

A Review of Leisure Participation and Perceived Wellness

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Abstract

With highly economic development, people tend to pursue high quality of life, and more attention thereby is paid to leisure. Leisure participation is one of the factors that yield impacts upon the wellness of people. Levels of leisure participation have also been identified as playing an important role in the quality of life and people's satisfaction with life. The purpose of this research is to review literature of leisure participation and perceived wellness in general, and with focus on perceived wellness, perspectives of wellness, leisure participation studies, and relationship between leisure participation and perceived wellness in particular.

Keywords: wellness, leisure participation

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Introduction

With economic prosperity and medical development, Taiwan's population is gaining a larger proportion of aging people. This older society has been identified by the World Health Organization (WHO) and the proportion of older people in Taiwan is steadily rising; the proportion of the population aged 65 and older is expected to triple in the next 30 years. Although people are living longer than before, it does not mean they are healthier at advanced ages. According to the National Health Expenditure from the Department of Health, the cost to Taiwan in 2000 was approximately \$15 billion U.S. dollars for medical expenditure, of which 26.80% came from the central government, 15.70% from industries, 53.42% from citizens, and 4.08% from non-profit organizations.

Although some aspects of genetic heredity and biology have been identified as influencing health, lifestyle factors such as drug and alcohol consumption, nutrition, and leisure behavior profoundly affect health through individual behavior and attitude (Caldwell & Smith, 1988). Holistic health promotions focusing on these lifestyle factors are becoming an important medical model for health and wellness (Randall, 1996). As a result, a paradigm shift in medicine away from disease and illness and toward an emphasis on wellness and health is occurring.

Crompton (1998) defined "healthy" as:

Healthy is not only to physical well being, but also to the status of a number of related processes. It involves a holistic integration of the physical, emotional, spiritual, intellectual, and social dimensions of people's lives. If any of them are unbalanced, then it can lead to individuals seeking help from the health-care system. (p. 141)

Leisure participation is one of a number of factors that impacts the wellness of older adults, and levels of leisure participation have been identified as playing an important role in the quality of life and life satisfaction of older adults (Mannell, 1999). Althoff, Svoboda, and Girdano (1996) described wellness lifestyle as including efforts to "achieve and maintain biological integrity, to develop self-love and love others, to interact with other people successfully, to develop and apply intellectual capabilities and skills, and to formulate a personal philosophy for living" (p. 7). Quality of life is becoming a common theme in the field of health literature (Raphael, Brown, Renwick & Rootman, 1997). Consequently, establishing wellness is a critical challenge which concerns all countries.

Leisure is not simply the opposite of work, because one person's leisure may be another person's chore or job. Argyle (1996) defined leisure as any activity people

participate in during their free time when they feel like enjoying themselves, having a good time, and increasing their personal growth. Leisure is seen as a factor in wellness and successful aging promotion. According to Bobby (1995), leisure satisfaction is of primary importance since it is related to the repertoire of one's cognitions. Those who have an extensive repertoire differ significantly from those with a limited repertoire. This is seen as an important aspect of the subjective well-being of people. Furthermore, leisure satisfaction dramatically influences the psychological well-being and mental health (Riddick & Daniel, 1984).

Rowe and Kahn (1987) indicated that successful aging should include at least three domains: "minimizing the diseases and disabilities; maximizing the high physical and cognitive function; and maintaining engagement in social or interpersonal and productive activities" (p. 145). According to Gibson (1995), "Successful aging refers to reaching one's potential and arriving at a level of physical, social and psychological well-being that is both pleasing to the self and others" (p. 279). Coleman and Iso-Ahala (1993) stated that participation in leisure activities helps reduce the stress in life and strengthen feelings of well-being. These studies imply that leisure is a critical link in contributing to wellness.

Concerning health, adequate physical activities could prevent or reduce the risk of some chronic diseases, such as coronary heart disease (CHD), hypertension, osteoporosis, obesity, and mental health problems. Physical exercise has been found to increase more efficient metabolism, bone mass, and muscle strength that result in the prevention of injuries and fractures. Increasing fitness by participating in a regular exercise program could reduce the effects of aging that lead to functional limitations and poor health.

Thus, the general purpose of this study was to review literatures of leisure participation and wellness. Further research of this topic will be hoped to be conducted in the near future. This study focuses on (a) perceived wellness, (b) perspectives of wellness, (c) leisure participation studies, and (d) relationship between leisure participation and perceived wellness.

Perceived Wellness

Perceived wellness was related to what people actually believed about their health. This perception was often not a factual picture of the person's health but rather how a person saw themselves as being well or unwell. Wellness was defined as finding a balance in life that allowed an individual to give freely to themselves and others in their life. With widespread public interest, wellness has continued to evolve all over the world. The general health care and public practitioners gradually became

interested in finding the biomedical model instead of alternative paradigms (Granelo, 2000). In contrast to the biomedical model, the wellness paradigm was seen as a salutogenic focus (Ardell, 1977). Salutogenic simply means, health causing (Antonovsky, 1988). Consequently, some paradigms of wellness have emerged as a substitute to the traditional, illness-based medical model for treatment of physical and mental disorders in the last decade. However, in spite of public and health care communities interested in wellness, there was no clear definition for wellness in a person (Granelo, 1999). In the past, a person who was free from pain, disability, and symptoms of disease was considered healthy. The World Health Organization (1964) identified health as, “complete physical, mental, and social well-being and not merely the absence of disease” (p.1).

Perspectives of Wellness

Wellness was defined as being “oriented toward maximizing the potential of which the individual is capable” (Dunn, 1961, p.4). Hettler (1984) viewed wellness as a process through which individuals made choices for a successful existence. Archer, Probert and Gage (1987), writing from a more psychological perspective, defined wellness as “the process and state of a quest for maximum human functioning that involves the body, mind, and spirit” (p. 311). Hurley and Schlaadt (1992) defined wellness as an approach to personal health that emphasized individual responsibility for well-being through the practice of health-promoting lifestyle behaviors. Wellness meant enhancing quality of life and maximizing personal potential by engaging in attitudes and behaviors (Anspaugh, Hamrick & Rosato, 1994). Myers, Sweeney, and Witmer (2000) defined wellness as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p. 252).

Holistic wellness has been identified with many dimensions. Hettler (1980) proposed a wellness model of hexagon dimensions that attempted to define a well person. The six dimensions included occupational, physical, emotional, social, intellectual, and spiritual wellness. These characteristics were depicted graphically in a hexagon, and each component was equal in size. This model has been used extensively in physical and public health professions to promote understanding of wellness. Sweeney and Witmer (1991) proposed that the holistic model of wellness, prevention over the life span was serviceable in organizing a client’s wellness treatment. The model comprised five tasks, which included spiritual or transpersonalism, self-direction, work and leisure, friendship, and love. Each task was separated into a total of 16 subscales that included spirituality, sense of worth, sense

of control, realistic beliefs, emotional responsiveness, intellectual stimulation, sense of humor, exercise, nutrition, self-care, gender identity, cultural identity, stress management, work and leisure, friendship, and love (Witmer & Sweeney, 1992).

Chandler, Holden and Kolander (1992) also proposed a similar wellness model to the life span model. The holistic wellness model included five dimensions: social, emotional, physical, intellectual, and occupational. There was a spiritual and personal component of each of these dimensions. Chandler, Holden, Kolander suggested that Hettler's (1984) model should be modified from the original hexagon to a pentagon because spirituality was viewed as both the core of wellness and an inseparable part of all wellness dimensions for a holistic well-being life. Donatelle, Snow-Harter and Wilcox (1995) described wellness as a lifestyle that integrated the physical, social, intellectual, psychological, spiritual, and environmental components of health. Environmental health was defined as, "the process of making choices that will contribute to sustaining or improving the quality of the environment for current and future generations" (p. 4).

Greenberg and Dintiman (1997) proposed a wellness model of five dimensions that included physical, social, emotional, spiritual, and mental. Mental health was proposed as "the ability to learn and grow intellectually" (Greenberg & Dintiman, p. 2). Adams, Bezner, and Steinhardt (1997) developed the Perceived Wellness Survey (PWS) that was based on the perceived wellness model. The PWS was divided into six dimensions, including physical, spiritual, intellectual, social, emotional, and psychological wellness. The instrument was used to examine how individuals perceive themselves to be functioning within each of these dimensions, as well as evaluate how an individual balanced the six dimensions, including physical, psychological, emotional, social, intellectual, and spiritual wellness.

Psychological Wellness

In general, negative psychology was always used to describe people with depression, anxiety, and stress. Positive Psychology was defined as an attempt to work for a balanced view toward humanity and to further the constructs of purpose and positive aspects of life. Donatelle, Snow-Harter and Wilcox (1995) defined psychological health as "the process of accepting your worth and the worth of others; creating, recognizing, and expressing your feelings in an appropriate way; and practicing positive self-talk designed to keep you up rather than focusing on negative aspects of life" (p. 4). People with positive psychology might have appreciated their life by promoting his or her perceptions and exploring their optimal human functioning. Adams, Bezner and Steinhardt (1997) defined it as "a general perception that one will experience positive outcomes to the events and circumstances of life" (p. 211). Consequently, an individual with psychological wellness might have the ability

to perceive reality as it is, to respond to changes, and to develop rational strategies for living.

Emotional Wellness

Emotion was generally considered to be defined as being happy, afraid, angry, and sad and was used to describe one's current mood state. Emotion was an individual subjective perception and reaction in response to certain situations. Emotional wellness was defined as "a possession of a secure self-identity and a positive sense of self-regard, both of which are facets of self-esteem" (Adams, Bezner & Steinhardt, 1997, p. 212). Hettler (1980) viewed emotional wellness as, "an awareness and acceptance of one's feelings" (as cited in Opatz, 1986, p. 61). Greenberg and Dintiman (1997) described emotional wellness as a person who had the ability to control his or her emotions in various circumstances of life. It was the ability to feel and express the entire range of human emotions and to control them.

Anspaugh, Hamrick and Rosato (1994) also defined that the emotional wellness as "the ability to control stress and to express emotions appropriate and comfortably. It is the ability to recognize and accept feelings and to not be defeated by setbacks and failures" (p. 3). Most human behavior has been motivated by basic human biological and social needs. When individuals succeeded in meeting their basic needs they experienced pleasant emotions. However, when they do not satisfy themselves, they experience unpleasant emotions. Edlin, Golanty and Brown (1997) explained that emotional wellness "requires understanding emotions and coping with problems that arise in everyday life" (p. 8). Floyd, Johnson, McLeod and Scroggs (1993) stated emotional wellness as "is the ability to show emotions and feelings about yourself, and interaction with others, dealing with stress, and adapting to change in the environment" (p. 4).

Therefore, emotional wellness was viewed as maintaining good mental health, managing the many life roles and responsibilities, a positive attitude to experiences and circumstances of life, and high self-image and self-esteem. People with good emotional health were in control of their thoughts, feelings and behaviors. They felt good about themselves and had good relationships with others.

Social Wellness

Social wellness was always correlated to the interactions with one's family and community, such as the acceptance of differences, the support provided to others, the acceptance of support from others, and well developed and strong relationships with family members and friends. Hettler (1980) viewed social wellness as "contributing to one's human and physical environment to the common welfare of one's community" (as cited in Opatz, 1986, p. 61). Anspaugh, Hamrick & Rosato, (1994) stated it as "the

ability to interact successfully with people and the environment. It is the ability to develop and maintain intimacy with others and to have respect and tolerance for those with different opinions and beliefs” (p. 3). Donatelle, Snow-Harter, and Wilcox (1995) defined wellness as “the process of creating and maintaining healthy relationships through the choices we make” (p. 4). Greenberg and Dintiman (1997) described it as “the ability to interact well with people and the environment, to have satisfying interpersonal relationship” (p.2).

Social wellness was the creation and maintenance of positive, interdependent relationships. Edlin, Golanty, and Brown (1997) explained that it “refers to the ability to perform social roles effectively, comfortably, and without harming others” (p. 8). Floyd, Johnson, McLeod and Scroggs (1993) described social wellness as “the ability to interact by communicating and developing satisfying interpersonal relationships with other people” (p. 4). It sought to preserve the balance of nature and encouraged positive contributions to one’s community and environment. Social wellness was defined as “the perception of having support available from family or friends in times of need and the perception of being a valued support provider” (Adams, Bezner, & Steinhardt, 1997, p. 212).

Accordingly, a social wellness person might have had positive interactions and communications with others. It involved an individuals' ability to develop and build close friendships and intimacy, to care for others, and to allow others to care for them. It also involved finding ways to live in harmony with others and our environment.

Physical Wellness

People of all ages who participated in moderate intensity exercise were always positively perceived as being healthy in terms of physical bodily functions. The evidence of proven benefits of physical activity has been growing and evidence of its benefits has been more convincing than ever. Hettler (1980) viewed physical wellness as “encouraging cardiovascular, flexibility and strength training as well as knowledge about food and nutrition” (as cited in Opatz, 1986, p. 61). Donatelle, Snow-Harter, and Wilcox (1995) defined physical wellness as “the process of making choices to create a flexible, cardiovascular fit, energetic, strong body, one that is able to perform daily tasks without undue fatigue” (p. 4). A holistic physical wellness referred to personal health conditions that involved participation in moderate-intensity or vigorous-intensity physical activities. It also included self-management, positive living attitude and other positive habits as well. Greenberg and Dintiman (1997) described physical wellness as “the ability to meet life’s demands and still have enough energy to respond to unplanned events” (p. 3). Edlin, Golanty and Brown (1997) explained that frequent participation in activities that helped individuals to prevent illness and maintain a healthy body were regular exercise, eating right, and

avoiding intake of unhealthy substances like alcohol and drugs. Floyd, Johnson, McLeod and Scroggs (1993) described physical wellness as “emphasizes knowledge about exercise, nutrition and stress and discourages the use of drugs, tobacco and excessive use of alcohol” (p. 4). Physical wellness was defined as “a positive perception and expectation of physical health.” (Adams, Bezner, & Steinhardt, 1997, p. 211).

Therefore, physical wellness could be viewed, as the ability to apply one’s self-knowledge, self-behavioral management, positive perception and expectation, and exercise training to achieve personal fitness and health goals. Regular exercise, sufficient nutrition, rest and the avoidance of pernicious habits such as drugs, tobacco, and alcohol were also important elements needed to build a holistic physical health.

Spiritual Wellness

Human beings are believed to have a body a mind and also a soul or spirit. Spiritual wellness was the integration of one’s values, beliefs, faith, love, peace, and actions. This spirit did not necessarily refer to the spirit associated with various religious practices but rather to the human spirit and its relationship to others. Anspaugh, Hamrick and Rosato (1994) stated it as “the belief in some force that unites human beings, and provides meaning and direction in life and enables one to grow, learn, and meet new challenges” (p. 3). Donatelle, Snow-Harter and Wilcox (1995) defined wellness as “the process of creating and discovering meaning and purpose in life; and demonstrating values through behaviors” (p. 4). People who possess spiritual wellness appeared to be looking for a meaningful and purposeful life, to live with values and morals, and to express hope and creativity.

Spirituality encouraged people to overcome challenges in their life. Hettler (1980) viewed spiritual wellness as “seeking meaning and purpose in human existence” (as cited in Opatz, 1986, p. 61). Greenberg and Dintiman (1997) described spiritual wellness as “ a belief in some unifying force, which will vary from person to person but will have the concept of faith at its core” (p. 2). It enabled people to recognize value, balance, respect, and harmony in their life and forces of nature that exist in the universe. It also helped people to explore their feelings of unity with environment, others, and meaning and value in life. Edlin, Golanty and Brown (1997) explained it as “the state of harmony with your self and others. It was the ability to balance inner needs with the demands of the rest of the world” (p. 7). Floyd, Johnson, McLeod and Scroggs (1993) described it as “different things to different people from various cultures, religions, and nationalities, the spiritual belief implies to some people a unifying force, and to others, establishing values, ethics, and moral/nature” (p. 4).

In summary, a spiritually well person had the ability to evaluate, express, and understand his or her own beliefs and purposes in life and was willing and able to seek

their fulfillment in a harmonious state. Spiritually well people have engaged in the quest of finding meaning and value in the lives of others. Spirituality allowed people to develop faith that included compassion, forgiveness of others and to find inner calm and peace needed to get through whatever life brings.

Intellectual Wellness

Intelligence has been defined as the ability to comprehend, to reason and solve problems, and to understand and profit from experience. Having a high Intelligence Quotient and other high test scores have not been shown to be indicators of intelligence other than the ability to perform the tasks associated with tests. Donatelle, Snow-Harter and Wilcox (1995) defined intellectual wellness as “the process of using your mind and body to create a greater understanding and appreciation of yourself, others, and your environment” (p. 4). Based on the literature, it seems likely that an individual’s thoughts and view of the world that expresses people’s creativity, ways of thinking, and general attitude toward life were more associated with intellect. The thoughts and views dominates one’s decision-making in life has also been considered a measure of intelligence or intellect. Hettler (1980) viewed intellectual wellness as “encouraging creative, stimulating mental activity” (as cited in Opatz, 1986, p. 61). Intellectual wellness has been defined “the perception of being internally energized by an optimal amount of intellectually stimulating activity” (Adams, Bezner, & Steinhardt, 1997, p. 212). Intelligence was the product resulting from continuous acquisition, development, creativity, and expressive/intuitive skills. Edlin, Golanty and Brown (1997) explained it “involves having a mind open to new ideas and concepts. If you are intellectually healthy you seek new experiences and challenges” (p. 7). Floyd, Johnson, McLeod and Scroggs (1993) described intellectual well-being as “the ability to learn and develop creative, stimulating mental activities throughout life” (p. 4).

Hence, an intellectually healthy individual might have a curiosity or thirst to learn something new. Intellectually healthy people may have resources available to expand his or her knowledge through new ideas, and share with others, or may be willing to seek challenges and answers, solve problems, and develop creativity. Intellectual wellness also encompasses the ability to engage in stimulating mental activity, master new skills, think critically and recall previous mistakes. Individuals have increased their levels of intellectual wellness, by talking to someone with a different viewpoint, or by reading a book and by being able to accept the differences between themselves and others.

Social support and epidemiological researchers have demonstrated that self-perceived and self-rated health were the most powerful predictor that significantly reflected upon health outcomes (as cited in Adams, Bezner, & Steinhardt,

1997). Larsson, Hemmingsson, Allebeck, and Lundberg (2002) examined the relationship between self-rated health (SRH) and mortality among young men. The subjects were 49,321 Swedish men born in 1949 (5%), 1950 (18%), and 1951(77%) who participated in a nationwide military conscription survey from 1969 through 1970. These findings revealed that poor self-rated health participants were associated with a higher risk of mortality than those who reported very good self-rated health during 27 years of follow up. Hattori, Matsuda and Yoneda (2002) examined the perception of aging quality of life in a modern Japanese community. The participants consisted of 725 men and 984 women aged 65 years or older in 1976-1977. The results indicated that good mental health might increase longevity.

Herman, Solomons, Mendoza and Qureshi (2001) examined the association of self-rated health with physical function and emotional well-being. The participants were 151 elderly Guatemalan subjects aged 60 years or older (46 males, 105 females). Results found emotional well-being and mobility to be significantly associated with self-rated health. The authors also found that improvement of self-perception of health might have a positive effect on well-being and mobility. Rastam and Mansson (2001) investigated the relationship between self-rated health and the risk of being awarded a disability pension and premature death. The subjects consisted of 5932 male residents born from 1926 to 1930 and were evaluated during the period of 1974 to 1978 in Malmo, Sweden. The participants were invited to a screening program and were followed for approximately 11 years. Self-rated health appeared to be an independent predictor that was positively associated with lesser mortality and disability. Adams, Bezner and Steinhardt (1997) stated that “individual perceptions are important because they may actually precede overt manifestation of illness or wellness and may therefore be fertile ground for respectively, early intervention or enduring celebration” (p. 209).

Leisure Participation Studies

Leisure time has become more important as societies move from being industrial to information age societies. This shift has provided reduced working time and increased leisure time. In the aging or retired population, leisure time has increased dramatically for most people. The term leisure has been defined as “free or un-obligated time, time during which work, life-sustaining functions, and other obligatory activities are not performed” (Leitner & Leitner, 1996, p. 3). Leisure has also been defined as “an un-obligated block of time, an activity, a state of mind, and a symbol of social class, and a holistic concept that suggests everything has potential for leisure” (Edginton, Hanson, & Edginton, 1992, p. 20). Beard and Ragheb (1980)

defined leisure activities as “non-work activities in which the individual has a free choice as to whether or not to participate. These activities take place in one’s free time and there is no obligation as to what is chosen or to what extent one participates” (p. 24). Moss (1986) developed the Leisure Participation Scale which divides leisure activities into six categories: social activities, outdoor activities, sports activities, cultural activities, hobbies, and mass media. Kelly (1996) defined leisure as, “it is an activity in the sense of directed action is an action with the qualities of not being required, of decision, and of focus on the experience. It is the quality of activity for the actor” (p. 23).

Leisure activity is believed to influence and promote health and has been viewed as an important property of intrinsic motivation (Weissinger & Iso-Ahola, 1984). Godbey (1990) stated that “Our use of leisure shapes our health; our state of health partially determines how we use leisure” (p. 235). Insel, Roth, Rollins and Petersen, (1993) indicated that people who participated in sports or vigorous exercise had noted a number of social, psychological, and emotional benefits of being active. For example, the euphoria of a run through the park provided pleasure that transcended health benefits alone. Competent performance of a physical activity served as proof that one could master skills and control one's efforts, which in turn enhanced self-image. Leisure was also related to high levels of perceived freedom and enjoyment (Gunter, 1987; Shaw, 1985).

Godbey (1990) described leisure as:

Living in relative freedom from the external compulsive forces of one’s culture and physical environment so as to be able to act from internally compelling love in ways which are personally pleasing, intuitively worthwhile, and provide a basis for faith. (p. 9)

Riddick and Stewart (1994) examined the life satisfaction and the importance of leisure in the lives of older female retirees. The participants were 127 African-Americans and 491 Americans 65 years of age and older selected from the National Council on Aging database. Results indicated that life satisfaction directly affected perceived health and leisure repertoire planning. However, leisure activity participation affected life satisfaction only in the American group. Kim (1997) investigated the relationship between leisure participation and acculturation contributions to life satisfaction among elderly Korean immigrants in America. The subjects consisted of 127 Korean-born adults age 60 and older who lived in New York. Findings revealed that acculturation, leisure activities participation, and life satisfaction of participants tended to be low. The participants engaged more in home-based and social activities rather than outdoor activities. The results also found that marital status, sex, age, health status, and educational level were all related to the

participation in leisure activities. Leisure activity participation was positively related to the individual's level of acculturation and life satisfaction.

Cavener and Louise (1996) examined the relationships among leisure participation, life satisfaction, self-reported health, and depression. The subjects were obtained from a secondary database of 700 randomly selected senior citizens in Nebraska. Results were that a higher level of leisure activity participation related to a higher-level life satisfaction. Those subjects who spent less time in outdoor leisure activity had higher incidents of depression. Boley (2001) investigated the relationships between life satisfaction, leisure satisfaction, and leisure participation. The subjects were 201 adults age 55 and older residing in public housing who volunteered to participate in the study. The researchers discovered that there was a significant relationship among life satisfaction, leisure satisfaction, and leisure participation and that these were greatly affected by self-perceived health status. Tour (2001) examined the relationships between demographic variables and social leisure participation of Liberians. The data came from 1,000 Liberians age 14 and older who were conveniently selected from the rosters of churches, universities, colleges, high schools, and public markets in Liberia. Results indicated that the demographic variables of education, employment, ethnicity, health, income, residence, religion, and age significantly affected their social leisure participation.

Chang (2002) investigated the relationship between elderly retired teachers and participation in recreational activities. The participants were 1,690 elderly teachers who had retired from public high schools and elementary schools in Taichung City, Taiwan. Findings revealed that for over 60% of the participants who exercised regularly, physical health was the main concern motivating the participants to pursue recreational activities (such as swimming, walking, table tennis, and picnics). Hsu (2002) investigated the participation in recreational sports of high school principals. The participants were 373 Taiwan high school principals who returned and completed the surveys. Findings indicated that walking, reading journals and newspapers, and spending time with family members were the most preferred recreational activities for the principals. Lin (2002) examined the relationship between participating in learning activities and life satisfaction of older adults. The subjects were 705 adults age 60 and older residing in Taiwan. Results found that most of Taiwan's older adults participated in learning activities at least one time per week, and at least 16 hours per month. The participants perceived higher life satisfaction, an active attitude, and positive benefits as the result of learning to participate in physical activities.

Relationship between Leisure Participation and Perceived Wellness

The term wellness has been used in a variety of ways that encompass all dimensions of health and involve all aspects of a person's lifestyle. Wellness became associated with a number of traditional interventions, programs, and lifestyles aimed at fostering the pursuit and development of positive well-being and health (Shumaker, Schron, Ockene, & McBee, 1998). Dupuis and Smale (1995) investigated the effect of activity on well-being and depression. The participants consisted of 743 adults aged 55 and older. Findings revealed that swimming and visiting friends, crafts, and hobbies were significantly related to well-being and being free from depression. Brown, Frankel and Fennell (1991) used a random sample of 759 older men and women to examine activity and well-being. Results found that social, informal, household, and outdoor activities were significantly related to enhanced well-being. The physical changes associated with getting older bring older people higher health risks. However, high levels of wellness can be maintained at all stages in their life in spite of physical and even mental disability or impairment, especially when wellness was viewed holistically.

Physical and mental health were viewed as primary concerns for successful retirement as well as staying connected to society and family. Consequently, one's attitude became an important factor in maintaining well-being in aged people, such as self-awareness (Goldberg, 2002). Jenkins, Pienta and Horgas (2002) examined the relationships between health-related quality of life and activity engagement among residents in two continuing care retirement communities. The participants were 167 residents of independent living and assisted living and were given a self-report questionnaires and a medical outcomes study short-form health survey (SF-36). The results indicated that discretionary activities, in particular more active types of activity, were positively associated with higher health-related quality of life.

Pohl, Borrie and Patterson (2000) found that outdoor recreation in wilderness can influence and benefit women's self-sufficiency, a shift in perspective, connection to others, and mental clarity in everyday lives. A qualitative interview was used to collect the information from twenty-four women participants to recreate their experiences in the wilderness. The results were that particular characteristics of wilderness, such as carrying a pack, gathering firewood, and lighting a stove were activities that required them to rely on their own resources. Learning those skills provided physical competence, a feeling of being successful, and also enhancing problem solving. Bixler and Morris (2000) also suggested that recreational involvement in wilderness activities not only provided the chance to develop specific skills, but also offered a positive social reinforcement and a buffer from ridicule by

outsiders while participating with an enthusiastic and supportive social group. Wilderness also offered the chance to escape, a reprieve from daily life, and the ability to step back from many social roles and offered a new and unique role. Because the environment of wilderness was simplicity and solitude, it contributed to slow down and increased one's awareness of what was going on around oneself. Wilderness activities also facilitated a deep connection with nature that inspired the women to reevaluate their position within society.

Mulley (1995) stated that physical activity took retired people into new situations and encouraged them to make new friends. Physical activity also helped retired people to relieve their anxiety and it enhanced their well-being. Physical training increased muscle strength not only in healthy people who were over 60, but also in frail people in their 90s'. Older people who exercised were less obese, had a lower incident of coronary artery disease and decreased the overall mortality for the group. Therefore, exercise benefited the social and psychological health as well as physical health for the retirees in their later years.

Relationship of Leisure Participation to Psychological Wellness

Psychological wellness was defined as "a general perception that one will experience positive outcomes to the events and circumstances of life" (Adams, Bezner & Steinhardt, 1997, p. 211). "Studies of leisure generally emphasized leisure's contribution to both the individual and society. These studies contend that leisure activities were conducive to psychological well-being, to physical health, and to the stability of social groups" (Weinblatt & Navon, 1995, p. 309). Changing patterns of leisure participation across the lifespan were closely related to positive psychological well-being (Smale & Dupuis, 1993). Iso-Aholo and Weissinger (1984) stated, "leisure may remain the primary, if not the only, avenue for promoting the predisposition toward intrinsic motivation and thereby psychological and physical health" (p. 44). Generally, leisure activities have provided us with happiness, satisfaction, and a high degree of wellbeing (Iso-Aholo & Weissinger, 1984).

Sander, Field, Diego and Kaplan, (2000) explored whether sports involvement related to social and psychological well-being in American adolescents. The participants were 89 suburban high school seniors (37 males and 52 females) recruited from a private high school in America. Findings revealed that a moderate level of sports involvement (3 to 6 hours per week) was associated with less depression as compared with a low level of sports involvement. Misra and McKean (2000) examined the interrelationship among academic stress, anxiety, time management, and leisure satisfaction. The participants were 249 full-time undergraduate students at a Midwestern University. Findings revealed that the greater leisure satisfaction of students, the lower the perceived academic stress. The results demonstrated

physiological benefits from leisure activities significantly reduced academic stressors (conflict, change, and frustration) and reactions to stressors (behavioral and cognitive) among college students.

Focht and Hausenblas (2001) examined psychological responses of 50 young women using aerobic exercise in a naturalistic exercise setting and quiet rest. The results found that acute aerobic exercise and quiet rest were associated with comparable improvements in anxiety state and tranquility. Also, aerobic exercise was superior in generating feelings of positive engagement and revitalization. Bezner, Adams and Whistler (1999) examined the relationship between physical activity and perceived well-being. The Perceived Wellness Survey was used to examine the subjects of 243 hospital employees (195 females, 48 males; age ranging from 24 to 72). Findings demonstrated that physical and psychological wellness scores were associated with time spent in leisure activity and participation with the most leisure time activity had greater overall perceived wellness scores compared to the sedentary group.

Coleman (1993) examined the moderating effects of characteristics of leisure on detrimental life stress and health. Random samples of 51 women and 53 men (age ranging from 20 to 81) were collected in this study. Findings indicated a positive relationship between life stress and illness severity. Coleman found that perceived freedom and life stress were significantly related, "People who perceived that they freely participated in their leisure activities appeared to possess chanced coping resources. Alternatively, people who found their leisure time more constrained appeared less capable of coping with life stress" (Coleman, 1993, p. 358). Iso-Ahola and Park (1996) examined the relationships between leisure related social support (companionship and friendship) and the self-determination (perceived freedom and intrinsic motivation). Study participants consisted of 252 (age ranging from 18 to 65) Taekwondo (TKD) practitioners who attended private TKD studios and practiced TKD during their leisure time. Results indicated that life stress increased mental and physical illness symptoms and negatively related to perceived health. Further results indicated that low leisure companionship, and higher stress had a negative effect on mental health.

Ponde and Santana (2000) explored participation in leisure activity as a predictor for women's mental health. The sample came from 470 randomly selected American families. Participation in leisure activities was defined as any reported engagement in leisure activities during days off in the month preceding the interview. The findings demonstrated that participation in leisure activities was negatively associated with symptoms of anxiety/depression among women. Li, Duncan and Duncan (2001) sought to determine whether a Tai Chi exercise program enhanced elderly individual's

psychological well-being. The participants consisted of 98 less active older American adults aged 65 or older. They were recruited to participate in a 6-month randomized controlled exercise trial. One group did aerobic exercise and one group participated in Tai Chi. The researchers concluded that Tai Chi could be a useful exercise to improve psychological well-being in older adults. Psychological well-being could be enhanced and healthy status achieved without strenuous activities.

Relationship of Leisure Participation to Emotional Wellness

Emotional wellness was defined as “a possession of a secure self-identity and a positive sense of self-regard, both of which are facets of self-esteem” (Adams, Bezner & Steinhardt, 1997, p. 212). Teaque and MacNeil (1992) clarified that self-esteem was “the emotional element of the self: it deals with how one feels about one’s self-concept in comparison to an ideal, whether one is proud or ashamed of it, likes or dislikes it” (p. 144). Self-esteem was used to describe the way people regard themselves, and was shown to be learned from environmental interaction. Diener (1984) pointed out that, self-esteem was a major component of emotional well-being and it was used to predict overall well-being. Coopersmith (1967) displayed four bases to judge one’s own value and worth. The four bases included “(a) significance: the way one feels one is loved, (b) competence: performance in tasks one considers important, (c) virtue: the attainment of ethical and moral standards, and (d) power: the extent of influence one has on one’s life” (Teaque & MacNeil, 1992, p. 144). Papalia and Olds (1975) summarized that “the higher they rate on all four, the more highly they will rate themselves” (p. 509).

Waters and Moore (2002) investigated the role of meaningful leisure activity in reducing latent deprivation during unemployment. The participants were randomly selected from 201 unemployed (49% females, 51% male) and 128 employed people (59% female, 41% male). The results reported that the unemployed participants had higher perceived latent deprivation, and lower self-esteem. However, perceived latent deprivation, and psychological distress were alleviated through participant’s involvement in social and solitary leisure activities in the unemployed sample. Leisure activities can be an inexpensive way of promoting positive affect and maintaining self-esteem. Greenberg and Dintiman (1997) stated that regular exercise had potential to give one more confidence and better feelings about themselves. It helped people to maintain body weight and develop a desirable body image, which translated into the subjects feeling good about themselves. Second, successfully facing and overcoming the challenges provided by physical activities were also related to giving the subjects more confidence to counter other challenges in his or her life.

Kerr, Fujiyama and Campano (2002) investigated the emotion and stress in serious and hedonistic leisure sport activities. The participants were 44 female

Japanese (age range, 28 to 58) who played recreational tennis and who volunteered for this study. The participants were divided into serious and hedonistic groups which depended on their primary reason for playing tennis (such as health, exercise, and weight control, versus fun and challenge). The findings revealed that the serious group experienced a significant decrease in overall unpleasant emotions. The external tension stress was significantly decreased in both the serious and hedonistic groups. The results also indicated that tennis activities had a therapeutic effect and produced an improvement in overall affect, especially for the serious group.

Schechtman and Ory (2001) studied the effects of exercise on the quality of life of frail older adults. The participants were 1,733 older people (55.6% for female, 44.4% for male). The results indicated that exercise produced a small but significant improvement in the emotional health component measure for quality of life. Shaw and Gant (2002) examined the relationship between Internet communication and depression, loneliness, self-esteem, and perceived social support. Participants were 40 undergraduate students at the University of North Carolina. Results found that using the Internet significantly decreased loneliness and depression. In addition, perceived social support and self-esteem also increased significantly. Kraut, Kiesler, Boneva, Cummings, Helgeson and Crawford (2002) reported from a longitudinal survey in 1998-1999 of 406 new computer and television purchasers. The results concluded that using the Internet was associated with increases in community involvement and self-esteem, and decline in loneliness, negative affect, and time pressure.

Petryshen, Hawkins and Fronchak (2001) evaluated the effectiveness of the social recreation component of a community-based mental health program. The participants were 36 clients (22 female and 14 male). The findings showed that the individuals who participated in the program, in varying frequency, reported significant improvements in their self-ratings of loneliness, self-esteem, social functioning, satisfaction with social relations and leisure activities, as well as in general life satisfaction.

Parry and Shaw (1999) examined the relationships among menopause, midlife, and leisure for five Southern Ontario women. The findings showed that the outcomes of leisure participation were seen to be positive by the women in this study. Leisure participation was also responsible for some improvement in self-attitude which led them to seek new activities and experiences that focused on their own needs and interest. It also helped them to develop their self-esteem, self-confidence, and a more positive attitude toward self in general.

Relationship of Leisure Participation to Social Wellness

Social wellness was defined as “the perception of having support available from family or friends in times of need and the perception of being a valued support provider” (Adams, Bezner, & Steinhardt, 1997, p. 212). Lord (1997) described, “leisure provides the social linkages throughout the lifespan and provides opportunities to gain social competencies through play, social groups and the inherent social interaction” (p. 35). Chalip, Thomas and Voyle (1992) reported that persons who became more involved in sports and recreation developed larger networks of friends, received more social support, and were more likely to socialize with others. Leisure participation provided an opportunity to get along with friends and build good relationships with others. Hawkes (1991) stated, “family cohesiveness is related to the family’s use of leisure time” (p. 424). Family cohesion is positively related to the amount of time families spend together in activities.

Leisure research has often made claims that it enhances family quality and cohesion. Freysinger (1994) examined the leisure-parental satisfaction relationship among a group of 337 married couples. The researchers concluded that leisure interaction with children was positively related to satisfaction with parenting for the fathers only. Zabriskie and McCormick (2003) examined the relationship between family leisure involvement and satisfaction with family life. These data came from a study of 179 families recruited through middle schools in a small mid-western city. The results indicated that family leisure involvement was the strongest multivariate of family satisfaction from the parents’ perspectives, but not a significant predictor from the children's perspective.

Zabriskie and McCormick (2001) examined the influences of core and balanced family leisure patterns on perceptions of family functioning. The participants were 148 students: 138 traditional students (aged 18-22 years) and 10 non-traditional students (aged 23-50 years). Findings indicated that both core and balanced family leisure patterns were significantly related to family cohesion. Family leisure played an important role and provided significant opportunities for interaction between all family members.

Shaw and Dawson (2001) also explored the meanings of family leisure to parents and preteen children (aged 10-12 years). The sample consisted of 31 families (23 two-parent families, 8 one-parent families) living in Ontario, Canada. Thirty mothers and twenty-three fathers were interviewed about their leisure activities, beliefs, attitudes, and family participation experiences. The analysis found that family participation was highly valued by all of the parents and that family systems purposively facilitated family leisure activities in an effort to increase family function, including interaction, communication, and cohesion.

Stathi, Fox and McKenna (2002) investigated the relationships among physical activity and dimensions of subjective well-being in older adults. The sample consisted of 28 community-dwelling, retired American adults (ages ranging from 62 to 81). The respondents included 15 women and 13 men who participated in an organized form of regular physical activity at least once per week. Findings found that physical activity influenced all dimensions of subjective well-being for older adults. Physical activity helped older adults to maintain social networks and physical activity provided older adults opportunities to meet new friends and different people and helped them build friendships more easily.

Relationship of Leisure Participation to Physical Wellness

Physical wellness was defined as “a positive perception and expectation of physical health, and good perceived health would relate with high levels of physical activity” (Adams, Bezner & Steinhardt, 1997, p. 211). According to Greenberg and Dintiman (1997) physical fitness was classified into two components. Health-related fitness encompassed cardio-respiratory endurance, muscular strength, muscular endurance, flexibility, and body composition. Skill-related fitness included motor skills of agility, coordination, power, speed, balance, and reaction time. Stathi, Fox and McKenna (2002) stated that “fitness is a significant element of physical well-being, and being physically healthy and free from illness are important contributors to the subjective well-being of older adults” (p. 81). Stathi et al. indicated that participation in physical activity helped older adults to maintain and keep their physical well-being.

Vincent, Braith, Feldman, Magyari, Cutler, Persin, Lennon, Gabr and Lowenthal (2002) investigated the effect of resistance exercise on muscular strength and endurance, and stair climbing ability. The participants consisted of 62 older men and women (ages ranging from 60 to 83) randomly assigned to a control group ($n=16$), a low-intensity group ($n=24$), and a high intensity group ($n=22$). Both low- and high-intensity groups participated in resistance exercise training for 24 weeks, three times per week. Findings revealed that strength, endurance, and stair climbing were significantly or similarly improved by using high or low intensity resistance exercise training. Ogawa, Spina, Martin, Kohrt, Schechtman, Holloszy & Ehsani (1992) explored the effects of aging, gender, and physical training on cardiovascular responses to exercise. They measured oxygen consumption (VO₂ Max), heart rate, and cardiac output during sub-maximal and maximal treadmill exercise. The data came from 110 sedentary and trained men and women (ages ranging from 50 to 72) who volunteered to participate. Findings revealed that regular physical activity increased cardiovascular endurance indices among trained older people.

Campbell and Robertson (1997) studied that the effectiveness of a home exercise

program of strength and balance re-training exercises in reducing falls and injuries in elderly women. The participants were women aged 80 years and older living in the community and registered with a general practice in Dunedin. The result stated that an individual program of strength and balance re-training exercises improved physical function and was effective in reducing falls and injuries in women 80 years and older.

Roberts and Palmer (1996) stated that activities would affect the health of older adults. The participants were three sedentary men and six women (M = 68 years) with no known cardiovascular disease who had their cardiac responses to activities in a laboratory setting (walking, climbing stairs, carrying bags, shuffleboard); in normal daily activities and in aerobic walking (pace at 60% of the age-adjusted heart rate) assessed by a 24-hour holder monitor. The results stated that with some daily activities, significant increases in heart rate were noted, but no serious clinically significant cardiac arrhythmias occurred. Hagberg, Yerg and Seal (1988) examined the effects of lung function on trained and sedentary older adult men. The sample consisted of 18 adults (ages ranging from 62 to 80). Results indicated that regular physical activity could reduce the rate of decline in maximal consumption associated with aging. Older highly trained athletes with endurance training appeared to have modified the decline in pulmonary volumes and function associated with the aging process.

Drinkard, McDuffie, McCann, Uwaifo, Nicholson and Yanovskt (2000) investigated the relationship between walk/run performance and cardiorespiratory fitness in adolescents who were overweight. The participants consisted of 8 African-American adolescents (5 female, 3 male) and 10 Caucasian adolescents (5 female, 5 male) recruited in Washington, D.C. A 12-minute walk/run distance was used to measure the relationship. Findings revealed that physical performance was related to cardio-respiratory fitness and to body composition in adolescents who were overweight.

Relationship of Leisure Participation to Spiritual Wellness

Spiritual wellness was defined as "a belief in a unifying force, which will vary from person to person but will have the concept of faith at its core" (Greenberg, & Dintiman, 1997, p. 2). Westgate (1996) stated "Spiritual wellness represents the openness to the spiritual dimension that permits the integration of one's spirituality with the other dimension of life, thus maximizing the potential for growth and self-actualization" (p. 27). Westgate viewed spiritual wellness as a multidimensional construct that including meaning and purpose in life, intrinsic value, transcendent beliefs/experiences, and community relationship. Maslow (1971) contended that, "the spiritual life (the contemplative, 'religious,' philosophical, or value-life) is . . . part of the human essence . . . a defining characteristic of human nature . . ." (p. 325).

Chandler, Holden and Kolander (1992) stated that people who may lost sight of the spiritual dimension of their lives due to the pressure and hassles of everyday life, may use leisure activity as means to become sensitized or re-sensitized to the spiritual aspects of their lives. Aristotle argued that leisure should result in excellence of the soul and mind, this result being much higher than skill development, social interaction, escape, and other values sought in leisure (Drive, Brown, & Peterson, 1991).

Heintzman and Mannell (2003) explored and developed a process model of the relationships between various dimensions of leisure (leisure participation, motivation, time, and setting) and spiritual well-being (behavioral and subjective). The participants were 248 people (143 females and 105 males) who completed a survey to assess their physical and leisure activities. The results illustrated that frequent participation in culture, outdoor, and hobby activities may have indirectly contributed to spiritual well-being. Ragheb (1993) attempted to determine whether leisure participation and satisfaction were related to perceived wellness. The participants were 219 men and women employed in American business. The results demonstrated that leisure participation and leisure satisfaction were positively associated with overall perceived wellness. Reading, social, outdoor, sport, spectator, and cultural activities were significantly and positively correlated with spiritual well-being.

Stringer and McAvoy (1992) investigated spiritual development and the nature of spiritual experiences in the context of a wilderness adventure program. Thirty one participants were divided into two groups. The first group consisted of 13 persons with and without disabilities on an 8-day canoe trip in Northern Ontario. The second group consisted of 18 wilderness leadership students on a 10-day backpacking trip in Wyoming and Montana. The participants noted that their opportunities to experience spirituality were greatly increased by being in the wilderness. The results concluded that wilderness experiences were conducive to physical, mental, and spiritual development. Frederickson and Anderson (1999) also examined characteristics of physical and social setting on the spiritually inspirational qualities of two separate wilderness group trips. The participants were all women who had participated in wilderness trips either a canoeing trip in the Boundary Waters Canoe Area Wilderness of Minnesota or a hiking trip to the Grand Canyon in Northern Arizona. The results were that the expansiveness of the landscape and a consciousness of the absolute power of nature not only created a meaningful wilderness experience, but also created spiritual inspiration for most women. The authors of both studies made a point to say that the social group and the natural environment were important elements of the spiritual experience.

Idler (1987) examined patterns of religious involvement, health status, functional disability, and depression among non-institutionalized elderly residents. The

participants were 2,811 community-dwelling elderly residents of New Haven, CT (1,139 men and 1,617 women). The results showed the relationship between functional disability and depression weakened at greater degrees of perceived religiousness. Higher levels of public religious involvement were associated with lower levels of functional disability and depressive symptomatology. The results concluded that personal religiousness was particularly effective in shielding the participants with severe functional disability from depression. Idler and Kasl (1992) also examined the prospective relationship between religious involvement and several aspects of health status. The participants were 2,812 persons aged 65 or over followed from 1982 to 1989 to evaluate their religious and spiritual involvement and functional status. The results concluded "religious involvement provides some protection against depression for the elderly, especially the vulnerable group of elderly men with deteriorating functional status" (p. 1069).

Positive spirituality has been found to be linked with health in effective partnerships between the religious communities and health professionals. The evidence indicated that older adults had received health promotion positively while spirituality was increasing (Crowther, Parker, Achenbaum, Larimore, & Koenig, 2002). Kennedy, Abbott and Rosenberg (2002) showed that yoga, meditation, visualization, and prayer enhanced spirituality for a majority of 72 cardiac patient participants, 78% increased spirituality after the retreat program. The results showed changes in spirituality were positively associated with increased well-being, meaning in life, and confidence in handling problems, and a decreased tendency to become angry.

Relationship of Leisure Participation to Intellectual Wellness

Intellectual wellness was defined as "the perception of being internally energized by an optimal amount of intellectually stimulating activity" (Adams, Bezner & Steinhardt, 1997, p. 212). Intelligence has been conceptualized as consisting of fluid and crystallized intelligence, which provides a comprehensive description of mental abilities in late adulthood. Fluid intelligence was defined as one's reasoning and problem solving abilities, independent from the culture and the environment. Crystallized intelligence was defined as one's general knowledge in relation to verbal, numerical, spatial, and mechanical abilities (Horn & Cattell, 1967).

Etnier and Landers (1997) examined differences in performance of fluid and crystallized intelligence tasks as a function of age and fitness. There were 42 younger and 41 older right-handed male participants recruited in this research. The results found that on a fluid intelligence task, the older participants did not perform as well as younger participants since the older participants had experienced declines in their cognitive capabilities that were associated with the ability to perform logical tasks.

Also, the results indicated that fitness would moderate the influence of age on performance of the fluid intelligence task and had a positive impact on older participants' performance capabilities, but had no effect on the crystallized intelligence task and younger participants. Tomporowski (1997) stated that physical exercise (such as walking, swimming, and cycling) and mental exercise (such as reading, crossword puzzles, and chess) had a positive effect in helping to improve age-related decline in mental abilities. Richards, Hardy, and Wadsworth (2003) also indicated that social, physical and intellectual activities would facilitate cognitive performance and slow the rate of age associated cognitive decline. Physical exercise and spare-time activity were significantly associated with benefit to memory in midlife.

Kramer, Hahn and McAuley (2000) stated the relationship between aerobic fitness and neurocognitive function of older people in the age range from 60 to 75. The participants were 124 trained and 100 sedentary, but healthy, older adults who were provided a period of 6 months with either aerobic or anaerobic exercise. The results discovered that planning, scheduling, inhibition, working memory, and task coordination is benefited from enhanced fitness. Sharps and Woo (2003) also evaluated the possible relationship between successful aging and physical exercise. The participants were 49 older adults (17 males and 32 females, mean age 71.0 years) and 58 younger adults (21 males and 37 females, mean age 19.0 years) who completed the study. The results revealed that exercise participation resulted in positive effects on recall of verbal stimuli for older adults.

Althoff, Svoboda and Girdano (1996) reported that both exercise and nutrition played definitely important roles in maintaining the intellectual function of aged people. Older people who exercised regularly possessed much better reaction times than people who were sedentary. Exercise and nutrition have been believed to bring sufficient oxygen and nutrients to the brain through circular blood. Lochbaum, Karoly, and Landers (2002) demonstrated that aerobically trained or active participants' performance was significantly better on the fluid intelligence task than untrained or inactive participants' performance. The participants were 53 volunteer, university students recruited from exercise science and psychology courses at a large southwestern university. The results showed the possible mechanisms aerobic exercise training and openness to experience share in regard to brain functioning and fluid intelligence performance. Aerobic exercise has been specifically implicated as significantly improving both neurobiological health (Dustman, Emmerson, & Shearer, 1994) and cognition as indexed by academic achievement, memory, reasoning, reaction time, and intelligence test performance (Etnier, Salazar, Landers, Petruzzelo, Han, & Nowell, 1997).

Schooler and Mulatu (2001) examined whether participation in leisure time intellectual activity was associated with maintaining or enhancing the cognitive functions in older adults. The results found that engaging in substantively complex tasks in old age helped to build the capacity to deal with intellectual challenges of complex environments. Exercising the mind was important in maintaining cognitive functioning, even in old age. Doing substantively complex tasks, either at work or at leisure, was an analog of aerobic exercises. Crowe, Andel, Pedersen, Johansson, and Gatz (2003) examined the role played by participation in leisure activities associated with reduced risk of Alzheimer's disease during early and middle adulthood. The sample consisted of 107 same-sex twins discordant for dementia and for whom information on leisure activities was self-reported more than 20 years prior to clinical evaluation. The results demonstrated that participation in a greater overall number of leisure activities generally reduced risk of Alzheimer's disease and dementia as well.

Conclusions and Future Research

Despite the fact that quite a few studies have been conducted about the relationships among leisure participation, leisure satisfaction, and life satisfaction, there has been little research reported on the relationship between leisure activity and perceived wellness by using a holistic definition, especially in Taiwan. In addition, most of the literature on leisure and perceived wellness was developed in western societies. Hofstede (2001) stated that "foreign theories can no doubt serve as a source of inspiration, but they should be reconceptualized according to the best of the local tradition" (p. 387).

Based on the findings from this review of literature it was decided that activity theory could serve as the theoretical construct to examine the relationship between leisure satisfaction in perceived wellness of older adults in Taiwan. Havighurst et al. created activity theory in 1968 (as cited in Teaque & MacNeil, 1992). It will be used in future research to examine possible relationships between leisure participation and each dimension of perceived wellness, which included psychological, emotional, social, physical, spiritual, intellectual, and overall perceived wellness for older adults in Taiwan.

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休閒參與與知覺幸福感文獻回顧與探討

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摘要

隨著經濟進步，人們愈益追求高品質生活，而休閒更受重視，休閒參與則在人們生活品質與生活滿意中扮演重要角色。本研究係以文獻探討方式，來探討休閒參與及知覺幸福感之相關文獻。本文將探討知覺幸福感，幸福感層面，休閒參與及知覺幸福感與休閒參與的關係。

關鍵詞：幸福感、休閒參與

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