

# Quality of Life Differences between Adults with and without Disabilities

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*Abstract: Adults with and without disabilities were surveyed to investigate similarities and differences between these groups on dimensions of quality of life. Differences were found in marital status and opportunities to make choices, as well as in the extent of social networks and activities experienced by these two groups. The authors contend that quality of life is a socially constructed phenomenon that must be addressed by increasing opportunities for self-determination in terms of both skill development and environmental supports.*

The effectiveness of services for individuals with developmental disabilities have come to be measured by the degree to which quality of life has been enhanced (Bellamy, Newton, LeBaron & Horner, 1990). Increasingly, quality of life indicators are viewed as a more accurate yardstick by which to evaluate services than merely questioning consumers on the degree of their satisfaction with services received, which has been the standard for establishing social validity (Hawkins, 1991). The extent to which the lives of individuals with developmental disabilities match those of their typical peers is a measure of their quality of life and hence a measure of the social validity of the services. Interventions, then, are socially valid when their outcomes positively affect quality of life (Storey & Horner, 1991). The rub in this model is our inexact understanding of the dimensions of quality of life and the inter-relationships among these dimensions. As we gain in our understanding of the complexities of quality of life, the process of selecting strategies for intervention must include choosing among interventions that can most directly and appropriately address individual quality of life concerns.

According to Goode (1990), quality of life is the same for persons with and without disabilities. He further constructs quality of life as a social phenomenon that is a product of

interactions with others. In Goode's model, quality of life is achieved by meeting basic needs and fulfilling responsibilities when it reflects the cultural heritage of individuals and their environments (Goode, 1990). The litmus test for quality of life occurs when individuals, their families, professionals, service providers, advocates, and others evaluate the outcomes of services rather than their delivery. As Stark & Goldsbury (1990) note, the individual and environmental aspects are somewhat complicated by the interaction between the quantitative aspect (what can be objectively measured) and the perceived dimension (what is perceived to exist by individuals and their families).

One tact pursued by Sands, Kozleski and Goodwin (1991), Kozleski and Sands (1992) and Sands, Kozleski, and Goodwin (1992) has been to analyze indicators of quality of life both for individuals with and without disabilities. Kozleski and Sands (1992) found that socio-economic status and other indicators of quality life such as accessibility to others who are willing to form and maintain relationships, personal development and fulfillment, and participation in social, community, and civic activities are only loosely coupled for individuals without disabilities. Although such social demographics as socio-economic status, race, ethnicity, gender, marital status, age, and education have all been shown to impact independence, the ability to form and maintain relationships and the accessibility to others who are willing to involve themselves in relationships appear more crucial (Boone & Stevens, 1991).

Since the technology exists to (a) enhance

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income through supported employment (Wehman, Kregel, & Shafer, 1989), (b) secure community living options (Pierce, Luckasson, & Smith, 1990), and (c) strengthen social networks (Kennedy, Horner & Newton, 1990), we have the capacity to choose among socially valid outcomes. Individuals with disabilities, their families, and service providers are left to ponder how and where resources should be concentrated. This necessitates asking, as Landesman (1986) suggests, what sets of environmental variables are most likely to enhance the quality of life for different types of individuals at different times of their lives.

There is some evidence that suggests factors which must be present to ensure basic levels of satisfaction (inhibitors) can and should be differentiated from those factors (contributors) that can enhance quality of life (Kozleski & Sands, 1992). Interventions can be directed to inhibitors, if minimum levels have not been attained. For instance, an individual who is not currently employed may need to be supported in order to obtain employment to meet basic subsistence needs. Alternatively, where those inhibitors have been addressed, services can be funneled towards enhancing contributors, or those quality of life features that enhance general life satisfaction. Thus, supports can be channeled to increasing social opportunities, social relationships, and recreation/leisure activities.

In this study, we examined the quantitative differences in quality of life factors between adults with and without disabilities. Where quality of life discrepancies were found among these two groups, we were able to identify socially valid targets for intervention.

## Methods

### *Subjects*

One hundred and thirty-one persons without disabilities and 86 persons with disabilities completed a survey on quality of life indicators. Subjects ranged in age from 18 to 70 years, 32 years on the average. Eighty-eight percent of the total sample were white, 2% were black, 7% were Hispanic, 2.5% were Asian-American, and .5% were of American

Indian decent. Of the 217 total respondents, 41% were male and 59 were female.

The individuals without disabilities were selected using three procedures: (a) random selection on a shopping street in downtown Denver, CO; (b) stratified random sampling of community organization members throughout the Denver metropolitan area; and, (c) random selection of students at either an urban campus in Denver, Colorado or a small town campus in Greeley, CO. The group of individuals without disabilities were heavily represented by females (67%) as opposed to males (32%). In all instances individuals completed the survey voluntarily, receiving no compensation for their participation.

The 86 persons with disabilities were a subsample of persons who had been interviewed for a consumer satisfaction study mandated by P.L. 110 (Sands, Kozleski, & Goodwin, 1991). Of the 240 persons interviewed in the original sample, there were 117 adults. Only those adults 18 years of age and older and who were living in community based residential settings were selected to be part of this study. Thus, only those persons living in single family homes, apartments or rooming houses were included in these analyses. Persons from congregate care facilities, nursing homes or institutions were excluded for the purposes of this study. Our comparisons were therefore based on persons with and without disabilities who, theoretically, had access to the routines, patterns, and activities of typical (non-disabled and non-institutionalized) adults. For a more thorough description of the sampling and the demographic characteristics of the entire sample, refer to Sands, Kozleski, and Goodwin (1991).

Of the 86 persons with disabilities included in this study, 61% identified their primary disability as mental retardation, 13% as cerebral palsy, and 4% as head injury. Another 6% were evenly divided between disabilities of autism, deafness, and emotional disorders. Two percent had disabilities in the areas of visual impairments or speech/language. The individuals with disabilities were speech/language. The individuals with disabilities were fairly evenly represented by males (55%) and females (45%).

There was a significant relationship ( $X^2 = 56$ , d.f. = 3,  $p = .00$ ) between the presence

of a disability and marital status. Of the respondents who had disabilities, 95% had never been married, and 5% were married. Of the respondents who did not have disabilities, 46% had never been married, 42% were currently married, 11% were separated or divorced, and one person was widowed. There was a wide discrepancy in the economic stability of persons with and without disabilities. The income of individuals with disabilities ranged from \$0 to over \$50,000 per year with a mean income of \$10,500 and a median of \$1,300. Persons without disabilities made between \$5,000 to over \$50,000 per year, with a mean income of \$17,500. While 65% of the persons without disabilities owned their own homes, only 6% of the persons with disabilities were homeowners ( $X^2 = 72$ , d.f. = 1,  $p = .00$ ).

### *Instrument*

The Consumer Satisfaction Survey (Temple University, 1988) instrument was originally designed to evaluate both consumer satisfaction and quality of life of individuals with developmental disabilities. These constructs were examined by responses to items grouped into six areas: (a) services received; (b) satisfaction with those services; (c) independence/interdependence; (d) community activities; (e) productivity; and (f) needs for supports, services and assistance. For this study both the original and a modified version of the tool were utilized. The original tool was administered to the sample of individuals with disabilities. A modified version was used with the non-disabled sample. In order to tailor the instrument for use with individuals without disabilities some of the survey items required rewording. Some items were deleted. To determine the scope of the changes, a group of adults who were not familiar with the field of developmental disabilities completed the survey and provided feedback regarding the transparency of each item as well as its applicability to persons without disabilities. On the basis of this feedback minimal alterations were made to the instrument.

To the greatest extent possible, questions in each survey category were not changed. However, two categories of changes were made. Items specific to disability issues were

deleted. For example, the item "What is your primary handicapping condition?" was eliminated. When a service listed in the original survey was a disability specific service, a parallel non-disabled service was substituted in the modified version. For example, one question asked survey participants to indicate if they were members of any consumer/advocacy group. This item then listed examples of such organizations. In the original survey the examples were organizations such as the Association for Retarded Citizens and People First. Although the modified survey asked the same question, the examples listed included Green Peace, the Audubon Society as well as disability specific organizations.

### *Procedures*

When signed consent was given, the individuals with disabilities were scheduled for face-to-face interviews with trained interviewers. Interviewers, selected because of their previous experience with survey research, received a three hour training session conducted by the investigators. Interviewers were introduced to the instrument through lecture and then were asked to role play administration of the tool. General guidelines for conducting interview research were reviewed. Prior to all interviews, each interviewer signed a statement guaranteeing the confidentiality of all information collected. Interviews took a minimum of 40 minutes and a maximum of three hours.

Survey instruments were distributed to persons without disabilities by a research assistant. Participants were recruited through classes at university campuses, at community organization meetings, and to individuals randomly selected on an urban shopping street. Participants were asked to complete the survey at their leisure and return it by mail in a self-addressed, stamped envelope that was provided. Instruments were distributed and returned over a three month period of time. Out of the 150 survey instruments that were distributed, 133 were returned (89% return rate).

### *Data Analysis*

All data were coded and entered into SPSS PC+ (SPSS, Inc., 1989). A variety of descrip-

tive and inferential statistical procedures were conducted. The descriptive techniques included computation of means, standard deviations, frequencies and percentages. The inferential techniques included chi-square tests of associations, t-tests, and analyses of variance (ANOVAs).

## Results

### *Experience with Advocacy Organizations*

Respondents were asked to provide information about any affiliations with advocacy or consumer groups. Results indicated that persons without disabilities were more likely to be members of these groups than persons with disabilities ( $X^2 = 11.3$ , d.f. = 1,  $p = .00$ ). Further, persons without disabilities were more likely to live with individuals who were members of an advocacy or consumer group than persons with disabilities ( $X^2 = 9$ , d.f. = 2,  $p = .01$ ). There was no significant relationship between presence or absence of a disability and having an immediate family member belong to these types of groups.

### *Services and Satisfaction*

This section of the survey requested information on the individual's satisfaction with his or her current living, job and/or school situation. Respondents were then asked to comment on the convenience of transportation available to access those work and school settings.

*General Satisfaction.* Of the participants ( $n = 170$ ) who were working, both workers with and without disabilities reported they were somewhat to very satisfied with their present jobs. A majority of the persons with disabilities (71%) and persons without disabilities (68%) reported that getting to work was convenient. There were no significant relationships between existence of a disability and overall satisfaction with life: 88% of both persons with disabilities and without disabilities were somewhat to very satisfied with life in general. On the other hand, persons without disabilities tended to be less satisfied than persons with disabilities with the way the spent their spare time ( $X^2 = 11.3$ , d.f. = 5,  $p = .05$ ). Differences were found in attitudes

towards the convenience of getting around in their spare time. Persons with disabilities found it more difficult to access transportation during their spare time than persons without disabilities ( $X^2 = 37$ , d.f. = 5,  $p = .00$ ).

*Experience with Service Systems.* This section gathered information on individuals' experiences with various funding or service systems. Table 1 lists the types of services that respondents were asked to evaluate. The evaluation criteria used for each service included whether respondents had experience with the service and, their satisfaction with those services. The results show that persons with disabilities were more likely to have experiences with medical assistance, public welfare (in the form of Social Security Disability Income [SDI]), community mental health programs and HUD Section 8 certificates. Though there was not a significant relationship, there was a trend for persons with disabilities to have had less experience with public education. Where they had attended public schools, they were more dissatisfied with their experiences than persons without disabilities.

### *Independence / Interdependence*

This section examined the degree of independence attained by the survey participants. Independence was measured by the amount of input the survey participants felt they had in decisions regarding where they lived, their leisure activities, and their activities of daily living. Finally, respondents were asked to evaluate the importance of independence to their quality of life and to rate themselves on the level of independence they felt they had achieved in their own lives.

*Making Choices.* Table 2 illustrates the levels of choice experienced by persons with and without disabilities. Across all ten categories surveyed, there was a significant relationship ( $p < .00$ ) between presence of a disability and levels of participation in choice for life activities. A majority of the persons with disabilities (50% or more) reported highest levels of independent choice making in two categories: (a) choosing weekend and evening activities (51%,  $X^2 = 36$ , d.f. = 4) and (b) choosing

TABLE 1

## Experience and Satisfaction with Support Service

Service Agency	No Experience	Application Pending	Application Denied	Received & Was Satisfactory	Received & Was Dissatisfied
Aid to families with dependent children					
With disabilities <sup>a</sup>	91.1	0	0	6.3	2.5
Without disabilities <sup>b</sup>	93	.9	1.7	3.5	.9
Public education					
With disabilities	24	1.2	0	55	19
Without disabilities	16.4	.9	1.7	69	12.1
Medicaid or medical assistance					
With disabilities	27	2.4	3.7	62.2	4.9
Without disabilities	85.3	0	0	12.1	1.7
Public welfare					
With disabilities	56.1	0	3.7	36.6	3.8
Without disabilities	90.1	0	1.9	5.6	1.9
Maternal and child health programs					
With disabilities	96.6	0	0	2.5	0
Without disabilities	96.5	.9	0	1.8	.9
Community mental health					
With disabilities	83.8	0	0	12.5	3.8
Without disabilities	91.3	0	.9	6.1	1.7
HUD section 8					
With disabilities	90.1	0	0	10	0
Without disabilities	97.4	.9	10	.9	.9

<sup>a</sup>  $n = 86$ .

<sup>b</sup>  $n = 131$ .

their personal room decor (66%,  $X^2 = 26.9$ ,  $d.f = 4$ ). In contrast, 63% or more of the individuals without disabilities reported that, in nine out of ten categories, they made independent choices. In the tenth category, less than 50% of the respondents without disabilities chose where they lived independently.

Family or friends were most likely to assist persons with disabilities to make choices on (a) how to spend discretionary funds (25%,  $X^2 = 84$ ,  $d.f = 4$ ), (b) what weekend and evening activities to engage in (21%) and (c) where they lived (21%). Paid agency personnel were most likely to provide assistance in (a) choosing weekday activities (jobs, schooling) (32%,  $X^2 = 142$ ,  $d.f = 4$ ); (b) spending discretionary money (24%); and (c) paying rent and bills ( $X^2 = 100$ ,  $d.f = 4$ ). Without the individual's participation, family and friends of persons with disabilities were more likely to choose (a) service agencies or organizations, (b) living ar-

rangements, (c) medical care, (d) banking, and (e) payment of bills. Service agency personnel were likely to make decisions, without the individual's participation, on roommates, weekday activities, and service providers.

Persons without disabilities participated in decision making with friends or family primarily for purposes of determining weekend or evening activities (36%), and for decorating personal space (33%). Persons without disabilities were seldom uninvolved in decision making. When family or friends made choices without them, it was most often in the areas of roommates (14%), decor (11%), and paying bills (11%). Paid service providers assumed responsibility for decision making for persons without disabilities only in rare instances: roommates (2%), living arrangements (1%), paying bills (1%) and service delivery (1%).

*Self-evaluation of independence.* Survey par-

**TABLE 2**

**Percentage of Respondents by Levels of Choice in Life Activities**

<i>Did You Choose:</i>	<i>Unassisted</i>	<i>Yes, With Family, Friends</i>	<i>Yes, With Agency</i>	<i>No, Family, Friends</i>	<i>No, Agency</i>
Where you live?*					
With disabilities <sup>a</sup>	4	21	19	40	16
Without disabilities <sup>b</sup>	46	41	3	9	1
Your roommate(s)?*					
With disabilities	8	13	13	10	56
Without disabilities	77	5	2	14	2
What you do on weekdays?*					
With disabilities	3	14	32	5	46
Without disabilities	88	9	2	9	0
What you do on weekends and evenings?*					
With disabilities	51	21	17	6	5
Without disabilities	63	36	0	1	0
Do you give your own consent for medical care?*					
With disabilities	21	15	11	40	13
Without disabilities	80	13	2	5	0
Your room decor?*					
With disabilities	66	16	6	10	2
Without disabilities	66	33	0	11	0
Do you do your own banking?*					
With disabilities	16	18	16	33	17
Without disabilities	96	3	0	8	0
Do you pay your own rent and bills?*					
With disabilities	13	7	21	32	27
Without disabilities	70	18	0	11	1
What to buy with spending money?*					
With disabilities	35	25	24	11	6
Without disabilities	91	8	0	1	0
Organizations or agencies to serve you?*					
With disabilities	2	11	5	51	31
Without disabilities	82	14	1	2	1

<sup>a</sup> *n* = 86.

<sup>b</sup> *n* = 131.

\* *p* ≤ .00.

ticipants were asked to examine their personal degree of independence and then rank the importance of independence in their own lives. Independence was defined as the degree to which they exerted control and choice over their lives. There was a significant relationship between presence of a disability for both self-perception of independence ( $X^2 = 111$ , *d.f.* = 4, *p* = .000) and im-

portance of independence ( $X^2 = 25$ , *d.f.* = 4, *p* = .000). On a scale of one to five (where one is totally independent and five is not independent at all), only 20% of the adults with disabilities ranked their degree of independence as a 1 or 2. The remaining individuals with disabilities ranked themselves as a 3 (45%), 4 (22%), and 5 (13%). Of the adults without disabilities, 86% ranked their level of inde-

pendence as a 1 or 2. The remaining ranked themselves as a 3 (5%), 4 (5%) or 5 (2%).

Though persons with disabilities ranked their level of independence low, they identified the goal of independence as somewhat to very important. Only 15% of the persons with disabilities viewed independence as somewhat unimportant or not very important at all, with 8% remaining neutral. A large majority of the population without disabilities (97%) perceived independence to be somewhat to very important. The remaining 3% were neutral.

#### *Participation in Community Activities*

This section of the survey requested participants to report the number of times they participated in activities that are typical of life in many Colorado communities. For example, persons were asked if they had voted in the last election—76% of the persons with disabilities and 29% of persons without disabilities said no ( $X^2 = 60.4$ , d.f. = 2,  $p = .00$ ). The results of questions regarding daily life activities in the community are reported in Table 3. Out of the seven activities listed, there was a significant relationship between presence of a disability and extent of participation across five of those activities. Persons without disabilities were more likely than persons with disabilities to: (a) visit with close friends and family on a weekly basis ( $X^2 = 37.9$ , d.f. = 7,  $p = .00$ ); (b) shop at a supermarket ( $X^2 = 20.4$ , d.f. = 6,  $p = .00$ ); (c) eat at a restaurant ( $X^2 = 30.7.4$ , d.f. = 6,  $p = .00$ ); (d) go to a bar or tavern ( $X^2 = 48.7$ , d.f. = 3,  $p = .00$ ); or go to a bank ( $X^2 = 69.2$ , d.f. = 6,  $p = .00$ ).

Of the respondents with disabilities, 6% never visited with close friends or family and 22% visited with friends or family once or less than once per month. On the other hand, 95% of the respondents without disabilities visited close friends and family 1–2 times per week or more than twice per week. While 12% of the persons with disabilities had not shopped at a supermarket in the past 12 months, none of the individuals without disabilities made the same claim. However, the majority of persons with disabilities (63%) and persons without disabilities (82%) shopped at a grocery store 1–2 times or more than 2 times per week. While 41% of the per-

sons with disabilities at a restaurant 1–2 times per week, 34% ate at restaurants once or less than once per month and 4% had never eaten at a restaurant. Persons without disabilities were likely to eat at restaurants 1–3 times per week (67%) or more than twice per week (18%).

Similar levels of attendance were reported by persons with and without disabilities to church or synagogue and for shopping at malls or retail stores. Alternatively, persons with disabilities (86%) were more than twice as likely as persons without disabilities (38%) to have never visited a bar or tavern in the past 12 months. The bulk of persons without disabilities (77%) conducted transactions at banks 1–2 times per week or 2–3 times per month. Only two persons without disabilities reported they had never gone to a bank in the last 12 months. On the other hand, 37% of the persons with disabilities had not gone to a bank in the last 12 months, 16% went 1–2 times per week and 21% reported going 2–3 times per month.

#### *Participation in Recreation Activities*

Respondents were asked to provide information on the frequency of their attendance in various recreation activities on the ensuing section of the survey. Table 4 shows that persons with disabilities participated much less often in recreational activities than persons with disabilities. For every activity listed, there was a significant relationship between presence of a disability and levels of attendance ( $p < .00$ ). For example, 35% of the adults with disabilities had not gone to a movie in the past year as opposed to 5% of the adults without disabilities ( $X^2 = .38.52$ ). Over half of the persons with disabilities had never participated in or attended community groups (83%,  $X^2 = 38.07$ ), athletic clubs (80%,  $X^2 = 18.75$ ), live theater (64%,  $X^2 = 30.39$ ), music performances (64%,  $X^2 = 21.6$ ) or sports events (58%,  $X^2 = 40.13$ ) in the previous 12 months. On the contrary, just over half of the persons without disabilities had never visited an athletic club in the last year. In general, for the six leisure activities listed, nearly 75% of the people with disabilities had either never attended or attended only 1–3 times in the last year with

TABLE 3

## Percentage of Participation in Community Activities

Activity	More than Twice Per Week	1-2 Times Per Week	2-3 Times Per Month	Once or Less than Once Per Month	Never
Visit with close friends, relatives or neighbors*					
With disabilities <sup>a</sup>	23	43	6	22	6
Without disabilities <sup>b</sup>	53	62	13	13	0
Shop at a supermarket*					
With disabilities	14	49	18	7	12
Without disabilities	20	62	13	5	0
Eat at a restaurant*					
With disabilities	7	41	15	34	4
Without disabilities	18	38	29	14	0
Attend a church or synagogue					
With disabilities	4	39	5	14	38
Without disabilities	5	39	6	24	26
Shop at a mall or other retail store					
With disabilities	2	29	27	37	5
Without disabilities	9	30	34	26	1
Go to a bar or tavern*					
With disabilities	2	0	4	8	86
Without disabilities	4	8	8	42	38
Go to the bank*					
With disabilities	0	16	21	26	37
Without disabilities	7	37	40	14	2

<sup>a</sup>  $n = 86$ .

<sup>b</sup>  $n = 131$ .

\*  $p \leq .00$ .

the exception of going to the movies (42%). Conversely, the same conclusion could be drawn for people without disabilities in only one category, attending the theater.

#### *Satisfaction with Attendance in Community and Leisure Activities*

Finally, respondents were asked to evaluate their level of satisfaction with the frequency in which they participated in the various community and leisure activities reported in the previous two sections. Individuals were asked if their levels of participation were the right amount or if they preferred to participate in the activity more often or less often. Table 5 provides the results. For the general community activities including visiting with friends, family or neighbors to going to the bank, there was a significant relationship between

presence or absence of a disability and level of satisfaction for each activity with the exception of visiting close friends, family or neighbors ( $p < .05$ ). Persons with disabilities were more likely to want increased participation in grocery shopping, eating at restaurants, shopping at a mall, or going to a bar. Persons without disabilities were more likely to want increased participation at churches or synagogue. Persons without disabilities were more likely to desire decreased participation in grocery shopping, eating at restaurants, going to bars or taverns and banking.

Of the six leisure activities, there was a significant relationship between presence or absence of a disability or level of satisfaction in two categories: going to the movies and attending the theater ( $p < .05$ ). Persons with disabilities were more likely to want increased opportunities for attending movies



TABLE 4

## Percentage of Respondents Attending Recreation and Leisure Activities in Last Year

Activities	More than 11 Times	Between 4 and 10 Times	Between 1 and 3 Times	Never
Go to movies*				
With disabilities <sup>a</sup>	21	21	23	35
W/O disabilities <sup>b</sup>	31	41	22	5
Live theater*				
With disabilities	3	6	27	64
W/O disabilities	2	18	52	28
Music performances*				
With disabilities	2	7	27	64
W/O disabilities	6	21	43	30
Sports events*				
With disabilities	13	13	16	58
W/O disabilities	20	22	41	17
Athletic clubs*				
With disabilities	13	3	4	80
W/O disabilities	25	16	7	52
Community grps.				
With disabilities	7	9	1	83
W/O disabilities	19	20	19	42

<sup>a</sup>  $n = 86$ .

<sup>b</sup>  $n = 131$ .

\*  $p \leq .00$ .

and persons without disabilities were more likely to want more opportunities for attending the theater. Of the remaining leisure activities, over a third to just over half of the persons with and without disabilities wanted increased participation in music performances, sporting events, and athletic clubs. About a third of both groups wanted to increase their participation in community groups. Across all of the leisure activities, small percentages of persons with and without disabilities desired decreasing their levels of participation.

### Discussion

This study looked at quantitative indicators of quality of life. The results suggest that adults with and without disabilities differ on several dimensions of quality of life. First, the adults with disabilities overwhelmingly lacked spouses, although the number of adults living together were similar. Thus, the social networks of adults with disabilities lack stable, intimate partners. Second, although

the standard of living varied for both populations, socio-economic status was not linked to involvement in social and community activities (see Kozleski & Sands, 1992). Most importantly, the degree of choice which individuals with disabilities were able to exercise was significantly limited when compared to adults without disabilities. This lack of opportunity to make choices extended from relatively innocuous activities such as decorating a bedroom to such fundamental choices as who shares a bedroom.

Although the majority of participants with and without disabilities reported that they were generally satisfied with life, individuals with disabilities rated themselves as having moderate to low independence, even though they felt that being independent was important. Additionally, they were dissatisfied with the frequency and variety in their community, recreation and leisure activities. This apparent discrepancy between overall satisfaction with life and dissatisfaction with essential elements of quality of life appears contradictory. Perhaps, quality of life and satisfaction

**TABLE 5**

**Level of Satisfaction with Attendance Frequency of Various Community, Recreation and Leisure Activities**

<i>Activity</i>	<i>More Often</i>	<i>Right Amount</i>	<i>Less Often</i>
Visit with close friends, relatives or neighbors			
With disabilities <sup>a</sup>	42	58	0
Without disabilities <sup>b</sup>	29	69	2
Shop at supermarket*			
With disabilities	12	85	2
Without disabilities	3	79	18
Eat at a restaurant*			
With disabilities	37	62	1
Without disabilities	16	74	10
Attend a church or synagogue*			
With disabilities	12	86	2
Without disabilities	29	71	0
Shop at a mall or other retail store*			
With disabilities	36	61	3
Without disabilities	7	87	6
Go to a bar or tavern**			
With disabilities	10	90	0
Without disabilities	7	84	9
Go to the bank**			
With disabilities	5	95	0
Without disabilities	6	85	9
Go to movies**			
With disabilities	51	49	0
Without disabilities	37	59	4
Live theater*			
With disabilities	40	60	0
Without disabilities	64	33	3
Music performances			
With disabilities	56	44	0
Without disabilities	45	50	5
Sports events			
With disabilities	35	64	1
Without disabilities	42	52	6
Athletic clubs			
With disabilities	39	61	0
Without disabilities	45	54	1
Community grps.			
With disabilities	32	67	1
Without disabilities	33	63	4

<sup>a</sup> *n* = 86.

<sup>b</sup> *n* = 131.

\* *p* ≤ .00.

\*\* *p* ≤ .05.

with life are not equivalent. While we can measure quantitative elements of what has come to be known as quality of life, these elements do not necessarily collapse into an overall measure of life satisfaction. Edgerton

(1990) describes the lives of adults with mental retardation who have made lifestyle decisions that jeopardize their health and physical safety. Yet, these individuals report high degrees of satisfaction with their lives and with

the social networks that they experience. In our zeal to investigate quality of life we must take care to avoid the juxtaposition of a set of standards for lifestyle that compromises self-determination and hence, choice-making.

For many years our profession has assumed that cognitive capacity and the ability to make choices are linked. Individuals who are perceived to have more typical cognitive capacities are involved in lifestyle choices with limited guidance or interference. Sanctions are imposed by law or cultural norms. In contrast, human service agencies typically impose limitations on individuals who they perceive to lack the cognitive capacity to make informed choices. Thus, agencies have traditionally served as a buffer between individuals and social norms. This system of care in which perceived capacity is the criteria that determines the extent of the opportunities that are provided for choice making is oddly co-dependent. While service systems support the notion of quality of life, they also engineer situations in which little individual choice is permitted. We suggest that assisting individuals to become more confident and competent in their ability to make self-determined choices may impact the quality of choices that individuals make without restricting their ability to make those choices.

In this study, we selected a group of individuals with disabilities who already lived in community settings rather than congregate care facilities purposefully. In doing so, we avoided the potential criticism that the group of individuals with disabilities we were comparing represented a degree of disability that would automatically preclude them from being able to make choices. Yet, even with a group of individuals with disabilities who were able to live within the community, there was an overwhelming lack of involvement in making critical choices. Further, the discrepancy between these individuals and their non-disabled peers in terms of participation in a range of typical, adult activities suggests that individual capacity is not the fundamental element that precludes involvement in these activities and options. Instead, these findings raise the concern that lack of opportunity to participate and, hence, practice, constrains choice more than cognitive abilities. These data advance the proposition that quality of

life is socially constructed. In other words, we, as caregivers, create the opportunities for involvement or disengagement. We must attend to the contextual features of the environments that we support for individuals with disabilities so that opportunities to make choices are a fundamental component of those environments.

It is easy to lose perspective on what might be considered to be quality of life without a yardstick based on the typical patterns of adults in our communities that can provide a guide for programmatic and service decisions. Analyses such as the one presented here, comparing the habits and lifestyles of the general public with those of individuals with disabilities, assist us in achieving social validity in our services to persons with developmental disabilities.

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