Social Acceptance and Leisure Lifestyles of People with Disabilities

Mary Ann Devine and John Dattilo

The purpose of this study was to examine the relationship between social acceptance and the leisure lifestyle (frequency, satisfaction, and intentions of participation) of people with disabilities. Individuals with (n = 39) and without (n = 257) disabilities who were enrolled in inclusive leisure programs completed self-report surveys. Using a Spearman’s Rho Correlation and descriptive statistics to analyze data, statistically significant relationships were found between perceived social acceptance by people with disabilities and (a) frequency of leisure participation, (b) social satisfaction, and (c) reported social acceptance by people without disabilities. These findings are important since perceptions of social acceptance by people with disabilities may be a critical element for these individuals to experience satisfying and frequent inclusive leisure experiences. Specifically, social acceptance may be related to society's response to people with disabilities and be more obvious in leisure versus work settings.

KEY WORDS: Social Acceptance, Leisure Lifestyle, Social Construction, Inclusive Leisure

Although laws such as the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 have contributed to an increase in the physical accessibility of communities for people with disabilities, the perception of social acceptance remains a critical factor in their leisure experiences.

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with disabilities, physical accessibility does not assure social acceptance (O'Brien, 1987; Taylor & Bogdan, 1993). Schwartz (1988) described social acceptance of people with disabilities as the relationship between people with and without disabilities in which all people are perceived as having equal dignity. According to Gellman (1959), people with disabilities are socially accepted when they are perceived as equals by people without disabilities.

A lack of social acceptance of people with disabilities relates to the way society ranks differences between people with and without disabilities (Oliver, 1989). Specifically, people without disabilities have created a prescribed set of standards and have ranked people with disabilities according to the degree to which they meet these standards. Differences are ranked by those without disabilities with respect to level of perceived independence, functional abilities, and social reciprocity that people with disabilities can achieve (Higgins, 1992). People with disabilities are perceived as not meeting these standards, resulting in a low ranking in society. Low societal ranking means that people with disabilities are perceived as not capable of functioning as independently, accomplishing as much, or having relationships that are as reciprocal as people without disabilities. When people with disabilities are viewed as not being able to meet functional standards set by society, they are not socially accepted by other members of society as peers, co-workers, or mates (Nagler, 1992; Safilios-Rothschild, 1976).

Hahn (1987) noted that the lack of social acceptance of people with disabilities has limited their inclusion in society. Historically, the provision of services to improve the physical, cognitive, and emotional skills of people with disabilities has been the dominant means of addressing the lack of inclusion (Hahn, 1987; Higgins, 1992; Phillips, 1992). According to Longmore (1995), society believes remediation, cure, or correction of the functional aspects of a disability are the primary ways in which people with disabilities can meet a prescribed set of standards and, eventually, achieve social acceptance. Providing services to improve the functional abilities of people with disabilities is one way to address limited inclusion of people with disabilities (Hahn, 1987). However, Albrecht (1976) argued a lack of social acceptance, as a consequence of stigmatizing, stereotyping, and unequal treatment of people with disabilities, is a major barrier to inclusion of people with disabilities into the mainstream of society.

Society has created a negative meaning of disability by exaggerating and distorting perceptions of people with disabilities (Goffman, 1963). Distorted or negative perceptions of people with disabilities have been associated with the social construction of disability (Bogdan & Biklen, 1977; Ferguson, 1987; Hahn, 1987; Higgins, 1992). Thus, to further understand the lack of social acceptance of people with disabilities, this study was grounded in the theory of social construction.

Social construction theory seeks to explain the process by which knowledge is created and assumed as reality by asserting that if people construct meaning through social interactions, then their behaviors, objects, and language will reflect that meaning (Berger & Luckmann, 1966). For example, if through social interaction, people associate the use of a wheelchair to mean independence then the behaviors toward, objects used in relation to, and language about the wheelchair will reflect independence.

The application of social construction theory to people with disabilities results in concern for the meaning ascribed by society to physical, cognitive, mental, and emotional impairments (Oliver, 1990). Specifically, a negative meaning has primarily been ascribed to behaviors, objects, and language related to people who have behavioral differences resulting from a limited ability to see, hear, ambulate, communicate, think, or socialize (Bogdan & Biklen, 1977; Hahn, 1987; Roth, 1983). The social construction of disability is the basis of a lack of social acceptance and inclusion of people with disabilities in society (Olkin & Howson, 1994). Leisure involvement is one
area of life in which people with disabilities have experienced a lack of social acceptance and inclusion (Devine, 1997; West, 1984; Sable, 1995). A lack of social acceptance and inclusion in leisure involvement is problematic in that it negatively influences the leisure lifestyle of people with disabilities (Barnes, 1990; Shank, Coyle, Boyd, & Kinney, 1996).

Although several authors (see Bullock & Howe, 1991; Germ & Schleien, 1997; Hayden, Soulen, Schleien, & Tabourne, 1996; Luken, 1993; Richardson, Wilson, Wetherald, & Peters, 1987; Schleien, Germ, & McAvoy, 1996) offered programmatic, ecological, and administrative solutions to a lack of inclusion of people with disabilities, these studies have focused on individual rather than societal solutions to barriers related to experiencing leisure in inclusion settings. The traditional framework of addressing barriers and solutions to disability from the individual perspective assumes that barriers to expressing one’s leisure lifestyle in inclusion settings, such as a lack of social acceptance, arise from functional limitations of disability (Fine & Asch, 1988; Oliver, 1996). The absence of consideration of societal changes in investigations examining barriers to inclusion of people with disabilities in leisure settings has resulted in findings associated with the development of a “cure,” rather than increased understanding of the socially constructed foundation upon which barriers may exist.

Examining the social acceptance of disability in relation to people expressing their leisure lifestyle in inclusive settings entails analyzing society’s response to disability in comparison to the leisure lifestyle of people with disabilities. According to Hahn (1987), the negative responses to and meanings associated with disability create the greatest barriers to social acceptance and inclusion. Given some studies have indicated that a negative societal response toward people with disabilities represents a significant barrier to their inclusion in community life (Fine & Asch, 1988; Funk, 1987; Mattershead, 1995), an analysis of society’s response to disability in comparison to the leisure lifestyle of people with disabilities should provide insights into their inclusion in leisure services (Oliver, 1996).

While some authors have speculated that a lack of social acceptance of people with disabilities in leisure contexts creates a barrier to inclusive leisure services (Allen & Allen, 1995; Barnes, 1990; Germ & Schleien, 1997; Sable, 1995) and other authors have begun to examine this topic (Bedini & Henderson, 1994; West, 1984), limited data exist as to the relevance of social acceptance on the leisure lifestyle of people with disabilities. Therefore, the purpose of this study was to examine the relationship between social acceptance and the leisure lifestyle of people with disabilities. Three research questions were examined: (a) What is the relationship between the perceived levels of social acceptance by people with disabilities and the reported levels of social acceptance by people without disabilities during joint participation in leisure activities, (b) What is the relationship between the perceived social acceptance and the leisure lifestyle of people with disabilities, and (c) What is the relationship between the reported social acceptance by people without disabilities and the leisure lifestyle of people with disabilities? Mediating variables (e.g., gender, disability, type of leisure program, age, income, education, race/ethnicity) were also examined to explore the relationship between social acceptance and leisure lifestyles of people with disabilities.

Method

Participants

Participants were people with disabilities (n = 39) and without disabilities (n = 257) participating in inclusive leisure programs in a suburb of a large Midwestern city in the United States. A nonprobability sample (Babbie, 1990; Pedhazur & Schmelkin, 1991) consisted of people who were primarily European American, of middle socio-economic status, and had attended high school or college (see Table 1). Participants with disabilities in-
Table 1.  
Comparison of Participants with and without Disabilities on Relevant Demographic Information

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percent People without Disabilities</th>
<th>Percent People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $14,999</td>
<td>0</td>
<td>2.6</td>
</tr>
<tr>
<td>$15,000–24,999</td>
<td>0</td>
<td>15.4</td>
</tr>
<tr>
<td>$25,000–34,999</td>
<td>8.2</td>
<td>30.7</td>
</tr>
<tr>
<td>$35,000–44,999</td>
<td>28.0</td>
<td>20.5</td>
</tr>
<tr>
<td>$45,000–54,999</td>
<td>33.1</td>
<td>25.6</td>
</tr>
<tr>
<td>More than $55,000</td>
<td>21.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8.6</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary School</td>
<td>6.2</td>
<td>10.3</td>
</tr>
<tr>
<td>Some High School</td>
<td>51.8</td>
<td>53.8</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>2.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Some College</td>
<td>12.1</td>
<td>10.3</td>
</tr>
<tr>
<td>Trade/Vocational Training</td>
<td>1.9</td>
<td>0</td>
</tr>
<tr>
<td>College Graduate</td>
<td>16.3</td>
<td>15.4</td>
</tr>
<tr>
<td>Some Graduate College</td>
<td>8.2</td>
<td>5.1</td>
</tr>
<tr>
<td>Master/Doctoral Graduate</td>
<td>1.2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Racial Background</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>European American, not Hispanic</td>
<td>75.9</td>
<td>89.7</td>
</tr>
<tr>
<td>Hispanic or Latino American</td>
<td>2.7</td>
<td>10.3</td>
</tr>
<tr>
<td>African American/Black</td>
<td>16.7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Included males (n = 17) and females (n = 22), ages 10–53, who had a disability of such a nature that was visibly obvious to the researcher upon observation during a leisure program, a technique used successfully by McKittrick (1980). Participants with disabilities had a variety of disabling conditions including mobility (n = 21), visual (n = 4), hearing (n = 7), cognitive and developmental (n = 7) impairments, with the most common disability being cerebral palsy (n = 8). Individuals without disabilities included males (n = 119) and females (n = 137), ages 10–66. Participants were currently participating in inclusive leisure programs in their community and had at least 8 hours of contact with fellow participants.

**Setting**

Data were collected in inclusive leisure programs. Inclusive leisure programs are defined as leisure programs in which participation is open to and accommodations may be made for all members of society, including
individuals with disabilities (Dattilo, 1994; Kaufman Broida, 1995). The inclusive leisure programs identified and selected for this study had at least one individual with a disability registered and participating in the program with people without disabilities. All participants in identified inclusive leisure programs were eligible for participation in this study. Leisure programs designed primarily for people with disabilities or those programs that did not have an individual with an obvious disability participating, were not considered inclusive leisure programs and not included in this study. Data were collected at 39 leisure programs (i.e., martial arts, line dancing, water aerobics, tennis lessons, pottery, sport leagues), conducted at 21 different locations including recreation centers, pools, horseback riding stables, schools, and an ice rink. Registration for the leisure programs ranged between 6–16 participants.

Design

Using a self-report questionnaire, data were collected on (a) perceived social acceptance by people with disabilities, and (b) reported social acceptance by people without disabilities to examine their relevance to three aspects of the leisure lifestyle (reported frequency of leisure participation, leisure satisfaction, and intention for leisure participation) of participants with disabilities. The construct of perceived social acceptance was defined as the perceptions of individuals with disabilities on the degree of acceptance they sensed from their peers without disabilities. Reported social acceptance was specified as the actual level of acceptance people without disabilities felt toward their peers in the recreation program, including the individual with a disability. The intent of this study was to examine how the two types of social acceptance related to the leisure lifestyle (frequency, social satisfaction, and intentions) of the individuals with disabilities.

Questionnaires were distributed in person by the first author to the respondents when they gathered for participation in the leisure activity, after having had at least 8 hours of contact with each other. Babbie (1990) noted that when people are asked to complete questionnaires, the presence of a researcher tends to produce a higher completion rate than mail questionnaires. All distributed questionnaires were completed and returned to the first author.

Instruments

Data were collected from individuals with disabilities on (a) perceived social acceptance, (b) frequency of leisure participation, (c) leisure satisfaction, and (d) intentions for leisure participation. Individuals without disabilities provided information on (a) reported social acceptance, (b) frequency of leisure participation, (c) leisure satisfaction, and (d) intentions for leisure participation. The instruments used for data collection with all participants were the (a) Leisure Lifestyle Scale (LLS), (b) Peer Rating Scale (PRS), and (c) demographic questions describing gender, age, disability, annual income, level of education, and ethnic/racial background. Cronbach’s test of alpha reliability was applied to each subscale with the coefficients reported following the discussion of the scale. The purpose of applying Cronbach’s alpha reliability was to determine the level of internal consistency among the items on the instrument’s subscales (Ary, Jacobs, & Razavieh, 1990; Huck & Cormier, 1996). While Chronbach’s test of internal consistency is most commonly used with interval data, according to Ary, Jacobs, and Razavieh (1990), it is appropriate to apply it to ordinal data as the coefficient is based on item score variances and variances are computed in the same way for ordinal and interval data.

Six months prior to the study, the LLS was pilot tested with individuals with (n = 5) and without (n = 9) disabilities to determine clarity of the instrument questions. As a result of the pilot test minor modifications were made to the questions.

Leisure Lifestyle Scale. The LLS is a 24 item scale developed for the purpose of this study to measure frequency of leisure partici-
pation, social satisfaction, and intentions of leisure participation. Questions on the LLS are divided among three sub-scales that included (a) frequency of leisure participation, (b) social satisfaction, and (c) intentions of leisure participation. Content validity was obtained for this instrument through an examination by three experts and individuals from the pilot study. The experts had more than 10 years experience in leisure services and studies. The people who participated in the pilot study who were similar to the research participants (i.e., had obvious disabilities, were involved in community leisure activities, and were over the age of 10).

The LLS Frequency of Leisure Participation sub-scale contains 13 questions that ask how frequently the respondent participates in a specific type of leisure activity domain. The items are categorized into 13 leisure activity domains which include specific activity examples. Leisure activity domains were selected from the Ontario Leisure Activity Participation survey (OLAP; McCarville & Smale, 1993); activity examples were selected from the Leisure Activity Blank (LAB; McKechnie, 1974) and the Trail Leisure Assessment Battery: For People With Cognitive Impairments (T-LAB; Dattilo & Hoge, 1994). Leisure activity domains and examples were selected by reviewing the instruments and choosing leisure activity domains and examples which represented solitary, group, active, passive, home-based, community-based, indoor, and outdoor leisure pursuits. Respondents were asked to estimate the frequency of their current participation for each question. The response choices included a five point Likert type scale with responses ranging from 1 (not at all) to 5 (very often). The alpha reliability coefficient for this sub-scale was .78.

The LLS Social Satisfaction sub-scale asks eight questions about how participants feel about their current participation in a leisure program as it relates to the social component of satisfaction. The social component of satisfaction has been characterized as social affiliation with and acceptance by one's peers (Shank et al., 1996). The LLS-Social Satisfaction Subscale was developed by reviewing literature on job satisfaction (Brown, 1993; Roessler & Rumrill, 1995; Waddell, 1983), satisfaction in retirement (Hanisch, 1994; Odell, 1992; Reeves & Darville, 1994), family satisfaction (Dew & Huebner, 1994; Herrera & DelCampo, 1995; Holman & Jacquart, 1988), and leisure satisfaction (Bullock & Howe, 1991; Freysinger, 1994; Lounsbury & Hoopes, 1988; Sable, 1992) for components of social satisfaction. Five constructs of social satisfaction were identified from the literature, (a) communication with others, (b) social interaction, (c) a sense of belonging to a group, (d) the opportunity to meet friends/create relationships, and (e) enjoyment of being with others. Findings from the literature review were compared to the social satisfaction constructs of the Leisure Satisfaction Scale (LSS; Beard and Ragheb, 1980) for use in the LLS Social Satisfaction Subscale. Eight questions on the LSS reflected the constructs of the social component of satisfaction and were used as the LLS Social Satisfaction Subscale. The subscale has a five point Likert type response scale ranging from 1 (strongly disagree) to 5 (strongly agree). The alpha reliability coefficient for this sub-scale was .80.

The Intentions for Leisure Participation sub-scale of the LLS included four questions asking the respondents if they feel participation in the current inclusive leisure programs will effect their participation in other leisure pursuits with people with or without disabilities. The Intentions for Leisure Participation sub-scale was adapted from the Interaction Strain sub-scale of the Disability Factor Scale (DFS) which addresses the intent of people without disabilities to initiate general contact with a person with a disability, after having contact with a person with a disability (Siller, Ferguson, Vann, & Holland, 1977). To gain an understanding of how people may behave regarding future participation, Makas (1988) recommended combining a specific event, condition, or cause with the behavior of interest in a designated context. Questions from the Interaction Strain sub-scale of the DFS were
modified for the Intentions for Leisure Participation subscale to reflect an intent to participate in inclusive leisure (behavior of interest), antecedent condition (participation in the inclusive program), and leisure context (designated context). A sample question from the sub-scale is: “Because of this program, I am more likely to do other leisure activities with people with(out) disabilities.” The Intentions for Leisure Participation sub-scale has a five point Likert type response scale ranging from 1 (strongly disagree) to 5 (strongly agree). The alpha reliability coefficient for this sub-scale was .77.

Peer Rating Scale. The PRS (Singleton & Asher, 1977) uses a context specific alphabetized roster-type rating method requiring participants to rate their fellow participants on perceived or reported social acceptance. This instrument was selected because it is designed to measure levels of acceptance of all participants and can be used in a variety of settings. The PRS allows each person in the program to be rated on social acceptance in contrast to the peer nomination scale in which only a few individuals are chosen for social acceptance ratings (Singleton & Asher, 1977). Use of this instrument is recommended after individuals have had at least 8 contact hours with each other. In this study, people with disabilities rated their perception of social acceptance from each of their fellow participants; individuals without disabilities rated their actual level of social acceptance of each of their fellow participants. Singleton and Asher (1977) reported test-retest reliability of .89 and face validity after field testing the instrument with 439 education and rehabilitation professionals.

Data Collection

Data were collected using self-report questionnaires distributed to participants during one leisure activity program session. After participants reached 8 contact hours, the first author attended a program session, distributed a packet of instruments, and remained on site while participants completed the instruments. Prior to completing the instruments, participants were asked to wear a name tag displaying their first name and initial of their last name to remind participants of each other’s names. Three individuals with disabilities needed help in completing the instruments, two individuals with cerebral palsy who could not hold a pencil and one person with mental retardation who needed minimal reading assistance. In completing the questionnaires, the individuals with cerebral palsy pointed to and the first author circled the response. To assist the individual with mental retardation, 10 words from the LLS Frequency of Participation subscale activity domain examples were read by the first author; the individual then completed the questionnaire independently. Assistance to these individuals was minimal, thus, considered not to have interfered with the integrity of the instrument. The instruments required 12–15 minutes for participants to complete.

Data Analysis

To examine the relationships between social acceptance and the leisure lifestyle of people with disabilities, data were analyzed using a Spearman’s Rho correlation and descriptive statistics. The Spearman’s Rho correlation was selected given the ordinal nature of the data, because Likert-type data are not theoretically interval measures, and do not necessarily “represent equal intervals embodied in interval levels of measurement.” (Huck & Cormier, 1996, p. 557). The data from this study are more representative of ordinal or rank order levels of measurement rather than absolute values or equal units of value found with interval data. While it is understood when using a Likert-type scale that the lowest rank is lower than the highest rank, the distance between the two ranks is unknown, even with use of a numeric values. The unknown distance between numbers creates a value that is not absolute and means that no assumptions are made about the distribution of cases on the values (Pedhazur & Schmelkin, 1991). Having no assumptions about the distribution of cases on the values satisfies the parameters for the
Table 2.
Mean (M), Standard Deviation (SD), and Percentage (%) of Participants with and without Disabilities on Reported (RSA) and Perceived Social Acceptance (PSA)

<table>
<thead>
<tr>
<th>Social Acceptance</th>
<th>People without Disabilities (RSA)</th>
<th>People with Disabilities (PSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Indifferent</td>
<td>4.09</td>
<td>.32</td>
</tr>
<tr>
<td>Not Liked Very Much</td>
<td>2.04</td>
<td>.73</td>
</tr>
<tr>
<td>Somewhat Like</td>
<td>3.12</td>
<td>.29</td>
</tr>
<tr>
<td>Like Very Much</td>
<td>2.64</td>
<td>.83</td>
</tr>
</tbody>
</table>

data to be nonparametric, thus, the recommended test for correlation is the Spearman's rho (Nie, Hadlai-Hull, Jenkins, Steinbrenner, & Bent, 1991; Pedhazur & Schmelkin, 1991). Means, rather than medians, were reported as the data were normal in distribution and the authors wanted to increase the readers understanding of the nature of the variables under investigation (Huck & Cormier, 1996).

Scores from the PRS and LLS were aggregated according to the inclusive leisure program. According to Nie and colleagues (1991), data may be aggregated when a researcher has an interest in examining properties or characteristics collectively rather than individually. Values of grouping variables for aggregated scores must represent the same characteristic (i.e., scores from the PRS) and an aggregated score summarizes the characteristic of the group (Huck & Cormier, 1996; Singleton & Asher, 1977). Prior to analysis of the PRS and LLS data in this study, individual scores were identified according to the inclusive leisure program so that when aggregated, the score represented those participating in the same program. The PRS reported statistical scores represent the aggregated level of actual social acceptance reported by people without disabilities on those with disabilities. That data were correlated with the LLS data provided by people without disabilities. The PRS perceived scores were correlated with the LLS data provided by people with disabilities.

**Results**

To assess relationships between social acceptance and leisure lifestyles of people with disabilities, data on perceived and reported social acceptance, frequency of leisure participation, social satisfaction, and intentions of leisure participation were analyzed. All research questions were tested using $\alpha = .05$ as the criteria for statistical significance. For meaningful significance, the variables examined needed to share at least 10% of their variance.

**Perceived and Reported Social Acceptance**

To test the relationship between perceived levels of social acceptance by people with disabilities and reported levels of social acceptance by people without disabilities during joint participation in leisure activities, aggregated data from the PRS (perceived) completed by people with disabilities were correlated with aggregated PRS data (reported) completed by people without disabilities.

As seen in Table 2, perceiving an indifferent feeling of social acceptance from their
Table 3.
Intercorrelations Between Perceived (PSA) and Reported Social Acceptance (RSA) and Leisure Lifestyle (LL) Subscales for Participants with Disabilities

<table>
<thead>
<tr>
<th>Social</th>
<th>LL</th>
<th>Frequency</th>
<th>SD</th>
<th>Satisfaction</th>
<th>PSA Intentions</th>
<th>LL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA</td>
<td>1.00</td>
<td>.39*</td>
<td>.70*</td>
<td>.05</td>
<td>3.32</td>
<td>.38</td>
</tr>
<tr>
<td>RSA</td>
<td>.69*</td>
<td>.09</td>
<td>.06</td>
<td>.08</td>
<td>3.14</td>
<td>.27</td>
</tr>
</tbody>
</table>

* p < .05

peers without disabilities (a score of 3 out of 5) was the most common response (41%) from people with disabilities (M = 3.48, SD = .91). According to Singleton and Asher (1977), the response of indifferent on the PRS indicates a neutral level of social acceptance. Thirty-five percent of the respondents with disabilities reported they perceived they were not liked very much by their peers without disabilities (a score of 2 out of 5), signifying that more than one-third of the respondents with disabilities did not perceive that they were socially accepted by their peers. On the other hand, 20% perceived they were somewhat liked by their peers without disabilities (a score of 4 out of 5), indicating a perception of social acceptance by their peers without disabilities. Few (4%) perceived they were liked very much or felt very socially accepted by their peers without disabilities. Fifty-two percent of respondents without disabilities reported they were indifferent toward peers with disabilities (a score of 3 out of 5), meaning that they felt neither acceptance or rejection of their peers with disabilities. Reporting a social acceptance of not very much (2 out of 5) was the response of 37% of the people without disabilities, indicating that more than one third of the individuals without disabilities felt a lack of social acceptance for their peers with disabilities. Seven percent of the respondents without disabilities reported they somewhat liked or socially accepted (score of 4 out of 5) and 4% reported they very much liked peers with disabilities (score of 5 out of 5) signifying a feeling of high social acceptance toward their peers with disabilities. Table 3 shows the resulting correlation between perceived and reported social acceptance was $r_s = .69$ and statistically significant ($p = .041$). Further analysis of this correlation revealed that while people with disabilities were accurate in their perceptions of social acceptance, females ($r_s = .57$, $p = .037$) and participants of nonphysically active leisure programs ($r_s = .67$, $p = .029$) accounted for much of this relationship (see Table 4).

**Perceived Social Acceptance and Leisure Lifestyle**

The relationship between perceived social acceptance and leisure lifestyle of people with disabilities was tested using data from the PRS (perceived) and Leisure Lifestyle Scale (LLS). Data were examined to determine relationships between perceived social acceptance and (a) frequency of leisure participation, (b) social satisfaction, and (c) intentions for leisure participation. Both instruments were completed by people with disabilities.

*Perceived social acceptance and frequency of leisure participation.* The mean frequency of participation for people with disabilities ($n = 39$) was 3.06 (SD = .54) indicating an average occasional frequency of participation in leisure activities. To test the relationship between perceived social acceptance and frequency of leisure participation of people with disabilities, aggregated data from the PRS (perceived) and the Frequency of Leisure Participation sub-scale of the LLS were corre-
Table 4.
Intercorrelations Between Perceived (PSA) and Reported Social Acceptance (RSA), Leisure Lifestyle Scale (LL) and Demographic Information of Participants with Disabilities

<table>
<thead>
<tr>
<th></th>
<th>LL</th>
<th>PSA/RSA Frequency</th>
<th>LL Satisfaction</th>
<th>Social Intentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>.57*</td>
<td>.45*</td>
<td>.54*</td>
<td>.10</td>
</tr>
<tr>
<td>Males</td>
<td>.05</td>
<td>.05</td>
<td>.09</td>
<td>.07</td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤$30,000</td>
<td>.13</td>
<td>.07</td>
<td>.09</td>
<td>.07</td>
</tr>
<tr>
<td>30–69,000</td>
<td>.05</td>
<td>.03</td>
<td>.08</td>
<td>.06</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary-High School</td>
<td>.28</td>
<td>.08</td>
<td>.06</td>
<td>.04</td>
</tr>
<tr>
<td>Post High School</td>
<td>.13</td>
<td>.07</td>
<td>.05</td>
<td>.05</td>
</tr>
<tr>
<td>Disability</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mobility Impairment</td>
<td>.08</td>
<td>.41*</td>
<td>.57*</td>
<td>.03</td>
</tr>
<tr>
<td>Sensory Impairment</td>
<td>.04</td>
<td>.09</td>
<td>.02</td>
<td>.08</td>
</tr>
<tr>
<td>Cognitive Impairment</td>
<td>.03</td>
<td>.03</td>
<td>.08</td>
<td>.03</td>
</tr>
<tr>
<td>Age Group (years)</td>
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<td></td>
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</tr>
<tr>
<td>10–20</td>
<td>.09</td>
<td>.02</td>
<td>.08</td>
<td>.09</td>
</tr>
<tr>
<td>21–35</td>
<td>.07</td>
<td>.09</td>
<td>.09</td>
<td>.10</td>
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<tr>
<td>36 and older</td>
<td>.09</td>
<td>.01</td>
<td>.07</td>
<td>.02</td>
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<tr>
<td>Type of program</td>
<td></td>
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<tr>
<td>Non-physically Active</td>
<td>.67*</td>
<td>.07</td>
<td>.08</td>
<td>.08</td>
</tr>
<tr>
<td>Physically Active</td>
<td>.42</td>
<td>.06</td>
<td>.02</td>
<td>.10</td>
</tr>
</tbody>
</table>

* p < .05

The correlation between these two variables was $r_s = .39$ and was significant ($p = .048$), indicating a positive, moderate, meaningful and statistically significant relationship between perceived social acceptance and frequency of leisure participation of people with disabilities (See Table 4). Exploratory analysis of this relationship indicated much of this relationship is associated with females ($r_s = .45$, $p = .037$) and people with mobility impairments ($r_s = .41$, $p = .046$).

Perceived social acceptance and social satisfaction. The relationship between perceived social acceptance (PRS perceived) and social satisfaction (Leisure Satisfaction sub-scale of the LLS) of people with disabilities was examined. The mean social satisfaction score signified people with disabilities neither agreed or disagreed ($M = 3.18$, $SD = .42$) that they were socially satisfied with their inclusive leisure participation. As seen on Table 3, the resulting correlation between perceived social acceptance and social satisfaction was $r_s = .70$ and statistically significant ($p = .019$). This indicated there was a positive, strong, meaningful and significant correlation between these two constructs. Further examination of this relationship indicated much of it may be attributed to females ($r_s = .54$, $p = .050$) and people with mobility impairments ($r_s = .57$, $p = .050$).

Perceived social acceptance and intentions for leisure participation. To test the relationship between the perceived social acceptance and intentions for leisure participation of people with disabilities, the aggregated data from the PRS (perceived) and the Intentions for...
Leisure Participation sub-scale of the LLS were analyzed. The mean score reported by people with disabilities centered on the response that they neither agreed or disagreed \((M = 3.32; SD = .27)\) indicating participation in the inclusive leisure program would affect their participation in other leisure programs. The distribution of responses was visually inspected and found to be bimodal. The first point on which data were grouped was “being more likely to do other leisure activities with people without disabilities.” Second, data were grouped on “wanting to try new leisure activities with people without disabilities.” The bimodal distribution of responses indicated scores primarily congregated on these two distinct points (Huck & Cormier, 1996). The resulting correlation of \(r = .05\) depicted on Table 3 was not statistically significant \((p = .39)\) indicating there was a weak and nonmeaningful correlation between perceived social acceptance and intentions for leisure participation of people with disabilities.

Reported Social Acceptance and Leisure Lifestyle

To test the relationship between the reported social acceptance of people with disabilities by people without disabilities and the leisure lifestyle of people with disabilities, two sets of data were examined. First, data obtained from the PRS (reported), completed by people without disabilities, were examined. Second, results from the LLS, completed by people with disabilities, were examined. The mean ratings of the data obtained from the PRS (reported) and each of the LLS sub-scales were examined. Correlation coefficients (PRS-reported and LLS frequency, satisfaction, and intention subscales) were not statistically significant \((p > .05)\) and did not reveal meaningful relationships \((r_s < .10)\).

Discussion

Results indicated statistically significant relationships between perceived and reported social acceptance, perceived social acceptance, frequency of leisure participation, and social satisfaction. Within each statistically significant relationship, females appeared to account for much of the relationship.

Perceived and Reported Social Acceptance

A strong, meaningful, and statistically significant relationship between perceived and reported social acceptance of people with disabilities, particularly females, in an inclusive leisure context was found. This finding is consistent with previous studies that found perceptions of workers with disabilities were significantly related to reports by workers without disabilities regarding social acceptance in the formal work environment (McKittrick, 1980). Coyner (1994) found a relationship between perceptions of social acceptance by female adolescents with deafness and reports of social acceptance by their peers without deafness.

The present investigation found a relationship between perceived and reported social acceptance of people with disabilities. This finding offers support to the theory of social construction. Specifically, meaning of disability is continuously formed through social interactions according to the behaviors, objects, and language used to communicate that meaning (Berger & Luckmann, 1966; Roth, 1983). According to Higgins (1992), interactions between people with and without disabilities is an important component in the social construction of disability. Perhaps the link between reports by people without disabilities and perceptions of people with disabilities is that, through their interactions, each is communicating a similar meaning of disability. Data indicated a similar level of social acceptance by each group (an indifferent or negative level of social acceptance perceived by people without disabilities and reported by people without disabilities). People without disabilities could have been participating in a process of conveying a neutral or negative meaning of disability through their behaviors and language, based on assumptions they have about people with disabilities. In turn, people with
disabilities may have been players in a process of conveying a similar meaning of disability. The relationship between perceptions and reports of social acceptance may represent a successful conveyance of similar meanings of disability.

Another explanation for the relationship between perceived and reported social acceptance and further support for social construction theory, may be related to the leisure context. Social construction theory asserts that meanings are context specific and can vary depending on the context. Leisure contexts have been identified as forums for more intimate than casual contact and tend to diminish social distance between people with and without disabilities (Barnes, 1990; Bedini et al., 1996; Devine & Wilhite, 1999). McKittrick (1980) reported a stronger correlation between perceived and reported social acceptance during informal work activities (e.g., lunch hour, break time) than during formal work activities and attributed the difference in these correlations to the nature of interactions during formal and informal work activities. McKittrick speculated that interaction was more ambiguous during informal than formal work activities and it was during informal work activities when social acceptance of people with disabilities was more likely to be (a) revealed by people without disabilities, and (b) perceived by people with disabilities. Thus, the relationship between perceived and reported social acceptance may be attributed to the leisure context within which social acceptance of people with disabilities as peers becomes more apparent than in work or education contexts.

**Perceived Social Acceptance and Leisure Lifestyle**

*Perceived social acceptance and frequency of leisure participation.* The relationship between perceived social acceptance and frequency of leisure participation of people with disabilities was found to have a moderately positive, meaningful, and statistically significant correlation. Additional analyses demonstrated a moderate, meaningful, and statistically significant relationship between perceived social acceptance and frequency of leisure participation for females.

One explanation for the relationship between these two variables could be the perceptions people with disabilities have about their social acceptance may influence how often they participate in leisure activities. A relationship between perceived social acceptance and frequency of community participation has been suggested by Bedini et al. (1996), Coyn (1994), Susman (1994), and West (1984) and is consistent with findings of Wilhite, Devine, and Goldenberg (1999).

The relationship between perceived social acceptance and frequency of leisure participation may indicate a relationship between perceptions of stigma and options for participation in leisure activities. If people with disabilities perceive they are stigmatized by people without disabilities, in that their abilities and talents are devalued, they may be less likely to participate in leisure activities (Goffman, 1963; Safilios-Rothschild, 1976). Frequency of participation in community life of people with disabilities, especially females, appears to be linked to perceived stigma experienced by these individuals (Bogdan & Taylor, 1987; Bedini & Henderson, 1994; West, 1984). Specifically, females who perceive that they are not socially accepted may tend to limit frequency of their participation in leisure activities with peers without disabilities (Bedini & Henderson, 1994; Goffman, 1963). In addition, females who perceive that they are socially accepted may tend to frequently participate in leisure activities with peers without disabilities (Wilhite et al., 1999).

*Perceived social acceptance and social satisfaction.* The relationship between perceived social acceptance and social satisfaction of people with disabilities was found to be strong, meaningful, and statistically significant. Further analyses illustrated a moderate, meaningful, and statistically significant relationship between perceived social acceptance and social satisfaction of females with disabilities. Additional analyses revealed a moderate,
meaningful, and statistically significant relationship between perceived social acceptance and social satisfaction of people with mobility impairments. Higgins (1992, p. 125) identified "feelings of friendship" as one of the four components for developing social acceptance. Green, Schleien, Mactavish, and Benepe (in press) found people without disabilities described their friendships with people with disabilities as not being as reciprocal as their friendships with people without disabilities. Responses to the statements about friendships in the current study had the lowest means and the least variability on the social satisfaction sub-scale. Dattilo, Caldwell, Lee, and Kleiber (1998) reported a lack of companionship may be a constraint to people with a spinal cord injury who were attempting to integrate back into their communities. Thus, a plausible explanation for the relationship between perceptions of social acceptance and social satisfaction may be that perceptions of social acceptance are linked to development of friendships or companionship with peers without disabilities. Friendships may be a sign of social acceptance and an important component for positive social satisfaction in a leisure context (Sherrill & Williams, 1996).

A greater association between perceived social acceptance and social satisfaction was found for females than males. Cohen (1992) suggested when there is a lack of social acceptance between people with and without disabilities, satisfaction in social situations is compromised. Examining this finding in relation to females with disabilities, Bedini and Henderson (1994) found women with disabilities reported a negative response by people without disabilities (e.g., stigma and segregation) had a negative influence on their level of satisfaction in leisure activities. Support in the literature for a connection between society's response to people with disabilities and satisfaction in a variety of contexts suggests it may be possible that females with disabilities are more influenced by this relationship.

The relationship between perceived social acceptance and social satisfaction was found to be greater for people with mobility impairments than for people with sensory impairments or people with cognitive impairments. Previous authors have reported a relationship between the reaction of those without disabilities and those with a particular type of disability (Coyle & Kinney, 1990; West, 1984; Wilhite et al., 1999; Williamson, Schultz, Bridges, & Behan, 1994). Specifically, Wilhite et al. (1999) noted youth with mobility impairments reported peers without disabilities exhibited more positive reactions to them than they exhibited toward youth with cognitive impairments. Perceived social acceptance by peers without disabilities and social satisfaction during leisure participation may be highly correlated for individuals with mobility impairments due to the nature of their disability. Williamson et al. (1994) noted that people with amputations perceived being stigmatized by people without disabilities, whereas people with hearing impairments did not. It is possible that the relationship between perceived social acceptance and social satisfaction is influenced by a complex group of constraining variables, not experienced by people with mental or sensory disabilities.

Implications for Practice

If leisure contexts are forums where social acceptance is likely to be revealed, then effectively designed leisure environments can foster social acceptance between people with and without disabilities. Specifically, to foster social acceptance leisure opportunities could be structured so that contact between people with and without disabilities is frequent, personal, and emphasize common goals. For example, inclusive leisure programs could be conducted weekly, facilitate participants getting to know each other, and emphasize the goal of the program (i.e., learning a leisure skill).

Findings demonstrated a relationship between perceived social acceptance and social satisfaction of people with disabilities in inclusive leisure environments. Sable (1995) suggested that when people with and without disabilities engage in leisure activities together
negative attitudes toward people with disabilities are reduced. However, it may be that engagement in leisure activities together may be insufficient to address the relationship between social acceptance and social satisfaction of people with disabilities (Green & Schleien, 1991). Leisure education programs may help to address the relationship between perceived social acceptance and social satisfaction of people with disabilities (Devine & Wilhite, 1999). For example, a leisure education program could be used with people with disabilities to identify reactions of people without disabilities and how these reactions may influence their social satisfaction during leisure participation.

Obtaining information about issues related to individuals with disabilities is one strategy helpful in reducing a lack of social acceptance in leisure environments (Dattilo, 1994). For example, practitioners can receive training on the importance of portraying a positive attitude when facilitating inclusive leisure programs. When leading leisure programs, practitioners can act as a role models by exhibiting behaviors that make all participants feel welcome. In addition, leisure practitioners may consider learning more about how to facilitate leisure programs that include females with disabilities and people with mobility impairments since analyses revealed a relationship between perceived social acceptance and social satisfaction for these people.

Social construction theory offers a foundation for leisure practitioners to provide opportunities to design social environments for people with disabilities that dispel myths and counter stereotypes about living with a disability. Therapeutic recreation specialists, together with other leisure professionals and people with disabilities, could design programs that provide opportunities for people with disabilities to exhibit their leisure talents and abilities.

**Limitations and Implications for Research**

Individuals with disabilities who participate in inclusive leisure programs may differ (i.e., abilities, self-confidence, support systems) from people with disabilities who participate in separate leisure programs or who do not participate in organized leisure programs. Since it is possible that people with disabilities involved in inclusive leisure services are different from other people with disabilities, generalizations are limited. It may be helpful to compare people with and without disabilities who participate in separate leisure programs, to people with and without disabilities who participate in inclusive leisure programs in future studies.

To examine the variability of within group differences between people with disabilities, mediating variables (i.e., age, disability type, education, gender, activity type, income) were categorized. Correlations were then conducted between the study variables based on the mediating variables. While categorizing mediating variables provided additional explanatory information about the respondents with disabilities, it reduced the variance within each group. A reduced variance within each group created more homogenous groups, thus reducing the variance shared between variables. In addition, participants with disabilities had a disability that was visibly obvious to the researcher. While a broad cross section of individuals with varying obvious disabilities participated in this study, this criterion excluded individuals with hidden disabilities such as learning disabilities, diabetes, epilepsy, and cardiac conditions. A replication of this study with more individuals from different disability groups would provide sufficient variability to conduct comparisons. A study comparing difference between individuals with disabilities may provide information specific to people from varying disability groups who participate in inclusive leisure services.

**Conclusions**

The current study contributes to an understanding of the relationship between perceptions of social acceptance and the leisure lifestyle of people with disabilities. O'Brien (1987) stated that even when people with dis-
abilities are physically included in the community, frequently there exists a lack of social acceptance by people without disabilities. When limited social acceptance is present, active participation in community life is inhibited (Safilios-Rothschild, 1970). Findings provide insight into the inclusive leisure experiences of people with disabilities by focusing on the social component of their participation. In addition, the application of social construction theory provides a perspective for considering inclusion experiences of people with disabilities in relation to society’s response to them.

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