

## Women with physical disabilities and the negotiation of leisure constraints

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### **Abstract:**

The purpose of this study was to enhance the conceptual understanding of the importance and meaning of constraints to leisure for women with physical disabilities. In-depth qualitative interviews with women with disabilities were used to obtain information about the experience and meanings of leisure. Symbolic interactionism provided the framework for conducting the study. Two major themes emerged relative to constraints to leisure: magnification of leisure constraints for women with physical disabilities, and strategies for negotiating constraints. The data suggested that leisure choices were not necessarily disability-determined, but the context of the disability influenced choices and constraints. Means for negotiating leisure constraints were explicated by examining the lives of women with physical disabilities.

### **Article:**

#### **Introduction**

Just as the context of and constraints to leisure seem to differ somewhat between males and females (Henderson, 1991), differences in leisure meaning exist among different groups of women. Women who have disabilities, as one particular group of women, are often considered by society to have a 'double handicap' (Deegan and Brooks, 1985, p. 6) or to be a multiple minority. Being female and having a disability, according to Britt (1988), places stigma upon stigma.

Women with disabilities is an under-researched area of study by both disability and feminist researchers (Traustadottir, 1992). The context and the negotiation of constraints to leisure for women with physical disabilities were explored in this analysis. A research project was conducted to address the lack of information about leisure and the lives of women with physical disabilities who function independently (i.e., live alone or with parent, spouse, and/or children and are not in an institution) in their communities. We sought to understand how having a disability might influence women's leisure by examining the context of women's lives along with their involvement in recreation/leisure activities. The purpose of this portion of the study was to enhance the conceptual understanding of the experiences and meanings of constraints to leisure for women with physical disabilities.

Women's leisure has been addressed from a variety of perspectives by a number of feminist researchers (e.g., Deem, 1986; Wimbush and Talbot, 1988; Henderson, Bialeschki, Shaw, and Freysinger, 1989; Green, Hebron, and Woodward, 1990). Some researchers (e.g., Goodale, 1992) have suggested that a women's leisure is a discussion of constraints. Such aspects as race, socioeconomic level, marital status, sexual orientation, and physical ability have been identified as characteristics that may result in differing leisure experiences and constraints among women. The meanings of these contextual differences, however, require further exploration. Thus, it is not possible to describe the leisure opportunities and constraints of women in general without considering how life situation mitigates leisure. A unique female voice as a homogeneous female voice does not appear to exist (Gordon, 1986). Talking about women and leisure globally, as has been done in the past (e.g., Henderson *et al.*, 1989), has sometimes made the experiences of women with disabilities invisible. The recognition of the diversity among women, in particular, suggested the necessity of exploring how women, who

were defined as 'different' because of their physical disabilities, experienced leisure, and how this knowledge may contribute to more inclusive and encompassing ways of understanding leisure behaviour.

Being female and having a disability are socially constructed and historically mediated categories of experience (Harris and Wideman, 1988). Gender is socially constructed based upon one's biological sex. The term 'disability' generally refers to a biological condition, whereas 'handicap' refers to the social ramifications of the disability. The significance of a disability, and whether it is considered a handicap, is often affected by a person's feeling about the self and the situation (Wright, 1983). The psychosocial impact of a disability generally will depend on the nature of the disability, the extent to which the person has ascribed traditional roles, and the reactions of others in the form of social stigma or negative labels. Therefore, as other researchers and the data in this paper suggested, the constraints associated with leisure and disability are fluctuating and not fixed traits.

### **Theoretical framework and related literature**

An interpretive paradigm was the basis for this research project. In-depth qualitative interviews were used to enable women with physical disabilities to talk about their lives and the meaning of and constraints to leisure. A symbolic interactionist perspective provided the framework for collecting data for this project. Recent research on constraints on leisure provided a *post hoc* means for explaining the results of the interpretive data collection. Because the purpose of this interpretive research was to allow the conclusions and grounded theory to emerge from the data, the literature was examined after initial data analysis and served as a means for analytic induction.

Symbolic interactionism provided a theoretical and epistemological way to understand the leisure of women with physical disabilities. According to Blumer (1969), symbolic interactionism assumes that human beings are conscious, feeling, thinking, and reflective subjects. Human behaviour is not static but dynamic, and occurs in a fluid and ever-changing context of social interaction. People impute meanings about what is happening around them and how they are interacting with others. A symbolic interactionist perspective allowed the researchers to see how people defined their situation and helped to understand why a lack of consensus or clarity may exist between individuals when people define their situations (Johnson, 1986). Specifically, a symbolic interactionist perspective was used to address the relationship that women with physical disabilities had to leisure. Similar to Samdahl's observation (1987), this enabled the researchers to examine how leisure was perceived as a defining pattern related to on-going interactions.

The literature on leisure constraints offered ways to explain the emerging theory from this study of women with physical disabilities. According to Jackson (1991), research on constraints sheds light on other dimensions of leisure such as motivations and satisfactions, and serves as a device for perceiving new connections about the meaning of leisure. Scott (1991) concluded that leisure constraints are forces in people's lives that must be negotiated successfully if leisure involvement is to occur. Crawford, Jackson, and Godbey (1991) proposed that leisure participation is heavily dependent on negotiating multiple factors that must be overcome. Building on past literature that suggests constraints are a result of some combination of antecedent and intervening factors (Henderson, Stalnaker, and Taylor, 1988) or interpersonal, intrapersonal, and structural variables (Crawford and Godbey, 1987), new models being offered suggest that constraints factors or variables must be successfully negotiated if leisure involvement on any level is to occur (Jackson, Crawford, and Godbey, 1993).

Jackson *et al.* (1993) formalized a central proposition that participation is dependent, not on the absence of constraints, but rather upon negotiation through them. Such negotiation may modify rather than foreclose participation related to scheduling, level of specialization, and frequency of participation. They suggested that both the initiation and outcome of the negotiation process is dependent on the relative strength of, and interactions between, constraints to participating in an activity and motivation for such participation. In addition, anticipation of one or more insurmountable intervening constraint may suppress the desire for participation. Anticipation consists not simply of the anticipation of the presence or intensity of a constraint, but also of anticipation of the ability to negotiate it. This proposition is related to the theory of self-efficacy (Bandura,

1977) which is commonly applied to people with disabilities and defined as an individual's perception of his/her ability to perform anticipated demands.

## **Methods**

In-depth interviews were undertaken and the questions were designed to allow women to talk about their lives and to provide insights into how having a disability influenced their leisure. This approach allowed the researchers to seek understanding and to identify patterns through an exploration of specific cases (cf. Whitson and Macintosh, 1989; McCormick, 1991; Howe, 1993).

## **Procedures**

Data collection consisted of two stages. Thirty respondents were invited to participate in an initial interview/questions followed an interview guide format, with appropriate probes used to encourage an informal conversation. The interviews were tape-recorded and transcribed. Participants were given an opportunity to review the transcripts and make corrections or additions to the interview. A second interview, which lasted between 45 and 90 minutes, was conducted with six of the original sample to 'check' (Lincoln and Guba, 1985) the emerging interpretations of the data. In addition to the transcripts of each interview, researchers kept notes from the interviews and of their weekly meetings.

The original interview guide included such questions as: explain the nature of your disability; what do you like to do for fun? How has recreation changed over the course of your life? How would your leisure be different if you did not have a disability? What prevents you from doing all the things you'd really like to do? Based on your disability, how do you see your leisure needs differing from other women and men that you know? What are some of the things that you look forward to in life? These questions were modified and enlarged as the data were collected. The second interview consisted of a discussion of the information that the researchers were uncovering including more specific questions about how women who have physical disabilities are constrained in leisure pursuits. The constraints that women with physical disabilities experienced were discussed along with initial conclusions about how women negotiated these constraints. The interviewees provided feedback and further examples concerning the emerging data about constraints.

## **Respondents**

A theoretical sampling technique was used for interviewing 30 women between the ages of 25 and 57 during the spring of 1992. A sample that included a variety of life situations was purposely selected to represent physical and sensory disabilities, married and unmarried, with children and without, working and not working outside the home, African—American and European—American, and age representatives across the adult life span. Follow-up interviews occurred in the autumn of 1992. Initial informants were obtained through researcher contacts with human service professionals in a quasi-metropolitan area in the south-eastern United States. Additional informants were solicited from the initial interviewees. The women included in the study were those who described themselves as individuals with physical or sensory disabilities. All individuals were living in the community at the time of the interview. Data collection was ended, based on the procedures of theoretical sampling (Glaser and Strauss, 1967), when a working picture of the broader structure of the meaning of leisure for women with physical disabilities was obtained.

The average age of the thirty interviewees was 40 years old. Nine of the women were African—American and the remainder (21) were European—American. Slightly over half (16) of the interviewees were single or divorced and less than half (14) were married. Sixteen of the women had children. The age ranges of the children were from *in utero* to 34 years old. All the group possessed at least a high school diploma, with an average of three years of training/education beyond high school. Slightly over half (16) of the women were employed (9 as professionals and 7 in service positions) with the remainder being homemakers (8), students (3), or unemployed (3). Six of the women had had the disability all their lives, with the remaining 24 women having had a disability for an average of 19 years (ranging from 2 years to 45 years).

The following disabilities were represented: visual impairment (5), rheumatoid arthritis (3), multiple sclerosis (3), spinal cord injury (3), chronic fatigue syndrome (3), hearing impairment (2), cerebral palsy (2) and other (9; overweight, hypertension, cystic fibrosis, Ehlers-Danlos syndrome, muscular problems, Charcot-Marie-Tooth syndrome, stroke, post-polio, osteogenesis perfecta).

### **Data analysis**

Data analysis was done using the constant comparison technique (Glaser and Strauss, 1967) which is a systematic method for recording, coding, and analysing data. The goal of this technique is to maximize credibility through comparison of groups and data. Further, the data were analysed by three of the researchers who sought to develop consensus about each individual's understanding of the data. Constant comparison involved reading all transcripts to develop a broad understanding of the content. The data were coded to reflect major themes. The recoding of subthemes was done to reflect specific content. The transcripts and notes were re-read to ascertain that the categories fit the data and vice versa. Member checks were conducted with several of the interviewees in stage two to assess the validity of the data interpretation. Finally, analytic induction and current literature were applied to this population and the themes generated to assist in interpreting the emerging themes and grounded data.

The trustworthiness (Lincoln and Guba, 1985) of the interpretation was ascertained by examining the credibility, transferability, dependability and confirm-ability of the results. Corroboration and triangulation among the researchers were used to develop credibility and dependability. As the data were collected, the guiding questions changed as the types of information received became more defined. Several of the respondents were also interviewed again after initial data analysis to assure that the interpretations were confirmable and accurate. Examples were used throughout the analysis to indicate how the researchers arrived at their conclusions based on the words of the interviewees. Transferability was examined through the *post hoc* literature reviews to analyse how these results, compared to other studies.

### **Leisure constraints findings**

Women with disabilities are women first, sharing the dreams and disappointments common to women in a male-dominated society (Fine and Asch, 1988b). If we adopt the notion that an individual with a disability is a person first and a disability second, then the meaning of leisure and the reasons for non-participation, ceasing participation, and negotiating participation ought not to be different for women with disabilities than for others. Other researchers (e.g., Deegan and Brooks, 1985; Henderson *et al.*, 1989), however, have suggested that the combined effects of gender along with other characteristics, such as physical ability/disability, may have cumulative negative affects on life and leisure.

Leisure choices and constraints were interrelated for the women with physical disabilities who were interviewed. In general, the ways in which these women described leisure were similar to other women, but most addressed something about the modifying element of having a disability. Constraints became evident as the women talked about their life circumstances, which included the disability as well as aspects such as parenthood, work, or unemployment. Physical disabilities clearly influenced these women's lives and leisure, although the impact of the disability on leisure varied greatly from individual to individual. The disability was often acknowledged, but it did not necessarily present a handicap in relation to leisure. One woman with osteogenesis perfecta stated, 'I just have to do things differently but I don't see my [leisure] needs as being different.' One 50-year-old woman with a visual impairment stated: 'I can do most anything most people can. Having lived with my vision problem has not at all hindered me really. There are times when I may go into a place I've never been in before . . . but it's not really been much of a problem for me.'

Two overarching themes emerged from these data relative to constraints on leisure: the magnification of leisure constraints for women due to disability, and the strategies used for negotiating constraints. Before these themes are developed it may be useful to provide some additional background information about the importance of leisure for the women interviewed.

Similar to women without disabilities, the interviewees sometimes hesitated to say they had leisure (Henderson, 1991). Upon further probing and discussion, most of the women described how important leisure was and the elaborate plans they often had to make, to ensure that it occurred for them in some form from time to time. Most of the women interviewed described leisure as free time, or having time to do the things they wanted to do. They also talked about 'having fun,' 'relaxing,' 'doing nothing,' or 'doing things at your own will and pace.'

For these women exercise was seen as therapy just as often as either leisure or recreation. For example, one woman with rheumatoid arthritis said, when asked about her leisure/recreation/fun activities, 'I walk for, I don't know if I'd say for fun, it is fun sometimes . . . and I used to swim, I don't know if I'd call that for fun either, but it was just for exercise.'

No single activity, or even group of activities, was found that women with disabilities participated in more often than anything else. The data do not allow a direct comparison with women without disabilities, but the descriptions of activities resulted in a pattern similar to that found in other studies on women without physical disabilities (cf. Deem, 1986; Henderson and Bialeschki, 1991). Overall, the data suggested that solitary and more passive activities were done in the home, while going into public to participate in a more active recreation generally required some type of assistance or companionship.

### *Magnification of leisure constraints*

Henderson (1991) suggested that women in general may share certain constraints to leisure because of their gender. Entitlement to leisure, the ethic of care and health/safety issues appear to be constraints that are more likely to impact women than men. Harrington, Dawson, and Bolla (1992) confirmed that the ethic of care and a sense of entitlement were found to be present in a random sample of 1700 women in Ontario. The constraints on leisure for women with physical disabilities were broadly similar to the constraints that influence women without disabilities, — time, money, ethic of care, and safety. The women interviewed agreed that the meaning of leisure was generally no different than for women without disabilities, but that sometimes they had to do things differently because their constraints on leisure were magnified. The specific intervening constraints that emerged as subthemes surrounding the magnification of leisure constraints were energy deficiency, time shrinkage, lack of opportunities and choices, dependency on others and concern for physical and psychological safety.

**Energy deficiency.** This constraint related to the way women with physical disabilities described the elaborate means they used to 'pace' themselves through the day, so they would have the energy to perform their expected social roles (e.g., work and/or family), and might find some time and opportunities for leisure. Unlike the pattern for many women without disabilities, the women with disabilities described how when they ran out of stamina, they simply had to rest. One woman with multiple sclerosis stated, 'I pace myself so that I allow adequate time for rest . . . if I know I have something planned for the evening, then I rest the major part of the day, have limited social activities, other than the phone which I love.' Another woman with polio said, 'I have to think in terms of an energy budget. It's real easy for me to get caught up, to not take time to just relax, because there's always so many things to do that I could be doing, doing, doing and there's very little . . . leisure activities or whatever, that don't take energy'.

A woman with arthritis remarked, 'I spend enough of my time figuring out ways to do things with as little stress as possible, and occasions when I feel I need to stress my body, I do.' Similarly, a woman with multiple sclerosis said, 'It is just that I have to scale down what I do a little bit and not overdo.'

Most women with physical disabilities who were wives and mothers saw their family obligations as having the highest priority. Similar to the results of other research (e.g., Deem, 1986; Wimbush and Talbot, 1988; Henderson and Bialeschki, 1991), seldom did they feel they had any energy 'left over' to do something for themselves. One woman indicated that when she had extra energy she wanted to spend it with her children, which she did not define as leisure. Another woman with chronic fatigue syndrome indicated:



I guess probably right now I have got two productive hours a day . . . the laundry and the meal planning have to take up my available energy and I don't have that much left for sitting down and playing the piano. I try to make time for that [playing piano] because it is enjoyable to me rather than stressful . . . Urn, but yeah, if I didn't have the illness there would be a lot more of that. I would make more time for that because I wouldn't have to spend my finite energy on the mundane things.

Several women who did not have family responsibilities but were employed in the work force also talked about how their energy was used before they got around to finding leisure. A single woman with a visual impairment described how she loved to read, but 'I couldn't do it for recreation. I have to save . . . my eyes for work.' A young female clerical worker with a hearing impairment described some of the frustrations that she and her friends had by saying, 'We've talked about how tired others get [referring to lip reading all day]. All of us seem to have the one thing in common that we are very tired at the end of the workday or the end of the day because we have to concentrate on [seeing] what people are saying.'

Both married and single women interviewed indicated that some types of leisure took a great deal of energy that they did not always have. One woman with paraplegia said, 'Sometimes, I could play tennis in my wheelchair. It's extremely exhausting, I mean, rolling back and forth and hitting that ball and it's just more exhausting when you're in a chair than it is when you're, let's say, walking around and can really have that energy in full control of your body and movement.' Another woman with multiple sclerosis described how easy it was to lose energy, 'You may get up one day and you have lots of . . . surface energy and you just think you have so much fun and you go out and start to do things and when you're in the middle of those fun things, that's when you realize your energy is gone'.

In summary, a concern for having energy for obligations resulted in a concern for being 'energy efficient' in leisure. Further, a quandary was described by several of the women about whether to conserve physical energy for recreation and leisure or to expend energy on family and/or paid work necessities.

**Time shrinkage.** A second major constraint identified was time shrinkage. In describing leisure constraints, lack of time is commonly acknowledged by many people, especially women. In addition to a common time constraint for women with disabilities, however, emerged the notion of 'time shrinkage' because of the demands of their disabilities. One married woman with cystic fibrosis stated, 'I find now that with my . . . three children, that most of my leisure is, it coincides with their leisure . . . If I consider leisure to be free time that I can spend any way I want, I have very little of that. . . And sometimes I don't even take that time for myself, I just go to sleep and that to me can be a leisure activity as well'.

Several women indicated that, because of their disability, it just took longer to do everything. Some women required more time due to limited physical abilities, while others noted the necessity of additional maintenance activities such as therapy and exercising. In describing typical days, several women mentioned that exercise such as stretching for those women with arthritis or percussion for the woman with cystic fibrosis, took a great deal of time. The woman with cystic fibrosis said, 'I don't have time, as much time to myself as I want. Meaning that I've lost this big block of time to my illness. And I resent it, I really resent it . . .'

**Lack of opportunities and choices.** A further intervening constraint to leisure for women with physical disabilities was the lack of opportunities and choices for leisure and recreation. Because these women had to be concerned about the attitudinal and physical accessibility of certain leisure activities, often the opportunities and choices were not available. Several wheelchair users described how much planning (e.g., phoning to check accessibility, or arranging special reservations) was required so that they could find appropriate facilities and opportunities. A single mother with osteogenesis perfecta described her situation by saying, 'I have to always plan ahead, to make sure that I will be able to get into a place and have access to the activities that are there and being carried out. Planning, planning all the time.'

Further, for women with physical disabilities who could not drive, planning for transportation and finding activities and opportunities available was often difficult. A woman with a visual impairment stated, 'It's very difficult to explain to a, ah, sighted person, someone without a disability, that you have to do something at a certain time because that's when the bus runs.' A married working woman with a visual impairment who had children said, 'If I drove maybe I'd do other [leisure] things. I can't drive. That frustrates me. I have to depend on other people, and ah, public transportation is non-existent in this area.'

The choices and opportunities were also often dependent upon the physical limitations on any given day. A woman with rheumatoid arthritis remarked, 'There's not a lot of planning [for leisure] that you can do because you don't know how you're going to feel. You wake up one day, you may be OK. You wake up the next morning, you know, your hand, your fingers, and everything is swollen. And like they can ache for days . . . and there's not much you can do about it'.

The women with physical disabilities suggested that it was a combination of access, choices, and opportunities that were required if leisure was to be experienced satisfactorily. Being aware of possible opportunities was not enough unless the potential existed for making a choice about involvement in a particular activity.

**Dependency on others.** A constraint that influenced what women did with their leisure, recreation and free time was dependency. One of the aspects of leisure participation related to the struggle for balancing independence and dependence as well as finding leisure companions. One woman with arthritis described how difficult it was to balance feeling 'psychologically independent and physically dependent.' The reality of many women with disabilities was that they needed assistance in certain aspects of their lives. The amount of dependence on others was a relative matter that was accentuated for women with physical disabilities and became a practical concern for recreation pursuits outside the home. Wanting to be independent in leisure pursuits but needing assistance was sometimes a quandary. A woman with quadriplegia stated, 'I guess with me I aim to maintain independence every day.' A woman with a visual impairment offered, 'but I do like to do the things that I can do without help. We all need help at times. I think we just sort of shy away from being dependent.'

A major aspect of dependency also related to having people with whom one could do recreation activities. A woman with arthritis, for example, stated that if she did not have her disability she would be able to meet a different group of people with whom she could do leisure and recreation activities. Family and friends were important for women with disabilities and many of the women interviewed had tried to develop informal or formal support networks for leisure and for other activities. Those women with physical disabilities who had not developed supportive others in their lives, whether family, friends, disability support groups, or community groups, were the most constrained by dependency on others.

**Physical and psychological safety.** Psychological and physical safety issues have been identified in relation to women's leisure in general (Henderson *et al.*, 1989). The fear for physical safety was magnified for these women with physical disabilities because of their enhanced physical vulnerability. Some of the women interviewed had resigned themselves to not even considering opportunities for leisure outside the home, particularly at night, because safety was an issue. One young woman with a muscular disorder stated, 'I think that a person who is disabled, regardless of whether male or female, has more of a chance of being a crime victim than a person who isn't disabled.' A woman with arthritis stated,

I think a lot of what I have available to me [for leisure] is narrowed down simply because I'm a woman. There are things that I might otherwise do at night that I don't do at night because I'm female. But I'm also a small frail female who can't defend herself at all; can't really go and take a judo class or some other martial arts class so that if I wanted to feel empowered I could go somewhere . . . I just stay home.

Also related to physical safety was the fear of being injured because of not having the kind of 'control' that most people have over their bodies. Feeling insecure or unsure of oneself created a problem in undertaking some

kinds of activities. A 53-year-old woman who had a stroke noted, 'and I used to take my children to the beach all the time . . . I loved to sail. I won't do it now, I'm too afraid of the water.'

The psychological safety about some leisure activities is challenging for women without disabilities if they are not the epitome of society's 'body beautiful' expectation (Shaw, 1991). For women with disabilities, these psychological concerns about physical appearance were further magnified as a leisure constraint. One woman who was obese and had burn scars on her face said, 'You have to consider that it [the disability] draws attention to you . . . and I don't think I've gotten over it. It was the stares that I would get.' Another young woman with paraplegia said, 'Yeah, sometimes there are a lot of social barriers because people, when you have a disability, people look at you differently. They don't look at you as a person . . . sometimes when people look at me, they see the wheelchair before they see [name] the person.'

Other related issues pertaining to psychological safety were the perceived negative and uninformed attitudes that many people in society had toward people with disabilities. Discomfort and anxiety that accompanied self-consciousness and fear of rejection were also identified by women with physical disabilities in regard to trying to participate in leisure activities. For example, a woman with muscular weakness stated, '. . . I'm self-conscious about it when I'm in a large crowd of people, you know, that are not disabled or anything . . . I feel like they focus on me or something . . . '

### *Negotiating leisure constraints*

The data from this study indicated that the perception of disability was dynamic, that leisure constraints were often magnified, and that women with physical disabilities differed among themselves in how they perceived their disability and leisure. As Kay and Jackson (1991) and Jackson *et al.* (1993) suggested about other populations, these women with physical disabilities also had to negotiate leisure constraints and often found their participation changed in terms of scheduling, intensity, and frequency of participation due to their perception of their roles, responsibilities, and disabilities.

The data suggested that women with physical disabilities could be placed into three broad typologies when it came to negotiating leisure constraints: passive responders (i.e., women who did not participate in a desired activity), achievers (i.e., women who did not reduce or change their participation despite perceiving a constraint), and attempters (i.e., women who participated in a leisure activity but in an altered manner). Negotiation had much to do with how the women with disabilities attempted to be 'normal' in a world where having a disability was not considered to be normal.

**Passive responders.** Some women simply accepted their inability to undertake some recreation activities and did not seek to overcome the constraints. One young single woman with a muscular disorder stated, 'I can't go out and go for a long walk. I would love to go out and go for a long walk, whereas my friends who aren't disabled, they may walk faster than me and I have to catch up with them . . . they have more opportunities. I love to play tennis . . . And I used to play tennis when I was a teenager, and my friends can do that, but I can't . . .' Another woman who has a hearing impairment stated 'I psych myself out before I do it. What I mean by that is I think I can't do it, therefore, I won't do it.'

**Achievers.** Many of the women with physical disabilities were able to participate in some activities just like anyone else. One married woman who had developed a visual impairment in adolescence described her experience with downhill skiing, 'I skied once, ah, and then ended up in the brook when I was sighted, however [laughter] after I lost my vision, I took up downhill skiing. Oh, wow . . . I did, I skied . . . And actually, when my husband and I were dating and going together, I talked him into going skiing. After we got married, we belonged to a group . . . Handicapped Ski Association.' Another woman who became paralysed said, 'no they [recreation activities] haven't [changed]. The same things I did before my accident, I still do.'

Achievement of leisure also related to learning what a woman with a physical disability felt she could and could not do. A pregnant married woman (with her first child) who had been visually impaired since birth stated:



There aren't any [constraints] because I can, you know, I have the freedom to choose my own activities and I choose things that I enjoy doing because I know that I can have control over those type activities. Obviously I wouldn't want to choose leisure bike riding or motorcycle riding that I could not do. So, really the things I enjoy doing, I don't really have any [constraints]. The only barrier being like I said before, just not being able to pick up and go exactly when I want to go.

This comment reinforces what Jackson *et al.* (1993) suggested concerning how; in the leisure constraints negotiation process, it is not unusual for people to modify their leisure preferences because of the anticipation of intervening constraints. A sense existed among the 'achievers' that they had settled into a satisfactory leisure life, although most wished their constraints were less magnified at certain times.

**Attempters.** Some women did activities, but had to modify their participation. A philosophy predominated among the 'attempters' that anything was possible until you tried and failed. One woman with a muscular disorder stated, 'If you don't try, you don't know what you're limited to.' Another woman with arthritis stated how she was willing to try any activity but she could only do so much before the pain got to be too intense, so pain became the constraint which she needed to negotiate.

Some attempters negotiated leisure constraints by changing the activities. One young woman with paraplegia from an accident when she was an adolescent described, 'A lot of people are more active as far as leisure things, those that can walk and stuff . . . It takes a lot of energy . . . a lot of will power, just to be able to go from point A to point B [in a wheelchair]. So for me, it's got so . . . now I mainly just sit in the park, read a book, ah, watch a movie, look at some tapes. So it's changed from being so active into just [passive].'

One married woman with multiple sclerosis summed up her advice to women with disabilities in this way, 'They've got to learn that you just change and you limit those activities that are stressful, fatiguing, or whatever else and then you concentrate on the enjoyment of the other activities.'

Some women attempted to experience leisure by enjoying others who were active in recreation and leisure through vicarious experiences. This response to leisure constraints negotiation was not unlike some of the research that has suggested that women's leisure is often defined as family leisure and that some women experience leisure through their families (Henderson *et al.*, 1989). Several of the women with disabilities said they did not want to jeopardise the leisure of others so they participated on their own level. For example, one older woman with rheumatoid arthritis stated, 'They [the family] can do things that I can't do but I will go if just to look. . . . I mean I get a big kick out of seeing my husband jump down on the diving board into the swimming pool and knowing that I can't do that . . . Like I said, a lot of it I couldn't participate in but, ah, we kinda went on and tried . . . to live as normal as possible.'

These three typologies provide some sense of how the constraints that were encountered by women with physical disabilities were negotiated. Some individuals were more successful in negotiating their leisure than were others. Identifying leisure constraints is useful, but it is not a sufficient explanation for understanding how women with disabilities cope, adjust, and negotiate their leisure behaviour.

## Conclusions

The data suggested that leisure choices were not necessarily disability-determined, but the context of the disability influenced choices and constraints. As Fine and Asch (1988a) also found, the disability itself did not necessarily cause constraints, but the environment that was unable to accommodate the disability needs of women was generally at fault. This conclusion was evident for the magnification issues of energy deficiency, time shrinkage, safety, dependency on others, and lack of opportunities. The ways that constraints were magnified, however, was dependent on the disability combined with other life circumstances in which the women with physical disabilities found themselves. In other words, the disability *per se* was not a constraint to leisure, but the disability was a contributing element given other environmental factors. Based on the data,

disability for these women seemed to function as a cumulative contributor to the level and type of leisure involvement and negotiation.

Analysing how women with physical disabilities coped with, adjusted to, and negotiated leisure constraints provided the basis for a further conceptual understanding of constraints. First, as feminists have advocated, data on woman with physical disabilities made visible an ignored group. By examining the magnification of constraints as they emerged as grounded theory, a sense of how leisure constraints varied for women with physical disabilities became evident. The aspects of negotiation also suggested the strategies that women use to empower themselves for leisure pursuits.

Second, the use of symbolic interactionism provided a way to explore leisure constraints by examining the context of the women's situations through their own recounting of their situations. Specifically, the women were able to identify how constraints on leisure were sometimes magnified in their lives because of their disabilities. The meaning of disability, as described by the women, enabled the researchers to understand the social meaning that was attached to leisure and how the negotiation of leisure constraints occurred in daily life. The use of symbolic interactionism also allowed for a greater understanding of how the women with physical disabilities perceived the interaction between their disabilities and other life circumstances.

Third, this study has provided data that further Jackson *et al.*'s (1993) proposition that participation is dependent, not on the absence of constraints, but rather upon negotiation through them. The data showed how women with physical disabilities often modified their leisure experiences related to scheduling and frequency of participation. The data confirmed what Shaw, Bonen, and McCabe (1991) suggested that acknowledging constraints helped the women with disabilities to develop coping mechanisms. The data also suggested that the ability to negotiate constraints was tied to other aspects of life circumstances (e.g., family, paid and unpaid work), as well as an inherent motivation for finding meaning in leisure. Further, the data suggested that the anticipation of a magnified leisure constraint sometimes changed the desire for participation unless the individual was aware she had the ability to negotiate successfully the constraint, or the cumulation of constraints, surrounding an activity or group of activities.

The data for this study were collected from a group of women with physical and sensory disabilities, so the results cannot be generalised directly to all women with disabilities (e.g., mental illness or developmental disabilities) nor to women without disabilities. We cannot universalize the constraints on, or the negotiation of, leisure of women with physical disabilities any more than we can universalize the experiences of women without disabilities. Just as there is no good definition of disability because of the various social, experiential, and biological components present and recognised in different measures in different people, the leisure experience is highly variable in its definition, meaning, and practice. The needs of women with disabilities varied among people depending on their life circumstances.

The values of the data lie in how they can provide additional ways to examine perspectives on constraints for individuals in varying life situations. Researchers seeking to study women and constraints must not make the mistake of ignoring, marginalizing, or labelling as anomalous the experiences of any group such as women with physical disabilities.

The study also raised a number of additional questions concerning women and leisure, as well as disability and leisure. One set of questions raised related to how differences in constraints might exist between groups of people such as women with and without disabilities or between men and women. Certainly the presence of a physical disability resulted in a 'defining' characteristic (E.L. Jackson, personal communication, January 26, 1993) for most of the women interviewed. Further, how much a defining characteristic became a characteristic that distinguished one group from another (i.e., women with disabilities from women without disabilities) was not discernible from the data. The women with physical disabilities sought to negotiate constraints to their leisure and appeared 'to face similar obstacles, albeit further magnified, to what were encountered by women without disabilities. However, this conclusion cannot be drawn directly from this study. If gender was explored

more fully in future research, the differences that might exist between men and women with disabilities would also be important in analysing how disability is a 'defining' characteristic.

This study has provided a further examination of the influence of constraints on leisure behaviour. It illuminates some of the issues of how women with physical disabilities address leisure choices and constraints. Perhaps this 'work in progress' can help to better understand some of the developing constraints models as well as make visible the lives of people who have disabilities. Hopefully this research offers a further step in a on-going process of critique and dialogue.

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