Does Self-Monitoring Influence the Experience of Leisure for Individuals with Spinal Cord Injury?

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Abstract

The purpose of this study was to determine if self-monitoring (SM) characteristics (i.e., low SM or high SM) influence the leisure experiences of people with spinal cord injury (SCI). A total of 206 respondents (mean age: 40.6; range = 19 - 75) responded to the mailed survey. People with SCI high in SM experienced higher perceptions of freedom in leisure (i.e., perceived competence, perceived control, leisure needs, and depth of involvement) than those low in SM. Although people with SCI high in SM were not significantly different from people low in SM on free time boredom, they participated slightly more frequently in recreation activities and hobbies, socializing with friends, reading, and going out for fun and relaxation than did persons low in SM. No difference between groups was found in the degree of watching television.

Key Words: Spinal cord injury, self-monitoring, leisure experience, rehabilitation

Being part of natural social groups and having "typical" activities, roles, and relationships are important to most people with spinal cord injury (SCI) (Lee, McCormick, & Austin, 2001; Ville, Crost, Ravaud, & Group, 2003). Numerous rehabilitation scholars have identified the importance of social and community integration to the well-being of people with physical disabilities (Forchheimer & Tate, 2004; Whiteneck, 1994). Thus, achievements in community after rehabilitation are how rehabilitation specialists often identify successful treatment outcome (e.g., Dijkers, 1999; Hansen, Forchheimer, Tate, Charlifue, 1998; Whiteneck).

Community integration has been identified as an important modality of recreational therapy services. In their national survey, Kinney, Kinney and Witman (2004) found that community integration was the most frequently used modality by recreational therapists working in physical medicine and rehabilitation. In addition, community integration was rated as one of the top modalities by recreational therapists serving other types of populations in inpatient, long term care, outpatient, community, residential treatment, and subacute settings. While the term "community integration" has been defined somewhat loosely, Dijkers (1999) defined community integration as returning to pre-injury social roles and activities in the context of relationships with family, friends, and others in natural community settings. Treating community integration as synonymous with "community living", Townsend and Ryan (1991) defined it as "the participation and contribution in every aspect of community life" (p. 53). Community integration was also defined as "ability to perform activities and roles necessary for full participation in society" (Reistetter, Spencer, Trujillo, & Abreu, 2005, p. 109).

For individuals with spinal cord injury (SCI), however, full participation in community activities and resuming social roles can be very challenging.

Trieschmann (1988) noted that individuals with SCI often experience difficulty in presenting themselves in public situations due to their visible physical differences and use of wheelchairs. In addition, Charmaz (1983) reported that individuals with physical disabilities experience a heightened self-consciousness. Furthermore, Fontana and Smith (1989) provided evidence that individuals with physical disabilities construct and maintain their presentation of self in accordance to the actions of others.

Considering the significance of community living and difficulties in social relationships by individuals with SCI, studying individual differences in self-presentation that impact social and community life merit empirical attention. Such individual differences were first conceived by Snyder's construct of self-monitoring, which refers to the motivation and ability to monitor and modify one's expressive behavior in social interaction (Gangestad & Snyder, 2000; Snyder, 1987). Snyder argued that people who monitor themselves treat social interaction as "dramatic performances designed to gain attention, make impressions, and at times entertain" (p. 178). In particular, SM is a personality variable that can help to explain the extent to which individuals use social cues from their daily social interactions to determine the appropriateness of their attitudes and actions (Snyder).

Self-Monitoring

SM refers to the extent to which people cultivate as well as project social images and public appearances. Gangestad and Snyder (2000) proposed that people differ meaningfully in the extent to which they can and do engage in expressive control. According to Snyder (1987), people high in SM are likely to be pragmatic in their interactions with other people. They easily modify their behaviors and self-expressions to fit the social situations in which they find themselves; hence, Snyder characterized them as "social chameleons". People high in SM possess appropriate skills to selectively express or conceal their emotions based on the social context and apparent situational appropriateness. On the other hand, people low in SM often express themselves more consistently from situation to situation (Snyder, 1987). These individuals tend to maintain congruence between their personal values, beliefs, and their behaviors (Gangestad & Snyder, 2000; Snyder). Therefore, they are rather "principled beings" whose behaviors flow from internal characteristics (Snyder).

People with high SM are sensitive to group norms and the behaviors of others. They are also more accurate in diagnosing group norms and others' behaviors, and can adapt their behavior flexibly to social cues (Snyder). Similarly, Gangestad and Snyder noted that people high in SM are better at scanning the social world for information about people and their intentions. Based on information they gather during the immediate social situation (*in situ*), individuals high in SM tend to adapt their behavior in order to be more comfortable while interacting with many people (Gangestad & Snyder).

People with low SM are less sensitive to external cues. For example, DeBono and Snyder (1995) found that attitudes and behaviors were significantly correlated for people low in SM, concluding that they are likely to behave according to their intentions. Other researchers reported that people low in SM tend to choose social situations consistent with privately held attitudes (DeBono, Green, Shair, & Benson, 1995), and endorse feedback consistent with their own self-image (Jones, Brenner, & Knight, 1990). Reflecting on all these findings, people low in SM tend to display consistent behaviors regardless of group norms or the possibility of appearing inappropriate or boorish in some circumstances.

Snyder (1987) noted that people high in SM conceive of friendship in terms of activities engaged in with others. More specifically, they are attracted to people with similar recreation preferences (Jamieson, Lydon, & Zanna, 1987). They also tend to choose an activity partner based on their own expertise in a particular activity (Snyder, 1987). For example, individuals high in SM like to have one friend for golf, another friend for racquetball, and yet another friend for soccer. Ultimately, people high in SM choose activity partners who facilitate the construction of their own situationally appropriate appearances (Terkildsen, 1993).

Unlike people high in SM, those low in SM are attracted to people who share their attitudes (DeBono & Snyder, 1995). They are more likely to engage in long-term dating relationships with a single partner and tend to seek relatively homogenous social worlds (Gangestad & Snyder, 2000). People low in SM prefer to belong to a clique within which the individual can freely express a characteristic disposition (Snyder). They tend to choose friends on the basis of liking, irrespective of whether the friends are proficient in tennis, basketball, or chess. They like to be with the same friends across activity domains (Gangestad & Snyder).

Purpose Statement

Having a pragmatic self-conception, people high in SM and those who pay high attention to social information may be influenced more by the presence of other people than those who are low in SM, when it comes to the leisure experience. As principled beings, people low in SM may be influenced more by inner characteristics and personal attributes when choosing leisure activities, than by external characteristics. With limited research on SM and leisure, it is uncertain, however, how different personality characteristics (i.e., high and low in SM) impact the leisure experience. With these theoretical assumptions in mind, the purpose of this study was to determine if the leisure experience (i.e., perceived freedom in leisure, free time boredom, frequency of recreation participation, and TV watching) varied by SM characteristics (i.e., high SM or low SM) of people with SCI. The following research question was examined: Are people with SCI who are high in SM significantly different from those low in SM in experiencing leisure?

Methods

Sampling

The study sample was drawn from the outpatient mailing list of the Shepherd Center located in Atlanta, Georgia. The computer program that contained the outpatient mailing list initially selected those individuals who had been discharged from the agency for more than 6 months. From this pool, a random number of 500 were selected by computer. A packet containing a cover letter explaining the nature of the study, a consent form, research questionnaires, and a self-addressed, stamped envelope was sent to the 500 individuals. To ensure confidentiality, the mailing labels were affixed to envelopes by staff at the rehabilitation hospital. The cover letter informed potential respondents that participation in the study was voluntary. To protect anonymity, respondents were not asked to identify themselves by name on the questionnaires. Since the return envelope used the hospital's address, all responses were sent accordingly.

While 117 individuals returned their responses by the designated date (one-month from the distribution day), a second mailing occurred right after the designated deadline, asking for a response. The same packet of questionnaires was sent to all respondents along with a cover letter encouraging their cooperation. The cover letter encouraged those who had not responded previously to do so at their earliest convenience. The letter also instructed those who responded earlier to discard the questionnaire. This second mailing procedure generated 114 additional responses. The use of bulk mail eliminated 7 forwarded or returned packets with incorrect addresses. Among 231 responses, 25 were eliminated because large parts of the questionnaire were left blank. Considering the (a) returned questionnaires, (b) questionnaires with unusual responses, and (c) non-respondents, this study achieved a 41% response rate (206/500=.412).

Demographic Characteristics of the Sample

The final sample consisted of 206 respondents, with a mean age of 40.6 years (range = 19 - 75, *SD* = 13.3). A majority were male (72.3%) and white (81%). Approximately 42% of the individuals were single and 37% were married (see Table 1). Almost 38% of the sample were unemployed, 20% were employed full-time, 11% were students, and 18% were housewives. Slightly over half of the sample had 12 years of education or less, and another 26% of the sample had completed at least four years of college. Approximately 43% of the sample had an annual income $10,000 or less, and almost 23% earned more than $30,000 a year. The average length of injury was 9.3 years (range = 1 - 48 years, *SD* = 7.63). Just less than half (46%) had paraplegia and 43% had quadriplegia.

Instrumentation

Self-monitoring. Snyder's (1987) 18-item Self-Monitoring Scale was used, which has reported acceptable levels of validity and reliability (see related studies for further information on psychometric properties) (Gangestad & Snyder, 2000; Snyder; Snyder & Gangestad, 1986). This scale assesses (a) the level of social appropriateness, (b) the degree of using social comparison information, (c) the degree to which an individual controls and modifies one's presentation of self to others, and (d) the extent to which one's presentation of self is tailored to fit the social situation. While the original instrument used only "yes" or "no" response categories, this study employed a Likert scale using a 1 to 5 interval response pattern (i.e., 1= "strongly disagree" to 5= "strongly agree"). In using this scale, Briggs and Cheek (1986), further supported Miller and Thayer's (1988) recommendation that a multipoint scale yielded higher internal reliability and criterion-related validities than the true-false version. A high score indicates a high degree of SM. Sample items or statements include: "At

parties and social gatherings, I do not attempt to do or say things that others will like"; "I guess I put on a show to impress or entertain others"; "In a group of people, I am rarely the center of attention". Cronbach's alpha in this study was .76.

Leisure experience. Leisure experience is not a single, unified factor, but actually a variety of factors within the context of leisure. In this study, leisure experience was measured using the following important leisure constructs: (a) perceived freedom in leisure, (b) free time boredom, (c) frequency of recreation participation, and (d) the level of TV watching.

Perceived freedom in leisure (PFL) was measured using the Short Form Adult Version B of the Leisure Diagnostic Battery (Witt & Ellis, 1989). Perceived freedom is an essential condition of leisure and is a stable, dispositional variable that is also an indication of an individual's leisure functioning (Ellis & Witt, 1986). The PFL is comprised of 4 subscales, including perceived competence in leisure, perceived control in leisure, depth of involvement during leisure, and fulfilling such needs as being creative, having fun, and being able to relax during one's leisure. According to Witt and Ellis, individuals with high scores on PFL are likely to possess a high degree of competence, control, and intrinsic motivation in leisure. The 25-item questionnaire uses a 5-point Likert scale (1= "strongly disagree" to 5= "strongly agree"). A high score indicates a high degree of freedom in leisure. Witt and Ellis reported a high alpha reliability ranging between .90 and .92 and acceptable levels of convergent and discriminant validity. In this study, Cronbach's alpha was .96.

Free time boredom (FTB) was assessed through a mean score on two single-item indicators used by Caldwell and Weissinger (1994). FTB is defined as "the subjective perception that leisure experiences do not satisfy individual needs for optimal arousal" (Iso-Ahola & Weissinger, 1990). The two indicators were: (a) "In my free time, I usually don't like what I'm doing, but I don't know what else to do" and (b) "I am usually bored in my free time". Using a 5-point Likert scale, respondents were asked to answer from "strongly disagree" (1) to "strongly agree" (5). Higher scores indicate higher levels of boredom during leisure. The reliability for the original 16-item scale was reported as .85, .86, and .88 in three separate studies reported by Iso-Ahola and Weissinger (1990). These studies also provided support for the construct validity of the leisure boredom scale and the items included therein. In this study, Cronbach's alpha for this measure was .85.

Frequency of recreation participation was determined by a mean score on "How frequently do you participate in the following categories of activities: (a) recreational activities and hobbies; (b) socializing with friends; (c) reading; and (d) going out for fun and relaxation". Response format for the measure is 1 = "never", 2 = "seldom", 3 = "occasionally", and 4 = "frequently". Cronbach's alpha for this measure was .69. In this measurement, a higher score indicated more frequent recreation participation.

Watching TV was measured by the subjective degree or amount of time spent watching TV by using the following single item: "How much do you spend time in watching TV?" Respondents were asked to rate the degree from 1 = "never" to 10 = "a lot".

Data Analysis

Using the SPSS program (version 11.5), descriptive statistics (e.g., means, percentiles, standard deviations) were used to examine the demographic characteristics of the sample. Cronbach's alpha tests (see Table 2) were conducted to explore the reliability of the measures (e.g., SM, PFL, FTB, Frequency of Recreation Participation, and Watching TV). A one-way multivariate analysis of variance (MANOVA) was calculated to test for significant differences between individuals high or low in self-monitoring. Dependent variables included FTB, Frequency of Recreation Participation, Watching TV, and PFL (including mean score for all PFL items, total summed score for all PFL items, as well as mean score for each of the 4 PFL sub-scales; perceived competence, perceived control, depth of involvement, and leisure needs).

Results

A one-way MANOVA analysis for all dependent variables indicated a significant effect (Lambda(8,172) = 4.23, p = .000). Based on the MANOVA result, follow-up univariate ANOVAs were conducted. Table 3 describes the number of participants in each of the cohorts for the two independent variables.

Perceived Freedom in Leisure (PFL)

Significant differences exist between individuals low and high in SM (F(1,179) = 21.08, p = .000) when exploring level of PFL (see Table 3). Individuals with SCI who were high in SM rated higher on PFL (M=3.68,

SD=0.61) than individuals low in SM (*M*=3.23, *SD*=0.69). Individuals with SCI who were high in SM were significantly higher on all four of the PFL subscales, compared to persons with SCI who were low in SM.

Free Time Boredom (FTB)

Persons with SCI high in SM were not significantly different from those low in SM on FTB ($F(1,179) = 2.39$, $p = .12$). Overall, regardless of SM group, individuals with SCI reported a value of about "5" on FTB (4.86-5.43). FTB was measured using two items, both using a 5-point scale with higher scores indicating higher level of boredom in free time.

Frequency of Recreation Participation (FRP)

People with SCI high in SM were significantly different from those low in SM ($F(1,179) = 9.65$, $p = .00$) on FRP. That is, persons with SCI who were high in SM participated more frequently in recreation activities and hobbies, socializing with friends, reading, and going out for fun and relaxation (*M*=3.15, *SD*=0.63) than did persons low in SM (*M*=2.85, *SD*=0.68). However, on a practical level, regardless of one's SM characteristic, all study participants had a value of about "3" indicating that they "occasionally" participated in these forms of recreation.

TV Watching

Individuals with SCI high in SM (*M*=5.93, *SD*=2.58) were not significantly different from individuals low in SM (*M*=6.42, *SD*=2.49) on the degree of TV watching ($F(1,179) = 1.65$, $p = .20$). Regardless of SM characteristics, on average, these individuals reported a level of TV watching of a value of about "6." All individuals were just above the midpoint on a 10-point scale, where a "1" meant they "never" watched television, and a value of "10" would indicate that they watched "a lot" of television. Individuals low and high in SM watched a moderate amount of television.

Discussion

The purpose of this study was to determine if the experiences of leisure vary by SM characteristics (low in SM or high in SM) of people with SCI. It is interesting to note that people high in SM had higher PFL. Leisure is often characterized by people interacting with each other and establishing a "sense of belonging" (Scott & Godbey, 1992). Considering the social nature of leisure, it may be that people high in SM are more pragmatic (Snyder, 1987), flexible (Snyder), and adaptable when interacting with other people (Gangestad & Snyder, 2000), compared to people low in SM. Due to the ability of people high in SM to monitor and adapt their own behavior, they may feel more comfortable in leisure situations.

Some researchers found perceived competence to be salient to leisure participation (Boschen, 1996) as it provides individuals with a degree of assurance that their leisure involvement will be rewarding (Witt & Ellis, 1989). Considering the fact that people high in SM reported significantly higher levels of competence in leisure than people low in SM, they appear to have more active and rewarding leisure participation than those with low SM. People high in SM also have a higher sense of control in leisure than individuals low in SM, which means that people high in SM feel capable of determining consequences or outcomes of leisure involvement (Mannell & Kleiber, 1997; Witt & Ellis, 1989).

This study further indicated that people high in SM are able to meet their intrinsic leisure needs (e.g., relaxation, catharsis, compensation, gregariousness, novelty, etc) than people low in SM. Furthermore, results indicated that people high in SM are better able to experience deeper involvement during leisure activities than people low in SM. The findings of this study are consistent with existing evidence that people high in SM seek higher levels of social interactions, have a greater need to get involved in social activities, take an active role in relating with others, and feel comfortable interacting with many people (Gangestad & Snyder, 2000; Snyder, 1987).

This study did not find a statistically significant difference in FTB between people low and high in SM. While neither group reported that they were bored during their free time, people low in SM reported relatively higher boredom in free time than people high in SM. Individuals low in SM tend to be less socially inclined than people high in SM. In fact, one of the findings of this study revealed that people low in SM participated less frequently in recreation activities and hobbies, socializing with friends, reading, and going out for fun and relaxation than did persons high in SM.

This study provides evidence that one's personality does not influence the degree of watching TV. More specifically, people with SCI high in SM were not significantly different from people low in SM when comparing the degree of watching TV. Regardless

of group, they rated a moderate degree of watching TV. Researchers (Kinney & Coyle, 1992) noted that this passive form of leisure participation contributes to social isolation. From an experiential perspective, Yerxa and Locker (1990) reported that watching TV was rated below average in satisfaction when compared to other free time activities. Csikzentmihalyi and Kubey (1981) also reported the experience of watching TV as unchallenging, relaxing, and relatively uninvolving.

Despite the interesting results of this study, several methodological issues must be considered when interpreting the results. First, some variables were operationalized using one or more items not originally intended for that purpose. While a conceptual rationale was presented, and internal consistency reliability data for measures with more than one item substantiated, other psychometric properties are unknown. Second, due to the inherent limitations associated with the low internal consistency of the SM measure as well as frequency of recreation participation measure, interpreting the results of these variables and highlighting implications to practitioners working with this population should be done carefully. Third, because participation was voluntary, the sample may represent those individuals with SCI who are more active and feel more positive about their disability. Fourth, this study employed an ordinal scale for some measures, and equal degrees of change from one rating to the next, as would occur in an interval scale, cannot be assumed. Fifth, the response rate was relatively low.

To summarize the findings, it appears that SM is an important personality variable when characterizing the leisure experience of individuals with SCI except FTB and watching TV. People high in SM differ in PFL and frequency of recreation participation, compared to those low in SM. That is, people high in SM are more likely to be freer and to actively participate during leisure than those who are low in SM. While PFL is an indicator of leisure functioning (Ellis & Witt, 1986; Witt & Ellis, 1989), it may be that items measuring PFL also capture social aspects of leisure involvement. For example, items such as "I can do things to improve the skills of the people I do recreation activities with", "I can do things during recreation activities that will make other people like me more", "I can do things during a recreation activity that will enable everyone to have more fun" among numerous other items are indicative of socially driven constructs. Thus, individuals low in SM might be lower in this measure than those high in SM. In addition, as SM theory purported, the reason why individuals low in SM participate in recreation activity less frequently than those who are high in SM, may be that people low in SM tend to choose a constant partner with whom they would prefer to share many activities, giving relatively less attention to the partner's expertise level in that activity (Snyder, 1987). However, people high in SM need to alternate partners when the activity requires a different level of expertise (Snyder).

While this study demonstrated differences in leisure experience between people high and low in SM, a personality characteristic such as SM appears to be an important variable for leisure and rehabilitation research. Further empirical attention is needed to apply SM or other personality variables when designing and conducting leisure and rehabilitation research. It is advisable for researchers to use full scales to measure recreation participation and free time boredom. More research employing personality variables needs to be conducted in order to fully comprehend the nature of leisure and coping with SCI. In this regard, this study provides further support for Krause's (1997) plea for more research utilizing personality variables.

The findings of this study also offer some implications with regard to clinical practice. While all clients may seek social interaction and social support, the patterns through which they engage in social activities would likely vary between persons high and low in SM. Thus, recreational therapists should take this into consideration when designing social skill intervention. For example, treatment goals for clients low in SM might be geared toward developing strategies that maintain existing social leisure relationships, while goals for clients high in SM might focus more on development of appropriate social skills to develop new social leisure relationships. In addition, one general implication for clinical practice includes recognition of the importance of personality assessment in recreational therapy. In order to maximize treatment outcomes, recreational therapists should consider personality characteristics to increase their understanding of individual clients. Clients with similar level of injury may choose and experience community activities different ways. As this study demonstrated, SM personality does impact one's experience in leisure. While similar diagnosis may reveal similar physical functioning, individuals with a similar diagnosis do not necessarily act in similar ways in social and community situations. In designing and implementing a community

reentry program, for example, a careful consideration of personality characteristics may lead to improved client care and improved outcomes. The significant differences in perceived freedom in leisure and frequency of activity participation indicates that leisure functioning is an important component in the lives of people with SCI following rehabilitation, as has been consistent with previous research. Existing studies (e.g., Hutchinson, Loy, Kleiber, & Dattilo, 2003; Iwasaki, 2002; Loy, Dattilo, & Kleiber, 2003), for example, offered empirical evidence that participation in enjoyable activities is an important coping resource.

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Table 1
Demographic Characteristics of the Respondents

	Frequency	Percent
Gender		
Male	149	72%
Female	57	28%
Ethnic Background		
White	167	81.1%
African American	31	15%
Hispanic	2	1%
Others	6	2.9%
Marital Status		
Single	87	42.2%
Married	77	37.4%
Separated/Divorced	37	18%
Missing data	5	2.4%
Income		
under $5,000	39	20%
$ 5,001-$10,000	48	23.3%
$10,001-20,000	31	15%
$20,001-$30,000	22	10.7%
$30,001-$40,000	13	6.3%
$40,001-$50,000	8	3.9%
$50,001+	26	12.6%
Education		
less than 12 yrs	45	21.8%
12 yrs	58	28.2%
13-15 yrs	38	18%
4 yrs college	34	16.5%
Graduate Work	20	9.7%
Others	12	5.8%
Injury level		
Paraplegia	94	45.6%
Quadriplegia	88	42.7%
Missing data	24	11.7%

Table 2

Means, Standard Deviations, and Alpha Coefficients of the Research Variables

Variables		Mean	*SD*	α	*N*
Self-Monitoring	2.77	.52	.76	205	
PFL Overall	3.44	0.70	.96	202	
PFL Competence	3.30	0.88	.84	202	
PFL Control	3.42	0.68	.91	202	
PFL Depth	3.59	0.80	.86	202	
PFL Needs	3.52	0.73	.86	202	
Free Time Boredom	2.58	1.27	.85	206	
Freq of Rec. Particip.	3.00	0.65	.69	204	
TV Watching	6.16	2.55	*	204	

* = Cronbach's alpha not appropriate

Table 3

Follow-up ANOVA Results Comparing Persons High or Low in SM for All Dependent Variables

Variable	High in SM	Low in SM	*F* values
PFL Overall Mean	3.68	3.23	21.08***
Sub-scales of PFL			
Perceived Competence	3.46	3.14	6.06**
Perceived Control	3.65	3.19	24.41***
Meeting Leisure Needs	3.76	3.29	20.66***
Depth of Involvement	3.89	3.35	23.55***
Free Time Boredom	4.86	5.43	2.39
Freq of Recreation Participation	3.15	2.85	9.65**
TV Watching	5.93	6.42	1.65

*$p < .05$, **$p < .01$, ***$p < .001$; $n = 181$