

# Comparing Subjective Life Satisfaction of People with Impairments Who Engage in the Occupation of Skiing with Those Who Do Not: A Survey Research

Nika Šuč<sup>1</sup>, Saša Cecić Erpič<sup>2</sup>, Blaž Lešnik<sup>2</sup>

<sup>1</sup> Center Janeza Levca, Ljubljana, Slovenia

<sup>2</sup> Faculty of Sport, University of Ljubljana, Ljubljana, Slovenia

## ABSTRACT

*Subjective life satisfaction has not been widely researched in people with impairments and variables that can support it are not well understood. The aim of this study was to explore whether the recreational practice of para-alpine skiing can improve subjective life satisfaction of people with physical impairments. All recreational para-skiers who resided in Slovenia at the time of the study (N=15) were included, and compared with a group of non-skiers (N=15). Data were gathered using a questionnaire which included different scales that measured the frequency and intensity of positive and negative emotions, and satisfaction in various areas of life. Para-skiers had more positive emotions and lower intensity of negative emotions than non-skiers. They also experienced more general satisfaction and had higher satisfaction with certain areas of life. Para-alpine skiing is an occupation that can present a good fit for certain people with impairments and holds a potential to increase life satisfaction in a sustainable way.*

**Key words:** acute injury; subjective satisfaction with life; para-skiing

## Introduction

The concepts of happiness, life satisfaction and human flourishing have been a part of the philosophical discourse since Ancient Greece, and possibly before. Aristotle spoke of »*eudaimonia*« or happiness as the ultimate goal of all humans, an end in itself, which presents the most important source of motivation for any individual's actions<sup>1</sup>. Aristotle's happiness theory has frequently re-emerged in the contemporary academic enquiry, however, it has also been juxtaposed to the currently dominant subjective well-being approach, which puts an emphasis on a person's subjective experience<sup>2</sup>. A great number of studies have explored the phenomena of life satisfaction and the factors contributing to it, particularly through the lenses of positive psychology<sup>3</sup>. However, it has been acknowledged that this is a complex concept that requires careful interpretation. For instance, we need to distinguish between acute causes of satisfaction (which are often linked to performing occupations one enjoys) and a feeling of long-term satisfaction. The latter might be based around an individual's attempts to return to a certain level of happiness following positive or negative life events, known as the »set-point«

theory<sup>4</sup>. Furthermore, significantly more studies have researched the concept of satisfaction and happiness in people who do not have impairments, and variables that can influence life satisfaction in people with physical impairments are less well understood<sup>5,6</sup>. Since the ultimate goal of rehabilitation for all people with physical impairments is to reach the highest possible level of life satisfaction and participate in occupations which they find meaningful, it is important to better understand the parameters that could positively contribute to their sense of satisfaction and enable community participation.

### *Subjective Life Satisfaction and Engagement in Occupations*

Authors cite three main provisions of subjective life satisfaction. The first is that satisfaction is subjective and, therefore, remains in the experience of the individual. Objective conditions, such as individual's health, wealth and comfort, can potentially affect subjective satisfaction but are not directly related and are usually absent from the

definitions of subjective satisfaction<sup>7</sup>. Nonetheless, surveys indicate that monetary income, chronological age, gender, race, employment status, education, marital and family status, social interaction, life events, personality and biological effects influence subjective satisfaction<sup>8</sup>. The second provision is that subjective satisfaction contains positive criteria. This means that when determining satisfaction, we consider not only the absence of negative factors, but also the presence of positive factors<sup>6</sup>. The third provision is that subjective satisfaction contains a global assessment of all aspects of an individual's life. Although an individual can achieve satisfaction in only one area of life, subjective satisfaction is an integrated assessment of an individual's life as a whole<sup>9</sup>.

Since objective conditions are not necessarily included in the definition of subjective life satisfaction, this theory can be applied to people after an injury as it implies that pleasant emotions can prevail over unpleasant despite external circumstances<sup>4</sup>. In fact, research on subjective life satisfaction in people with impairments has often found that many people with impairments report an average or even above-average satisfaction with life, irrespective of the type and severity of injury, which has been referred to as the »disability paradox«<sup>10,11</sup>. Some people even report leading a fuller and more successful life after the injury compared to their life before the injury<sup>12</sup>.

On the other hand, some authors cite false satisfaction with life as a defense mechanism. In this case, individuals indicate a good quality of life when they are in fact unhappy, but do not want their surroundings to feel sorry for them. By pretending to be satisfied they, nonetheless, affect their social interactions and in doing so, experience positive affirmation from the environment<sup>13</sup>. Some studies, however, found that happiness levels are significantly lower in people with impairments compared to the general population<sup>4</sup>. Authors report that while people with and without impairments share some common predictors of happiness, such as health, relationships and achievements, there are certain predictors of happiness that are more characteristic for the disability group, for example, physical safety and acceptance by the community<sup>4</sup>.

Generally, occupations are a strong determinant of health and well-being. Participation in meaningful and rewarding occupations has been recognized as an important contributor to personal satisfaction<sup>14</sup>. In fact, researchers found that meaningful occupations were consistently the single greatest predictors of both life satisfaction and meaning in life<sup>15</sup>. According to another research, there are happiness-relevant activities and practices that contribute to chronic happiness levels in a sustainable way<sup>16</sup>. It is, therefore, not surprising that many people with physical impairments search for ways to continue performing their valued occupations, albeit in an adapted form. It has also been suggested that social inclusion and occupations in which people with impairments can engage are likely the keys to happiness<sup>17</sup>. Specifically, participation in recreational activities has been recognized as an important element of restoring a normal rhythm of life post-injury<sup>6</sup>.

### *The Influence of Para-Sports on Life Satisfaction in People with Physical Impairments*

The notion that participation in adapted sports or para-sports can improve the quality of life of people with physical impairments has received a lot of support<sup>18,19</sup>. However, empirical evidence that would show para-sports have a positive effect on overall life satisfaction are still scarce<sup>5,14</sup>. People with physical impairments who participated in para-sports had significantly higher life satisfaction scores compared to people with physical impairments who were not involved in any recreational sports activities<sup>5</sup>. Furthermore, a study showed that the positive effects of para-sports on the quality of life depended on different factors, including interpersonal relationships, society's support and personal factors<sup>14</sup>. The positive effects were mainly observed in the areas of self-esteem, self-efficacy, sense of belonging, and physical well-being<sup>14</sup>.

Alpine skiing is one of the most popular sports in Slovenia. Adapted skiing or para-alpine skiing started developing in the late nineties. It took some years for it to become more popular among people with impairments. In 2008, the first sit ski camp was organized by the Association of Paraplegics of Slovenia and the Paralympic Committee of Slovenia. Since then, the camp has been organized annually. It has been noted that the number of participants has been gradually increasing. Currently, there are about 15 recreational para-skiers in Slovenia. Slovenia has also been a part of the Paralympic movement in para-alpine skiing on every Paralympic Games since 2006.

The aim of this study was to explore whether the recreational practice of an adaptive sports activity can help improve the subjective life satisfaction of people after an injury. Specifically, we wanted to determine whether people with an acquired physical disability involved in the occupation of alpine skiing experience more positive emotions than negative, how intensely they experience them, and whether they are consequently more satisfied with life than those people with acquired impairments who are not engaged in the occupation of skiing. We also wanted to examine satisfaction with individual areas of life in both groups. Our hypothesis was that those engaged in recreational skiing after an injury were generally more satisfied than those who did not participate in para-alpine skiing regularly.

## **Methods**

### *Sample*

The sample consisted of two groups, skiers and non-skiers. The inclusion criteria were that the potential participants were over 18 years old, had an acquired physical disability, and had no diagnosed cognitive impairment.

The group of skiers ( $N=15$ ) included the entire documented population of para-skiers in Slovenia, that is all people with acquired physical impairments who engaged in recre-

ational skiing via the Association of Paraplegics of Slovenia and the Paralympic Committee of Slovenia. The potential participants were approached by the first author during the sit ski camp and asked to participate. The researcher introduced the research project and provided research information sheets, as well as contact information. Potential participants were invited to ask questions to clarify the aim of the study. They all agreed to participate, and a written consent was obtained.

The group of non-skiers ( $N=15$ ) was recruited from the general population of physically disabled people in Slovenia. They were recruited through flyers, word-of-mouth, and the Association of Paraplegics. The recruitment process corresponded that of skiers described above. Participation in the study was voluntary and participants were able to terminate their involvement at any point with no consequences.

### Data collection and Analysis

To gather data, a questionnaire was developed, which included Diener's Combined Scale of Subjective Satisfaction<sup>20</sup>. This scale measures the frequency and intensity of positive and negative emotions in recent months, and satisfaction in various areas of life. It is intended for adult respondents<sup>20</sup>. Only those component scales with an  $\alpha$  higher than 0,700 were used, even though the reliability of the entire Combined scale of subjective satisfaction is high ( $\alpha=0,853$ )<sup>21</sup>.

The questionnaire was divided into several sections:

- Demographic characteristics (gender, age, education, employment, income, place of residence).
- Data on disability (age at onset, type of injury, rehabilitation post injury)
- Satisfaction with Life Scale ( $\alpha=0.859$ ), which includes five statements that measure an individual's global life satisfaction based on personal criteria<sup>9</sup>.
- The frequency of emotional experience scale ( $\alpha=0.709$ ), which records the presence of (18) different positive and negative emotions and emotional states (e.g. fear, anger, pride, guilt, happiness) in the last few months using a 7-point Likert scale (1=never; 7=always).
- The intensity of emotional experience scale ( $\alpha=0.714$ ), which records the intensity of emotions ranging from very mild to extremely strong using a 7-point Likert scale (1=very mild; 7=very strong).
- Satisfaction with areas of one's life scale ( $\alpha=0.790$ ), which rates satisfaction in<sup>21</sup> different areas using a 7-point Likert scale (1=extremely dissatisfied; 7=extremely satisfied), including satisfaction with health, family, friends, love life and food.
- Information on sports activities (frequency of participation in sports activities before and after the injury, type of sports, social inclusion during exercise, equipment and ski slopes availability).

To describe the sample and individual variables, descriptive statistics were used. Before conducting further analysis, normal data distribution was checked. The *t*-test was used for comparisons between the groups; and the non-parametric Mann-Whitney test was used where the distribution was not normal. Data were analyzed using the SPSS v23 for Windows.

## Results

### Demographic Data

The group of skiers consisted of males aged 25 to 54 years ( $M=39.8$ ,  $SD=7.64$ ), whereas the control group consisted of 12 (80%) males and 3 (20%) females, aged 27 to 52 years ( $M=36.7$ ,  $SD=7.27$ ). Most of the respondents resided in urban areas (75%), between 50 and 100 kilometers away from the nearest ski slope (73%). In relation to the general population, both groups were relatively highly educated; 60% of the skiers and 40% of the non-skiers had university education; the rest had completed higher vocational education. Almost three quarters (73 %) of skiers had full-time employment with a monthly income of between 1.000 and 2.000 Euros. Half of the non-skiers were employed on a full-time basis with a comparable monthly income.

Paraplegia was cited as the most frequent type of injury in both groups, namely in 86.7% of skiers and 66.7% of non-skiers. Quadriplegia and amputation of both lower extremities were also cited. The level of injury in paraplegia ranged from TH4 to L3. In the skier and non-skier groups, the most common cause of injury was a traffic accident, in 60% and 66.7 % of cases respectively. When they sustained the injury, the skiers were between 13 and 37 years old ( $M=28.3$ ,  $SD=5.61$ ) and the non-skiers between 19 and 36 years old ( $M=27.9$ ,  $SD=4.30$ ). In both groups, following their injury, more than half (60%) of the participants were in rehabilitation for 3 to 6 months, while others were in rehabilitation for less than 3 months. None of them were introduced to adaptive sport during the rehabilitation program.

### Participation in Sports Activities among Skiers and Non-skiers

Before the onset of disability, most skiers were physically active 2 to 4 times a week ( $N=12$ ; 80.0 %). There were 60.0 % of such in the non-skiers group ( $N=9$ ), followed by those who were physically active once a week ( $N=3$ ; 20.0%).

Besides skiing, skiers mostly reported riding a hand-bike ( $N=12$ ; 80.0 %) and playing wheelchair basketball ( $N=5$ ; 33.3%). Table tennis and wakeboarding ( $N=2$ ; 13.3 %) were listed in the »other sports« section. Some members of the non-skiers' group occasionally participated in the following types of para-sports, however, they did not engage in them regularly: wheelchair basketball ( $N=5$ ; 33.3%), swimming ( $N=4$ ; 26.7 %) and cycling ( $N=4$ ; 26.7%).

Even though some had tried it, none of the non-skiers engaged in skiing.

Over half ( $N=8$ ; 53.3%) of skiers engaged in para-sports on their own initiative, followed by those who received encouragement from friends. Almost half ( $N=7$ ; 46.7%) of the respondents in the non-skiers' group were introduced to para-sports at their own request. The majority (93.3 %) of skiers started participating in para-sports immediately after the completion of rehabilitation. In the group of skiers, 66.7% ( $N=10$ ) reported going to sports activity with friends, followed by those who were accompanied by family members ( $N=4$ ; 26.7%). Nobody went alone. In the group of non-skiers, 57.1% ( $N=8$ ) went with friends, followed by those who usually did sports on their own ( $N=3$ ; 21.4%).

### Frequency and Intensity of Emotional Experience

When reporting on the frequency of emotions, the group of skiers experienced positive emotions more frequently than the group of non-skiers. There was also a statistically significant difference in guilt, in favor of the non-skiers, and in affection, in favor of the skiers. When comparing the two groups in the intensity of their emotions, statistically significant difference was found in negative emotions (fear, sadness, guilt) with the group of non-skiers. Non-skiers felt negative emotions more intensely than the active group. In contrast, the group of skiers felt pride more intensely (Table 1).

### Satisfaction with Individual Areas of Life

Compared to non-skiers, the group of skiers was significantly more satisfied with areas related to sports, transport, family, education, recreation, residence, friends, food and with themselves (Table 2).

### General Satisfaction

The three indicators (Frequency of emotional experience, Intensity of emotional experience and Satisfaction with individual areas of life) were compared between skiers and non-skiers. There was a statistically significant difference in satisfaction with areas of one's life in favor of skiers as shown in table 3. (Table 3)

### Discussion

Our findings show that para-skiers had more positive emotions and lower intensity of negative emotions than non-skiers. They also experienced more general satisfaction compared to non-skiers, and had higher satisfaction with certain areas of life, as well as with themselves. Furthermore, they felt proud more often. The results confirm our hypothesis that those engaged in the occupation of skiing following an injury are generally more satisfied than those who do not participate in para-alpine skiing.

We do not know the baseline (pre-injury) scores for the two groups, therefore, it is possible that the group of skiers was more satisfied already prior to disability onset or had an overall »happier disposition«, which influenced the way they coped with the changed circumstances and how they adapted their occupations. According to the set-point theory, inborn happiness levels purportedly contribute between 50 and 80 percent to a person's overall happiness<sup>22,16</sup>. However, it has also been suggested that enduring or chronic happiness could be importantly influenced by happiness-relevant activities and practices that get less influenced by the hedonic adaptation<sup>16</sup>. Furthermore, out of the three factors that can contribute to happiness levels (genetics, circumstantial factors, activities), intentional activities might offer the best opportunity to in-

**TABLE 1**  
FREQUENCY AND INTENSITY OF EMOTIONS

Emotion	Frequency of emotions							Intensity of emotions					
	Mean	SD	Min	Max	t	Sig	Mean	SD	Min	Max	t	Sig	
S Fear	3,33	0,90	2	5			4,60	0,51	4	5			
NS Fear	3,67	1,11	2	5	0,90	0,375	5,33	1,05	3	7	2,44	0,024	
S Affection*	6,20	0,68	5	7			6,40	0,63	5	7			
NS Affection*	5,40	0,99	3	6	-2,59	0,015	5,93	0,96	4	7	-1,57	0,127	
S Anger	3,87	1,19	2	6			4,87	0,74	4	6			
NS Anger	4,07	1,44	1	6	0,42	0,681	5,27	7,80	4	7	1,42	0,167	
S Happiness	6,27	0,88	4	7			6,00	1,00	4	7			
NS Happiness	5,40	1,55	1	7	-1,88	0,070	6,47	0,52	6	7	1,61	0,120	
S Sadness	3,33	1,05	2	5			4,00	1,07	2	5			
NS Sadness	3,47	1,36	1	6	0,30	0,765	4,87	1,13	3	7	2,16	0,039	
S Guilt*	2,33	0,49	2	3			2,67	0,72	2	4			
NS Guilt*	2,93	0,89	1	4	2,30	0,029	3,80	1,21	1	6	3,12	0,005	
S Satisfaction	5,60	1,50	2	7			6,07	0,96	4	7			
NS Satisfaction	5,47	0,83	4	7	-0,30	0,767	5,67	0,90	4	7	-1,18	0,249	
S Pride	5,67	1,68	2	7			6,60	0,83	4	7			
NS Pride	5,13	1,10	3	7	-1,04	0,308	5,87	0,83	4	7	-2,42	0,002	

\*statistically significant difference,  $p < 0.05$ ; S – skiers; NS – non-skiers

**TABLE 2**  
SATISFACTION WITH INDIVIDUAL AREAS OF LIFE

	Emotion	Mean	SD	Min	Max	t	Sig
S	Health	5,73	0,88	4	7	-1,12	0,271
NS		5,40	0,74	4	6		
S	Transport*	6,40	0,83	5	7	-3,40	0,002
NS		5,00	1,36	3	7		
S	Finances	5,00	0,85	3	6	-1,61	0,120
NS		4,53	0,74	3	6		
S	Religion	5,20	0,94	4	7	-1,81	0,08
NS		4,33	1,59	1	6		
S	Sports*	6,40	0,63	5	7	-3,89	0,001
NS		5,20	1,01	3	7		
S	Family*	6,40	0,63	5	7	-2,58	0,015
NS		5,67	0,90	4	7		
S	Education*	5,93	0,70	5	7	-2,10	0,045
NS		5,07	1,44	1	7		
S	Recreation*	6,67	0,49	6	7	-3,85	0,001
NS		5,00	1,60	1	7		
S	Your nation	3,47	1,13	1	5	0,80	0,428
NS		3,80	1,15	2	5		
S	Your freedom	5,40	1,12	4	7	-0,74	0,466
NS		5,13	0,83	4	7		
S	Residence*	6,20	0,56	5	7	-2,73	0,011
NS		5,40	0,99	3	6		
S	Friends*	6,33	0,62	5	7	-2,09	0,046
NS		5,80	0,78	4	7		
S	TV programmes	4,07	0,96	2	5	-1,27	0,216
NS		3,60	1,10	1	5		
S	Love life	5,87	0,99	4	7	-0,84	0,411
NS		5,53	1,19	3	7		
S	Yourself*	6,13	0,64	5	7	-2,30	0,029
NS		5,40	1,10	3	7		
S	Travelling	4,93	1,39	2	7	-1,10	0,277
NS		4,40	1,24	2	7		
S	Your food*	6,00	1,20	2	7	-2,11	0,044
NS		5,07	1,22	2	6		

\*statistically significant difference,  $p < 0.05$ ; S – skiers; NS – non-skiers

**TABLE 3**  
GENERAL SATISFACTION

	General satisfaction	Mean	SD	t	Sig
S	Frequency of emotional experience	4,40	0,48	-1,77	0,088
NS		4,06	0,56		
S	The intensity of emotional experience	5,15	0,49	1,50	0,145
NS		5,40	0,43		
S	Satisfaction with areas of one's life *	5,65	0,62	-2,68	0,012
NS		4,96	0,79		

\*statistically significant difference,  $p < 0.05$ ; S – skiers; NS – non-skiers

crease happiness in a sustainable way<sup>16</sup>. This principle was also reflected in our findings. While the participants had little influence over their circumstances and disability, they were able to choose to engage in meaningful occupations and maintain their life satisfaction.

Moreover, it was previously found that engaging in occupations that can boost chronic happiness requires at least two efforts: initiating the activity and carrying it out<sup>16</sup>. Volitional activity needs to be effectively pursued over long periods of time for happiness levels to be main-

tained. Our study supports this notion. While non-skiers reported occasionally engaging in recreational sports, they did not pursue their interests on an ongoing basis. In contrast, the skiers regularly participated in their chosen occupation of para-alpine skiing. Thus, we could argue they were able to accumulate positive daily experiences that contributed to their enhanced well-being<sup>23</sup>.

We recognize that choosing an occupation that can increase happiness levels and maintain them also depends on a person match and that not all strategies work for everybody. The appropriate activity might depend on various factors, including a person's inclinations, interests, values, strengths, weaknesses, financial status, to name but a few. Para-alpine skiing might not have the desired effect on everybody. Also, this occupation might not be accessible to everyone, raising the question of social and occupational justice<sup>24</sup>. People that chose to participate in skiing probably had a good personal and social match to begin with. There is, however, an assumption in the positive psychology literature that there are certain kinds of experiences which are likely to be beneficial to anyone because they reflect universal psychological needs. It has been suggested that any activity that provides experiences pertaining to belongingness, self-efficacy or autonomy might be assumed to »fit« the person, a priori<sup>16</sup>. Since all para skiers reported going to ski slopes in the company of either friends or family, we could argue that this occupation might have contributed positively to their sense of belonging and social participation. In contrast, some non-skiers reported engaging in recreational activities solo, therefore, the social component might have been missing for them. Previous studies showed that community integration is generally better among people with impairments who participate in sports compared to non-participants<sup>25</sup>.

Moreover, alpine skiing could be regarded an occupation that requires mental involvement and stretches one's mental and physical abilities. Thus, it is more likely to provide an immersing experience that could uplift an individual and offer relief from stress, boredom and<sup>26</sup>.

Previous research that examined satisfaction with life in people with impairments did not show a clear connection between satisfaction with life as a whole and satisfaction with different life domains. At best, a moderate relationship was observed<sup>27</sup>. Our study did not analyze the connection between life satisfaction and different life domains. However, while no significant differences between skiers and non-skiers were found on the Satisfaction with Life Scale (SWLS), skiers did report being more satisfied in certain life domains. This supports the notion that there is a distinction between achieving satisfaction in only one area of life, and subjective satisfaction as an integrated assessment of an individual's life as a whole.

### *Limitations and Future Research*

Our study included a relatively small sample of disabled persons. Therefore the results cannot be generalized. A bigger sample was not available in this geographic location and we included all para-skiers in Slovenia. Future studies could also include para-skiers from other countries, or, alternatively, recruit disabled Slovenians who regularly engage in other types of sports, too. Moreover, a comparison between the life satisfaction of persons after an acute injury, persons with congenital motor disorders and/or persons without handicaps could be performed in the future. A more complex and longer lasting study could also examine sustainability or the change in life satisfaction from the initial stages immediately after the injury to integration into society and look at the role of para-sports in this process.

### **Conclusion**

The findings of our study demonstrate that occupational science can make a significant contribution to the study of happiness. We argue that people with impairments can increase their sense of satisfaction and participation in community life by choosing and maintaining recreational sports activities. Para-alpine skiing is an occupation that can present a good fit for certain people with impairments and holds a potential to increase life satisfaction in a sustainable way. This type of an occupation can fulfil certain universal psychological needs, such as the need for belonging and autonomy. Professional team can use the findings of this study to confirm the power of occupation to increase life satisfaction in people with impairments. Further research is required to increase our knowledge about the factors that influence occupational choices of people with impairments and provide practitioners with strategies for finding the best occupational fit for an adult person post injury.

We hope the findings of this study will encourage disabled people to engage in recreational sports, thus maintaining and gaining not only physical abilities, but also new social contacts and opportunities for participation. Also, we would like to encourage rehabilitation organizations to introduce adaptive sports in the final phase of rehabilitation, providing people with impairments an additional way of fulfilling their potential and increasing life satisfaction.

### **Acknowledgements**

There is no conflict of interest. We did not get any financial support.

Ethical approval was acquired by Ethical commission of Faculty of Sport, University of Ljubljana, by the number 1858/2013.

## REFERENCES

1. ARISTOTLE, The Nicomachean ethics (selections), In CAHN SM, VITRANO C (Eds), *Happiness: classic and contemporary readings in philosophy* (New York: Oxford University Press, 2008). — 2. UOTINEN J, *Approaching Religion*, 5(2) (2015) 93–106. — 3. SELIGMAN M, *Authentic happiness: Using the new positive psychology to realise your potential for lasting fulfilment* (New York: Free Press, 2002). — 4. MARINIĆ M, BRKLJAČIĆ T, *J Dev Phys Disabil*, 20(6) (2008) 27–540. DOI:10.1007/s10882-008-9115-7. — 5. YAZICIOGLU K, YAVUZ F, GOKTEPE AS, TAN AK, *Disabil Health J*, 5(4) (2012) 249–253. DOI:10.1016/j.dhjo.2012.05.003. — 6. YOUNGHILL L, MCCORMICK B, *J Rehabil*, 70(3) (2004) 5–12. — 7. KOSMA M, ELLIS R, CARDINAL BJ, BAUER JJ, MCCUBBIN AJ, *Disabil Health J*, 2(2) (2009) 104–109. — 8. SCELZA WM, KIRSHBLUM SC, WUERMSER L, HO CH, PRIEBE MM, CHIDO AE, *Arch Phys Med Rehab*, 88(3) (2007) 71–75. — 9. DIENER E, EMMONS RA, LARSEN RJ, GRIFFIN S, *J Pers Assess*, 49 (1984) 71–75. — 10. FREDMAN J, *Happy people* (Harcourt Brace Jovanovich, New York, 1978). — 11. KIM J, KIM M, PARK S, *Psychol Rep*, 119(1) (2016) 312–327 DOI:10.1177/0033294116653954. — 12. VAN LEEUWEN CM, POST MW, VAN ASBECK FW, BONGERS-JANSEN HM, VAN DER WOUDE LH, DE GROOT S, LINDEMAN E, *Disabil Rehabil*, 34(1) (2012) 76–83. — 13. CRAIG A, TRAN Y, MIDDLETON J, *Spinal Cord*, 47 (2008) 108–114. — 14. CÔTÉ-LECLERC F, BOILEAU DUCHESNE G, BOLDOC P, GÉLINAS-LAFRENIÈRE A, SANTERRE C, DESROSIERS J, LEVASSEUR M, *Health Qual Life Out*, 15(1) (2017). DOI:10.1186/s12955-017-0597-9. — 15. EAKMAN A, EKLUND M, *J Occup Sci*, 19(2) (2012) 165–177. DOI:10.1080/14427591.2012.671762. — 16. LYUBOMIRSKY S, SHELDON K, SCHKADE D, *Rev Gen Psychol*, 9(2) (2005) 111–131. DOI:10.1037/1089-2680.9.2.111. — 17. ITZICK M, KAGAN M, TAL-KATZ P, *Disabil Rehabil*, (2017) 1–9. DOI:10.1080/09638288.2017.1331380. — 18. BLAUWET C, *Promoting the health and human rights of individuals with a disability through the paralympic movement* (International Paralympic Committee, Bonn, Germany, 2005). — 19. SANTIAGO MC, COYLE C, *Disabil Rehabil*, 26(8) (2004) 485–494. — 20. CECIĆ ERPIĆ S, *Development of life structures and life satisfaction in early adulthood: Comparison between former elite athletes and non-athletes*. MS Thesis. (University of Ljubljana, Faculty of Arts, Ljubljana 1998). — 21. HORVAT B, *Some aspects of self-experience among people with schizophrenia and people following a spinal cord injury*. Doctoral dissertation (University of Ljubljana, Faculty of Arts, Ljubljana 2014). — 22. LYKKEN D, TELLEGEN A, *Psychol Sci*, 7 (1996) 186–189. — 23. SHELDON KM, LYUBOMIRSKY S, *Pers Soc Psychol B*, 38(5) (2012) 670. DOI:10.1177/0146167212436400. — 24. KRONENBERG F, POLLARD N, *Am J Occup Ther*, 60 (2006) 617–625. — 25. MCVEIGH SA, HITZIG SL, CRAVEN BC, *J Spinal Cord Med*, 32(2) (2009) 115–24. — 26. CSIKSZENTMIHALYI M, *J Occup Sci*, 1(1) (1993) 38–42. — 27. POST MW, DE WITTE LP, *Qual Life Res*, 10(3) (2001) 219.

## SUBJEKTIVNI OSJEĆAJ ZADOVOLJSTVA ŽIVOTOM U OSOBA S INVALIDITETOM KOJE SE BAVE SKIJANJEM

### SAŽETAK

Osjećaj subjektivnog zadovoljstva životom u osoba s invaliditetom nije do sada bio predmet istraživanja pa se o varijablama koje na njega utječu ne zna dovoljno. Cilj rada je utvrditi da li rekreacijsko para- alpsko skijanje može povećati stupanj subjektivnog zadovoljstva životom u osoba s invaliditetom. U istraživanje su uključeni svi rekreacijski para- skijaši koji žive u Sloveniji (N=15) i skupina osoba s invaliditetom koje ne skijaju (N=15). Podaci su prikupljeni s upitnikom koji je sadržavao različite skale za mjerenje učestalosti i intenziteta pozitivnih i negativnih emocija te zadovoljstva s različitim aspektima života. Para-skijaši su pokazali više pozitivnih emocija i niži intenzitet negativnih emocija u usporedbi s onima koji ne skijaju. Također su iskazali veće zadovoljstvo životom općenito, kao i u pojedinim područjima života. Čini se da je para-alpsko skijanje pogodna aktivnost za određenu skupinu osoba s invaliditetom jer može trajnije i sustavnije pridonijeti njihovom većem zadovoljstvu životom.

