Constructing Social Acceptance in Inclusive Leisure Contexts: The Role of Individuals with Disabilities

Mary Ann Devine and Brett Lashua

This study examined perceptions of people with disabilities relative to the roles they play in relation to social acceptance and their leisure experience. Male (n = 3) and female (n = 9) informants, age 11–35, participated in face-to-face interviews. All informants had visibly obvious disabilities (e.g., cerebral palsy, Downs Syndrome, spina bifida), with European American (n = 9) and African American (n = 3) races represented, and were participants in inclusive leisure programs. Three conceptual categories were identified: degrees of social acceptance, construction of social acceptance, and the leisure experience. Overall, the data revealed participants with disabilities played a role in constructing social acceptance, either proactively or reactively, within inclusive leisure contexts. In addition, informants identified relationships between constructed acceptance and leisure frequency, friendship development, acceptance of differences, and leisure intentions. This study expands upon the understanding of the relationship between social acceptance and leisure experiences of people with disabilities by providing insight into their role while engaging in inclusive leisure programs.

KEY WORDS: Inclusive Leisure, Social Acceptance, People with Disabilities, Social Construction Theory

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The social meanings and social relationships of leisure hold a greater value for individuals than that of simply participating in activities (Samdahl & Jekubovich, 1997). Social interaction, specifically acceptance, is an important element in the meaning of the leisure experience for many people (Peterson & Stumbo, 1999). Through interactions in social contexts, such as leisure experiences, individuals come to understand who they are, the meaning of objects and behaviors, and how they fit in the world around them (Berger & Luckman, 1966; Kelly, 1996). According to Higgins (1992), one way in which people gauge their fit in specific contexts is whether they perceive to be socially accepted by their peers. While there has been an increased awareness on the inclusion of individuals with disabilities in leisure environments since the inception of the Americans with Disabilities Act (ADA) in 1990, little is known about their perceptions of social acceptance in leisure contexts with their non-disabled peers. Thus, the purpose of this study was to examine the perceptions of individuals with disabilities regarding how they feel they fit into inclusive leisure environments. Specifically, their perceptions of social acceptance were examined in relation to the individuals with disability's role in an inclusive leisure environment and the meaning of the leisure experience. Social construction provides a theoretical framework for explaining the connection between meaning, social contexts, disability, and social acceptance.

Social construction theory seeks to explain the process by which knowledge is created and assumed as reality (Berger & Luckmann, 1966). The basic contention of social construction theory is that meaning is created through social interactions. Regardless of the validity of a given meaning, it is developed, conveyed, and maintained in a given social context (Douglas, 1970). According to Berger and Luckmann (1966), meaning is conveyed through social interactions between people in behaviors exhibited, objects used, and language expressed. When meanings are communicated through behaviors, objects, and language in a given context, a social reality is created. According to social construction theory, a social reality is the basis for understanding how people fit into the world around them.

Mead (1934) argued that meaning is internalized by individuals to further establish it as social reality. Meanings are related to experiences as they happen, remembered, and assigned significance (Goodwin & Watkinson, 2000). According to Cooley (1902), internalized meaning is reflected in our self-concept and the behaviors of others. Referred to as "the looking glass self," Cooley asserted that society provides a mirror in which we can observe the behaviors and reactions of others. It is through observing behaviors and reactions of others that we learn whether we are attractive or unattractive, valued or devalued, respected or disrespected. The application of social construction theory to people with disabilities provides insight to meanings ascribed and reactions to people with physical, cognitive, mental, and emotional impairments (Oliver, 1990).

The social construction of disability posits that if positive or negative meanings are associated with people with disabilities, then behaviors, objects, and language connected with these individuals will reflect those meanings (Roth, 1983). While there are many meanings our society has bestowed to the status of disability, most have been a negative social reflection of the ways in which society views (i.e., unattractive, incapable, dependent) and interacts (i.e., discrimination, stereotypes, paternalization) with people with disabilities (Bogdan & Biklen, 1977). Further, people with disabilities will view themselves negatively based on society's "social mirror" of disability (Cooley, 1902; Mead, 1934).

Meanings ascribed to people with disabilities have primarily been negative resulting in negative behaviors toward, language used in reference to, and objects that represent people who look or behave differently because of a limited ability to see, hear, ambulate, communicate, think, or socialize (Bogdan & Biklen,
1977; Hahn, 1988; Roth, 1983). Some social construction of disability scholars posit that negative meanings ascribed to individuals with disabilities stem from a prescribed set of standards set by those without disabilities which individuals with disabilities cannot meet (see Higgins, 1992; Oliver, 1996; Roth, 1983). Through social interactions, people with disabilities are ranked according to the degree to which they meet standards such as perceived independence, functional abilities, and social reciprocity (Higgins, 1992). Typically, people with disabilities have been perceived as not meeting these social standards, resulting in a low ranking in society. Low societal ranking means that people with disabilities are perceived as not capable of functioning as independently, accomplishing as much, or having relationships that are as reciprocal as people without disabilities. When people with disabilities are viewed as not able to meet functional standards set by society, they are not socially accepted by other members of society as peers, co-workers, or mates (Nagler, 1992; Safilios-Rothschild, 1976).

Social acceptance, in relation to individuals with disabilities, has been described as equal status between those with and without disabilities (Schwartz, 1988). Gellman (1959) noted that individuals with disabilities are socially accepted when they are perceived and treated as equals by their non-disabled peers. Social acceptance has been identified as the basis for friendship development (Schleien & Heyne, 1997), social inclusion (Devine & Dattilo, 2000), and reversing negative stereotypes (Harlan-Simmons, Holtz, Todd, & Mooney, 2001). Historically, individuals with disabilities have experienced a lack of social acceptance by their peers without disabilities and a lack of social acceptance has limited their inclusion in society (Hahn, 1987; Olkin & Howson, 1994). Inclusion in society can mean participation of individuals with disabilities with their peers without disabilities in employment, leisure, educational, residential, or daily living settings in which accommodations are made so participation can occur (Dattilo, 1994; Kaufman Broida, 1995; Rumrill, Koch, Murphy, & Jamarone, 1999).

In studies examining social acceptance of people with disabilities in work and education settings, predominantly it is informal settings where a lack of social acceptance appears to be revealed (Coyner, 1994; McKittrick, 1980; Rumrill, et al., 1999). McKittrick (1980) identified informal work and education settings as those contexts where formal roles (e.g., teacher) do not always apply. It is primarily during informal contexts when personal rather than casual relationships are developed, common interests are discovered, and social connections are made (Sherrill & Williams, 1996). Barnes (1990) noted that people with disabilities have consistently experienced a lack of social acceptance in informal work related settings and as a result may have limited personal and financial independence, opportunities to demonstrate abilities and take risks, and inclusion in work related social situations (e.g., breaks, lunch). Rumrill and colleagues conducted in-depth interviews with 14 recent college graduates with disabilities concerning their post-school employment experiences. They reported that not feeling a part of the informal social scene at work was a significant difficulty and had the potential to thwart or limit their career success. Rumrill et al. speculated that a lack of inclusion in social aspects of work contexts may exclude them from feeling that they are part of a team, limit their ability to manage effectively or be promoted. Robertson, Emerson, Gregory, Hatton, Kessissoglu, Hallam, and Linehan (2001) recently found that a lack of social acceptance of individuals with developmental disabilities in various academic contexts limited their social network and friendship development.

Leisure contexts appear to be forums where social acceptance of individuals with disabilities is likely to be revealed (Bedini & Henderson, 1994; Rumrill, et al., 1999). Thus, examining social acceptance of individuals with disabilities in leisure contexts entails analyzing the nature of the experience and the roles people play within those contexts. Schwartz
(1988) discussed the importance of the social acceptance of people with disabilities as a necessary ingredient to create a climate of inclusion or, in other words, inclusion that goes beyond simply providing physical accessibility. Examining social acceptance in leisure contexts may provide insights to promoting acceptance in other settings as well (e.g., employment). While social acceptance has been noted as an important component of inclusive contexts between individuals with and without disabilities, limited information exists on the relationship between social acceptance and inclusive leisure experiences. Additionally, people with disabilities need to be given the opportunity to share perceptions and experiences to better understand their reality (Taylor & Bogdan, 1993). In a recent study with individuals with and without disabilities, Devine and Dattilo (2000) found a relationship between social acceptance, frequency of, and satisfaction in leisure engagement with individuals with disabilities. They surmised that the frequency individuals with disabilities participated and the level of satisfaction experienced in leisure programs with their non-disabled peers may be connected to levels of perceived social acceptance. While evidence was found linking social acceptance and leisure experiences, the study did not address the perceptions or views of people with disabilities regarding how socially accepted they perceived themselves to be in inclusive leisure contexts. Therefore, the overall purpose of this study was to examine perceptions of people with disabilities on the relationship between social acceptance and their inclusive leisure experiences. This study was also intended to give individuals with disabilities the opportunity to share their perceptions and experiences, to deepen an understanding of the meanings of disability, and assist in identifying barriers they experience in inclusive leisure contexts. This manuscript addresses the portion of the study that examined perceptions of social acceptance in inclusive leisure contexts, roles individuals with disabilities played in these inclusive contexts, and meanings of inclusive leisure experiences in relation to perceptions of social acceptance. The research questions examined were: (a) What are the perceptions of social acceptance of individuals with disabilities participating in inclusive leisure programs? (b) What roles do people with disabilities play regarding social acceptance in inclusive leisure environments? (c) How does social acceptance influence the inclusive leisure experiences of individuals with disabilities?

Method

Qualitative methods were used in this investigation as important questions arose from a previous study (see Devine & Dattilo, 2000) about the complex nature of social acceptance in inclusive leisure environments. The complexity of the phenomenon under investigation was best examined using qualitative rather than quantitative methods. According to Bedini and Henderson (1994), qualitative approaches to research allow in-depth explorations of peoples’ perspectives and experiences by focusing on meaning rather than frequency. Focusing on meaning was especially important for this study as it was designed to encourage individuals with disabilities to talk about the meaning of social acceptance, their roles, and their inclusive leisure experiences. A literature review was conducted to provide a basic understanding of the phenomena under investigation and to develop interview questions. One interview was then conducted with a sample of individuals with visibly obvious disabilities.

Sample and Setting

Individuals with disabilities were selected to be interviewed using purposive sampling. In purposive sampling, subjects who exhibit characteristics of central importance to the purpose of the investigation are deliberately selected. This type of sampling results in “information rich cases” (Patton, 1990, p. 169). Characteristics of central importance to the purpose of this investigation included individ-
Table 1.
Research Participants

<table>
<thead>
<tr>
<th>Pseudonyms</th>
<th>Age</th>
<th>Race</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>35</td>
<td>European American</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Sarah</td>
<td>12</td>
<td>European American</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Elvis</td>
<td>12</td>
<td>African American</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Andrew</td>
<td>33</td>
<td>European American</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Polly</td>
<td>28</td>
<td>European American</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Lizzy</td>
<td>15</td>
<td>European American</td>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Judy</td>
<td>11</td>
<td>African American</td>
<td>Cerebral Palsy</td>
</tr>
<tr>
<td>Heather</td>
<td>14</td>
<td>European American</td>
<td>Orthopedic Disability</td>
</tr>
<tr>
<td>Kat</td>
<td>23</td>
<td>European American</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Jordan</td>
<td>29</td>
<td>African American</td>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Jessica</td>
<td>15</td>
<td>European American</td>
<td>Mental Retardation</td>
</tr>
<tr>
<td>Anne</td>
<td>17</td>
<td>European American</td>
<td>Spina Bifida</td>
</tr>
<tr>
<td>Emily</td>
<td>26</td>
<td>European American</td>
<td>Orthopedic Disability</td>
</tr>
<tr>
<td>Dayna</td>
<td>20</td>
<td>European American</td>
<td>Cerebral Palsy</td>
</tr>
</tbody>
</table>

Individuals who (a) had a visibly obvious disability, (b) were enrolled and participating in inclusive leisure programs, (c) were between the ages of 10 and 55 as individuals in this age range are most likely to participate in inclusive leisure and able to articulate their experiences, and (d) could express perceptions and discuss their experiences relative to inclusive leisure participation. Eighteen individuals met this criteria and fourteen agreed to be interviewed. As seen in Table 1, male (n = 4) and female (n = 10) research participants ranged in age from 11-35 and represented European American (n = 11) and African American (n = 3) races. Individuals' disabilities included spina bifida (n = 2), cerebral palsy (n = 5), orthopaedic disability (n = 2), muscular dystrophy (n = 1), and Down's Syndrome (n = 4). All participant names used in this study are pseudonyms. Research participants lived in either a medium size Midwestern city or a suburb of a large Midwestern city.

Data were collected using interviews with individuals with disabilities who were participating in inclusive leisure programs. Inclusive leisure programs were defined as leisure programs in which participation is open to and accommodations may be made for all members of society, including individuals with disabilities (Dattilo, 1994; Kaufman Broida, 1995). In all cases, interviewees were the only participants with visibly obvious disabilities in the inclusive leisure programs, with the ratio being on average 12:1. Leisure programs designed primarily for people with disabilities or those programs that did not have an individual with an obvious disability participating, were not included in this study. Data were collected at 14 different leisure programs (i.e., drama, visual arts, tennis, pottery, volleyball), conducted at 14 different locations including recreation centers, pools, schools, and a theater. Programs were offered weekly, lasting between one to two hours in length. The nature of the context and interactions of the programs were a mix of formal instructional time and informal/social time. For example, during a 90 minute tennis program there was formal instruction and playing time during which the participants could practice skills and socialize informally. It is recommended that when examining social acceptance, individuals have a
Table 2.
Examples of the Questions Included in Inclusive Leisure and Social Acceptance Interview

1. What are your thoughts/feelings/observations/understandings of how your peers accept you as an equal?
2. Do you feel you are similar to your peers? How so/not?
3. Do you do anything that helps your peers to realize you are just like them? If so, what?
4. Why do you do things that help your peers to realize you are just like them? OR Why do you not to do things that help your peers to realize you are just like them?
5. Can you give me some examples of when you would do these things?
6. What do you do if this doesn’t work?
7. What do you say to your peers that helps them to realize you are just like them? Does this always work? When does it not work? What do you do when it doesn’t work?
8. If you feel like your peers like you does that make you want to do the activity more often? Explain.
9. If you feel like your peers like you, does that make you like the activity more? Explain.

minimum of eight hours of contact with each other prior to examination (Singleton & Asher, 1977). At the time of the interviews, respondents and their peers had a minimum of 10 and a maximum of 13 hours of contact.

Data Collection and Analysis

One face-to-face interview was conducted with each participant. The same researcher conducted all interviews. Interviews lasted from 45 to 70 minutes and were conducted using a semi-structured guide including primary questions as well as subquestions as probes (see Table 2). Interviews were tape recorded and transcribed verbatim.

Constant comparison method was used to analyze the data. According to Preissle Goetz and LeCompte (1981), the purpose of constant comparison is to generate statements of relationships between social phenomena, in this study the relationship between social acceptance, roles of individuals with disabilities and leisure experiences were of interest. This method of analysis combines inductive or general category coding with a simultaneous comparison of social incidents (Preissle Goetz & LeCompte). Phenomena under study were identified, classified, and compared across categories. First, categories and a theme were generated by the researchers as they read, re-read, and analyzed the transcripts. Next, data which were similar in nature and informed the research questions were grouped into general categories. Properties and dimensions of these categories (generated through analysis of data) were identified to increase understanding of their variability, depth, and breadth of categories. Finally, categories were organized into a central theme which was of greater generality and reflected common notions across all categories. It should be noted that the analyses presented in this paper were neither conducted nor reported with the intention of offering generalizations. Our intent was to describe perceptions of social acceptance, the role individuals with disabilities played in relation to social acceptance, and their inclusive leisure experiences as they related to social acceptance.

Trustworthiness

The trustworthiness of the data analysis, how well the results of the study capture the perspectives of the respondents, was addressed using several strategies (Patton, 1990). Member checks were conducted in the form of
follow-up telephone interviews with each participant to ensure the credibility of descriptive profiles and categories. Confirmability was established when the two researchers independently reviewed the data and arrived at similar conclusions about categories and themes. Credibility and confirmability was further established by discussing tentative categories with key informants (i.e., inclusive leisure facilitators). Last, dependability was achieved by documenting the research plan, including changes, as the study progressed. Field notes on the respondents, inclusive leisure context, and flow of interview were maintained by the interviewing researcher and analyzed to provide additional information for establishing trustworthiness of categories and theme.

Results and Discussion

Four categories and one theme related to perceptions of social acceptance, roles played by participants, and their leisure experiences were identified across individuals. Following confirmation of categories and a theme, an additional review of the literature was conducted to provide greater understanding and clarification of concepts being examined. In addition to social construction theory, friendship development, status hierarchy and constraints literature was also helpful in explaining behaviors.

Four conceptual categories were identified: degrees of social acceptance, proactive construction of social acceptance, reactive construction of social acceptance, and leisure experiences. As seen in Figure 1, categories were nested within the theme of risk in that participants took a risk when participating in inclusive leisure programs and constructing social acceptance. Categories were related in that perceptions of social acceptance appeared to influence the role the individual assumed (e.g., proactive or reactive) in constructing acceptance and the experience they had in the inclusive leisure environment. Dimensions reflect the depth and breadth of each category (see Figure 1).

Degrees of Social Acceptance

Perceptions of social acceptance are important as they are instrumental in constructing belief systems (Berger & Luckmann, 1966). Given the importance of social acceptance in ones' comfort level with others and friendship development, it is useful to examine perceptions of this phenomenon. Respondents discussed their perceptions of social acceptance ranging from perceiving their peers not accepting them to accepting them as an equal participant in the program.

Lack of social acceptance. When asked to discuss their perceptions (e.g., thoughts, feelings, observations, understandings) of whether their peers without disabilities accepted them, wanted them in the program, seemed to like them, four individuals indicated they did not feel accepted by their peers. In all but one case, perceived lack of acceptance appeared to occur in a context where participants were required to be physically active and there was the greatest amount of informal structure to the program. Specifically, acceptance seemed to be centered on whether they could physically perform leisure skills in the same way as their peers without disabilities. Lizzy, a 15-year-old female with spina bifida who used a manual wheelchair, discussed her perceptions of a lack of acceptance when she had to physically perform dance moves. She stated her theater instructor insisted she dance, but had no idea how to adapt dance steps so she could execute them. Lizzy discussed her self-consciousness and awkwardness in doing the dance steps, perceiving that her peers expected her dance steps to look like theirs: “They don’t get it that my dance moves are different, I mean my legs don’t move so I can’t point my toes. I felt like they were thinking ‘that’s not dancing.’ I also felt like I stuck-out there like a sore thumb.” When Emily, a 26-year-old female with Muscular Dystrophy relayed her perceptions of a lack of acceptance she put it in a context of images. According to Emily, her peers generally seem to have this image that she
is a sedentary person at heart, but at heart I’m a risk-taker, I’m a skydiver or hand glider. Because they see me as sedentary they don’t think I can do the things they do. When we have to do something [in the recreation program] that requires physical skills, they tend to rush to help me instead of letting me do it my way. It is obvious to me they think I can’t do it [physical skills].
Interestingly, each individual with a physical disability who perceived a lack of social acceptance anticipated this level of acceptance prior to participation in the inclusive leisure program. When probed as to why they had anticipated this response from their peers in the leisure program, they identified previous non-leisure inclusive experiences (i.e., school, work) as the basis for this preconceived notion.

The one person who discussed a lack of social acceptance unrelated to physical skills instead related it to social interactions. Kat, a 23-year-old female with Down’s Syndrome recalled feeling unaccepted in her recreation program “because I couldn’t talk about the same things they did. They would talk about their jobs or roommates. I could talk about my job, but they didn’t listen very good.”

A perceived lack of acceptance by individuals with disabilities, particularly in physically active leisure contexts, is consistent with recent literature on social acceptance and meaning of disability. Devine and Wilhite (2000) reported negative meanings of disability as described by youth with and without disabilities when abilities were unmatched and contact was casual. They found that negative meanings of disability were especially prevalent in contexts that required sport or physically active skills. While inclusion in sport and physically active recreation can offer the opportunity to challenge disability myths (Blinde & McClung, 1997; Fine & Asch, 1988), these inclusive experiences may be perpetuating a socially constructed notion of disability creating a barrier to acceptance, especially acceptance of differently performed skills.

_Tolerance._ Of the 14 respondents, seven indicated that their perceptions of social acceptance were of being “tolerated” by their peers in their inclusive leisure programs. In the words of some respondents, “tolerated” was characterized as “conditional acceptance,” “putting-up with,” “just being there,” and “being invisible.” This perception varied in context from formal instructional to informal social, within physically active and learning/appreciative type programs. Several individuals who perceived simply being tolerated by their peers vacillated with this perception in that they at times felt accepted and other times unaccepted. However, when probed for their overall perceptions they most often described being tolerated rather than accepted or unaccepted. Dayna, a 20-year-old female with cerebral palsy, described the social acceptance she perceived by her peers without disabilities as a conditional acceptance. She stated “They [peers without disabilities] are nice to me and will help me if I can’t reach something or something minor like that. But, I noticed that if I asked for a change in the activity so I could do it better, they didn’t like that and sort of ignored me.” Anne, a 17-year-old female with an orthopedic disability, perceived being “invisible” to her peers. “They are not mean or necessarily nice to me; I sort of go between being invisible to them—they seem to forget I’m there, to them liking and including me, to being annoying to them. Sometimes I feel like I don’t know what to expect.” Jan, a 35-year-old female with cerebral palsy, perceived social acceptance by her peers in the inclusive leisure program to overall reflect simply “putting-up” with her. According to Jan, her peers didn’t initiate conversations with her, attempt to get to know her, or include her in small group activities within the leisure program. She stated “They were polite if I attempt to socialize with them, but they don’t kill themselves to include me.”

In a recent study on the relationship between social acceptance and leisure lifestyle relative to inclusive leisure contexts, individuals with disabilities most frequently reported “indifference” toward them by their peers without disabilities (Devine & Dattilo, 2000). It is note-worthy that some respondents in the present study expected this level of acceptance and attributed it to a lack of information about or contact with individuals with disabilities. Expectations of a tolerance level of acceptance suggest validity to the notion of individuals with disabilities having “second-class status.” (Bedini, 2000).
Acceptance. A minority of respondents perceived themselves to be socially accepted by their peers in the inclusive leisure programs. The context within which social acceptance appeared to be highest was when (a) roles were clearly defined, (b) there was the greatest duration of formal instruction, and (c) leisure pursuits were skill building or appreciative in nature.

The respondents who perceived positive social acceptance from their peers characterized it as “feeling included” and “like one of them.” Heather, a 14-year-old female with an orthopedic disability stated, “I feel no different from them. They include me and make sure I can do the things they do.” Similar sentiments were shared by Andrew, a 33-year-old male with mental retardation. He felt his peers “went out of their way” to speak to him and make him feel welcomed. “They joke with me, and we talk about movies, and T.V. shows and stuff.”

Previous studies have reported a positive meaning of disability and high degree of acceptance in inclusive leisure environments when individuals knew each other and their leisure abilities were similar (Devine & Wilhite, 2000). While degree of familiarity was prevalent across contexts, Devine and Wilhite noted that abilities were perceived to be most similar in learning or appreciative programs. Additionally, in the contexts where there was a high degree of familiarity and matched leisure abilities, individuals tended to view their disability as an advantage.

Construction of Social Acceptance

Construction of acceptance is an interactive process between people. While individuals with and without disabilities played a role in this construction, the focus of this study was the role played by individuals with disabilities. Understanding perceptions of social acceptance and roles played to rectify, negotiate, or construct acceptance may be important in better understanding how individuals with disabilities approach and experience inclusive leisure pursuits.

Proactive construction. In this study, individuals with disabilities expressed taking proactive roles in constructing social acceptance. Individuals who perceived tolerance or acceptance were more likely to be proactive in creating acceptance. This role was reflected in deliberate and subtle actions taken by the person to construct social acceptance of him or herself and included being an active player in the development of his/her acceptance by peers.

Social acceptance was proactively created through the participants’ use of specific language, objects, and behaviors. For example, some revealed information about their disability in an effort to generate understanding and acceptance. Sarah, a 12-year-old female with cerebral palsy stated, “I introduce myself to them [peers without disabilities]. Um, I tell them why I’m in the [wheel]chair. Sometimes I even let them ask questions about my chair or braces. I take a chance with letting them ask me questions, but mostly they’re not too bad.” Objects such as recreation equipment were used as a means to demonstrate similar abilities. Twelve year old Elvis, a male with cerebral palsy, proclaimed “I use checkers, chess, and computer games to show my stuff. I mean this is how I can get them [peers without disabilities] to see what I can do. I don’t say that to them, I just say ‘Do you want to play this game?’ And then I beat the pants off them [laughs].” Others stated they took on a great deal of responsibility to gain social acceptance with their peers without disabilities. For example, Jordan, a 29-year-old man with Downs Syndrome, stated he educates his peers by relaying personal stories about his disability so others might understand him better as a person. His favorite stories revolve around spending time with his siblings and extended family members.

Participants also discussed behaviors they used in the context of inclusive leisure programs to demonstrate similarities between them and their peers without disabilities. Specifically, they would initiate conversations, invite themselves to be included in informal
activities within the context of the leisure program (i.e., lunchtime activities vs. staff organized activities), offer their phone number to their peers without disabilities, and invite others to get together outside the program. A 28-year-old female with mental retardation, Polly, shared that when she exercised at a local recreation facility she often initiated conversations with people without disabilities about a variety of topics "...like the movies, or just saying hi, or you know stuff like that. Then maybe they'll talk to me next time."

It appeared that these individuals with disabilities may not accept the dominant value system of disability as incapable of achievement, unattractive as compared to those without disabilities, and unable to develop reciprocal relationships (Higgins, 1992). Instead, these individuals seem to challenge that paradigm by creating a new status of disability through constructing social acceptance. This phenomenon can be informed by Garfinkle's (1956) work on status. According to Garfinkle, status can be ascribed or achieved. Ascribed status is a socially assigned position (i.e., high social status) based on characteristics such as gender, skin color, or disability. Individuals who meet certain socially preferred characteristics (i.e., not having a disability) are assigned a higher social status than those who do not possess those characteristics. Historically, individuals with disabilities have been ascribed a low social status by virtue of not meeting preferred characteristics (i.e., being able to see, hear, walk, think, socialize) (Fine & Asch, 1988; Higgins, 1992; Oliver, 1996). Achieved status, according to Garfinkle, is a deliberate process by which an individual takes specific action to meet a prescribed set of social standards to gain a high level of status. For example, an individual may earn a doctorate degree and achieve a high social status by virtue of earning that degree. Social acceptance by peers is a socially preferred position in our society, thus, those who achieve social acceptance have a higher social status than those who do not (Fine & Asch, 1988).

According to Bogdan and Biklen (1977), individuals with disabilities historically have not been in the position of being socially accepted by their peers. Previous studies (see Bedini, 2000; West, 1984; Wilhite, Devine, & Goldenberg, 1999) have found that individuals with disabilities tend to do things (i.e., talk about their disability) to gain social acceptance from their non-disabled peers in leisure contexts. In this study, respondents appear to use specific language, objects, and behaviors to achieve a status of acceptance by their peers without disabilities. The deliberate process by which the individuals in this study used to achieve a socially desired status, in this case social acceptance by peers without disabilities, appeared to be a process by which the person initiated contact to develop friendships, used objects (e.g., checkers) to prove skills, and employed the use of terminology (e.g., revealing information about his/her disability) to provide information. Using a deliberate process to construct social acceptance may also reflect the dominant ideology that responsibility to "fit in" rests upon individuals with disabilities (Merrigan, 2000).

**Reactive construction.** Participants in this study relayed taking reactive roles in constructing social acceptance. Some individuals who perceived social acceptance as tolerance and all who perceived it as a lack of acceptance were more likely to be reactive in creating acceptance. Reactively constructing social acceptance was a process by which the respondents compromised, offered various options, and, at times, bargained with their peers without disabilities regarding acceptance and inclusion. While these behaviors may not be very different from what any individual might occasionally do to be accepted, the participants in this study described their reactive role as a frequent rather than occasional role they needed to play in an inclusive environment.

Evidence of reactive construction of social acceptance appeared in the data particularly when obstacles to social acceptance emerged. Participants identified negative attitudes, fear of the unknown, and over-protectiveness of staff as obstacles to social acceptance by their
peers within inclusive leisure contexts. It appeared that when these issues arose, the person would "swing into action" and work to construct his or her acceptance and inclusion. Negative attitudes of recreation staff and peers without disabilities toward participants with disabilities were commonly identified by participants as obstacles to acceptance. When negative attitudes were encountered some would use humor to counter the effects and others, such as Kat, would use a "kill 'em with kindness" approach. Kat said that when she experienced what she felt was a negative attitude toward her she "smiles, talk to them, and acts as a role model." Several participants echoed the sentiments of Emily who found a lack of understanding or fear about her disability were obstacles to being socially accepted. Emily expressed that some people with whom she participated in recreation programs seemed afraid of her and acted "like I was going to bite them or something." Several participants described how they felt it was their role to inform people without disabilities about how negative attitudes get in the way for them. Jan stated:

I use education as my tool for being accepted. I believe that people will respond to a 'put yourself in my shoes' type of information. I have typically found that technique useful to counter someone who feels I don't belong in a restaurant or at a concert or at my painting class. I just try to initiate some conversation and see what happens.

Social acceptance was also constructed through bargaining types of behaviors such as providing suggestions to staff on adaptations and accommodations prior to and during leisure participation. Bargaining was conveyed primarily by interviewees with physical disabilities. For example, Anne described a situation when she perceived the recreation staff was being overprotective of her. The group was participating in a physically active program and the staff first planned a completely different activity for her as an alternate to the physically active one.

I said 'No way am I doing that when everyone else is doing [activity].' Then they had [3 peers without disabilities] 'guarding' me in case I might fall out of my chair or something. We were all suppose to be doing these things together and instead they [staff] had them like taking care of me. So like I went up to [staff] and talked them into letting me try [activity]. I said 'Come on, just let me try and I promise if I can't do it by two trys I'll give it up.' So they let me, but I really had to talk them into it. I had to go out on a limb 'cause I could have fallen flat on my face, but I no way could I do [alternate activity]."

Constraints theory and recent works on leisure constraints is helpful in informing this finding. Classic constraints theory was a way to explain barriers to participation (Jackson, 1990; Jackson & Witt, 1994). Recent studies have broadened the understanding of constraints theory to include factors and influences that shape people's everyday behaviors (Jackson, 1990). Samdahl and Jekubovich (1997) challenged the original notion of constraints to leisure participation by suggesting that people are not passive responders to constraints but active creators of their daily experiences. In the present study, the data were rich with evidence of people with disabilities actively creating their recreation community. Negative attitudes, fear of disability, and overprotectiveness could all be viewed as obstacles to leisure participation, but individuals in this study did not appear to accept them as such. These individuals were active and dynamic in addressing factors that shaped their leisure experiences. For example, Heather was not going to accept being excluded from an activity in which she was interested; she took action (i.e., bargained) to not be excluded. Others used humor or education reactively to shape their leisure experiences.
Leisure Experiences

Of interest to this investigation was if and how the respondents’ perceptions of and roles they played (in relation to social acceptance) influenced their leisure experiences. In this study, leisure experiences were conceptualized as those which individuals connected participation in inclusive leisure environments to social acceptance. This category revealed a relationship between social acceptance by people without disabilities and leisure frequency, friendship development, acceptance of differences, and intentions for participation in other inclusive leisure programs.

Frequency. Overall, participants linked frequency of participation in inclusive leisure programs with constructed social acceptance by their peers and the recreation staff. If social acceptance had been constructed, whether proactively or reactively, the interviewees indicated they were more likely to participate frequently. Judy, an 11-year-old female with cerebral palsy provided an example of how her perceptions of social acceptance led her to want to participate in inclusive leisure programs more frequently: “I showed them [peers without disabilities] that I’m just like them and they act like they want me here [leisure program] so that makes me really like it; I don’t want to miss a day. At school the kids [without disabilities] won’t talk to me so I hate going, but it’s not that way here.” In a recent study, Goodwin and Watkinson (2000) found that when youth with disabilities perceived a lack of social acceptance by peers and teachers, participation in inclusive physical education settings was limited. Based on their study on social interaction between children with and without disabilities in a day camp setting, Edwards and Smith (1989) concluded that frequency of participation was related to increased appropriate social interactions between the two groups of children.

Friendship development. Social acceptance also had a connection to friendship development when participating in inclusive leisure programs. Specifically, when respondents perceived to be socially accepted by their peers, the program became a forum for developing relationships. Some have argued that inclusive leisure experiences serve as the fundamental vehicle for friendship development and social support between people with and without disabilities (e.g., Devine & Dattilo, 2000; Green & Schleien, 1991). The majority of participants felt that the quality of their inclusive leisure experience was dependent on being able to form friendships with and social support from their peers. A quote from Heather provides an example:

I introduce myself and tell them I’m in a chair and let them ask a few questions—not many. Then I ask them if they want to play something and they usually say ‘yes.’ So, I’ve made lots of friends here [recreation program]. Last year I did not have as many friends so I only came when my friends came [to the recreation program].

Dayna stated, “It is important for me to have the support from people to do it [recreation activities]. If I don’t have that support I don’t do the fun things I like.” According to Rowe and Kahn (1998) social support gained by making interpersonal connections is associated with health, quality of life, longevity, and well-being. Specifically, individuals who have strong social supports and interpersonal connections with others tend to be physically and emotionally healthier, live longer, and have a better quality of life than those who are socially isolated. Social networks and supports are important ingredients in friendship development (Robertson, et al., 2001) and inclusive leisure programs in which social acceptance is present may be forums for fostering a higher quality of life for individuals with disabilities.

Another dimension of friendship development and social acceptance within the inclusive leisure program was their connection to leisure satisfaction. The interviewees in this study indicated that they were more satisfied with their participation in the inclusive leisure
programs if their peers without disabilities were receptive to friendship initiatives. As previously discussed, one of the ways in which participants constructed acceptance was through the development of friendships. Satisfaction in their leisure experiences was linked to the receptiveness of their peers without disabilities to initiatives of friendships. Friendships provide emotional support, reassurance of personal worth, and opportunities to gain a sense of social identity or belonging (Schleien & Heyne, 1997). Samdahl and Jekubovich (1997) found that social relationships were often the most influential factor in shaping a leisure experience. According to Devine and Dattilo (2000), when people develop friendships in leisure contexts there is a greater likelihood to have satisfying leisure experiences.

While friendship development took many forms, it most often emerged when reciprocal leisure interests were discovered. For example, Anne stated that when her peers without disabilities became aware of shared interests in "... sports, games, animals they seemed more friendly. This made it more fun for me 'cause then we'd have something to do together." Previous studies examining the role of equal status between people with and without disabilities in leisure environments found that when equal status was perceived by people with disabilities they experienced improved self-esteem, positive mood states, increased level of participation in activities and improved social acceptance (Sherrill & Williams, 1996; Tripp & Sherill, 1991).

Acceptance of differences. In this study a link emerged between constructing social acceptance and acceptance of differences in the ways in which recreation skills were carried out. When their peers without disabilities and recreation staff were accepting of adapted recreation skills and programmatic accommodations, individuals with disabilities perceived they were socially accepted. It appeared that when those without disabilities viewed adaptations as just another way to engage in the activity, interviewees revealed a high level of social acceptance. It should be noted that this phenomena primarily occurred with those who proactively constructed social acceptance. Andrew explained he needed to follow a color-coded system when participating in his fitness activities and that system "... didn't seem to bother anybody so that was good for me because then I could do my exercises and feel good after." Jessica, a 15-year-old female with spina bifida offered another example,

Like when I can play the game my way and nobody makes fun of me, that makes it a whole lot better. I've been in situations when people have made fun of how I play games like tag or sports 'cause of my chair, and I hate it. It's like I can't help it, I can't run so I do it my way.

While the influence of peers and recreation program leaders on the leisure experiences of people with disabilities is in need of further investigation, related studies have found that these two groups do influence the joining and ceasing of participation by adolescents (Hultzman, 1993). Researchers have recommended general leisure service personnel examine and develop a positive attitude toward including people with disabilities as a way to create an environment for social acceptance (Schleien, Ray Tipton, & Green, 1997).

Intentions. A final dimension of the category of leisure experience centered on intentions to participate in future inclusive leisure programs. Perceiving social acceptance appeared to play a part in their intentions to participate again in inclusive leisure programs, whether acceptance was proactively or reactively constructed. Specifically, the greater their sense of social acceptance the greater the intention to participate in other inclusive leisure programs. When asked whether they intended to participate in other inclusive programs, based on the acceptance they felt in their current program, participants most declared they would participate in other programs. When probed further, participants ex-
pressed feelings of confidence in their ability to gain social acceptance, proactively or reac-
tively, from their peers without disabilities in future programs. According to Judy, for exam-
ple, “I’ve come back here [recreation pro-
grams] this year again because everyone is so nice to me. I’ll maybe try a sport program too and be able to make even more friends.” Emily stated “I took a chance coming here ‘cause it could have been pretty uncomfortable, but if other things were like it is here [recreation program] I’d want to do other recreation.” Intentions in relation to leisure are an indica-
tion of how people may behave regarding future leisure participation (Murphy, Niepoth, Jamieson, & Williams, 1991).

West (1984) examined the perceptions of stigma as a barrier to leisure participation of people with disabilities and reported that the people with disabilities who perceived being stigmatized intended to reduce their participa-
tion in the future. That was not the case in the present study. The data in this study suggested that the interviewees managed their social en-
vironsments to optimize their leisure experi-
ences, overall had a positive experience and intended to have these experiences repeated in other inclusive leisure contexts.

**Theme**

One dominant theme, risk, captured the essence of all categories, symbolized relation-
ships between and within categories, and clar-
ified the influence of social acceptance on the leisure experience. The concept of risk was indicative of the chance the participants in this study took to try to overcome social barriers or constraints when participating in the inclusive leisure program. This theme was common whether the participants were proactively or reactively constructing social acceptance. For instance, the participants felt they took a chance when participating in inclusive leisure programs in that the context of the program brought them out of their emotional, psycho-
logical, and social comfort zone. Some inter-
viewees anticipated a lack of social acceptance prior to participation and others encountered a lack of or conditional acceptance during par-
ticipation. In addition, those who experienced a lack of acceptance or a tolerant level of acceptance encountered a range of responses from their peers including rejection, condi-
tional acceptance, over protection, fear, social isolation, or partial inclusion. Participants used terms such as “taking the chance,” “trying to initiate,” “going out on a limb” to describe their sentiment relative to participation in inclusive leisure settings.

The phenomenon of risk taking can be seen in Goffman’s (1963) work on stigma and the management of a spoiled identity. According to Goffman, context play a fundamental role on the level of social comfort experienced by a stigmatized person (i.e., person with a disabil-
ity) when he or she is with others who are not stigmatized. Goffman stated that people who are stigmatized are only comfortable in social situations when they are with others who are stigmatized or those who can be “sympathetic for the concern of the condition” (p. 18). The inability to be able to count on leisure contexts as being contexts of social comfort (feeling comfortable/sense of belonging in social situ-
ations) has been noted to be at the root of the risk associated with participation in inclusive leisure (Bedini & Henderson, 1994; West, 1984).

While risks described were based on indi-
vidual’s perceptions, it is important to note that one’s perceptions of an atmosphere in a given context will most likely guide future behavior (Berger & Luckmann, 1966; Fish-
bein & Ajzen, 1975). Participants discussed feelings of loneliness, rejection, and sadness when participation in inclusive contexts was not positive. When the experience was posi-
tive they describe it as being “enjoyable,” “fun,” and “worth it.”

**Implications**

Several implications and recommendations for practice may be gleaned from this study. The significance of the findings are subtle yet appear to be an important link to creating regular, satisfying leisure experiences for peo-
ple with disabilities. An overall implication from this study centers on leisure professionals conceptualizing inclusion as a philosophy rather than simply an accessible building, program, or service. Conceptualizing inclusion as a philosophy requires leisure professionals, including therapeutic recreation specialists, to take on the macro view of inclusion and see it as a belief system, process, and an attitude (DePauw & Doll-Tepper, 2000; Devine, 1997). Viewing inclusion as a philosophy would include valuing all participants of leisure programs, people with and without disabilities, for their unique contributions to the program. For example, executing recreation skills differently from their peers without disabilities was a source of discomfort and an indication of limited social acceptance to some interviewees. Other interviewees linked acceptance of differences to positive leisure experiences. Thus, leisure practitioners could establish an atmosphere and value system where participants are encouraged to execute recreation skills to the best of their ability rather than executing them in an identical fashion.

In keeping with the philosophy of inclusion, an implication from this study centers on the ability of leisure professionals to create environments that are conducive to constructing social acceptance. While the participants with disabilities identified behaviors that could be viewed as proactive or reactive construction of social acceptance, these type of behaviors represent ways in which people develop relationships (Schleien & Heyne, 1997). Previous studies have noted that while people with disabilities may have opportunities to interact with peers, opportunities to develop friendships and intimate relationships are substantially smaller than are opportunities experienced by contemporaries without disabilities (Abery & Fahnestock, 1994; Robertson, et al., 2001; Sparrow & Mayne, 1990). Thus, creating an atmosphere where relationship development between people with and without disabilities can occur could be helpful to fostering social acceptance. Anne stated she perceived that she was more socially accepted by her peers when mutual interests between her and her peers without disabilities emerged. Leisure professionals could plan programs around mutual recreation interests between participants with and without disabilities in an effort to promote social acceptance. Also, small group activities within a recreation program could be used to promote social acceptance and the development of friendships (Schleien & Heyne, 1997; Moreno, 1934).

The theme of inclusion as a philosophical implication of this study can again be highlighted by creating an environment that is sensitive to the risk some individuals with disabilities may be taking when participating in inclusive leisure programs. Although inclusive recreation contexts appear ideal for fostering and developing social acceptance, taking a risk to participate in these types of programs at times presented a barrier to participants with disabilities. While an inherent amount of risk is a natural part of many leisure activities, perceptions of social acceptance should not be a common risk for individuals with disabilities to experience. Practitioners could reduce this risk by setting the stage for conveying a message that social acceptance of people with disabilities is a multidimensional responsibility. In other words, people with and without disabilities and recreation leaders need to play an active role in initiating friendships, developing personal contact, and taking the risk to reach-out to one another. Also, given the interactive nature of social acceptance all should view it as their responsibility for creating a conducive environment. One way in which social acceptance could be treated as a multidimensional responsibility may be to view social acceptance as an accommodation, similar to physical and programmatic accommodations mandated by the ADA. Making physical and programmatic accommodations requires multiple sources to take certain responsibilities including individuals with the disabilities, administrators, therapeutic recreation (TR) specialists, program leaders, and general leisure professionals (Devine & Kotowski, 1999; Germ & Schleien, 1997). Treat-
ing social acceptance in the same manner as physical accommodations may require that recreation administrators seek input from people with disabilities, TR specialists to teach advocacy skills to be used in leisure contexts, general leisure professionals to plan recreation programs that maximize the abilities of all participants, people with disabilities to actively seek participation in inclusion programs, and participants without disabilities to initiate friendships with their peers with disabilities in leisure programs.

**Future Research**

One limitation of this study is the narrow age and disability range of interviewees (11–35 years of age). While the selection of participants for this study was dependent on those with visibly obvious disabilities enrolled in inclusive leisure programs, the result was no interviewees were over the age of 35 and all had either a cognitive or mobility impairment. Input from individuals representing a broader cross-section of age and disability groups (i.e., visual and hearing impairments) would have allowed for comparisons between age and disability groups. A study comparing difference between individuals with disabilities may provide information on social acceptance and leisure lifestyles specific to people from varying disability groups who participate in inclusive leisure services. Additionally, interviewing individuals without disabilities who participate in inclusive leisure programs may reveal their perceptions of social acceptance and roles in fostering social acceptance.

It is possible that specific strategies and techniques were applied by the recreation staff to encourage social acceptance between participants with and without disabilities. Strategies and techniques used may in part account for when, why, and how social acceptance was constructed. An examination of strategies and techniques used by leisure service professionals could offer insights on components of inclusive leisure contexts that are most conducive for facilitating, promoting, and supporting social acceptance.

**Conclusion**

The current study expands an understanding of the relationship between social acceptance and leisure practices of people with disabilities. Findings provide insight into the inclusive leisure experiences of people with disabilities by focusing on their role in constructing social component of their participation. Efforts by leisure professionals to promote the social acceptance of people with disabilities by their peers in leisure contexts could further ensure active participation in community life and decrease social isolation experienced by many individuals with disabilities.

**References**


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