as a tremendous inspiration, I tapped into her thoughts and she said to me:

I think it's an individual thing. What might help one person won't necessarily help another. We're all different. And there is no magic wand to make MS go away. I think it's a very worthwhile question though. If you could come up with some answers, it would certainly be nice. . . .

As she began to reflect upon the meaning of her teaching experiences as a whole, Dina unveiled:

The Music was very important to me. I can honestly say that when I was retiring, I was thanked many times for what I had done in Music. I felt that I had given the kids something special. Not every teacher is able to, whether they want to or not. I was thankful for that gift. It made me feel like I had done something worthwhile.

In particular, Dina referred to a student of hers, who at the start of the school year, "could not sing to save her soul". At the end of that year, this little girl wrote Dina a note, which read:

Thank you.

I was a bad singer. I was a bad singer and you helped me.

Now I can sing.

From your good singer, Stephanie.
Having kept that note, Dina regarded it as precious. When her final year of teaching came to a close, Dina was strongly encouraged by others to enjoy retirement because, indeed, she deserved to.

Looking ahead, Dina simply planned to "coast". Having enjoyed Music so much, though, she hoped to pursue related volunteer work down the road. To me, her hopes reflected that the teacher in her would always be there. Readily, Dina concurred that there would always be a connection amongst herself, children and music. Looking back once again, she expressed thanks to her dad, who bought their piano and encouraged her to take lessons in the first place. In essence, Dina believed that, "It adds a whole new dimension to life".

With tremendous respect for Dina's courage, positive attitude and success in teaching, I wondered how she perceived her experiences in light of being a woman. Openly, she unveiled that a woman might have a different response to bearing a disability than a man. From her perspective, "A woman can remain at home, raise children and still feel like she's doing something". Though somewhat uncertain, she suggested that:

Coping with a disability would be harder for a man from a psychological standpoint. I've always felt it was easier for a woman to lean on her husband, than for a man to rely upon his wife; especially, if he is expected to be the bread winner. And in our society, like it or not, a man provides.

It was clear to me that financial pressures did not drive Dina's pursuit of a teaching career. In essence, she affirmed that, "I was working because I wanted to. The fact that they were paying me was a bonus". In the end, Dina proposed that, "We need to appreciate what we have. I believe that I
am lucky, because I can still walk around and I can still see”. Reflecting upon her teaching experience as a whole, Dina proudly revealed that:

Teaching was certainly important to me. The fact that I have MS didn't stop me from doing it. That's important to me. Indeed, I've been very lucky. I've been blessed.

4.6 Vera: A Woman, Mother and Teacher Desiring to Give

According to Vera, teaching "was not something, that at age five, I knew I wanted to do”. Believing that she was "pretty good when it came to working with people", however, Vera eventually decided that it was something she would like to pursue. More specifically, she revealed:

I have seen situations where staff members are in conflict. They want to be the only ones in the world who know it. Teaching can't be like that. There has to be a sharing where you are willing to help someone, so that they can learn. So, working with people becomes a very important thing.

Consistent with these thoughts, Vera explained that teaching gives her a sense of helping. From her perspective, "There is nothing better than helping a kid and seeing the light in his eyes when he finally understands - it's a miracle. You can talk all you want. But until it clicks in his head, perhaps you are not doing much for him".

Ready to explore how it was that she became a teacher, Vera identified her grade seven teacher as a role model and an inspiration. According to her, "She was kind, she was helpful and had an in-depth insight as to where you were at". Furthermore, Vera revealed that this teacher did not "just sit there with a book and do what she had to do”; more admirably, as Vera explained, she demonstrated a strong ability to deal with children at their own level.
Along with her teacher, Vera indicated that her parents had indeed been very encouraging. Though they never recommended that she follow any particular career path, Vera's parents provided her with ongoing support in choosing the one that she wanted to pursue. Looking back, Vera felt that, "It was probably very good that they didn't push me in one direction; because when parents push like that, it often backfires".

*Likening her parents' approach to that of my own parents, I recalled my mom and dad often reminding me, "Whatever you choose, we'll support you". With my dad being an English teacher first, a principal later on and a supervisory officer in his last years, I regarded him as a powerful inspiration and role model in every way that was positive. Today, I can still hear him saying to me, "Follow your dreams kid, and get going"!*

After graduating from grade 13, Vera attended a one-year program at Hamilton Teachers' College. At the start of the next school year, which was 1970, she eagerly embarked upon her teaching career. Recognizing that a formal university education was not required until the year after that, Vera identified herself as "the last of the dinosaurs". Retrospectively, she wondered, "How could I possibly have known enough to do the job"? In particular, she eluded to a time when she, the teacher, was 17 and a boy in her class was 16. Looking back upon that situation, she uttered, "It blows me away when I think about it"!

Though Vera attempted to teach high school students for a short time, her true desire was to teach "the little kids". Believing she would have more of an impact upon younger than older children, she claimed, "When they are still impressionable, I have half a chance of reaching them and teaching them something worthwhile. Teaching a child things he would know and be able to use for the rest of his life, to me, was an important thing". Though I
wondered about other people, or experiences in Vera's past which may have inspired her to become a teacher, she readily pointed out that, "I think mostly, it was my desire to do good things for children and meet them while they were still young".

As I became increasingly curious about the details of Vera's teaching experiences, I asked her to reconstruct a day from the moment she woke up in the morning until the time she fell asleep at night. Promptly, Vera revealed that the course of her day was dependent upon the grade she was teaching at the time. More specifically, she explained that, "Children in different grades need different things, so that takes different things out of you to give to them". Overall, she believed that though teaching was demanding, it was indeed worthwhile. In particular, Vera found that:

As soon as you walked in the building, everything collapsed on you. Everything that had to be done was right there, demanding you to take care of it. It wasn't the kind of job where you could go in and relax before you started. But I didn't mind that it was demanding because I felt that I was being of use. **Being demanded upon was a good thing because I was able to give from that.**

Regarding teaching as strictly the first half of her day, Vera revealed that the other half began upon arriving at home. Elaborating further, she explained, "I was expected to take care of everybody and do everything for everybody, because that is your job as a woman and as a mother and that's what you have to do". Thinking back, Vera didn't know how she survived the time during which she taught all day and attended McMaster University at night to earn her Bachelor of Arts degree. Smiling, she said, "It must have been terrible, but I did it". With respect to what she saw as her "other job", Vera openly unveiled:
I didn't question it, because I thought it was my job. It was my job to get dinner, mend the clothes and do whatever the kids needed to be done. I think women are plagued with that. It's our society thing - that may change some day, but not soon.

Vera likened her own situation to that of many of her friends. Clearly, she discovered that in marriages where both husband and wife are teachers, "the man seems to be able to get up early and go swimming before work, and do this and that after work. The husband doesn't have to spend a lot of time doing family things, because the woman does. That's sort of the way it's expected to be". For women in this situation, Vera imagined that a little free time would come only in the evening upon putting their children to bed. At this point, Vera concluded that they the would be "dead tired". Accordingly, while she pondered the scenario of a male teacher with MS, Vera affirmed that, "I can't separate MS from not MS, as much as I can separate man from woman".

In essence, Vera regarded her day as both "hectic" and "busy". Thinking about the beginning of one, she described her principal promptly approaching her with an idea, a thought or job for her to do as she walked from her car and through the school parking lot. "He was notorious for that and I always felt he should give me a minute to catch my breath. You're lucky you missed him."

Regarding myself as blessed in light of my most recent principal, I then commented, "I couldn't have had a more understanding, flexible, supportive or compassionate man to work with".

Vera proceeded to tell me that her lunch hour was often filled with committee responsibilities and extra-curricular student activities. Always busy doing something, she derived comfort from a day which she felt was not
long, but instead flew by. Vera explained that, after school, "You'd always have a bag of stuff to take and try to fit in around all the 'home things' you were doing". Not feeling the need to carry a briefcase, she packed children's notebooks into her casual canvas bag. Interestingly, after one particular day, she "took a pile of things home, didn't look at them, didn't do a thing and then carried them back". In retrospect, she decided, "If I'm going to do them, fine. If I'm not, I won't bother bringing them home".

Empathizing with her experience, I added, "I think we learn as we go, what we can realistically manage and what we can't".

As we continued to explore her work as a teacher, Vera revealed that it was the "physical things" which made it challenging. Walking to the church, going outside for yard duty, playing games in the gym, coaching the cross country running team and organizing play days became especially difficult. With this in mind, she stated, "I felt I was cheating the kids because they weren't getting from me what I had always given".

In addition, Vera found that she could no longer carry her canvas bag filled with books to, and from, her car. Unexpectedly, a routine in which the students took turns assisting her, both before and after school, quickly became something positive; for them, a "real treat". Altogether, Vera believed that, "Those are things that were never part of my teaching, but became part of it because I couldn't do what I had always done".

While I wondered if Vera had ever asked staff members to assist her, she promptly responded, "No, because I was too independent and stubborn. I was going to do it myself". Interestingly, she also acknowledged that everyone would gladly have offered to help her, if she had desired their assistance. Not withstanding, she firmly added, "I would hate to think that a person with MS would use the offer of help, over being able to do it
themselves. Believing that some people enjoy sitting back, while others do for them, Vera emphasized, "I was never like that".

Hidden within her thoughts of assistance from others, lay the issue of disclosure. Specifically, Vera revealed that she had openly disclosed her condition to colleagues during a staff meeting because she, personally, wanted to be the one to tell them about it. "I didn't want them walking around on egg shells, afraid to say a word." As no one responded with either a comment or a question, Vera explained that her condition was indeed a foreign one to them. According to her, other staff members did not know how to approach or support a teacher with MS. "It wasn't because they didn't care, but they didn't have an avenue open to them of what they could do."

On the other hand, the teachers at her school knew she was not the type of person to welcome attention or assistance. In truth, Vera believed that, "They knew better".

Consistent with her approach to staff members, Vera also believed it would be best if she informed her students about her condition. Chuckling, she remembered that a few days following her disclosure, one of the students came to her, exclaiming, "My mom is worried about your cancer". Readily, Vera felt a strong need to contact this child's mother and ensure her that she was not going to die of cancer at school. Listening to Vera, I was glad that having MS provided her with a little humor at the time.

Contrary to Vera's own feelings, she mentioned that there is a fear among some teachers of having their disability known to others. According to her, "They believe they will have punitive measures taken against them because of it". Indeed, Vera hoped that the school board within which she worked would not act in such a manner; however, she acknowledged that if
teachers are fearful enough so as to refrain from disclosing their condition to others, then there is probably some truth surrounding the consequences.

In the same vein, Vera informed me about a teacher with whom she worked who has Cerebral Palsy. In the past, this man had been a supply teacher and also completed several long term assignments. Suddenly, when there was "talk" among other teachers at school, hinting that he might receive a permanent placement, one of them pointedly asked, "Well, think about it - would you want him as your kid's teacher"? Disappointedly, Vera affirmed to me that, "The negatives are there and they won't go away".

Coincidentally, this man later became Vera's daughter's teacher. Proudly, Vera acknowledged that at the end of the school year, Sarah knew her multiplication and division facts "down pat". Pleased upon hearing the positive outcome of a teaching and learning experience, I said, "Each teacher has something unique to offer. Hopefully, that's part of what provides for balance in education".

Moving to the memories of her return to the classroom after the March break of 1999, Vera began to share with me her recollection of a particularly difficult time. Not too long before the break, she experienced a "couple of falls" and, as a result, was absent from school for a few days. While she was now aware of the cause of those accidents, at the time, she was not. The associated pain and weakness in her thigh represented a situation which she found both bothersome and frustrating. In her words, Vera explained that her leg "would just conk out".

In view of what she saw as potentially serious side effects, Vera chose not to become "a pill-popping" person. Accordingly, she simply took Tylenol to ease her discomfort. Around the same time, Vera noticed her handwriting abilities beginning to deteriorate. Since "penmanship" was then a skill which
she was expected to teach her grade five students, Vera suddenly became "really mad".

When she inquired about the conditions surrounding the receipt of disability benefits, Vera was shocked upon learning that she had to leave work before an insurance company would consider her application. Though her intent was not to stop teaching, Vera explained, "If I wasn't off totally, they wouldn't look at my claim". Furthermore, a six-month waiting period would be required before financial benefits could be received.

Therefore, while she spent her March break globally anticipating and planning what she was going to cover with her students, Vera "went back to talk to them, but didn't get to go back to teach". While I was somewhat unclear about what it was that actually stopped her from teaching, Vera clearly pointed out that it was "the insurance company - Lincoln Life".

Connecting that experience to one which had occurred four years before it, Vera recalled a visit to her doctor which stemmed from an ache in her thigh. As she stated, "It was just a pain in the neck to have this ache in my leg". Having visited many specialists shortly thereafter, Vera eluded to a very mysterious and frustrating process. "They told me it wasn't a brain tumor . . . and it wasn't bone cancer. They could tell me all those things it wasn't, but nobody could tell me what it was."

Later on, Vera endured an MRI (Magnetic Resonance Imaging) to confirm her diagnosis of Relapsing-remitting Multiple Sclerosis. It was her understanding that, "That's how they knew for sure". Shortly thereafter, Vera's doctor bluntly informed her that she would need to make a choice between her health, her family and her work; in essence, one of these would have to go. For Vera, however, there was no choice. Except for work, she questioned, "How could I give up anything else"? At first, she did not want
to believe that anything was seriously wrong. Interestingly, she now described herself as an optimistic person. In so doing, she challenged what she saw as an alternative, in asking, "Are you going to sit here and be depressed"?

Returning to her realization that she would have to leave work in order to have a disability claim considered, Vera explained:

It was like the rug was pulled out from under me. I couldn't believe it. I remember saying to Jackie, our Benefits Clerk, 'Do you mean if I'm willing to work, they don't want me to'? To me, that made no sense. But Jackie said, 'It's just the policy of the company'. But I felt, like I was totally cheated.

Keeping in mind the "things" she still wanted to do with her students, Vera clearly believed, "It would have been impossible to transport all of them to the supply teacher who came in, because she had her own set of things on her mind". In bringing forward what I saw as a transition that Vera was forced to make and, accordingly, one to which her students would need to adjust, Vera quickly assured me that "children are resilient". With regards to her own feelings, however, Vera likened them to those people experience with the death of a parent. "It was like a mourning process. Even now, it hasn't hit me, totally, the fact that I have nothing anymore."

These feelings of Vera's quickly awaked similar ones of my own. Accordingly, I said:

I remember telling my kids on my last day that I was going to leave. It was like a part of me had died. Gazing into their eyes, I noticed some of them were filled with tears. A parent came to the door who was clearly upset. She tried to tell me that her daughter, Dana, wasn't sleeping; she wouldn't do her homework, or go to dance class, or do
anything. She told me that Dana didn't want me to leave. I couldn't hold back my own tears any longer.

I never told my kids what I have. I thought it might frighten them. But I did say, 'I have this bad thing that creeps up on me every now and then. Sometimes it gets the better of me. It's too much for me right now. I can't stay.'... 

Compassionately, Vera assured me that the children understood it was not my choice to leave. I believed they knew that, and that I wanted to be with them, as they had become part of my life and a part of me. They still are.

After pausing momentarily, Vera unveiled the highlights of her experience of applying for LTD (Long Term Disability) benefits. "It was a mammoth problem, because you have forms coming out of your head." Rolling my eyes, I empathized with her recollections of repeatedly visiting the doctors, asking them to fill out all the forms and paying forty-five dollars for each one. Overall, Vera discovered that, "It was almost as busy as when I was working. It was really like a full-time job".

At this point in our conversation, I felt a pressing need for Vera to further clarify, and elaborate upon, how MS influenced her ability to carry out her role as teacher. Openly, she stated that, "It destroyed my physical being". More specifically, Vera couldn't do what she was accustomed to doing, what was critical to her and what she firmly believed was valuable to the children. From her perspective, going for a walk on a beautiful autumn day seemed particularly important. As she revealed, "To just tell the kids to put the books away and line up, and we'll go outside, and I'll point out all the beautiful colors, or whatever... stupid little things were important to me because I thought these kids may never have a chance... because I have no idea what their home life is like". Simply put, Vera hoped that every child in
Admiring her intentions, I recalled recent advice which Vera had given to me. While I was preparing to teach three pre-service teacher education classes at Brock University, Vera had encouraged me to "give them something to remember". Recalling those experiences, Vera's advice had served to guide our discussions, and emerged as helpful and powerful indeed. As such, I shared with Vera how the students and I talked about what it really means to be a teacher, what the day was often like, how to connect with and reach the children, and incorporate into your teaching those things that really matter to them.

At the time, I also unveiled to Vera my newly emerged understanding that, "Teaching teachers is my way of giving back to a profession that has given to me". In essence, I am coming to accept that teaching children may be too demanding for me in the physical sense. Perhaps, then, working with teachers is my way of staying involved. Although through a different path, it is becoming my way of communicating with, and still being able to give to, the children.

Returning to the issue of medication, I wondered if Vera had given it further consideration, since having left work. Anticipating advice from her neurologist in the near future, Vera believed it would be wise to wait and hear what she had to say.

With respect to my own medication, I openly informed Vera that I had taken Prednisone during prior exacerbations. The visible side effects had not, for me, been too severe. I cautioned her, however, that since it is a steroid, Prednisone can be "hard on the liver". This stress, I explained, was dependent upon the prescribed dosage.
During our conversation, I revealed to Vera that I had begun to consider, carefully, either Betaseron or Copaxone therapy. Not liking the idea of self-injection, and the associated emotional and psychological barriers, I had avoided this type of treatment in the past. Having kept in mind its potential for a reduction in both the frequency and severity of 'attacks', along with the newly obtained cost coverage through our benefit package, I acknowledged my inner promise to now give these medications their worthy attention.

While Vera regarded medication as a "last resort", she confirmed the importance of symptom recognition and prevention. Specifically, she believed that:

You have to pay attention to your body. The trick is to find that point where you can't do any more, before you get to it. It's better if you can recognize that a problem is developing, so you can stop. Then, you just have a little problem.

It seemed natural to inquire about how Vera might apply this belief to the experience of teaching with MS. She clarified for me that while at school, she did all that she was supposed to do. The extras, such as training for cross country running and organizing play days, became activities to avoid.

Furthermore, Vera revealed that, "If I suffered, I suffered at home". Typically, Vera would visit the mall after school with her daughter, Sarah. There, she enjoyed walking around and spending time with her. Now, however, recognizing her limitations, Vera pronounced, "Rather than have a big problem in the mall, I just stay in the car".

Being curious, I asked Vera if there were special resources or support networks available to her within her school board; ones that might have
allowed her to continue working. Readily, she responded, "I would have to say, 'No'. There was nothing. Maybe there was, but I didn't know about it. I just plugged along and did the best I could". Interestingly, however, Vera identified Jackie, the Senior Benefits Clerk, as a person "who helps me as best she can. Of all the people there, she's the only one that's into my problem and has helped me".

Similarly, Vera believed that had she asked for help from staff members at her school, they would have promptly provided it. Accordingly, because she was no longer able to coach cross country running, "someone else just did it". Notwithstanding, Vera affirmed that she was determined to fulfill the responsibilities of her job and not to ask for special consideration. "In that way", she proclaimed, "I'm my own worst enemy".

Beyond the boundaries of her school and school board, Vera identified the MS Society as a support network, through which she derived comfort in knowing it was there. Not believing she was physically able to participate in regularly scheduled Yoga classes, Vera remained interested in Tai Kwon-Do. Much to her disappointment, however, and due to a lack of interest within her community, the latter sessions had been canceled. In addition to helpful information surrounding her diagnosis, Vera applauded the advice she had been given there with respect to Canada Pension Plan benefits. Specifically she had received encouragement from Brenda, the Individual and Family Services Coordinator, to write a letter arguing that these benefits should not be denied. Arguably, Vera had been encouraged to seek other forms of employment and informed that MS "might not be a prolonged illness". Wisely, I asked, "Is there a cure we don't know about"?

Moreover, Vera described a friend of her brother's, who has MS, as an informal resource and a person to talk to. In addition, she acknowledged her
family, especially her mother and father, as readily available, helpful and supportive. For them, Thursdays were times to visit their daughter, help with the laundry, clean her condominium and enjoy a family dinner which they all planned. Smiling, Vera spoke of her father as a man who has “learned a lot, because he now does the bathroom, the bathtub and the toilet”. Fondly, she revealed that, "It's a new thing for him and it gives him an appreciation of what my mother does".

Surprisingly, Vera resisted their efforts at first as she believed it was not her parents' responsibility to come to her home and wash, clean and cook. In time, however, Vera learned that doing these chores made them happy because it fulfilled their desire and need to help.

Furthermore, Vera recognized Home Care as a "global" support network which provided occupational therapy, assistance with personal and house care, along with physiotherapy. In the beginning, a case worker came to Vera's home to assess her situation and determine which services she would need. Following the assessment, an occupational therapist arrived offering strategies to Vera for conserving her energy and recommending a suitable place in her shower for the installation of hand grips. A homemaker assisted her with personal care, which allowed her the opportunity to take a shower before her daughter would arrive home. She also performed light housekeeping duties, including dusting and vacuuming.

Along with them, a physiotherapist worked with Vera twice each week. Through these visits, Vera learned the best way to go up and down the stairs. In light of a recent fall, she was also provided with exercises for her leg and ankle. Being asked by her therapist if she was regularly performing them, Vera responded, "I would be foolish not to because I want to get
better". More passionately, she stated, "I'm determined to overcome this and get back to where I was".

Glancing into the future, I pondered something which Vera had told me a short while ago. Specifically, she stated that, "I'll always be a teacher". Interestingly, she also believed that, "I have nothing anymore". Hence, what I saw as a contradiction led me to inquire as to where Vera saw herself in the years ahead. Neither did she believe that there was hope for curing her condition, nor that she would return to her work as a teacher. However, Vera did believe that the "little things" which emerged as important throughout her teaching experiences were those which she would continue to ponder.

For example, after a recent visit with her doctor, Vera discovered maple keys on the ground beneath her car. Naturally for her, she began to think about picking them up and bringing 35 of them to school for an art lesson the next day. While she accepted that she would never return to a classroom again, Vera remained somewhat uncertain as to whether, or not, those kinds of thoughts and inclinations would ever leave her. As such, she claimed that, "The insight into thinking of things like that... I don't know if it will ever wear off".

In thinking about 'things' that seemed so important to Vera, and which she hoped in turn were meaningful to her students, I wondered how she desired to create meaning in her life at home now. Clearly, she derived comfort in having taught successfully for 25 years. Though limited physically, as a result of her recent fall, Vera remained grateful for her strong mental capabilities. Being relieved that they had not been affected by her MS, she exclaimed, "Thank God I still have them". However saddened by the sounds of young children in the hall outside her condominium, Vera expressed, "I just wish I could be with them".
Sharing that wish, I believed that I understood her sadness and often unbearable sense of loss. Again, I touched upon the feelings that are triggered deep inside me, as I pass DeWitt Road in Stoney Creek. In so doing, I said, "My eyes just fill up because I still remember and they (the children) are still there. I'd love to go and see them, and teach them, just for one hour. I miss it so much".

Feeling more positive, I explained to Vera that my work with pre-service and experienced teachers at Brock University had nurtured my desire to stay involved in the profession and give to others. As I wondered about avenues through which Vera could see herself involved, she shared with me the possibility of her pursuing volunteer work in the future. Recently, and over the course of the past 25 years, she enjoyed opportunities to meet with "this group of five teacher friends". Indeed, she found it remarkable that they were still together, given the traumatic experiences that each of them had endured at one time, or another. In spite of those, Vera proudly acknowledged the "connection" within the group; one which she believed had been sustained simply by talking on the telephone, or sharing an evening meal.

Openly, Vera unveiled that, "Gone is my ability to give to a group of children because I just can't do that any more". In the same breath, she prided herself on her ability to perceive the thoughts and often fulfill the needs of others. Hence, the time she spent with this group of teachers had indeed become valuable. More specifically, Vera revealed, "Even as I'm laid up at the moment, I can use the phone. If there's a problem, I can talk to them about it or help. I'm always much better when I can do something".

In essence, Vera did not know if the part of her that was a teacher would ever disappear. With respect to teaching, she expressed, "I just wish
there was a way I could do it. But I can't. So I have to live with that". From her perspective, the adjustment had indeed been a difficult one. According to Vera, "Most people think, 'Oh, you're lucky - you don't ever have to work again". From her standpoint, however, she was not lucky at all. More pointedly, Vera claimed that, "You have to be a teacher to understand it".

Vera then acknowledged that the opportunity to share her teaching experiences with her family was helping them to understand how much those times had meant to her. In light of her work, Vera affirmed, "I want them to understand how important it was to me and what a loss it is". Attempting to comfort her, I explained to Vera that perhaps their enhanced understanding of her situation was a means through which they could now give to her.

While I explained to Vera my need for my husband to understand what it is like to be a teacher, to have to leave 'your kids' and why I still carry a picture of mine in my book bag, I informed her that people who are close to me often advise me to, "Let it go". As I continue to inform them that I don't want to, Vera concurred that, "I don't want to either".

Indeed, Vera derived joy from the fact that her MS had not presented itself sooner. "For that", she said, "I am grateful. I just wish there was something I could do." In response, I reminded Vera of the upcoming opportunity for our group of teachers, who have MS, to explore a response to our emerging question: **How can we stay in the profession and hold onto our well-being?** In essence, how can we sustain ourselves in our work, and derive fulfillment therein, should we have the desire?
CHAPTER 5

UNPACKING OUR EMERGING QUESTION: HOW CAN TEACHERS WITH MULTIPLE SCLEROSIS STAY IN THEIR PROFESSION AND HOLD ONTO WELL-BEING?

5.1 In-depth Exploration and Meaning-making

The questions which served to guide the interview process emerged from my experiences as teacher with MS, the ones of my participants and those which prevailed in the context of relevant literature on the topic at hand. Having explored the details of each teacher's experience, I then inquired about recommendations for enhancing her working environment. More specifically, I asked participants to respond to the question: What recommendations do you have, for enhancing the environment wherein you work, to make it more comfortable and supportive for you, and perhaps for teachers with similar disabilities?

What initially appeared to be a logical follow-up question, later seemed void of the love which each woman possessed for her work as a teacher. Having immersed myself in their stories of experience, I gradually discovered them coming together around a passion for work and desire to stay there. Hence, the question unfolded: How can teachers with MS stay in the profession and hold onto well-being? In other words, the desire to give to and be sustained through their work was brought forth as a puzzling dilemma in need of practical solutions.

Delving deeper into teachers' experiences, and the role they play in their own well-being, children's lives, schools and communities, raised the idea of practical answers to yet another level: why including,
accommodating and supporting teachers with disabilities make the world a better place. What can we learn from living with people with difference? Why is it important for us? Heightening our orientation to one of how we value people and the contributions they make underscores the need for an educational system and a community which honor and respect difference. While a teacher's well-being has connections with both giving and receiving, her identity, and hence the need to belong, we come to recognize and understand what her loss means for her and for the system as a whole. In essence, not giving leverage to the idea of 'one person being obligated to another', we shift our outlook toward that of a more egalitarian, respectful, caring and healthy community.

So what does it really mean to 'stay in the profession and hold onto well-being'? At first glance, the idea seemed readily definable. Exploring it at a deeper level, I discovered layers upon layers of meaning and, hence, a need to unpack them. Informed by individual interviews and focus group discussions, together with related research findings, the concept took on a host of meanings.

For some, it simply meant, "To be involved". From Vera's perspective, "To be with and able to give to others", were important things. Also valuing her mental health (Greenburg & Dintiman, 1992), she remained grateful that it was still there. Keeping busy, through active participation in school events, volunteer work, and the pursuit of an academic course or teaching one, held meaning yet for others.

Though often regarded as a form of discrimination (Reiser, 1990), being "treated the same as everyone else" was to me most desirable. For Jennifer, "Something I can do and something I can be" were at the forefront. Ultimately, discovering those things was deemed as a "win - win" situation
for everyone. Altogether, we believed that something "interesting and fun" was, indeed, better than "nothing".

Truly, Dina believed she was fortunate, having sustained herself in part-time teaching up until the time she retired. Having lead what she saw as a "pretty normal life", Dina regarded herself as "lucky". Ultimately, with respect to balancing time between her work and family, Dina believed, "I had the best of both worlds". Similarly, while juggling a "hectic" schedule at work, with family and health matters too, Susan declared, "I lived a perfectly normal life". Finally, though it bothered Jennifer when people said, "That's a woman's job", Vera believed and accepted that "taking care of everybody and everything" was her job both as a woman and as a mother.

Therefore, 'staying in the profession and holding onto well-being' held meaning in the context of a "pretty normal" and a "perfectly normal" life. More specifically, rather than having to make a choice, as Vera was pointedly asked to do, leading this kind of life meant striking a balance (Armstrong, 1995; Greenburg & Dintiman, 1992; Yardley, interview, April 19, 1999); in particular, one amongst the components of work, health, and family life or the "home things" from the vantage point of being a woman.

With respect to well-being specifically, four women's stories of the experience of teaching with Multiple Sclerosis unveiled their numerous unpredictable (Marsh, 1996; Minden & Frankel, 1994), and often disabling, disease symptoms. Some being visible and others not, those symptoms included: bladder and bowel control problems, walking, sensation, hand coordination, balance, speech, vision and hearing difficulties, along with dizziness, troubles standing for long periods of time, fatigue, paralysis and unbearable headaches. Accordingly, for these women, well-being is not
reflected in how a person looks from the outside; rather, the way a person feels, on the inside, is what really matters.

Furthermore, since MS symptoms were often experienced as severe ones, teachers' attempts to carry out physical tasks associated with their work became frustrating and were, at times, unsuccessful. As Vera unveiled, "MS destroyed my physical being". Enrolling in a specialist course following her graduation from teachers' college, Jennifer discovered, "I couldn't do the things I normally could do". More specifically, according to Susan, "When I was having an exacerbation, it was exhausting to the point where it was disabling. I could not fulfill my duties".

Therefore, for these teachers, being 'unable' is a clear contradiction of what it means to be well. In their experience, the ability to fulfill the duties inherent within a teacher's work, along with those associated with day to day living, lies at the core of one's well-being. Thus, for them, well-being also entails a move toward what they regard as 'normal', or heightened levels of, physical functioning (Yardley, interview, April 19, 1999).

5.2 Why is it so Important After All?

Broadly speaking, the opportunity to 'stay in the teaching profession' was something all of the women who participated in this research endeavor held a strong desire and need to do. For so many reasons, the wish to sustain themselves as teachers, though in different contexts, came forward as a natural, powerful and an undying one.

Our Identity as 'Teacher'

While our identity as 'teacher' was neither a focus at the outset of this research, nor explored directly through an interview question, the centrality of it emerged in the final phases of data analysis. Consistent with that is the assumption that when people talk about life experiences, their memory is
selective; stories are filtered through a lens that is shaped by one's identity. In other words, when we talk about ourselves, we tend to organize our thoughts in a way that reflects who we are and our own life experiences, and that makes sense to us.

It is my belief and experience that the way in which we define ourselves is as 'teachers'; at a deeper level still, a teacher is part of who we are. For example, as Susan stated, a teacher is "a natural part of your upbringing and who you are. And you just carry it on". Consistent with her thoughts were Dina's, as she revealed, "It was all I ever wanted to be". And in spite of the unbearable sense of loss she felt being forced to leave her work, Vera affirmed that, "I'll always be a teacher".

**Passion for our Profession**

While characterized as "demanding", "hectic" and "extremely busy", teaching is something we desire, enjoy, value and love. For example, in Jennifer's situation, her passion for physical activity, coupled with her desire to show others how much fun it can be, was what eventually inspired her decision to pursue a teaching career. As financial pressures did not drive her pursuit of the same one, Dina revealed, "I was working because I wanted to be". Reflecting upon her experiences as a whole, she emphasized that, "Teaching was certainly important to me".

In the same vein, Vera stated that, "Teaching a child things he would know and be able to use for the rest of his life was, to me, an important thing". Finally, as Susan said, "I enjoyed, loved teaching. If I could go back tomorrow, I would".

**A Need to Belong**

Given the value I placed upon opportunities to share with and learn from others, a sense of belonging to a school community became very
important to me. Having tremendously enjoyed planning, coaching and simply 'being involved' with other teachers, I came to value my sense of belonging with them, our students and profession in a way I never thought possible.

While as 'teacher' is how we define ourselves, and being one is, in essence, part of who we are, the connection with our need to belong to the profession, in a broader sense, is indeed a natural one. As Vera believed, "Most people think, 'Oh, you're lucky, you don't ever have to work again'". It is our experience, however, that when a person is forced to leave or retire from work, the consequences with respect to one's well-being and to the system as a whole are sadly overlooked.

In that situation, for example, Jennifer explained, "It's depressing when you have to sit around and argue for your limitations". Finding herself in the same one, Susan discovered, "You are left out". Indeed, Dina was "heart broken" when her doctor advised her to take a leave of absence from teaching. Being forced to retire completely from it, both Susan and Vera felt "cheated". With respect to herself and the children whom she taught, Susan recalled that, collectively, "We were all devastated".

Furthermore, likening my leave from the classroom to that of a leave from life, I unveiled, "It was like a part of me had died". In the same vein, describing her experience of having to retire from work, Vera said, "It was like a mourning process. Even now, it hasn't hit me the fact that I have nothing anymore".

Therefore, knowing that a 'teacher' is part of who we are, thereby understanding a need for a sense of belonging to our profession, the results of exclusion from it surface as profound indeed; especially where one's well-being is concerned. More specifically, feeling depressed, "heart broken",
"devastated" and "like a part of me had died" reflects a detriment to both one's emotional and spiritual health (Fox, 1994). Realizing that "you are left out" implies that one's social health is also at risk. As wellness represents the integration of social, mental, emotional, spiritual and physical components of health (Greenburg & Dintiman, 1992), the loss of one aspect alone unveils that a balance amongst them all is threatened. Thus, the ability to reach a state of wholeness and an overall sense of well-being is gone (Morris & DeVane, 1994).

While being forced to leave or retire from work is undoubtedly a loss for the teacher herself, it is also a profound one for the system as a whole. The ability to comprehend what her exclusion truly means comes only when we acknowledge the contributions such passionate and devoted teachers are making. In that vein, Vera revealed that the opportunity to share her teaching experiences with her family had helped them to understand how much those times had meant to her. In light of her work, she emphasized that she wanted them to understand "how important it was to me and what a loss" it really is.

The Need for a Sense of Purpose

For Jennifer, Vera and Susan in particular, the need for a reason for being, to be able to "do something", and to look ahead and move forward in life was paramount in the context of a meaningful existence. Primarily, as Jennifer explained, "I always believed I was put on this earth for a reason. And I sort of feel I can't be whatever the reason is". Likewise, though she was grateful her MS had not presented itself sooner, Vera exclaimed, "I just wish there was something I could do". However attempting to see her situation in a positive light, she later asked, "Are you going to sit here and be depressed"? Finally, being torn between her desire to teach and her understanding of the need to "walk carefully" amidst insurance carriers,
Susan believed that, "People have to live. You have to keep moving. What do they expect you to do - sit around and fall asleep"?

**It is in Giving that we Receive**

To begin, as Vera explored her experience of becoming a teacher, she revealed that her "desire to do good things for children and meet them while they were still young" was what inspired her most. With respect to the rigorous nature of her eventual teaching position, she explained, "Being demanded upon was a good thing because I was able to give from that".

With children in mind specifically, Vera valued giving the gift of a walk outside amidst the beautiful autumn colors. It was her strong hope that every child in her class would have "something to remember" aside from that which was written in the math book. As Dina reflected upon her teaching experiences, particularly those pertaining to her work in Music, she unveiled, "I felt like I had given the kids something special. It made me feel like I had done something worthwhile".

While the art of teaching is a giving one in and of itself, within it naturally lies the privilege of receiving too. Indeed, within Dina's occupation, she discovered that children "give you inspiration and energy". She also realized that there is "hardly ever a day when you don't laugh about something". As teaching gave her a sense of helping, Vera explained that, "There is nothing better than helping a kid and seeing the light in his eyes when he finally understands. It's a miracle". Hence, through giving to children by helping them to understand, Vera in turn received a kind of fulfillment that to her was indescribable. In much the same way, a routine in which Vera's students took turns assisting with books and teaching materials quickly became a "real treat" for them. In other words, their giving to a
teacher, in the form of willful and enthusiastic assistance, provided the children with a sense of purpose and feeling of joy in the opportunity to help.

In sum, then, while teachers give to children and, by nature, receive from them, children also give to us and receive in the inner sense by doing so. Therefore, a close look at teachers' experiences, and a glance at those of their students, unveils that it is truly in giving that we receive.

In another vein, teachers also give to one another. In so doing, they accordingly give to students and to their profession as a whole. For example, while sharing her teaching experiences with me, Vera offered her advice as I prepared to work with pre-service teachers at Brock University. Specifically, she had encouraged me to "give them something to remember". Having taken her advice to heart, I was later able to bring forward the value inherent within a positive teacher-student relationship and a program which is relevant and meaningful to children. Hence, Vera's ability to give to me had nurtured mine to give to future teachers, their students in turn, and a profession which supports and encourages its members.

Exploring other paths, alongside teaching, through which she could remain involved and give to others, Vera touched upon the prospect of future volunteer positions. Consistent with her thoughts were Jennifer's and Dina's as they pondered the ideas of tutoring and volunteering respectively at some point in time. In that vein, while she had accepted that her ability to give to a group of children was gone, Vera now derived fulfillment from listening to and helping other teachers. By talking on the telephone or sharing an evening meal, she had come to treasure opportunities to comfort, support and share experiences with colleagues. Within both personal and professional contexts, it was indeed through her ability to give that Vera received.
As giving emerges in a global, reciprocal sense, our colleagues also willingly give to us. Though Susan believed that other teachers, while sympathetic, simply could not accommodate her, Dina's, Vera's and my own experiences revealed different. More specifically, Dina revealed that other staff members within her school had always been very accommodating and willing to help; they were so even to the extent that they would become annoyed in the event that Dina refrained from asking for assistance with yard duty during the winter months.

Likewise, Vera believed that had she asked other teachers for help, they would have promptly provided it. As in my experience, when coaching cross country running became difficult, colleagues eagerly stepped in to guide and encourage the children. With respect to my principal at that time, I could not have asked for a more understanding, flexible or supportive man to work with. In essence then, while we give to colleagues, they willingly give to us the encouragement, assistance, support and compassion that can help to sustain us physically and strengthen us in spirit.

What teachers with disabilities may give to schools rests within heightened awareness, understanding and a community enriched through the representation of difference (Keller, Karp & Simula, 1992). Specifically, from Jennifer's perspective, having MS raised students' awareness of the fact that "anyone can develop a disability". She also believed that her condition enhanced their understanding of some of the limitations associated with it (Beattie, 1996; Johnson & Johnson, 1984). As a teacher who frequently walked with a cane, Jennifer strongly hoped that those around her would recognize that "people with disabilities have a lot going on inside their heads that doesn't have to do with their legs".
Moreover, Dina's eventual decision to teach the students in her school about Multiple Sclerosis, through the annual read-a-thon, was one which she did not regret. Clearly, she believed that the opportunity for children to learn about disability, from the standpoint of someone who lives with it, was far more meaningful than "simply watching a film". Further, the fact that she was doing so well gave Dina a positive outlook. It also taught her students that, ultimately, "you can overcome".

Therefore, these positive role models, not unlike the ones that prompted Susan's, Vera's and my own career path, are an inspiration to others, and accordingly, make valuable contributions to schools (Gerber, 1992; Keller, Karp & Simula, 1992).

Hence, what surfaces here is a response to the question, 'What can we learn from living with people with difference'? Need we remind ourselves that schools are not populated with people who are clones? In essence, a commitment to honoring, respecting and, ultimately, representing difference by including teachers with disabilities affords a school community opportunities to become more aware of, understand and learn from the breadth and depth of human experience (Keller, Karp & Simula, 1992).

Acknowledging the contributions made by teachers who bare the burden of disability, living with a disease in turn gives us the opportunity to identify with and comprehend the needs of our students. In other words, through experience, we derive understanding and thereby become better equipped to give to children, other teachers and our profession as a whole. As Dina explained, "Having been in a wheelchair myself, it was easy to identify with the little girl who had Spina Bifida". In other words, coping with a disability provided her with an experienced understanding of some of the challenges with which her students were confronted.
Overall, given the insight, empathy, mutual understanding, sharing and learning which emerge within a school community wherein presides a teacher with a disability, the need to keep and support her within her role surfaces as a strong one.

Truly, a closer look at teachers' experiences unveils a connection between giving and receiving, and well-being. More specifically, as Dina revealed, children give teachers inspiration and energy. She added that, "There is hardly ever a day when you don't laugh about something". Similarly, through her ability to help her students to understand academic concepts, Vera derived a kind of fulfillment that she herself could not explain. Fond of opportunities to share with and support her fellow teachers, Vera gained satisfaction and comfort in helping them as well.

In our students, we witness a renewed sense of purpose and feelings of joy in their opportunities to help us. Indeed it is plausible that our colleagues needed and received the same inner feelings as they supported and assisted us too. By their continuing to provide those gestures to us, our physical abilities may be prolonged and our inner spirit strengthened. From a broader perspective still, the heightened awareness, mutual understanding and learnings which surface within such school environments are valuable and meaningful in the context of everyday life.

These experiences of giving in a global, reciprocal sense unveil emotional, spiritual, social, mental along with physical components of health. As Greenburg and Dintiman (1992) imply, a person holding a blend of these components is one who is living a quality life; when a balance amongst them all is attained, a high level of wellness is accordingly achieved. Therefore, teachers who are able to give to children, each other, their profession and
schools are healthier ones. They nurture a healthy school and the same kind of community which ultimately makes the world a better place.

**A Broad-centered Occupation**

An occupation likened with giving is, by nature, a broad-centered one. As Susan pointed out, teachers have very little time to themselves. Elaborating further, she stated, "When a teacher, you're broad-centered; thinking about so many different things with parents, the children, the board and the system". Thinking positively about her work, and with a smile on her face, Dina said, "It keeps me occupied. You're not thinking about yourself when you've got 23 little rug rats".

Though "thinking about yourself" is important where well-being is concerned, not becoming pre-occupied with it can be more so in light of bearing the burden of an unpredictable and, hence what is often, a frightening neurological disease (Gerber, 1992). By contrast, the opportunity to think about and remain occupied by both children and colleagues, in a way that nurtures our desire to give, is a needed, fulfilling and healthy one.

**Our Relationship with Children**

Beyond being 'occupied' by children, a teacher's relationship with them is, as Susan described, "almost a mother-child" one. In that vein, having taught kindergarten for several years, Dina was later asked to work with children in the first grade. While she responded enthusiastically, her students did the same. In so doing, they exclaimed, "Mom finally made it to grade one"! Acknowledging her enjoyment in working with "the little ones", Dina further believed there would always be a connection amongst herself, children and music.

Eluding to her connection with young people, Jennifer took pride in her ability to "relax" with the "kids" and encourage them to do the same with
her. For Vera, hearing children in the hallway outside her condominium, she only wished she could be with them. Reflecting upon the relationship which had developed between grade five and six children and me, I realized that they had become a part of my life; in essence, a part of me. Knowing that they still are, like Vera, I only wish I could teach them once again.

Recognizing and having experienced the emotional fulfillment derived from this kind of a "mother-child" relationship, I have come to understand that a teacher's loss of it indeed represents a threat to her well-being. Feeling empty and saddened by that loss, I truly felt as though a part of me had died.

**Achievement through Ability Nurtures Self-esteem**

Prior to attending teachers' college, Jennifer worked with young people within a government funded program that encouraged a modest approach to everyday life. Acknowledging her ability there to accept and "see the good in" others, she discovered that, "I could do it; I had positive feedback from them and I thought I did well. Yes, I felt good". Similarly, the fact that Susan had been able to actively participate in her school's Olympic games was, for her, "a real boost".

Previously, after having recovered from a severe relapse in her condition, Dina had attempted to return to teaching on a trial basis. Having sustained herself for an entire year and not having missed a single day of school, she remembered saying, "I did it". She also recalled that, "It felt so good". Finally, priding herself in her ability to recognize and often fulfill the needs of others, Vera unveiled that, "I'm always much better when I can do something".

Indeed, feeling "good" inside about achievement through our ability reflects a nurturing of self-esteem. Furthermore, a positive regard for self
from a holistic perspective coincides with an overall sense of being well (Morris & DeVane, 1994).

A Desire for and Commitment to Life-long Learning

Acknowledging her wish to become a teacher, Jennifer commenced her pursuit of a career by applying for work at various community colleges and universities. In so doing, though she chose not to embark upon doctoral studies, she did choose to continue seeking opportunities to nurture her desire for life-long learning.

Along the way, she became employed at a local health club wherein she assisted competitive athletes with their weight training programs. Realizing that "things were not going to happen" as she had hoped, Jennifer also recognized that her strong desire to apply and further her education within a professional context was not being fulfilled.

For me, the opportunities to pursue part-time instruction at Brock University, along with doctoral studies, are ones which I treasure and from which I continue to grow on both personal and professional levels (van Manen, 1994). Recent research, upon which I embarked with a close friend and colleague, described our experiences as mothers of young school-aged children in connection with our roles as teacher and as learner. Agreeing with feminist research which found that responsibilities associated with each of these roles are often a source of stress and anxiety (Collins, 1998), we also believe that we are ultimately "advantaged" by our experiences in these multiple roles. More specifically, as teachers, we have discovered that we have altered our teaching approaches in accordance with the insights and understandings we have gained through our recent experiences of being a student or learner (Woloshyn, Flockhart & Bennet, 1999).
In spite of the numerous times where either our immediate or extended families have questioned our parental responsibility in light of our academic pursuits, in our final reflections, we remain optimistic that we are providing powerful role models for our children. We recognize that we gain personal fulfillment through the achievement of our professional and scholarly goals and believe that in order to be "true" to our children, we must first be "true" to ourselves (Woloshyn, Flockhart & Bennet, 1999).

With respect to this research endeavor, our focus group has gradually become something else: a support group for sharing with, encouraging and learning from one another. While not one of us is actively teaching, all continue to value opportunities to meet with colleagues, voice our experiences and learn from them. As Vera spoke of her mental capabilities, "Thank God I still have them". Consistent with our desire for and commitment to life-long learning, the nurturing of one's mental health is important; especially when looked upon in connection with one's well-being overall.

Hence, in returning to the question, *Why is it so important after all*?, we are promptly gifted with a response. Given the links of identity, the need to belong, giving in a global, reciprocal sense, nurturing of self-esteem and life-long learning with one's well-being, the need to sustain a teacher with MS in her work surfaces as a strong one indeed. The benefits of keeping her there to herself, the students, her colleagues, schools and the community, in light of people's well-being, provide the core of a rationale for encouraging, assisting and supporting her in her role as teacher.
Of primary importance is that, as teachers with Multiple Sclerosis, we did not wish to minimize the idea of 'practical answers' to, "Here's what we want, here's what you can do to help". In other words, the strategies by which teachers may stay in their profession and hold on to well-being are not intended to represent or support the idea of 'one person being obligated to another'; rather, they come from an orientation of how we value people and the contributions they make (Keller, Karp & Simula, 1992). In essence, these practical answers, or recommendations, are intended to reflect our efforts to move beyond being on LTD (Long Term Disability) and create communities as important places for everyone. Having emerged, initially, through individual interviews, the following recommendations, later voiced collectively, were reinforced and are naturally applied to people and contexts beyond the teacher and her working environment.

6.1 For the Teacher with Multiple Sclerosis

- Make accessibility a priority when choosing a school

  While some teaching positions involve work inside two or more schools, teaching inside one may provide the opportunity to rest during the lunch hour and nurture a sense of belonging.

  In addition, a school which is close to home (Gerber, 1992), smaller than some, has one floor or an elevator, and a relatively small playground area with fewer steps may help to conserve energy and minimize fatigue.
With similar goals in mind, a classroom from which the main office, staff room, washroom, resources and materials are accessible is also important.

- **Consider alternative or modified teaching positions**
  Give some thought to assuming teaching positions that may be less demanding in the physical sense i.e., Reading Improvement, Special Education or ones which are conducive to smaller class sizes and less preparation.

  Furthermore, with respect to personal situations wherein financial issues are not pressing, teaching part-time is recommended. As Dina pointed out, this kind of schedule offers "the best of both worlds". More specifically, by lessening one's time commitments at work, a teacher may be afforded additional time and flexibility in carrying out personal and professional responsibilities altogether.

  Leaves of absence, where granted, may also be helpful. Specifically, after taking one, Dina discovered that, "I was fine".

- **Instructional adaptations: Explore "other ways to do things"**
  Of primary importance, where instructional adaptations are concerned, is keeping a well-organized classroom (Armstrong, 1995). As Susan pointed out, the fact that she was "very very organized" encouraged her student helpers, in turn, to develop the same skill. Particularly in the event of being absent from work, thorough classroom organization was deemed a priority.

  In light of physical limitations altogether, Dina suggested that when classroom activities permit it, "learn to teach sitting and have the kids come to" you. She also recommended avoiding the stairs wherever possible.

  Furthermore, walking aids and technological assistance can enhance accessibility and, as Jennifer found, render some teaching duties "easier". More pointedly, use a cane when needed and ride the elevator if your school
has one! It may also be helpful to make use of computers, photocopiers, overhead transparencies and projectors should writing by hand become difficult.

Through our collective experiences, we have discovered that asking for help inside schools is not always easy. As Susan explained, "I could not ask others to help with my duties because they had too many of their own". Notwithstanding, in circumstances where instructional or extra-curricular responsibilities may be shared, capitalize upon individuals' strengths, interests and abilities. In other words, as Dina suggested, offer to "make a trade".

Moreover, while students can help with black board writing, bulletin board displays and carrying resources, materials and equipment (Keller, Karp & Simula, 1992), parents may also provide assistance during regular classroom time, physical education periods and class excursions. By allowing both students and parents to help, strategies for promoting positive and responsible student behavior may indeed be encouraged (Flockhart, 1994; Gerber, 1992).

Use preparation time wisely as well! Doing so may allow you to complete more work at school, take less home and rest at the end of a long, tiring day. Overall, as Jennifer revealed, "Focusing on fewer things at once and doing them well" can be "far less stressful than otherwise". Lastly, according to Dina, in the context of a teacher's work, maintaining a sense of humor is something very important (Armstrong, 1995; Gerber, 1992).

- **Disclosing a disability can be complicated**

As Gerber (1992) discovered, disclosure of a disability can have both positive and negative outcomes, depending upon the situation, the context and the people involved. Consistent with his findings, ours unveiled the same kind of dependencies. For example, in pondering the idea of
disclosure, Dina suggested, "It's better to be up front"; however, in view of her negative experience with one school principal, Susan believed that it is best to say nothing at all. Elaborating further, she explained, "Some people are prejudiced and want you to get out".

Eventually recognizing that other teachers abide by different strategies than does she, Dina said, "I guess it's an individual thing". And in my own situation, the rapport and comfort level between my principal, other staff members and me was of utmost importance.

Therefore, for a teacher with MS, one's decision to disclose or withhold having this disease may take into account her own comfort level with the people involved and the broader context of her work. While those with whom she works have different perspectives to offer, "building from both sides" is something else to keep in mind. As a former principal and present Superintendent of Schools, B. Browne (interview, March 31, 2000) believes that the best way for others to help is with knowledge and understanding of how to do so. In other words, opening the door for others to learn from us may be the essence of the means by which we can sustain ourselves in our work as teachers and hold on to well-being as ones. Likewise, if we can encourage an educational system to learn from, honor and respect difference, then we may discover ourselves teaching and living within a more understanding, egalitarian and respectful community altogether.

6.2 For Principals and Fellow Teachers

Broadly speaking, knowledge of the disability at hand and a sensitivity to it represent an ideal situation. More specifically, understanding on the part of our colleagues, coupled with compassion, support and encouragement may strengthen us in the inner sense and serve to sustain us in our work for prolonged time periods.
As Dina pointed out, "Working with people who are accommodating" is of utmost importance. For example, she suggested that, "In a nice way", principals can inform staff members of one's condition and help them to understand some of the limitations associated with it. While prompting others to "make some trades", administrators can encourage teachers to draw upon their abilities and strengths in the interest of everyone.

Where the provision of teaching resources and equipment is concerned, a proactive approach on the part of principals is strongly recommended (Keller, Karp & Simula, 1992). Likewise, offering flexibility across yard duty schedules is helpful, particularly in the event that a teacher's ability to walk or stand for sustained time periods is restricted. Finally, when a teacher becomes severely challenged in her efforts to carry out those duties inherent within her role, principals may contact colleagues to inquire and learn about different responsibilities or positions which she may be able to fulfill. In turn, by sharing such knowledge where desired and needed, a principal provides a teacher with additional potential doors to open.

6.3 For School Boards

According to Susan, as on the part of principals and teachers, "knowledge, understanding and sensitivity to various disabilities at the board level would also be helpful". In order to heighten these qualities all around, the availability, and provision of related resources and information where needed, is indeed worth considering. Similarly, offering workshops for principals and teachers to enhance their understanding of what it means to teach with MS, and how to best support a staff member who has it, is strongly recommended. As Vera emphasized, "Other teachers did not know how to approach or support a teacher with MS. It wasn't because they didn't care; they didn't have an avenue open to them of what they could do".
Another provision which has been found beneficial is that of acclimatization. In particular, through one experience, Dina learned that, "It was well worth air-conditioning a portable to keep this teacher working".

In the same vein, Susan suggested that schools need to be "more accessible for the kids and for us". From a broader perspective, she believed that, "The board and administration need to make allowances to bring teachers to a practical conclusion i.e., half or two thirds-time, teacher's aid or resource center positions, where you still have an income and some kind of pension". With the Relapsing-remitting type of MS in mind, Dina pointed out that an openness to leaves of absence, for varying lengths of time, would also be helpful. As she explained, flexibility of this nature may provide a teacher the needed time to recover properly and the opportunity to return to work when ready. Once again, the importance of flexibility, in keeping with an educational system that honors and respects difference, cannot be underestimated.

In the context of our focus group sessions, intriguing thoughts emerged as to how a school board may inform, and thereby support, a teacher who has MS, or a disability of any sort. In light of her own negative experience, Susan recommended that administrative personnel need to "make people more aware of what is available through insurance coverage".

Within the same context, she revealed that, "A support group is always valuable". Elaborating further, Jennifer explained that one could provide teachers with the opportunity to get together, exchange ideas and come up with practical solutions. For those unable to attend, Susan suggested that a newsletter "would be good". With respect to the privacy of all persons involved, confidentiality, as Vera believed, would be of paramount importance.
Driving all of these potential developments needs to be a person with an orientation of how we value people and the contributions they make. In support of them, an advocate for teachers with disabilities at the board or college level was strongly recommended. Altogether, with her respect to school boards, Vera pleaded, "Let me know you are there".

6.4 For Insurance Carriers

Upon realizing she would have to leave work in order to have her disability claim considered, Vera inquired, "Do you mean if I'm willing to work, they (insurance carriers) don't want me to"? At the time, to her, this made no sense at all. Later on, Vera came to understand that, "If I wasn't off totally, they wouldn't look at my claim". In other words, in her experience, "There was no middle road".

Consistent with Vera's, my experience was one wherein flexibility was nonexistent. Specifically, being invited to do so, I accepted a role teaching a Master's degree course in educational research at Brock University. My success, within what was then a rehabilitative context, was an experience which an insurance company likened to teaching elementary children on a full-time basis. Hence, the ammunition it needed to eventually terminate my disability benefit was supplied. Looking back, I recall the Disability Claims Specialist explaining to me that, "It was a business decision".

Altogether, we concurred with Susan's belief that "disability insurance should be made more flexible". Elaborating further, she said, "Companies need to look at the whole picture and make some accommodation".

Once again, her recommendation is not intended to reflect the perspective that, 'Here's what we want - here's what you can do to help'; rather, it represents our desire to move beyond receiving disability benefits
and be included within a community that is, for us, a meaningful, understanding and fulfilling one.

6.5  For Faculties of Education: Pre-service Programs Lay a Foundation

Through her negative experience in teachers' college, Jennifer came to realize that for teacher candidates with disabilities, learning effective strategies and techniques for both job interviewing and classroom management (Gerber, 1992) will be important. Simply put, she recommended that teacher educators guide their candidates in acquiring those skills as they seek to obtain work and sustain themselves therein.

Reflecting upon our collective experiences, we had learned that 'staying in the profession and holding on to well-being' does not come by way of being treated the same as everyone else there. Rather, the venues through which teachers with MS, and perhaps disabilities in the broader sense, can stay in their profession may need to differ from those through which other teachers may do so. Thus, by acknowledging and accepting differences in people, their abilities and needs, we open doors to a healthier, more caring and understanding community; one that includes, encourages and supports all of its members.

6.6  For the Person with Multiple Sclerosis

Primarily, according to Dina, "A good positive attitude, good support and faith" were the things that kept her going. Likewise, gaining comfort from her belief in God, His presence in her life and a life thereafter, Jennifer acknowledged her faith as a "handy" component of life all around.

From a physical standpoint specifically, Dina found that, "I actually seemed to do my best once they (medical doctors) stopped experimenting, or trying to use different drugs, and let my own system fight back".
Keeping in mind the unpredictable nature of MS, Vera emphasized, "You have to pay attention to your body". Acknowledging the importance of symptom recognition and prevention, while taking the time to learn about those medications which may help, was strongly recommended by all.

Indeed, exercise is something which everyone believed in too. Walking, swimming, 'Equestrian for the Disabled', and active-passive routines have improved our physical health, provided opportunities for social interaction and been enjoyed tremendously. As Miller (1994) points out, meditation may be helpful as well. With respect to our desire to stay in the teaching profession, he states that, "Deeply focused attention is the mode where we function most effectively in our work" (p. 5).

With balanced living in mind, Dina revealed that, "I pace myself". Taking "one day at a time", and being "yourself", she also deemed important. Overall, Susan advised us to do our best and keep going. Simply put, we need to appreciate all that we do have.

- **Seeking broader community support**

  As Susan emphasized, "You have a responsibility to network with associations and people who can help you". Most importantly, the Multiple Sclerosis Society of Canada: Local and District Chapters are there to support you and your family. Lean on them!

  Furthermore, carefully and thoroughly inquire into disability benefits and insurance provisions offered through school boards, community agencies and government programs. As Susan recommended, "Take advantage of your safety nets"!

  Regular contact with "good" doctors along with other health care practitioners i.e., speech pathologists and reflexologists (those who practice holistic healing methods involving pressure and massage of the reflex points
found on the feet and hands) (Wills, 1996) is strongly recommended too. Ones who are attentive, sensitive, thorough and encouraging are thought to be most helpful.

Finally, Home Care, a government funded program that offers physiotherapy, occupational therapy and house-keeping services, is available to assist you. In light of Relapsing-remitting MS specifically, this program may enhance your recovery from moderate to even more severe attacks. With our well-being in mind, Home Care came highly recommended by all.

- **Family members need each other**

  As my seven year-old daughter, Kayla, said to me, "We need faith from our family and love from our family".

  In Vera's experience, while valuing her independence, she gradually came to understand that allowing her family to support and assist her, by way of doing "chores", also fulfilled their desire and need to help.

  Therefore, while it is in giving that we receive, it is in this way that others do too.

**6.7 No Magical Solutions**

As Dina pointedly unveiled to me, "We're all different. And there is no magic wand to make MS go away". While we hope a cure will be uncovered some day, at present, there exists not one.

In light of her genuine desire to sustain herself in her work, Vera acknowledged not knowing whether it is possible to take care of our health and teach all day too. In response, I said to her, "I think we learn as we go; what we can realistically manage and what we can't".

Therefore, while there exists no cure for Multiple Sclerosis, and not all believe in magic, we acknowledged ourselves as life-long learners; ones who never give up hope.
6.8 Implications and Next Steps

Through reflection upon our collective thoughts as to strategies by which we, as teachers, may stay in our profession and hold onto well-being, deeper meaning of our lived experiences gradually unfolded. Through our personal and professional struggles, aspects of life, once taken for granted, later became valued as never before.

In the same vein, my reflections, surrounding more recent professional developments, encouraged the initiation of related next steps; in other words, in-depth thinking and meaning-making established a link with our treasured professional practice. Therefore, my intention, within this section, is to highlight and elaborate upon implications, or applications, of teachers' voiced recommendations. It is then to articulate next steps taken, whereby thoughts and feelings, surrounding the notion of inclusion, were placed in action.

Tug of war

For me, the Fall of 1998 was one of the most difficult times I had ever endured.

Initially, my return to teaching, after having been on LTD (Long Term Disability) for so many years, was one of the most exciting times in my life. In particular, I found myself inside a wonderful school; one close to home and filled with children with whom I connected and grew extremely fond of in a very short period of time.

Naturally for me, I immersed myself in my work. With my husband traveling, and while caring for my little girl along with our home, I had attempted to learn and promptly teach in accordance with a new curriculum. As I had accepted coaching responsibilities too, my health condition, not surprisingly, suddenly took a turn for the worst.
Indeed, my initial hope was that, after staying home for a few days to rest, I would again be able to return to school. Later on, however, I learned that this would not be possible. And as my body continued to weaken, my desire to return and be with the children only strengthened. Being invited to visit them, my wish to sustain myself in my work deepened even further.

Upon returning to school, I found the joy and excitement coming from the children to be highly overwhelming. The connection between them and me had indeed been a powerful one. Though she welcomed me too, the teacher who assumed my role had gathered all my belongings in a garbage bag and placed them outside the school's front door. Recognizing her need to move on, I acknowledged my need to let go and allow her to do just that.

Coming to accept the end of yet another positive, fulfilling and meaningful teaching experience, I found myself playing 'tug of war'. More specifically, while my body, and naturally those doctors who cared for it, pulled me toward home, my mind, heart and the children whom I taught longed for my return to teaching.

*Making meaning in a new life with a shift in values*

Indeed, teaching had once been a treasured part of our every day lives. Having fought to stay in our profession and hold onto well-being, we had learned, through time, that lives often turn. While ours did so, those turns brought with them a shift in values; in other words, a shift in what it is that gives life meaning.

At first, as Susan discovered, "It's hard to get used to doing so little". Having been accustomed to days which were, as she said, both "demanding" and "very, very busy", a new life was one in need of purpose and fulfillment. While Susan derived both through strong political pursuits, Dina gained the same by offering musical talents inside her church. Teaching and pursuing
academic courses, for Jennifer and me respectively, continued to nurture our desire for challenge, professional growth and life-long learning.

While having shifted, our values are ones that gave life meaning. Having once been overjoyed with an opportunity to return to teaching, I was now grateful for my place at home with a child I adore. As Susan unveiled, "I don't value the money very much. Now I value what I can do and what I want to do". In other words, newly discovered abilities and desires were treasured now as never before.

In the same vein, though not at school, Vera came to appreciate opportunities to continue meeting with "this group of five teacher friends". Feeling connected with her colleagues and, accordingly, to her work, social and intellectual fulfillment had both been derived. With respect to her mental capabilities alone, she exclaimed, "Thank God I still have them".

Together, valuing our abilities, opportunities and the gift of life itself, we believed it was paramount to keep going in ways that were meaningful to us and to others. While we had received in giving to others, they had also done so in giving their time, love and commitment to us.

**Giving back to our profession**

For Jennifer, Dina and Vera, a glance into the future unveiled thoughts and hopes of tutoring adult learners and volunteering inside schools.

Likewise, for me, working with teachers who have MS has nurtured my desire to stay involved in our profession and give to others. In essence, my commitment to supporting and learning from them has become my way of giving back to a profession that has given to me.

My efforts to do so began upon reading a newspaper article; one that shared the success achieved by the Hamilton-Wentworth Catholic District School Board in providing 30 years of inclusive education for exceptional
children. Abiding by a philosophy that, "each belongs" (Browne, 1999), its special education programs and services continue to be governed by inclusion, normalization and personalization.

Delving deeper into the writing of this article, I found myself making connections with adults' and, especially, teachers' experiences. Hence, the question came to me, 'What about inclusion of those who are the educators'? Elaborating further upon my thoughts, I composed a personal letter in response to that one. Directed to our Superintendent of Schools and Special Education, this letter read:

Dear Betty,

How are you? I hope very much that you are well and that your school year is off to a great start!

I have yet to have the privilege of meeting you. Accordingly, please allow me to introduce myself. Primarily, I am a teacher. I first began working as such, within what is now the Hamilton-Wentworth Catholic District School Board, in 1989. Since then, I have tremendously enjoyed teaching children in grades three to eight and have done so inside four different schools.

Throughout that time, I have also had the opportunity to teach part-time at Brock University, both as a guest speaker for pre-service teacher education classes and as an instructor of a graduate level course in educational research. As a doctoral student approaching the final phases of thesis requirements, I regard myself as privileged in having acquired what I see as valuable research and collaborative learning experiences within.

More recently, and on several subsequent occasions, I have reflected upon issues within and surrounding your article, "30 years of inclusive education", presented in the Hamilton Spectator on June 10, 1999. Indeed,
I commend you, and our school board as a whole, for its continued efforts and success in providing education for exceptional children which abides by a philosophy that, "EACH BELONGS". In particular, the belief that, "Every child with challenging needs requires a sense of belonging, reasonable and realistic success and concern for his or her dignity as a person", is one which I share and strive to uphold in both personal and professional contexts.

As a teacher presently on LTD (Long Term Disability), I regard this philosophy, which has children at its core, as one which also has relevance and meaning to adults who bear the burden of a disability. In truth, I believe that one of the reasons for which I am drawn to and enthusiastic about your work lies within its connection to my own.

More specifically, my doctoral thesis aims to explore and understand 'The Experience of Teaching with Multiple Sclerosis'; in a broader sense, teaching with a disability. Through the in-depth interviews which I have carried out with four teachers, three of whom are employees within our school board, we have discovered that the physical challenges with which our condition presents us, the demanding nature of a teacher's work, along with the barriers inherent with insurance policies, render some unable to sustain themselves in their role as teacher. While acknowledging this role as "hectic" and "busy", we also know it to be motivating, rewarding and most fulfilling.

Through your experience as an educator, you may understand that part of the data-gathering process, within the realm of qualitative inquiry, typically involves participants coming together as a group. With respect to my own research, focus group sessions have served to provide opportunities for them to share and further explore the details of their teaching
experiences, corroborate the data gathered from individual interviews, ensure consistency therein and learn from one another in what has become a mutually supportive context.

As the data-gathering process approached that of "theoretical saturation", I began to wonder whether, or not, participants held a desire to continue meeting with the above purposes in mind. As researcher, I did not believe it would be appropriate to "push" this type gathering upon future occasions. Notwithstanding, I did hold a need to raise the idea to all involved, allow them to reflect and decide upon its worthiness.

With pleasure, I discovered that all of the women who participated in this endeavor held a desire to continue our meetings. Accordingly, I have since taken the initiative of planning and facilitating an additional one. In so doing, I remain strongly committed to respecting and carefully considering individuals' present health conditions, day to day routines, and experiences desired for sharing and learning.

Through my experiences as teacher and researcher, one who bares the burden of a disability, I have acquired knowledge and in-depth understanding regarding the value of sensitive, informative and dependable supportive networks. Interestingly, one of the recommendations which has emerged through my work addresses a need for support groups for teachers with disabilities. Indeed, I recognize that these are not something that all would necessarily take part in. However, I do believe that the organization of one has the potential to provide comfort and encouragement, along with opportunities for sharing and learning, to those who have the desire or need to become participants.

Throughout the course of my research, one outstanding and puzzling question has emerged: How do teachers with disabilities stay in the
profession and hold onto their well-being? Having posed this to each of my participants, I discovered their wish and need for a related support group. While I asked them what they knew to be available support networks within the confines of our school board, one teacher participant responded, "I don't know of any". Sadly, another unveiled, "There was nothing. Maybe there was, but I didn't know about it".

Therefore, as part of my research, I have inquired further as to available support networks for Hamilton-Wentworth Catholic teachers. As I shared with Mr. LoPresti, I regard myself as privileged to be part of a school board which has given so much to me by way of teaching opportunities, compassion, flexibility and ongoing encouragement. More recently, I have also become familiar with the Employee Assistance Program, one which is available to all teachers on a voluntary and confidential basis. Being at home once again, however, I fully understand a teacher's desire and need to simply be involved with, and included among, colleagues of a treasured profession.

Beyond our immediate working environment, the Disability Management Coordinator of the District School Board of Niagara was someone with whom I recently enjoyed the opportunity to speak. From her perspective, "Illness and injury have not been priorities. Now, they are new areas into which school boards and colleges are gradually moving". More specifically, she described the Durham Board as "progressive" and revealed that the Peel Catholic Board is planning and implementing a Disability Management Program. Overall, she identified a need for accommodation and proactive support of teachers with disabilities which is site based.

Hence, the heading, "30 years of inclusive education", driven by a philosophy that, "Each Belongs", was one that sparked my attention and
resides at the core of my innermost thoughts. For me, the question, 'What about inclusion of those who are the educators?' persists as a pressing one in light of both personal and professional interests and experiences. Accordingly, during our most recent focus group meeting, I voiced some of the issues expressed within your newspaper article. In particular, the philosophy of special education services and the learnings which have emerged in providing 30 years of inclusive education, were shared, reflected upon, and further explored.

Upon raising the notion of "inclusion of those who are the educators", with the idea of a support group for teachers baring the burdens of injury and disability, some definitive and consistent responses were voiced, those being: "I think it's important"; "I think it's a necessity", and, "It's a very good idea". One viewpoint in particular, expressed by a teacher who has recently retired, struck me in a manner that was powerful indeed. Specifically, she affirmed, "If you can accomplish that, Katie, count me in"!

While acknowledging their enthusiasm, I also respect those things that our school board has learned in providing many successful years of inclusive education. In so doing, I concur with your findings that, "There are no magic programs" and that, "Attitude makes a huge difference to the success of inclusion". As well, the discovery that, "When children with disabilities are included, others within the community become more accepting, not just of the disabled, but also of themselves and each other", is one which I have found consistent with adults who live with the same challenges.

As I believe they may be of interest to you, I have enclosed the profiles of each participant's experience of teaching with Multiple Sclerosis. Keeping in mind the numerous ethical issues which underpin qualitative
research, I have changed all given names to protect the privacy of persons involved. In essence, I hope, that in some way, these stories of experience will hold meaning and value to you as an educator. In addition, I acknowledge my desire for them to serve as a catalyst for initiating growth, by way of inclusion, which we believe has the power to enhance the health and well-being of Hamilton-Wentworth Catholic teachers.

In closing, I wish to reiterate some of your beliefs, articulated within your article, ones for which I hold the utmost respect:

*We must continue to recognize that the inclusion of exceptional children in our schools and exceptional adults in our communities gives us the opportunity to be more caring communities.*

*Inclusion may be the catalyst for building a society where we accept and support each other. That challenge may very well define who we are as we enter the new millennium.*

*Truly, I look forward to an opportunity to meet with you. Until then, I extend my gratitude and best wishes for another successful year.*

_Yours very sincerely,_

_Katie Flockhart_

_Katie Flockhart (K. M. Flockhart, personal communication, September 20, 1999)._
AFTER WORD

Since the time we began exploring our experiences in the context of individual interviews, and through to the time of our later focus group sessions, new developments have surfaced in the lives of each teacher; ones reflecting a stronger moral tone, and deeper personal and professional values.

While Susan had been unwell for a short time period, her death was one that took us all by surprise. Having valued tremendously the time we had spent coming to know her, sharing our experiences and learning from each other, we all were deeply saddened and moved upon her passing. Remembering what she taught me, from the standpoint of being a teacher with MS, I valued, in essence, treasured the privilege I had in working and simply being with her.

Often lonely during her time at home alone, Jennifer unveils enthusiasm in thinking about her husband's presence there, and the relationship she upholds with him. While gathering with friends, she continues to enjoy Equestrian for the Disabled and regular active participation in support programs that promote her being well.

Not surprisingly, Dina persists in her efforts to stay involved in her church, often playing the piano inside it. Fulfilled in doing so, she is too by spending valued time with family, especially grandchildren, along with friends and fellow teachers.

Shortly before Susan, Vera passed away too. As three of the five of us keep living, we are deeply saddened that she no longer does with us. Keeping in mind her strength as a person, love for family and passion for teaching, I recognize myself as gifted indeed. The opportunity to share with, laugh and learn from Vera was one I now value and treasure as never before.
Throughout this research, I acknowledge having had multiple roles, the most prominent ones being researcher and participant. As our focus group naturally evolved into something else, I too have assumed an additional place. While it became a support group for sharing with, encouraging and learning from others, my role has extended to that of initiating and facilitating a broader one of Hamilton-Wentworth Catholic teachers. As our school board, teachers' union and the MS Society have a desire and willingness to assist those in need, I am now free to follow my dream to do just that.

Acknowledging so, the contributions a thesis makes in both theory and practice become apparent. Methodologically, the findings of this qualitative endeavor were discovered trustworthy through my upholding a three-interview structure (Seidman, 1991), placing participants' experiences in the context within which they naturally occurred, asking participants to carefully examine the profiles I had crafted while making additions and corrections where needed (Moustakas, 1994), and spending time and building positive relationships with teachers (Glesne & Peshkin, 1992). Triangulated research findings were also deemed important (Merriam, 1998).

Because of this research, being valid in theory, thorough and passionate, other things have been happening. My initiation, planning and beginning of a support group, for teachers who have Multiple Sclerosis, lends itself to, or represents, the valuable contribution that this work has also made in practice. Affirming this, while she was still living, Susan said to me:

It's a shame all this wasn't done ten years ago. Then, we could have benefited. But at least it's being done now, so someone in the future will benefit from it.
Together we concurred that while we cannot go back, we can step ahead. Keeping in mind the desire and ability to do so, Dina smiled and softly whispered to us all,

"Once a teacher, always a teacher".
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APPENDIX A

Letter to Potential Participants

November 5, 1997

Dear fellow teacher,

I would like to begin this letter by introducing myself. My name is Katie Flockhart. I live in Grimsby, Ontario with my husband, Bob, and my four year-old daughter, Kayla Marie. Like yourself, I am a teacher. I have taught children in grades four through eight at the Hamilton-Wentworth Roman Catholic Separate School Board for nearly six years. Recently, I have also begun teaching in the Master of Education program at the Faculty of Education at Brock University on a part-time basis. While I have always loved teaching children, I am enjoying my new position working with adults who are also educators and who bring such a wealth of experience to the classroom.

In addition to our teaching profession, we share something else in common. Like yourself, I also have Multiple Sclerosis. I was diagnosed with it in December of 1993 and have been receiving disability benefits for over two years. Along with the support of my family, and neurologist Dr. Savelli, the Relapsing-remitting nature of my MS has allowed me to continue enjoying my work as a teacher, yet in a slightly different capacity which I have discovered to be more suitable for me in the physical sense.

Throughout my experience of teaching with Multiple Sclerosis, I have been faced with many challenges which I am confident you can well understand. Given the demanding nature of our work, I feel that the development of support networks and effective coping strategies is essential.
to our physical, emotional and overall professional well-being. Often surrounded by the fear that colleagues or students may realize I have MS and thereby see me in a different light, I have recently come to appreciate some positive aspects of teaching with this disease. To be specific, I have developed a much deeper understanding of what it means for the children in our schools to cope with a disability. As well, I now realize, more than ever, the wonderful opportunity which I have in being able to teach and work with knowledgeable and supportive others.

Alongside my work as a teacher, I am pursuing doctoral studies in education at the Ontario Institute for Studies in Education, University of Toronto. While there have been times when I was uncertain about my physical ability to complete these studies, I have found that I am able to manage quite well with the tremendous support and understanding of both my family and professors. My own personal story has provided a foundation for the development of a research topic, that being, 'The experience of teaching with Multiple Sclerosis'. By talking with other teachers who have this disease, I hope to gain an understanding of the nature of our work which makes it difficult for those of us who have MS, and how it is that we may best cope with the challenges we are presented with.

Through your potential participation in this research, I equally hope that you might enjoy the benefits of reflection and self-expression in the context of a mutually supportive and trusting environment, as well as opportunities for both personal and professional growth. In the long term, I believe that our mutual support and shared participation in this endeavor may help us to uncover new understandings about the experience of teaching with Multiple Sclerosis. It is my firm belief that these understandings may in turn provide valuable assistance and support to fellow teachers who share our
burden, as well as other professionals who bare similar dehabilitating diseases.

I openly acknowledge the sensitive nature of this type of research. I recognize that you may be hesitant to talk about your experiences with others, because I too have hesitated to talk about my own experiences in fear that people will not understand. It is for this reason that I feel we may both benefit by talking with others, like ourselves, who do understand. I also fully respect your right to privacy. Any conversations, or informal interviews which we may participate in together, would be kept in the strictest of confidence.

I ask that you please take some time to reflect upon this letter. I also ask you to consider some of the issues which you feel have been and are important within your own teaching experiences, as well as how your participation in this research might be meaningful and beneficial for you.

I look forward to hearing from you when it is convenient for you to respond. I can be reached at home at (905) 945 6496. I thank you sincerely for your time and your thoughtful consideration.

With kind respect,

Katie Flockhart
APPENDIX B

Statement of Informed Consent

I __________________________ am aware that the purpose of this research is to explore the experience of teaching with Multiple Sclerosis. I am prepared to participate in approximately three in-depth interviews with the researcher, Katie Flockhart, during which we will explore the context of my teaching experiences, the details of those experiences and come to an understanding of their meaning.

I am also prepared to participate in focus group sessions with approximately four other teachers. I understand that these sessions will be facilitated by the researcher, with the intent of allowing us to share, and learn from, our teaching experiences in a mutually supportive context.

I will allow both the interviews and the focus group sessions to be tape recorded and transcribed. I understand that all the data gathered will remain completely confidential and that pseudonyms will be used in the final research report in order to preserve my anonymity.

Finally, I am aware that my participation in this doctoral research, which is supervised by Dr. Ardra L. Cole at OISE/UT, will pose no risks to me; rather, it is intended to provide me with opportunities for sharing, along with enhanced personal and professional understanding and growth in a mutually supportive context. As well, I understand that I am free to withdraw from participating in this study at any time.

Participant's Signature: __________________________
Researcher's Signature: __________________________
Date: __________________________
Dear Jennifer,

How are you? I hope very much that things have been going well for you since our last conversation.

To begin, I wanted to take a moment to thank you for your willingness to share your experiences of teaching with Multiple Sclerosis with me. I have very much enjoyed the preliminary time we have spent together engaging in conversations which focused upon the details of these experiences. Indeed, I hope that you, in turn, have benefited from the opportunity to talk about, share and learn from them in a mutually supportive context.

As our group sessions approach, I thought it might be helpful to provide you with an overview of what I see as a broader format within which we can work. Naturally, I remain open to your thoughts and suggestions in this regard. I would like to begin our first meeting by taking some time to introduce ourselves in the context of being a teacher with Multiple Sclerosis. From this point, I wish to provide you with an opportunity to talk about things which were pressing or important for you; issues which you thought about as a result of your conversations with me. In essence, I would like this session to center upon things which you desire to talk about in light of your teaching experiences.

At our next meeting, I, in turn, would like to take an opportunity to share with you, some of the key themes and questions which have emerged over the course of our time together. Since I am privileged in having access to each person's story, I see this as an opportunity to 'give back' some of the
experiences which we have uncovered and explored along the way. Finally, I would like to allow space for an open commentary on issues which naturally emerge during our sessions reflecting our collective experiences of teaching with Multiple Sclerosis.

Once again, I wish to thank you for your efforts and willingness to participate. Overall, I hope that our time together will unfold as an experience in itself which you will find valuable, meaningful and most enjoyable. Please feel free to call me at a convenient time in the event that you would like to offer suggestions, or ask questions, pertaining to our sessions. Indeed, I look forward to meeting with you again soon.

Very sincerely,

Katie Flockhart