

ABSTRACT

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Previous research has cited the need for new and additional programming for effective long term weight management treatment. This study sought to determine the extent to which health care professionals perceive leisure education as an important component to include in weight management programs serving adult women. 100 health care professionals (physicians, registered dietitians, mental health therapists, exercise physiologists, certified therapeutic recreation specialists) were surveyed regarding important leisure education components to include in weight management programs. Results indicated that all professional groups surveyed believed leisure education was an important component to include. The results of an ANOVA for the components of the leisure education content model were statistically significant for gender. The findings for the other dependent variable, profession, were not significant. The implications of these results for health care providers are discussed.

THE PERCEIVED IMPORTANCE OF A LEISURE EDUCATION COMPONENT
IN OUTPATIENT WEIGHT MANAGEMENT PROGRAMS
SERVING ADULT WOMEN

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"People who cannot find time for recreation are obliged sooner or later to find time for illness."

John Wanamaker

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INTRODUCTION

There are documented studies which show the detrimental effect of obesity on one's physical health (Council on Scientific Affairs, 1988). Obesity is defined "as an excessive accumulation of fat in the body" (Council on Scientific Affairs, 1988, p. 2547) and, is associated with a number of health hazards. Obesity may impair both cardiac and pulmonary functions, modify endocrine function, and cause emotional problems (Council on Scientific Affairs, 1988). Studies are beginning to show that yo-yo dieting may cause even more serious health problems (Brownell, 1988). Because of the potential severe health consequences of obesity, it would be in the individual's and public's best interest to further develop weight management programming that would continue to assist individuals from regaining weight.

The 1992 National Institutes of Health Technology Assessment Conference stated that current methods used in weight management programs have not been effective for long term weight management. This statement also identified that the common barriers to maintaining weight loss for individual participants are the lack of feelings of self-efficacy, failure to lose weight early, serious underlying social or psychological problems, and the lack of social and professional support. This conference also

stated that successful weight loss programs include components that help prepare the person to deal with high risk emotional and social situations (National Institutes of Health, 1992). This involves self-monitoring of progress, effective problem solving techniques, and the ability to reduce stress.

In typical weight management programs, the focus of behavior modification has been to identify the eating or related lifestyle behaviors that need to be modified. However, even though these methods have been effective with some people, only a small percentage of participants utilizing these types of behavior modification techniques have been able to make the desired changes (National Institutes of Health, 1992).

A significant problem exists when these individuals are perceived as treatment failures. Is it possible that the treatment is failing them because it is not incorporating all the important components of a sound treatment program? The area of leisure education may be one of these important components. A leisure education component could assist these individuals in addressing some of the ongoing barriers that continue to impede long term successful weight management. Although a leisure education component will not be able to address all of the problems that interfere with weight management, the

individual will be able to learn skills for addressing some of these areas.

It appears that many participants in weight management programs have learned to utilize food as a way to relax, manage stress, and bring themselves enjoyment. Many obese persons want to feel better yet often may not believe it is okay to take time for themselves to fulfill that need. Many lead busy lives and often do not see the importance of making leisure a priority in their lives. According to the National Institutes of Health conference statement, the recommendations for future research in the weight management field include the development of prevention programs that encourage Americans to adopt healthy lifestyles that will affect lifelong control of weight (National Institutes of Health, 1992).

Individuals need a balance in their lives which includes a leisure lifestyle. Leisure, play, and recreation are the components that allow one to get through some of the difficult and stressful situations in life. These reenergize, providing the emotional and physical energy needed to follow through with difficult tasks, which for many individuals is developing and following through with healthy eating patterns and activity.

Leisure education is a holistic approach to treatment that addresses the mind, spirit, body, and social context

of the individual. The components of a leisure education program focus primarily on understanding leisure within the context of one's lifestyle. Leisure education provides individuals the opportunity to explore and develop individual decision-making styles, social interaction skills, leisure resources and leisure activity skills.

The purpose of this study was to determine the extent to which health care professionals perceive leisure education as an important component to include in weight management programs serving adult women.

REVIEW OF LITERATURE

For many individuals, obesity is not only a result of patterns of eating and physical activity, but also as a result of lifestyle, established cultural patterns, and social and economic factors. Many individuals who struggle with weight may have been influenced by such factors as developmental patterns, family history, and activity level (Council on Scientific Affairs, 1988; Contento & Murphy, 1990). According to Foreyt and Goodrick (1991), "obesity continues to increase in the U.S. despite billions of dollars spent to prevent and treat it. This fact and the results of treatment research studies indicate that effective and longlasting treatments for obesity have yet to be discovered" (p. 1243).

Approximately 20 years ago, the behavioral approach

to the treatment of obesity attracted much attention and stimulated research. At this time there was also an increase in the clinical application of this approach which utilized new treatment methods such as relapse prevention training, utilization of social support systems, and posttreatment contacts with the therapist (Council on Scientific Affairs, 1988). However, research indicates that many of the behavioral treatment methods to date do not exhibit long-term effectiveness (Bell & Cassell, 1987; Council on Scientific Affairs, 1988; Foreyt & Goodrick, 1991; National Institutes of Health, 1992). It appears that there are a number of factors which may contribute to an individual's struggle with weight management. According to Bell and Cassell (1987), "the dietary treatment of obesity is complex because in order to be effective, it must be tailored to fit the needs and capabilities of the individual patient" (p. 8).

Stress and Eating

Stress, frustration, rejection, and other negative emotional states have been identified as antecedents to unhealthy eating or to what is perceived by the individual as uncontrolled eating. This type of eating seems to bring temporary emotional relief (Foreyt & Goodrick, 1991). It is difficult to make attitudinal or behavioral changes when one is stressed or feeling badly about themselves.

A more recent study (Ellmore, 1992), shows that individuals tend to make personal changes when they are feeling positive about themselves and are enjoying how they are living. A positive perception actually improves performance in weight management programs.

Goodrick and Foreyt (1991) identify four important areas that affect an individual's struggle with healthy weight management: thoughts, moods, dieting, and social pressure to be thin. Each individual deals with a variety of factors that may contribute to their perceived problem with weight.

Positive Effects of Leisure

McCleran (1992) conducted a weight management study with adult men and women. The results of this study state that individuals concerned with weight management need to practice a discipline such as martial arts, meditation, or any activity that encourages the development of new skills and a feeling of personal harmony. Many authors in the weight management arena make recommendations that are compatible with leisure education, although seldom is leisure education directly mentioned.

According to Peterson and Gunn (1984), leisure lifestyle is the day-to-day behavioral expression of one's leisure related attitudes, awareness, and activities revealed within the context and composite of the total

life experience. The purpose then of leisure education is to develop and acquire knowledge, skills, and attitudes related to leisure. Peterson and Gunn have developed the Leisure Education Content Model to provide practitioners the opportunity to work with a model to assist clients in addressing the issues of leisure awareness, social interaction skills, leisure resources, and leisure activity skills. This model is illustrated in Figure 1.

1. LEISURE AWARENESS

- Knowledge of leisure
- Self-awareness
- Leisure and play attitudes
- Related participatory and decision-making skills

2. SOCIAL INTERACTION SKILLS

3. LEISURE RESOURCES

- Activity opportunities
- Personal resources
- Family and home resources
- Community resources
- State and national resources

4. LEISURE ACTIVITY SKILLS

(Peterson & Gunn, 1984)

Figure 1. Components of the leisure education content model.

The four content areas of this model were converted to seven in order to meet the needs of this study. The four components of the content area "leisure awareness" (knowledge of leisure, self-awareness, leisure and play attitudes, and related participatory and decision-making skills) were addressed individually along with social interactions skills, leisure resources, and leisure activity skills.

A number of authors (Haggard & Williams, 1992; Iso-Ahola & Weissinger, 1990; Rancourt, 1991; Savell, 1988; Sylvester, 1983) have suggested that within the realm of leisure individuals find opportunities for relaxation, expression of emotion, stimulation, challenge, self-expression, personal growth, and physical development. Hull (1990) further studied the relationship between leisure and mood and stated, "if any agreement concerning the nature of leisure exists, it is the common belief that leisure is a positive experience accompanied by satisfying and pleasurable moods, emotions, or feelings" (Hull, 1990, p. 104). He found that having fun has real benefits and that mood is a significant, prevalent, and relevant product of leisure activities (Hull, 1990).

Although these benefits are well-known within the profession of Therapeutic Recreation, seldom has this philosophy been included in traditional weight management

programs. When leisure education has been a formalized component within a weight management program, anecdotal reports indicate many benefits. That is, professionals working in weight management programs report high client satisfaction with the leisure education focus of the weight management program. Clinical dietitians have found that many weight management patients experience an easier time following through with their nutritional therapy when leisure education has been a focus in their treatment programs. They attribute this to the belief that when patients are experiencing a more relaxed and fulfilling lifestyle, they are much more able to make decisions and follow through with these decisions regarding their nutritional health (Kelbel; Tripp, Personal communication, Lutheran Hospital-La Crosse, 1994).

Behavior management specialists also have experienced this with patients while working in hospital-based weight management programs (Larkin; Sobota, Personal communication, Lutheran Hospital-La Crosse, 1994). When individuals are taking the time and putting forth the effort to include leisure into their lifestyles, which allows them to have fun and enjoy themselves, they appear to increase their psychological and physical capabilities for creating personal changes. This study verified the extent of this philosophical inclusion of leisure education in a weight

management program among a variety of professionals.

Women and Leisure

Henderson (1990) proposes that through leisure, "women can learn to value themselves as individuals and obtain the confidence to challenge society's gender role restrictions and stereotypes" (p. 229). Various authors (Henderson, 1990; Wearing & Wearing, 1988) explain that it is difficult to define leisure for women in terms of time and activity due to the ever changing roles for women. Defining leisure as a meaningful, enjoyable experience may have more relevance to women's varied roles.

It may be helpful for women to see that leisure can be found in family interactions, community services, social interactions, work outside the home, and in taking time for oneself. Henderson also states that it is important to consider many of the complex issues relevant to women and leisure. Some of these leisure-related concepts include free choice or perceived freedom from constraints, intrinsic motivation, enjoyment, relaxation, role interactions, personal involvement, and self-expression (Henderson, 1990). These can be addressed in a leisure education program.

A comprehensive leisure education program could assist women in learning how to develop and incorporate leisure skills, attitudes, and knowledge into their overall lifestyle. The purpose of the present study was to

determine the extent to which health care professionals perceive leisure education as an important component in an outpatient weight management program serving adult women. This study sought to examine the following research questions:

1. Are there differences among professional groups in regard to the importance of including a leisure education component in weight management programs serving adult women?
2. Is there a difference between men and women in regard to the importance of including a leisure education component in weight management programs serving adult women?
3. What are the most important components of a leisure education program to include in a weight management program serving adult women?

METHOD

Subjects

Participants consisted of 100 health care professionals representing Physicians, Registered Dietitians, Exercise Physiologists, Certified Therapeutic Recreation Specialists, and Mental Health Therapists. The criteria for accepting individuals into the study was a basic knowledge of Therapeutic Recreation or leisure education; knowledge of weight management or compulsive eating; a minimum of a bachelor's degree; a minimum of two years' work experience in their professional field; and being credentialed in

their field of expertise and training. All of the participants were recommended by professionals or professional organization representatives as meeting these criteria. Verification of this criteria occurred before the final selection of participants. Data were also collected on occupation, age, the type of employing facility, and the percentage of professional time spent on addressing weight management.

Out of 100 professionals surveyed, there were 85 respondents. Females comprised approximately three-fourths or 77.6% of the sample. The total number of respondents that were male were 19 or 22.4%.

Instrumentation

The "Leisure Needs Survey for Weight Management" was developed to determine the perception of various health care professionals on the importance of a leisure education component in outpatient weight management programs serving adult women. The survey was designed to obtain professional opinions regarding important topic areas to address in the treatment and education of adult women in outpatient weight management programs.

The instrument included 70 Likert-scaled items which were based on the four content area of the Leisure Education Content model developed by Peterson and Gunn (1984). The four content areas addressed were leisure awareness,

(focusing on the knowledge of leisure, self-awareness, leisure and play attitudes, and related participatory and decision-making skills), social interaction skills, leisure resources, and leisure activity skills. The four content areas of leisure awareness were addressed individually as previously shown in Figure 1. This model was developed so that the leisure education content areas "could be operationalized into programs that have as their purpose the acquisition of appropriate leisure-related skills, knowledge, and attitudes" (Peterson & Gunn, 1984, p. 22).

The responses were analyzed based on a 5-point Likert scale ranging from strongly disagree to strongly agree, represented by the values 1 through 5. In order to address face validity, a panel of experts was used. A cover letter, a copy of the survey instrument entitled "The Leisure Needs Survey for Weight Management", a request for feedback on changes and additions in the instrument, and a self-addressed stamped return envelope were initially sent to five professionals for a pilot study. These individuals provided advice on changes and additions in the survey instrument in order to improve clarity. Modifications were made based on these recommendations.

Procedure

"The Leisure Needs Survey for Weight Management" and a cover letter were mailed to 120 professionals representing

Physicians, Registered Dietitians, Exercise Physiologists, Certified Therapeutic Recreation Specialists, and Mental Health Therapists requesting their participation in this study. The cover letter explained the purpose and importance of the study, the responsibilities of the potential respondent, and the confidentiality of responses. Also included was a self-addressed stamped return postcard in which the individual indicated whether or not they were interested in participating in the study. Some of the potential respondents were contacted by telephone or in person and were explained the information provided in the cover letter.

From the responses received, the survey information was mailed to 100 participants, 20 from each profession. The participants were asked to respond within a 2 week period. In an attempt to increase the response rate, 14 days later, follow-up information was mailed to those individuals not yet responding. The final survey response rate was 85% or 85 respondents out of 100.

RESULTS

In order to address the first two research questions, a series of 2-way ANOVA analyses were performed on the seven components of the Leisure Education Content Model as well as the two questions, "Is it important to include a Leisure Education component in weight management programs

serving adult women?" and "Is it important for adult women in weight management programs to discuss leisure during their treatment?". The Statistical Package for the Social Sciences (SPSS) computer program was utilized.

The major results of the ANOVA analyses are presented in Tables 2 and 3. The overall mean scores (see Table 1) for the total survey population, were calculated for each leisure education program component and the two questions. The results indicated that participants overall viewed these components as important to address in weight management programs serving adult women.

Main effects for gender (see Table 2) were statistically significant for the following components: knowledge of leisure, self-awareness, leisure and play attitudes, and leisure resources. It is also noteworthy that profession approached statistical significance for the component leisure and play attitudes and that gender approached significance for the component related participatory and decision-making skills. No significant difference between males and females was found for the following components: related participatory and decision-making skills, social interaction skills, and leisure activity skills. Also, there were no significant main effects for profession for any of the leisure education program components. Examination of means and standard

Table 1. Mean scores of total survey population for leisure education program components and questions 3 and 70

LE ^a	Mean Score	Total Possible Score
KNOWLEDGE OF LEISURE	36.08	40.00
SELF-AWARENESS	39.59	45.00
PLAY ATTITUDES	40.01	45.00
DECISION-MAKING SKILLS	53.06	60.00
SOCIAL INTERACTION SKILLS	66.92	80.00
LEISURE RESOURCES	31.19	35.00
LEISURE SKILLS DEVELOPMENT	34.49	40.00
Q3 ^b	4.48	5.00
Q70 ^c	4.62	5.00

^aLE: Components of the Leisure Education Content Model: KNOW (Knowledge of leisure), SELF (Self-awareness), PLAY (Leisure and play attitudes), DECISION (Related participatory and decision-making skills), SOCIAL (Social interaction skills), RESOURCE (Leisure resources), SKILLS (Leisure activity skills).

^bQ3: Is it important for adult women in weight management programs to discuss leisure during their treatment?

^cQ70: Is it important to include a leisure education component in weight management programs serving adult women?

Table 2. Means and standard deviations of scores by profession^a and gender for leisure education program components and questions 3 and 70

		RD		MD		MHT		EP		CTRS	
LE ^b		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
		(n=2)	(n=16)	(n=6)	(n=10)	(n=4)	(n=13)	(n=1)	(n=16)	(n=6)	(n=11)
KNOWLEDGE OF LEISURE	Mean	32.00	35.50	32.17	36.90	36.25	37.46	40.00	36.88	33.67	37.18
	SD	2.83	3.03	2.64	4.61	4.50	3.23	.0	2.60	2.88	3.40
		Main Effects (gender) F = 10.093 Sig of F = .002									
SELF- AWARENESS	Mean	37.50	40.63	35.17	40.50	39.75	41.38	45.00	39.19	36.00	39.91
	SD	2.83	3.03	2.64	4.61	4.50	3.23	.00	2.60	2.88	3.40
		Main Effects (gender) F = 8.711 Sig of F = .004									
PLAY ATTITUDES	Mean	36.50	39.56	36.33	40.50	42.50	41.92	45.00	39.56	37.50	41.27
	SD	2.12	3.44	3.33	5.02	2.89	3.52	0.00	3.48	2.26	3.55
		Main Effects (gender) F = 4.785 Sig of F = .032									

Table 2: continued

DECISION-	Mean	47.50	53.00	49.67	53.10	53.75	55.23	60.00	53.13	50.17	54.00
MAKING	SD	.71	4.86	5.79	6.92	6.45	5.42	.00	4.86	2.32	6.21
SKILLS	No significant difference between groups.										
SOCIAL	Mean	62.00	68.44	61.00	66.40	67.25	69.46	80.00	65.88	64.17	68.00
SKILLS	SD	4.24	9.51	5.73	11.43	10.69	11.03	0.00	9.45	3.31	16.78
	No significant difference between groups.										
LEISURE	Mean	28.00	30.00	27.50	31.70	32.25	32.00	35.00	31.25	30.67	32.82
RESOURCES	SD	0.00	3.08	3.56	3.95	3.20	3.27	0.00	2.86	2.66	2.99
	Main Effects (gender) $F = 4.373$ Sig of $F = .040$										
LEISURE	Mean	29.00	34.94	31.17	33.90	34.75	35.54	40.00	35.44	33.33	34.64
SKILLS	SD	1.41	3.32	3.54	5.34	4.27	5.29	0.00	3.44	1.51	5.70
	No significant difference between groups.										
Q3	Mean	3.50	4.25	3.83	4.60	4.50	4.69	5.00	4.69	4.17	4.82
	SD	.71	.58	.41	.70	.58	.48	.00	.48	.75	.40
	Main Effects (profession) $F = 3.317$ Sig of $F = .015$										
	Main Effects (gender) $F = 12.340$ Sig of $F = .001$										

Table 2: continued

Q70	Mean	4.00	4.63	4.00	4.60	4.75	4.77	5.00	4.69	4.33	4.91
	SD	.00	.50	.63	.70	.50	.44	.00	.48	.52	.30
Main Effects (gender) F = 8.511 Sig of F = .005											

^aProfession: RD (Registered Dietitian), MD (Physician), MHT (Mental Health Therapist), EP (Exercise Physiologist), CTRS (Certified Therapeutic Recreation Specialist).

deviation by gender and profession indicate a much greater variability among female respondents.

For the question, "Is it important to include a leisure education component in weight management programs serving adult women?", there was a significant main effect for gender (see Table 2). That is, female response scores were higher than those of male respondents when asked if it was important to address those components in weight management programs serving adult women. For the question, "Is it important for adult women in weight management programs to discuss leisure during their treatment?", both gender and profession were found to be significant.

The third research question addressed the specific leisure education program components deemed important by the professional respondents. A multiple regression analysis was computed to determine the predictors of responses to the question 70, "Is it important to include a leisure education component in weight management programs serving adult women?". Question 70 was the independent variable and the components of the leisure education content model were the predictor variables. Because gender differences were found in the ANOVA analyses, regression analyses were computed separately for gender. The findings from the regression analyses (see Table 3) revealed that for males, leisure resources was the significant

Table 3. Multiple regression analysis results for leisure education program components by gender

Variable	Gender - Male
	Beta
LEISURE ACTIVITY SKILLS	-.510
LEISURE RESOURCES	.717*
LEISURE AND PLAY ATTITUDES	.176
SELF-AWARENESS	.129
KNOWLEDGE OF LEISURE	.125
RELATED PARTICIPATORY AND DECISION-MAKING SKILLS	.376
SOCIAL INTERACTION SKILLS	-.034
Multiple R	.92628
R Square	.85800
Standard Error	.28074

Table 3: continued

	Gender - Female
Variable	Beta
LEISURE ACTIVITY SKILLS	.256
SELF-AWARENESS	-.175
LEISURE RESOURCES	.094
SOCIAL INTERACTION SKILLS	-.253
LEISURE AND PLAY ATTITUDES	-.278
KNOWLEDGE OF LEISURE	.329
RELATED PARTICIPATORY AND DECISION-MAKING SKILLS	.671**
Multiple R	.68778
R Square	.47304
Standard Error	.37563

*p = .0079

**p = .0256

contributing component to a leisure education program while for females the significant component was related participatory and decision-making skills. None of the other components were found to be significant contributors to the overall rating of leisure education as a component in weight management treatment programs serving adult women.

DISCUSSION AND RECOMMENDATIONS FOR FURTHER RESEARCH

The purpose of this study was to determine through the opinions of various health care professionals the importance of a leisure education component in weight management programs serving adult women. Several important findings warrant discussion.

1. The overall findings of this study indicated strong support for the inclusion of a leisure education component in weight management programs. All professional groups studied clearly support addressing the various components of the Leisure Education Content Model. The outcomes certainly provide support for further investigation and development of leisure education components related to weight management. Support shown by various health care groups is a strong encouragement to the professions of Therapeutic Recreation and Leisure Studies to continue to advance programming in the areas of leisure education and weight management.

2. Physicians do support the inclusion of a leisure

education component in a weight management program. However, it is worth noting that the physician group showed a lower level of support for the various leisure education components than did the other professional groups. Physicians tend to be the health care provider that most patients initially come in contact with when addressing weight issues. It is important for physicians and the medical field to continue exploring new treatment methods and to utilize other treatment professions to assist individuals with the issue of weight.

3. There was a notable difference between the male and female respondent's beliefs. The most important leisure education component for males was leisure resources. The most important leisure education component for females was related participatory and decision-making skills. Male respondents scored high on the importance of including leisure education yet lower on the importance of specific leisure education topics or components. It is possible that males traditionally have not put much thought into the specifics of planning their leisure (i.e., decisions regarding time availability and attitudes regarding what type of leisure will occur). This may account for males scoring high on the need for leisure education in a weight management program yet scoring low on the specific topics or components in a leisure education program (i.e.,

self-awareness and related participatory and decision-making skills). However, it was apparent through this study that leisure is important to men, specifically what leisure resources are available.

In contrast, female respondents scored higher than males on the specific topics or components of a leisure education program. Historically, women have been the primary caretakers and homemakers, thus not always having the freedom to engage in leisure and activity without specific planning. Now with the ever increasing number of women in the workforce outside of the home, the planning continues to be more involved (Henderson, 1990).

Women's traditions of needing to plan for leisure may explain the higher scores for females on specific components (i.e., self-awareness and related participatory and decision-making skills). Females also scored higher on the importance of including leisure education in weight management programs.

4. Leisure education programming should be developed for inclusion in weight management programs. Since Physicians, Registered Dietitians, Mental Health Therapists, Exercise Physiologists, and Therapeutic Recreation Specialists all believe that leisure education is an important inclusion for weight management programs, a well packaged and marketed leisure education program should

be well received. Further research could test effectiveness of such a leisure education program.

Future studies may look at the relative effectiveness of the various components of a leisure education program within a weight management program. For example, is self-awareness in leisure more empowering than knowledge of leisure resources? To what extent does a focus on leisure decision-making impact weight management? To what extent does knowledge of leisure resources benefit males versus females? These and other questions could greatly impact the professions of Therapeutic Recreation and Leisure Studies.

REFERENCES

- Bell, S.J., & Cassell, J.A. (1987). Obesity and weight loss. Topics in Clinical Nutrition, 2(2), 8-9.
- Brownell, K. (April, 1988). The yo-yo trap. American Health, pp. 78-84.
- Contento, I.R., & Murphy, B.M. (1990). Psycho-social factors differentiating people who reported making desirable changes in their diets from those who did not. Journal of Nutrition Education, 22(1), 6-13.
- Council on Scientific Affairs (1988). Treatment of obesity. Journal of the American Medical Association, 260(17), 2547-2551.
- Ellmore, M. (November, 1992). Programming for fun: Marketing/management. Idea Today, pp. 61-64.
- Foreyt, J.P., & Goodrick, G.K. (1991). Factors common to successful therapy for the obese patient. Medicine and Science in Sports and Exercise, 23(3), 292-296.
- Goodrick, G.K., & Foreyt, J.P. (1991). Why treatments for obesity don't last. Journal of the American Dietetic Association, 91(10), 1243-1247.
- Haggard, L.M., & Williams, D.R. (1992). Identity affirmation through leisure activities: Leisure symbols of the self. Journal of Leisure Research, 24(1), 1-18.

- Henderson, K.A. (1990). The meaning of leisure for women: An integrative review of the research. Journal of Leisure Research, 22(3), 228-243.
- Hull, R.B. (1990). Mood as a product of leisure: Causes and consequences. Journal of Leisure Research, 22(2), 99-111.
- Iso-Ahola, S.E., & Weissinger, E. (1990). Perceptions of boredom in leisure: Conceptualization reliability and validity of the leisure boredom scale. Journal of Leisure Research, 22(1), 1-17.
- McClernan, J. (January, 1992). Keeping it off. Idea Today, pp. 47-53.
- National Institutes of Health (1992). Methods for voluntary weight control: National Institutes of Health technology assessment conference statement. Bethesda, MD: National Institutes of Health.
- Peterson C.A., & Gunn, S.L. (1984). Therapeutic recreation program design: Principles and procedures. Englewood Cliffs, NJ: Prentice-Hall.
- Rancourt, A.M. (1991). An exploration of the relationships among substance abuse, recreation and leisure for women who abuse substances. Therapeutic Recreation Journal, 25(3), 9-17.

- Savell, K. (1988). Implications for t.r. leisure efficacy: Theory and therapy programming. Therapeutic Recreation Journal, 20(1), 55-63.
- Sylvester, C.D. (1983). Leisure facilitation based on a systems approach: A conceptual alternative to leisure counseling for the t.r. profession. Therapeutic Recreation Journal, 17(3), 20-28.
- Wearing, B., & Wearing, S. (1988). All in a day's leisure: Gender and the concept of leisure. Leisure Studies, 7, 111-123.

APPENDIX A
REVIEW OF RELATED LITERATURE

REVIEW OF RELATED LITERATURE

Initially in this chapter, literature on the historical approaches to weight management is presented. Next, information on the relationship between stress and weight is discussed. Finally, leisure education and other related topic areas are reviewed.

Historical Approaches to Weight Management

Approximately 20 years ago, the behavioral approach to the treatment of obesity attracted much attention and stimulated research. At this time there was also an increase in the clinical application of this approach. The rationale given for this approach was that changes needed to occur in eating and exercise behaviors in order for there to be a long term effect with weight. It was also suggested that this be preceded by a thorough analysis of an individual's eating and activity patterns (Council on Scientific Affairs, 1988).

A national study found that behavior modification techniques help extend the interval before weight is regained (National Institutes of Health, 1992). One problem with behavior modification is that individuals can learn new coping techniques yet these techniques are often not practiced as part of one's daily routine. In order to

integrate behavior modification techniques into one's daily lifestyle, individuals need to practice these techniques at times that are not stressful. When stress is occurring people tend to rely on automatic responses. If a technique is not practiced as a part of a regular routine people will not automatically utilize it. They will tend to resort to unhealthy techniques they have utilized in the past, such as overeating.

According to the Council on Scientific Affairs (1988), patients using a behavioral approach, were successful in maintaining their weight losses. There are six core characteristics associated with behavioral therapy. They are as follows:

1. An assumption that all behavior is acquired and maintained according to definable principles.
2. A belief that people are best described by their behavior, what they think, feel, and do in specific situations.
3. An attempt to specify treatment measures as precisely as possible and to evaluate outcomes as objectively as possible.
4. An attempt to individualize treatment.
5. Negotiation of treatment goals between patient and therapist.
6. Continuing and critical assessment of the treatment throughout it's course. (Council on Scientific Affairs, 1988, p. 2550)

In addition to behavioral therapy, new methods have

been developed to assist with this behavioral approach to weight loss. Some of these are relapse prevention training, utilization of social support systems, and posttreatment contacts with the therapist (Council on Scientific Affairs, 1988). The ineffectiveness of existing weight management programs implies that newer methods such as leisure education, could be investigated as a component of weight management treatment.

Foreyt and Goodrick (1991) also stated "behavioral self-management training is considered to be state of the art in the treatment of mild obesity" (p. 1243). This treatment model assumes that obesity is maintained by a combination of excessive energy and insufficient physical activity. It also assumes that individuals can be trained to use self-control methods to make improvements in eating and exercise behaviors. In the short term, participants do make appropriate behavioral changes and do lose weight. However, treatments that are effective in sustaining significant weight loss for the majority of those treated have yet to be demonstrated. The problem is that many persons who successfully complete a behavioral program, express enjoyment of exercise, and do not report being particularly hungry, will still regress to former behavior patterns and regain weight (Foreyt & Goodrick, 1991). This writer suspects that if other aspects in an

individual's lifestyle do not change, day-to-day difficulties can cause someone to rely on old ways of dealing with these difficult situations.

According to Bell and Cassell (1987), "the dietary treatment of obesity is complex because to be effective, it must be tailored to fit the needs and capabilities of the individual patient" (p. 8). Treatment also needs to be individually tailored when addressing the behaviors, thoughts, and feelings of participants. Within the leisure education component, individuals are provided the opportunity to identify individual social and leisure needs.

According to Contento and Murphy (1990), in a Journal of Nutrition Education article, "it is recognized that many factors contribute to dietary change, ranging from economic to psychological" (p. 6). Their recommendations for treatment are based on the Health Belief Model. The Health Belief Model proposes that the "likelihood of people undertaking a given health behavior is determined by their belief that they are personally susceptible to a particular disease; that the disease is of at least moderate severity; that undertaking the given health behavior will be beneficial in reducing the risk of getting this disease; and that the barriers to this behavior can be overcome with reasonable effort" (Contento & Murphy, 1990, p. 6).

Two constructs describe different aspects of people's

disposition to enact health behavior changes. Health Locus of Control and Self-Efficacy are briefly discussed in relation to weight management.

1. Health Locus of Control: suggests that some people tend to place the primary responsibility or locus of control of the health outcomes of their behavior within themselves, while other people tend to believe that their health is caused primarily by external circumstances or people outside their own control. In relation to weight management, some individuals believe they need to change their internal reasons for eating, such as eating in reaction to various emotions and also their belief in their ability to create change within themselves. Others place the responsibility on their surrounding environment (i.e., society and family members).

2. Self-Efficacy: the notion of self-efficacy according to Bandura "is the conviction that one can successfully execute the behavior required to produce the outcomes desired" (Contento & Murphy, 1990, p. 7) and is a crucial influence on whether or not one will embark on the behavior. In relation to weight management, the individual believes that they are able to create change within themselves and their environment. There is a strong sense of self-confidence enabling them to make the desired changes.

People are likely to take actions to reduce their perception of threat if they believe not only that their actions will make a difference in their health status but also that they are able to perform the needed actions (Contento & Murphy, 1990). It is this writer's belief that when individuals are relaxed and content they are able to have the belief that they can make changes. Leisure education can assist these individuals in developing skills that will help them achieve these states of mind.

Stress and Eating

The importance of perceived personal efficacy or sense of control has received increasing attention in the health behavior literature. Individuals often may perceive their weight and the ability to lose weight as a perception of threat. Some individuals do not believe in their ability to create that change. Therefore, if leisure education is used to assist in decreasing the stress, people can see the possibility for change in a different manner.

New style weight control therapists recognize that although psychology doesn't explain why a person becomes obese, psychological techniques can be used to help the individual lose weight and stick to a goal. Rather than just learning a few standard techniques, people learn comprehensive tools for changing their way of living (Gurin, 1989).

Overweight subjects reported that negative moods and emotional stress led to a breakdown of control and that under these conditions, logical reasoning was put aside in favor of cognitive distortions leading to the decision to eat inappropriately. Other studies have found that relapse to inappropriate eating tends to occur under negative emotional states when the person is alone and under positive emotional states when with others and when very hungry (Foreyt & Goodrick, 1991). Leisure education might assist in reducing emotional stress as well as assisting individuals in developing other techniques for positive reward systems.

On scales of perceived ability to control weight, people with obesity have been found less able to control eating, less able to get motivated to exercise, and more out of control in response to negative emotions than normal weight persons. Self-management habits tend to fade away over time and may be least used precisely when needed. Their behavior seems to be under the influence of emotional, social, and physiological influences which are stronger than their self-reported adherence to control weight. The problem continues to be that the person is required to use self-management techniques in situations of maximal temptation and minimal self-control (Foreyt & Goodrick, 1991).

It is important for these self-management techniques to become a way of life. As mentioned earlier they need to be practiced at times that are not stressful. If individuals were changing their overall lifestyle (i.e., attitudes and leisure) these difficult times would be more manageable. When these techniques are practiced consistently and become a way of life, beginning to use them would become automatic just as some of the unhealthy ways of taking care of themselves became automatic.

It is clear that those who exercise regularly have a far greater chance of long-term success in weight management. Exercise can assist with increasing one's metabolic rate which was decreased due to dieting. It would be expected that lower perceived energy would be related to less adherence to exercise and generally less self-control, given that most people are less goal-oriented when tired (Foreyt & Goodrick, 1991). Leisure education could help individuals identify activities that are comfortable for them, therefore enabling more long term success in weight management. Additionally, gaining an understanding of some of the ideas and feelings connected to activity participation may help increase compliance with an exercise program.

Stress, frustration, rejection, and other negative emotional states have been identified as antecedents to

uncontrolled eating. This type of eating seems to bring temporary emotional relief (Foreyt & Goodrick, 1991). Individuals who regained weight cited eating for emotional reasons, lack of exercise, and inadequate social support. Those who stayed in programs said they were successful due to a continuing sense of well-being, emotional satisfaction, changes in body shape, perceived improvements in health, weight loss, satisfaction with self-accomplishment, enjoyment of group meetings, and support of family and friends. Individuals who reported higher levels of social support tended to do better in weight loss programs (Foreyt & Goodrick, 1991). The results are not surprising. It would be expected that those with better social networks would be more successful in any self-management effort, since psychological health and good relationships go together.

Individuals tend to make changes when they are feeling positive about themselves and are enjoying how they are living. George Sheehan once said, "we will not do anything for any length of time simply because it's good for us. We will do something for any length of time if it is play" (Ellmore, 1992, p. 61). Human behavior is motivated by avoiding pain and seeking pleasure. A positive perception actually improves performance.

Clients can learn to calm themselves when they

experience feelings that lead to overeating. Clients can also be taught relaxation techniques such as breathing. Individuals can find alternative activities to help redirect their attention away from food and toward pleasurable feelings and experiences (Kabatznick, 1991).

Four areas deemed important in individuals struggles with weight are thoughts, moods, dieting, and social pressure to be thin (Goodrick & Foreyt, 1991). Every individual needs to deal with a variety of factors that may contribute to their perceived problem with weight. These factors may need to be modified before the problem can be resolved (McClernan, 1992). According to McClernan in his article Keeping It Off (1992), there are a variety of factors which contribute to successful weight loss. McClernan conducted his study with a group of men and women. The success factors he identified are shown in Figure 2.

The conclusion of McClernan's study (1992) suggested that individuals undergo a gradual program of self-initiated, self-directed change beginning with the following three basic steps:

1. Individuals need to let go of the quest for magic with the process of losing weight.
2. Individuals need to practice a discipline such as martial arts, meditation, or any activity that encourages the development of new skills and a feeling of personal harmony.

1. Having supportive, healthful relationships with family and/or friends, and practicing one or more stress reduction techniques.
2. Engaging in regular exercise and choosing exercises which are emotionally preferred.
3. Utilizing low-fat or vegetarian eating.
4. Modifying perfectionistic control and rebellious traits. Decreasing emotional eating. Increasing risk-taking and self-talk.
5. Discontinuing smoking and/or using alcohol or drugs. This appears to help increase confidence and self-worth.
6. Learning to be comfortable with new people and new social situations are common.
7. Experiencing high career satisfaction and fulfillment in other major aspects of their lives such as relationships.
8. Seeking self-directed change and a higher quality of life is more common than avoiding changes or personal fears.
9. Reducing structure and including more spontaneity in efforts to change.

(McClernan, 1992)

Figure 2. McClernan's factors to succesful weight loss.

3. Individuals need to refocus value priorities by committing to self-improvement and self-change, and making them a priority (McClernan, 1992).

Leisure Education

In order to understand why leisure education may be a vital component in weight management programs, terms need to be defined. The term "leisure" has many different connotations. Kelly (1982), summarizes the ideas of other authors and gives four different explanations for the meaning of leisure.

1. Leisure as Time (Free Time) - Leisure is discretionary or left-over time to be used according to our own judgment or choice. This time is not obligated to meet work or self-maintenance requirements. Leisure is defined as doing things that are not connected with employment or with maintaining home and self.

2. Leisure as Activity - Leisure is activity to which the individual voluntarily chooses for either relaxation, diversion or broadening his/her knowledge and his/her spontaneous social participation, the free exercise of his/her creative capacity. Leisure is defined as specific activities, (i.e., swimming, cooking, and reading).

3. Leisure as a State of Mind - Leisure begins with the conditions, the attitudes, and the experiences of the participant. Leisure is described by some as "feeling

good". The quality of the experience is what is important, not just the experience itself. One individual may view an experience as leisure while others may view it as work. What the individual feels during and after an experience is what is important.

4. Holistic Approach to Leisure - This approach combines characteristics from the three previously stated approaches. The first characteristic is discretionary time in which the defining factor is the freedom of choice, not time left-over. The second characteristic is intrinsic motivation which is participating in an activity for reasons inherent in the activity rather than means to an end. Finally, leisure is based on the quality of the experience (Kelly, 1982).

To summarize Kelly's personal viewpoint, leisure is activity chosen primarily for it's own sake. The dimensions of freedom and intrinsic satisfaction are seen as the critical and central defining elements (Kelly, 1982). It is clear to see that Kelly views leisure as an activity. In contrast, Neulinger views leisure as a state of mind. Neulinger defines leisure as "a state of mind brought about by an activity freely engaged in and done for it's own sake" (Neulinger, 1984, p. 29).

According to Peterson and Gunn (1984), leisure lifestyle is the day-to-day behavioral expression of one's

leisure related attitudes, awareness, and activities revealed within the context and composite of the total life experience. The purpose then of leisure education is to develop and acquire knowledge, skills, and attitudes related to leisure (Peterson & Gunn, 1984).

Peterson and Gunn have developed the Leisure Education Content Model to provide practitioners the opportunity to work with a model to assist clients in addressing the issues of leisure awareness, social interaction skills, leisure resources, and leisure activity skills. Each of these four components is explained in relation to weight management.

1. "Leisure Awareness" involves becoming knowledgeable of individual options and choices in leisure, identifying family and societal factors that influence leisure, acquiring decision-making skills, attaining self-awareness, and developing criteria to enjoy the leisure experience. This writer believes there would be a strong therapeutic benefit for individuals beginning to understand how a leisure lifestyle can assist in their weight management efforts. Utilizing leisure in a therapeutic way can provide individuals with additional options for creating personal change in their lives.

2. "Social Interaction Skills" involves developing effective conversation skills, and learning ways of

positively interacting with others. This component can assist individuals in developing more effective ways of communicating their needs to others as well as developing a stronger support system with friends and family. This writer has witnessed effective communication skills and the support of others as two important factors for those individuals who feel successful with weight management.

3. "Leisure Resources" involves learning what is available for leisure participation. For example, is there any cost for participation, what type of equipment is needed, facilities and areas available, transportation, and related concerns. This also involves the knowledge and utilization of activity opportunities, personal resources, family and home resources, community resources, and state and national resources. In relation to weight management, it is important for individuals to be aware of available resources that can assist them with their treatment programs. Many individuals are not always aware of how various leisure pursuits can assist with their treatment.

4. "Leisure Activity Skills" involves learning and developing skills in various leisure activities. Many individuals who struggle with weight management have not always developed certain skills for various reasons. Some have not wanted to be physically out in front of others

due to a negative body image, while others have experienced physical discomfort when attempting certain activities. Also, many individuals have never pursued various leisure activities due to not understanding the positive benefits. When involved in weight management treatment, many individuals just focus primarily on their eating habits.

Using the preceding Leisure Education model, leisure education can be integrated into weight management programs.

Lack of Literature Regarding Leisure Education as a Component in Weight Management Programs

To date, documentation regarding leisure education with weight management programs is limited. Although there are studies which address the use of exercise and physical activity in weight management programs, these activities are not placed in the context of leisure. The Therapeutic Recreation Journal, the Journal of Leisure Research, and the Journal of the American Dietetics Association were scanned from 1980 to the present for studies addressing the use of leisure education in weight management programs. One article was found in the Journal of Leisure Research that dealt with the study of a weight loss program for boys. Based on the limited amount of literature, the lack of therapeutic recreation and leisure education model programs serving this population, and the rising need for improved services for this population, this type of study is needed.

Addictions and weight management are similar in that individuals struggle to gain personal control over a condition that has affected them both physically and emotionally. In the area of chemical abuse, there is also a lack of research focused on leisure education. Rancourt (1991) concurs that research literature on leisure education and weight management are lacking. She reviewed articles from 1980 to 1989 in the Therapeutic Recreation Journal, the Journal of Leisure Research, Leisure Services and Leisure Studies and found only three works pertaining to recreation and drug use and abuse. Rancourt (1991) also cited other authors who have found only a few studies on leisure and alcohol and other drugs. To date, there have not been many studies completed suggesting leisure education as a treatment component with substance abuse or weight management.

Since this study is addressing the importance of including a leisure education component in weight management programs serving adult women, it should also be noted that historically there has been a lack of literature related to women and leisure (Henderson, 1990). In her studies on women and leisure, Karla Henderson (1990) noted that leisure researchers who have studied women's leisure over the past 10 years have faced a double problem because "frequently neither the study of women nor the study of

leisure is taken seriously" (p. 229). She indicated that the "assumption has been made that we all know how to 'play' so there is not need to study leisure behavior" (Henderson, 1990, p. 229). Attention was not paid to women and their leisure until around 1982. Prior to this it was assumed that "leisure was leisure and what applied to males also applied to females" (Henderson, 1990, p. 229). Additional information on women and leisure will be covered later in this chapter.

Many individuals experience problems due to not having had the opportunity to learn or to be aware of the role of leisure in their lifestyles as well as being aware of available leisure resources. Through leisure education services, these individuals can become aware of community programs and activities as well as personal resources which they can utilize within their neighborhoods and home. This can be completed through the use of worksheets, verbal group exercises, and often through actual exposure to these resources. Instructions and discussion for utilizing these resources independently can also be helpful. Therapeutic recreation professionals can assist in this programming and with each specific area mentioned above. This study is attempting to show the importance of adding leisure education programming to weight management programs serving adult women.

Positive Effects of Leisure and Leisure Education

Results of a study conducted by Rancourt (1991), indicated a number of positive results regarding the addition of leisure into one's lifestyle. Rancourt stated, "in Leisure Education, the Therapeutic Recreation Specialist attempts to facilitate new learning and will positively impact social, free time, and recreational and leisure choices" (1991, p. 11). She suggested utilizing the Comprehensive Leisure Education Program. This program includes leisure education sessions/seminars, a fitness awareness program, stress management program, creative writing program, general recreation program, and challenge by choice.

When Rancourt (1991) asked subjects in her study about the importance of recreation and leisure in their lifestyles, they initially indicated that these two areas did not play an important role. However, throughout the course of the study these individuals reported that they realized how recreation and leisure made a positive contribution in their lives. The women in the study were often surprised that activities they were previously participating in were not fulfilling their needs to be creative and relax. The subjects also found that when they consciously chose recreational activities and leisure experiences that could meet their needs they saw a change

and results in their ability to relax and enjoy themselves.

The subjects from Rancourt's study further indicated that recreational activities helped them cope and release "nervous tension". They stated that recreational activities and leisure experiences could enhance their quality of life. When asked specifically about leisure, these subjects stated that "it reduces stress," "it's fun," and you "can socialize" (Rancourt, 1991, p. 16). When the women subjects were asked how important the recreation and leisure component was in their treatment, they indicated it was extremely important and it took the focus off of using drugs and alleviated boredom (Rancourt, 1991).

Upon completion of her study, Rancourt found that a comprehensive leisure education program may assist participants in developing positive ways to structure their free time, to cope with feelings and situations that were previously addressed by using drugs, to communicate feelings, to cope with stress, and to socialize without drinking. Rancourt (1991) also suggested that further research be directed at determining the role leisure education plays in relapse prevention and recovery in substance abuse.

Savell (1988) also suggested that within the realm of leisure, individuals find opportunities for relaxation, expression of emotion, stimulation, challenge,

self-expression, self-definition, socialization, personal growth, and physical development. Based on some of the documented difficulties that women who struggle with weight experience, a similar program may prove to be beneficial with this population.

Many individuals feel held back from leisure participation due to personal or physical difficulties. Therapeutic recreation can have the unique role of being able to facilitate a sense of freedom and enable people to enjoy leisure in spite of apparent dysfunction (Sylvester, 1985). Leisure counseling has become a major conceptual framework from which therapeutic recreation professionals interpret and deal with concerns associated with leisure. Sylvester (1983) described leisure counseling as a helping process focusing on guidance, lifestyle development, and problem solving.

According to Haggard and Williams (1992), leisure can contribute to that developmental process which human beings seek in order to understand themselves in relation to the world around them and "to maintain a sense of self-consistency and positive regard" (p. 1). They also indicated that freely performed behaviors such as leisure activities, influence one's self-perceptions. They believed that while the freedom of choice, which is inherent in leisure situations, may not free individuals from self-

evaluation or self-awareness, it does allow these individuals to choose what general aspects of themselves they wish to focus on at any given time.

Iso-Ahola and Weissinger (1990) found that there was a growing body of evidence which suggested that leisure satisfaction contributed significantly to perceived quality of life and perhaps more so than other sources of life satisfaction. They indicated that there appeared to be a large number of individuals who experienced problems with unsatisfying leisure. If individuals do not have the awareness, attitudes, and skills that facilitate leisure involvement, and perceive constraints to leisure participation, it is difficult to become intrinsically motivated. Boredom can also be powerful enough to make a person feel more hopeless, worthless, and depressed. It certainly appears as if there is a relationship between boredom and motivation in leisure.

Joffre Dumazedier, a French sociologist suggested that leisure is activity to which the individual turns at will for a combination of relaxation, diversion, and broadening of knowledge. He saw leisure as having three functions: relaxation, entertainment, and personal development (Bammel & Burrus-Bammel, 1992). Play is also a form of leisure that has been found to provide positive results with individuals. Play has been defined as being

intrinsically rewarding, voluntary, pleasurable, absorbing, a means of expression, a quality of freedom, make believe, or escape. Play has been considered an activity which allows individuals to recuperate from the fatigue and tension of daily life (Bammel & Burrus-Bammel, 1992).

Connection Between Alcohol, Leisure Education, and Eating and Weight

When surveying the available literature there appears to be a similarity between the difficulties experienced by chemical abusers and those experienced by individuals who utilize food as a coping mechanism (LeBlanc, 1990; Rancourt, 1991). Rancourt (1991) found that in terms of decision-making, subjects indicated they chose to use drugs because of low self-esteem, not wanting to hurt or feel, not wanting to take responsibility, and not wanting to have fun. She indicated that although their choices implied a more reactive decision-making style, they wanted to become more proactive. This is very similar to the decision-making style of those who utilize food as a coping mechanism. Compulsive eating can be an escape from the question of what to do with your time to make your life more stimulating. It can become one's main stimulation. Eating is often used to quell the boredom of routine, relationships, and to avoid the risk of trying something new (LeBlanc, 1990). Individuals who experience

difficulties with their alcohol use and their weight both identify the need to change their environment, their companies, and their activities as necessary steps in relapse prevention (LeBlanc, 1990; Rancourt, 1991).

Leisure, Health, and Illness

It has been thought for a long time that the disciplines of leisure and health have basic conceptual similarities. These two disciplines share as a goal, some degree of integration and balance among the physical, mental, emotional, social, and spiritual dimensions in a person's life. Both leisure and health are regarded as ways to maximize the human potential and both are described as contributors to quality of life. An individual will seek leisure in the same way one seeks good health (Kartman, McBride, Haltsman, & Black, 1988). The difficulty arises when an individual is experiencing physical and/or emotional distress. These individuals then have fewer personal resources to devote to leisure.

Wassmann and Iso-Ahola (1985) found that the higher the frequency of participation in recreational activities, the lower the level of depression. Hull (1990) further studied the relationship between leisure and mood. He found that many believed that leisure is a positive experience that produces enjoyable and satisfying feelings and emotions. He found that having fun has real benefits

and that mood is a significant, prevalent, and relevant product of leisure activities (Hull, 1990).

Stress and Leisure

Women who struggle with weight tend to put themselves under extreme pressure to bring about a physical change. This type of pressure will certainly cause stress within oneself. It has been this writer's experience in working with this population that many women who struggle with weight also tend to have difficulty in managing the stress that may occur from everyday experiences. Cunningham and Bartusken (1989) found that persons with high levels of stress usually displayed low levels of leisure satisfaction. From their studies it appeared that satisfaction with leisure time is significantly associated with levels of perceived stress.

Considerable research has been completed on the perceived therapeutic benefits of leisure activities in assisting individuals to cope with a variety of stresses through temporary escape. The results of many studies have shown that leisure activities are important for helping people cope with stress as well as in meeting other nonstress related needs (Ulrich, Dimberg, & Driver, 1990).

If people tend to experience difficulty with incorporating leisure into their lifestyle, they may certainly experience the feeling of boredom. Iso-Ahola

and Crowley (1991) were able to show that a positive relationship existed between boredom susceptibility and alcohol use and smoking. They indicated there was a perception among subjects in their study that available leisure experiences are not sufficient to fully satisfy their need for optimal arousal. In this case, the use of substances became an activity choice and certainly could be viewed as a leisure behavior. Due to the use of these substances the individuals felt as if leisure boredom was decreasing (Iso-Ahola & Crowley, 1991).

This writer has experienced many women who struggle with weight indicating that they often experience boredom and that many times they will eat as a way to make that feeling go away. From the studies that have been mentioned it could very well be that these individuals' utilization of food becomes a leisure behavior just as alcohol use and smoking. Therefore, they will continue to rely on the eating when they experience the feeling of boredom. The therapeutic recreation professional's job is to assist these individuals in developing alternative leisure behaviors which will assist with boredom.

Weight and Leisure

There are many connections between weight and leisure which can be noted. Following are difficulties that have been voiced to this writer by adult women who struggle

with weight management: Difficulty is experienced in finding the time and place to incorporate leisure into one's lifestyle. Women do not give themselves permission to take time for pleasure.

There are many activities in which some of these individuals want to be involved. However, due to the weight they feel self-conscious about their physical appearance and their skill level ability. The weight has made it physically difficult to participate in certain leisure activities. Physical tolerance level is low. Some types of movements are physically painful. The respiratory and cardiovascular endurance can be very low.

Due to the above mentioned reasons, leisure involvement for many people who struggle with weight is difficult. In a study conducted by Dixon (1986), it was found that obese individuals frequently experience difficulty with recreational activities and experience negative social interactions. Dixon's study involved a weight management program for obese boys in which a leisure education component was included. While other studies have shown a decrease in weight with systematically scheduled regimens, Dixon's study showed a decrease in weight due to overall lifestyle choices and changes. The clients were given choices in activities and their involvement was much more self-directed. In this program the fun experienced or

the process of participation was stressed as well as the physical objectives of activities (Dixon, 1986).

Dixon (1986) noted that "participation in therapeutic recreation activities can contribute to progressive weight loss and the reduction of body fat in the treatment of obesity. In addition, recreation programming can encourage obese individuals to be self-directed for their participation in activities" (p. 37). Dixon (1986) also quoted Clarke and Clarke, 1978, p. 276 in his study, "obesity is such a frequent problem in case studies involving physically unfit individuals it merits special attention in therapeutic studies and treatment programs oriented to health and fitness" (p. 38).

It has also been found that excess body weight can negatively affect an individual's physical and emotional health. Some individuals who struggle with weight problems experience distorted body images, a poor self-concept, as well as harassment from other people and social discrimination (Dixon, 1986).

Women and Leisure

It has been proposed that through leisure, "women can learn to value themselves as individuals and obtain the confidence to challenge society's gender role restrictions and stereotypes" (Henderson, 1990, p. 229). Henderson (1990) suggests that viewing leisure as "time"

has not been very useful for women because many do not believe they deserve or have the time to engage in leisure. Also, for a long time leisure has been viewed as separate from paid work. For many women it has been difficult to see that separation because work for so long occurred in the home. Now that work takes place for many out of the home it is difficult to separate leisure because so much of the time that is separate from work is fragmented due to the amount of perceived responsibility (Henderson, 1990). "Time may be a factor in understanding the leisure of some women because of the perception or the reality that it does not exist, but the concept of time has limited applicability unless it is considered within other contexts of women's lives" (Henderson, 1990, p. 231).

Also, leisure defined as "activity" has also not always assisted women (Wearing & Wearing, 1988). Typical activity checklists that have been used in leisure research have not captured the types of activities that women generally consider leisure, such as visiting with friends or taking a bubble bath (Henderson, Bialeschski, Shaw, & Freipinger, 1989).

When describing leisure to women, a helpful explanation defines leisure as a meaningful experience. It certainly may be helpful for women to see that leisure can be found in family interactions, community services, social

interactions, work outside the home, and in taking time for oneself. It also may be helpful for women's understanding of leisure to view leisure as individual components such as free choice or perceived freedom from constraints, intrinsic motivation, enjoyment, relaxation, role interactions, personal involvement, and self-expression (Henderson, 1990).

Henderson (1990) found that many women experience a lack of leisure and tend to define themselves and their behavior in relation to their gender roles. It appears that many women view themselves as family members first and individuals second. Their leisure is viewed as their family's leisure or vice versa. The meaning of leisure for women outside the family has tended to center around social interactions generally with other women. It has also appeared that the home is the most common place that leisure occurs for women due to the perceived responsibilities (Bialeschski & Henderson, 1986).

Four theories of leisure and women stated by Henderson (1990), include:

1. Social interactions and the combining of role obligations with leisure opportunities represent a common focus of women's leisure.

2. Women have many "containers" for leisure but tend to use the home and nonstructured activities as the primary place and means for leisure expression.

3. Much of women's leisure is fragmented and the need for flexibility concerning leisure on the part of women is the usual outcome of this fragmentation.

4. Many women do not feel they are entitled to leisure due to the role obligation in their lives.

It appears that leisure is a complex phenomenon for women and much is still unknown. What seems to be known is that leisure is different for women than men.

There appear to be five common factors in the barriers to recreation for women: interest, time, money, facilities and opportunities, and skills and abilities. Research data have shown that these same factors along with the following factors of family concerns, unawareness, decision-making, and body image, contribute to the difficulty many women have with incorporating leisure into their lifestyle. The lack of interest and body image appeared to be significant barriers to leisure for women (Henderson, Stalnaker, & Taylor, 1988). It has been suggested by Henderson et al. (1988) that further research needs to be completed on barriers to recreation and leisure for women.

Henderson et al. (1989) noted that overweight women may not want to participate in an aerobics class because they feel self-conscious about their weight. The authors indicated that women, more than men, tend to have a more

negative body image. Women's leisure lifestyles are affected by their ever present concern with emotional and physical safety. Women need opportunities and entitlement to leisure in public and community settings as well as their day-to-day home-based activities (Henderson et al., 1989).

Leisure education can be viewed as a preventive measure to struggles that women experience with weight. It has been found that prevention is less costly than cure. Part of the new American concern for personal competence is taking responsibility for one's own body, physically and emotionally (Godbey, 1985). This study investigated whether health care providers perceive leisure education as a means of obtaining this personal competence, which may assist in long term weight management.

The overall purpose of leisure education is to have people experience and enjoy leisure by developing ongoing habits of creative leisure involvement, by exploring new ideas and leisure directions, and by taking responsibility for their own leisure lifestyle. In order to operationalize this, the four main goals of leisure education are given as follows:

1. To develop personal knowledge and understanding about leisure.

2. To develop the skills and personal resources for involvement in a wide range of leisure pursuits.

3. To identify and assess personal leisure needs, interests, and barriers, and make appropriate leisure choices.

4. To develop and express positive attitudes and clarify personal values relating to leisure.

In this writer's experience in working with the fields of nutrition, weight management, and addictions, I have found that individuals have been more capable of creating change in their lives when leisure, in the forms of recreation, play, and relaxation, has been an integral part in their way of living. This writer has also worked with many adult women who have struggled with weight management and have expressed their difficulty with developing a personally satisfying leisure lifestyle. With the use of leisure education programming, therapeutic recreation practitioners can assist these individuals with developing leisure awareness, social interaction skills, decision-making skills, and a knowledge of leisure attitudes and pursuits.

REFERENCES

- Bammel, G., & Burrus-Bammel, L.L. (1992). Leisure and human behavior. Dubuque, IA: Brown.
- Bell, S.J., & Cassell, J.A. (1987). Obesity and weight loss. Topics in Clinical Nutrition, 2(2), 8-9.
- Bialeschski, M.D., & Henderson, K.A. (1986). Leisure in the common world of women. Leisure Studies, 5, 299-308.
- Contento, I.R., & Murphy, B.M. (1990). Psycho-social factors differentiating people who reported making desirable changes in their diets from those who did not. Journal of Nutrition Education, 22(1), 6-13.
- Council on Scientific Affairs (1988). Treatment of obesity. Journal of the American Medical Association, 260(17), 2547-2551.
- Cunningham, P.H., & Bartusken, T. (1989). The relationship between stress and leisure satisfaction among t.r. professionals. Therapeutic Recreation Journal, 23(3), 65-78.
- Dixon, J.T. (1986). Progressive weight loss with therapeutic recreation and nutritional planning: A six week study. Therapeutic Recreation Journal, 20(3), 37-45.
- Ellmore, M. (November, 1992). Programming for fun: Marketing/management. Idea Today, pp. 61-64.
- Foreyt, J.P., & Goodrick, G.K. (1991). Factors common to successful therapy for the obese patient. Medicine and Science in Sports and Exercise, 23(3), 292-296.
- Godbey, G. (1985). Leisure in your life: An exploration. State College, PA: Venture.
- Goodrick, G.K., & Foreyt, J.P. (1991). Why treatments for obesity don't last. Journal of the American Dietetic Association, 91(10), 1243-1247.
- Gurin, J. (October, 1989). Leaner not lighter. Psychology Today, pp. 32-36.

- Haggard, L.M., & Williams, D.R. (1992). Identity affirmation through leisure activities: Leisure symbols of the self. Journal of Leisure Research, 24(1), 1-18.
- Henderson, K.A. (1990). The meaning of leisure for women: An integrative review of the research. Journal of Leisure Research, 22(3), 228-243.
- Henderson, K.A., Bialeschski, M.D., Shaw, S.M., & Freipinger, V.J. (1989). A leisure of one's own: A feminist perspective on women's leisure. University Park, PA: Venture.
- Henderson, K.A., Stalnaker, D., & Taylor, G. (1988). The relationship between barriers to recreation and gender-role personality traits for women. Journal of Leisure Research, 20(1), 69-80.
- Hull, R.B. (1990). Mood as a product of leisure: Causes and consequences. Journal of Leisure Research, 22(2), 99-111.
- Iso-Ahola, S.E., & Crowley, E.D. (1991). Adolescent substance abuse and leisure boredom. Journal of Leisure Research, 23(3), 260-271.
- Iso-Ahola, S.E., & Weissinger, E. (1990). Perceptions of boredom in leisure: Conceptualization reliability and validity of the leisure boredom scale. Journal of Leisure Research, 22(1), 1-17.
- Kabatznick, R. (November, 1991). Psychological barriers to women's weight-loss success. Nutrition Update, pp. 9-14.
- Kartman, J., McBride, L.G., Haltsman, J.T., & Black, D.R. (1988). Perceptions of leisure and an eating disorder: An exploratory study of bulimia. Therapeutic Recreation Journal, 22(1), 55-63.
- Kelly, J.R. (1982). Leisure. Englewood Cliffs, NJ: Prentice-Hall.
- LeBlanc, D. (1990). You can't quit 'til you know what's eating you. Deerfield, FL: Health Communications.
- McClernan, J. (January, 1992). Keeping it off. Idea Today, pp. 47-53.

- National Institutes of Health (1992). Methods for voluntary weight control: National Institutes of Health technology assessment conference statement. Bethesda, MD: National Institutes of Health.
- Neulinger, J. (1984). To leisure. Boston: Allyn & Bacon.
- Peterson, C.A., & Gunn, S.L. (1984). Therapeutic recreation program design: Principles and procedures. Englewood Cliffs, NJ: Prentice-Hall.
- Rancourt, A.M. (1991). An exploration of the relationships among substance abuse, recreation and leisure for women who abuse substances. Therapeutic Recreation Journal, 25(3), 9-17.
- Savell, K. (1988). Implications for t.r. leisure efficacy: Theory and therapy programming. Therapeutic Recreation Journal, 20(1), 55-63.
- Sylvester, C.D. (1983). Leisure facilitation based on a system's approach: A conceptual alternative to leisure counseling for the t.r. profession. Therapeutic Recreation Journal, 17(3), 20-28.
- Sylvester, C.D. (1985). Freedom, leisure, and t.r.: A philosophical view. Therapeutic Recreation Journal, 19(1), 6-13.
- Ulrich, R.S., Dimberg, U., & Driver, B.L. (1990). Psychophysiological indicators of leisure consequences. Journal of Leisure Research, 22(2), 154-166.
- Wassman, K.B., & Iso-Ahola, S.E. (1985). The relationship between recreation participation and depression in psychiatric patients. Therapeutic Recreation Journal, 19(3), 63-70.
- Wearing, B., & Wearing, S. (1988). All in a day's leisure: Gender and the concept of leisure. Leisure Studies, 7, 111-123.

APPENDIX B

INITIAL LETTER SENT TO PROFESSIONALS
REQUESTING PARTICIPATION IN LEISURE NEEDS SURVEY

Date

Name
Department
Organization
City/State/Zip

Dear _____:

Until recently, I was employed by Lutheran Hospital in La Crosse, Wisconsin conducting the Weight Management Programs for Nutrition Services. I am currently completing my master's degree at UW - La Crosse. You have been recommended as a professional who has valuable input in an area related to my master's thesis.

I am conducting a study in an attempt to understand the attitudes and beliefs of various professionals regarding the importance of a Leisure Education component in weight management programs serving adult women. In their 1992 conference statement, the National Institutes of Health recommended that further research be conducted on the social influences on weight and weight control.

Participation will require approximately 15 to 20 minutes of your time to respond to a survey. All data will be dealt with confidentially and no institution or individual taking part in the survey will be identified. Your assistance would be extremely helpful. I am requesting that you check the appropriate response on the enclosed card regarding your participation and to return it within two weeks. Thank you for your time.

Sincerely,

Cheryl L. Larkin
UW - La Crosse Master's Candidate
in Therapeutic Recreation

APPENDIX C

FOLLOW-UP LETTER SENT TO SURVEY PARTICIPANTS

September 4, 1993

Dear _____ :

Your participation in the following Leisure Needs Survey is greatly appreciated. As I had indicated in the initial letter, I am conducting this study in an attempt to understand the attitudes and beliefs of various professionals regarding the importance of a Leisure Education component in weight management programs serving adult women.

Participation will require approximately 20 minutes of your time to answer the survey. The survey and instructions as to how it is to be completed have been included with this letter. Also included is an information sheet defining Leisure Education and it's components. In order to get an accurate representation of these attitudes and beliefs, I am requesting that you complete the enclosed survey and return it in the enclosed stamped, self-addressed envelope two weeks after receipt. All data will be dealt with confidentially and no institution or individual taking part in the study will be identified. Therefore you do not need to include your name.

The survey has been designed so the questions can be answered by simply circling the appropriate answer. If you wish to receive results of the study, please indicate this on your survey and include your name.

Thank you in advance for your time, effort, and cooperation.

Sincerely,

Cheryl L. Larkin
UW - La Crosse Master's Candidate
in Therapeutic Recreation

APPENDIX D
LEISURE EDUCATION INFORMATION GUIDE
SENT TO SURVEY PARTICIPANTS

LEISURE EDUCATION INFORMATION GUIDE

To assist in a uniform understanding of Leisure Education, the following definitions are provided. The term leisure has many different connotations. In the book, Leisure, Kelly summarizes the ideas of other authors and gives four different explanations for the meaning of leisure.

1. **Leisure as Time (Free Time)** - Leisure is discretionary or left-over time to be used according to our own judgment or choice. This time is not obligated to meet work and self-maintenance requirements. Leisure is defined as doing things that are not connected with employment or with maintaining home and self.
2. **Leisure as Activity** - Leisure is activity to which the individual turns at will for either relaxation, diversion or broadening his/her knowledge and his/her spontaneous social participation, the free exercise of his/her creative capacity. Leisure is defined as specific activities, i.e. swimming, cooking, reading.
3. **Leisure as a State of Mind** - Leisure begins with the conditions, the attitudes, the experiences of the participant. Leisure is described by some as just "feeling good". The quality of the experience is what is important, not just the experience itself.
4. **Holistic Approach to Leisure** - This approach combines characteristics from the three previously stated approaches.
 - discretionary time: defining factor is the freedom of choice, not time left-over.
 - intrinsic motivation: participating in activity for reasons inherent in the activity rather than means to an end.
 - quality of the experience.

According to Peterson and Gunn (1978), leisure lifestyle is the day-to-day behavioral expression of one's leisure related attitudes, awareness, and activities revealed within the context and composite of the total life experience. The purpose then of leisure education is to develop and acquire knowledge, skills and attitudes related to leisure (Peterson & Gunn, 1978).

In order for individuals to improve their leisure

lifestyle, Peterson and Gunn present four content areas to be addressed. These provide practitioners the opportunity to assist clients in addressing the areas of leisure awareness, social interaction skills, leisure resources, and leisure activity skills. (Peterson and Gunn, 1978)
The content areas include:

1. Leisure Awareness - this involves becoming knowledgeable of individual options/choices in leisure, identifying family and societal factors that influence leisure, acquiring decision-making skills, attaining self-awareness and developing criteria to enjoy leisure experience.
2. Social Interaction Skills - this involves developing effective conversation skills, becoming knowledgeable in verbal and non-verbal communication skills, and learning ways of positively interacting with others.
3. Leisure Resources - this involves learning what is available for leisure participation. Examples: Is there any cost for participation? What type of equipment if any is needed?
4. Leisure Activity Skills - this involves learning and developing skills in various leisure activities. Examples: Physical activity, quiet activity, and solitary or social activities.

The enclosed survey seeks your input to help determine the extent to which these Leisure Education Content Areas may be helpful in a weight management program for adult women.

APPENDIX E
LEISURE NEEDS SURVEY FOR ADULT WOMEN PARTICIPANTS
IN WEIGHT MANAGEMENT PROGRAMS

LEISURE NEEDS SURVEY FOR ADULT WOMEN PARTICIPANTS
IN WEIGHT MANAGEMENT PROGRAMS

The following claims were made by the National Institutes of Health in 1992:

- The percentage of Americans whose health is jeopardized by too much weight is increasing.

- Behavior modification techniques have focused mainly on modifying eating and physical activity habits, with only a small percentage of participants being able to follow through with desired changes.

- Further research should be conducted on the social influences on weight and weight control.

It is possible that Leisure Education may be a component of treatment which could assist individuals in bringing about desired changes.

The purpose of the present investigation is to determine the importance of Leisure Education in an outpatient weight management program, serving adult women ages 18 to 75. This survey attempts to obtain professional opinions regarding important topic areas to address in the treatment and education of adult women in outpatient weight management programs.

Directions:

The following topics have been suggested as important to include in a Leisure Education program. For each of the following statements, indicate your level of agreement regarding the importance of that concept in a Leisure Education program for adult women participants in weight management programs.

There are five possible responses to each statement. Please circle the response that most closely corresponds to YOUR own attitude. The rating scale to be used is as follows:

Code: SA (5) - I Strongly Agree With the Statement.
 A (4) - I Agree With the Statement.
 U (3) - Undecided
 D (2) - I Disagree With the Statement.
 SD (1) - I Strongly Disagree With the Statement.

LEISURE NEEDS SURVEY FOR WEIGHT MANAGEMENT

For
Office
Use
OnlyIt is important for
adult women participants
in weight management
programs ...Case
(1-3)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
1. To learn to relax.	5	4	3	2	1	(4)
2. To learn to have fun.	5	4	3	2	1	(5)
3. To discuss the topic of leisure during their treatment.	5	4	3	2	1	(6)
4. To be able to understand their personal meaning of leisure.	5	4	3	2	1	(7)
5. To have a knowledge of barriers to leisure.	5	4	3	2	1	(8)
6. To be aware of the variety of forms of leisure expression.	5	4	3	2	1	(9)
7. To learn the importance of physical conditioning.	5	4	3	2	1	(10)
8. To be aware of the possible benefits that are available through leisure.	5	4	3	2	1	(11)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
9. To be able to identify leisure interests.	5	4	3	2	1	(12)
10. To be aware of how their leisure/social participation is affected by being overweight.	5	4	3	2	1	(13)
11. To be aware that their leisure opportunities are not limited to the extent that they might perceive.	5	4	3	2	1	(14)
12. To be aware of how family attitudes and beliefs can be a barrier to personal leisure.	5	4	3	2	1	(15)
13. To be aware of how their leisure is affected by their family's leisure attitudes and participation.	5	4	3	2	1	(16)
14. To be aware of their role in family leisure and recreational activities.	5	4	3	2	1	(17)
15. To be able to identify why they may have difficulty with identifying and expressing feelings.	5	4	3	2	1	(18)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
16. To be able to understand how involvement in a Leisure Education program can assist them with the identification and expression of feelings.	5	4	3	2	1	(19)
17. To have a knowledge of alternative ways of expressing feelings.	5	4	3	2	1	(20)
18. To learn how to use leisure for their own benefit.	5	4	3	2	1	(21)
19. To learn how to include leisure in their lifestyle.	5	4	3	2	1	(22)
20. To be able to identify their attitudes toward leisure.	5	4	3	2	1	(23)
21. To compare their leisure attitudes with their own actions to discover if there is any conflict between the two.	5	4	3	2	1	(24)
22. To be aware of how to make a change in their leisure lifestyle.	5	4	3	2	1	(25)
23. To develop healthy play behaviors.	5	4	3	2	1	(26)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
24. To be aware of societal factors that can influence their leisure.	5	4	3	2	1	(27)
25. To be aware of personal factors that can influence their leisure.	5	4	3	2	1	(28)
26. To discuss how play relates to their weight management treatment.	5	4	3	2	1	(29)
27. To learn how to develop effective decision-making skills.	5	4	3	2	1	(30)
28. To be able to experience a sense of freedom and choice in making leisure decisions.	5	4	3	2	1	(31)
29. To be aware of the different types of leisure decision-making styles.	5	4	3	2	1	(32)
30. To be aware of their individual leisure decision-making styles and the effectiveness of these styles.	5	4	3	2	1	(33)
31. To be aware of the factors that influence their leisure decisions.	5	4	3	2	1	(34)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
32. To be aware of the consequences of their decisions.	5	4	3	2	1	(35)
33. To be aware of stress and it's sources.	5	4	3	2	1	(36)
34. To be aware of how they are affected by stress.	5	4	3	2	1	(37)
35. To be able to utilize Leisure Education as one means of discussing the impact of stress.	5	4	3	2	1	(38)
36. To be aware of different stress management skills.	5	4	3	2	1	(39)
37. To be aware of the factors in their leisure that they can and cannot control.	5	4	3	2	1	(40)
38. To be aware of the factors in their leisure that they need to be responsible for.	5	4	3	2	1	(41)
39. To improve social interaction skills.	5	4	3	2	1	(42)
40. To be able to use Leisure Education as one means of learning about social interaction skills.	5	4	3	2	1	(43)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
41. To improve communication skills.	5	4	3	2	1	(44)
42. To be able to express leisure interests.	5	4	3	2	1	(45)
43. To improve listening skills.	5	4	3	2	1	(46)
44. To be able to initiate a discussion.	5	4	3	2	1	(47)
45. To be able to offer suggestions and constructive criticisms.	5	4	3	2	1	(48)
46. To be able to cooperate with others.	5	4	3	2	1	(49)
47. To learn and/or improve assertiveness skills.	5	4	3	2	1	(50)
48. To be able to understand how experiencing problems with weight management can make it difficult in establishing relationships.	5	4	3	2	1	(51)
49. To learn different methods of developing friendships.	5	4	3	2	1	(52)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
50. To learn and understand the importance of utilizing social interaction skills in friendship development.	5	4	3	2	1	(53)
51. To be able to understand how a lack of trust in oneself can affect their ability to develop friendships.	5	4	3	2	1	(54)
52. To be able to understand how experiencing problems with weight management can make it difficult in sustaining friendships.	5	4	3	2	1	(55)
53. To be aware of how to sustain friendships.	5	4	3	2	1	(56)
54. To be aware of how a difficulty in developing friendships can adversely affect one's lifestyle.	5	4	3	2	1	(57)
55. To be able to identify leisure resources.	5	4	3	2	1	(58)
56. To be able to know how to use leisure resources.	5	4	3	2	1	(59)

	<u>SA</u>	<u>A</u>	<u>U</u>	<u>D</u>	<u>SD</u>	
57. To be able to know where to find available leisure resources.	5	4	3	2	1	(60)
58. To be aware of leisure resources in their community.	5	4	3	2	1	(61)
59. To have a knowledge of a variety of leisure activities to be involved in.	5	4	3	2	1	(62)
60. To be aware of personal leisure resources.	5	4	3	2	1	(63)
61. To be aware of leisure resources which can be found within their family and home.	5	4	3	2	1	(64)
62. To understand their own preferences for social and solitary activities.	5	4	3	2	1	(65)
63. To be involved in leisure activity skills development.	5	4	3	2	1	(66)
64. To be able to identify skills (i.e., decision-making, planning, and activity) which are needed for one's own leisure experience.	5	4	3	2	1	(67)

- | | <u>SA</u> | <u>A</u> | <u>U</u> | <u>D</u> | <u>SD</u> | |
|--|-----------|----------|----------|----------|-----------|---------|
| 65. To be aware of positive activities to be involved in. | 5 | 4 | 3 | 2 | 1 | (68) |
| 66. To be provided opportunities for creative expression. | 5 | 4 | 3 | 2 | 1 | (69) |
| 67. To be provided opportunities for stress release. | 5 | 4 | 3 | 2 | 1 | (70) |
| 68. To be provided opportunities for social interaction. | 5 | 4 | 3 | 2 | 1 | (71) |
| 69. To be provided opportunities for solitary play. | 5 | 4 | 3 | 2 | 1 | (72) |
| 70. To be provided a Leisure Education component within the overall weight management program. | 5 | 4 | 3 | 2 | 1 | (73) |
| 71. What is your occupation? | | | | | | |
| 1. <input type="checkbox"/> R.D. | | | | | | |
| 2. <input type="checkbox"/> CTRS | | | | | | |
| 3. <input type="checkbox"/> Mental Health Therapist | | | | | | |
| 4. <input type="checkbox"/> M.D. | | | | | | |
| 5. <input type="checkbox"/> Exercise Physiologist | | | | | | |
| 6. <input type="checkbox"/> Other (Please specify) _____ | | | | | | (74) |
| 72. What is your gender? | | | | | | |
| 1. <input type="checkbox"/> Male | | | | | | |
| 2. <input type="checkbox"/> Female | | | | | | (75) |
| 73. In what year were you born? | | | | | | (76-77) |

74. In what type of facility do you work?
1. General Hospital
2. Mental Health Clinic
3. Speciality Clinic (indicate) _____
4. Other (Please specify) _____ (78)
75. In what type of program do you work?
1. Cardiac Rehabilitation
2. Weight Management
3. Mental Health
4. Other (Please specify) _____ (79)
76. What percentage of your professional job is spent addressing weight management?
1. Most
2. Approximately Half
3. Occasionally
4. Seldom (80)