

SERIOUS LIFE EVENTS AND THE MODERATING EFFECT OF LEISURE: A LONGITUDINAL STUDY OF INDIVIDUALS WITH AN EATING DISORDER

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Introduction

Serious life events contribute significantly to the stress in people's lives, and as a consequence, have impacts on psychological well-being and general mental health (Avison & Gotlib, 1994; Wheaton, 1994). The extent to which leisure serves as a buffer or moderates the effects of serious life events and their associated impacts on well-being has been a principal theme of interest in recent years (Caltibiano, 1995; Coleman & Iso-Ahola, 1993; Iso-Ahola & Park, 1996). Much of this research is driven by the basic belief in the benefits of leisure for the participant – the more leisure plays a significant part in a person's life, the greater the quality of his or her life (Iso-Ahola, 1994, 1997). This is especially true for physical activity, which has shown significant improvements to a person's physiological well-being and has shown to have both direct and indirect influences on one's psychological and social well-being (Wankel & Berger, 1991). However, leisure participation may also contribute to negative outcomes if the activities are high-risk or detrimental to one's health (Caidwell & Smith, 1995; Weissinger, 1995). The onset of an eating disorder may be regarded as a serious life event that threatens not only the physical health, but the mental health and well-being of the individual. Certainly, the obsessive perceptions and behaviours associated with an eating disorder – and especially anorexia – such as a preoccupation with body image and an addiction to physical exercise (Prussin, 1992), can have similar or even more detrimental impacts on psychological well-being to those associated with other life stressors like unemployment (Haworth & Ducker, 1991), changes in social roles (Henderson, Bialeschki, Shaw, & Freysinger, 1996), or significant life course transitions (Freysinger, 1990). Ironically, it is not *under-* participation in a leisure activity that contributes to problems for those with an eating disorder, but rather, over-participation. However, Iwasaki and Smale (1998) have shown that the *perceived outcomes* of leisure participation rather than the participation itself may be more important in maintaining or reestablishing psychological well-being. Hence, changes in an individual's understanding of the *role* that leisure plays in his or her life may be as important if not more so than changes in the amount of participation in leading to psychological well-being.

Purpose of Study

The purpose of this study is to examine the effects of a leisure intervention on selected psychosocial indicators of individuals with an eating disorder. More specifically, to what extent does leisure help to reduce the negative aspects of a pre-occupation with exercise and physical activity among persons with eating disorders, and to facilitate the positive aspects of a healthy leisure lifestyle?

Methods

Source of data

Data were gathered from participants in a regional health centre programme for individuals with eating disorders. The leisure intervention is part of an integrated treatment approach for the in-patient programme and includes a recreation therapist as an integral part of the treatment team. The programme itself involves four phases: assessment, treatment, education, and

prevention/health promotion. In the latter two phases, several options for educating the participants regarding their lifestyle choices are provided in the programme. These options include a recreation and fitness group, a leisure education group, a cooking group, a walking program, weekend planning, and social activities; in addition, there are other options related to other aspects of their lives including relapse prevention, a self esteem group, and a stress management group.

Measures

Data were collected from the participants at two points in time: (1) upon entry into the programme during the assessment phase, and (2) upon discharge from the programme, approximately six weeks after entry. Apart from a series of questions used to provide a demographic and leisure behaviour profile, the three principal measures used at both time points were: (1) an *exercise-profile* describing the meaning of physical activity to the individual (Prussin, 1992), (2) a measure of *leisure motivation* (Beard & Ragheb, 1983), and (3) a measure of *leisure satisfaction* (Beard & Ragheb, 1980). The exercise profile is comprised of five components with each measuring different aspects of the meaning of physical exercise to the individual: (a) body image, (b) exercise addiction, (c) depression/anxiety, (d) obsessive-compulsive, and (e) avoidance. Higher scores on the scale and on each of its components indicated individuals who were more focused on these outcomes. Leisure motivation is comprised of four components with each defined by 12 items measured on a 5-point Likert-type scale. The four components of leisure motivation are: (a) intellectual motive, (b) social motive, (c) competence-mastery motive, and (d) stimulus-avoidance motive. Higher scores indicate higher motivations for these components in one's leisure. Leisure satisfaction is comprised of six components making up the 51 total items in the scale and measured on a 5-point Likert-type scale. The components that define satisfaction with one's leisure are: (a) psychological, (b) educational, (c) social, (d) relaxation, (e) physiological, and (1) aesthetic.

Analyses

Data analyses involved two steps. First, correlated sample t-tests were run to examine the *change*, if any, in each of the component measures for the exercise profile, leisure motivation, and leisure satisfaction. Second, the residual values from a series of regression analyses were calculated for each of the component measures from entry to discharge. These residual values – which reflect the relative magnitude of any change that had occurred relative to the mean of the sample – were examined for significant correlations among the components. Significant correlations were indicative of concurrent change in the selected measures that may have occurred for the programme participants.

Results and Discussion

During the study period, 39 females completed both the entry and the discharge assessments and were included in the final analyses. The women were on average 28.3 years of age (SD9.5). Most were single (69.2%) and about half of the women were working full-time with another third indicating they currently were students. They were reasonably well educated with approximately two-thirds indicating that they had completed college or university programmes. Approximately the same number of women had been classified as having anorexia (n=21) or bulimia (n=18), and on average, they reported an age of 18.7 years (SD=7.4) for the onset of their eating disorder. The correlated sample t-tests revealed significant changes in the exercise profile components focusing on body image ($t=8.356, p<.001$), exercise addiction ($t=3.610, p=.001$), and obsessive-

compulsive behaviour associated with exercise ($t=3.303$, $p=.002$), with each showing positive change. Exercise as a means of avoidance did not show any significant change ($t=0.845$, $p=.403$), however, overall exercise profile scores did reveal positive changes for the programme participants ($t=5.647$, $p<.001$). With respect to leisure motivation, the participants showed significant increases in the extent to which they were motivated by leisure activities involving intellectual components ($t=2.144$, $p=.039$), stimulus-avoidance (i.e., escape) components ($t=-3.060$, $p=.004$), and social aspects ($t=-1.973$, $p=.056$). No real change was revealed in their motivations to participate in activities where the competency or mastery component was important ($t=0.607$, $p=.547$), which reflects their continued need to exert some control (or freedom) over their choices. In terms of leisure satisfaction, the participants showed significant increases in their belief that leisure activities that were characterised by educational components ($t=-3.308$, $p=.002$), socialising ($t=2.517$, $p=.016$), and relaxation ($t=-2.402$, $p=.021$) could enhance the ability to meet their needs. No significant changes were noted in the satisfaction of leisure needs associated with psychological outcomes ($t=-0.562$, $p=.578$), physiological outcomes ($t=-0.180$, $p=.858$), or aesthetic rewards ($t=-0.298$, $p=.767$). An examination of the correlations of the residual values for the exercise- components revealed significant positive relationships among almost all the components (correlations ranging from 0.330 to 0.806, $p<.01$) indicating that the changes in the meaning that the participants placed on those aspects of physical exercise were concurrent and in a more positive direction. In other words, they were consistently placing less importance on the negative aspects of physical exercise. Further, the relationships between changes in the exercise components relative to changes in the leisure motivation and satisfaction components revealed positive changes in the motivations associated with, in particular, intellectual outcomes and escape, and in the satisfaction of needs associated with relaxation, social contacts, and psychological aspects. In each instance, declines in negative aspects of exercise are associated with increases in positive motivational and/or need satisfaction components of leisure. These findings suggest that the leisure intervention used in this programme is achieving the types of changes in the participants' views of their leisure lifestyles that were intended. The programme participants are increasingly recognising the need for more diverse outcomes associated with their leisure and the importance of *balance* in the lifestyle. Not only have they shown a greater appreciation of the social, intellectual, and psychological outcomes from their leisure involvement, as well as reduced their obsessive behaviours related to exercise, but they also have maintained an associated sense of competency-mastery. Thus, they feel they still have control over their leisure choices and recognise the positive outcomes that these choices can provide.

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