“I’m not the typical handicapped person”:

The Significance of Leisure for Employed People with Disabilities

LaWanda Cook, Ph.D.

Abstract

This study is based on the author’s doctoral research which explored the ways in which employed people with disabilities navigate work-life concerns and the roles leisure plays in helping them to maintain a sense of work-life balance (WLB). Semi-structured, in-depth interviews and visits to the worksites of eight individuals with mobility impairments generated some interesting findings concerning identity, aging, employment, leisure, and the concept of WLB. This article highlights findings related to identity and leisure and considers some of the implications for leisure programmers.

Keywords: disability, identity, leisure, employment, work-life balance

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Research on work-life balance has focused primarily on the work and family domains (MacInnes, 2005) and has emphasized the work-life conflicts of working mothers (Hill, 2005). In recent years, there have been some studies undertaken with working fathers and investigations of the differences in how women and men negotiate work-life demands (e.g., D'Enbeau, Buzzanell, & Duckworth, 2010). In their review of existing research, Özbilgin, Beauregard, Tatli, and Bell (2011) suggest that the work–life literature be expanded to cover aspects of life beyond the family domain, and importantly, that future research should focus on why and how other strands of diversity (in addition to gender) significantly contribute to differences in experiences of the work–life interface. Additionally, Guest (2002) notes that leisure scholars have conceptualized leisure time as distinct from other non-work time; and practitioners have highlighted the significance of leisure in maintaining a sense of work-life balance (Bird, 2006). However, in the work-life literature, the voices and experiences of people with disabilities are missing. Thus, little is known about their work-life negotiations and how leisure contributes to these efforts.

Existing Literature

The therapeutic benefits of leisure among the general population are well-documented (Caldwell, 2005; Coleman & Iso-Ahola, 1993); yet, much of the research about the leisure pursuits of individuals with disabilities has focused on therapeutic recreation – that is recreation as a treatment modality - rather than the potential benefits of everyday leisure experiences. The general leisure studies that have included participants with disabilities indicate several significant ways in which physical activity and other types of leisure influence the lives of persons with disabilities. Specifically, research indicates that engagement in physically active leisure may help individuals with disabilities to maintain physical and mental health and to improve their self-acceptance and their acceptance among non-disabled persons. For example, Iwasaki, MacKay, MacTavish, Ristock, and Bartlett (2006) found that active leisure helped members of marginalized groups, including people with mobility impairments to proactively deal with stress. Parry’s (2007) study of breast cancer survivors involved in dragon boat racing indicated that this activity provides a sense of purpose and perspective for participants and contributes to new, more empowered identities. Participants in Parry’s study reported feeling more in control of their bodies and lives and more confident that they could handle any challenge they faced.

The themes of self-efficacy and empowerment are common in the literature related to the leisure-time physical activity among men and women with disabilities. Motl, McAuley, and Snook (2007) observed that participation in physical activity enhances self-efficacy and functioning, consequently improving the quality of life of persons with multiple sclerosis (MS). In examining physical activity of women with congenital and acquired disabilities, Guthrie (1999) found that such activity helped the women to feel more like non-disabled members of society and to be more self-accepting. Specifically, the women utilized leisure-time physical activity to cope with disability: by de-emphasizing physical limitations and focusing more on the spiritual and social
domains, by viewing physical activity as a way to normalize their bodies, and by participating in physical activity as a way to optimize their mental and physical health. Similarly, Taub, Blinde, and Greer (1999) found that sports participation helps males with physical disabilities cope with how they are viewed by others and to manage societal stigma. Ashton-Shaeffer, Gibson, Autry, and Hanson’s (2001) examination of the meaning of sport for campers at a short-term camp for people with physical disabilities demonstrated that these individuals experienced a sense of empowerment as a result of being introduced to sports and having their mental and physical capabilities challenged among peers.

There is some evidence that individuals with disabilities engage in passive leisure more often than do people without disabilities (Maher, Williams, Olds, & Lane, 2007; Shikako-Thomas, Majnemer, Law, & Lach, 2008). Passive leisure can be beneficial to mental health; it provides physical rest, tension release, and escape from the daily routine (New Zealand Ministry of Social Development; 2010). Regarding people with disabilities, Hutchinson, Loy, Kleiber, and Dattilo’s (2003) study of leisure among individuals with spinal cord injuries, demonstrated that “high investment” such as in serious leisure pursuits was not necessary; television viewing or playing with a pet were also beneficial in dealing with daily stress. These beneficial outcomes of leisure participation have direct implications for perceptions of identity and work-life balance.

The Study

This study was a qualitative investigation undertaken between July, 2009 and November, 2009. It explored the experiences and perceptions of eight employed people with disabilities. The participants all had mobility impairments due to a variety of physical disabilities including spina bifida, muscular dystrophy, spinal cord injury, post-polio syndrome, and other lower extremity impairment. Some of these disabilities are congenital; others are a consequence of illness or injury; thus, some participants have had a lifelong experience of disability while others did not experience disability until their teens or adulthood.

The participants ranged in age from their early thirties to their late fifties. Five were married or in committed relationships and three participants had children. They all completed some post-secondary education; most had bachelor’s degrees and a few had completed master’s degrees. All of the participants were employed full-time in professional settings in the community and worked primarily with colleagues who did not have disabilities.

There were three goals for this study. One goal was to understand the significance of leisure and work in the lives of the participants. A second goal was to learn how the presence of disability influenced the leisure and work lives of the participants. A third goal of this study was to determine the beliefs, strategies, and relationships that contribute to the Quality of Life (QOL) and work-life balance of participants.
Theoretical Framework and Methodology

Clark’s (2000) work/family border theory served as the primary theoretical framework for this investigation. Work/family border theory views work and home as two distinct domains and emphasizes the ways in which roles, responsibilities, and relationships influence the effective negotiation of both domains. One way this is reflected is in the manner that coworkers and supervisors support those they view as “central participants” within a workplace community; Clark theorized that these individuals get more support in managing work-life concerns than do employees who are viewed as more peripherally associated with the workplace community. It may be more difficult for workers with disabilities to be seen as central participants due to a lack of what Clark refers to as “other domain awareness” or an understanding of the roles, responsibilities and concerns that may differ from those of other employees. Although border theory does not specifically address leisure needs as part of the work-life balance equation, practitioners such as Bird (2006) have emphasized the importance of leisure and self-care, which includes positive relationships with other people and a healthy regard for one’s own well-being. Given that the day-to-day experiences of persons with disabilities tend to be more stressful than for those without disabilities (Henderson & Bryan, 2004), and that people with disabilities experience unique job stressors (Gignac, Sutton, & Badley, 2007), consideration of the roles of leisure in the lives of employed people with disabilities is vital to understanding how individuals with disabilities manage work-life concerns.

Data was collected during two semi-structured audio taped interviews with each participant. Following the initial interview the audiotapes were transcribed verbatim. After the initial interview, the transcripts and interview notes were reviewed multiple times to determine themes, concerns, or questions that needed further exploration at the follow-up interviews. Member checks were conducted during and after the interviews to confirm understanding of participants’ comments. Each participant was also given an opportunity to review the transcripts of his or her interview and to provide further clarification or explanation of responses if he or she wished.

Responses were analyzed using Smith’s (1996) Interpretative Phenomenological Analysis (IPA), an approach which incorporates the principles of phenomenology and those of symbolic interactionism. According to Bloor and Wood (2006), phenomenology is rooted in the fields of psychology and philosophy, and phenomenological methods are used to “describe and interpret the meanings of experiences of human life” (p. 128). Symbolic interactionism considers the meanings individuals create concerning objects, other people and themselves within a social context. Regarding the influence of this dynamic on human interaction, Blumer (1969) advised that symbolic interaction involves not only interpretation of another’s words and actions, but also conveys to the other party how he or she is expected to act.

Data analysis entailed multiple reviews of the individual interview transcripts, and the identification of themes and the ways in which the themes from the given participant’s transcript appeared to be connected. In the process of reviewing the transcripts, interesting word usage, comments that seemed to be significant, as well as recurring and seemingly conflicting messages were noted. These steps helped to provide a sense of the essence of each participant. Once this was achieved for one participant, other transcripts were reviewed in the same manner. After all...
transcripts were individually analyzed, notations were made as to the ways in which each participant appeared to be the same as or different from the other participants.

IPA requires consideration of participants’ experiences in a way that accounts for “…the totality of the person, ‘warts and all’”, and in a manner that assures their unique individual stories will not be lost when summarizing commonalities among them (Smith & Osborn, 2003, p. 52). Further, this approach requires the researcher to be very transparent about how he or she influenced the data collection and interpretation process. Transparency was especially important given my personal experience of disability and my training and former career as a vocational counselor for people with disabilities. I offer a brief summary of my own experience as a researcher who is also a person with a disability, not to take away from the important insights shared by study participants, but to provide a context for understanding how my own experiences influenced my interpretation of the data. The key to capturing what my participants wished to share was to remember that I only know my own experience.

*Being a Researcher with a Disability*

Although my disability status seemed to mostly be an asset with participants frequently commenting “you might be able to appreciate this,” or “I can tell you because you’re disabled,” there were also times when it was uncomfortable. For example, when my first interviewee, a male who acquired a disability in adulthood proposed that we meet in a location that I knew was difficult for me to navigate I agreed to meet him there. As I prepared for the interview, I realized I agreed because I did not want him to think I, a female with life-long disability, was less able than he. There were indications during both the interview and the follow up visit that he was less empathic toward people born with disabilities than those with acquired disabilities. Given his admitted difficulty accepting his own circumstances, I decided not to address this with him directly.

As a person with a disability and someone who has worked with people with disabilities for many years, I had to remind myself that whatever I know about disability may or may not apply to my participants. When I found myself wanting to put on my rehabilitation counselor hat, I tried instead to focus on my participant and only offer information that might be of genuine interest. For example, when Marie, Callie, and Princess mentioned leisure interests they wished to pursue, I was able to provide information about programs through which they could try these activities. I viewed this sharing of information as a kind of reciprocity for the time participants gave to the project.

One of the most significant challenges in completing this project was that most of my interview experience with people with disabilities involved working with people who came to me for assistance. I was the professional—the presumed expert. I was the helper. As a researcher, I sought help in the form of study participants and the people I interviewed agreed to provide it. In this instance, I was not the helper but rather the one being helped. Consequently, I found myself reluctant to pose questions that I would have asked with relative ease if I had been in my more familiar helper role. For example, while I suspected that some of my participants glossed over difficult social experiences from their early years, I felt a tension between my researcher role and
that of being a person with a disability who wanted to respect their privacy. I reflected on this in my researcher journal:

I feel like being a researcher and being genuinely concerned about [my] participants are… counter to one another. The genuinely concerned part of me says peoples’ personal issues are personal and that just [because] they’re disabled doesn’t mean they have to share all to educate the masses. (July 19, 2009, Research Journal)

Another challenge related to what I thought I knew about disability is that nondisabled people provided all my foundational training in rehabilitation counseling. They taught me the rehabilitation model of disability, which is based on the medical model. It is a somewhat paternalistic model that emphasizes helping persons with disabilities to use whatever abilities they have to live as “normal” a life as possible. At times, I found myself judging the comments made by my participants from this rehabilitation counseling perspective; sometimes I questioned the validity of their perceptions in light of what I thought I knew, for example, about adjusting to disability.

Reflecting on my own feelings as I read the transcripts, I was reminded that as a member of larger society, with no role models to counter my perceptions, I had made assumptions about people with disabilities as a group that I at times projected onto my participants. Further, I realized that some of the seemingly contradictory statements they made about their identities did not mean they were in denial about disability; rather, only that they, like all people, feel differently about themselves and their disabilities, at different times, or in different contexts. In other words, sometimes they seemed to view themselves as disabled, and other times not. Their self-identification as persons with disabilities seemed to be influenced by whom they were with, what they were doing, and what they had experienced on a given day.

Findings

Several interesting themes emerged from the data, the most salient of which were: Identities-Disability does not Define Me; The Same but Different; Work is a Way to Connect and Contribute; Leisure is Super-important, and, Balancing Life is Work. Together, these themes demonstrated the complexity of the human condition more generally, and revealed aspects of managing work and life of particular significance to persons with disabilities. Embedded within these themes were concerns about the unique challenges of aging with a disability, and the desire to connect with similar others - people with physical disabilities - who are employed and living full, active lives. Some of the findings related to identity and to the significance of leisure in the lives of the participants are described below.

Identity: “My disability does not define me!”

Identity was a critical component in how participants viewed their lives, their work, and their relationships. They described several different types of empowering identities. Their stories demonstrated the significance of background factors such as gender, socio-economic status, and marital status in participants’ perceptions of themselves. They emphasized the various roles and
responsibilities they have in the work and non-work domains of their lives. In these ways, they highlighted the fact that they are more than their disabilities; they are complex individuals with full lives.

Linton (1998) commented on the significance of the prefix *dis* asserting:

> The prefix has various meanings, such as not, as in *dissimilar*; absence of, as in *disinterest*, opposite of, as in *disfavor*; undo, do the opposite of, as in *disarrange*; and deprive of, such as *disfranchise*. The Latin root *dis* means apart, asunder. Therefore, to use the verb *disable*, means, in part, to deprive of capability or effectiveness. This prefix creates a barrier, cleaving in two ability and its absence, its opposite. Disability, is the ‘not’ condition, the repudiation of ability (p. 30.)

Although disability impacts all areas of their lives, participants viewed disability as a single attribute or feature; the presence of disability did not primarily define them. Further, their comments demonstrated the existence of a hierarchy of disability (Deal, 2003), and a tendency to view themselves as more fortunate than, and different from, “the typical handicapped person.” Many of their responses suggested that they were eager to distance themselves from common perceptions about what it means to be disabled in our society.

Several participants referred to themselves as “survivors.” Those with spina bifida, post-polio syndrome, and muscular dystrophy, commented on having outlived peers who had their same disabilities. Many participants viewed themselves as “examples,” for people with and without disabilities; they viewed the presence of disability as presenting both an opportunity and an obligation to educate others about the capabilities of people with disabilities. A few spoke of their resistance toward, and appreciation for being a role model. For example, Craig described how he had to “fight” for the right to access the stage in his wheelchair to accept his graduate diploma stating, “I didn’t feel like fighting for it…shouldn’t have been necessary…I guess I’m a little reluctant to take up the charge for disability rights…but once I do, I get pretty involved in it.” He proudly explained that his efforts resulted in better wheelchair access, allowing all students who use wheelchairs the experience of crossing the stage to receive their diplomas.

Participants’ responses indicate that identity is fluid and multi-layered; the same individual feels differently about him or herself at different times. Further, they reported that relational identities such as spouse, partner, son, aunt, church member, colleague, and friend, and their roles within work and non-work domains contributed significantly to their identities. Rose, for example, strongly identified with her workplace community that includes several fellow Christians, some of whom attend the same church. Thus, her workplace identity is strengthened by the sense of community within her church; her identity as both a Christian and an employee are stronger, more consistent identities than that of an individual with a disability.

Identity as a capable worker was important to all of the participants. Craig, who acquired disability in adulthood, shared that this identity literally gets him out of bed each morning. He explained:
“That’s why I get my ass up and go a lot of times even though I don’t feel like it…’cause I don’t want to be looked at as the weaker handicapped person…I think that’s a huge motivating factor for me.”

Ken, the oldest of the participants, expressed an integrated identity that suggested acceptance and appreciation of his disability as part of who he is. He shared that able-bodied people have asked if he would ever want to not have his disability. He stated, “[Polio] is so much intertwined with who I am. I like who I am. So, why would I want something that I don’t know?”

Marie spoke of her parents’ efforts to ensure that growing up she was “not the handicapped kid.” Further, she emphasized the multiple identities that are significant in how she sees herself. She asserted:

“My disability does not define me... the things that… I have passion about…- my child, my partner…my church…things that I do at work, places where I’m active…what my interests are…-those are the things that define me, as a person- not that I’m a lesbian or that I use a wheelchair or- those are all features of who I am and…it’s part of how I live my life.”

Other participants’ comments also indicated the significance of multiple identities, including identities related to their leisure interests. They described themselves as athletes, sports fans, bowlers, bad golfers, hunters, volunteers, shoppers, and travelers. For some, leisure provided a way to present a more authentic self than was possible in their work lives. For example, Princess has worked in sedentary clerical positions for nearly three decades. Although she has never cared for this type of work, it was encouraged by her parents and teachers and in her words she just “went with the flow.” She shared, however, that in her leisure time, she makes a point of taking on physical challenges such as zip-lining and stated, “[I want to] do something fun.” For all of the participants, both work and leisure were reported to be critically important, and leisure represented a non-work domain that offered a space within which they both recharge themselves and connect with others.

The significance of leisure: “Leisure is super-important!”

Irene’s enthusiasm for leisure was evident throughout the interviews. When asked about the significance of leisure in her life, she stated:

“[It is] definitely, definitely, important. I mean, it’s … definitely one of the priorities of my life- ’cause I need to have fun, and I need to hang out with people that I wanna have fun with. And that I love and that I enjoy my time with. Leisure is super-important!”

Irene’s comments emphasized the fun and social connectedness available through leisure, an important component of emotional health. Callie also spoke of the importance of leisure on mental health stating, “Leisure is important …you gotta relax. …if you don’t, you’re just always wound.” Referring to how vital workplace social interaction is for her she shared, “work is my social.” Other participants viewed the social and emotional benefits of leisure as critical to
remaining effective on the job and maintaining healthy relationships with their spouses and children. For example, Ken, a devoted husband and father expressed the significance of leisure in his life commenting, “I …value that very highly because it also…it doesn’t just affect work, it also affects…my relationships with my children and my wife… it’s how I can draw people to me, too.”

For some, leisure was viewed as significant to maintaining their physical functioning and independence. Craig, who hopes to retire in a few years, is building a fully accessible retirement retreat. He explained, “The whole point of what I’m doing is fishing and swimming there…I’m planning to do things to get myself healthy.” Rose spoke of the importance of aerobics, one of her favorite leisure-time activities, in helping her re-gain abilities and maintain her independence. She asserted that regular exercise helped postpone surgery for three years, longer than her doctors predicted. She described how being active makes her feel: “It gives me a sense of myself. Being single and being independent it gives me a really good sense of accomplishment, to say ‘Hey, I’m disabled and I’m doing these aerobics…”

Physically active leisure was also reported to have potentially negative consequences. For example, John, who wears ankle foot orthotics (AFOs) and walks unaided, shared that he and his wife have very different leisure interests and were happy to find that they both enjoyed tennis. Unfortunately, soon after discovering this mutual interest, John’s doctor told him he should not play because this would damage his knees, and would likely lead to surgery for a knee replacement much sooner than recommended. This was difficult news for a 40-year old that prides himself on not using accessible parking or other resources for people with disabilities and who is admittedly not open to using a wheelchair, even in his leisure time. As John and other participants spoke of having to change their leisure activities, or the way they participated in them, a sense of loss was evident in their comments.

Ken, once an avid camper, now finds this activity to be too physically taxing. Instead, he now participates in an adapted hunting program and has started coin collecting. Speaking of his pending retirement and his difficulty finding enjoyable leisure that he can physically do, he said, “I think that’s part of my life that I have an opportunity to do a lot with still, I …haven’t really resolved what …to do yet…” Princess who loves to shop with friends has gotten used to sitting and waiting for them as she no longer has the stamina to keep up, and is reluctant to use her scooter for such outings. Rose also finds herself going to the park to watch more often than recreate with her friends, and she enjoys a number of sedentary leisure activities such as Sudoku and card playing. All of the participants valued leisure; some indicated that they needed to think more about leisure and how to fit it into their lives in ways that enhanced, rather than compromised their health.

Marie also associated leisure time with independence and self-care, although in a somewhat different way than the other participants. She emphasized the need to be comfortable in her leisure time which includes being in spaces where she can function as independently as possible. She explained:
“Leisure to me is being comfortable in a space that I’m at…in my home, I know I can go wherever I wanna go…at work I’m still…I’m still on guard- what if I have to go to the bathroom? What if it starts raining, What if I can’t …So, you know, leisure’s about …feeling comfortable where you are.”

Disability influenced the leisure domain of participants’ lives as much or more than it impacted their work. Irene, Marie, and Rose spoke of the need to plan ahead even when their leisure is close to home, concerned about their toileting needs and their need for physical access. Irene noted that some of her friends live in apartment buildings that do not have elevators; when she visits she has to be carried up the stairs. Marie commented that her leisure decisions are influenced by the need to be near an accessible bathroom, or close enough to her home so she can get back quickly if the restroom at the leisure site does not meet her needs; concern about toileting sometimes means declining invitations. Rose described the lack of spontaneity in her leisure due to her physical limitations stating:

“I have to be really careful what I do, when, and where I go. …I have to scope out in advance, like I’ll have to call and I’ll say do you have chairs? Or do you have benches? Or there are certain parks I can’t go to because they don’t have benches close enough or…so as far as my leisure activity goes, a lot of times I have to call ahead, find out what they have what they don’t have, so I can plan - I just can’t be spontaneous anymore.”

Interestingly, leisure concerns, especially as the participants were aging on top of disability, seemed to be a motivator for connecting or re-connecting with other individuals with disabilities. For example, although Marie has a life-long disability and uses a motorized wheelchair, she has spent much of her life intentionally distancing herself from others with disabilities. Now, in her early forties, she is interested in connecting with people she knew years ago when she was a camper at a camp for children with muscular dystrophy. At the same time, she still struggles with a disability identity and reportedly feels “disconnected” from others with disabilities. She described the discomfort she feels when encountering other individuals with disabilities, stating that they often nod at her, “like there’s some weird social club” to which they presume she belongs.

Princess, who is in her fifties and has also been disabled since birth, reportedly never had friends with disabilities. She shared that her able-bodied friends either do not work out at all, or they move too quickly for her. She would now like to meet someone with similar abilities who can be a work-out partner so she can remain active and independent. John has also begun to reach out to others within the disability community, in hopes of meeting people whose experiences are similar to his; he wants to learn about maintaining an active lifestyle while aging with a disability. Callie has recently gotten involved in adaptive sports to keep active and make new friends. The participants emphasized a desire for introductions to other people with disabilities to occur “socially,” but “not in a support group!”

Among the participants, Irene, who sustained a spinal cord injury in her teens, reportedly had the most friends with disabilities. Speaking about the significance of these friends in her life she said, “… I mean, you always need that in group - like the people that understand you.”
The integration of a disability identity appeared to be important to the adjustment to disability and perceptions of one’s quality of life. For example, Irene, who has always had a passion for sports, considers her getting involved in wheelchair sports, shortly after her accident, as a key factor in her overall adjustment to the life-changing event of acquiring a disability. Craig, whose pre-injury identity was also closely linked to his physicality and sport participation, reported that he took up wheelchair tennis, briefly, and then went on to other interests. He has no friends with disabilities and continues to express considerable grief over the loss of abilities more than two decades after his injury. Ken and Princess who have been dealing with disability longer than the other participants expressed acceptance of their conditions, gratitude, and a good degree of life satisfaction. As Ken put it, “I’m happy…what else can there be? And no, I’m not on drugs!”

Discussion and Implications

As persons with disabilities, the participants in this study have faced challenges throughout their lives that may have made it harder for them to define themselves in positive terms. It was difficult to get them to describe specific events in their childhood interactions, and most were even more reserved when it came to questions about their adolescence, especially concerning issues of dating and social activities. Comments about being “resilient,” or tending to “forget bad things,” suggest that some participants may have had an especially difficult time early on. However, they have developed healthy relationships, established careers, and contributed to their communities.

The findings of the current study indicate that the lives of employed people with disabilities are the same, and different, from their nondisabled colleagues. The participants have roles and responsibilities in both the work and family domains, and have identities associated with these life spheres. They also have leisure identities, and fill non-family relational roles such as neighbor and friend. Further, their disabilities and issues related to self-care influence how they see themselves within various domains, and their identities within the life spheres of work, family, and leisure contribute to their positive self-identities, which for some participants, means not embracing disability as a central part of how they view themselves.

The challenges and benefits that some participants experienced, in terms of integrating a disability identity, are consistent with the findings of other scholars. Gill (1997) identified four stages of disability identification as individuals come to integrate a sense of themselves, as persons with disabilities, into their overall self-perception. Additionally, there is some evidence that many people with disabilities simply see their impairments as aspects of their everyday life, and may not register them as a defining characteristic in their sense of self (Watson, 2002). Thus, it is clear that disability identity, like other types of identities, is fluid, and but one aspect of a person’s overall approach toward him or herself and the rest of the world.

Reportedly, participants’ identities were greatly influenced by what they were taught about disability growing up and the tension between being an employed and capable person, versus the “typical handicapped person,” whom they described as someone who does not work, does not have a family, and is not involved in typical social activities. Their perspectives, shaped by their experiences, have contributed to what they consider to be important elements in a quality life.
They desire the same things as their able-bodied peers: relationships; productivity; pleasure; and, good health. Consequently, they view family, friends, work, leisure, and self-care as part of a balanced life. Yet, they reported that aging with disability is different, causing them to make changes in their leisure lifestyles much sooner than their nondisabled peers.

The findings of this study have important implications for the leisure field. Not only do they demonstrate the significance of leisure in the work and lives of people with disabilities, they also highlight the diversity among people with disabilities, in terms of their lived experiences and expectations. Some spent childhood summers in the hospital, or at camps for children with disabilities; others only had and played with nondisabled friends. Some had active social lives in college; others recalled their college years as the time when they realized how the presence of disability influenced the way they were seen by peers, especially those of the opposite sex. As adults, they are all active people, although some spoke of still having to initiate most of their social contacts, even with family members.

The majority of the participants are members of the baby boomer generation. Like their nondisabled peers, they wish to remain as active as possible. Often programs that target older persons, and persons with disabilities, are geared more toward those who are unemployed, and therefore available during traditional (Monday to Friday, 9:00-5:00 pm) working hours. Thus, they are not appealing to employed persons, with or without disabilities, who have been, and wish to remain, active. Perhaps as leisure programmers find ways to meet the needs and expectations of baby boomers, they will also begin to better serve the needs of working-aged individuals with disabilities.

Based on participants’ comments, some people, who have not felt a part of the disability community, may find that they are more interested in connecting with others like themselves as they age. Consequently, adaptive leisure programs should consider how to attract these individuals, offering services by age group, as well as disability type, when feasible. And, as indicated by the participants in this study, the more they have in common with other recreators in terms of lived experience (employment, family and friends, and living independently), the more comfortable they are likely to feel about joining such a program. Also, offering opportunities for supported, fully integrated leisure would enable those who are used to relating mostly to persons without disabilities, to recreate with nondisabled peers, and still get the assistance they may need in order to participate.

It is important not only that these programs be designed in ways that recognize the diversity within the disability community, but that they be physically accessible, and welcoming, allowing participants to be as independent and comfortable as possible. Rimmer, Riley, Wang, Rauworth, and Jurkowski, (2004) found that the primary reason why people with physical disabilities do not utilize community-based leisure facilities is because of the perception that they will not be welcome; leisure programmers in the same study confirmed these perceptions, and noted that staff would rather not interact with recreators with disabilities. Even in situations in which people are willing to provide assistance, individuals with disabilities would prefer to be independent. Concerning what it feels like to have to ask for help Marie stated, “…I would think that most- a lot of people that have disabilities, that that asking for help thing is just an issue because - it’s a sign of weakness, … that you have to ask for help for things that are simple…”
This sentiment was echoed by all of the participants to some degree; in fact, Princess and Rose referred to the need to rely on others to do “simple things” as the biggest source of stress in their lives. Employing staff members who are people with disabilities can be an asset to leisure providers who are committed to attracting diverse recreators and creating welcoming spaces.

Finally, it would be short-sighted to think that all of the work-life concerns of employees with disabilities are related to their physical limitations. The participants in this study were not immune to other challenges, similar to their nondisabled colleagues. For example, Ken spoke of the difficulty of trying to be a support to his aging mother who lives in another state; Craig expressed concerns about moving in with his long-time girlfriend. These issues were not so much related to disability as they were to simply being human. Thus, they indicate the need for inclusive work-life balance, worksite wellness and recreation services.

Employer-sponsored resources such as employee assistance programs (EAPs) and workplace health promotion programs such as programs designed to encourage increase physical activity throughout the workday, need to be provided in ways that are accessible to employees with disabilities. This will become increasingly important as the American workforce ages. The prevalence of disability increases with age (Center for Disease Control, 2009); therefore, more workers will age into disability. Also, people with disabilities are living longer and will consequently age on top of disability. Inclusive worksite wellness resources may enable them to have longer, more satisfying work and personal lives.

The long-standing segregation within leisure spaces has received some attention in the literature, with most of this work focusing on racial differences (e.g., Hibbler & Shinew, 2002). However, people with disabilities represent the largest diversity group in the world (United Nations, 2006); further, it is the only such group that anyone can become a member of at any time. Leisure programmers, employers and citizens need to recognize disability as a form of diversity, and plan accordingly. After all, for individuals with and without disabilities, leisure is super-important!

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