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LEISURE AND EMOTIONAL LIVES' GRIEVANCES OF PEOPLE WITH PHYSICAL DISABILITIES

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Abstract: *We consider that we should take into account the need for support and services for people with disabilities in order to improve the quality of their lives and to initiate prevention strategies aggravation. Research objectives focused on: (1) investigation of the relationship between ways of leisure by people with motor disabilities and the aspects of the difficult integration in new groups and rarest out from their house and (2) analyzing grievances in their own emotional life of persons with motor disabilities from the perspective of gender, origin, education, enrollment degree and the nature of the deficiency. The study was based on a Questionnaire Survey as primer research method used (N = 93 subjects). Some results concluded that the subjects that prefer to look at TV have more difficulties to integrate in new groups. (r= -.421, p<0.01). Also with difficult integration are the subjects that prefer to sleep in their spare time. (r= -.359, p<0.01).*

Key words: *physical disabilities, leisure, emotional life, integration in new groups.*

1. Introduction

The concept of disability includes the following components: medical (from the historical perspective), functional and social (this one is nowadays trained). We must be able to take into account the need for services and support for people with disabilities in order to improve their lives and to initiate strategies to prevent aggravation of their health status (McDermott, Turk, 2011). Some people with physical disabilities can hide their handicap, to avoid discrimination or stigmatization. Some, even with physical limitations would not be stopped to realize their dreams; for others physical limitations can be a struggle affecting different aspects of their lives (Nkabinde, Obiakor¸ Offor, Smith, 2010) and can cause mental stress (Trani, Ballard, Peña, 2016).

Pain is one of the symptoms reported by children with motor disabilities, especially during daily activities of living, traveling to different places and during recovery. The most common activities felt like awkward

are: passive mobilization of the limbs, dressing, moving (Widerström-Noga, Finlayson, 2010). People with these medical conditions when aging declare the presence of pain and secondary fatigue of physical deficiencies that may worsen over time, leading to increased disability and decreased quality of life (Bourseul et al., 2016).

The support of family was determined by how its members perceive the damage caused. Driven by the need to protect the person with disabilities, family members tried to control the emotional effects of the injury, creating a kind of "buffer" (Ogilvie, Foster, McCloughen, Curtis, 2015). The school, through its teachers can help the identity formation's process of people with disabilities, a process that begins with a sense of failure and exclusion early in life, continuing through a turning point, and should end with the feeling of control of their lives (Dvir, 2015). Researchers talk about a link between chronicity, disability and social inequality and this is why we need new ways of collaboration for the social determinants of health and disability. Adolescents with physical disabilities participate in fewer social activities and they had fewer relationships and friends. There are a number of critical issues for adolescents with physical disabilities that should be targeted in health promotion's efforts. These include: integration into peer groups and increasing educational aspirations (Stevens et al., 1996). It was found that adolescents with cerebral palsy and spina bifida have limited interactions with colleagues. An online support pilot-intervention offered more interactions with peers, for them. After conducting these groups it was recorded a decrease of loneliness and increased social acceptance and confidence of disabled people (Stewart, 2011).

Health policies for people with disabilities argue the importance of maintaining basic functional status and health promotion. It was analyzed the relationship between health promotion by physical activity and preventing/reducing secondary conditions among people with physical handicaps. It consisted, in this case increasing participation in community activities for people with physical disabilities (White, Gonda, Peterson, Drum, 2011). Parental support of children's physical activity is important, especially for young children with disabilities, given the low rates of physical activity and dependence on their parents. Parents encouraged participation in sports and physical activities of their children, although not seen as particularly savvy children; they understood and enjoyed physical activity and sport. Parents understood and encouraged, also established mutual relations of their children in physical activities with their peers (Martin, Choi, 2009).

People with physical disabilities are not only becoming better integrated in society, they have made significant achievements in sports: it is

now common for athletes with quadriplegia to complete marathons. Practicing a sport is a reality for people with motor disabilities, be it even in a wheelchair. Practicing tennis in a wheelchair has great potential for social integration of people with disabilities (Stanescu, 2014). But all of these are personal, individual equations. Here it is life history of a research subject, of Ben, illustrating the benefits and costs of disability compensation through sport and physical activity. By allocating time for sport and physical activity substantially, Ben would seem that avoids or bypasses some of the challenges of psychosocial maturity (e.g., the formation of new friendships and romantic relationships). In Ben's life, sport and physical activity have raised issues in his psychosocial development (Gaskin, Andersen, Morris, 2010).

The degree of occupancy of different jobs and participating in volunteer activities for people with chronic physical disabilities is lower compared to people without disabilities. People with chronic physical disabilities are less satisfied with their lives than people without health problems (van Campen, Cardol, 2009). Satisfaction of life is conditioned by marital status, general health state and social welfare (Tate, Riley, Perna Roller, 1997).

Despite the urge to explore, the possibility of travel trips, hiking, access to different areas is limited to people with disabilities. Physical difficulties and large expenditures for the accessibility of these areas are real obstacles in the way of great desire to visit the above-mentioned areas (Lovelock, 2010). There has been a lack of involvement in the activities of leisure, especially for people with severe disabilities. When there were people who provide opportunities for leisure space in-door, it was shown an increased commitment from persons with disabilities in these activities (Wilson, Reid, Green, 2006). Participation in leisure activities is a fundamental human right and an important factor in quality of life. Participation in leisure activities have environmental barriers (environmental factors) for children and youth with physical barriers were typically found in schools and workplaces. There were significant differences between rural versus urban community (Law, Petrenchik, King, Hurley, 2007). Frequency of participation in leisure activities for children and youth with physical disabilities is associated with a variety of variables: motor skills, cognitive ability, communication skills, age and sex (Bult et al., 2011). Children with disabilities, especially girls, show a narrower participation in leisure activities that involve social interaction (Schreuer, Sachs Rosenblum, 2014). Adults with physical disabilities often have limited opportunities to participate in activities in their spare time. Virtual reality technologies can serve to widen the repertoire of leisure activities, activities accessible to persons with disabilities, activities that were perceived as pleasant and successful. These

have maintained a high level of interest and provided opportunities for varied and motivating leisure activities (Yalon-Chamovitz, Weiss (Tamar), 2008).

2. Methodology

2.1. Objectives

The research objectives were focused on: (1) investigating the relationship between ways of spending leisure by people with motor disabilities and issues related to the difficulties in their integration into new groups and rarest leaving of the house premises, (2) analyzing grievances of their own emotional life of people with motor disabilities from the perspective of gender, origin, studies completed, degree of employability and nature of the deficiency. In order to realize these objectives we propose the following research hypotheses: (1) there is a relationship between the types of leisure of persons with disabilities regarding the rarest leaving of the house and difficulties in integration into new groups and (2) we suppose that grievances in their own emotional life of people with motor disabilities have specific notes given by: gender, education, degree of employability and nature of disability.

2.2. Method

Questionnaire based survey was the main method used in the actual research. The questionnaire was built on two dimensions: leisure and attitude towards the world and life. The questionnaire was developed and validated specifically for this research. The alpha coefficient for the four items is 0.802. This suggests that the items have relatively high internal consistency.

2.3. Participants

Sample of the research included 93 subjects with motor disabilities (para, tetra, hemi (plegias), para, tetra, hemi (paresis), myopathies, amputations, and so on). Of them 60.2% (56 subjects) were male, the remaining 39.8% (37 subjects) being female. Depending on the area of origin, were recorded: 73 subjects (78.5%) in urban areas, the remaining 20 subjects (21.5%) were from rural areas. If we look at the research group in terms of age, we have 14 subjects (15.05%) aged up to 20 years; 29 subjects (31.18%) aged 21 to 30 years; 17 subjects (18.27%) aged 31-40 years; 18 subjects (19.35%) aged 41-50 years and 15 subjects (16.12%) aged over 50 years. Another distinguishing criterion was the level of education of subjects, such were: 16 subjects (17.2%) who completed primary school, 41 subjects

(44.1%) who completed high school, 22 subjects (23.7%) who completed post-secondary programs and 14 subjects (15.1%) who completed higher education (college). Employability was another aspect in characterization of lot, so only 26 subjects (28%) work (have a job), the remaining 67 subjects (72%) having no job. If we look at subjects in terms of the nature of the deficiency, we have 32 subjects (34.4%) with innate deficiency and 61 subjects (65.6%) who acquired deficiency during lifetime.

3. Findings

The first research hypothesis: there is a relationship between the types of leisure of persons with disabilities regarding the rarest leaving of the house and difficulties in integration into new groups. People with motor disabilities mostly prefer still activities that took place within the perimeter of the house. At the item "How do you spend your free time?" respondents had to choose between the following options: watch TV, sleep, have a hobby that does not require movement (read, play computer games, collect objects, listening to music, singing, and so on), go out with friends, participate in recovery activities, I have a hobby that involves a lot of movement (play sports, take a walk, go on trips, and so on). Variants: *watch TV*, 52 subjects (55.9% who do often and very often this activity) with an average of 3.47 and a standard deviation of 1.017 and *I have a hobby that does not require movement (read, I play computer, collect objects, listening to music, singing, and so on*) with 54 subjects (58% who do often and very often with) an average of 3.42 and a standard deviation of 1.201, occupied the top positions in the election of subjects. Other static activity, present as an alternative response took the following position (see Table 1). Thus, variant *sleep*, was chosen by 24 subjects (25.8% who do very often this activity), with an average of 2.90 and a standard deviation of 0.910. Activities that involve movement are placed on the last position in the election of subjects: *participate in recovery activities* - 37 subjects (39.8% that make this activity very often and often), with an average of 2.91 and a standard deviation of 1,308); *I have a hobby that involves movement (take a walk, go on trips, practice a sport)* - 20 subjects (21.15% which do this activity very often and often), with an average of 2.33 and a standard deviation of 1,280) and *go out with friends* - 16 subjects (17.2% that make this activity very often and often), with an average of 2.29 and a standard deviation of 1.148).

Tabel 1. Descriptiv statistics for the leisure options								
How do you spend your free time?	N	Range	Min	Max	Mean		Std. Dev.	Variance
	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Eror	Statistic	Statistic
- watch TV	93	4	1	5	3,47	,105	1,017	1,035
- sleep	93	3	1	4	2,90	,094	,910	,827
- go out with friends	93	4	1	5	2,29	,119	1,148	1,317
- participate in recovery activities	93	4	1	5	2,91	,136	1,308	1,710
- I have a hobby that does not require movement (read, I play computer, collect objects, listening to music, singing, and so on)	93	4	1	5	3,42	,125	1,201	1,442
- I have a hobby that involves movement (take a walk, go on trips, practice a sport)	93	4	1	5	2,33	,133	1,280	1,638

For the item "*How often do you go out with friends*?", 14 subjects (15.1%) opted for option rarely and 25 subjects (26.9%) variant quite rare compared to 14 subjects (15.1%) quite often and only 6 subjects (6.5%) very often. There were negative correlations between means: going out with friends and watching TV (-.449 ** with p<0.01); weak negative correlation between: going out with friends and sleep (-.268 ** with p<0.01), to watch television and they go out with friends (-.342 ** with a p<0.01), weak positive correlation between: a watch television and sleep (.379 ** with p<0.01).

If we analyze these answers compared to subjects in urban and in rural areas, we see that the difference is given by those in urban areas. They recorded the highest percentages and averages for response options often and very often those three items are the first choices of individuals investigated. Here are the results for ANOVA test: F = 3.523, p <.005 between television to watch them and environment of origin respectively F = 13.472, p <.000 between having a hobby that does not require movement (read, I play

computer games, collect objects, listening to music, sing, and so on) and area of origin. Calculation of Test Chi Square brings significant differences by area and hobby that does not require movement (read, I play computer games, collect objects, listening to music, singing, and so on) for a χ^2 (4) = 28.458, p = 0.000 with a moderate effect for φ = 0.553 Phi coefficient (see Table 2).

Tabel 2. Chi Square Test for residential areas and a static hobby

Crosstabs between age and ways of spending spare time	**No. of valid answers**	**Value χ^2**	**Df**	**Asymp. Sig**	**Phi value**
1. Watch TV	93	11,802	4	0,19	0,356
2. Sleep	93	1,207	3	0,18	0,751
3. Go out with friends	93	8,172	4	0,085	0,085
4. Recovery activities	93	6,300	4	0,178	0,260
5. Hobby that does not require movement (read, I play computer, collect objects, listening to music, singing, and so on)	93	28,458	4	0,000	0,553
6. Hobby that involves movement (take a walk, go on trips, practice a sport)	93	3,391	4	0,495	0,495

Integration into new groups was investigated by questionnaire items. Integration is made slightly harder for people with disabilities (26 subjects - 28% heavy and very difficult integration and for 22 subjects - 23.7% easy integration). Most subjects declare that integrates right into new groups: 45 subjects - 48.4%). Those who prefer to watch television integrate more difficult to new groups, have obtained an average correlation by -.421, p<0.01). By comparing urban - rural, we note that the results are almost equal: 6 subjects - 30% for subjects in rural areas (often and very often variants) respectively 20 subjects - 27.4% for subjects in urban areas. The same cumbersome integration have and those who prefer to sleep in the spare time (average correlation by -.359, p<0.01).

The second research hypothesis suppose that grievances in their own emotional life of people with motor disabilities have specific notes given by:

gender, education, degree of employability and nature of disability. Analyzing the frequency of results between men and women, we note that especially men are placed on negative outlook, pessimistic responses: get angry when they fail (26.88% often and 2.15% very often compared to 12.90% often and 2.15% very often for women), others are blame for what happens (2.15% often and 6.45% very often compared to 2.15% often - women), jealousy towards people who are not facing the same problem (10.75% often and 2.15% very often compared to 6.45% often and 2.15% very often - women), slightly unfulfilled (12.90% often and 2.15%; 4.30% very often towards 8.60% often and 4.30% very often - women). Women are crying without reason, relatively more often (8.60% often compared to 4.30% often and 2.15% very often - men), χ^2 (4) = 2.263, p = 0.000 with a moderate effect for a coefficient Phi φ = 0.467.

The analysis in terms of education background reveals: high school graduates get upset when fail (19.35% often and 2.15% very often), think others are to blame for what happens (4.30% often and 2.15% very often), feel jealousy towards people who are not facing the same problem (8.60% often) and more dissatisfied with their lives (6.45% frequently and 12.90 very often), feel unfulfilled (15.05% often and very often 6.45%), χ^2 (12) = 31.742, p = 0.002 with a moderate effect for φ = phi coefficient 0.584).

Respondents with secondary education are those who do not cry without reason (only 2.15% often). Observing the degree of employability, we can say, those who do not work: get upset when fail (35.48% often and 4.30% very often compared to 4.30% often for those who are working; χ^2(4) = 18,386, p = 0.005 with a moderate effect for a coefficient Phi φ = 0.399), others are to blame for what happens (4.30% often and 2.15% very often compared to 4.30% very often for those working), jealous of people who do not face the same problem (10.75% often and 2.15% very often compared to 6.45% often and 2.15% very often for those working), cry for no reason (8.60% often and 2.15% very often compared to 4.30% often - those working ; χ^2 (4) = 21.509, p = 0.000 with a moderate effect for a coefficient Phi φ = 0.481) are dissatisfied with their lives (8.60% very often and 16.20% often compared to 2.15% very often - those working) and slightly unfulfilled of their life(4.30% often and 19.35% very often to 2.15% very often and 2.15 often). If we analyze the nature of disability, we see that people who have acquired deficiency: get upset when fail (35.48% often and 4.30% very often compared to 4.30% often for those who deficiency innate; χ^2 (4) = 29.503, p = 0.000 with a moderate effect for a coefficient Phi φ = 0.563), others are to blame for what happens (4.30% often and 4.30% very often compared to 2.15% very often - those who deficiency innate), jealousy towards people not facing the same problem (12.90% often and 2.15% very often compared to

4.30% often and 2.15% very often - those who deficiency innate) are dissatisfied with their lives (4.30% very often and 12.90% often compared to 6.45% very often and 4.30% often - those with inborn deficiency) and unfulfilled (17.20% often compared to 6.45% very often and 4.30 often - those with inborn deficiency).

4. Conclusions

People with motor disabilities prefer activities predominantly static performed within the perimeter of the house: *watch TV* (an average of 3.47 with a standard deviation of 1.017) and *I have a hobby that does not require movement (read, I play computer games, collect objects, listening to music, singing, and so on)* with an average of 3.42 with a standard deviation of 1.201. There were negative correlations between mean: *go out with friends and watch TV* (r=-.449, p<0.01) negative correlations weak between *go out with friends and sleep* (r=-.268, p<0.01), weak positive correlation between *television viewing* and *sleep* (r= .379, p<0.01). Integration into new groups is made slightly harder for people with disabilities (26 subjects - 28% heavy and very difficult to 22 subjects - 23.7% easy integration). Most subjects declare that integrates right into new groups: 45 subjects - 48.4%). The subjects who prefer to *watch television* find more difficult to integrate in new groups (average correlation -.421, p-0.01). The same cumbersome integration have and those who prefer to sleep in the spare time (average correlation r=-.359, p<0.01). Portrait disabled person dissatisfied with their emotional life as: male, high school, not working (no job), which acquired deficiency lifetime.

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