



Access to Leisure Activities and Spaces

The Science of Resilience

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Definition

The most common definition of leisure in the literature is that of a relatively freely chosen activity (Carruthers & Hood, 2007; Chen & Lee, 2010; Hutchinson et al., 2003; Iwasaki et al., 2014; Iwasaki et al., 2018). Some researchers claim that definitions of leisure must also include a component of being intrinsically motivated (Carruthers & Hood, 2007; Iwasaki et al., 2018) or of enjoyability, either in expectation, experience, or recollection (Carruthers & Hood, 2007; Hutchinson et al., 2003; Iwasaki et al., 2014). However, other researchers contest the restrictions of leisure as enjoyable and intrinsically motivated and claim that leisure is any activity that occurs during free time (Chen & Lee, 2010). In all these definitions, the key aspect is that the activity is relatively freely chosen by the individual. When discussing leisure in the context of resilience, Carruthers and Hood (2007) argue that it is more important to look at the quality of the leisure experience for the individual than simply the frequency of participation in leisure activities.

The concept of leisure can be further broken down into distinctions of serious leisure versus regular leisure and social versus solitary leisure. “Serious leisure” is sometimes used to connote more invested and continuous leisure activities, such as amateurism sports, hobbies, and volunteering commitments. The literature hypothesizes that these more invested and long-term leisure activities can maintain wellbeing and prevent relapse for depression (Fullagar, 2008; Iwasaki, 2006). “Serious leisure” distinguishes itself from leisure activities such as reading, listening to music, hanging out, etc.; however, various studies have found a benefit from these “less serious” forms of leisure (c.f. Hutchinson et al., 2003; Klitzing, 2003; Marshall et al., 2019). Secondly, some studies find a greater benefit for social leisure on depressive affect, negative mood, and psychological distress (Waters & Moore, 2002), leading some consideration for the separation of leisure activities into social leisure, that is, any leisure activity done with other people, and solitary leisure, such as reading, listening to music, or meditating. However, Waters and Moore (2002) note that while social leisure appears initially to have a greater benefit, it is important to look at the subjective meanings individual attach to the activity. Supporting this claim, many studies have found that participants purposefully engage in both solitary and social leisure to help cope with stress (c.f. Klitzing, 2003; Trussel & Mair, 2010).

One of the most widely used models of leisure examines leisure coping beliefs and leisure coping strategies (Iwasaki & Mannell, 2000). This model is grounded in the idea that people consciously use leisure activities to cope with stress. Hutchinson et al. (2003) found in their study of individuals coping with chronic illness and traumatic injuries that, “regardless of the type of activity engagement, study participants reported that they used leisure instrumentally to help themselves cope with the challenges they encountered in their daily lives” (pp. 148-149). Iwasaki and Mannell (2000) distinguish between leisure coping beliefs and strategies to better examine an individual’s disposition to coping with stress across situations (beliefs) and the situation-specific choices they make, influenced by the continually shifting

transactions between the individual and the environment (strategies). Put another way, leisure coping beliefs refer to people's generalized belief that their leisure activities help them cope with stress and may act as a buffer or moderator against the negative impact of stress on health; whereas leisure coping strategies are grounded behaviours or cognitions made available through leisure activities that may mediate the effect of stress on health. Although this is a useful model for thinking about how people consciously engage in leisure to increase their resilience to stress, other studies have found some evidence that people unconsciously engage with leisure, primarily as a source of distraction, to provide a relief from stress (Klitzing, 2003). As leisure, defined as a freely chosen activity, encapsulates so many various activities, it is useful to additionally define it by the subjective meaning ascribed to it by individuals and the way in which they see their leisure acting in their resilience process.

Finally, it is also necessary to note that leisure, as it is used in the literature, is a Western concept and there is evidence that many Indigenous peoples do not use the term "leisure" as such (Iwasaki, 2006). The literature suggests that leisure, as it is commonly understood, is inseparable from and reflective of pervasive worldviews maintained and valued widely by Indigenous populations, as well as closely tied to place meaning and connection (Iwasaki 2006). Despite the support in the literature for the role of "leisure" in Indigenous life, it is important not to impose Western-constructed ideas of this concept onto Indigenous peoples' resilience processes (Iwasaki & Bartlett, 2006).

Closely tied to the physical activity of leisure is the idea of leisure spaces. "Leisure spaces" can refer to both the physical settings of, accessibility to, and constraints on leisure, as well as the way in which leisure pursuits have been conceptualized as a space for identity work or play. Space is a necessary component of the leisure discussion. As Sharpe et al. (2011) argue, space is not just a backdrop against which things take place, it is an agentic player in that it is "a force with detectable and independent effects on social life" (p. 2). A spatial perspective, Sharpe et al. (2011) argue, allows us to think in terms of shifting social and power relations by seeing the power in material spaces and not depoliticizing spaces. This argument is especially salient for public spaces. Some spaces commonly regarded as public are actually privately owned and thus able to deny access, for example, coffee shops, pubs, etc. (Johnson & Glover, 2013). Furthermore, even truly public spaces such as parks are not equally accessible to all; Scott (2013) show that inner cities and poorer communities lack basic funding for municipal services and are often deprived of parks and recreation amenities, whereas wealthy communities and suburbs have strong financial support for parks and recreation and easy access to these amenities that are safe and of high quality. Recreational facilities and organizations meant to provide leisure opportunities can also create barriers for lower-income individuals to access leisure. For example, there is evidence that people of low-income are often made to feel unwelcome when using community and recreational services (Scott, 2013; Trussell & Mair, 2010) and that even financial assistance programs for leisure access can be embarrassing or degrading for low-income individuals who are required to "prove" their poverty (Oncescu, 2020; Scott, 2013; Trussell & Mair, 2010). Watson and Ratna (2011)

introduce the concept of “space for leisure” so as to remind us that space is required for leisure to be achieved and that space is always negotiated, often contested, created, and experienced both individually and collectively. Lewis and Johnson (2011) cite Henderson and Frelke (2000) to describe space as the container for leisure in which place is created and meaning made. Thus, space is a crucial aspect of how leisure contributes to resilience.

Relationship to Resilience

Leisure activities benefit the resilience process by supporting wellbeing and engagement with life, as well as active coping with depression and stress. Leisure contributes to the resilience process through many factors already well associated with resilience, such as optimism, meaning making, and a positive self-concept. There are three prominent theoretical frameworks in the literature which explore how leisure relates to wellbeing through a process of resilience. These frameworks will be briefly outlined, followed by evidence for the relationship between leisure and resilience. As previously stated, the concept of “leisure” captures a diverse range of activities, and this flexibility allows individuals to engage with leisure in personally and culturally meaningful ways to support their specific leisure processes. Thus, although many of the examples from the literature focus on specific populations, such as migrants and individuals who are homeless, unemployed, suffering from a mental illness, or disabled, these studies illustrate the variable ways in which leisure can be utilized against many types of adversity. Insofar as leisure space refers to the physical setting in which leisure takes place, we discuss three broad settings: public spaces which are recognized and used as leisure spaces; organizations that provide leisure opportunities, and nature as a space that may be especially beneficial for leisure activity. Finally, we explore how leisure has been conceptualized as a space for identity negotiation, building on Wearing’s (1998) theory of leisure as a personal space and looking at how women and migrants use leisure to find resilience through identity negotiation and claiming a right to place.

Leisure Frameworks

Carruthers and Hood (2007) recognize the role of adversity in the pathway from leisure to wellbeing; they claim that resources are developed in response to adversity and consequently assist in dealing with stress and future adversity. They argue that leisure can foster many of the resources that contribute to this process of resilience, as well as create positive emotion and help cultivate one’s full potential. This model is founded on a strengths-based perspective that emphasizes social agency, or an individual’s perception that they are capable of choosing, initiating, doing, and accomplishing things in the world (Hood & Carruthers, 2007). Leisure is an effective tool for building one’s social agency as it is conceptually defined as a freely chosen activity through which one can gain a sense of capability and accomplishment. Hood and Carruthers’s (2007) also claim that leisure can help develop resources that support wellbeing; these include psychological resources, social

resources, cognitive resources, physical resources, and environmental resources. These resources contribute to positive affect and the cultivation and expression of one's full potential, ultimately resulting in wellbeing. The model defines wellbeing as "a state of successful, satisfying, and productive engagement with one's life and the realization of one's full potential" (Carruthers & Hood, 2007; p. 280). The goal of wellbeing within this model is to help people learn to create the best life possible by maximizing their capacity in multiple domains of life and utilizing resources; this framework was conceptualized as especially relevant for people who have enduring disabilities or chronic illnesses. Carruthers and Hood (2007) suggest that leisure can facilitate resilience against the challenges associated with disability or chronic illness and support these individuals in achieving a state of wellbeing. Iwasaki et al. (2014) extended the applicability of this model to people with mental illness as they found that leisure played a significant role in the recovery of individuals with mental illness.

Kleiber et al. (2002) propose a model of how leisure can help transcend negative life events through three functions: self-protection, self-restoration, and personal transformation. The first function of self-protection captures how leisure activities can buffer the impact of negative life events through distraction and optimism. When a negative event is first encountered, it is overwhelming and the immediate focus is on creating stability and control by reducing, deflecting, and managing distress, which can be accomplished through leisure activities. Kleiber et al. (2002) identify the distraction component of leisure as an emotion-focused coping strategy; the literature recognizes how the positive emotions associated with leisure can provide a breather from the negative emotions and stress associated with the negative event. The ongoing positive experiences found in leisure can increase optimism and hope for the future, as well as individuals' self-confidence regarding their ability to take control and find solutions to the problems confronting them, utilizing problem-focused coping. The second function of leisure, that of self-restoration, involves establishing a sense of coherence and continuity in self. Leisure can affirm one's identity and values by reconnecting them with familiar, enjoyable activities following a negative event that may have otherwise signalled a disruptive break from previous identity, such as a traumatic injury, illness, or mental illness. Kleiber et al. (2002) also suggest that having a diversity of leisure interests leads to a more complex self-representation which has been found to be protective against stress and associated with psychological wellbeing. Finally, leisure can also assist in transforming a negative event into a jumping off point for personal transformation. Following a traumatic event, there is a well-supported pattern of reconsidering what is important in life and subsequent changes in priorities and reorientation to leisure. There are examples of people embracing opportunities to volunteer, engage in physical activities, and learn new skills. These new leisure pursuits can be the source of positive adaptations through mechanisms of enjoyment and pride, providing the opportunity for post-traumatic growth.

Iwasaki and Mannell (2000) propose one of the more detailed models. As previously discussed, they separate their model into leisure coping beliefs and leisure coping strategies. They identify two major types of beliefs: leisure autonomy and leisure friendship. Leisure

autonomy refers to the belief that leisure pursuits can develop personality characteristics that allow one to effectively cope with stress; part of this belief is the idea of self-determination, that leisure behaviour is freely chosen and under one's control, and empowerment, or the extent to which one believes they are entitled to leisure and that leisure provides opportunities for self-expression. Leisure friendship refers to the belief that the friendships one develops through leisure activities provide them with social support, either through emotional support, esteem support, tangible aid, or informational support; this belief is very similar to perceived social support, which the evidence shows is as beneficial to psychological wellbeing as actual support. Leisure coping strategies refer to the specific ways in which individuals may utilize their leisure activities as resilience resources. Leisure companionship refers to the actual social support individuals received from engaging in enjoyable shared activities. Leisure palliative coping encapsulates how leisure can provide a temporary escape from stressful events, allowing individuals to feel refreshed and better able to handle problems. Leisure mood enhancement represents the ways in which engaging in enjoyable leisure can enhance positive mood and/ or reduce negative mood. This model has been cited in many studies looking at leisure's role in post-traumatic growth following spinal cord injury (Chun & Lee, 2010), coping with chronic illness and traumatic injury (Hutchinson et al., 2003), and coping with the chronic stress of homelessness (Klitzing, 2003).

These leisure frameworks share many similarities, illuminating that although leisure has many positive benefits and pathways to resilience, there are some well-established ways in which leisure relates to resilience. All three models note that leisure generates positive emotions, which can be supportive of a more optimistic outlooks, problem-focused coping, and wellbeing. Both Kleiber et al.'s (2002) and Iwasaki and Mannell's (2000) models acknowledge how leisure acts as a break or restorative space from stress. Iwasaki and Mannell's (2000) and Carruthers and Hood's (2007) models both include a component of social leisure and the accompanying social support. Carruthers and Hood's (2007) and Kleiber et al.'s (2002) models outline how leisure can contribute to a continuity in self following a negative event. Although Iwasaki and Mannell's (2000) model includes the coping belief of autonomy within leisure, which can invoke feelings of self-determination and empowerment and may facilitate a positive sense of self, this model has been criticised for not acknowledging leisure's role in supporting a positive identity (Hutchinson et al., 2003). All models recognize that the leisure activity, in order to operate as described in their various models, must be meaningful to the individual engaging in leisure.

Wellbeing

The relationship between leisure and wellbeing is a cross-cultural phenomenon. Carruthers and Hood (2007) argue that adversity is a pathway from leisure to wellbeing, thus leisure is a resilience resource that can lead to greater wellbeing following a negative event or stressor. As leisure is a resourced quality, that is, part of one's environment, explicit attention must be paid to cultural factors and contexts. Iwasaki (2006) notes that the majority of the

leisure literature has been done in Western populations and seeks to address this gap in his review of the relationship between leisure and quality of life (QOL) in Asian, Middle Eastern, and Indigenous cultures. Various studies conducted in Hong Kong and Mainland China found that leisure activities such as dancing, karaoke, Tai-Chi, drawing, volunteering, and religious rituals were key contributors to QOL and helped people resist negative stress reactions during the SARS pandemic (Iwasaki, 2006). Furthermore, aspects of both Chinese and Indian culture centre around the consumption of food as a social leisure practice; for example, the culture of tea houses are seen as a release from the stress of everyday life and this leisure time is believed to nurture health (Iwasaki, 2006). Thus, tea houses in Chinese culture are an example of palliative leisure. In many Middle Eastern countries (Iran, Turkey, and Egypt), there is still a preference for traditional leisure activities with low spending costs, such as socializing with friends and family over meals or religious festivals; however, there is a growing affluent middle class leaning towards more Western patterns of leisure, such as travelling for leisure (Iwasaki, 2006). Furthermore, in these countries, there are some cultural and environmental barriers to leisure such as a lack of suitable facilities and limited participation in sports among women (Iwasaki, 2006). From a resilience perspective, mothers of martyrs in Palestine found strength and support by engaging in a social empowerment group with other women (Iwasaki, 2006). The National Recreation Roundtable on Aboriginal/ Indigenous People, held in Maskwachees, Canada in 2000 found that leisure was vital for the health, wellness, cultural survival, and QOL for Indigenous peoples, as well as relevant for addressing social issues (Iwasaki, 2006). Iwasaki (2006) also draws on Wearing's (1998) work with Aboriginal women in Australia to support the idea that leisure benefits both the individual and cultural wellbeing of Indigenous peoples. Wearing (1998) found that Aboriginal women used activities such as reading, writing, poetry, art, music, dialogue, sewing, craft circle, storytelling, and humor to affirm self-worth, autonomy, pride, and strength and to release stress and tension; furthermore, these activities often became political tools to make the voices of Aboriginal women heard and engender community action.

In various cultural contexts, leisure acts as a resilience resource against stress, such as the SARS epidemic in China, trauma, such as losing a child in the Israeli-Palestinian conflict, or the chronic stress and generational trauma of oppressive colonial systems, such as those faced by Indigenous peoples. Iwasaki (2006) claims that leisure is such an effective resilience resource across cultures because it can be utilized in culturally meaningful ways. In another review, Iwasaki et al. (2018) argue that leisure contributes to a meaningful engagement with life through the promotion of positive emotions, connection and belonging, self-discovery and self-expression, a sense of autonomy and control, and a sense of empowerment as well as opportunities for coping and healing from stress or trauma. These pathways are influenced by cultural factors and most effective when pursued in culturally meaningful ways, thus the diversity and cross-cultural applicability of leisure makes it a crucial element of the resilience process.

Stress

Multiple studies have found support for leisure's role in coping with stress in diverse populations. Iwasaki et al. (2006) conducted a multi-year qualitative study on stress, leisure and coping in the following marginalized populations: Indigenous individuals with diabetes, individuals with disabilities, and people identifying as gay or lesbian. They found that each group used leisure activities as sources of strength and feelings of control to deal proactively with stress; each group engaged in leisure in culturally/ sub-culturally unique ways. Indigenous individuals emphasized culturally relevant forms of leisure such as spiritual reading and dancing for coping with the stress of historical and systemic racism and health-related issues. Individuals with disabilities talked about gaining support through social leisure activities with other disabled individuals, as well as through volunteering and exercise which gave them a sense of altruistic meaning, perseverance, and strength. Gay and lesbians utilized a gay-subculture-specific leisure around safe places and support network. In a more in-depth analysis of the data, Iwasaki and Bartlett (2006) identified the mechanisms by which leisure acted as a resilience resource against everyday life stress for Indigenous individuals with diabetes. Leisure was a way to get away or have a timeout from life stress and a means of spiritual or emotional renewal; participants mentioned activities like listening to music, reading, embroidery, and sewing, as well as physically getting away by going to reserves and nature spaces. More physical activities were used in the context of their diabetes to provide a sense of control and empowerment, while social leisure was also important for facilitating feelings of interdependence and connectedness. Many of the leisure coping strategies employed by participants in this study had cultural meanings or helped facilitated cultural identities. Within the context of diabetes – which disproportionately affected Indigenous individuals and is related to systemic racism factors – and culturally-bound stressors, such as deep-rooted racism, culturally meaningful leisure coping strategies were most effective.

Another marginalized group that faces daily life stressors is migrants. Acculturation stress refers to ongoing acculturation-bound adjustment difficulties, distinct from and additive to typical life stress; the literature shows that acculturation stress is significantly associated with poor health and adaptation. By building competence, self-esteem, and self-confidence, leisure pursuits can help migrants have a strong sense of self in a world of uncertainty (Mata-Codesal et al., 2015). A continuity of self is important following changed life circumstances, such as migration; familiar leisure activities that are culturally meaningful can promote a continuous and cultural sense of self. For example, migrants from Brazil connected with their youth experiences through football fan communities (Mata-Codesal et al., 2015). Kim and Iwasaki (2016) looked at Korean immigrants to Canada and found that leisure-generated meanings significantly predicted greater life satisfaction and self-esteem. Many of these leisure-generated meanings were culturally relevant, such as group harmony and ethnic identity. Kim and Iwasaki (2016) suggest that leisure allowed migrants to capitalize on their strengths and promote resilience to effectively cope with life and acculturation stressors.

Marshall et al. (2019) found that the literature on leisure and homelessness is growing; in a systematic review, they found strong support for leisure's role in promoting belonging, identity, and transcendence in homeless individuals. Marshall et al. (2019) looked at 15 studies, representing 366 participants. There was a theme of participants engaging in leisure activities that strengthened their relationships with their families or that created "street families." By helping others and contributing to their community, often through religion, their work as artists, or by helping other homeless individuals, participants felt a sense of belonging. Participants connected with others through leisure activities, which also helped inform their identity. Engaging in activities they had enjoyed previously in their lives affirmed the continuity of their identity. Leisure activities were also seen by participants as diversions from the chaotic experiences of homelessness and opportunities for reflection; these meaningful and restful activities led to revelations about the self. Klitzing (2003) looked at chronic stress associated with being homeless and how women living in a transitional homeless shelter described their leisure practices. Klitzing (2003) found that the women she talked to described consciously using leisure to cope with stress as well as to relax; while they did not link relaxing with coping with stress, it does fit many leisure frameworks (Kleiber et al., 2002; Iwasaki & Mannell, 2000) and Gottlieb's (1997) framework of coping with chronic stress. Klitzing (2003) uses Gottlieb's (1997) framework to hypothesize that using leisure to gain relief from stress becomes such a part of everyday life when dealing with chronic stress that it can become an unconscious coping strategy. The women in Klitzing's (2003) study primarily relaxed through diversionary activities, which fits Kleiber et al.'s (2002) idea of leisure as self-protection through distraction and optimism. Kleiber et al. (2002) claim that avoidant or diversionary activities may play an important role in creating the space necessary for hope and optimism through the generation of positive emotions. This idea also aligns with Iwasaki and Mannell's (2000) concept of leisure palliative coping, whereby people escape from stress in order to refresh and regroup. The use of leisure for relaxation and restoration is also supported by Marshall et al.'s (2019) review. The women in Klitzing's (2003) primarily described using social leisure to cope, mainly through spending time with friends, family, other women at the shelter, and staff. This leisure coping resembles Iwasaki and Mannell's (2000) idea of leisure companionship.

Mental Health

Leisure pursuits have been proposed to help in the recovery process from mental illnesses due to the positive emotions and meanings leisure creates, which may be especially beneficial for those suffering from depression. Looking at the subjective recovery process, defined as a composite of personal confidence and hope, willingness to ask for help, goal and success orientation, reliance on others, and no domination by symptoms, Iwasaki et al. (2014) found that leisure played a significant role in the recovery of culturally diverse individuals with a range of mental illnesses (32 had bipolar disorder, 23 had major depression, 22 had schizophrenia; 8 schizoaffective disorder; 3 substance abuse, 1 panic disorder, 1 PTSD, 1 borderline personality disorder). The use of leisure for meaning making and reducing boredom

significantly predicted recovery; while using leisure to cope with stress and reduce boredom significantly predicted lower psychiatric symptoms (Iwasaki et al., 2014). Thus, the authors suggest that leisure aids in the recovery from mental illness. Fullagar (2008) suggests a model whereby leisure activities act as counter-depressants. Looking specifically at women who self-identified as recovering from depression using a gendered analysis, Fullagar (2008) found that the women characterized leisure by relaxation and enjoyment, as well as other positive emotions that they described as missing while they were struggling with depression. Fullagar (2008) characterizes her participants' leisure activities as social, creative, or embodied. Social leisure activities capture the friendships and social supports that were critical to participants' recovery from depression and were often formed through leisure or, alternatively, friends were the ones who motivated participants to get involved in leisure. The women described their leisure pursuits as spaces of creativity where they could find their voice and a new sense of themselves. Embodied leisure activities helped the women feel reinvigorated and reconnected to the world through their senses, as well as fostering a realization of their own physicality and vitality. One of the major barriers for women engaging in leisure activities was a feeling of guilt when they took time for themselves, particularly when they were juggling the responsibilities of a career, a relationship, and/or caring for a family. This finding is relevant to Iwasaki and Mannell's (2000) leisure coping belief of autonomy, specifically the empowerment subdimensions whereby people believe that they are entitled to leisure, as many of Fullagar's (2008) participants did not initially feel entitled to leisure and this was something they had to overcome as part of their recovery.

Leisure activities may also protect against the depressive affect and decreased self-esteem associated with unemployment (Waters & Moore, 2002). There is strong evidence in the literature that unemployment often results in worsened psychological health. One proposed explanation for this association is Jahoda's (1979, 1992) deprivation theory, which claims that unemployment deprives people of the latent functions that employment provides: time structure, regular shared experiences, information about personal identity, a link with collective purpose, and enforced activity. In a sample of 329 Australian adults, Waters and Moore (2002) found that meaningful leisure activities supported unemployed individuals' resilience to latent deprivation and the associated negative psychological consequences. The frequency with which participants partook in leisure activities was less important for their psychological health than the subjective meanings they derived from the activities. The meaning derived from social activities directly reduced depressive affect while the meaning attained from solitary activities reduced perceived latent deprivation.

Injury and Illness

The sudden onset of a chronic illness or a debilitating injury is a traumatic event that can reshape the course of an individual's life. Studies on the role of leisure following a traumatic injury such as a spinal cord injury (SCI) or serious illness, such as multiple sclerosis, have found that leisure supports adaptation, and in some cases, posttraumatic growth. Hutchinson et al.

(2003) found that leisure acts as both a buffer to the effects of immediate stress and as a source of motivation to sustain other coping efforts. In their review study, Hutchinson et al. (2003) found that leisure acted as a buffer in four ways: as a mental distraction that kept participants busy rather than engaging in negative thoughts and emotions, such as rumination and self-pity; by preserving a sense of normalcy and/or a continuity of self in the face of changing functional abilities, relationships, and roles; by getting participants out of the confines of the home/ hospital; and as an opportunity to escape one's disability or illness. Hutchinson et al. (2003) found that participants described turning to leisure to sustain or initiate their efforts to cope with the challenges associated with their injury or illness. Meaningful leisure activities served as motivation through five pathways: offering hope and optimism; providing structure and a sense of purpose; providing a sense of belonging or acceptance; preserving a sense of competence, independence, and continuity of self; and maintaining physical and mental health. Hutchinson et al. (2003) noted that leisure activities were only effective as a coping resource when they were personally meaningful and their benefits outweighed the physical and emotional costs, as many participants struggled with new functional limitations and the emotional strain of not being able to do the things they used to be able to accomplish. Chun and Lee (2010) also looked at people with a spinal cord injury (SCI), but they specifically looked at people identified by their therapists as demonstrating post-traumatic growth in contrast to those identified as stagnating. They identified four ways in which leisure contributed to post-traumatic growth following SCI: providing opportunities to discover unique abilities and hidden strengths, often accompanied by gaining a reputation or recognition, which contributed to a positive identity; building companionship and meaningful relationships; making sense of the traumatic experience and finding meaning in everyday life; and generating positive emotions, which also facilitated relaxation. A central finding of both studies was that leisure activities helped participants realize they could still find enjoyment in life (Chun & Lee, 2010; Hutchinson et al., 2003). Hutchinson et al. (2003) noted that the subjective meanings individuals ascribed to their leisure experiences seemed to mediate the ways in which leisure helped them cope with stress, particularly when participants used activities to feel a sense of connection with their past and affirmed personal values and beliefs. With this finding, Hutchinson et al. (2003) suggest that leisure may be useful in the meaning-making process which helps individuals reconcile global beliefs and meanings with negative life events that may threaten their meaning systems.

Public and Privately-owned Leisure Spaces

Johnson and Glover (2013) lay out a useful framework of urban spaces defined along two dimensions: ownership and accessibility. This framework results in four categories: private-public spaces are privately owned but regarded as public by their users, yet access can easily be denied, e.g., a bar or coffee shop; common space is privately owned but access cannot be easily denied and so it is viewed as public, e.g., an easement used to piece together a trail system across private land; club space is publicly owned but designed such as access can easily be

denied, e.g., curling clubs or after school teen drop-in centres; and outwardly public spaces are publicly-owned and access cannot generally be denied, e.g., public parks. Johnson and Glover (2013) claim that the value of space is its potential to facilitate opportunities for social interaction and shared values and meanings. “In any space, certain forms of interaction are encouraged and discouraged, giving form to social structures and ideologies” (Johnson & Glover, 2013, p. 195). These social structures can be supportive and safe for certain marginalized groups; for example, in Iwasaki et al.’s (2006) study of stress and leisure coping, gay and lesbian participants described the setting of gay bars as “a safe environment” where gay people could experience a sense of belonging and gain support and family. Lewis and Johnson (2011) conducted a case study with Amy, a transgender woman and how she used leisure as a space to develop and claim a gender identity and expression on her own terms. One way in which she did so was by opening her own café through which she could earn a living while existing as ‘Amy’. She distinguished her café from an explicitly LGBTQ space but envisioned it as a welcoming space for diverse peoples. Lewis and Johnson (2011) highlight how Amy was able to create an environment where both gender-conforming and non-gender-conforming people can interact, grounded in their mutual decision to come into the café and stay there with Amy’s obvious presence and authority in the space as a transgender woman. Thus, spaces specifically created for marginalized individuals can create safe and meaningful leisure experiences for LGBTQ individuals; while spaces controlled by LGBTQ individuals yet open to all can facilitate leisure opportunities and socialization based on shared values of acceptance.

Outwardly public spaces, in which it is difficult to deny access, are important leisure spaces for individuals who are homeless. Homeless people often congregate in public places because, despite the lack of privacy, they are able to socialize and engage in meaningful leisure together that promotes a sense of belonging and inclusion (Marshall et al., 2019). In their systematic review of homelessness and leisure, Marshall et al. (2019) found that meaningful leisure activities were important for individuals’ resilience when facing homelessness; engaging in leisure promoted a sense of belonging, and connecting with others through leisure helped inform participants’ identities. However, Marshall et al. (2019) also found that there were many barriers to participants’ engagement in meaningful leisure. Participants spent much of their time engaged in activities that facilitated their survival, or in non-meaningful activities prescribed by organizations, such as filling out paperwork and attending appointments for the purpose of receiving services. These activities resulted in a reduction of agency and consumption of participants’ time in activities that were not meaningful to them. As the literature shows, organizations meant to help people who are homeless or living in poverty access supports or leisure opportunities can instead create barriers through onerous and degrading processes and stigmatization (Oncescu & Loewen, 2020; Scott, 2013; Trussell & Mair, 2010). However, it is possible for organizations to offer welcoming, non-judgemental spaces for low-income people to engage in leisure.

Trussell and Mair (2010) looked at individuals living in poverty, who were homeless or at imminent risk of becoming homeless and found that more than any other factor contributing to their leisure process, participants described a need to find spaces where they felt safe, connected, and accepted without judgement. Organizations that provided resources to meet their basic needs and later leisure opportunities operated as these judgement-free spaces when they helped participants overcome the stigma and barriers to seeking help, enhanced participants' trust and comfort in seeking help, and made connections with them. One way in which organizations could accomplish these effects were by fostering acceptance rather than exposure. Trussell and Mair (2010) emphasize the importance of both personal and private spaces for their participants. For many participants, leisure opportunities through the organizations were their primary source of companionship and social interaction and they highlighted the social connections they made there; however, this was balanced by participants' strong need for privacy. Trussell and Mair (2010) note how participants living in poverty desired to experience connection without feeling vulnerable or exposed. Participants described experiences with organization staff that made them feel unwelcome or embarrassed as well as fears of being judged by the broader community because they were unemployed. Spaces that afforded participants control and dignity through the ability to share one's life details on their own terms were instrumental to meaningful leisure experiences that contributed to social connection and wellbeing.

An organizational model that may provide a welcoming, non-judgemental space is the "clubhouse model" of psychiatric rehabilitation and recovery-orientated mental health services. Clubhouses have multiple, complex functions, and have often been described by a single aspect of their service; for example, they have also been called a "prevocational program," "multi-service program", "self-help group" and an "intentional recovery community" (Raeburn et al., 2013). While clubhouses do offer prevocational programs where clubhouse members can work alongside clubhouse staff in jobs necessary to the operations of the clubhouse, such as food preparation, maintenance, reception services, et., clubhouses provide much more than just vocational training. Clubhouses can be considered leisure spaces because they provide social support and connection, meaningful activities, and a place for individuals to go in their free time. Clubhouses serve people with severe mental disorders, including schizophrenia, major depressive disorder, and bipolar disorder, with a recovery-orientated focus. The clubhouse model has four core principles: a right to a place to come; a right to meaningful work; a right to meaningful relationships; and a right to a place to return. The focus on the right to place demonstrates the clubhouse model's focus on creating welcoming, safe, and non-judgemental spaces. In addition to these four core principles, the clubhouse model has several features that also ensure it is a welcoming leisure environment. Firstly, participants in the clubhouse model are referred to as "members" rather than patients or clients to encourage shared ownership and involvement in the clubhouse (Raeburn et al., 2013). This is part of how clubhouses emphasize individuals over their illness; another way is by identifying personal strengths and ways to pursue a satisfying life rather than focusing on clinical symptoms (Raeburn et al., 2013).

Mowbray et al. (2006), in their in-depth review of 31 clubhouses, found that members purposefully went to clubhouses to get help and support in solving their problems. The programs offered by clubhouses were useful to and requested by members, allowing them an element of freedom which is essential to the beneficial nature of leisure (Mowbray et al., 2006).

Nature as a Leisure Space

Leisure experiences that take place outdoors are included as their own section because it has been hypothesized that the nature setting contributes to wellbeing as much as the engagement in leisure. Here, “nature” refers to a variety of natural environments, including woodlands, parks, gardens, and areas of greenspace. It is well-established in the literature that nature contact reduces stress and produces a better state of mental wellbeing (Hunter et al., 2019). The importance of nature spaces is seen in the advance of “ecotherapy,” a term encapsulating interventions that include nature environments. According to Roberts et al. (2019), ecotherapy rests on two theories. The first is attention-restoration theory, which posits that the natural environment has a restorative quality that allows recovery from attention fatigue. The literature suggests that, when in nature, one experiences “soft fascination,” an involuntary form of attention that requires no effort and allows for reflection. This theory has been supported by research with school children, which found that contact with nature helped restore children’s depleted ability to concentrate and impacted stress reduction (Roberts et al., 2019). The second theory is Ulrich’s (1983) psycho-physiological stress reduction theory, which suggests that natural environments can have a restorative effect through a shift towards a more positive emotional state, a positive change in physiological activity levels, and sustained attention. Roberts et al. (2019) note that one mechanism by which nature can facilitate this restorative shift towards positive emotions is by operating as secure base that provides comfort. The idea of nature as a secure base rests on early childhood exposure to nature (Roberts et al., 2019). The literature has identified children as a key group who may benefit from contact with nature; specifically, the importance of nature interaction prior to age 11 has been highlighted as a crucial time for shaping environmental attitudes and behaviours that continue to adulthood (Roberts et al., 2019). This hypothesize aligns with the idea that children’s exposure to leisure activities at an early age is necessary to continue leisure pursuits into adulthood (Scott, 2013).

Nature is often the site of restorative or palliative leisure. Iwasaki and Mannell (2000) define “palliative leisure” as a temporary escape from stressful events, allowing individuals to feel refreshed and better able to handle problems. In Iwasaki and Bartlett’s (2006) study of Indigenous individuals with diabetes, many participants described physically escaping their stress by going camping, to the lake, or to the reserve. These nature settings facilitated a sense of rejuvenation and renewal (Iwasaki and Bartlett, 2006), which aligns with the attention-restoration theory of nature. Multiple other studies have found that sitting in nature or gardening constitutes meaningful leisure for their participants (c.f. Fullagar, 2008; Trussell & Mair, 2010). Roberts et al. (2019) conducted a systematic review of the effect of nature

interventions on children aged 12 and younger, and for adolescents, aged 12 to 21. For children, they found increases in self-esteem, confidence, positive affect, social benefits, stress reduction and restoration, and resilience, defined as the increased ability to cope with change, play with others, take small risks, and push boundaries, as well as self-efficacy and problem-solving ability. These findings were especially salient for children with behavioural disorders or who had experienced trauma. For adolescents, the nature experiences involved complete immersion in nature for several days or weeks, such as wilderness expeditions or outdoor education programs. Roberts et al. (2019) found statistically significant increases in self-esteem and a theme of developing confidence in qualitative studies; they also found increases in positive affect, stress reduction and restoration, and resilience, defined by the enjoyment of overcoming challenges and subsequent feelings of competence and self-positivity in adolescents. Mygind et al. (2019) also conducted a systematic review of immersive nature-experiences, defined as “non-competitive activities, both sedentary and active, occurring in natural environments removed from everyday environments” (p. 2). They reviewed 84 studies involving children or adolescents under the age of 18. The majority of the studies concluded that nature experiences improve self-esteem, self-efficacy, self-concept, problem-solving, academic achievement, cognitive performance, mood, and resilience; however, Mygind et al. (2019) determined that the quality of the evidence was low. Similarly, the majority of the studies saw improvements in BMI, psychophysiological stress, and moderate to vigorous physical activity, as well as relational indicators (e.g., perceived social support), skill indicators (e.g., cooperation and leadership skills, conflict solving), behavioural indicators (e.g., school behaviours and attendance), with low-quality evidence.

Smith et al. (2016) looked specifically at how nature experiences could facilitate resilience following a natural disaster. They looked at three civic ecology education (ECC) programs that provide youth with semi-structured social learning and environmental stewardships activities in New York and Colorado in the aftermath of a hurricane (NY) and floods (CO). These programs helped youth attribute new meanings to environmental disasters, focusing on preparedness and rebuilding opportunities rather than the damage the disaster caused, which shows a more resilient mindset. Smith et al. (2016) noted an improved sense of wellbeing as, at the beginning of the program, participants’ narratives expressed feelings of loss, fear, and powerless regarding the natural disaster which disappeared by the end of the program.

Leisure as a Space for Identity Work

Wearing (1998) conducted a feminist analysis of leisure and proposed a new conception of leisure as a social space which allows for constructions of the self that are different from those formed under the everyday constraints of our lives. For women, Wearing (1998) saw leisure as a personal space for resistance to domination and a space for the self to expand beyond what outside constraints forced it to be. Wearing (1998) also notes that this concept can apply to men as well as women, and that this personal leisure space can, of course, include

other people and relationships. It is personal in the sense that the individual chooses to use the space for themselves in some way. Wearing's (1998) concept of personal leisure space finds further support in Fullagar's (2008) study of women recovering from depression. Fullagar (2008) found that the women in her study described using leisure as a way to step outside of themselves and practice a different relation of self-care. Fullagar (2008) proposes leisure as a site of emotion play, which enables different relations to the self and others within the context of depression. Fullagar (2008) found that leisure became a space to play with another sense of self and different experiences of the self. Although it was initially difficult due to outside constraints, responsibilities, and expectations from their jobs, families, or partners, these women utilized leisure as a time for themselves, to take care of themselves, and find a playful relation to the self that moved them away from the self-punishing, self-blaming relations that contributed to their depression. Wearing's concept of personal leisure space has been applied to other groups of women. For example, Bosnian women refugees who create spaces for themselves by engaging in voluntary activities, knitting, and sewing to gain a sense of meaning necessary for survival, self-respect, and support (Wearing, 1998 cited in Iwasaki, 2006). Wearing (1998) also explored how Aboriginal women in Australia, although they didn't use the term "leisure", used activities such as reading, writing, poetry, art, music, and dialoguing with other women to create a personal space that affirmed self-worth, autonomy, pride, and strength as well as released stress and tension (Iwasaki, 2006).

The concept of leisure as a space to play with and negotiate identity is also valuable within many migrant experiences. As Mata-Codesal et al. (2015) writes in their introduction to a special issue on leisure and migration, leisure is a safe and important area for migrants to develop, express, and negotiate their personal, social, and cultural preferences, safety, recognition, and sense of belonging. The role of leisure in this sense is especially salient for migrants who are marginalized for their lack of belonging to a place. For example, Turin, Italy, was once the destination for much migrant labour, now, migrants are regarded as barely tolerated guests and there is a growing anti-immigration rhetoric in the country. When facing both unfamiliarity with a place and open hostility to one's presence in a place, migrants' use of leisure can provide a resilience to this uncertainty and exclusion.

Horolets (2015) looked at how Polish migrants to the U.K. used two types of leisure activity to improve their self-image and gain an embodied knowledge of their new environment. The first type of leisure activity was following flyers and going to tourists attracts; this was a leisure activity that gave migrants a script to follow that they could also adjust in their own ways, such as taking Polish sausages on a picnic instead of sandwiches and using the attractions to observe people and markers of British culture (Horolets, 2015). These leisure experiences allowed them to assume the role of guides or experts when friends or family visited and helped them claim their right to place by acting confidently in recreation venues (Horolets, 2015). The other common leisure pursuit participants described was wandering around and getting lost as a way of getting used to their surroundings and feeling less stressed. Through this leisure activity, migrants purposefully engaged with uncertainty so as to gain a

sense of control, a sense of self that is self-reliant, unique, and fills the role of explorer, and to claim their right to place by discovering uncontrived embodied meanings of place (Horolets, 2015).

de Martini Ugolotti (2015) explored how young men of migrant origins used capoeira and parkour in public spaces to preform a narrative of self-worth and belonging within the urban space of Turin, Italy. de Martini Ugolotti (2015) found that, although his participants were involved in capoeira and parkour gyms, they mainly engaged in these leisure activities in public spaces, such as public parks, empty parking lots, street corners, abandoned factories, and pedestrian places; furthermore, these public spaces contributed a social aspect and a sense of community participants did not find in gyms. de Martini Ugolotti (2015) claims that by preforming this leisure activity in public spaces, these youth were declaring their presence in the city's life. Participants mentioned how urban spaces constantly reminded them of their position in Italian society as 'tolerated' guests, and that when they do capoeira or parkour in public, people would watch them and take pictures in contrast to the verbal and sometimes physical harassment they experienced at other times in public spaces. One participant described how, wherever he was doing capoeira, he experienced a sense of belonging, "because I was doing capoeira and wherever I was, *that was my place*" (de Martini Ugolotti, 2015, p. 27). Thus, these young men used leisure purposefully situated in public spaces to claim their right to the space and negotiate positive identities.

Leisure spaces are as important to the resilience process as engagement in the specific leisure activity and can contain as much personal meaning as the particular leisure activity. These spaces can be sites of inclusion, safety, and belonging, or, conversely, exclusion, discrimination, and stigmatization, they are not neutral, depoliticized backdrops (Lewis & Johnson, 2011; Sharpe et al., 2011; Watson & Ratna, 2011). Individuals may chose to find specific safe spaces within larger unfriendly spaces, such as gay bars or LGBTQ cafés, or engage with the unwelcoming safe to assert their right to place and positive identity, such as migrants. Either way, the space plays a role in how leisure activity contributes to their resilience. Welcoming, non-judgemental leisure spaces can facilitate the resilience process of individuals facing the stress of poverty, homelessness, diabetes, etc. The space leisure creates to form new relations to the self provides resilience against depression, trauma, and uncertainty.

Improving

In their model of leisure and well-being, Hood and Carruthers (2007) suggest several ways of improving the quality of the leisure experience.

The first is to *savour* leisure, which the authors define as "paying attention to the positive aspects of, and emotions associated with, leisure involvement and purposefully seeking leisure experiences that give rise to positive emotions" (Hood & Carruthers, 2007, p. 310-311). They claim that the benefits of positive emotion can only be fully experienced when one

attends to and fully experiences the emotions, that is to say, when they are savoured. Iwasaki et al. (2018) claims that leisure can provide a context for savouring positive emotions. The literature supports that experiencing positive emotions predicts a faster return to a neutral physiological state after a stressful event.

Secondly, Hood and Carruthers (2007) suggest that the leisure experience must be *authentic*; they define authentic leisure as “the purposive selection of leisure involvement that is reflective of essential aspects of the self” (p. 312). The literature suggests that engaging in purposively chosen authentic leisure is a pathway towards eudaimonic well-being. Not all leisure activities will help all people, the selection of activities must be aligned with one’s strengths, capacities, interests, and goals. This model of improvement is supported by the literature regarding the salience of self-determination and personal meaning to leisure pursuits.

Thirdly, Hood and Carruthers (2007) present the idea of leisure *gratification*, building on Seligman’s theory of gratifications, where “gratifications are enjoyable activities that are optimally challenging” (p. 314). Thus, leisure gratifications are leisure experiences that are optimally challenging and engaging and that lead to sustained personal effort and commitment to the experience, resulting in personal development in meaningful ways. Leisure experiences can be modified so that there is a good match between skill and challenge. The literature shows that flow experiences are more likely to occur when activities require concentration, provide a sense of control and capacity, and in which there are clear goals and a balance between skill and challenge. This model of improving leisure may be especially relevant for people with recent injuries or illnesses that affect their functioning capabilities as Hutchinson et al. (2003) found that not feeling a sense of competence in an activity was a barrier to engaging in leisure pursuits in the community.

Fourthly, Hood and Carruthers (2007) suggest incorporating *mindfulness* with leisure activities. Mindfulness is defined as an enhance attention to and awareness of the current experience, thus mindful leisure facilitates non-judgemental engagement and conscious awareness of one’s current leisure experience with a simultaneous disengagement from concerns about daily life, the past, or the future. Iwasaki et al. (2018) suggests that mindfulness can be both its own form of contemplative leisure as well as enhancing to the enjoyment and benefits of other leisure activities.

Finally, Hood and Carruthers (2007) suggest *virtuous* leisure, based on the notion of engaging in leisure experiences that develop or mobilize personal strengths, capacities, interests, and abilities in the service of something larger than oneself. The most obvious example of virtuous leisure is volunteering. There is strong support from the literature that volunteering provides opportunities to use and develop knowledge, experience, and skills, as well as evidence that involvement in service-based leisure can increase one’s connection to the community, sense of competence, and interdependent relationships. Volunteering has been found to be a source of meaning for people coping with stress (Iwasaki et al., 2006) or a

traumatic spinal cord injury (Chun & Lee, 2010). Hood and Carruthers (2007) note that the first step of virtuous leisure is to develop a self-awareness of strengths one could use to help others.

Interventions

While leisure activities are often used as part of an intervention to improve other areas of functioning, there are very few interventions aimed at increasing leisure engagement in and of itself. What interventions do exist mostly target populations who struggle in some way to partake in leisure: people with autism spectrum disorder (ASD) and older adults. The other interventions we review here focus on increasing access to leisure activities and spaces.

Leisure Interventions for Individuals with ASD

People with autism spectrum disorder (ASD) commonly experience difficulties with social participation, play, and leisure engagement. Tanner et al. (2015) conducted a systematic review of leisure interventions for people with ASD and found strong evidence that recess interventions, leisure groups, and social stories are effective at increasing leisure participation. Lang et al. (2011) conducted a systematic review of specifically recess interventions and also found support for their ability to improve leisure participation in school-aged children with ASD. The most common recess interventions were peer-mediated, meaning that typically developing peers were trained to initiate a social interaction with a student with ASD and then reinforce the student with ASD for responding and maintaining the interaction. Other common recess interventions made changes to the physical playground setting and equipment, or involved teachers leading students in activities and games or prompting and reinforcing target behaviour on the playground. In their systematic review, Lang et al. (2011) found that these recess interventions improved social initiation, turn-taking, and group play in children with ASD.

Palmen et al. (2011) look at the effectiveness of an outpatient leisure group in increasing leisure engagement and satisfaction and decreasing the need for leisure support in high functioning young adults with ASD. They operationalized need for leisure support as participants' need for assistance in managing leisure, such as making leisure choices and managing boredom during leisure time. The intervention was 6-months long, consisting of 15 group sessions, held at a treatment facility serving high-functioning persons with ASD and later at public settings (e.g., café, bowling alley, club). Palmen et al.'s (2011) article has a detailed explanation of the programme. Palmen et al.'s (2011) sample included 12 young adults with ASD, between the ages of 16 to 21 (Mean age = 20.75; SD = 4.45; two women). Participants reported the leisure programming as effective in improving their leisure lifestyle, as well as approval for the programme content and organization. However, participants had expected to participate in more activities together with their programme group. Palmen et al. (2011) note that although there were some group activities in the behavioural practice component of the programme, the main focus was on the improvement of skills to engage in leisure activities in participants' natural living environment rather than produce opportunities for leisure. This

finding relates to the fact that many interventions provide opportunities for leisure as a pathway to improving other outcomes rather than the skills that support leisure engagement. Palmen et al. (2011) also suggest that this finding indicates that participants lacked leisure opportunities in their daily lives. The study did find medium to large effect sizes for improving leisure engagement and satisfaction and decreasing the need for leisure support.

Social stories are a common intervention for children with ASD; Quirnbach et al. (2009) found that they are effective for improving game play skills in children with ASD. Social stories are based on the strengths of children with ASD as they are visual, situation-specific, offer explicit information, and tend to have short learning intervals with immediate effects. In this study, two social stories were used, one mainly composed of directive statements and the other a standard, longer version (see the appendices of Quirnbach et al., 2011 for full stories). In a sample of children aged 7 to 14 (42 boys and 3 girls), Quirnbach et al. (2011) looked at social stories' ability to improve specific game play and social skills, operationalized as four individual behaviours: greeting behaviours; requesting to play a game; asking another person what they want to play; and accepting another's choice of game. Children showed improvement in these specific skills as well as generalizability to other games and the maintenance of these skills one week after the intervention. Quirnbach et al. (2011) found that the shorter, directive story showed no difference from the standard story, thus either can be used in interventions. They also note that individual who have extremely low verbal comprehension (based on the WISC-IV) may not benefit from social stories that do not include pictures or other comprehension strategies.

Leisure Interventions for Older Adults

Older adults may also experience difficulties participating in leisure activities; as well, they may experience greater social isolation, which puts them at a higher risk of other physical and mental health issues. Maintaining leisure engagement throughout the lifespan has been found to promote continued health and well-being. Smallfield and Molitor (2018) conducted a systematic review of interventions that sought to improve leisure engagement in older adults. Looking at studies that focused on adults, averaging 65 years or older, living in the community, a retirement home, or an assisted living facility, Smallfield and Molitor (2018) found strong evidence for leisure education interventions and moderate evidence for chronic disease self-management programs to enhance leisure engagement.

Janssen (2004) evaluated a 6-week, group educational program focused on leisure appreciation, awareness, self-determination, and decision making related to leisure choices for older adults, aged 62 to 99. The goal of leisure education is to teach and train people to apply their leisure skills and knowledge as well as appreciate the value and benefit of leisure. The leisure education program Janssen (2004) implemented included 2 sessions per week for 6 weeks, each session lasting at least 1 hour. The sessions addressed leisure appreciation, awareness of self in leisure, self-determination in leisure, making decisions regarding leisure

participation, knowledge and utilization of resources facilitating leisure, and leisure and quality of life. They focused on giving participants a better understanding of: what leisure is; how leisure plays a role in a healthy lifestyle; what resources are available to maintain/ increase leisure participation; and self-determination in choosing leisure as a lifestyle. Janssen (2004) found significant increases on leisure domains of quality of life compared to the control group, specifically participants in the experimental group showed an improvement in areas of getting out with others, having hobbies, indoor and outdoor activities, and socializing with friends and family.

Searle et al. (1995) and Chang (2014) tested a leisure education program, one in Canada and one in Taiwan. Searle et al. (1995) modified Bullock and Howe's (1991) Community Reintegration Program (CRP) based on concepts of social role valorisation, self-determination, and interdependence. Their leisure education program was delivered individually by a Therapeutic Recreation Specialist (TRS), who participants met on a one-to-one basis once a week for an average of 17 weeks (ranged from 14 to the maximum of 25 weeks). Each participant received a CRP Participant Guide which they could use to read or work ahead, giving them the option to complete the exercises independently. TRS helped participants become engaged in their desired leisure pursuits, discussed a maintenance plan, and withdrew gradually through phone calls. The leisure education program consisted of 12 units:

1. What you do for recreation – in this unit, the client explores the potential benefits of recreation on physical and mental well-being and his/her personal recreation interests
2. Why you do what you do – based on the list of interests identified in unit 1, the TRS helps the client decide what motivates them to participate in those specific recreation activities
3. How it's done – the client learns how to conduct an activity analysis of their recreation interests by analysing the physical, mental, and social skills required for each activity
4. Can you do it? – clients are taught to realistically assess current and potential physical and mental capabilities and how they may affect future recreation involvement
5. Can/ will you adapt? – the client is exposed to concepts of activity adaptation and equipment modification and taught how to utilize the procedures to facilitate satisfactory leisure participation
6. Barriers – clients explore the potential barriers they may face and ways and means of overcoming them to enable them to participate in their chosen leisure pursuits
7. Making plans for your future recreation – clients are taught to make realistic short- and long-range leisure plans
8. What else is there? – clients explore other potential leisure pursuits, determine what skills they must learn to participate in that activity, and develop plans to support their participation in these activities

9. Resources – clients are taught to identify who may act as a support for them to carry out their leisure goals and how to make clear and assertive requests for assistance
10. Personal resources – clients are taught to assess personal resources, including finances, transportation, and equipment they can utilize to enact their leisure plans
11. Community resources – clients are exposed to community resources and taught how to assess such resources as a means to facilitate community-based participation
12. Before you're through with us – prior to the end of the intervention, clients are asked to reassess and if necessary revise their leisure participation goals. In part, this is to ensure they are able to continue to reassess their leisure goals in the future

Searle et al. (1995) found significant increases in perceived leisure control, leisure competence, and leisure boredom compared to the control group; furthermore, these gains were maintained at follow-up (Searle et al., 1998).

Chang (2014) used Searle et al.'s (1995) leisure education program and modified it slightly for a Taiwanese population. The resources unit was modified to emphasize relatives and, due to the population density of Taiwan, the community resources unit focused on how to effectively use public leisure resources during off-peak times. Furthermore, Chang's (2014) leisure education program was implemented in a group format rather than individually. The program occurred twice a week for 6 weeks, each session was approximately two hours long. Chang (2014) found significant improvement in leisure competence among the intervention group compared to the control, showing that this leisure education program is effective in both Western and Asian populations and in individual and group formats.

Smallfield and Molitor (2018) found moderate support for the effectiveness of chronic disease self-management programs at enhancing leisure participation in older adults with multiple chronic conditions. Garvey et al. (2015) developed and evaluated a 6-week occupation-based self-management program, OPTIMAL, designed for adults with multimorbidity, or multiple chronic conditions. Self-management, sometimes referred to as self-care, is defined as "the actions taken by individuals to lead a healthy lifestyle, to meet their needs and to care for their long-term conditions to prevent further future illness" (Garvey et al., 2015, p. 2). The intervention was evaluated in a sample of 50 adults with multimorbidity, recruited across three community care areas in Ireland. The OPTIMAL intervention includes the following elements:

- Weekly group meetings for a six-week period held in local community health centres
- Peer support
- Goal setting and prioritization based on patient preferences
- An occupational therapy (OT) focus, including OT interventions to support patients self-management, including: fatigue and energy management; managing stress and anxiety and maintaining mental health; keeping physically active; healthy eating; managing medication; effective communication strategies; and goal setting.

More information on the intervention can be found in the initial development and pilot study report (O'Tool et al., 2013). The literature shows that those with multimorbidity engage less frequently in productive and leisure activities, even when they are physically capable of doing so; thus, OPTIMAL focused on increasing the frequency of activity participation. Although OPTIMAL was designed for adults over the age of 18, the mean age of participants in this evaluation was 66 years old (range = 50 to 83 years), likely because multimorbidity becomes more common with age. Garvey et al. (2015) found a significant increase in the frequency of activity participation compared to the control group, as well as improved self-perception of activity performance and satisfaction.

Social Prescribing of Leisure

Social prescribing began in England as part of the National Health Service (NHS) Long Term Plan. Although the idea has begun to gain traction in other countries, it is most developed and studied in the U.K. (Chatterjee et al., 2017; Drinkwater et al., 2019; Kilgarriff-Foster & O'Cathain, 2015). As part of the NHS's Long Term Plan, social prescribing aims to address socioeconomic factors affecting health by providing a range of social activities and interventions linking traditional clinical practice with activities and support services within the community. It is defined as “a mechanisms for linking patients with non-medical sources of support within the community” (Centre Forum Mental Health Commission, 2014, p. 6 cited in Chatterjee et al., 2017, p. 98). A “social prescription” is a referral to one or more activity, typically provided by the local voluntary and community sectors. Social prescription often involves referral to some sort of leisure activity such as exercise or sports, arts-based activities, or volunteering, however, it can also go beyond leisure and refer patients to social support, advocacy, and educational services (Chatterjee et al., 2017; Drinkwater et al., 2019). The two most common social prescription schemes involve exercise referral or Arts on Prescription: creative and participatory workshops (e.g., dance, drama, music, painting, and poetry) to support patients with mental and physical health issues (Chatterjee et al., 2017). Social prescribing is meant to help people who are social isolated or experiencing low mood due to life circumstances such as unemployment (Kilgarriff-Foster & O'Cathain, 2015) and people with long term physical and/ or mental health conditions (Drinkwater et al., 2019). Drinkwater et al. (2019) does caution that social prescribing may not be appropriate for people with end stage disease or severe mental illness.

The evidence for the effectiveness of social prescribing is weak (Chatterjee et al., 2017; Drinkwater et al., 2019; Kilgarriff-Foster & O'Cathain, 2015). Drinkwater et al. (2019) suggest it is challenging to evaluate social prescribing schemes due to the complex and wide ranging issues it seeks to address, as well as the wide variation in interventions, the range of additional influences on individual health and well-being, the time it takes for benefits to emerge, and the expense of thorough evaluation. Chatterjee et al. (2017) further note that there is limited evidence on whether people maintain their engagement in their socially prescribed activities over the long-term. Although the quantitative evidence is weak, findings from qualitative

studies show that patients report being satisfied with social prescribing schemes (Drinkwater et al., 2019) and that general practitioners and social prescribing agencies see it as a feasible and cost-effective option (Kilgarriff-Foster & O’Cathain, 2015). The available evidence shows that social prescribing can facilitate improvements in mental well-being, physical health and health behaviours and reductions in social isolation, loneliness, and in primary and secondary care usage (Drinkwater et al., 2019), as well as increases in self-esteem and confidence, a sense of control and empowerment; improvements in psychological or mental well-being, and positive mood; reduction in anxiety and/ or depression and negative mood; increases in sociability, communication skills, and social connections; improvements in motivation and meaning in life providing hope and optimism; and acquisition of learning, new interests and skills (Chatterjee et al., 2017). Although not measured as an outcome variable as it is somewhat implicit in the concept of social prescribing, it is fair to conclude that social prescribing increases individuals’ leisure engagement by directly connecting them to leisure opportunities.

Leisure Access for Low-income Families

Onescu and Loewen (2020) describe the four key pillars of Recreation Opportunities for Children Inc. (ROC) and how they contribute to successful leisure opportunities outreach and leisure education for low-income families. Together, these pillars create a safe space for these families to pursue leisure opportunities without stigmatization.

1. Outreach – starting in the home
 - a. Staff recognized the sensitive nature of poverty and how difficult it was to talk about, and how having limited resources keeps families in their homes through the logistical nature of transportation, as well as the fear of stigma and discrimination that keeps them in their comfort zones
 - b. Outreach in the homes allows participants to stay in their comfort zones and avoid the embarrassment they may experience accessing support services in the community.
2. Social capital
 - a. ROC works to build strong social relationships with the families they worked with, creating a sense of family and friendships; participants and staff repeatedly brought up issues of trust and the value of friendship
 - b. Trust: ROC built relationships with agencies and organizations in which the families already had a trusting connection
 - i. Trust was considered an essential element to program success, especially when entering families’ homes; Family Recreation Practitioners (FRPs) had to distance themselves from Child and Family Services who would critique families’ living spaces
 - ii. Discussions about what they families wanted to do but couldn’t afford were very personal and required trust

- iii. Referrals to leisure opportunities were accepted more when there was trust
 - c. Sense of family and friendship: families described their relationships with ROC staff as friendships, and FRPs often went above and beyond traditional programmer roles to support their families so that participating families described feeling like equals
 - d. Bridging to community organizations and resources – bridging social capital
 - i. Organizations that want to help have a hard time finding families in need and understanding the multiple barriers to families’ participation
 - ii. ROC staff don’t provide leisure activities themselves but connect families to community organizations and help them surmount the various barriers they face
- 3. Freedom to choose
 - a. “ROC’s approach focused on understanding what the family needed and then ensured they had access to the resources (e.g. transportation, money, equipment, etc.) to freely choose leisure activities” (Oncescu & Loewen, 2020, p. 16). The ability to freely choose the leisure activity is important considering the centrality of free choice to the definition of leisure in the literature. Additionally, the literature shows that free choice of leisure is especially important when other areas of life choices are restricted due to poverty.
 - b. ROC’s support and resources were determined by the families’ needs and desires
- 4. Leisure education
 - a. ROC built learning into the delivery of their services so that families could discover community programs and resources that would support their children’s participation in leisure that they otherwise would not have known about
 - b. Defines leisure education as “a process through which individuals acquire knowledge, skills, and attitudes that motivate and facilitate their leisure functioning” (Robertson, 2007, p. 4 cited in Oncescu & Loewen, 2020, p. 18)
 - c. Getting mothers to buy in and understand how their children’s leisure benefits them so that they support their kid, help make it happen, come up with a budget, etc. is essential for sustained leisure participation after ROC involvement is done
 - d. Leisure education games helped the family as a whole learn about leisure supports and activities available to them and about money and preplanning for leisure, as well as helping mothers learn more about their children’s interests and children learning about their mothers

The leisure education program ROC provides is called Leisure Quest and is available as a family program, a parent as leisure facilitator program, and a parent-only program. The family program is the most implemented and includes nine modules, each containing family-friendly leisure education games and debrief questions. The modules are implemented in families’

homes by FRPs; and typically took between three to ten months to complete. The modules include: (a) leisure awareness; (b) benefits of leisure; (c) leisure values and interest; (d) leisure skills; (e) leisure constraints; (f) leisure resources; (g) self as entertainment; (h) leisure budgets; (i) leisure planning. The second component of Leisure Quest is activity exploration, where children are given the opportunity to try a range of activities and parents can learn about the various avenues through which the activity can be pursued. FRPs help the family select an activity and support the parent in facilitating (planning, organizing, registering, etc.) the activity. Families participated in activity exploration for the duration of their time with ROC, which varied from 12-months to four years in Oncescu's (2020) case study.

Oncescu (2020) found that Leisure Quest helped single mothers act as their child's leisure facilitator in three ways: learning children's leisure interests; enhanced leisure literacy; and tangible resources for facilitation. The games and modules of Leisure Quest helped mothers learn more about their children, their leisure interests, and their leisure skills. This new knowledge also extended to the mothers learning about the benefits of leisure for their children. Through the games and one-on-one mentoring sessions with the family, Leisure Quest expanded families' leisure awareness, including the availability of activities and resources for leisure participation; as well, mothers learned about and were supported through the steps of planning for leisure activities, including budgeting, registering, applying for bursaries or grants, and finding the necessary equipment. In addition to connecting mothers with sources of funding, ROC also provides funding when the programs children participated in did not have financial assistance program or other applicable funding. In addition to financial barriers, ROC also helped pay for transportation and provided resources for at-home leisure activities. Overall, ROC's leisure education program helped connect single-parent, low-income families with sources of support in the community and develop the skills necessary to facilitate leisure for their children.

Nature Prescriptions

There is a growing phenomenon of health care providers in North American and Europe encouraging patients to take a nature break, commonly called "nature prescriptions" or "nature pills" (Hunter et al., 2019). Hunter et al. (2019) evaluated a nature prescription intervention that acts as a preventative, self-administered health care treatment for mental wellbeing. This intervention allows participants to adjust the terms of the nature experience (NE), including duration, nature quality, and when it occurs, to their convenience while still abiding by a set of ground rules. These rules include engaging in a NE three times a week, for a minimum of 10 minutes, anytime from one hour after rising until nightfall. During a NE, participants could sit, walk, or do both in an outdoor location of their choice, on any day of the week. A NE was defined as "anywhere outside that, in the opinion of the participant, included a sufficiency of natural elements to feel like a nature interaction" (Hunter et al., 2019, p. 4). The NE could not include aerobic exercise in order to limit the confounding effect of an exercise-based rise in endocannabinoids. Stress reduction was measured through the collection of salivary cortisol

and salivary alpha-amylase. Participants were also asked not to use social media, the internet, talk on the phone or engage in conversations, or read during the NE. Despite these limitations, the flexibility of when, where, and for how long participants engaged in a NE allowed participants to fit this intervention their schedule and allowed the researchers to test the feasibility of the intervention amidst the daily stressors of participants' lives.

In a sample of 36 participants, aged 22 to 68 (mean age = 45.8, SD = 13.35; 92% women; 86% white, 6% Asian, and 8% identifying as other), Hunter et al. (2019) found that over the 8-week period of the intervention, participants had an average of 3.22 nature experiences (out of four, SD = 0.87) a week. Hunter et al. (2019) found that spending time in nature produced a significant reduction in stress, and that the duration of the nature experience contributed to the amount of stress reduced. Stress relief was significantly and most efficiently gained when the nature experience lasted between 20 and 30 minutes; significant benefits continued to accrue thereafter at a somewhat reduced rate (Hunter et al., 2019).

The Icelandic Prevention Model for Youth

Instituted in Iceland as a national prevention study and elsewhere in the world as municipal policies, this model focuses on decreasing youth substance use through increased parental support and oversight and youth involvement in leisure activities. Developed in part by Harvey Milkman and now handled by the Icelandic Centre for Social Research and Analysis (ICSRA), this intervention program takes a comprehensive approach to reducing youth substance use, as well as suicide rates and improving overall wellbeing. Typically, the intervention involved the distribution of ICSRA surveys to high schools and the identification of key adolescent risk factors and protective factors for that specific area, followed by grass-roots action organized by the local community coalition to reduce risk factors and strengthen protective factors (Kristjansson et al., 2010). Annual surveys and reports track local trends in substance use and risk and protective factors so that action plans can be continually revised, and evidence of efficacy can be distributed to the community. In the initially national-level intervention and following municipal-level implementation throughout the world, leisure participation has emerged as an important protective factor (Kristjansson et al., 2010).

The Icelandic Prevention Model (IPM) is grounded in theories that emphasize environmental and social circumstances effect on behaviour (Kristjansson et al., 2019a). The original study identified a lack of opportunities for participation in positive and prosocial development, including a lack of organized recreational and extracurricular activities such as sports, music, drama, and after school clubs. Based on this theoretical view, the goal of the IPM is to mobilize society as a whole to provide youth resilience to substance use. This goal is accomplished through five guiding principles:

- Apply a Primary Prevention Approach that is Designed to Enhance the Social Environment – the approach addresses the underlying causes of substance use initiation

by increasing social and environmental protective factors to inoculate young people against substance use

- Emphasize Community Action and Embrace Public Schools as the Natura Hub of Neighbourhood/Area Efforts to Support Child and Adolescent Health, Learning, and Life Success – the approach aims to strengthen connections between families, schools, and the community-at-large and to unify these groups into a cohesive team devoted to preventing youth substance use.
- Engage and Empower Community Members to Make Practical Decisions Using Local, High-Quality, Accessible Data and Diagnosis – this approach relies on local data to capture, focus, and sustain community attention on local factors impacting substance use and to guide the selection of strategies and development of community resources necessary to address the complex problem of substance use.
- Integrate Researchers, Policy Makers, Practitioners, and Community Members into a Unified Team Dedicated to Solving Complex, Real-World Problems – the approach requires each group to maintain close proximity to each other and the problem itself, working together and offering unique skills and experiences necessary for solving local problems of substance use in a manner that seeks to both influence and be influenced by other team members.
- Match the Scope of the Solution to the Scope of the Problem, Including Emphasizing Long-Term Intervention and Efforts to Marshal Adequate Community Resources – this approach recognizes that factors contributing to substance use are complex and usually occur over long periods of time, thus, the solutions designed to counteract, mitigate, or eliminate these social conditions must account for the scope and magnitude of the initial problems and must prioritize creating community capacity and long-term commitments.

In addition to these guiding principles, IPM contains a detailed set of ten steps for implementing the intervention, described in Kristjansson et al. (2019b)

The effectiveness of the IPM has been practically demonstrated in multiple countries (Kristjansson et al., 2019a) and in quantitative, experimental studies comparing municipalities engaged in the intervention to those not participating (Kristjansson et al., 2010). Kristjansson et al. (2010) found that parental monitoring and adolescent participation in organized leisure activities, mainly sports, increased in communities that participated in the intervention compared to communities that did not. Over time, alcohol use decreased more in the intervention communities (Kristjansson et al., 2010).

Website: <https://planetyouth.org/about/>

Assessment

Leisure Satisfaction Scale (LSS; Beard & Ragheb, 1980; Appendix A)

- The LSS was designed to measure the extent to which individuals perceived that certain personal needs were satisfied through leisure activities. Leisure satisfaction is defined as “the positive perceptions or feelings which an individual forms, elicits, or gains as a result of engaging in leisure activities and choices” (Beard & Ragheb, 1980, p. 22). Leisure activities were defined 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).
- The scale consists of 51 items comprising 6 subscales:
 - Psychological subscale: psychological benefits such as a sense of freedom, enjoyment, involvement, and intellectual challenge
 - Educational: intellectual stimulation and a sense that the activity helps one learn about themselves and their surroundings
 - Social: rewarding friendships with other people
 - Relaxation: relief from stress and the strain of life
 - Physiological: a means to develop physical fitness, stay healthy, and otherwise promote well-being
 - Aesthetic: aesthetic rewards from viewing the area of leisure as pleasing, interesting, beautiful, and generally well designed
- The scale was validated with a group of 347 students at the Florida State University
- The alpha reliability coefficient for the whole scale was .96, and for the subscales as follows: psychological = .86; educational = .90; social = .88; relaxation = .85; physiological = .92; aesthetic = .86.
- The authors also created a short form of the LSS consisting of 24 items, with an alpha reliability of .93
- This scale was used in:
 - Iwasaki et al.’s (2014) study of leisure and mental health
 - Kim and Iwasaki’s (2016) study of Korean immigrants’ adaption and resistance to acculturation stress

The Leisure Coping Belief Scale (LCBS; Iwasaki & Mannell, 2000; Appendix B)

- The LCBS measures individuals’ stable beliefs about their use of leisure in coping with stress
- Consists of six subdimensions:
 - Self-determination
 - Empowerment
 - Emotional support
 - Esteem support
 - Tangible aid
 - Informational support

- The measure was validated with 247 students from two Canadian universities (140 women, 107 men).
- Responses are measured with a 7-point Likert scale where 1 = very strongly disagree and 7 = very strongly agree
- The alpha reliability coefficient for the total scale is .91 and for the subscales as follows: Self-determination = .82; Empowerment = .70; Emotional support = .85; Esteem support = .85; Tangible aid = .85; and Informational support = .76
- This scale was used in Iwasaki et al.'s (2014) study of leisure and mental health

The Leisure Coping Strategy Scale (LCSS; Iwasaki & Mannell, 2000; Appendix C)

- The LCSS assess the extent to which leisure pursuits specifically help people cope with stress
- Consists of three subdimensions:
 - Leisure companionship
 - Leisure palliative coping
 - Leisure mood enhancement
- The measure was validated with 247 students from two Canadian universities (140 women, 107 men). Participants were asked to think back to the most stressful event they had experienced in the past year and how they had coped with that event.
- Responses are measured with a 7-point Likert scale where 1 = very strongly disagree and 7 = very strongly agree
- The alpha reliability coefficient for the total scale is .93 and for the subscales as follows: Leisure companionship = .87; Leisure palliative coping = .86; and Leisure mood enhancement = .85
- This scale was used in Iwasaki et al.'s (2014) study of leisure and mental health

Leisure Adaption Meaning Scale (LAMS; Kim, 2017; Appendix D)

- This measure aims to fill the gap of culturally bounded leisure meaning scales for collectivist cultural groups. Specifically, it was developed to measure the coping and adjusting leisure meanings for Korean immigrants during the acculturation process in Canada (Kim & Iwasaki, 2016).
 - Its theoretical foundation is based on Iwasaki and Mannell's (2000) leisure coping strategies and Kleiber et al.'s (2002) concepts of self-protection, self-restoration, and personal growth.
 - The scale was designed to measure the meanings of life gained from leisure pursuits in the processes of acculturation and adaptation experienced by non-dominant groups of people, including one who are raised in and/or value a collectivist culture.
- The LAMS consists of 42 items and 5 constructs:

- Leisure companionships – defined as enjoyable shared leisure activities to feel a sense of companionship and belonging
- Leisure mood enhancement – the promotion of positive mood and reduction of negative mood through leisure activities
- Leisure palliative coping – having a time-out or break through leisure to gain a sense of refreshment and transcendence
- Leisure rejuvenation – sustaining coping efforts by providing a sense of rejuvenation and emotional uplift
- Leisure adjustment – leisure as providing a context for personal transformation by facilitation reflection on one’s life, expanded interests, and a new sense of freedom
- It has a 5-point Likert response scale ranging from 1 (strongly disagree) to 5 (strongly agree)
- The scale was validated with a sample of 120 Korean immigrants over the age of 18
- The overall Cronbach’s alpha score for the scale was .93, the alpha coefficients for the subscales were as follows: leisure companionship = .87; leisure palliative coping = .84; leisure mood enhancement = .80; leisure rejuvenation = .75; and leisure adjustment = .80
- This scale was used in Kim and Iwasaki’s (2016) study of Korean immigrants’ adaption and resistance to acculturation stress

The Measure of Environmental Qualities (MEQAS; King et al., 2015)

- Originally, the MEQAS consisted of 32 items, but King et al. (2015) expanded the type of activity settings and found a better factor structure of 9 subscales and 42 items
 - Subscales include: Comfortable place-related qualities; Pleasant physical environment; Opportunities for choice; Opportunities for privacy/ relaxation; Opportunities to interact with peers; Opportunities for personal growth; Opportunities for physical activity; Opportunities for cooperative group activity; and Opportunities to interact with adults
- The MEQAS is an observer-rated measure of qualities and affordances of activity settings for youth with or without physical disabilities. Observers rate the extent to which various qualities of the space are present using a 7-point scale. To complete the MEQAS, trained observers make judgements of qualities and the presence of opportunities in a space. For the MEQAS, the unit of observation and analysis is the activity setting, rather than the individual and pertains to the physical, social, aesthetic, and opportunity-related qualities of activity settings.
- The MEQAS has shown construct validity in studies examining the leisure activity settings and experiences of youth with severe disabilities. The MEQAS-32 showed Cronbach’s alphas ranging from 0.76 to 0.96, and test-retest reliabilities from 0.70 to 0.90.

- Concurrent validity with the Self-reported Experiences of Activity Settings (SEAS) scales:
 - As predicted, youth experienced significantly greater choice and control in activities settings rated as affording greater opportunities for choice, as well as significantly greater personal growth in settings rated as affording greater opportunity for personal growth. However, youth did not experience greater social belonging in settings rated as affording greater opportunity to interact with peers.

The Self-reported Experiences of Activity Settings (SEAS; King et al., 2014)

- This measure was developed to fill the gap of measures of youth experiences of community/ home leisure activity settings. “Activity settings” refers to spaces where youth take part in active pursuits (e.g., doing artwork, physical activity), as well as more passive activities (e.g., reading, watching television). The SEAS is situation-specific and should be completed at the end of a specific activity lasting at least 15 minutes.
- It is a 22-item measure, suitable for youth with a Grade 3 level of language comprehension or more, including youth with or without disabilities
- Contains five subscales: Personal growth; Psychological engagement; Social belonging; Meaningful interactions; and Choice and control.
- The measure was validated in a sample of 45 youth, aged 14-23, ten with severe disabilities
 - Cronbach’s alpha values ranged from 0.71 to .80
 - The average test-retest reliability was 0.68, as expected due to changes in activity settings over time. Test-retest reliability was moderate for Psychological Engagement, Social Belonging, and Choice and Control scales, but excellent for Personal Growth and Meaningful Interaction scales.

Measures of Leisure Constraints – Intrapersonal, Interpersonal, and Structural

Schryer et al. (2016) examined the role that intrapersonal, interpersonal, and structure constraints play in caregivers leisure participation. They define intrapersonal constraints as attitudes towards leisure, interpersonal constraints as sense of community, and structural constraints by facility accessibility. They use a variety of scales and items from different scales to capture these three types of leisure constraints.

Overall leisure facility use was measured by a scale specific to the community site of the study (Schryer et al., 2016). Participants were asked, “During the past year, how often did you use the following recreation and cultural facilities in your community?” Responses ranged from “never” (value = 1) to “quite often” (value = 5).

Intrapersonal constraints – Attitudes towards leisure

As seen in Oncescu (2020) study of a leisure education program, many people do not fully understand the benefits of leisure. Furthermore, many people, particularly women and

caregivers, have a difficult attitude towards leisure and taking that time for themselves (Fullagar, 2010; Schryer et al., 2016), and this can become a barrier to their participation in leisure activities. In Schryer et al.'s (2016) study, participants' attitude towards leisure was measured with 12 items from Beard and Ragheb's (1980) Leisure Satisfaction Scale. Participants were asked to report their beliefs about the educational (e.g., "My leisure provides opportunities to try new things"), social (e.g., "My leisure provides with opportunities for social interactions with others"), physiological (e.g., "My leisure helps me to stay healthy"), and relaxation (e.g., "My leisure helps relieve stress") benefits of leisure, with each dimension represented by three items. This study used a 7-point response scale ranging from "very strongly disagree (1) to "very strongly agree" (7). The reliability for the scale made from these 12 items was 0.91.

Interpersonal constraints – Sense of community

Schryer et al. (2016) claim that a greater sense of community, defined as a sense of connection, support, and safety, may support individual's engagement with community-offered leisure opportunities. Scott (2013) note that in neighbourhoods where safety is an issue, many people will not use leisure facilities even if they are available to them. Trussell and Mair's (2010) finding about the importance of acceptance and connection to leisure spaces also supports that a negative sense of community may be a barrier to leisure participation. In Schryer et al.'s (2016) study, sense of community was measured using a shortened version of the Multidimensional Sense of Community Scale for Local Communities (MTSOCS; Prezza et al., 2009), containing only 11 questions from the original 19. Participants were asked about social bonds (4 items—e.g., "I feel at ease with the people in this community"), the availability of help in case of need (3 items—e.g., "Many people in this community are available to give help if somebody needs it"), and the extent to which the community fills their needs (4 items—e.g., "This city provides opportunities for me to do a lot of different things"). This study used a 7-point response scale ranging from "very strongly disagree" (1) to "very strongly agree" (7). The overall reliability of this shortened version was 0.90.

Structural constraints – facility accessibility

The location, affordability, and timing of leisure infrastructure can affect the use of leisure facilities by individuals (Oncescu, 2020; Schryer et al., 2016; Scott, 2013; Trussell & Mair, 2010). In Schryer et al.'s (2016) study, facility accessibility was measured with the 6-item scale developed by the Canadian Index of Wellbeing (CIW) community wellbeing survey. Specifically items participants were asked include: "The recreation and culture facilities are easy for me to get to," "There are places nearby where I can take classes for my own interest," "Recreation and culture programs are offered at times that are convenient to me," "There is a local park nearby that is easy for me to get to," "The cost of public recreation and culture programs prevents me from participating" (reverse coded), and "The recreation and cultural facilities are very welcoming to me." The response scale ranged from "very strongly disagree" (1) to "very strongly agree" (7). The reliability for this scale was 0.76.

Other Notes

The internet may begin to be considered an important “space” for leisure. Trussell and Mair (2010) found that their participants who lived in poverty used the internet as an important tool of connection. Their participants, specifically those dealing with severe chronic pain or anxiety, valued the internet because they could access it, and through it, social connection, from the safety of their own home, at any time of day. Trussell and Mair’s (2010) finding supports Yuen and Johnson (2017) claim that information and communication technologies (ICTs) are becoming recognized as sources of meaningful social engagement and support. Yuen and Johnson (2017) consider ICTs as leisure settings and new forms of “third places” or public places that foster interactions, relationships, and feelings that create community. [See our write-up on ‘Appropriate Use of Social Media’ use for more on the relationship between the internet and resilience].

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Appendix A: Leisure Satisfaction Scale

Beard & Ragheb (1980)

Response scale:

- 1 = Almost Never True
- 2 = Seldom True
- 3 – Sometimes true
- 4 – Often True
- 5 = Almost Always True

*Items marked with an asterisk make up the short-form version of the LSS.

Psychological subscale

1. I freely choose the activities I do in my leisure time
2. *My leisure activities are very interesting to me
3. I enjoy doing my leisure activities
4. I am frustrated in my free time
5. *My leisure activities give me self confidence
6. *My leisure activities give me a sense of accomplishment
7. *I use many different skills and abilities in my leisure activities
8. I consider leisure activities a waste of time
9. When I am doing leisure activities I become fully involved in the activity
10. My choice of leisure activities are limited by y lack of skills
11. I feel lonely in my free time
12. My leisure activities are intellectually challenging
13. Generally my leisure activities have a positive effect upon my life

Educational subscale

14. Some of my leisure activities give me broader experiences
15. I do leisure activities which restore me spiritually
16. I learn things in my leisure activities simply because I like learning them
17. My leisure activities encourage me to learn new skills
18. *My leisure activities in crease me knowledge about things around me
19. My leisure activities help to satisfy my curiosity
20. *My leisure activities provide opportunities to try new things
21. *My leisure activities hep me to learn about myself
22. * My leisure activities help me to learn about other people
23. My leisure activities help me to learn about society in general
24. My leisure activities help me to learn about nature

25. My leisure activities help me to accept differences among individuals

Social subscale

26. My leisure activities allow me to reveal my thoughts, feelings, or physical skills to others

27. *I have social interactions with others through leisure activities

28. *My leisure activities have helped me to develop close relationships with others

29. I prefer leisure activities in which I am others in groups

30. *The people I meet in my leisure activities are friendly

31. I associate with stimulating people in my leisure activities

32. *I associate with people in my free time who enjoy doing leisure activities a great deal

33. I first met many of my present friends through leisure activities

34. I enjoy making myself useful to others in my free time

35. I have a strong sense of belonging toward those with whom I do leisure activities

36. I respect those with whom I do leisure activities

Relaxation subscale

37. *My leisure activities help me to relax

38. *My leisure activities help relieve stress

39. *My leisure activities contribute to my emotional well-being

40. *I engage in leisure activities simply because I like doing them

Physiological subscale

41. *My leisure activities are physically challenging

42. *I do leisure activities which develop my physical fitness

43. *I do leisure activities which restore me physically

44. *My leisure activities help me to stay healthy

45. My leisure activities help control my weight

46. My leisure activities help me maintain my energy level

Aesthetic subscale

47. *The areas or places where I engage in my leisure activities are fresh and clean

48. *The areas or places where I engage in my leisure activities are interesting

49. *The areas or places where I engage in my leisure activities are beautiful

50. *The areas or places where I engage in my leisure activities are well designed

51. The areas or places where I engage in my leisure activities are pleasing to me

Appendix B: The Leisure Coping Belief Scale

Iwasaki & Mannell (2000)

Responses are a 7-point Likert scale where 1 = very strongly disagree and 7 = very strongly agree

*Reversed items

Self-determination subscale

1. Leisure provides opportunities to regain a sense of freedom
2. I gain feelings of personal control in leisure
3. Leisure is a self-determined activity for me
4. My leisure pursuits are freely chosen
5. I have difficulty in deciding what to do in leisure*
6. I feel constrained in leisure*
7. I decide what to do in my leisure time by myself

Empowerment subscale

8. My leisure involvements strengthen my ability to manage problems in life
9. What I do in my leisure allows me to feel good about myself
10. Leisure contributes little to giving me energy to handle problems*
11. I am able to openly express who I am in my leisure time
12. The things I do in my leisure help me gain confidence
13. My leisure participation enhances my self-concept
14. Opportunities to express myself in leisure enhance my self-concept

Emotional support subscale

15. My leisure companions listen to my private feelings
16. For me, leisure is a means of developing friendships
17. I feel emotionally supported by my leisure companions
18. I lack emotional support from my leisure companions*

Esteem support subscale

19. My leisure companions help me feel good about myself
20. My leisure companions hold me in high esteem
21. I'm respected by my leisure companions
22. I feel that I'm valued by my leisure companions

Tangible aid subscale

- 23. When I need to borrow something, my leisure companions will lend it to me
- 24. If I need extra hands for doing tasks, I can turn to my leisure companions
- 25. My leisure companions would lend me money if necessary
- 26. Most of my leisure companions are happy to take care of my house (apartment), children, or pets when I am away

Informational support subscale

- 27. My leisure companions assist me in deciding what to do
- 28. My leisure companions give me advice when I am in trouble
- 29. My leisure companions often provide me with useful information
- 30. I can talk to my leisure companions when I am not sure what to do

Appendix C: The Leisure Coping Strategy Scale

Iwasaki & Mannell (2000)

Responses are a 7-point Likert scale where 1 = very strongly disagree and 7 = very strongly agree

*Reversed items

Leisure companionship subscale

1. My leisure allowed me to be in the company of supportive friends
2. Socializing in leisure was a means of managing stress
3. I dealt with stress through spending leisure time with friends
4. Engaging in social leisure was a stress-coping strategy for me
5. Lack of companionships in leisure prevented me from coping with stress*
6. One of my stress-coping strategies was participating in social leisure

Leisure palliative coping subscale

7. I engaged in a leisure activity to temporarily get away from the problem
8. Escape through leisure was a way of coping with stress
9. Leisure was an important means of keeping myself busy
10. Engagement in leisure allowed me to gain a fresh perspective on my problems
11. By escaping from the problem through leisure, I was able to tackle my problem(s) with renewed energy
12. I took a brief break through leisure to deal with the stress

Leisure mood enhancement subscale

13. My leisure helped me feel better
14. I gained a positive feeling from leisure
15. I maintained a good mood in leisure
16. My leisure involvement failed to improve my mood*
17. Leisure made me feel miserable*
18. Leisure helped me manage my negative feeling

Appendix D: The Leisure Adaptation Meanings Scale

Kim (2017)

Responses are indicated on a 5-point Likert scale where 1 = strongly disagree and 5 = strongly agree

*Reverse coded items

Leisure companionship subscale

1. I get a sense of belonging in social gatherings with companions
2. Shared leisure helps me become less worrisome
3. Shared leisure with others helps me cope with stress
4. I feel a sense of closeness in social gatherings
5. I feel affection towards companions in social gatherings
6. My experience of getting along with others in leisure helps me cope with stress.
7. A shift in emotional atmosphere at social gatherings makes me become energized/confident.
8. Social gatherings give me a sense of assurance and warmth
9. I feel mutual trust developed through leisure with friends enables me to handle stress.
10. I manage stress by discussing/sharing worries with someone in social gatherings or occasions

Leisure adjustment subscale

11. My feelings of calmness are enhanced through leisure
12. I am aware of how mutual empathy during family time helps me manage stress.
13. I get a sense of group solidarity during leisure activities
14. Leisure provides me with a new sense of freedom in my life
15. Leisure enables me to develop expanded interests in my life
16. Leisure allows me to reflect on myself better

Leisure palliative coping subscale

17. Getting out in the fresh air allows me to feel better
18. Escaping stress through leisure helps me cope
19. Connecting with nature helps me counteract stress
20. Having fun with family helps me deal with my stress and fatigue better

Leisure mood enhancement subscale

21. Through leisure, I gain a positive view to look forward to something positive

- 22. To me, leisure activities reduce negative emotions
- 23. Positive emotions in leisure help me better manage stress
- 24. A shift in emotional atmosphere during leisure enables me to escape from a routine life
- 25. Leisure gives me a nice break from stress in life

Leisure rejuvenation subscale

- 26. Leisure makes me become refreshed
- 27. Rarely does leisure help me achieve emotional uplift*
- 28. I feel rejuvenated from leisure
- 29. For me, leisure serves as a context for thinking about better dealing with challenges in life.
- 30. Leisure affords me an escape from stress



For more information about R2 or to discover how you can bring the program to your organization, business or educational setting, please contact us.

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