

Individuals with visual impairment and their perception of life satisfaction

(scientific paper)

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Abstract: *Although the issue of life satisfaction is being discussed in various theoretical disciplines, it has not been defined clearly yet. There are many terms that are close to term life satisfaction, such as happiness, well-being, quality of life etc., these are sometimes used interchangeably. This paper introduces an initial research of life satisfaction of individuals with visual impairment in the Czech Republic. The authors used a standardised Questionnaire of Life Satisfaction by Fahrenberg, Myrtek, Schumacher and Brahler (in Rodná, Rodný, 2001) to find out whether the life satisfaction of individuals with visual impairment differs from statistically given norm.*

Keywords: *Life satisfaction, quality of life, visual impairment, domains of life satisfaction, individual approach.*

1 Introduction

The issue of “life satisfaction” is currently being examined in detail on many different levels. Its specificity lies mainly in the areas such as understanding the life situation of an individual e.g. in connection with certain culture, value system and in relation to personal aims, expectations, standards, etc.

This paper introduces initial research on life satisfaction of people with visual impairment. The standardised Questionnaire of Life Satisfaction by Fahrenberg, Myrtek, Schumacher and Brahler (in Czech edition by K. Rodná and T. Rodný) was the main tool of the initial research. The questionnaire was originally prepared for social majority but we distributed it to people with visual impairment with the aim to realize whether they are satisfied with their life or not, whether the individual outcomes of the questionnaire will differ from statistically stated norm in either direction.

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2 Issue of life satisfaction

The issue of life satisfaction has not been defined clearly yet. There are various theoretical disciplines that are interested in it – however mostly under different terms – these are e.g. philosophy (eudemonia, hedonism); theology (happiness, meaning of life); sociology (quality of life); medical sciences (subjective well-being, health related quality of life); psychology (see more below) etc.

Psychology (e.g. gerontopsychology, positive psychology, health psychology, social psychology, the area of mental health, psychotherapy, etc.) has taken relatively significant position in dealing with this issue in past twenty to thirty years. Within the psychology is the issue of life satisfaction in close connection with the issue of happiness that itself is difficult to be explained on the scientific basis. This term is “so overused, that almost lost its meaning” (Seligman, 2014, s. 20) and at the same time it is “something, that everybody has different idea about/understands its own way” (Křivohlavý, 2013, p. 11). Psychologists attempt to make their distinctive mark against its lay usage and therefore they use terms such as wellness, life satisfaction, well-being (meaning that person is feeling well), subjective well-being (meaning subjective health condition), subjective quality of life, authentic happiness, experiencing so called flow or flourishing etc. (cf. Csíkszentmihályi, 1996; Křivohlavý, 2002; Fahrenberg et al., 2000; Křivohlavý, 2013; Seligman, 2014). Due to this variability the authors of empirical studies state which concept is actually being discussed.

Křivohlavý (2013, p. 23–29) distinguishes narrower and broader concept of happiness and satisfaction. The narrower sense means so-called hedonic happiness whose main features are pleasure and emotions of happiness. The psychologists mostly use the term *well-being* for this concept, *well* meaning well, *being* meaning living or existence. The pure subjectivity is typical for this type of happiness. The person may be considered not to be happy by other people – according to their criteria of happiness but in fact he/she may be internally truly happy according to his/her own criteria. For example, people with disability are commonly thought not to be as happy as “healthy” people by the majority of people. Conversely interviews with people with disability show that they evaluate their happiness, life satisfaction or quality of life as adequate (Požár, In Jesenský et al., 2003, p. 96). Everyone assesses his/her own life on the basis of positive and negative emotions, but also on genetic basis, e.g. his/her temperament. Although the level of subjective well-being can vary partially according to different circumstances of the person experiences, it is his/her relatively stable characteristic (Křivohlavý, 2013).

Křivohlavý (2013, p. 79–80) states that the level of happiness or life-satisfaction (in narrower sense – hedonic) is quite often measured and compared between states or nations – usually under the broader framework of the term quality of life. It can be measured from the point of view of economics, politics and also from the point of view of satisfaction of people. The method Life Satisfaction Inventory can be used.

The broader concept of happiness is then “multidimensional” – Eudaimonia – an enjoyment of good, wisely and well spent life. It is the happiness as it is described in the concept of M.E.P. Seligman’s authentic happiness or flourish, or M. Csíkszentmihalyi’s experience of flow (Křivohlavý, 2013, p. 24).

According to the theory of authentic happiness (Seligman, 2014, s. 22–24) “human happiness can be analysed on three levels”: the level of positive emotions, the level of engagement in a particular activity (commitment) and the level of feeling of meaningfulness. The central theme of Seligman’s positive psychology is happiness which is operationalized by the degree of life satisfaction. The goal of the positive psychology is to increase life satisfaction. However the author reconsidered this theory. He acknowledged that the term happiness is too closely connected with positive emotions (good mood) and that his concepts of commitment and meaningfulness are not part of “happiness” as it is understood by the majority of people. Consequently the measurement of life satisfaction is considerably influenced by people’s actual mood. Seligman agreed that he was not able to leave narrower sense of happiness as it is described by Křivohlavý (2013, p. 23). So he introduced “new” well-being theory where “the main criterion of measuring well-being is the degree of flourishing” (optimal prosperity) and the goal of the positive psychology is then increasing this flourishing. (Seligman, 2014, p. 24) Well-being is a theoretical concept – it is not possible to operationalize it and measure it. However, it includes set of elements which can be measured. These elements participate on well-being but they do not define it. These elements are: positive emotions, engagement in activity, positive relationships, meaningfulness and satisfactory achievements. (Seligman, 2014) Seligman uses the acronym PERMA (P – Positive emotions, E – Engagement, R – positive Relations, M – Meaning and A – Accomplishment) (Křivohlavý, 2013).

The authors of the flourish concept devised diagnostic method used by public to reveal strengths and weaknesses of character – SST method (Signature Strengths Test) and VIA method (Values in Action) used almost exclusively by experts on positive psychology. One part of these methods is subjective assessment of respondent’s satisfaction (Seligman, 2014; Křivohlavý, 2013).

Second example of the broader concept of happiness is Csíkszentmihalyi’s Flow, he defines it as: “the way people describe their state of consciousness when their mind is in harmony and they wish to gain their goal because of the goal itself.” (1996, p. 16) In this state they are completely absorbed in an activity, especially an activity which involves their creative abilities, such as art, work, hobbies, games etc. Therefore they

are experiencing the feeling of happiness. The degree of person's happiness is connected with his/her inner harmony and his/her ability to filter and interpret everyday experiences. People feel happiness in case that they enjoy the process of reaching their goals (they enjoy the present moment, they enjoy what they are actually doing even though it may be boring or difficult), not the moment when they have finally reached their goal. To achieve the happiness people have to find pleasure and meaning of life regardless circumstances, they have to learn to distinguish what is really important for them and what is not, they have to understand their motivation, free themselves (at least to some degree) from the thoughts about future success expected (and rewarded) by the society and gain the satisfaction in everyday life – they should reward themselves (e.g. not opinions such as: if I work more, I will get more money; I must work hard now, I cannot enjoy myself now, I will enjoy myself when I am retired; etc. but opinions such as: the work is satisfying for me; I enjoy my work; the time spent at work is beneficial for me, etc. – reward for the work is also the work itself) (Csikszentmihalyi, 1996).

The authors of the Life Satisfaction questionnaire we used in our study agree with the opinion that concept of the life satisfaction is not defined enough. They based their questionnaire on the concept of Lawrence and Liang, 1988, Pavot, Diener, Colvin and Sandvick, 1991 and DeNeve and Cooper, 1998 (Fahrenberg et al., 2000, In Rodný, Rodná, 2001, p. 6) who explained the life satisfaction as part of the subjective well-being concept. Subjective well-being has four dimensions: life satisfaction – congruence, happiness, positive affectation and negative affectation. The authors also mention the term quality of life, they admit that this term is not well defined too and that it is often confused with those mentioned above. Quality of life from the medical point of view (health related quality of life) defined according to Engel and Bergsman (1988, In Křivohlavý, 2002, p. 163–164) have three spheres:

Macro-level – the quality of life measured in big social groups such as countries, continents, the experts concentrate on absolute meaning of life (politicians deal with issues such as epidemic, famine, poverty, genocide, etc.)

Meso-level – the quality of life of small social groups (school, hospital, retirement home, business, etc.), dealt issues are satisfying basic needs of groups' members, existence of social support, of shared values, etc.

Personal level – concerning life of individual – individual assessment of health condition, pain, satisfaction, hopes etc. Everyone assesses quality of his/her own life according to his/her own point of view, hopes, expectations or beliefs.

Křivohlavý (2002, p. 164) speaks about fourth sphere: **level of physical existence** – concerning the observable behaviour of other people, e.g. the way person walks before and after an operation – the behaviour can be measured and compared objec-

tively. However, he also adds that Engels and Bergsma (1988, In Křivohlavý, 2002) do not recommend to use it for defining quality of life.

The research of quality of life tends to concentrate on subjective conception (personal level) of assessing the quality of life in recent years, meaning concentration on individual satisfaction with given (life) situation (Ludíková et al., 2012, p. 11). Various methods can be used to measure quality of life from the subjective point of view, e.g. Patrick's and Erickson's Health Related Quality of Life (HRQoL), O'Boyle's. McGee's and Joyce's Distress and Disability Rating Scale (DDRS), Diener's The Satisfaction with Life Scale (SWLS) or recently the mostly used Boyle's, Brown's, Hickey's and Joyce's Schedule for the Evaluation of Individual Quality of Life (SEIQoL) (Křivohlavý, 2002).

We did not find any research that concentrated on life satisfaction of persons with visual impairment in the Czech Republic. Some researches concern the quality of life of persons with visual impairment such as Joklíková et al. (2013) or Finková et al. (2013). But we found some foreign researches dealing with life satisfaction of individuals with visual impairment. E.g. Holbrook, Caputo, Perry et al. (2009) proved that women with visual impairment are less satisfied with their life than men with visual impairment. Moreover, research by Ray, Horvat, Williams et al. (2007) revealed that people with visual impairment who lost the sight before the age of 12 are more likely to suffer depression than people who lost sight 6 years later. According to research by Labudzki and Tasiemski (2013) visual impairment has greater impact on quality of life than hearing impairment, diabetes (2nd type) or atherosclerosis. Last mentioned authors found out that individuals with visual impairment or blind individuals assess their overall life satisfaction as rather satisfied to satisfied. They are also satisfied or rather satisfied in "leisure time", "relationships", "family life" and "contact with friends" domains and very satisfied or satisfied in "taking care of themselves" domain.

3 Methodology

3.1 Measurement tool

As a measurement tool of the research was used a standardised **Questionnaire of Life Satisfaction by Fahrenberg, Myrtek, Schumacher and Brahler** (Czech edition by Rodný and Rodná). This questionnaire is considered to be easy to use diagnostic tool usually used in the area of clinical psychology and educational and career counselling. It is designed for persons from 14 years of age and older to measure their overall life satisfaction and also level of satisfaction in 10 significant domains: health, work and employment, financial situation, leisure time, marriage and partnership, relationship with own children, person himself (herself), sexuality, friends, acquaintances, relatives, housing. Each domain is assessed on scale of 7 items. The Overall life satisfaction

includes only following domains: health, financial situation, leisure time, person himself (herself), sexuality, friends, acquaintances, relatives and housing.

The questionnaire can be used for individual diagnostics but also for evaluation of quality of life of selected groups of population. The Czech edition of the tool has been primarily designed for counselling purposes. Included standards from original edition are meant to have only indicative function. Administration of the questionnaire can be individual or it can be done in groups. The time limit is not given, but it usually takes 5 to 10 minutes. The questionnaire includes also some questions about the most important demographic information which can be used while interpreting the gained data in accordance with the given standards (Rodná, Rodný, 2001). The results of the questionnaire were interpreted by an experienced psychologist.

3.2 Target group

We conducted an initial research into the area of life satisfaction of selected target groups, f. e. adults with mild mental retardation, visual impairment or drug addicted adults, etc. In this paper we present the outcomes of the part of the research aimed at the **adults with visual impairment**.

The target group consisted of blind persons and also of persons with low vision. Persons with low vision filled in the printed version of the questionnaire using some kind of optical devices, such as digital magnifiers (so called *telelupas*), stable magnifiers, etc. Blind persons filled the questionnaire with the support of an assistant.

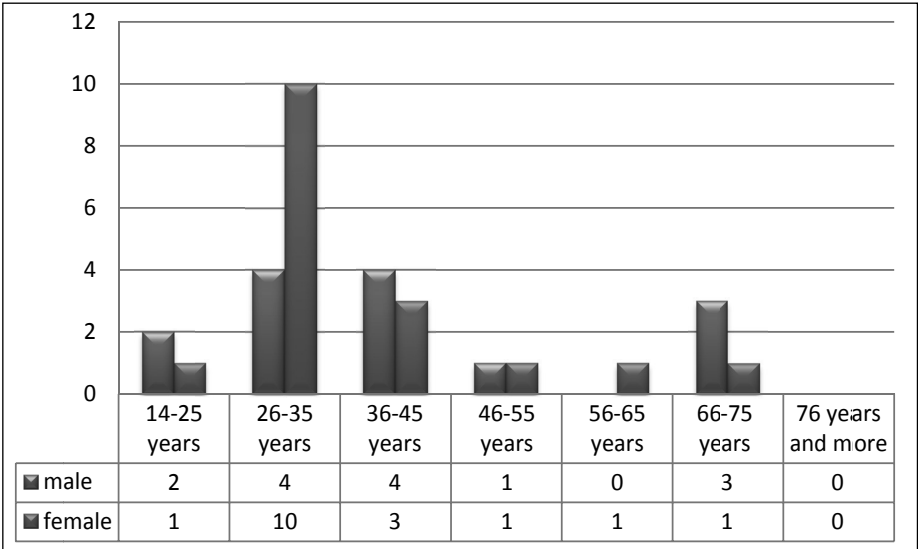


Figure 1: Age distribution of respondents

Even though the questionnaire could be used by persons from 14 years of age we set the condition that the respondents had to be older than 18 years as we targeted our study at adults. There were 31 participants with visual impairment aged 20–74 years, 14 males and 17 females in this initial research. The sex ration was thus rather balanced.

The participants, males and also females, are evenly distributed among the given age groups, except for the age group of 76 years and more. The largest was the group of females of the age between 26 and 35 years (32,26%).

3.3 Recruitment of participants

As the method of participants' recruitment snowball sampling (chain sampling, referral sampling) was used. It is a technique where existing study subjects recruit future subjects from among their acquaintances. This method was slightly adapted in our study. We contacted one person with visual impairment (at the level of blindness) who filled in the questionnaire with the support of an assistant. This blind person gave to members of research team further contact information about other persons with visual impairment willing to participate on initial research (Hartnoll, Miovský, 2003).

4 Results

We present some of the outcomes gained through the initial research of life satisfaction of persons with visual impairment in this paper. We have preferably chosen those aimed at the domains “work and employment”, “financial situation” and “leisure time” as these may be related or dependent on each other and influence each other.

Work and employment

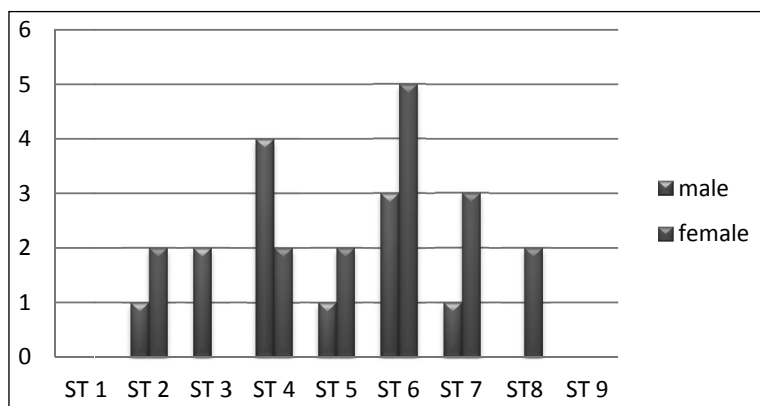


Figure 2: Distribution of stanine scores for sample data set in a “work and employment” domain (n = 28)

3 respondents were not included into outcomes of this domain due to the fact that they were students at the time of data collection and therefore they did not fill in this domain of the questionnaire.

The data presented in the graph above show that in the domain of work and employment the figures of more than half of respondents do not deviate significantly from statistically expected figures. Even though we expected that the figures (stanines) will differ from the average figures valid for average population due to the fact that the target group of persons with visual impairment experiences great difficulties in looking for a job they did not deviate significantly.

Only 6 respondents (3 males, 3 females) are not satisfied with their work and employment too much.

Financial situation

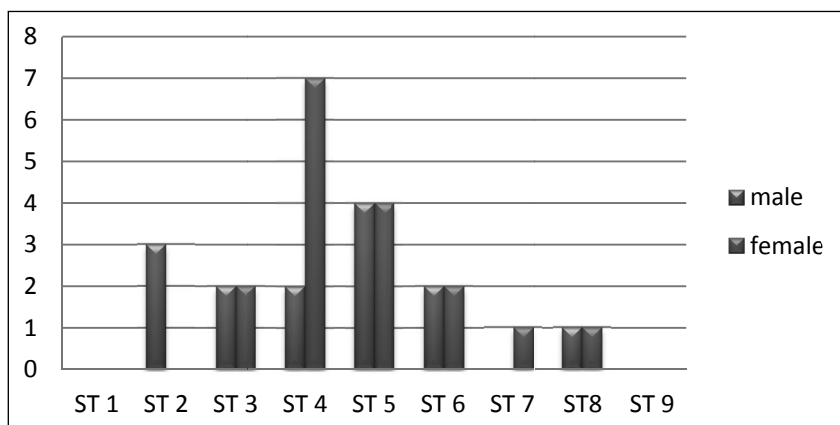


Figure 3: Distribution of stanine scores for sample data set in a “financial situation” domain (n = 31)

Even in this case the figures of the respondents gained in the domain of financial situation do not differ significantly from statistically expected figures. Persons with visual disability responded that they are: “neither satisfied nor unsatisfied”, “rather satisfied” and “satisfied”. Satisfaction in the domain of finances is connected with the fact whether the persons can work or whether they are limited by the health condition to such degree that they cannot work at all or just work partially. This state is also interconnected with jobs availability on the labour market. Financial problems of persons with the visual impairment can be also associated with the obstacles they experience when looking for an appropriate job.

Leisure time

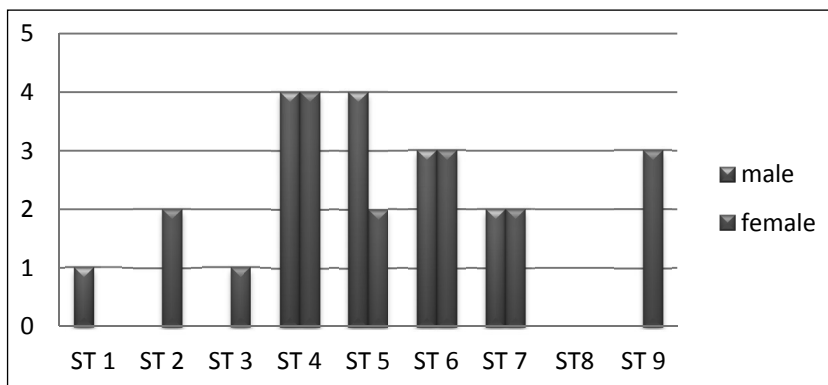


Figure 4: Distribution of stanine scores for sample data set in a “leisure time” domain (n = 31)

The figures of the respondents in the domain of leisure time do not differ significantly from statistically expected figures too. Almost two quarters of respondents’ answers are close to average (mean). Only 4 persons with visual impairment (3 females, 1 male) are not satisfied with the way they spend their leisure time. On the other hand 7 persons (5 females, 2 males) are very satisfied.

5 Conclusion

The issue of quality of life (happy life, satisfactory life) is being dealt in significant amount of papers and researches from various areas of human knowledge – in the Czech Republic and also abroad. The results of the presented initial research proved that the figures of more than half of the respondents do not differ from statistically expected figures in all domains discussed in this paper.

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