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## **Recreational activity of seniors with intellectual disability**

Aktywność rekreacyjna seniorów z niepełnosprawnością intelektualną

**Streszczenie.** Artykuł przedstawia problematykę aktywności rekreacyjnej seniorów z niepełnosprawnością intelektualną (NI). Ta grupa społeczna swoją starość spędza m.in. w domu pomocy społecznej (DPS) – polskiej instytucji opiekuńczej. Aktywność rekreacyjna została przez nas zaprezentowana poprzez swoje cechy: rodzaje, formy, funkcje, poziomy i bariery. Aktywność rekreacyjna seniorów z NI jest niebadana, czego dowodem jest uboga literatura na ten temat. Rekreacja – rodzaj dobrowolnej aktywności w czasie wolnym – jest stereotypowo przeznaczona dla osób w normie intelektualnej. Nasze badania pokazały, że badani seniorzy z NI nieprzymuszenie biorą udział w rekreacji, wybierając zazwyczaj rodzaj aktywności ruchowo-fizycznych w celu wypoczynku i zabawy. Ich aktywność rekreacyjna jest na poziomie emocjonalnym i zadaniowym zgodna z teorią J. Nasha.

**Słowa kluczowe:** rekreacja, aktywność rekreacyjna, niepełnosprawność intelektualna, senior

**Summary.** The article presents the problem of recreational activity of seniors with intellectual disability (ID). Members of this social group spend their old age in nursing homes – Polish social welfare institutions. Recreational activity has been presented through its features: types, forms, functions, levels and barriers. Recreational activity of seniors with ID is under-researched, as evidenced by poor literature on the subject. Recreation – defined as voluntary activity in spare time – is stereotypically meant for individuals with intellectual norm. Our research has shown that the surveyed seniors with ID voluntarily participate in recreational activities and tend to choose physical activity for leisure and play. Their recreational activity is at emotional and task level, according to J. Nash's theory.

**Keywords:** recreation, recreational activity, intellectual disability, seniors

## Introduction

Individuals with intellectual disability (ID) spend their old age in one of the three social models (Fornalik, 2010). The first one is old age where an individual is accompanied by their non-disabled siblings. The second model is when care is taken by immediate or distant family and the third model is provision of care by institutions intended to conduct care and rehabilitation tasks for this social group in a particular state. We have selected for our research the model “old age in an institution”, i.e. in a nursing home<sup>1</sup> – an institution in Poland where seniors spend their old age.

Recreational activity of seniors with intellectual disability in Polish nursing homes is not well-researched or widely represented in the literature of the subject. This issue is rather dealt with by special geragogy – a study on the aging and old age of individuals with disabilities, which is a specific response of the scientific world to the demand arising from the increase in the number of elderly people with disabilities in population (not only in Poland) (Kilian, 2009; Szatur-Jaworska, 2002; Zych, Kaleta-Witusiak, 2005). We have therefore decided that the subject of our research will be recreation activity of seniors with intellectual disability living in nursing homes and our aim will be preliminary description of this activity. We believe that our research will mark a beginning of the exploration on the right to recreational activity of seniors with ID living in nursing homes and implementation of this right.

## Intellectual disability

Intellectual disability is not a disease, however, it has its own code in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, fifth edition), developed by the American Psychiatric Association in 2013. Intellectual disability is classified to neuronal developmental disorders and is divided into four basic categories: mild, moderate, severe and profound. Intellectual disability is a condition characterized by below average levels of intellectual functioning and limitations in adaptive behaviors. These include communication skills, ability to work, ability to self-dress and

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<sup>1</sup> Nursing home is an institution functioning under the Polish Social Welfare Act. It provides accommodation, care, support, education and rehabilitation services to individuals who need help 24 hours a day because of their age, chronic illness or disability.

take care of one's own body, technique of writing and reading or ability to consume meals unaided. The subject group needs support in these areas as well as in the field of emotions.

The adulthood and old age of individuals with intellectual disabilities are interpreted by the Polish society in confrontation with individuals with so-called developmental norm and on the basis of existing stereotypes and social prejudices (cf. Zakrzewska-Manterys, 2010; Zakrzewska-Manterys, Niedbalski, 2016). A person with intellectual disability enters adulthood and grows older just like any other individual. Biopsychological processes, characteristic of these two stages of life, occur in the discussed social group with a great diversity resulting from individual psychophysical features and different conditions of social functioning. Being old is more difficult for an individual with intellectual disability due to their somatic system and other associated deficits. In the psychology and pedagogy of individuals with intellectual disability the amount of research and analysis of biopsychosocial development of this social group is insufficient (cf. Kijak, 2010). The andragogy of individuals with intellectual disability is practically undeveloped in Poland.

In the Polish social reality, elderly individuals with intellectual disability live in nursing homes or in sheltered accommodation. In addition, they also have families and are in the care of their loved ones or they live independently. The number of individuals with intellectual disability over the age of 60 is a mystery in Poland. The statistics refer to individuals with this type of disability over the age of 16 who possess a certificate of disability and do not live in institutions (cf. *Rights of Individuals with Intellectual Disabilities*, 2005). Thus, this is not a complete picture of a typical existence of Polish seniors with ID.

Regardless of the level of intellectual functioning (i.e., ability to think) and difficulties in adaptive behavior, a person with intellectual disabilities has the right to respect for their dignity. Dignity, which is an unalienable human right, must occur only in real participation of an individual with ID in social life, otherwise it becomes meaningless (Zakrzewska-Manterys, 2016).

Therefore, decisions and choices of a person with this type of disability should be respected by the environment. These decisions may also include forms of leisure at senior age as part of recreational activity, which is the essence of this article.

## Recreational activity

Spare time, which is a predominant phenomenon of senior age, is spent in different ways. In case of seniors with intellectual disability, free time might be a curse due to its excess. Spare time can be an emotional experience such as watching horror movies or sports competitions. However, free time activities which are especially valuable are these involving challenges: systematic engagement in one's hobbies or interests as well as creative or physical activity. Creativity can be understood as creating objects, but also in terms of self-creation. Recreation (as the term suggests) fulfills this function as it can constitute, apart from leisure and entertainment, a path of self-improvement. Recreational activity is the activity of spare time (unlike professional activity or other responsibilities). The term "recreation" can be understood as a renewal or revival<sup>2</sup>, but it can also be interpreted as a permanent creation of a new "self". Everything in human environment and in individuals themselves is subject to constant changes (physical, biological, psychological, social, economic or political). Therefore, if an individual wants to be in the mainstream of these changes, they must constantly re-create. Professional work, which is too often saturated with routine activities, does not create any opportunity to create a new "self". Hence, activating actions must be undertaken in spare time.

Recreational activity can take the form of physical and/or mental activity. If activities undertaken by seniors are to contribute to slowing down the aging processes, they should pose a challenge, result from one's own initiative, be differentiated from daily routine and meet individual desires and goals. An elderly individual with ID has to face not only the aging process but also progressing symptoms of their old age. The effect and sign of such activities will be an experience of amusement. Amusement means more than just pleasure. The experience of amusement is preceded by efforts and struggling with difficulties. It is amusement, not pleasure, that should be a key modality of recreational activity of all seniors.

It should be said that voluntariness and fun are the main characteristics of recreational activity. However, not every voluntary activity in which an individual participates can be called a recreational activity; it must be an activity that does not harm an individual or others (e.g. social meetings with large amounts of alcohol or drug use cannot be defined as recreational activity). Hence, it is necessary to add more distinctive features of recreation:

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<sup>2</sup> Recreation (Latin *recreo*) – renew, revive.

self-improvement, leisure, entertainment. An individual can perfect themselves by taking on challenges, and a successful course of this struggle (playing) is tantamount to enjoyment accompanied by relaxation.

Spare time activities, which are also recreational activities involving self-improvement, recreation and entertainment can be divided into 4 groups:

- a) physical recreation (physical games, hiking, cycling, kayaking);
- b) creative recreation (e.g. art, music, photography);
- c) culture and entertainment recreation (an individual is a recipient of art created by others: theatre, cinema, opera, concerts);
- d) recreation through social activities (an individual acts voluntarily for others in spare time).

Jay B. Nash (1953) distinguishes two aspects in his classification of spare time activities: positive and negative (Table 1). Out of four positive levels – the second, the third and the fourth level can be defined as recreation activities (the first level – passive spending “killing” – time has no signs of recreation). The second level is primarily related to experiencing emotional stimulation. Even if an individual is temporarily experiencing anxiety or horror (such as when one is cheering for the favourite team), it is always accompanied by anticipation of joy and ecstasy. On the third level, emotions experienced during activities play a smaller role since there is a focus on task completion, however, the positive outcome of activities and related pleasant emotions are anticipated. On the fourth level, there is a fusion of experienced effort and joy: the effort itself becomes joy.

The concept of Jay B. Nash seems universal: it includes negative and positive use of leisure time. In addition, there is a correlation between the levels of positive use of leisure time and the Maslow’s hierarchy of needs: two lower levels by Nash would correspond to the lowest needs by Maslow, the third and fourth level of Nash would correspond to the needs of affiliation, respect, personal fulfilment.

Table 1. Levels of leisure activities according to Jay B. Nash

Level		Examples of recreation activities
4	Creative participation	Creativity, invention
3	Active participation	Playing roles : theatre, stage, sport

Table 1. Levels of leisure activities according to Jay B. Nash (continue)

Level		Examples of recreation activities
2	Emotional participation	Emotional involvement (as a spectator/viewer) in a performance or a sporting event (When something affects one's feelings, when someone expresses one of the needs, one can feel part of it..)
1	Passive participation ("killing" boredom)	Temporary escape from everyday life, e.g. watching TV, movies, poor quality cinema films or reading popular magazines, comics or poor quality books
<b>Negative activity</b>		
-1	Injury to self	overeating, alcoholism, drug abuse
-2	Injury to society	crime, criminal activity

Source: own elaboration.

For the purpose of this study, recreational activity has been divided into two levels:

- E – emotional level: counteracting unpleasant emotional states and pursuing for pleasant states (level 1 and 2 according to Nash);
- T – task level: realisation of tasks (level 3 and 4 according to Nash).

Table 2. Barriers to recreational activity

Barrier category	Manifestation
Cognitive barriers	Low level of health knowledge, social knowledge reception
Psychological barriers	Low, unstable motivation, lack of aspiration, fear of ridicule
Social barriers	Traditional patterns of behavior in a given community, lack of active leisure patterns
Economic barriers	Low income, too high a cost of participation in recreation
Implementation barriers	Lack of ability, physical condition

Source: elaboration by Blajet based on Kunicki 1984.

With regard to recreational activity of seniors (also with intellectual disability), there are major barriers (objective and subjective in nature) hampering these activities. According to Bogdan Kunicki (1984), the following categories of recreational activity barriers can be mentioned (Table 2). Typology by B. Kunicki is accepted in the literature of the subject as one of the main concepts defining the limitations and difficulties of the undertaken leisure activity.

## **Materials and Methods**

The research on recreational activity of senior individuals with ID falls into practice research category. It includes diagnostic and evaluation studies as well as research in action (Rubacha 2008). The issues discussed here are located in the area of diagnostic cognitive research, which allows to recognise and describe a given state of affairs. An additional advantage of such research is the possibility to develop guidelines for changes in practice/reality (here – the field of rehabilitation and care) and to indicate a direction of development of the discussed issue. The study was conducted in a qualitative strategy, in an interpretive paradigm, and in a correlation diagram. The purpose of our studies was a preliminary diagnosis of the types, forms and levels of recreation of seniors with intellectual disability living in nursing homes and the diagnosis of barriers to this recreation.

The research group consisted of individuals with intellectual disability (over 60 years of age) living in one nursing home<sup>3</sup>, able to communicate verbally – 5 women and 5 men. The seniors in the sample were deliberately selected from the residents of one nursing home in the Kujawsko-Pomorskie voivodeship. The participants of the interviews were randomly selected from those who consented to participate in the study. Each participant was given anonymity by changing their names. The technique used to collect data was an interview. The collected data were analyzed by Graham Gibbs' coding and categorization tool (2011). According to the author, coding "consists of finding and describing one or more paragraphs of text or other types of data that in one way or another illustrate theoretical or descriptive concepts" (Gibbs, 2011, p. 80). Code lists are used for comparisons between

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<sup>3</sup> The institution for seniors with intellectual disability was deliberately selected, as the majority of these individuals in Poland live in nursing homes. Therefore, reaching members of this social group who are not recipients of institutional support for various reasons (lack of information, inability to obtain sensitive data) is difficult.

different codes, and consequently the creation of major categories (Gibbs, 2011, p. 80). The observation of non-verbal communication of participants was also used to collect data: gestures, facial expressions, body language, eye expression and breath rate. Due to difficulty in verbal communication characteristic for individuals with ID (especially with moderate and severe disability), non-verbal communication is of particular importance and provides a researcher with additional information.

The following definition of recreation has been adopted for the purpose of the research. Recreation is a "form of activity **voluntarily** chosen by an individual for personal interests and for one's own satisfaction, undertaken apart from professional and home duties in spare time; it is a constant and derivative element of leisure and, in turn, a natural and necessary fulfillment of work" (Toczek-Werner, 2005, p. 10). In case of seniors with intellectual disability living in Polish nursing homes, two different characteristics of recreation can be considered: voluntariness and satisfaction.

The research had an exploratory purpose. It attempted to provide initial, basic and general understanding of recreational activity of seniors with ID in nursing homes as well as to present this new issue. We sought answers to three questions:

1. What kinds and forms of recreation do the respondents undertake?
2. At what levels do the participants undertake recreational activities?
3. What barriers are experienced by the respondents in undertaking recreational activity?

An interview questionnaire was used as a data collection tool. The questions were formulated on the basis of the theory of types, goals and levels of recreation as well as on barriers to undertaking recreational activities (e.g. by Nash, Kunicki). The interviews were partially structured (Angrosino, 2010). Due to some limitations of the respondents the questions were reformulated during interviews.



Table. 3. Interview questions – draft

<p><b>Types and forms of activity</b></p> <p>How do you spend your spare time? What do you do then?          How often do you spend your spare time every day? Tell us about the whole week: Monday, Tuesday, ...          Do you do any physical exercise in your spare time? (What are they?)          Do you participate in cultural events? Do you go to the theatre, cinema, concerts sporting events or other places outside the nursing home in your free time? In what other places do you stay?          Do you help other people in your spare time? What kind of help is it?          What else do you do in your spare time?</p> <p><b>Levels and functions of recreation</b></p> <p>Do you create something? Sculptures, paintings?          Do you decide for yourself what to do in spare time? Does anyone help you?          Does anyone tell you what to do or make you do something?</p> <p><b>Barriers to recreation</b></p> <p>Do you know what you can do in your free time?          Is there anything that interferes with doing the above things?          Would you like to do something else in your spare time? What? Why?          What are the barriers (obstacles, difficulties) in your free time activities?</p>
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Source: own elaboration.

## Results of research

The results of our studies are presented basing on the research questions. The respondents' answers to specific questions in the interview will provide a picture characteristic for the state of intellectual disability.

### 1. Types and forms of recreational activity

The data analysis shows that all surveyed individuals participate in physical recreation and the most commonly indicated activity is a walk:

*"I walk in the garden and pick apples."* (Celina)<sup>4</sup>

*"I go for a walk, or shopping, but it's quite a distance."* (Dariusz)

Other activities mentioned by participants involved: gymnastics, barbecue or lakeside activities and going to a nearby shop: *"I do sit-ups."* (Barbara)

*"There was a barbecue. I went to the lake."* (Celina)

*"I go to the store myself. I buy for others if they give money. I don't have much money, but I always buy something."* (Elżbieta)

<sup>4</sup> In the article, we present original statements of selected participants in the research. We considered them particularly important for illustrating the research question (representatives of particular categories).

The second type of recreation as far as its frequency is concerned is culture and entertainment recreation, which usually manifests itself as participation of the surveyed individuals in sports games as spectators:

*"I went to see a football game. They played here."* (Barbara)

*"We watched a game. I took photos. I dressed up."* (Celina)

*"I sometimes go to matches. I'm scared because of my wheelchair."* (Danuta)

Other activities in this type of recreation include going to the theatre or cinema, church or concerts:

*"We were in the theatre."* (Alina)

*"I go to the theatre, cinema, concerts."* (Barbara)

*"I went to the cinema. It was a war film... I have already forgotten."* (Celina)

*"On Sunday I go to church. I got used to this. I used to go with Agata, and now I prefer to go alone."* (Elizabeth)

The next type of recreation practiced by seniors with intellectual disability is creative recreation. It manifests itself in various creative forms of spending free time such as painting, working with clay, singing, dancing, acting:

*"Sometimes I draw and work with clay."* (Alina)

*"I dance and sing."* (Alina)

*"I like painting pictures. I like painting flowers and butterflies."* (Barbara)

*"We do things with leaves. We put them together. I roll it... dry leaves."*

(Celina)

*"I sing."* (Bartosz)

*"I was an actor."* (Emil)

The last type of recreation undertaken by the respondents is recreation through social activity. The respondents work voluntarily for others in their spare time, helping their carers and friends:

*"I help on Saturday, Monday, Tuesdays, Wednesdays. I help our carers. Sheets, clothes."* (Celina)

*"I look after my aunt a little bit."* (Elżbieta)

*"I help. I help to lift the chairs."* (Amadeusz)

The data collection allowed to identify another category including recreational activities that do not match the previous categories. These are: meetings with family and nursing home residents, watching TV or cleaning:

*"I go to my friends for some tea because I cannot drink coffee."* (Danuta)

*"After breakfast we go with Aunt Maria to visit Aunt Danka. She is our friend."* (Elżbieta)

*"I meet my friends. We talk. I like to drink beer with them."* (Amadeusz)

*"I meet my family. They live here."* (Dariusz)

"I watch TV. Some crime stories." (Barbara)

"I watch movies. The series «Dr. Quinn»." (Danuta)

"I go to watch TV." (Elżbieta)

"I clean my room every day. It must be clean." (Celina)

"I cleaned the room yesterday." (Barbara)

## 2. Levels and functions of recreation

According to Nash's theory and the needs of this study, the activity was divided by us into two levels: E – emotional level (1 and 2 according to Nash) and level T – task (3 and 4 according to Nash). Interpretation of the results was possible due to non-verbal communication of the respondents, which enriched their verbal communication. The collected data show that recreation of the respondents is typically at level 2. (in our opinion – emotional), which means emotional participation in recreation:

"I go to the theatre. To the cinema. Concerts." (Barbara)

"I went to the cinema. It was a war film... I have already forgotten." (Celina)

"We watched a game. I took photos. I dressed up." (Celina)

There are also respondents who are characterized by:

– creative participation (level 4, in our opinion – task level):

"Sometimes I draw and work with clay." (Alina)

"We do things with leaves. We put them together. I roll them... dry leaves."

(Celina)

"I paint everything. Flowers and coloring books." (Amadeusz)

– active participation (level 3, in our opinion – task level):

"I dance and sing." (Alina)

"I was an actor." (Emil)

– passive participation (level 1, in our opinion – emotional):

"I watch TV series «M jak miłość» (L like love)." (Alina)

"I watch TV. Some crime stories." (Barbara)

Nobody in the research group does harm to themselves or society during recreation (levels -1, -2 by Nash).

## 3. Barriers to recreation

Generally, the research participants do not face any barriers in their spare time:

"I do everything myself." (Celina)

"I prefer to decide myself." (Danuta)

"Nothing bothers me." (Elżbieta)

The respondents point only to psychological barriers related to lack of motivation or poor self aspirations:

"Sometimes I'm tired." (Alina)

*"The screams of Ms Baranowska. She screams from the very morning."* (Barbara) as well as barriers to execution which concern lack of skills necessary for practicing certain types of recreation:

*"I would like to go shopping, but there are accidents and I'm scared."* (Alina)

*"I sometimes go to matches, sometimes not. I'm scared because of my wheelchair."* (Danuta)

Two respondents refused to answer the question.

## Discussion

Our research is not representative of the social group of seniors with intellectual disability who are citizens of the Republic of Poland. Our exploration is a beginning, a prelude to further, in-depth research into the recreational activity of senior living in nursing homes. We found in our study that the members of the sample group:

- participate in recreation on a voluntary basis, in their spare time (time without any compulsory rehabilitation activities in a nursing home which would be an equivalent to professional work).

- practise the most popular type of physical activity which is walking, culture-entertainment (supporting a sports team) and creative (artistic activity in a nursing home). It is unfortunate that the first type of recreation is limited to walking only. It should also include activities such as swimming or fitness classes prepared for individuals or groups. The creative recreation should "move beyond" nursing homes, which would also counteract social exclusion.

- select recreational activity for relaxation and fun. Unfortunately, institutions do not prepare such offers that would allow seniors with ID to meet their needs to learn and gain new experience and knowledge. It could be both preventive and counteracting the degradation of the nervous system.

According to the theory by J. B. Nash, the recreation of the respondents represents the emotional and task level. It is an optimistic diagnosis of the surveyed seniors as it confirms that there is the possibility of recreational activity in this social group which is often stereotyped as being dependent and helpless.

What is new in our research? It should be said that a senior with ID is able to participate in recreation with the same rights and rules which are "granted" to non-disabled elderly people. Barriers to recreation, recreation

levels and its goals will pose a challenge for further research on individuals with ID, not only seniors and not only residents of Polish nursing homes.

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