THE UTILIZATION OF LEISURE TIME AMONG WOMEN
IN PSYCHOTHERAPEUTIC TREATMENT

APPROVED:

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The present study was designed to investigate the utilization of leisure time among women in psychotherapeutic treatment. Three quantitative aspects and one qualitative aspect of the utilization of leisure time were chosen for investigation. Those aspects were the number of activities in which the women participated during the past twelve months, the categories of leisure interest of the chosen activities (arts and crafts; dance; drama; games, sports, and athletics; hobbies; music; outdoor recreation; reading, writing, and speaking; social recreation; special events; and voluntary services); the total time spent in leisure activities, and the level of enjoyment per hour of participation in leisure activities.

A group of out-patient women in psychotherapeutic treatment (N=25), a group of women in psychotherapeutic treatment who had been hospitalized recently (N=20), and a control group from the general population (N=25) comprised the experimental groups. An individual data-gathering interview was conducted with each S. During the interview, basic demographic information was collected. The S then reviewed a
comprehensive list of leisure activities and reported all activities in which she had participated during the past twelve months. For each activity reported, the S answered the questions, "How often do you participate in this activity; How much time per participation is spent in this activity; What numerical rating would you assign your level of enjoyment in the activity on a scale from 1 to 5, where 1 means 'not at all' and 5 means 'a lot?'"

The experimental groups were matched on age, number and ages of children, occupation, length of marriage, occupation of spouse, hours per day working outside the home, hours per day doing housework, and hours per night sleeping. There were no significant differences between the out-patient and hospitalized groups' number of times seen in therapy and number of weeks since first contact with the clinic. The hospitalized group's mean length of hospitalization was 10 1/2 days.

Findings indicated a significant difference among the experimental groups in the number of activities reported (p<.05), the total time spent in leisure (p<.01), the time spent in social recreation (p<.001), and the level of enjoyment per mean hour of participation (p<.05). The simple analysis of variance was the statistical procedure utilized. Both groups of women in psychotherapeutic treatment were found to be participating in a greater number of activities, spending more time in leisure activities, reporting a greater
amount of time spent in social recreation, but enjoying their hourly participation less than the control group.

It was concluded that the women in psychotherapeutic treatment were engaged in an exploratory process within their leisure context and were searching for areas in which optimal personal growth would occur to facilitate their psychotherapeutic process. As these women reach successful termination of psychotherapy, their utilization of leisure would approach that of the control group. An existential frame of reference was utilized to support this conclusion.

Recommendations for further research included adding to the present study an in-patient and out-patient group who have had no previous psychotherapeutic treatment in order to study the possible effects of psychotherapy on the utilization of leisure time. Another study aimed at investigating the effects of family life on the woman's use of leisure were suggested. Since this study was limited to married women, a study aimed at investigating how the single woman in psychotherapeutic treatment utilizes her leisure time might be useful for comparative purposes.
THE UTILIZATION OF LEISURE TIME AMONG WOMEN IN PSYCHOTHERAPEUTIC TREATMENT

THESIS

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By

Jo Ann Kouts, B. S. Ed.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Method</td>
<td>9</td>
</tr>
<tr>
<td>Subjects</td>
<td>9</td>
</tr>
<tr>
<td>Procedure</td>
<td>11</td>
</tr>
<tr>
<td>Results</td>
<td>12</td>
</tr>
<tr>
<td>Accuracy of Matching</td>
<td>12</td>
</tr>
<tr>
<td>Results of Experimental Hypotheses</td>
<td>17</td>
</tr>
<tr>
<td>Discussion</td>
<td>21</td>
</tr>
<tr>
<td>Suggestions for Further Research</td>
<td>25</td>
</tr>
<tr>
<td>Summary</td>
<td>26</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>28</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>36</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Demographic Data on Selected Matching Variables of Community, In-Patient, and Out-Patient Groups</td>
<td>14</td>
</tr>
<tr>
<td>II. Comparisons of Selected Characteristics of Community, In-Patient, and Out-Patient Groups</td>
<td>16</td>
</tr>
<tr>
<td>III. Length of Psychotherapeutic Treatment of In-Patient and Out-Patient Groups</td>
<td>18</td>
</tr>
<tr>
<td>IV. Utilization of Leisure Time Among Community, In-Patient, and Out-Patient Groups</td>
<td>20</td>
</tr>
</tbody>
</table>
Introduction

All persons have at least one commonality, that of existence itself. Man is here; he exists. For the duration of his existence, each person has the possibility of experiencing his world through the categorical frame-of-reference points of temporality, spatiality, causality, and materiality (Ellenberger, 1958). Within these phenomenological experiences, man develops his potentialities and a self-actualizing mode of existence.

May (1958) has stated that existential analysts "are struck by the fact that the most profound human experiences, such as anxiety, depression, and joy, occur more in the dimension of time than in space [p. 65]." Temporality may be conceptualized in an objective framework and utilized as a tool in developing the uniqueness of one's identity. A division of objective time, or world time, could contain the categories of work time, subsistence time, and leisure time.

Of prime importance in this study is the category of leisure time. Brightbill (1960) has defined leisure as "a block of unoccupied time, or free time when we are free to rest or do what we choose [p. 4]." He further explains that leisure does not include what one must do to maintain biological existence (eating, sleeping, eliminating, etc.), nor does leisure include subsistence, that is, "the things
we must do to make a living as in work, or prepare to make a living as in school [p. 4]."

Psychiatrists and psychologists are increasingly turning attention toward the population's use or misuse of leisure time and the effects of such positive or negative behavior. Martin (1961) stated that advancements in technology have given man greater free time, but that

The drastic and sudden nature of this change has caught man psychologically and emotionally unprepared to adapt himself successfully and creatively. . . . Alienation from self is a symptom and an indication of our emotional unpreparedness for free time, a measure of the loss of leisure from our lives [p. 156].

In a more recent article, Martin and Hall (1968) pointed out that

Increased free time has not created any essentially new behavior problems and reactions have become intensified and increased. Symptoms of individual maladaptation are: excessive guilt, compulsive behavior, psychosomatic symptoms, depression, increase of anxiety, suicide, and self-alienation [p. 379].

From observations of existing conditions of the availability of free time, predictions relative to man's future direction have been considered. Mendel (1971) warned that

Unless we face the issues and problems that leisure time presents and unless we prepare ourselves for the hazards of such an existence, the dire predictions of major epidemics of depression during the next decade may well come true [p. 1689].

Martin (1961) suggested that

We must also serve to make men more fit for leisure with the firm belief that only those fit for work and leisure will survive as creative individuals. The others will exist as sterile robots, alienated from life and from
themselves, living vicariously and so deadened that they compulsively seek over-stimulation from the extreme, the lurid, the bizarre, and the macabre [p. 165].

Martin and Hall (1968) concluded that

The success, the strength, the enduring quality of our democratic society will be determined and judged, not by the amount of free time we give ourselves, but by the extent to which we use that free time to activate and realize our inner creative resources and to develop and promote the dignity and uniqueness of the individual [p. 379].

The uses of leisure in one's existence, then, may become a contributing factor in the development of healthy personal growth.

Leisure time may be used constructively so that its use helps the person develop his potentiality, his sense of self-enhancement, and his continuing experiential awareness of freedom of choice. On the other hand, leisure time may be used in a manner that does not allow the person a mode of personal fulfillment. When leisure time is not being used as a means toward healthy personal growth or when the person becomes over-burdened with his freedom of choice in the unstructured framework of leisure itself, then eventually the misuse of leisure may be reflected in the person's total state of being.

Approaching leisure as one of three objective categories of time in which a person can move either positively toward healthy personal integration or negatively toward self-destruction or disintegration can become important to a
person involved in a psychotherapeutic experience. Constructive, meaningful utilization of leisure time in a person's total mode of existence, inclusive of all other experiences, can facilitate the achievement of three goals that may coexist with psychotherapeutic goals, all of which move in a positive direction and as a total process. The initial goal is that of at least maintaining the person's present state of being so that he does not regress further, i.e., that his relation to self and world does not continue to decompensate, disintegrate and become more divided. Secondly, the therapeutic process can move the person further toward a goal of optimal use of leisure in his existential state. During the therapeutic process, the awareness of the availability of leisure time can allow the person to experience the immediacy of his here-and-now situation, and can offer him an avenue for probing and discovering his individuality and uniqueness as an existential being. The person, in his leisure, and with the support and possible guidance from his therapist, can learn to be, without having to mold himself into predetermined roles and preexisting mechanized and/or urbanized models of living. The third goal is worked toward after the therapeutic process has formally terminated between the patient and therapist. Indefinitely thereafter, leisure time should continue to be an existing part of the person's total time whereby continuing personal, meaningful
growth occurs and where he may even advance toward experiencing the highest goals of peak experiences, self-actualization, and self-transcendence.

Previous research has investigated the relationships of social class to leisure time use (Reissman, 1954; White, 1955), occupational prestige and leisure time use (Burdge, 1969; Clarke, 1956), occupations and leisure time use (Cunningham, Mentoyme, Metzner, and Keller, 1970; Dowell, 1967; Leevy, 1950), and age and leisure time use (Campbell, 1969; Havighurst, 1957). Sufficient evidence exists to substantiate the fact that age, sex, social class, and occupation are variables which can and do affect one's use of leisure time and the activities chosen. Bibliographies on leisure have been compiled which offer a comprehensive coverage of areas in leisure research (Denney and Meyersohn, 1957; Meyersohn, 1969). Leisure time use in a psychiatric population has been researched (Babow and Simkin, 1971; Gordon, Rosenberg, and Morris, 1966; Harrington and Cross, 1962; Mullaney and Sheely, 1968; Robertson, 1957). Paykel, Weissman, Prusoff, and Tonks (1971) surveyed the dimensions of social and interpersonal functioning in depressed women, of which leisure time use was a role area investigated.

Robertson (1957) found that variety of leisure activities was of no significant neuropsychiatric relevance and that the nature of activities showed only a suggestive relationship
to diagnosis. It was suggested that a check-list of leisure activities be presented and the amount of time in participation be obtained in order to possibly show diagnostic significance in further research. Harrington and Cross (1962) found that "no clear-cut differences emerged between any diagnostic categories or between the previous leisure habits of neurotics and psychotics [p. 592]." These researchers suggested that "many psychiatric patients do appear to have problems connected with their leisure and need re-educational psychotherapy to deal with problems that their free-time presents [p. 595-596]." The researchers found that from the sampling, the content and pattern of leisure among psychiatric patients was characterized by "indigence, passivity, associability, . . . [and] strikingly barren lives [p. 596]." The above study had no control group from the general population, and statistical analysis was limited to reporting percentages. Mullaney and Sheely (1968) investigated the utilization of leisure time among discharged psychiatric patients. Solitary, sedentary, passive recreation was common in these patients' lives. The study supports concern for the isolation and inactivity of the discharged patients. Babow and Simkin (1971) investigated among newly admitted psychiatric patients the leisure activities of those patients prior to hospitalization.
The authors found social isolation prominent, with an absence of "social networks and support networks [p. 167]," and concluded that a large percentage of the patients "had experienced and were experiencing a kind of generalized despair and feeling of hopelessness about controlling their destiny [p. 167]." Statistical procedures were limited to a presentation of percentages. No control group was available for comparison. Paykel et al. (1971) found that depressed women, of whom 87.5% were out-patients, as compared to a normal group of women had diminished contact with friends, diminished social interactions, impaired leisure activities, and boredom, all statistically significant. Research studies seem to confirm the observations and speculations that patients may be misusing their free time to the extent that their potentialities for healthy self growth during leisure are not being experienced.

With a category of total time that could be utilized in maintenance of the present state from further disintegration, essential in the therapeutic process, and necessary for future personal growth, perhaps an exploratory investigation should seek information that might be important in planning how to help a person help himself utilize constructively and positively the leisure time in his existential state of being.

Within the framework of work time, subsistence time, and leisure time, it seems necessary to investigate the actual amount of time that a person makes available in the leisure
category. In order for a growth-producing experience to occur within leisure, obviously one must have some amount of leisure time in his existential state. Having leisure time available, the amount and kinds of activity experienced during leisure would seem to be necessary information for comparative purposes. In order to investigate a qualitative aspect of one's leisure, it seems necessary to consider the extent to which a person enjoys his participation. Any amount of time or any number of various kinds of activities are important only to the extent that the person experiences pleasure or some other feeling that can be self-evaluated. An assessment of one's enjoyment, then, would take into consideration an experiential quality that might indicate how leisure time can be used to facilitate optimal personal growth.

The following null hypotheses have been formulated to investigate aspects of the utilization of leisure time among people in psychotherapeutic treatment:

1. There will be no significant differences in the number of reported activities among a control group, an in-patient group, and an-out patient group.

2. There will be no significant differences in a) the total time per year spent in leisure activities and b) the total time per year spent in each of eleven categories of leisure interest (arts and crafts; dance; drama; games, sports, and athletics; hobbies; music; outdoor recreation; reading, writing, speaking; social recreation; special events;
and voluntary services) among the control, in-patient, and out-patient groups.

3. There will be no significant differences in the Ss mean level of enjoyment per hour spent in leisure activities among the control, in-patient, and out-patient groups.

Method

Subjects

The S pool was limited to a female population because of the availability of Ss, and because of the possible influence that gender might have on the utilization of leisure time. A sample was obtained from the women in psychotherapeutic treatment at a private, out-patient psychiatric clinic where this study was conducted in the Dallas-Ft. Worth, Texas, metropolex. This group included all women, age 21 and over, who were seen in psychotherapy at some time from October 30, 1972, to November 30, 1972, and who had not been hospitalized during the past twelve months for psychiatric reasons. Twenty-five women comprised this group, which will be referred to as the Out-Patient (OP) Group in the remainder of the study.

Another group of women was obtained from the women in psychotherapeutic treatment at the out-patient psychiatric clinic. All women, age 21 and over, who had been initially hospitalized for psychiatric reasons at some time between

1A special note of appreciation is extended to Mid-Cities Psychiatric Center, Ft. Worth, Texas, and especially to Dr. Larry F. Schieffer of the Center.
October 1, 1972, and November 30, 1972, were included in the group. During the specified time period, 20 women qualified for this group and were included in the study. Henceforth, this group will be referred to as the In-Patient (IP) Group.

A sample of women from the general population was obtained from the same geographical area as that served by the psychiatric clinic where the study was conducted. One-block areas were chosen within a ten-mile radius of the clinic, and every house per chosen block was included in the survey. Of the total 95 homes selected in the surrounding community, 25 women voluntarily participated in the study. This group will be, henceforth, referred to as the Community (COMM) Group.

Only two women listed their marital status as single. It was speculated that single women would not have family limitations as might married women, which might affect the availability of time for leisure use. Those single women were then excluded from the study. No women listed any medical illnesses or injuries that would limit their physical ability.

Ss were not assigned to psychodiagnostic categories because of the unreliability of such classification in the selected research setting and because of the unavailable additional staff time that would have been required to increase this reliability.

The three experimental groups utilized in the study, then, were the Community Group (COMM, N=25), the In-Patient Group (IP, N=20), and the Out-Patient Group (OP, N=25).
Procedure

An individual interview was conducted with each S in the three experimental groups. Ss were told that the information was being obtained as part of a research project aimed at investigating how women utilize their leisure time. Ss were asked to complete a written form of a basic data sheet (see Appendix I, p. 28). Ss were then given a list of leisure activities to review which consisted of a definition of leisure time and a reminder to give activities participated in during the past twelve months only (see Appendix I, p. 29). The list of leisure activities that the Ss reviewed was categorized into eleven areas of leisure interests, a classification of which was compiled at a National Workshop on Recreation and has been described as one of the most comprehensive listings made (Rodney, 1964, p. 206). The categories of leisure interest were arts and crafts; dance; drama; games, sports, athletics; hobbies; music; outdoor recreation; reading, writing, speaking; social recreation; special events; and voluntary services (Rodney, 1964, p. 206-211). Ss reviewed the leisure activities list and reported to the interviewer those activities in which they had participated in their leisure time during the past twelve months. The interviewer recorded all reported activities on a prepared check-sheet (see Appendix I, p. 35). After the recording of activities was completed, the interviewer asked the S the following questions about each reported activity:
1. "How often do you participate in the activity, for example, daily, once/week, once/month, etc?"

2. "How much time per participation is spent in the activity? Give an average approximate number of minutes or hours."

3. "Rate your level of enjoyment in the activity on a scale from 1 to 5, where 1 means that you enjoy the activity 'not at all,' up to 5, which means you enjoy the activity 'a lot.' You may give the enjoyment in the activity a 1, 2, 3, 4, or 5 rating."

The complete interview required an average of 10 minutes, time varying with the number of activities reported.

The following formulas were used for computation of data obtained from the questions asked each S.

1. Total time per year = Sum of "How often" X "How much time."

2. Mean level of enjoyment per hour = Sum of total time per activity X numerical rating given to the activity \( \frac{1}{\text{total time in all activities per S}} \).

The simple analysis of variance was then utilized to test for significance in each of the hypotheses.

Results

Accuracy of Matching

As a means of controlling for major differences in sociological backgrounds, the control group was chosen from
the same geographical area as served by the psychiatric clinic where the study was conducted. Characteristics unrelated to the major purposes of the study, but which could affect the amount of time available for leisure, were investigated to check on the comparibility of S groups.

Simple analysis of variance were utilized to investigate the age of Ss, number and ages of children, length of marriage, hours per day doing housework, and hours per night sleeping. There were no significant differences (p<.10) found; thus the three groups were matched on these selected characteristics (see Table I).

The occupations of Ss, hours per day working outside the home, occupation of spouse, amount of education, and marital status were factors which might further affect the utilization of leisure time. These factors were investigated by use of the $\chi^2$ for k independent samples. Hollingshead's classification of occupations was utilized to group the S's occupation into one of two categories: a) occupational levels 1-4; and b) levels 5-7, (Hollingshead, 1957). The same classification and division of levels were used for grouping the occupation of spouse. Data collected on the number of hours Ss worked outside the home were divided into one of two categories: a) zero hours; or b) 6 or more hours. A division of this nature separated housewives from working women, and also included all women in the study.
### TABLE I

Demographic Data on Selected Matching Variables of Community, In-Patient, and Out-Patient Groups

<table>
<thead>
<tr>
<th>MATCHING VARIABLES</th>
<th>COMM (N=25)</th>
<th>IP (N=20)</th>
<th>OP (N=25)</th>
<th>F</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of Subjects</strong></td>
<td>38.08 10.35</td>
<td>36.5 9.04</td>
<td>38.08 9.19</td>
<td>0.19</td>
<td>0.82</td>
</tr>
<tr>
<td><strong>Number of Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ages 0 - 4</td>
<td>0.36 0.64</td>
<td>0.10 0.31</td>
<td>0.20 0.41</td>
<td>1.69</td>
<td>0.19</td>
</tr>
<tr>
<td>Ages 5 - 10</td>
<td>0.40 0.58</td>
<td>0.45 0.76</td>
<td>0.48 0.71</td>
<td>0.09</td>
<td>0.92</td>
</tr>
<tr>
<td>Ages 11 - 17</td>
<td>0.84 1.14</td>
<td>0.65 0.81</td>
<td>1.00 1.29</td>
<td>0.54</td>
<td>0.58</td>
</tr>
<tr>
<td>Ages 18 and Over</td>
<td>0.68 1.11</td>
<td>1.05 1.23</td>
<td>1.00 1.26</td>
<td>0.66</td>
<td>0.52</td>
</tr>
<tr>
<td><strong>Length of Marriage</strong></td>
<td>15.92 9.53</td>
<td>11.8 8.58</td>
<td>14.72 7.38</td>
<td>1.34</td>
<td>0.27</td>
</tr>
<tr>
<td>Hrs/Day Housework</td>
<td>3.46 3.12</td>
<td>3.10 2.14</td>
<td>2.88 2.07</td>
<td>0.34</td>
<td>0.71</td>
</tr>
<tr>
<td>Hrs/Night Sleeping</td>
<td>7.60 0.97</td>
<td>7.75 1.68</td>
<td>7.52 1.32</td>
<td>0.17</td>
<td>0.84</td>
</tr>
</tbody>
</table>
As shown in Table II, there were no significant differences (p<.10) found in the occupation of Ss, hours per day working outside the home, and occupation of spouse among the COMM, IP, and OP Groups. The groups, then, may be considered reasonably well matched on these variables.

A significant difference (p<.05) was found among the experimental groups on marital status. Ss were divided into one of two categories: a) married or remarried, or b) widowed, divorced, separated. This categorical distinction was based upon the speculation that the presence or absence of the husband might affect the S's availability and/or utilization of leisure time. Only 4% of the COMM Group reported their marital status as widowed, separated, or divorced, while the OP Group reported 24% in this category, followed by the IP Group with 35%. The patients in psychotherapy thus showed a less stable marital status rating than did the control group.

A significant difference (p<.05) existed among the experimental groups on the amount of education. Ss were classified as either having 12 years or less education or more than 12 years education. The COMM and OP Groups were relatively equally matched on the amount of education, with 40% of the COMM Group and 36% of the OP Group having more than 12 years of education. Only 5% of the IP Group had more than 12 years of education, however.
TABLE II
Comparisons of Selected Characteristics
Of Community, In-Patient, And
Out-Patient Groups

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Observed Number</th>
<th>df</th>
<th>$\chi^2$</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMM</td>
<td>IP</td>
<td>CP</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married or Remarried</td>
<td>24</td>
<td>13</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Widowed, Divorced, Separated</td>
<td>1</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Yrs. or Less</td>
<td>15</td>
<td>19</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>More than 12 Yrs.</td>
<td>10</td>
<td>1</td>
<td>9</td>
<td></td>
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<tr>
<td>Occupational Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels 1 - 4</td>
<td>12</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Levels 5 - 7</td>
<td>13</td>
<td>10</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Hrs/Day Working Outside Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Hours</td>
<td>11</td>
<td>10</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>6 or More Hours</td>
<td>14</td>
<td>10</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Occupation of Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels 1 - 4</td>
<td>16</td>
<td>14</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Levels 5 - 7</td>
<td>9</td>
<td>6</td>
<td>10</td>
<td></td>
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</table>
Since both the IP and OP Groups were involved in psychotherapeutic treatment, the trends in length of treatment were investigated by use of the simple analysis of variance. As can be seen in Table III, there were no significant differences between the IP and OP Groups' number of times seen in therapy and number of weeks since first contact with the clinic, as computed from the time of the study. The IP average length of stay in the hospital was 10\(\frac{1}{2}\) days (see Table III). The mean number of weeks since first contact with the clinic showed that both groups have been in psychotherapy approximately one year, and seen at the clinic an average of once every two to three weeks, as summarized in Table III. The IP Group did not consist of only psychotic individuals, but rather those women experiencing some type of reactionary breakdown of coping mechanisms with various kinds of underlying personality structures. Therefore, it should be noted that the IP Group is not typical in the sense that these patients were hospitalized for short-term care and observation only, and do not necessarily represent advanced stages of pathological breakdown, or a chronic hospitalized population.

Results of Experimental Hypotheses

If one is to speculate that leisure time can be an important growth dimension in one's existence, the necessity of investigating some basic quantitative aspects of the utilization of leisure among women in psychotherapeutic
**TABLE III**

Length of Psychotherapeutic Treatment Of
In-Patient and Out-Patient Groups

<table>
<thead>
<tr>
<th>Length of Treatment</th>
<th>IP (N=20)</th>
<th>OP (N=25)</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$X$</td>
<td>$\sigma$</td>
<td>$X$</td>
<td>$\sigma$</td>
</tr>
<tr>
<td>Number of Times Seen in Therapy</td>
<td>24.4</td>
<td>28.05</td>
<td>18.56</td>
<td>20.96</td>
</tr>
<tr>
<td>Number of Weeks Ago Patient First</td>
<td>52.1</td>
<td>62.10</td>
<td>52.36</td>
<td>65.92</td>
</tr>
<tr>
<td>Contacted Clinic</td>
<td></td>
<td></td>
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<tr>
<td>Number of Days Hospitalized</td>
<td>10.25</td>
<td>5.40</td>
<td>0.00</td>
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</table>
aspects and one qualitative aspect chosen in this study for further investigation. Those aspects were 1) number of activities in which the women have participated during the past twelve months; 2) the categories of leisure interest of the chosen activities; 3) the total time spent in leisure activities; and 4) the level of enjoyment per hour of participation in leisure activities.

It was found that the OP Group reported the greatest mean number of activities (23.72), followed by the IP Group (17.15), and followed last by the COMM Group (16.44). A significant difference existed (p<.05) among the experimental groups in the number of activities in which each group participated during the past twelve months (see Table IV).

The OP Group also reported the greatest mean amount of total time spent in leisure activities (4823.52), again followed by the IP Group (3430.40 hours), and last by the COMM Group (3077.48 hours). The amount of total time spent in leisure activities among the experimental groups yielded a significant difference (p<.01), as shown in Table IV.

Table IV illustrates no significant differences found among the COMM, IP, and OP Groups in any category of leisure interest, with the exception of social recreation (p<.001). The OP Group reported nearly five times the mean amount of time spent in social recreation (1505.24 hours) as compared to the COMM Group (317.56 hours), and nearly twice the amount of time in social recreation than reported by the IP Group (694.30 hours).
### TABLE IV

Utilization of Leisure Time Among Community, In-Patient, and Out-Patient Groups

<table>
<thead>
<tr>
<th>Leisure Variables</th>
<th>COMM (N=25)</th>
<th>IP (N=20)</th>
<th>OP (N=25)</th>
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<th>P</th>
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<tr>
<td>Number of Activities</td>
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<td></td>
<td>16.44</td>
<td>17.15</td>
<td>23.72</td>
<td>3.69</td>
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<tr>
<td>Total Time (Hrs.)</td>
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<tr>
<td>Leisure Activities</td>
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</tr>
<tr>
<td>Arts and Crafts</td>
<td>307.48</td>
<td>1307.69</td>
<td>3430.40</td>
<td>4823.52</td>
<td>4.85</td>
</tr>
<tr>
<td>Dance</td>
<td>335.32</td>
<td>179.90</td>
<td>295.01</td>
<td>198.56</td>
<td>1.81</td>
</tr>
<tr>
<td>Drama</td>
<td>22.08</td>
<td>18.15</td>
<td>45.28</td>
<td>4.509</td>
<td>0.90</td>
</tr>
<tr>
<td>Games, Sports, Athletics</td>
<td>197.88</td>
<td>302.50</td>
<td>214.52</td>
<td>1.01</td>
<td>NS</td>
</tr>
<tr>
<td>Hobbies</td>
<td>889.40</td>
<td>965.40</td>
<td>817.12</td>
<td>0.25</td>
<td>NS</td>
</tr>
<tr>
<td>Music</td>
<td>595.92</td>
<td>484.00</td>
<td>4105.28</td>
<td>2.45</td>
<td>NS</td>
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<tr>
<td>Outdoor Recreation</td>
<td>215.52</td>
<td>161.90</td>
<td>211.12</td>
<td>0.19</td>
<td>NS</td>
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<tr>
<td>Reading, Writing, Speaking</td>
<td>419.72</td>
<td>606.70</td>
<td>619.80</td>
<td>0.92</td>
<td>NS</td>
</tr>
<tr>
<td>Social Recreation</td>
<td>317.56</td>
<td>694.40</td>
<td>1505.24</td>
<td>15.91</td>
<td>0.001</td>
</tr>
<tr>
<td>Special Events</td>
<td>8.16</td>
<td>5.40</td>
<td>66.68</td>
<td>1.07</td>
<td>NS</td>
</tr>
<tr>
<td>Voluntary Services</td>
<td>57.08</td>
<td>10.30</td>
<td>24.72</td>
<td>1.18</td>
<td>NS</td>
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<tr>
<td>Level of Enjoyment Per Hour of Activity</td>
<td>4.40</td>
<td>3.89</td>
<td>4.03</td>
<td>3.44</td>
<td>0.04</td>
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</table>
Although the COMM Group reported the least number of activities and the least amount of time spent in leisure, their mean level of enjoyment per hour of participation (4.40) was higher than both the OP Group (4.03) and the IP Group (3.39). These differences were significant (p<0.05), as shown in Table IV.

The women in psychotherapeutic treatment were found to be participating in a greater number of activities, spending more time in leisure activities, reporting a greater amount of time spent in social recreation, but enjoying their hourly participation less than the COMM Group.

Discussion

As stated earlier in the study, leisure may be used as one of three goals in a therapeutic process, depending upon the stage of therapy at a given time with a specific patient. The first goal was that of maintaining the patient's present state of being such that the self does not become further divided and disintegrated. The second goal was aimed at allowing the patient to experience awareness of immediacy, of the here-and-now, of a freedom of choice within the leisure context of one's temporal existence. During the process of working toward the second goal, the person can utilize a freedom of choice in selection and execution of leisure activities. This freedom of choice should be reflective of self-responsibility for personal growth while exploring the
relationship to self, other, and world within those activities. The third goal dealt with the patient's continuing awareness of the necessity of utilizing a freedom of choice aimed at meaningful growth toward the highest experiential goals of peak experiences, self-actualization, and self-transcendence.

A prediction relative to how one's leisure time patterning would reflect these goals might show a patient who, in the beginning stages of psychotherapy, reflects few leisure activities and a low level of enjoyment in those activities. Keeping the patient in at least a few activities is important, as one means of preventing further self disintegration. As the patient progresses in psychotherapy, she becomes more aware of time itself and how it may be better utilized to meet her growth needs. From this temporal awareness, a greater amount of time becomes available for leisure. The patient also recognizes that she is the one who will choose how to utilize this leisure. As she becomes aware of her freedom of choice, she begins to experience the feeling that she is responsible for creating her own meaningfulness in life, and specifically in the use of leisure. With this realization, the patient begins to responsibly choose leisure activities, and since she is the one who has, with awareness, chosen what she will do, her level of enjoyment increases. So, then, in the process of working toward the second goal, i.e., the awareness of the freedom of choice available to the patient, etc., one would predict a patient would have a greater number of leisure
activities, a greater amount of time spent in leisure, and a higher level of enjoyment than experienced during the initial stages of psychotherapy.

As the patient enters the termination stages of psychotherapy, her leisure pattern would probably indicate a leveling off of leisure activities, i.e., she would be participating regularly in activities which she has found to be most meaningful to her and not necessarily continue to increase the number of activities and time spent in leisure. It follows that as the patient successfully terminates her psychotherapeutic treatment, she reflects an optimal level of enjoyment in her chosen leisure activities.

The findings in this study seem to reflect a process of the nature just described. The OP Group made available for themselves a greater amount of leisure time and chose a greater number of activities for participation than the IP and COMM Groups. Since the OP Group has been in psychotherapeutic treatment a mean of 52 weeks, or one year, the second goal seems evident as an indicator of where in the therapeutic process these women may be. The OP Group is as yet not experiencing the high level of enjoyment as compared to the COMM Group. It is predicted that as the OP Group reaches termination stages of psychotherapeutic treatment, their level of enjoyment will approach that of the COMM Group.
The IP Group also showed a mean length in therapy of one year, and has been hospitalized for psychiatric reasons at some point during this study. The need for hospitalization seems to indicate that the IP Group has not reached the same level of healthy integration as has the OP Group. They have, however, been in psychotherapeutic treatment for a mean of one year, and they do show a greater mean number of activities and larger mean amount of time spent in leisure as compared to the COMM Group, but have not as yet extended their leisure time usage to the same degree as has the OP Group. The IP Group's mean level of enjoyment is the lowest of all three groups, which is to be expected since these women have apparently not progressed at the same rate as the OP Group, and would thus be more reflective of the beginning phases of therapeutic treatment than the OP Group in terms of awareness of their responsible freedom of choice in the creation of their own meaningfulness. A higher level of enjoyment experienced in leisure activities would be predicted to occur in the IP Group as their movement in therapy increases and their progress toward healthy self-integration increases.

The finding that women in psychotherapeutic treatment spent a large amount of time in social recreation was contradictory to previously cited research findings and speculations. It was also found, however, that in ten different categories of leisure interests, there were no significant differences among the experimental groups. The kind of leisure activities
does not seem to reflect the amount of differential information as other aspects of leisure time use. The large amount of time spent in social recreation by the women in psycho-therapeutic treatment is probably reflective of the exploratory process occurring within the context of finding meaning in relation to self, other, and world. The women in psychotherapy are becoming aware of the areas in which personal growth occurs for them and are exercising their responsibility to choose which kind of leisure activities best meets their growth needs at a given stage of therapy. As the women in psychotherapy continue to experience the feeling that they are responsible for their own meaningfulness, and continue to experience the freedom of choice within themselves, they will no longer need the large amount of social recreation to reassure themselves of their relation to self, other, and world. As these women terminate their psychotherapy, the amount of time spent in social recreation will probably level off and approach that of the control group.

**Suggestions for Further Research**

Has the inability to experience fullest pleasure in leisure been a causative factor in leading the IP and OP women into psychotherapy or has the psychopathology produced the lowered level of enjoyment or ability to experience a pleasurable, meaningful use of leisure time? Or, since the IP and CP Groups have, on an average, contacted the clinic one year ago, has their ability to experience pleasure or
enjoyment actually increased during their psychotherapeutic relationship? What, then, have been the effects of psychotherapy? Two additional groups, IP and OP, who have had no previous psychotherapy are needed for comparison purposes.

The study was limited to married women because of their availability in the research setting. What are the effects of family life on the woman's use of leisure time? Is the leisure of the woman in psychotherapy planned primarily around that of the husband and children more so than women who do not seek treatment? Does the woman, as a separate individual, give herself the opportunity to be, at some regular intervals, unrestricted in exercising her own, unique, freedom of choice in selecting leisure interests to meet her needs? A further study is needed among IP, OP, and COMM Groups to determine with whom the woman participates in leisure, such as self, family, and/or friends, and to what extent her leisure interests correspond with those of her husband and family. A descriptive study, for comparative purposes, on how single women utilize their leisure time might also serve a useful purpose.

Summary

A group of out-patient women in psychotherapeutic treatment (N=25), a group of women in psychotherapeutic treatment who had been recently hospitalized (N=20), and a control group (N=25) were chosen for an investigation of how these women utilize their leisure time. A data-gathering
interview was conducted with each S. It was found that the women in psychotherapy who had not been hospitalized during the past year reported significantly more leisure activities (p<.05) in which they had participated and spent a significantly (p<.01) greater amount of total time in leisure during the past twelve months than did the hospitalized group and control group, in that order. The hospitalized group reported a mean of only 10½ days in hospitalization, and were thus not typical of a chronic hospitalized population. It was also found that the non-hospitalized women in psychotherapy spent a significantly (p<.001) greater amount of time in social recreation, again followed by the hospitalized and control groups, in that order. The control group, however, reported a significantly (p<.05) higher level of enjoyment per hour spent in leisure participation, followed by the non-hospitalized women, and last by the hospitalized group. It was concluded that as women in psychotherapeutic treatment reach a successful completion of psychotherapy, their utilization of leisure time will approach that of the control group. An existential frame of reference was utilized to explain this conclusion.
**APPENDIX I**

**BASIC DATA SHEET**

1. **NAME:** ________________________________

2. **ADDRESS:** ________________________________

3. **AGE** ____________________ **RELIGION** ________________________________

4. **RACE** ________________________________

5. **MARITAL STATUS:**
   - Single
   - Married
   - Widowed
   - Divorced
   - Separated
   - Remarried

6. **LENGTH OF MARRIAGE** ________________________________

7. **EDUCATION:**
   - 8 yrs. or less
   - 9-11 yrs.
   - 12 yrs.
   - 13-15 yrs.
   - 16 or more yrs.
   - Vocational Tr.
   - Other (Specify)

8. **OCCUPATION (BE SPECIFIC):** ________________________________

9. **WORKING HOURS:** ________________________________

10. **OCCUPATION OF SPOUSE (BE SPECIFIC):** ________________________________

11. **WORKING HOURS OF SPOUSE:** ________________________________

12. **NUMBER AND AGES OF CHILDREN** ________________________________

13. **ANY ILLNESS OR INJURIES THAT LIMIT PHYSICAL ACTIVITY?**
   - **YES**
   - **NO**

14. **LIVING ARRANGEMENT:**
   - ALONE
   - WITH SPOUSE
   - WITH PARENTS
   - WITH RELATIVES
   - WITH ROOMMATE

15. **TIME PER DAY DOING HOUSEWORK?** ________________________________

16. **TIME PER DAY SLEEPING** ________________________________

28
THIS IS A SHORT SURVEY OF YOUR USE OF LEISURE TIME.

BY LEISURE TIME IS MEANT FREE TIME WHEN WE ARE FREE TO REST OR DO WHAT WE CHOOSE. LEISURE TIME DOES NOT INCLUDE WHAT WE MUST DO TO MAINTAIN OUR BODIES (EAT, SLEEP, ETC.,) OR WHAT WE DO TO PREPARE FOR WORK OR SCHOOL.

PLEASE GIVE ALL LEISURE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING THE PAST YEAR.
SUGGESTED CATEGORIES OF LEISURE TIME INTERESTS

I. ARTS AND CRAFTS

- leather work
- picture painting
- wood working
- ceramics
- sketching
- drawing
- clay modeling
- candle making

- knitting
- crocheting
- paper mache
- flower arrangements
- sewing
- gourmet cooking
- any others?

II. DANCE

- folk dance
- square dance
- social dance
- tap dance
- ballet

- creative dance
- modern dance
- conditioning and free exercise
- art of movement
- concert dance
- popular, fad dances
- any others?

III. DRAMA

- charades
- choral speech
- community theater
- creative drama
- operettas
- pageants
- plays
- impersonations

- puppetry
- skits
- story telling
- story reading
- stunts
- attendance at theater performances
- any others?
IV. GAMES--SPORTS--ATHLETICS

archery
bicycling
boating
bowling
fishing
hunting
checkers
chess
water skiing
snow skiing
motorcycling
canoeing
badminton
tennis
table tennis
billiards
pool
fencing
judo
karate
horeshoes
croquet
swimming
gymnastics
volleyball
softball
basketball
baseball
touch football
field hockey
track and field
golf
soccer
handball
shuffleboard
darts
riflery
horseback riding
miniature golf
hiking
roller skating
ice skating
sailing
camping
pin ball machines
exercising
card games
poker
bridge
canasta
solitaire

spectator at sports events,
(list)
spectator via TV coverage
any others?

V. HOBBIES

Collecting
stamps
antiques
models
books
china
paintings
coins
insects
stereophonic records

bird watching
astronomy
astrology
growing plants
photography
gardening
lawn management

any others?
VI. MUSIC

Singing
informal singing
community singing
choruses
quartets
ensembles
solos
church choir

playing instruments
in a band
orchestra
chamber music group
variety shows
talent shows

any others?

Listening
stereo
radio
television

attendance at music events and concerts

song writing

VII. OUTDOOR RECREATION

nature activities
scenery and observation
collecting
nature trails

plant culture
gardening
landscaping

animal care

visits to
museums
zoos
parks
gardens

driving for pleasure
walking for pleasure

any others?

VIII. READING, WRITING, SPEAKING

Reading
newspapers
books
magazines
professional
popular
home
school
fashion
love stories
current events

Writing
letters to relatives
letters to friends
stories
poetry

Speaking
luncheons
banquets
clubs

Any others?
IX. SOCIAL RECREATION

Events
- parties
- banquets
- outings
- dances
- snow and ice events
- family recreation
- teas
- coffee hours
- cocktail hours

Informal drinking
shopping
eating out
visiting friends
visiting out of town
visiting relatives
telephone
having company in home
loafing
talking at home

attendance at
walk-in movies
drive-in movies
concerts
bars

beer parties
card parties
night clubs
dating
sexual activities
member of organizations

any others?

X. SPECIAL EVENTS

Exhibits of objects
- hobby show
- science fair
- arts and crafts exhibits
- flower show

Mass activities
- carnival
- state fair
- family reunions

holiday activities
tournaments and contests
attending conventions

any others?

XI. VOLUNTARY SERVICES

Administration
- Board members
- committee workers
- fund raisers
- decorations

Program
- club leaders
- activity leaders
- camp counselors
- special event assistants
Services
clerical
libraries
legal
maintenance
public relations
hospital
school
health agencies

Any others?
LEISURE ACTIVITY CHECK-SHEET

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME PER OFTEN PARTICIPATION</th>
<th>LEVEL OF ENJOYMENT</th>
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<tr>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
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References


