

STUDENT ATTITUDE AND BEHAVIOR CHANGE TOWARDS  
PERSONAL WELLNESS THROUGH WELLNESS 1123  
AT BALTIMORE REGIONAL HIGH SCHOOL

CENTRE FOR NEWFOUNDLAND STUDIES

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RAYMOND JAMES BRUSHETT









**STUDENT ATTITUDE AND BEHAVIOR CHANGE TOWARDS  
PERSONAL WELLNESS THROUGH WELLNESS 1123  
AT BALTIMORE REGIONAL HIGH SCHOOL**

by

Raymond James Brushett

A thesis submitted to the School of Graduate Studies  
in partial fulfilment of the requirements for the degree of  
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## ABSTRACT

The complexity of life as a student is a wondrous phenomena. The reasons students make the choices they do are even more complex. People are continually encouraged, through the media and other sources, to participate in physical activity in order to increase their overall health and well-being. One would assume that all individuals have an understanding of the benefits of physical fitness and would be leading an active life-style, but this is not happening.

Wellness 1123 is a Physical Education Course for high school students which attempts to encourage all individuals, regardless of physical abilities, to participate in physical activity as a way of life. It encourages individuals to search for positive experiences and focus on the moment and on the activity for its own sake, rather than for extrinsic reasons or some orchestrated goals.

This study evaluates the potential of a Physical Education course entitled Wellness 1123 to bring about change in health-related attitudes and behaviors of high school students who completed it as part of their curriculum. The course was designed and taught by the author at Baltimore High School in Ferryland during the 1993-94 school year. An interpretative, qualitative case study methodology was utilized in order to understand the lived experiences of the participants. The research centered primarily around change in student attitude and behavior acquired through participation in four wellness concepts: nutrition, physical activity, stress and substance use and abuse.

Through the use of interview data, field notes, and discussions with students it was revealed that students had adopted changes in attitude and behavior towards a more positive life-style. Involvement in the wellness curriculum had a positive influence on students' wellness praxis. Through Wellness 1123, students acquired the methods necessary to improve their wellness and they were actively doing so. The data indicated an increase in

physical activity, an increased awareness of the effect of nutrition on total well-being, and the ability to handle stress more efficiently. As well, students said that they were more confident and had learned to develop personal goals to assist them to attain a higher level of wellness. There was an increase in conversations at home regarding nutrition and these conversations were having an affect on the manner in which food was prepared and the types of food consumed.

These factors alone allowed the author to conclude that involvement in the wellness curriculum had resulted in a positive influence on students' wellness praxis. Wellness 1123 students developed an understanding of the components of wellness and applied these concepts to their own lives through attitudinal and behavioral changes. Therefore, Wellness 1123 may be viewed as a starting point for futuristic changes in Physical Education curriculum development.

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To the students at Baltimore High School, for their patience and honesty throughout this research, may you all reach total wellness and remain forever well. To the emeralds in my life (my family): Sue, Cheri, Jonathan, and Amanda, your understanding, endless love and patience will always be remembered.

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**CHAPTER 1**  
**STATEMENT OF THE PROBLEM**  
**Search for the Question**

It was June 1990 and, as I sifted through the pile of examinations on my desk that I felt I would never see the bottom of, I thought more and more about the questions and answers that other physical education teachers in the province were reading at this moment. I recalled being at a social one evening during the annual Newfoundland and Labrador High School Athletic Federation Annual General Meeting and discussing physical education curricula with several colleagues. The topics of discussion were always the skill development focus and the low enrollments in physical education classes. Was this a continuation of themes from the past based on our own biases?

I decided, there and then, that I was going to register for the fall semester in the Master's Program at Memorial University in an attempt to seek the curricula of the future.

I arrived home that evening with the great news for my family. It was over the supper table that I realized that my enthusiasm was not shared by everybody. "Why do you want a master's degree?" asked my son. "Because I want to learn more about what other physical education teachers are teaching their students," I replied. "Will this mean that you will get a big raise, Dad?" asked my daughter, with dollar signs in her eyes. "No. I will get about a fifty dollar raise every two weeks because I already have a sixth grade teaching certificate and a master's degree will give me a seventh grade," I said. I added that my intention in becoming a graduate student was that I wanted to learn more about how to develop curricula and that it was not for the monetary value. After several family meetings concerning the effect that becoming a part time graduate student would have on our family life and the time commitments that would be necessary, I was off to correspond with Mr.

Frank Butler and any other necessary parties regarding the possibility of becoming a graduate student.

My permit to register arrived and I looked forward with excitement; I was going to learn how to develop curriculum. Excitement soon turned to fear, anxiety and that famous line on the telephone registration system: "to terminate your program dial 8." I had come face to face with the computer age of study. Frustration was close to becoming the conqueror. But with the help of my professor and the support of my family I drudged onward into the inner soul of the computer world. Hour upon hour I would persist in front of the computer. I was going to adapt to this method of study and research and learn to enjoy it, if it "killed" me. Fortunately for me, I did learn to adapt to the computer world and I am, to this day, enjoying and teaching the benefits of computers to my physical education classes.

My first course, as a graduate student, was Physical Education 6420 (Curriculum Design). My classmates and I decided to write a futuristic curriculum for the Newfoundland school system and I was elated. Upon completion of the curriculum document we presented it at a Physical Education Special Interest Council Meeting, where it was well received.

My segment of the curriculum framework was fitness and health, which soon turned to the concept Wellness. The more I researched, the more I became engulfed in this new concept. Wellness began to fill the void in my own health praxis<sup>1</sup> and began to emerge in my daily living and teaching. This was my first attempt at curriculum development; I had gotten my feet wet and now the doors of curiosity began to open. Immediately upon completion of the curriculum frame for Physical Education 6420, I began to research the

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<sup>1</sup> The practical application of rules as distinguished from theory. (Funk And Wagnalls, 1971, Standard Dictionary)

idea of developing my own pilot course in Wellness for Baltimore High School in Ferryland Newfoundland.

My vision for physical education curriculum was one which would focus on the individual process and development of each student and it is my wish to become a part of that development and process, both as a teacher and as a curriculum designer. It is my belief that students of future High School Physical Education curricula will be self-motivated to acquire and adapt healthy life-styles and that this will occur through the implementation of humanistic physical education courses.

During my next semester at Memorial University, I decided to do an Individual Reading course. I was going to research Wellness literature and develop a Physical Education course for level one students at Baltimore High School in Wellness. The wheels were in motion and I was traveling the road of curriculum development. The only problem was that the wheels all stopped at libraries and it seemed as if I would never get through the readings. My nickname around the Physical Education building became Dr. Wellness, and I was enjoying every moment of it. After months of deliberation, numerous hours in front of what I now called my companion (the computer) and dozens of proofreading by my wife, my wellness course, which I called Wellness: A Humanistic Physical Education Course, was complete. Now came the task of implementing the Wellness course as part of the level one Physical Education curriculum at Baltimore High School.

I consulted my school principal and the school board administration concerning the proper channels to be followed in order to implement a course in Wellness at Baltimore High School. This led me back to the keyboard again. Oh, how my once uncoordinated fingers now swept across the keyboard with the elegance of a ballet dancer as I wrote Mr. Wilbert Boone at the Department of Education. After receiving correspondence from Mr. Boone, I began to initiate the necessary changes and adaptations required in order to have Wellness: A Humanistic Physical Education course sanctioned as a local course. Finally,

the letter came, and my Wellness course had been approved as local course for Baltimore High School. It was called Wellness 1123! I was ecstatic. I was now ready to see what impact a course in Wellness would have on high school students in Newfoundland and Labrador.

### **Purpose of the Study**

The primary purpose of this research is to ascertain whether Wellness: A Humanistic Physical Education Course created changes in attitude and behavior towards personal wellness. A within-group study was completed and any changes that occurred were discussed.

This understanding will be of importance in the selection and implementation of future physical education curricula and may assist governmental affiliations in the research and implementation of new strategies for physical education for this Province of Newfoundland and Labrador, and perhaps beyond.

### **Statement of the Problem**

Did participation in Wellness: A Humanistic Physical Education Program encourage any changes in attitude and behavior towards personal wellness? Were these changes significant enough to warrant a revision or a redesign of the current Physical Education 1100 Program in Newfoundland and Labrador?



## **Research Objectives**

1. To collect and analyze data through a qualitative case study methodology in order to ascertain the effectiveness of the Wellness Course to initiate changes in student attitudes and behaviors toward personal wellness.
2. To collect field notes and interview data to document student attitude and behavior changes and personal experiences.
3. To collect survey data to assess student attitudes and behaviors toward personal wellness. Data were used solely to facilitate the interview selection process.

## **Operational Definitions**

### **Introduction**

Definitions for the following terms were taken from the Random House Dictionary of the English Language (1987) with the intention of providing readers with a richer understanding of the methods used in addressing the research question.

Participation is described as the "manner, disposition, feeling, position, etc., with regard to a person or a thing; tendency or orientation, especially of mind." Participation for this research includes the personal involvement in a Physical Education Course.

Attitude is a "tendency or orientation, especially of the mind." For this research, attitude will be the combination of ideas and feelings expressed by students throughout the program. It is hoped that these ideas and feelings can be grouped to demonstrate positive or negative wellness concepts.

Behavior is the "manner of behaving or acting...the aggregate of responses to the internal and external stimuli." Behavior will include the physical acts that students employ

to express wellness. The research is concerned with the physical means that students use to express their overall interest or lack of interest in wellness issues.

Life-style includes the "habits, attitudes, tastes, moral standards, economic level, etc., that together constitute the mode of living of an individual or group." An attempt was made to determine if exposure to wellness issues and concepts had an affect on the long term health goals of students and why these changes have occurred, if indeed they have. Did students develop or modify their behavioral patterns to include wellness concepts, if these concepts were not already part of their lives?

Wellness is a "fact or condition of being in maximum physical and mental health." This definition implies that the individual must reach a standard level of wellness and does not leave any place for individual placements. Wellness, for this research, encompassed the maximum level of physical, mental, emotional, social and spiritual health that an individual was capable of achieving based on personal limitations.

Physical Education is the "systematic instruction in sports, exercise, and hygiene given as part of a school or a college". Physical Education for this research included the pilot course Wellness 1123: A Humanistic Physical Education Course currently taught at Baltimore Regional High School.

Change is defined as "to become different...to become altered or modified." The research intention was to study any changes that the pilot course may have created in student attitude and behavior. The research will disclose whether students acquired not only the knowledge necessary to adopt personal wellness life-styles, but wellness as a way of life.

Humanistic is derived from the word "humanist" which includes "anyone of the scholars of the renaissance who emphasized secular, individualistic, and critical thought pertaining to human affairs, nature, welfare, or values." Humanistic teaching provides students with the opportunity to make their own individual choices concerning the

development of their total well-being, and then encourages them to set wellness goals and strive for higher goals.

Fitness for this research was based on the functional definition used by the Canada's Summit on Fitness Report (1986) which stated that fitness is the "ability to carry out daily tasks with vigor and alertness, without undue fatigue, and ample energy to enjoy leisure-time pursuits and to meet unforeseen emergencies" (p. 16). In this manner, fitness does not become the focus but, rather, a consequence of the process. Through this functional definition of fitness, fitness enhancement becomes an individual task-oriented focus whereby individuals take responsibility for their own health and seek ways to increase their activity levels.

### **Delimitations**

The study was limited to one class of co-education students enrolled in the level one Physical Education program at Baltimore High School during the 1993-94 school year.

Seventeen students were enrolled in Physical Education 1123, five females and twelve males. Both groups range in age from fifteen to seventeen years.

### **Limitations**

The data analysis and findings may be relevant to both students and curriculum designers of Physical Education programs. The research findings that emerged represent the attitudes and behaviors of the individuals who participated in the level one physical education program at Baltimore High School during the 1993-94 school year. Because the qualitative research data is existentialist<sup>2</sup> (Van Manen, 1990), the themes that have emerged

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<sup>2</sup> The sum total of acts rather than intentions or potentialities. (Funk And Wagnalls, 1971, Standard Dictionary)

may be similar to the experiences of other individuals who have traveled along the road of wellness. Readers must be cautious when making generalizations about case study research because of the "importance of interpreting data in context rather than reducing the context to arrive at generalizations" (Quinn Patten, 1990, p.280).

## **CHAPTER II**

### **REVIEW OF LITERATURE**

#### **Introduction**

Physical Education professionals and professional organizations continually ponder why some individuals seek fitness or physical activity, while others procrastinate or neglect any form of physical activity. People are continually encouraged, through the media and other sources, to participate in physical activity in order to increase their overall health and total well-being. Whether this activity is for fun and games, social purposes or independent of anyone else, the desired outcome is the same - an increase in overall personal health and wellness.

The term fitness has been around for a long time but does the public really know what it means? Pate (1988) defined physical fitness as "an ability to perform daily activities with vigor, and the demonstration of traits and capacities that are associated with low risk of premature development of the hypo-kinetic diseases" (p. 177). This definition, according to Pate (1988), encompasses "cardiorespiratory endurance, body composition, muscular strength/endurance, and flexibility" (p. 177). Sharkey (1979) stated that there are two types of fitness: "aerobic fitness (the ability to take in, transport, and utilize oxygen) and muscular fitness (strength, endurance and flexibility)" (p.4). Byer and Shainberg (1991) defined fitness as "the ability to carry out daily tasks with vigor and alertness and without undue fatigue" (p. 246). According to Getchell (1976) "fitness is the capacity of the heart, blood vessels, lungs, and muscles to function to optimal efficiency" (p.10). Physical fitness is "associated with a person's ability to work effectively, to enjoy leisure time, to be healthy, to resist hypo kinetic diseases, and to meet emergencies" (Corbin and Lindsay, 1991, p.11). Included in these definitions are "a set of attributes," which are the

components of health-related physical fitness: "flexibility, muscular endurance, muscular strength, aerobic capacity and body composition" (p.16).

### **Humanistic Fitness Versus Cellular Fitness**

If the foregoing information is a requirement for involvement in physical fitness then it may explain why, after approximately twenty years of fitness promotion, fitness activists/participants are a minority. One would assume that all individuals would have an understanding of the benefits of physical fitness and would be leading an active lifestyle conducive to fitness enhancement, but this is not the case. The Canadian Summit on Fitness (1986) stated that "the fitness field tends to cater to the converted and that the fitness message is not being communicated sufficiently" to all the population. It further stated that for the movement to continue to grow the "back-to-the-basics" approach must be taken (p. 22). Becoming fit must become part of the individual's lifestyle and become fun.

The low enrollment in fitness-related activities might be the result of the image that fitness promoters display. It seems that all material relating to fitness and fitness activities is very scientific and impersonal, but the average person does not need to understand how the human body functions in order to participate in fitness-related activities. One must realize that people purchase new vehicles and have very little difficulty driving them; it is not essential to understand the mechanics of each part of the vehicle in order to operate it. The average consumer needs only a functional definition of fitness and does not need to understand how the human body functions in order to become well, just as the typist does not need to understand the internal functions of a computer in order to type a letter. Fitness programming must take a non-mechanical approach, so that all individuals recognize the benefits and become interested in acquiring the knowledge necessary in order to become physically active members in society. Through this functional definition of fitness people

will know that if they do not fulfill their daily requirements without undue fatigue, that they need to increase their physical activity in order to raise their fitness levels. Thus, fitness enhancement becomes an individual task-oriented focus whereby individuals take responsibility for their own health and seek ways to increase their activity levels. Therefore, fitness specialists will have to be more concerned with individuality and develop a holistic approach to fitness.

Fitness and fitness programming needs to be developed in such a manner that it encourages all individuals, regardless of physical abilities, to participate in physical activity as a way of life. Crew (1974) suggested that fitness should be "grounded in good ideas" but the goal of fitness should be "humanistic" so that all individuals become capable of developing an "awareness of themselves as potentially integrated and intellectual human beings" (p.70). In the past, fitness and fitness programming had a major concentration on the subject matter with little emphasis on the development of the holistic person. Through wellness, fitness will only serve as a part of the process of the holistic development of the individual. Included, as well, will be the focus of the individual through social transactions, long-term personal development and changes in lifestyles.

It is hoped that through wellness, individuals will search for positive experiences and focus on the moment and on the activity for its own sake, rather than for extrinsic reasons or some exterior-orchestrated goals. In this manner, fitness does not become the focus but, rather, a consequence of the process. Using the term "wellness" removes the negative connotations of the word "fitness" because "wellness" focuses on the individual rather than on the division of a number of components, which must be accomplished in order to achieve fitness. The concept of exercising a minimum of three times a week, at 75% of maximal potential for at least thirty minutes does not create many images of socialization nor fun, even though it may produce improved fitness levels. Furthermore, what are specialists referring to when they are talking about fat-free weight, body mass index, and

lean body weight? Surely the average person, who is concerned about diet and exercise, does not need to understand this terminology in order to reduce fat intake and participate in recreational activities. Because wellness encompasses fitness, individuals who are concerned about their well-being are no longer intimidated by fitness. They have arrived at the realization that you do not have to be or look like a body builder, a perfect "10" in colorful leotards or an iron man competitor in order to be living a life of wellness. The average individual may lead a life of wellness by changing his or her lifestyle and adopting health praxis, and this change may occur without any preconceived notions of fitness.

As a result of the gradual changing of societal values (individuals are becoming more responsible for their own total well-being) and the increasing costs of health care, governments and businesses at all levels are promoting fitness. The Fitness Division of the Newfoundland government (Community Recreation, Fitness and Health, 1992) has a mandate to "increase the number and educational level of fitness leaders and resource people throughout the province, to increase communications and information exchange related to fitness, and to develop and implement public education programs which will encourage target populations to adopt and maintain a physically active lifestyle" (p.2). Businesses are now building health rooms for their employees or providing employees with flexible working hours to encourage participation in fitness activities. The theme seems to be "take charge of your life and become well."

Through the adoption of a wellness lifestyle individuals will become more fit and more productive members of society. But the focus for the individual will be one of achieving personal satisfaction, and the setting and accomplishment of personal goals through physical activity and not solely to attain specific fitness levels. The end result may be the same, but the road traveled may be filled with variety, personal accomplishments and fun. Therefore, government and business leaders must encourage participation for fun and assist



in the development of innovative ideas to help individuals increase their fitness levels through fun and goal setting.

## WELLNESS

The human body is constructed in such a way that it needs exercise, a variety of foods, and sleep and relaxation. When one is capable of "balancing all three then there is a sense of wellness" and if "all three are in perfect balance then one has achieved total wellness" (Cooper, 1982, p.11). Cooper (1982) further stated, that "total well-being is a condition that arises from an overall state of physical and emotional equilibrium in one's life" (p.18).

As well, Byer and Shainberg (1991) defined wellness as "an ongoing, active process, requiring positive attitudes and behaviors that contribute to the quality of our lives and aid the fulfillment of our potential" (p.4).

Greenberg and Pargman (1986) defined wellness as "the integration of social, mental, emotional, spiritual, and physical health at any level of health or illness" (p. 6). Hoeger and Hoeger (1988) defined wellness as:

*the constant and deliberate effort to stay healthy and achieve the highest potential for well-being...it implies an all-inclusive umbrella composed of a variety of activities aimed at helping individuals recognize components of a lifestyle that are detrimental to their health, and then implement principles and programs to change their behavior so as to improve the quality of life and achieve total well-being (p.5).*

Corbin and Lindsay (1991) stated that wellness is "the integration of all parts of health and that expands one's potential to live and work effectively and to make significant

contributions to society" (p. 11). According to Floyd, Johnson, McLeod and Scroggs (1991) wellness includes "all dimensions of health and involves all aspects of a personal lifestyle." Included are such components as "the physical well-being, mental/intellectual well-being, spiritual well-being and occupational well-being" (p.2). Floyd, Johnson, McLeod and Scroggs further stated that "wellness is an ongoing process which requires daily decisions made by you in the areas of proper nutrition, stress management, disease prevention, smoking cessation, substance abuse control, personal safety, regular physical examinations, health education, environmental support, as well as physical fitness" (1991, p.2). These daily decisions are the focal point for the wellness process and are a direct result of health praxis (Figure 1).



Figure 1. Dimensions of wellness

Wellness is the process of enabling people to increase control over, and to improve, their health through the application of health knowledge. But it is not enough to acquire wellness knowledge, the knowledge must be applied through behavioral changes and there

must be a willingness to adopt positive attitudes towards total well-being if individuals hope to achieve wellness.

It must always be remembered that wellness is synonymous with health and therefore, wellness is the praxis of health (Figure 2).



Figure 2. Wellness process

As can be seen from Figures 1 and 2, health is the core of wellness and therefore, the knowledge base for wellness may originate from health-related fields. This factor will be used to make the dimensions of wellness the link in the search for the knowledge base necessary. In order to attain total well-being the physical education classroom will be the praxis setting for the knowledge. Through, in and about the physical education program the individual will acquire the skills necessary in order to live a life of wellness.

"A high level wellness life style requires the person to have a balance of six dimensions"(Floyd, et al, 1991). Figure 3 depicts a Wellness wheel which includes the

six dimensions of wellness. If an individual encompasses all six into a daily routine of activity, then the individual will move closer to the core, thus achieving a higher level of wellness.



Figure 3. Wellness Wheel

It should be noted that each dimension of wellness was segregated for the purpose of explanation only and this explanation may be brief at times. This does not mean that any one dimension had less value than another, but that there may have been more available literature. A physical fitness continuum (Figure 4) depicting the different levels of fitness, was used to show how fitness and wellness are directly related.

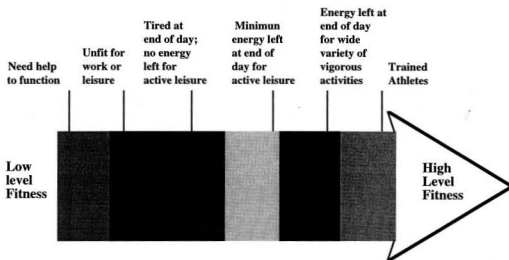


Figure 4. A physical fitness continuum (Byer and Shainberg, 1991, p. 247)

At the low end of the continuum are those individuals who require assistance in order to perform daily activities, due to an impairment or as a result of a severe illness. At the opposite end of the continuum are the trained or elite athletes. Every individual will find themselves at some point along the continuum and whether the individual is content with this level of wellness will determine if the individual attempts to move to the right on the continuum.

### Intellectual Dimension

If individuals are to become responsible for their personal wellness then they must also become aware of the components of a wellness life-style. Floyd, Johnson, McLeod and Scroggs (1991) described the intellectual aspect of wellness as "the ability to learn and develop creative, stimulating, mental activities throughout life. Learning should be an ongoing process by reading, writing and continuously being aware of current events in one's daily life" (p.4). Acquiring this knowledge base about wellness, however, does not

mean that an individual is going to develop a wellness life-style. It is hoped that, through the acquisition of knowledge, the individual will have obtained the factual basis for healthy living and will utilize this knowledge to create a wellness life-style. It must be remembered that this knowledge base will have to be very extensive in order to encompass all aspects of wellness. Included will be knowledge about such topics as: stress, nutrition, being a smart consumer, alcohol and drugs, life-threatening diseases, the environment, and exercise programs. These will be discussed in detail later. Every one of these topics will affect an individual's wellness. The more informed the individual is then the wiser the choices the individual can make.

### **Spiritual Dimension**

The spiritual aspect of wellness involves the individual seeing herself or himself as part of the whole life picture, as part of the "scheme of things, having a sense of purpose on earth, and feeling concern for the well-being of other people" (Byer and Shainberg, 1991, p.10). Plato (427-347 BC, source unknown), over one thousand years ago, provided insight about spiritual well-being:

*You ought not to attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the soul...for the part can never be well unless the whole is well...and therefore, if the head and the body are to be well, you must begin by curing the soul.*

The spiritual aspect is concerned with individuals developing an understanding of who they are in relation to the remainder of society. "The spiritual dimension involves seeking meaning and purpose in human life. It is the development of a deep appreciation for life as a whole in the universe...the development of a strong sense of ethics and personal values"

(Floyd et al., 1991, p.125). The understanding that all people, irrespective of their religious beliefs, are spiritual in nature is an integral part of spiritual wellness.

### **Holistic Wellness**

The holistic view of wellness is that an individual cannot separate the mind, body, and spirit because they must function as one unit in order for high-level wellness to occur. Byer and Shainberg (1991) stated that "we cannot separate the function of the physical body without considering the influence of the mind and spirit, nor can we understand the function of the mind without considering its biological basis" (p.6). The holistic approach to wellness emphasizes the personal responsibility of every individual for his/her own wellness.

It must be remembered that the components of holistic wellness are overlapped, as depicted, and that the amount of overlapping by each component is continually changing (Figure 5).

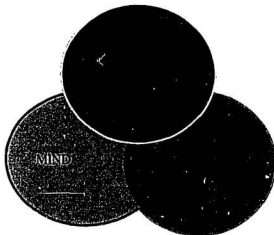


Figure 5. Components of holistic wellness (Byer and Shainberg 1991, p. 8)

### **Social Dimension**

Humans are social creatures, who have a basic need for social interaction. This interaction might range from watching a movie with a family member, at one end of the continuum, or having an intimate relationship with a friend, at the opposite end of the continuum.

Floyd, et al. (1991) stated that "the social aspect of wellness is the ability to interact by communicating and developing satisfying interpersonal relationships with other people. It emphasizes developing concern, fairness and justice for all individuals, including family, friends and acquaintances in the community" (p. 4).

Society, also, has a role to play in the development of social wellness. "A society promotes high-level wellness when it encourages and facilitates effective social interaction, provides adequate opportunities for self-actualization (making full use of one's abilities), and ensures adequate housing, education, and health care" (Byer and Shainberg, 1991, p.9). It is not enough to have relationships but they also have to be rewarding relationships in order to be included in a wellness lifestyle. Individuals must continue to work at relating to one another favorably, and to recognize and respect the rights and needs of others. "We need to enhance and nurture our capacity to enjoy mature, mutually-rewarding, intimate relationships. We must be assertive enough, as well, to expect mutual respect of our rights and needs" (Byer and Shainberg, 1991, p.9).

### **Emotional Dimension**

Emotional wellness is concerned with how an individual copes with environmental or life situations. Byer and Shainberg (1991) described emotional wellness as a "feeling of being in control of your life...but not expecting to have total control of all circumstances at all times...maintaining a generally positive outlook on life, and having the expectation of



good health" (p. 10). "The emotional aspect of wellness is the ability to show emotions and feelings about yourself, and interaction with others, dealing with stress, and adapting to changes in the environment" (Floyd et al., 1991, p.4). Cooper (1982) described emotional wellness as "a need to find a way to everlasting peace, freedom from anxiety, and the solution to emotional problems" (p.17). Emotional wellness deals with how positive and enthusiastic one feels about one's self and environment. The family plays an important role in the assistance of an individual in coping with emotional wellness. Cooper (1982) stated that, "aerobic families (physically active families) are linked in a more intimate relationship by a concern for their mutual health and well-being...they share their daily progress in moving toward individual health goals, feel free to share their problems and release their tensions and stresses in a constructive, healing way in one another's presence" (p.199). It is hoped that this method of stress release is functional because of its family orientation.

Individuals have basic needs that are developed throughout life and these needs act as behavioral motivators. This desire to fulfill needs has been placed on a hierarchy by Maslow (Figure 6). According to Byer and Shainberg (1991) "this humanistic view of personality emphasizes progressively felt needs, ranging from the basic physiological needs, to self-actualization, making full use of one's potential" (p. 27). Each of these needs becomes a motivator for behavior, and emotional highs and lows are experienced each time that an individual need is satisfied or left unsatisfied.



Figure 6. Maslow's hierarchy of needs (Byer and Shainberg, 1991, p.27)

### **Physiological Need**

The most basic need is physiological (hunger, thirst, and sleep) and once these needs have been satisfied other needs arise.

### **Safety Need**

All individuals feel the need for security. This security might be in the form of protecting oneself from either a physical or emotional attack. Physical attacks may be easy to avoid, but an individual might develop numerous anxieties in an attempt to avoid a mental or social attack (being labeled as a social misfit). This anxiety might result in increased blood pressure level and either increased heart rate or an increase in stress. All of these responses will cause a decrease in wellness if they are not properly dealt with continually.

### **Love and Belonging Need**

As soon as safety needs are met, an individual has a need for love and belonging. "We feel the need for friends and often, for a mate...and the need to love and be loved" (Byer and Shainberg, 1991, p.26).

### **Self-Esteem Need**

Self-esteem is our personal value or pride in ourselves based on how we value our personal accomplishments. Byer and Shainberg (1991) stated that self-esteem is "our personal value or worth, success, achievement, self-respect, and confidence in facing the world" (p.27). Floyd, Johnson, McLeod and Scroggs (1991) defined self-esteem as "how you feel about yourself generally...you may have a feeling of high self-esteem and feel a sense of pride or you may have a feeling of low self-esteem and feel a sense of shame" (p.141). Individuals with high self-esteem are generally positive and possess a feeling that they can accomplish anything that they desire, whereas individuals with low self-esteem are generally negative and lead a contradictory life-style.

The environment that the individual is exposed to is of vital importance in determining if the individual develops positive self-esteem or negative self-esteem. There are three different types of environments according to Floyd et al. (1991) and each will develop self-esteem in completely different ways.

#### **Positive Environment**

In a positive environment, the individual is always given love and support without any conditions in everything that the individual attempts to accomplish. This positive support might be in the form of verbal expressions, such as telling the individual that he or she is great and capable of accomplishing anything. In this environment, individuals learn to

believe in themselves, to develop the understanding that no matter what they attempt to do they will receive support, and to know that they are accepted and loved by their caretakers.

#### Negative Environment

In the negative environment, individuals are not given the support and acceptance needed to build self-esteem. A negative vocabulary is continually used either directly or indirectly. "They are told that they are not very intelligent and words such as clumsy, foolish, dumb, and unattractive become part of their world" (Floyd et al. 1991, p.143). Everything that these individuals attempt is never really good enough and they are always compared to someone who is better than they are. An example of this would occur if the individual studied very diligently and received all B's in a report and the caretakers of the individual asked why there were no A's.

#### "Perfect" Environment

This type of environment may lead a person to think that it might be the most advantageous for an individual to be raised in, but is it? The individuals in the "perfect" environment are constantly told how great they are, that "they are never wrong and are the smartest, most intelligent in the group" (Floyd et al. 1991, p.142). This is a very unrealistic environment, which may have long term negative effects on an individual. Floyd, Johnson, McLeod and Scroggs (1991) stated that, "when children who have been reared in a perfect environment enter the real world and find that they are not the most intelligent, talented people in the world, their self-esteem falls apart" (p.142). One would also assume that an individual who has been raised in the perfect environment would have a great deal of difficulty in dealing with other people because these individuals are always right. If some mishap occurs and the individual who has been raised in the perfect

environment is wrong then that individual may have difficulty dealing with this phenomenon and thus might attempt to pass the blame onto someone else.

Individuals with high self-esteem are described by others as individuals who are "outgoing, talented, sure of themselves, intelligent and dependable" (Byer and Shainberg, 1991, p.142). These individuals feel good about themselves and take pride in how they look and make others see them in a positive light.

In order to grow up maintaining/possessing a positive self image an individual must be made aware that receiving a negative reward is the result of an unacceptable action or behavior and not because of the person that she or he is. The individual must always realize that he/she is worthy of unconditional love and affection.

#### Self-Actualization

Self-actualization means making full use of our abilities and working towards achieving our full potential. "Self-actualization is a process not a goal...few people live on this level: most are struggling to fulfill lower needs, such as the need for love or self-esteem" (Byer and Shainberg, 1991, p.28).

### Summary

Wellness is very much an individual goal; therefore, individuals will fall along a continuum of levels of wellness. These levels, according to Byer and Shainberg (1991), range from high level-wellness down to life-threatening disorders or very poor levels of wellness, as portrayed in Figure 7.

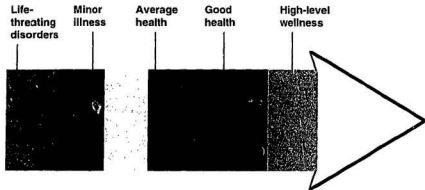


Figure 7. A continuum of health and wellness (Byer and Shainberg, 1991, p. 5)

The main problem with using Byer and Shainberg's (1991) continuum is that it does not lend itself to individuals who might be in the best possible health but have limitations. These limitations might be the loss of one limb, the loss of the use of both legs or a prolonged uncontrollable illness. According to the continuum, these individuals would fall into the category of minor illness or average health, even though this might be the highest level of wellness possible for these individuals. The continuum does not make allowances for the individuals who have reached a high-level wellness based on individual achievements and the definition of wellness as an "ongoing, active process that includes those positive attitudes and behaviors that constantly improve the quality of our daily lives and allow us to achieve even greater human fulfillment" (Byer and Shainberg, 1991, p.4). If an individual has an illness and is living a life of wellness to the best of his/her ability or limitations then that individual should be placed on the high-level wellness end of the continuum and not next to the life-threatening disorders (low level of wellness).

Dr. Kenneth Cooper (1982) listed the benefits of total well-being as:

- *more personal energy;*

- *more enjoyable and active leisure time;*
- *greater ability to handle domestic and job related stress;*
- *less depression, less hypochondria, and less "free-floating" anxiety;*
- *fewer physical complaints;*
- *more efficient digestion and fewer problems with constipation;*
- *a better self-image and more confidence;*
- *a more attractive, streamlined body, including more effective personal weight control;*
- *bones of greater strength*
- *slowing of the aging process;*
- *easier pregnancy and child birth;*
- *more restful sleep;*
- *better concentration at work, and greater perseverance in daily tasks;*
- *fewer aches and pains, including back pains (p. 12).*

The achievement of total wellness may transform a person's total life and make that person a much happier and more productive member of society.

Wellness is an ongoing, individualistic process whereby an individual attempts to take control of his/her own health and health-related factors. During this attempt to control wellness the individual must review current and past literature as well as complete research far beyond the norm, in order to attempt to make the most meaningful choices in a changing society. Upon obtaining this knowledge the individual must be practical and use sound judgment in developing and maintaining a wellness life style. In a poem by John Hendrick Hangs (cited by Colquhoun, 1989) we find all too often the reality of processing great knowledge and not having the insight to use it:

*The Human Body as a Machine*

*You know the model of your car,*

*You know just what its powers are,*

*You treat it with a deal of care,*

*Nor tax it more than it will bear,*

*But as to self--that's different;*

*Your mechanism may be bent,*

*Your carburetor gone to grass,*

*Your engine just a rusty mass,*

*Your wheels may wobble and your cogs*



*Be handed over to the dogs*

*And then you skip and skid and slide*

*Without a thought of things inside.*

*What fools indeed, we mortals are,*

*To lavish care upon a car,*

*And ne'er a bit of time to see*

*About our own machinery (p. 229).*

Wellness has tremendous importance then, because it is multi-dimensional: it involves the physical, social, intellectual, emotional, and spiritual aspects of an individual. It reflects how an individual feels about life as well as the individuals' ability to function effectively. Wellness can be seen as means to an end, whereas, the lack of wellness may impair the achievement of happiness and the chances of reaching total well-being. It must always be remembered that the quality of the experience an individual acquires in each dimension will have a direct effect on the individual's attitude and behavior. Individuals who achieve or perceive positive experiences will most likely continue the activity and will improve in each dimension through the process. Whereas individuals who receive negative experiences will most likely avoid the activity or that specific dimension. Therefore, in the future the individual will not enhance their total well-being through all six dimensions: social, physical, intellectual, emotional, and spiritual well-being. Experiences or perceived experiences in physical activities are a critical variable determining the beneficial or detrimental effects of those activities.

## **CHAPTER III**

### **METHODOLOGY**

#### **Introduction**

This study investigated the effect of Wellness 1123 in creating changes in student attitudes and behaviors towards personal wellness at Baltimore Regional High School.

An interpretative, qualitative case study methodology was utilized in an attempt to understand the lived experiences of the participants. Qualitative research provided the opportunity to explore attitudinal and behavioral concepts in depth, thus obtaining a broad and detailed description of student attitudes and behaviors.

To state that a student or students experienced positive or negative changes in attitude, behavior and life-style, without fully understanding that experience, would not do justice to the findings. Van Manen (1990) noted, "Investigating the experience as we live it rather than as we conceptualize it" may assist the researcher to "reflect on the essential themes which characterize the phenomenon" (p. 30).

A second reason for choosing a qualitative case study was that each student is a very wondrous individual with unique reasons for becoming involved in physical education. Therefore, each student brought a different experience and a variety of hidden agendas to the course and field notes were utilized to understand these phenomena.

Ten students were selected for the case study based on information obtained from both a wellness survey, a demographic survey, and field notes. The primary purpose of the two surveys were to provide student background information on past and present experiences in order to complete the interview selection process. A qualitative study allowed the opportunity to understand these lived experiences, and to discover themes and insights that a solely quantitative study could not.

In addition to the case study methodology, quantitative data from a previously unpublished study completed by Brushett (1993) is utilized to indicate that wellness knowledge did increase for students who participated in a wellness concept. The study was a comparative study between two similar classes (gender, population, grade level and age) using pre-test scores and post-test scores. The study found that there was a significant difference between the regular (control) physical education class and the wellness (experimental) class. Even though both classes showed improvements in knowledge gained the wellness (experimental) class, who were taught wellness concepts, showed significant improvements. The results of this study are displayed in Table 1 on page 45. This information may be vital to achieving total wellness because attitudes and behaviors are effected by the acquisition of knowledge.

### **Sample Selection**

Students participating in the interviewing portion of the research were selected from the Physical Education 1123 Course at Baltimore High School. Ten students were selected based on responses to two surveys (the demographic survey and the wellness survey) administered in Fall 1993, as well as through student/teacher interactions. Students were selected from a variety of backgrounds based on: gender, physical ability, athletic backgrounds, and interests. In this way, a broader representation of student interests, attitudes and behaviors could be analyzed. Interviews, lasting approximately one hour were conducted with students in order to collect data concerning student attitude and behavior towards personal wellness. Students were selected based on several factors:

1. The richness of responses and input received throughout the completion of each concept.

- 2. Several responses given in the demographic survey and the wellness survey had stimulated queries and endless questions in my mind.
- 3. Some students had expressed themselves freely and profoundly during classes and on outings, as noted in my field notes. These students, I thought, would be free in expression and frank in discussion.
- 4. Students were selected who had been either very active or inactive in the past in physical activity. Activity level was determined by the information given on both the demographic and the wellness surveys and through teacher observations.

"Qualitative analysis requires that the interviewer must work with substantial chunks of data." For this reason it was necessary for the researcher to "capture not just ideas but also the context in which these ideas have occurred" (McCracken, 1988, p.25).

The research settings for the physical education students were the regular classes of instruction at Baltimore High School. All students were informed of the purpose of the study, and the class was selected after consultation with the school administration and the School Board Administration. Each student was given a letter of permission (Appendix I) to be completed by their guardians/parents after students had verbally agreed to participate in the research. All participants were informed both in writing and verbally during the initial meeting that they had the right to withdraw from the research whenever they wished.

### **Data Collection**

- 1. A demographic survey was completed by students to obtain personal data related to family members, physical activities and physical education.

2. All students completed a survey, which included questions related to attitude and behavior. The survey was administered at the beginning of the school year and was used as a tool in the interview selection process.
3. Student interviews were conducted at the end of the school year. Each student was interviewed once at their residence. All interviews were approximately sixty minutes in length and were audio taped and transcribed.
4. Students were observed during physical education classes and field notes were kept to document student activities, comments, and the personal reflections of the researcher.

### **Confidentiality**

All participants were informed both in writing and verbally that individual identities would not be revealed, either through field notes, interviews, or individual descriptions.

### **The Case Study Method**

The case study methodology was used in this research because, according to Quinn Patton (1990) "the case study should take the reader into the case situation" (p.304). The researcher felt that, through a case study methodology, a much richer understanding of the research phenomenon could be achieved. Case study research is the best method for providing an intensive description and analysis of the phenomenon under investigation (Quinn Patton, 1990; Merriam, 1989; Miles & Huberman, 1984), enabling the researcher to seek out the hidden motives that individuals possess, and helping to understand their specific behavioral and attitudinal patterns.

All students in the Physical Education Wellness Course gave freely of their time for this research, but the decision of whom to interview, and how many times to interview students remained the researcher's.

### **Research Validity and Reliability**

Research completed at any level must be questioned as to its validity. In this study, which was intended to be completed in a short time, the size of the sample was always a problem to be carefully considered. For this study, the sample was selected on the basis of purposeful sampling; therefore, the results may not be consistent with a similar research design conducted for a larger sample. Very seldom is any researcher 100% sure of the interpretation of the data collected. Quinn Patton (1990) stated that "important insights can emerge from different ways in which two people look at the same set of data" (p.300). Two people may read a poem and have completely different interpretations. "The goal of the process is to understand how our participants understand and make meaning of the experience" (Seidman, 1991 p.17). Seidman (1991) also asked, "if another person were doing the interview, would we get a different meaning? Or, if we were to do the interviewing at a different time of the year, would the participant reconstruct his or her experience differently?" (p. 16) The limitations of the researcher, the sample selection, and the interpretation of data were all contributing factors that may have affected the reliability of the study. Perhaps the researcher's association with the participants and the curriculum may have led the participants to biased opinions. However, through interview data, observations, personal experiences, and field notes collected, I hope to fully disclose the changes in student attitudes and behaviors toward personal wellness.

Another concern when using case study qualitative research methodology is the use of a small sample size which places limitations on generalization (Patton, 1990). MacDonald

and Walker (1977) stated that one has to be careful when making generalizations because "at all levels of the system what people think they are doing, what they say they are doing, what they appear to others to be doing, and what in fact they are doing, may be sources of discrepancies"(p. 186). Therefore, the findings from the data collection were limited to one Physical Education Class at Baltimore High School. The findings, however, maybe applicable "to other situations under similar, but not identical, conditions...when based on information-rich samples and designs...that produce relevant information carefully targeted to stakeholder concerns about the present or the future" (Patton, 1990, p. 489). Wellness 1123 is a Humanistic Physical Education Course, thus the case study is appropriate "because it uses the student as the unit of analysis, can capture this individualization and can estimate the effectiveness of the program based on the experiences of the sampled students" (Patton, 1990, p. 101).

### **Role of the Researcher**

The researcher's role was primarily an observer but at times it was also a participant-observer. Van Manen (1990) stated that "the best way to enter a person's life world is to participate in it" (p. 69). Being an observer and a participant at the same time requires the researcher to become "as close as possible while retaining a hermeneutic alertness to situations that allows us to constantly step back and reflect on the meaning of the situation" (Van Manen, 1990, p. 69). Therefore, the researcher must at all times stop to observe and make sense of the things that are interesting based on current situations and use field notes to point out exactly what made the situation stand out. "It is important to try and recover those living phrases and incidents that give the anecdote a cogent power or point" (Van Manen, 1990, p. 69).

Acting the role of a participant-observer made writing field notes a challenge because sometimes they were scratched in a note-book while taking a rest along a ski trail or while watching that last canoe leave the shoreline. Imagine the expressions and gestures received when a "time out" was taken to write something that had been observed or overheard. The researcher must be ready at all times to observe what has occurred and the nature of the situation (Patton, 1990). Patton further stated that:

*The purpose of observational data is to describe the setting that was observed, the activities that took place in that setting, the people who participated in those activities, and the meanings of what was observed from the perspective of those observed (p. 202).*

MacDonald and Walker (1977) stated that "educational case studies are usually financed by people who have, directly or indirectly, power over those studied and portrayed" (p. 187). Being the teacher as well as the course designer created limitations for this study because of potential personal bias. However, it may also have been an advantage because of my first-hand knowledge about each participant, the school, and the Physical Education Program. My close relationship with the participants may have put them more at ease and allowed them to be open to honest discussion in a familiar environment. Thus, being the teacher and a "friend," the researcher was more likely to be exposed to, and understand more fully, the students' true feelings, thoughts and experiences.

### **Interview Methodology**

Quinn Patton (1980), a noted authority on qualitative research, stated, "We cannot observe everything. We cannot observe feelings, thoughts, and intentions. We cannot observe how people have organized the world - we have to ask people questions about



these things" (p. 196). The purpose of using an interview methodology for collecting data was to allow the researcher to enter into and understand the subjects' perspective. As stated by Franz Boas (1943) and quoted by Spradley (1979), "If it is our serious purpose to understand the thoughts of people, the whole analysis of experience must be based upon their concepts, not ours" (p. 23).

An interview guide was used for all interviews. The guide served several functions:

1. To ensure that the researcher covered the subject in question in the same manner with all interviewees, maintaining and "preserving in a rough way the conversation context of each interview" (McCracken, 1988, p. 24).
2. To allow the researcher to stay on task, maintain direction and focus on attitudinal and behavioral issues.
3. To give the researcher the opportunity to divide the data collection into sections. In this manner the researcher had the opportunity to state the direction a set of questions would follow, which prepared the interviewee each time there was a change in focus.

This did not mean that the "open-ended" nature of the interview was restricted. Within each question there was the possibility for exploratory unstructured responses and the researcher took full advantage if the opportunity presented itself. "The questionnaire that is used to order data and free the interviewer must not be allowed to destroy the elements of freedom and variability within the interview" (McCracken, 1988, p. 25).

The interview guide that was used in this study focused on physical activity, nutrition, stress, substance abuse, Wellness 1123, and Physical Education at Baltimore High School. Each major topic was divided into sub-categories, and students were informed about the topic at the beginning of each section. The questions had an attitudinal or behavioral focus

and were based on past or present attitudes and behaviors. This process assisted in analyzing whether any changes in attitude or behavior occurred, and if so, when they occurred. By ordering the questions in this manner an attempt was made through interviewing, to live one year's experience with each student, trying to understand the experience from his or her point of view.

The researcher, through interviewing, attempted to enter into the world of the participants and seek out the experiences and hidden agendas related to physical activity. Just as kings in fairy tales discard their robes and move freely among the peasants in an attempt to really understand what is really happening in their kingdom, so too must qualitative researchers attempt to live the experience before they are capable of fully understanding a phenomenon and writing a description of it (Patton, 1990). By understanding the language of the students and the interpretation of this language, an attempt was made to represent the true meanings of the students' language and to develop themes based on their thoughts, and not the researcher's thoughts.

## **CHAPTER IV**

### **THE RESEARCH SETTING**

#### **Physical Setting**

Baltimore Regional High School is situated in the rural community of Ferryland, eighty kilometers southeast of St. John's, the capital city of Newfoundland. The school building is nestled in a wooded area, set back a "gunshot" from the main road. It is rectangular in shape and one end of the building faces the main road, while the opposite end overlooks the Atlantic Ocean. The main face of the building overlooks a softball field and behind the school is a graveyard. It is a twelve-year old, two-story building, constructed of steel and the surface is covered with beige vertical steel siding.

Baltimore Regional High is a perfect location for an outdoor Physical Education program. The rugged, forested landscape contains cross-country ski trails, snow shoeing trails, hiking and backpacking trails, all within a short walk. The tall trees and the dense forest also provide an ideal location for winter camping and survival activities. Students take pride in the concept of outdoor meal planning. It is a welcome challenge for them to cook their lunches over an open fire, sometimes even in harsh weather conditions.

The school gymnasium is a minimum standard size facility according to school board regulations. It has the lined play areas for traditional games, six basketball nets, an equipment room in the left corner, and the Physical Education teacher's office in the right corner. The equipment room contains a typical collection of basketballs, volleyballs, soccer balls, floor hockey equipment, and gymnastics equipment. Stored in a corner to the right is a more bizarre supply of equipment: tents, backpacks, snowshoes, cross-country skis and accessories, and a variety of outdoor cooking utensils. Outside the emergency exit to the left of the equipment room is a canoe trailer, fully equipped and ready for travel. The type of equipment at this school tends to foster the traditions of the typical outdoor life of

some Newfoundlanders: fisherpeople, hunters and woodsmen traveling by boats or skis in order to maintain a living and/or a healthy life-style.

Upon entering the gymnasium, one is surrounded by an aura of champions and the pride that the student population has for its champions. There are twenty-four Provincial Championship Banners suspended from the ceiling and twenty-eight Regional Championship Banners displayed along the wall. The Canadian and Newfoundland flags sway a little above the front of the stage, as the heaters cut in and out in an attempt to maintain the constant sixty-five degree temperature.

The Physical Education teacher's office contains a shower, a large desk and a filing cabinet. The walls are papered with pictures of champions, physical activity scenes and cartoons depicting people involved in a variety of physical activities. Everywhere the eye focuses, there is an active living poster and scenes of people with friendly smiles, participating in physical activities. This is one of the locations where the students were interviewed.

### **The Students**

The students have descended from a very traditional Irish background and a very proud athletic heritage. Their Irish culture and accent seems to be well maintained. All of the students travel to school by bus. Their friends at school are, for the most part, their friends after school. The student population is always given the opportunity to attend any athletic event at the school, and are encouraged after school, to travel with the varsity teams. On any given day you may notice two buses leaving the school parking lot with approximately one hundred screaming students (fans). Some of these students travel the eighty kilometers to St. John's on a regular basis to cheer for the St. John's Maple Leafs, participate in basketball camps or participate in other athletic events.

### **The Parents**

A minority of parents of these children display similar athletic interests, such as following the school varsity program and transporting students to participate in athletic events. They provide a continual commitment to the athletic interest of their offspring, either at school-sponsored activities or at community athletic events. For the majority of parents the school program is just that, the school program, and there is very little interest in the everyday life of the school. But when there is a special function at the school, such as provincial championship, there is an abundance of parental support.

### **The Staff**

Teachers at Baltimore Regional High School encourage Physical Education at all levels. However, as in many schools in Newfoundland, there are still students who participate and those who do not. The principal often participates in physical education classes and may be seen cross-country skiing during his lunch break or after school hours. The members of the teaching staff are all involved in the athletic program in some capacity, either through fund-raising, coaching or through the transportation of the students. Students are continuously reinforced regarding the benefits of healthy living, through physical displays by the teachers (road races, ski meets), the community (fun runs), and literature displays throughout the school. Still, at a staff meeting, the topic continues to arise as to why student participation is low in planned physical activities and what can be done to encourage further participation.

### **The Physical Education Program**

Physical Education at Baltimore Regional High has an outdoor focus and the students are exposed to life-long physical activities. The major focus is placed on personal growth

and development and skill acquisition is secondary. Snow shoeing, skiing, camping, canoeing, backpacking, survival methods and living in unison with the natural environment are the main subjects of the program. Students are taught to make decisions based on personal interests and goals and this reflects the format that programs will follow each year, whether the focus is on an outdoor program or an indoor program.

### **The Class**

The bell echoes through the corridors to signal the beginning of classes and the students begin their travels in all directions, wearing preoccupied expressions in their "quest for knowledge." With the ruffle of papers and the scuffle of feet, they are destined for their next class. The Physical Education students are not carrying the type of supplies you would bring to a traditional Physical Education class. Instead they are carrying items such as coats, hats, scarves, and gloves. The Physical Education teacher greets these students in an unusual attire of his own, consisting of a hat, gloves, sunglasses, wind pants, and a thick home-sewn sweater and a pair of square toed boots. One might wonder where this person will be taking students or what type of program that is being offered at this school.

They all enter a room filled with the aroma of rawhide oozing from the snowshoes which plaster the walls. The smell of wood smoke, the result of a recent camping trip, infiltrates the hallways from a neatly stacked conglomeration of camping equipment located in the right corner. The sound of clanging and clapping is heard as students quickly choose cross-country equipment from the racks positioned below the snowshoes and follow the teacher outside. The sun sparkles against the metal ski bindings, and the shadows of the school fade away as the class winds through the trail beyond the trees.

## **CHAPTER V**

### **DATA ANALYSIS**

#### **Introduction**

I finally felt that I was nearing the end of the data collection and it was time to draw all this information together into one neatly cross-stitched winter scene. I had had all of the visions, and each stitch represented a fragment of the volumes of data that had to be sifted through, understood and interpreted in order to understand the whole tapestry. My problem was that I had to sit, sometimes for hours, staring at a blank computer monitor. Several days later "it" happened. I began to form thoughts and to actually strike the keyboard and write something. As stated earlier, it was the intention of this research to study change in attitude and behavior. Did the participation in the Wellness 1123 course create changes in student attitudes and behaviors towards personal wellness at Baltimore Regional High School?

Students' experiences with wellness were associated with daily routines and life-styles. These experiences for the most part were a combination of the educational process and the students' external environment. Students who had developed inhibitions and disillusionment towards wellness-related activities needed to acquire a basic knowledge pertaining to wellness. There was a need for students to understand the concepts of wellness and how they relate to everyday life-styles. This knowledge was cultivated in the educational process, through the application of written and practical assignments.

What type of experiences had these informants had with wellness, and what elements of the school program, the school environment and the environment external to the school had helped to mold these experiences? The researcher will attempt to enter into and try to understand the situation described. Patten (1980) stated:

*The researcher must participate in the rituals and routines. Taste of the world. Smell it. Watch and listen. Touch and be touched. Write down what you see and hear, how they think and how you feel. Enter into the world. Observe and wonder. Experience and reflect. To understand a world you must become a part of that world (p. 199).*

Students, teachers and all wellness-related officials in the general public require consistent reminders that there are procrastinators who have heroic intentions but who also have eminent excuses. These valorous intentions are sometimes lost or deferred due to negative responses to preliminary activities. Wellness institutes and organizations must encourage all participants to improve upon acquired skills and knowledge, and to develop daily goals and routines of personal fitness either through individual programs or through group activities. A concentration on the positive attributes of wellness and wellness-related activities, with a focus away from the negative attributes, will assist students in obtaining the eminent goal of total well-being.

### **Sorting Through the Data**

The hours, which felt like weeks, that I had spent in front of my computer and researching at the library in order to complete an interview question guide were finally paying dividends. The interview guide, which was divided into several detailed sections, would now serve as a framework for the data analysis. All responses to each concept (physical, nutrition, stress, and substance use and abuse) were divided and placed in sections in my computer. Each division into sub-sections made it possible to determine when a change in attitude or behavior occurred during the school calendar, which wellness concept the students were participating in, and whether the responses were related to other factors.

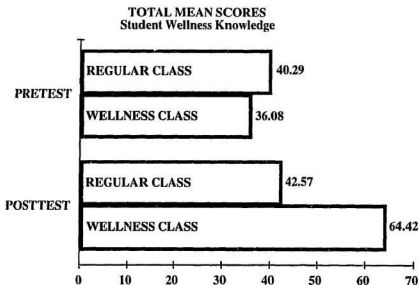


Each of the sections contained in the data analysis are based on commonalities that have emerged in the interview responses and field notes. These commonalities were determined by placing all responses to each question in the interview together on a separate page and using a marker to highlight similar responses.

It all seems so simple but, at times, I had to argue with my eight year old daughter in order to obtain the use of her coloring markers. At night, when I slept, I had visions of red and green but because my color coding accented the similar responses, the data contained in each concept of wellness began to unfold.

### **Knowledge Change**

Change of wellness knowledge did occur when one group of level one physical education students was compared to another group of level one physical education students at one specific high school. An unpublished study completed by Brushett (1993) at Baltimore High School in Ferryland found that total mean scores were significant at the 0.0002 level ( $< 0.001$  level) for two level one physical education classes when compared on a pre-test and a post-test (see Table 1).



Thus, one can conclude that for students who were taught wellness concepts, change did occur in the form of knowledge gained and retained, as described in the results of a cognitive testing procedure (final exam).

However, the researcher was concerned not only with the students having acquired the knowledge necessary to adopt personal wellness life-styles, but with wellness as a way of life. Therefore, for this study, the researcher was primarily concerned with change as it pertains to attitude and behavior towards wellness issues and a wellness life-style.

### **Attitudinal Change**

Research is vast and very plentiful on numerous subjects relating to attitudes and attitudinal change but it is only recently that researchers have been concerned with the link

between attitude and behavior. Eiser (1984) stated that an attitude consists of three segments: "first, an attitude develops through experience with an object. Second, it predisposes one to act in a predictable manner with respect to an object. Third, an attitude consists of positive or negative evaluations" (Eiser, 1984, p.179). Thus, whenever there is a subject matter change, environmental change, or whenever the structure of an individual relationship changes, attitudes are likely to change. Therefore the change in attitude may be the result of any or all of these elements. According to Eiser (1984) stimulating the mind "will often lead to attitude change" but this change may not be a positive attitude (p.187). As well changes in attitude do not always lead to changes in behavior. Far too often when there is an underlying assumption that we expect students to do as we say and not as we do; the praxis may never occur.

### **Behavioral Change**

Vast quantities of health knowledge are being thrust upon societal members daily, but for the majority of the population there is no praxis in daily living. Written in bold letters on a cigarette package is the sentence: Cigarette Smoking Causes Lung Cancer, yet people continue to smoke. What causes people to display this form of behavior? "Whatever the behavior, we can always name one or more personality traits that appear to underlie or influence the behavior in question" (Ajzen and Fishbein, 1980, p.86). Ajzen and Fishbein (1980) further stated that "there is a direct link between beliefs and behavior. Beliefs influence attitudes" which in turn "influence intentions and intentions influence behavior" (p.80). Students have an underlying assumption that anything negative that is going to happen always happens to other individuals. Therefore, based on Ajzen and Fishbein's (1980) assumption that beliefs must be altered in order to create any changes in attitude or behavior there must be a change in beliefs concerning wellness with an intention to achieve

wellness. Thus, beliefs become the underlying factor for changes in behavior towards achieving total well-being. Therefore, the objective of any wellness course has to be to expose students to information that may change the beliefs necessary in order to produce "positive" changes in attitude which in turn will lead to a change in behavior. Dichter (1971) stated that a behavioral change is not only determined by beliefs but as well by "environmental pressures" (p. 20). Students' behavior may be changed by peers or by other groups which they associate with on a regular basis (the class, the teacher, the subject). For this research, the environmental pressure was the Wellness 1123 Course and the medium and approach used by the students to acquire the knowledge necessary in order for change to occur in the praxis of wellness.

## **Concepts of Wellness**

### **Introduction**

In order to ascertain whether change did occur and how it occurred, students enrolled in the 1123 Wellness course were taught four wellness concepts: Nutrition, Substance Abuse, Stress, and Physical Activity. Each wellness concept was taught through theory application in a classroom setting for approximately thirty percent of the school year and then reinforced through physical activity for the remaining seventy percent. Particular attention was given to ensure variety in the selection of the physical activities, that students' felt a sense of ownership of the curriculum, and that goal setting and personal development occurred. Each concept contained the "why and the how," and a physical activity selection process. Never were any of the parts segregated from the whole. Stopping along a ski trail, linking canoes together or bringing a game's activity to a halt for a brief discussion or question-and-answer period were common occurrences once the process began to unfold.

"We need to take a time out and talk about this...it's not right, I don't know...not working the way it's supposed to" (Brushett, 1993, field notes). This in itself created a change from the so-called "norm" of a physical education class activity.

If a program is to be student-oriented then students should stop, discuss, modify activities, and eliminate injustices if they arise. This process must be encouraged by facilitators so that all students are part of the physical education process. Willis (1978) stated that "the world we create through the curriculum is a real present world, a lived-in world, and a meaning world. Ought not the educator to know and respond to its meanings?" (p. 89) By becoming an integral part of the process, the student thus becomes the focus through a lived in experience, rather than becoming a "product" of the education system. "Curriculum is to be thought of as not only producing but also as meaning and lived in" (Willis, 1978, p. 89).

To recapitulate, implications of the findings indicated that students' personal experiences with Wellness 1123 centered around four concepts: Nutrition, Substance Abuse, Stress, and Physical Activity.

## **The Nutrition Concept**

### **Introduction**

In the age of the fast food syndrome and two working parents, students are becoming more and more independent and responsible for their dietary intake. The Nutrition Concept was designed to create an awareness of the negative and positive effects of nutrition on the body. The primary objective of this unit was to assist students to develop an understanding of nutrition and to develop personal nutrition programs.

We must realize that if everything we consume is called nutrition then there must be good nutrition (nutrients that are essential for the proper maintenance and function of the body's organ system) and poor nutrition (nutrients that maybe harmful or that may lead to harmful effects on the body over a prolonged period of time). If what we consume is directly related to how well we are then it might explain why "seventy-five percent of the deaths in this country are due to lifestyles which lead to debilitating diseases such as cancer and heart disease" (Floyd et al, 1991, p.59). Floyd et al further stated that "an informed approach to nutrition, a determination to make changes in lifestyle, and consistency of healthy habits will lead to wellness" (p.59).

Students were expected to develop and practice nutritional knowledge, and understand its relationship to the development of the total individual. Topics completed included: types and sources of nutrients, weight management, weight disorders, and the relationship of nutrition and exercise.

#### Attitudinal Change

##### Family Influences on Attitude

It was only through my own research that I began to notice my own children questioning the nutrition habits at our home and finding my response being, "It was good enough for me when I was growing up, why isn't it good enough for you?" Even though parents seem to influence students' attitudes concerning nutrition, as the wellness course and the nutrition concept progressed, students displayed changes in attitude and a reversal of roles of influence. "Well I don't think about it, cause it's all covered so much now, and they ( Mom and Dad) knows so much facts about it...about how bad it is for you and everything" (Brushett, 1994, I6, William). When Mary was asked when the nutrition conversations at her house first started, she responded, "just since after Christmas" which

is approximately the starting date of the Nutrition Concept (January 20th) (Brushett, 1994, 18). Mary further stated that her attitude toward and knowledge of nutrition has not only had an effect on her but also on her mother, and on the manner in which food is prepared at home:

*I come home from school with this big pile of information and I have to tell her about it or Mom will say do you want nuggets for dinner? I'll say, yeah and she'd say, will I deep fry them or put them in the oven? I'll say put them in the oven. She'll ask why and I'll probably have to explain to her how I don't want deep fried and all that (Brushett, 1994, 18.).*

#### Nutritional Awareness

Peter stated that he hadn't really thought about nutrition before, "I didn't really notice it, like I never really though about nutrition until this year" (Brushett, 1994, 19). Since completing the nutrition unit Peter said, "Now, I'm a little more concerned about it (nutrition) this year, it has definitely made me more aware...the little talks we used to have about stuff...that will always be with me" (Brushett, 1994, 19). Trudy stated that as a result of her participation in the nutritional conversations, she now understands that "there is a bigger need, like, to be healthy because there's so much problems that arise from the way you eat. And, I don't know...like you feel and look a lot better when you are eating right" (Brushett, 1994, 110). The greatest accomplishment achieved by the students, from their participation in this concept, was an awareness of nutrition and the effect that nutrition has on total well-being. During the early stages of the nutrition concept, students were consuming food without questioning its value or the long-term effect that each food group had on their bodies. Later, during the final stages of the nutrition concept there were many questions both to the researcher and to parents concerning the nutritional value of foods.

## Behavioral Change

### Family Influences on Behavior

It seemed that the parents decided the types and sources of nutrients that students consume. "I don't know. It's whatever they're buying and all that. They know...what's good for you and what's not" (Brushett, 1994, I1, Lorne). As well, the traditional background of native Newfoundlanders where the mother is at home plays a major role. For many students the thought of nutrition did not enter their minds because the mother prepared the food at meal time and, for the most part, the meals were consumed without question or discussion. It was very easy for the researcher to understand this concept, having been raised in a very similar environment. I cannot recall questioning the food placed on the table by my parents; the meals were served and I ate them.

The behavioral change may reflect the discussions which students were having at home as a result of the knowledge acquired in school. Most students responded to nutritional behavioral changes at home becoming first noticeable by stating that they had occurred around Easter time or shortly after Christmas. This time was in very close proximity to the midway point of the nutritional concept. Mary stated that her mother had changed the manner in which food was prepared at their home approximately at Easter time. "Mom started getting health conscious...and she...stopped deep frying...and switched to vegetable oils and stuff" (Brushett, 1994, I8). Mary also stated that her brother had been diagnosed with high cholesterol and her father had had an operation over this past year, which may be another factor contributing to the dietary change. As well, Ernest stated that over this past year his mother had begun to be more careful concerning the manner in which food was prepared in their home "Well, I'd say over this last year Mother tries to be more careful over what she cooks. She don't like French fries and all that,



instead of having that, she'd probably put potatoes or something there with it" (Brushett, 1994, I2).

### Media Influences on Behavior

For some students, the change in the behavior of the mother towards positive nutritional habits may have been attributed to media coverage. William stated that the media has had an influence on his family's nutritional habits because of the vast media coverage. "Over this past couple of years...it's [nutrition] after coming up so much...like cholesterol and all that is so important now. They're [the media] tellin' you about new ways that foods are cooked lowers cholesterol and that" (Brushett, 1994, I1).

With the vast amount of information urged upon students in this modern era one would think that more students would be wellness-conscious and that this problem would have been short-lived. Through changes in attitudes, students are taking control of their own health and well-being and are becoming involved in the decision-making process affecting their own personal wellness. Students stated that they were making the decision to decide on what type of lunch to bring to school and sometimes making the decision about what type of food was cooked at home.

### Personal Behavioral Change

As students became more aware of the positive and negative effects of nutrition on their wellness, attitudes changed which in turn transpired into behavioral change. Mary stated that once she had become involved in the nutritional concept she changed her nutritional habits: "that nutrition [concept], that's when I started changing the way I eat...I'm coming health-conscious now I guess. In September I always used to have soft drinks and...now I have mostly orange juice" (Brushett, 1994, I8). There were other examples of students changing their eating patterns: Peter stated that "around Easter" he gave up eating salt beef because of its fat concentration. "I don't eat salt beef now, it's too

fatty, the fat on it, I knew it couldn't be good for me" (Brushett, 1994, I9). Trudy reiterated that she ate "a lot of junk food in the fall, a lot, I didn't eat very good," but since January she has been eating "really good food, like all the vegetables and fruit and low fat and all that stuff" (Brushett, 1994, I10).

The information handouts, the conversations, the discussions and the sample dinners at the school (which the students prepared) were identified in the data as instrumental factors leading to positive changes in attitude towards nutrition which in turn created positive behavioral changes.

## **The Physical Concept**

### **Introduction**

Through participation in Wellness 1123, students were expected to develop an understanding of the physical components of Wellness and these components were addressed through the use of practical skills and the acquisition of knowledge. Topics completed included: flexibility, muscular endurance, muscular strength, cardiorespiratory endurance, body composition and fitness evaluation. Included as well were the development of individual fitness programs, fitness training techniques and equipment assessments.

### **Attitudinal Change**

#### **Seasonal Influences on Attitude**

Students stated that they had not noticed a great change in attitude towards physical activity but they had been influenced by the Wellness course and wellness concepts. Calvin stated that he did not think that Wellness 1123 "affected" him because he was "involved in mostly everything" but then he further stated that "it never affected me, it

influenced me" (Brushett, 1995, 15). Other students felt that the weather was the main reason why there were high and low levels of activity in their lives. Lorne stated that he felt that the weather was the main reason why his activity level had increased throughout the school year. "I'd say [that my activity has] increased more because the weather is better now [spring]...the weather is the main reason for this" (Brushett, 1995, 11). This may be different for other students who enjoy the winter months and the activities that coincide with winter.

### Curriculum Influences on Attitude

Participation in the wellness concept influenced Lorne and other students to develop attitudinal changes towards physical activity. As a result of participation in the physical concept, Lorne stated that "you learn how to take care of yourself better and how to be...how to be more active, to keep a healthier life" (Brushett, 1995, 11). Mary stated, "Back then in September I used to go for a walk whenever I took the mood but I try and walk every day now" (Brushett, 1995, 18). Gerald said, "I have more time to play sports so I just play them...I have more energy, I have a lot more fun...playing sports. Maybe because I was learning more about myself and what I have to do to keep healthy" (Brushett, 1995, 17). Students said that the amount of activity that they were involved in had increased over the school year and attributed these changes to their participation in the Wellness 1123 course.

### Behavioral Change

#### Influences on Students Involved in Structured Activities

Students enrolled in Wellness 1123 who were involved in structured or formal activities displayed changes in behavior that may not have been attributed to enrollment in the Wellness course. Students activity levels and variety in activity were affected by the

seasons, whether it was hockey, basketball or cross-country running, because participation was higher for whatever activity was in season. William stated that "you train less at some sports, where they're not in season, but you make it up in others" (Brushett, 1994, 16). This was an expected result by the researcher given the rural community and the physical activity structure of programs at Baltimore High School. The facilities and the coaching are not available for students to pursue specific activities on an ongoing basis. This in itself may be an asset for students because there is a greater opportunity for variety and quantity in physical activities.

#### Influences on Students Who Were Not Involved in Structured Activities

Students who were not involved in formal activities, organized teams for example, displayed changes in behavior that may have been attributed to enrollment in the Wellness course. Andy stated that her activity level had "increased" because she had learned (due to her enrollment in Wellness 1123) "that it is important that you exercise and keep yourself healthy" (Brushett, 1995, 14). She further stated, "I walk more and when it's nice we play basketball, there's a fair amount of exercise in that" (Brushett, 1995, 14.). Trudy also stated that her involvement in physical activities had increased since September. "I'm involved in more activities now than in September...it picked up in January I suppose...I'd go walking and did what I could in aerobics...shoot around the basketball...and throw around the softball at home" (Brushett, 1995, 110). For these students, recognizing the value of physical activity without all the preconceived notions of fitness has created a positive influence on their personal wellness. The average individual may lead a life of wellness by changing his or her lifestyle and adopting health praxis.

### Curriculum Influences on Behavior

There were students who stated that because of enrollment in Wellness 1123 they were now more energetic, and that their activity levels had increased. "Since we started this program (Wellness 1123) I've gotten a bit more...energetic I suppose. I've been playing a lot more sports and I have a lot more energy" (Brushett, 1995, 17, Gerald). Peter stated that his enrollment in the wellness program had influenced him to develop his own activity program which he follows at home. "Since the program started, I started doing pushups and stuff and working out on my own at home"(Brushett, 1995, 19).

Whether the students were involved in a structured or unstructured program of physical activities, the participation in the Wellness program was as a leading factor contributing to an increase in physical activity levels. Perhaps participation in the Wellness program created an awareness among students of the need for participation, and individual development as opposed to competition in physical activities.

## **The Stress Concept**

### **Introduction**

Stress, simply put, is any response or adjustment that the body is required to make as a result of a stressor. Byer and Shainberg (1991) defined a stressor as "any force that elicits the stress response" (p. 40). Stress can trigger an emotional response that, "in turn, evokes the autonomic nervous system to a flight or fight response. This adaptive and protective device stimulates the ductless glands to hypo- or hyperactivity in preparation for what is perceived as a threat or an assault on the whole organism" (Corbin and Lindsay, 1990, p. 239). There are many forms of stressors such as noise, illness, and fear but the most significant, according to Byer and Shainberg (1991), is change. The more of these

stressors we have in our lives then the higher the level of stress that the body has to cope with.

Too little stress in our lives is undesirable because stress can be a good thing. Moderate levels of stress may enhance behavioral adaptation and may be essential for life processes. Corbin and Lindsay (1990) stated that "too little stress (hypostress) is undesirable and distressful...moderate stress is necessary for maturation and health" (p.240). It must be remembered that different people cope and react differently to stressors and have the ability to cope with different levels of stress. According to Corbin and Lindsay (1990) "an individual's response to stress depends upon the intensity of the threat, the type of situation in which it occurs, and such personal variables as cultural background, tolerance levels, past experience, and personality" (p.240). Corbin and Lindsay (1990) further stated that an individual's ability to adapt is not a static function, but fluctuates with energy, drive, and courage" (p.240). The amount of stress to which an individual can comfortably adapt is called "eustress and would in a sense be an individual's target zone for stress" (Corbin and Lindsay, 1990, p.240).

Students were expected to develop an understanding of stress, stress risk characteristics, stress management, instant and long-term stress relievers, and stress evaluation measures, and then apply this knowledge to the development of individual programs using the Physical Activity Dimensions.

Students were expected not only to develop an understanding of stress through the acquisition of theory but were also expected to apply this stress related theory through, in and about the Physical Activity Dimensions, thus developing an understanding of the relationship between physical activity and stress.

## Attitudinal Change

### Relationship Influences on Stress

Relationships with other students and with family are very important at this age. Having an argument with a family member, a peer or girlfriend/boyfriend may seem overwhelming at the moment, but the arguments seem to be forgotten as fast as they started. Whether resolutions are found or the situations which caused the argument are forgotten the students move forward as if the stressors did not exist. Peter stated that "friends being assholes or something like that" frustrates him, but he does not know if he "could really stop it" [control the situation or his friends], so for the most part he either overlooks his friends behavior or avoids the issue. "I don't like to fight, so I don't say anything" (Brushett, 1994, I9). Other students were more concerned with loss of friendships through arguments, if the argument continued for an extended period of time. Andy stated that "if you fall out with friends then you don't have many to go to... if you need help" (Brushett, 1994, I4).

### Academic Influences on Stress

The major stressors in some students' lives were related to academic achievement. Students were frustrated when they felt that they were not reaching their full potential academically. Ernest stated that he becomes very frustrated when he does not achieve a good grade on a report: "Probably when I do[es] bad on a test or something in school, like, I knows I could've done better in it" [it really frustrates me] (Brushett, 1994, I2). Mary stated that "probably after Christmas it started [stress level increased], my Math marks started to go down and I used to get right frustrated then with Math" (Brushett, 1994, I8).

### Stress Awareness

Initially it was felt by the researcher that the stress unit was not going to affect students' lives. The term "stress" was not even a part of the students' vocabulary. Students referred to stress as frustration which occurred as a result of falling out with friends, family members, academic accomplishments, or relationships. But as the unit progressed students learned that these feelings were the result of stressors in their lives and an awareness of stress began to develop. As a result of taking the course, Ernest stated that now he is "more aware of what causes stress" (Brushett, 1994, I2). William stated that the course has had no real effect on him but "like in classes, it makes you think about it [stress]. But it's up to yourself if you want to act on it, but it gives you an awareness" (Brushett, 1994, I6). It [the stress concept] never effected me, it influenced me, finding out more about stress...learning ways to solve stress problems" (Brushett, 1994, I5, Calvin).

### Personal Influences on Stress

One of the greatest changes occurred in Peter's attitude towards himself and the manner in which he now copes with stressors in his daily activities. "I feel more confident...than I was," as a result of participating in the Wellness course. (Brushett, 1994, I9). This statement struck the soft place I have in my heart for students like Peter who keep their innermost thoughts and feelings buried in order to avoid conflicts with their peers. As teachers we must be continually aware of these students, so that the loudest and most aggressive do not become the focal point of attention. Trudy stated that as a result of her participation in the Wellness program she has learned to handle stress more efficiently. "I've learned...to handle my stress better, either talk to a friend or something or just do something to keep my mind off it" [the stressor] (Brushett, 1995, I10).



## Behavioral Change

### Personal Influences on Stress

Trudy stated that as a result of her participation in the Wellness course she realizes that there are stressors in her life and that she does use some of the stress relief mechanisms acquired in the Wellness program to assist in the relief of these stressors. "The course it explains like, stress relievers and things like you can do to make your life better, like healthy and you know...I use some of it" (Brushett, 1994, 110). Farrin liked the stress concept of wellness because, during the concept he was in a relationship that was very frustrating, and he was having great difficulties coping with the stressors the relationship was causing. Farrin stated:

*I was "tangled up then...when we started doin' that [stress concept]. The things like...how a person is depressed or something and you'd [the researcher] list off a few things [stress characteristics]...I'd look at them and they were the very same as me. You know, they used to fit me perfect. I tried a few of them coping techniques (Brushett, 1994, 13).*

### Stress Awareness

Through participation in the stress concept students learned to develop a life-style where by stressors could be controlled, and they acquired the information necessary to obtain assistance if the need arises. Andy stated that she "learned the ways of handling stress...and if you need[s] help...you can go talk to people and they will help you to solve your problems" (Brushett, 1994, 14). As well, Mary stated that she has developed other methods of coping with the stressors in her life, rather than becoming frustrated, as she did in September. "I guess, I just learned to control my stress level and stuff. Well, after

doing this course and learning new ways to handle stress and...I don't let little things get to me, as much, anymore" (Brushett, 1994, I8).

As a result of their participation in the stress concept, most students realized that there were stressors in their lives and that there were other students who were experiencing the same or similar stressors in their lives. Another realization for most students was the quantity of stress relief mechanisms available and the number of resource people available to assist students to cope with stressors. Farrin stated "guidance counselors, they tell you a lot of things...what you can do to relieve stress and all that stuff" and if you become over-stressed you can "talk to guidance counselors, friends or family" (Brushett, 1995, I3).

## **Substance Use and Abuse Concept**

### **Introduction**

The advertisements say, "Just say no to drugs," and these ad posters are placed at strategic locations everywhere. But are they actually effective in the campaign against drug abuse? The education of individuals on the effects of substance use and abuse always seems to be an underlying factor in determining whether or not an individual uses or abuses substances. Simply placing posters and airing ads against substance use and abuse does not seem to be effective. The invincibility barrier (it cannot happen to me, so why worry about it) young individuals have established must be penetrated if these campaigns are to be successful. For too long young individuals have maintained the philosophy that these dangers do not apply to them, therefore they have not practiced a wellness attitude.

Students were expected to develop a broad knowledge base for the most commonly abused and used substances (alcohol, tobacco, marijuana and steroids). Topics completed included: drugs and your body, why people use or abuse drugs, depressants and stimulants, methods of taking drugs, signs of alcoholism, treatment of alcoholism, effects

of tobacco, tobacco management programs, the effects of marijuana, the adverse effects of steroids, alternatives to drug abuse, and drugs and performance.

#### Attitudinal Change

##### Cultural Influences on Attitude

As stated earlier in this study, the students are from a small town, and for the most part have small town traditional values. Students were open about their consumption of alcohol but the information highway came to a screeching halt when the question of other substance use surfaced. From the researcher's lived experience within the community (having lived there for six years) alcohol consumption is considered by most residents as a social experience and therefore widely used and accepted behavior. Andy stated that she has a few sociable beers "when I'm with my friends and that, just to have fun sometimes" (Brushett, 1995, 14). Peter stated that he drinks both beer and liquor when he is out with his friends. "I usually drink beer, well I drink liquor too, when I'm with friends I guess...I just have a few...a half dozen" (Brushett, 1995, 19).

There were no significant changes in attitude expressed by the students as a result of participation in this section of Wellness 1123. The findings indicated that for the most part students participated in substance use and abuse at a early age (10-16) and the usage was experimental or peer pressure-related. Coates, Petersen and Perry (1982) report that substance abuse "emerges primarily during the years of adolescence (10-15 years)" and that "such experiences during adolescence are part of the learning process" (p.167).

## Behavioral Change

### Parental Influences on Behavior

Peter stated that he had a few beers when he was out with his friends but he does not drink as often now because he does not feel the same peer pressure from his social group. "I don't feel like I have to anymore, peer pressure is gone" (Brushett, 1994, 19). Peter continued by stating that, another reason why he does not drink as often as he did is because he is getting caught by his parents more often. "I'm getting caught, I got caught and I was embarrassed and felt ashamed" (Brushett, 1994, 19). This same reason for a reduction in alcohol consumption was given by other students as well. William said he knows consuming a large volume of alcohol on a continual basis is not good for his health but the main reason that he has reduced his alcohol consumption is because he is getting caught by his parents more often. Consumption is "definitely goin' to slow down now, because I'm gettin' caught so often" (Brushett, 1994, 16). Given the immediate pleasures and short-term effects for most students, experimentation with substance use will continue but will not create long-term usage nor negative effects on an individual's total wellness. For other students, the experimentation may lead to addiction and therefore create a negative long-term effect on an individuals total wellness. "Individuals who are oriented toward short-term gratification and who lack strong self-control skills could be particularly prone to loss of control and to its unhealthy consequences" (Coates, Petersen and Perry, 1982, p. 169). Therefore, there is grave concern that students who lack self-confidence and who are aggressive may become substances abusers or look to short-term solutions to long-term problems.

Most students were reluctant to discuss other substance use and abuse (drug use or abuse) , therefore the quantity of data is limited for this concept. That is not to say that if another researcher were to conduct a similar study the data would still be limited. Perhaps

this is the one instance when the researcher also being the teacher did impede the data collection. Therefore, it is difficult to state if any change occurred or did not occur as a result of student participation in the Substance Use and Abuse Concept.

### **Conclusion**

It was evident from the data excerpts and the researcher's observations and field notes that Wellness 1:23 enhanced the total well-being of the students who participated in the wellness program. The benefits included the awareness by students that they can control their own wellness through the acquisition of knowledge attained in the cognitive domain and then applied in the physical activity domain. The lived experience acquired by students' participation in the wellness program allowed each student to develop an understanding of how personal wellness may be achieved, and assisted each student to achieve higher personal wellness levels through changes in attitude and behavior.

## **CHAPTER VI**

### **SUMMARY AND DISCUSSION**

#### **Introduction**

The purpose of this research was to study attitudinal and behavioral change through student participation in a wellness curriculum. Therefore, the chapter will focus first, on the summary of the results, and second, on their implication for curriculum design. "New understandings of what is involved in curriculum will come from those scholars who can make the heuristic leap from the data they know well to the ethical roots of their concern" (Willis, 1978, p. 88). Even though attitudinal and behavioral changes were the focus of the research, the curriculum itself, the teaching strategies utilized, the environment, and the students for whom the curriculum was intended, all effected the curriculum outcomes.

#### **Change Towards Personal Wellness**

The data revealed changes in attitudes towards personal wellness on the part of students who were enrolled in the Wellness 1123 program. This attitude change was noted in several areas.

Students said that they were more aware of the benefits of proper nutrition and the effect that nutrition may have on their total well-being. There was an increase in conversations at home regarding nutrition and these conversations effected the manner in which food was prepared. French fries were being replaced by baked potatoes and there was less fried food or the food was fried in vegetable oil instead of animal fat.

Involvement in the wellness curriculum also resulted in a positive influence on students' wellness praxis. Students acquired the methods necessary in order to improve their wellness and they were actively doing so, through an increase in physical activity.

During September students were only active on occasion but since their participation in Wellness 1123, they now make an effort to be active every day.

The development of an awareness of stress, stress relationships and individual stress assessment created positive attitudes towards stress assessment. Students said that they were more confident and that they had learned to handle stress more efficiently. There was an increased awareness of the causes of stress and stress-related issues, and students said that in the future, they would use the information acquired in the wellness course to solve stress related problems.

As stated in the data analysis, there were no significant changes in attitude towards substance use and abuse expressed by the students who participated in the Substance Use and Abuse Concept. Students spoke openly concerning their consumption of alcohol but were not responsive to the question of use or abuse of other drugs. The consumption of alcohol was not perceived as a problem, but rather as a social experience. Going out with friends or to a party and having a few beers, perhaps "tying on a load" sometimes, was perceived as perfectly normal behavior. It seemed that alcohol consumption was associated with fun, socializing, and to some extent just going out. For the most part, the students' sole concern was with their parents' discovery of their drinking habits, which may lead to other complications in their family relationships. Students said that they were aware that alcohol consumption on a regular basis may be detrimental to health; however, the main reason they reduced their alcohol consumption was the risk of being caught by their parents.

It was difficult to assess if any behavioral change may have occurred. It seemed that the only deterrent to drinking was the possibility of getting caught, which would result in family quarrels. I conclude that the invincibility barrier related to alcohol consumption, which these students have established, may not have been penetrated by their participation in the Wellness program.

As a result of changes in attitude achieved through participation in the wellness course, students made positive behavioral decisions concerning nutrition. There was evidence of changes in individual students' behavior, after they had become immersed in Wellness. Students began to limit the amount of foods containing simple sugars and to consume more products from the vegetable and fruit food groups. Wellness 1123 students developed an understanding of the components of wellness and applied these concepts to their own lives through attitudinal and behavioral changes.

### **Implications of Wellness 1123**

#### **The Curriculum**

Jewett and Bain (1985) stated that "the creation and enhancement of meaning is the fundamental concern of education" (p.73). The Wellness 1123 curriculum focused, not only on the intellectual stimulation of students, but also on personal satisfaction achieved, as well as, on personal growth and development. This occurred through ongoing participation in physical activities, emotional interactions with other individuals and the environment through individual development and goal setting. Students were encouraged to participate for social satisfaction and self-fulfillment, with an emphasis on goal setting and personal development, rather than competition or skill mastery.

#### **Enrollment in Physical Education**

A primary concern for physical education specialists, in this province, is the reason why students enroll or do not enroll in physical education programs at the high school level, and why female enrollment is lower than male enrollment. According to the Campbell's Survey on the Well-being of Canadians (1988) there is an increasing number of



inactive Canadians: "10% of all males and 30% of all females between the ages of 15-19 and 16% of males and 30% of females ages 15-19 are only moderately active." This trend is also occurring in the high schools across the Province of Newfoundland and Labrador, and the time has come to reach these students and assist them to become active members in society. Wellness 1123 may have already played a key role in developing a focus of some students towards a wellness life-style.

Since Wellness was first piloted in 1993, enrollment in Physical Education at Baltimore High School has increased at a time when other schools across the province are experiencing declining enrollments. There are currently one hundred and seventy-four students enrolled at Baltimore High School, sixty-two of whom are enrolled in the Physical Education Program (thirty-six percent of the total school population). Twenty-seven of these sixty-two students are enrolled in the Wellness 1223 Course, and the female enrollment has increased again this school year. There has been an increase of twelve percent over last year, and an even higher percentage of female students are expected to participate next school year, based on the current course selection forms. The reason for this increase may be because Wellness 1123 is a more inclusive course than the other Physical Education courses currently being offered. The curriculum must have meaning and significance for each student or declining enrollment in physical education will continue. Jewett and Bain (1985) stated that "the primary concern for physical education is the personal search for meaning by the individual moving in interaction with the environment" (p. 73). The meaning for students who were enrolled in Wellness 1123 was demonstrated through conversations with other family members, increased physical activity and the methods utilized to cope with stressors in their lives.

### Adoption by the Department of Education

Currently, Wellness 1123 is being taught in two Newfoundland and Labrador high schools as a one credit local course in Physical Education. Wellness 1123 has been upgraded to 1223 (a two credit course) at Baltimore Regional High School replacing Physical Education 1100. Therefore, the foundation is already in place for Wellness 1223 to be adopted. As well, the current Physical Education Framework Draft Document (December 1994) recommends that Physical Education in Newfoundland contain a personal-global<sup>3</sup> approach, and that each local school-community environment may select the model from Jewett and Bain (1985) which best serves their needs. Given the age of the Physical Education programs currently in use in Newfoundland and Labrador, the outdated material, and the low enrollments, adoption of Wellness 1123 (Currently 1223) is recommended by the researcher. The implementation of Wellness 1123 is likely to be viewed as a valuable reformation by students and parents, the officials of the Department of Education and by the teachers of Physical Education in Newfoundland and Labrador.

### Adoption as a Two Credit Course

The quantity of material given to students was one reason why the Wellness 1123 course (one credit) became a two credit course (1223). It was felt that the time available was not adequate to cover the material included in each unit; therefore, the objectives of the course were not being met. This change has greatly enhanced the course and has provided students with much more time to develop and pursue personal goals. As well, Wellness 1223 has done much to enhance the image of Physical Education in Newfoundland and

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<sup>3</sup> Based on the assumption that each individual is a unique, holistic being, continuously in the process of becoming, seeking full personal integration in a changing environment.

(Jewett, 1994, p. 58)

Labrador and to bring physical education toward Quality Daily Physical Education, a futuristic innovation for high schools. The increase from a one credit course to a two credit course has meant that students who are now enrolled in Wellness 1223 are receiving quality Physical Education on a daily basis--a goal of the current Personal-Global Curriculum Framework for Physical Education. Wellness 1223 is currently the only two credit high school Physical Education Course offered in any high school across this province.

### **Strategies For A Greater Change in Attitude and Behavior**

#### **Curriculum Design**

In any curriculum course, there is and will always be room for enhancement, deletions and modifications: Wellness 1123 is no exception. There were weaknesses in the Substance Use and Abuse Unit due to the lack of opinions and responses received from students during discussions. Discussions soon came to a close when the teacher could not answer every question, when resource information was not always immediately available, or when the students were asked about substance use or abuse other than alcohol. There may have been fear of admission concerning the use or abuse of other substances, especially divulging this information to a teacher.

This unit will require a much more in-depth approach in future, with emphasis on social issues concerning alcohol consumption and societal trends, and perhaps even a greater time allotment. A change in presentation will be necessary as well, because all the resource personnel available were not utilized. An answer to this dilemma might lie in enlisting the assistance of the Drug Dependency Commission; or, if the Wellness course becomes an official offering of the Department of Education, other Physical Education specialists/non specialists could assist in re-writing or modifying the presentation of the unit. Social reconstruction (changing a socially accepted behavior) is necessary if students

are to break with tradition and recognize that alcohol may be a problem in their social environment. Students at Baltimore Regional High School are currently evaluating and recommending solutions to these dilemmas.

### Major Goals and Goal Setting

The selection of major goals tended to be limited due to the size of both the micro and macro environments. Students were limited, mainly due to lack of facilities, both at the school and in the community, therefore variety in goal setting was lacking. To assist students in overcoming this dilemma, group activities were encouraged in order to reduce travel and other costs. By completing goal-oriented tasks in this manner the school helped offset some of the costs that were incurred. Areas where expenses might be incurred included a trip to Butterpot Park for a cross-country ski meet, and the rental of canoes to participate in a canoe-hiking trip.

### Teaching/Learning Strategies

Taking a class of students into a gymnasium for a Physical Education class may become very mundane after several years of teaching. The teacher becomes very familiar with the program of studies; therefore, little preparation may be required. Teaching a new course or teaching an old course in a new manner may cause many stressors for teachers who are not receptive to change. Change, according to Varma (1973), is one of the greatest stressors in an individual's life. (Dichter, 1971) noted that "changing human behavior therefore seems to be inevitably tied up with the ethical aspects of the goals toward which human beings are pushed" (p. 23). If physical education is to take on a personal-global orientation then it would be realistic to assume that Physical Education teachers must change techniques and teaching styles in order to adopt this new orientation. A very important consideration, if teachers are expected to adopt to new teaching methods,

is that they be given the time for development along with the necessary tools to work with. Fear of the unknown and fear of change increases towards a new experience when a person cannot control nor understand the situation.

Therefore, an important consideration for the implementation of a new program, such as Wellness 1123, is that proper implementation procedures are in place, and that the personnel receives in-service training for the new program. Too often, great programs collect dust on a shelf because the time and effort necessary to instruct others in the use of a new orientation were not available. Wellness 1123 has been developed in such a manner that teachers may utilize all existing facilities and equipment. Furthermore, the curriculum content has been formatted to include suggested resource information and handouts in order to assist teachers to familiarize themselves with each concept.

### Teaching Styles

As mentioned earlier in this research, stopping in the middle of a lake while canoeing, or along a river bed on a hike permits opportunities to discuss stress relief mechanisms or nutrition planning. At times doing so may have seem like an impossible task. Giving handouts with related themes or short explanations were a common occurrence at these brief stops because it was found that students responded better when they were given hard copies of new information as the dialogue progressed. Sometimes these hard copies would include only a few brief notes that were intended to create discussion and stimulate a continual awareness of how the cognitive domain, affective domain and the physical domain are processed at once. This teaching style encompassed acquiring enough information in a formal classroom setting in order to function in the physical environment. First the foundation was laid, then students moved into the environment to complete the process of personalizing the information acquired. This style of teaching placed a great deal of responsibility on students to take ownership of the program and assist in its

development. This was a key ingredient which required a great deal of patience and reinforcement in order for students to apply the strategy. Instilling this concept early in the wellness course in future will make the process much more effective by informing students of what is expected of them. Other teachers may not be receptive to this style of teaching, but regardless of what style a teacher utilizes, the students are the course is student-oriented. Students are required to take responsibility for the process; the teacher facilitates this process, but the students decide the manner in which the process will unfold.

### Summary

The research findings, indicated that in the future, personal wellness should be a primary focus for all individuals. The concern for personal wellness, reduction in health care costs, loss of income due to illness, the aging population and the impact of Physical Education on society are some of the issues to be considered in the coming years. Physical Educational Programming must become more inclusive, being able to encompass all individuals. Programming must be developed in such a manner that it encourages all individuals, regardless of physical abilities, to participate in physical activity as a way of life. Jewett and Ennis (1990) describe a Physical Education curriculum as having four distinguishing characteristics:

- *the emphasis on the personal search for meaning,*
- *the assumption that individual validity (and thus personal meaning) can be achieved only by integrating the natural and social environment,*
- *a commitment to a balance between societal needs and individual needs that prefers neither but acknowledges the importance of subject matter in fulfilling both,*
- *and a future orientation (p. 122).*

In the past, fitness and fitness programming have concentrated on acquiring the subject matter as opposed to the development of the holistic person. Because wellness encompasses fitness, individuals who are concerned about their well-being should no longer be intimidated by the term "fitness".

The Wellness 1123 course encouraged all students to participate in and to adopt active life-styles. The data indicates that the program was successful in changing specific student attitudes and behaviors at Baltimore Regional High School. The success of the Wellness 1123 course can be greatly attributed to the utilization of the humanistic approach taken. "This course is a starting point to get people involved in physical activity in their everyday life...it has gotten me more interested in my health" (Brushett, 1993, Field Notes). "I like this course, we can concentrate on what we feel is important to us, and others can go on their own way [develop their personal goals]" (Brushett, 1993, Field Notes). The students achieved a sense of ownership for the Wellness course and developed a sense of responsibility for personal wellness. This was the most significant factor that led the students to adopt wellness behaviors.

### **Implications of the Research**

There was significant evidence cited throughout the research to support Wellness 1123 becoming an integral part of the physical education curriculum in Newfoundland and Labrador. When enrollment in any program begins to fall, organizers and program designers begin to question its value. If the low enrollments in physical education in Newfoundland and Labrador are any indication, then perhaps the time has come for a complete redesign of Physical Education programming. The Department of Education in Newfoundland is currently reviewing a physical education draft framework document that, if adopted, will make Newfoundland and Labrador pioneers in the Physical Education

field. Wellness 1223, formerly Wellness 1123, at Baltimore Regional High School follows the intentions and guidelines of this draft document and, with some revision, is being considered as one of three new courses to be offered at the high school level. As well, Wellness 1123 becoming as a two credit course (Wellness 1223) has renewed an interest in Physical Education by students (displayed in increased enrollments) and has made Physical Education easier to schedule at the high school level.

### **Future Recommendations**

As a result of the changing trends in society, the need for a future curriculum guide, and governmental officials already realizing the necessity for new curriculum development (A Personal -Global Curriculum Framework For Physical Education: Creating A Vision at present being reviewed by government officials) it is suggested that:

- Locally developed courses should be encouraged by the Department of Education, which would give creative teachers in the field of Physical Education opportunities to write and share ideas in a formal setting.
- A formal structure should be in place in the near future for local curriculum designers to follow when formulating new concepts and ideas. This was not the case when Wellness 1123 was written. Hopefully, this problem will be rectified by the acceptance of the document, A Personal-Global Curriculum Framework For Physical Education: Creating A Vision.
- Additional research should be undertaken in the area of wellness curriculum in order to understand the full impact of a wellness curriculum on students' attitudes and behaviors.



- A further study should be completed which would include a larger sample and a teacher other than the curriculum designer conducting the wellness unit. This study could involve several schools across the province at different locations.

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## **APPENDIX I**

### **Letter of Permission to Parents of Students**

September 23, 1993

Dear Sir/Madam;

I am currently enrolled in the Physical Education Masters Degree Program at Memorial University of Newfoundland. My area of study is Administration and Curriculum Design. As part of my program I have designed a curriculum to be used as a pilot course in the Newfoundland School System. This curriculum entitled *Wellness: A Humanistic Physical Education Course* is intended to be used in Level 1 of the High School Curriculum.

A comparative qualitative and quantitative study will be completed as a part of my thesis using the new *Wellness Curriculum* during the school year 1993-1994. One class of students will complete the current Physical Education 1100 Curriculum, and the second level one class of students will complete the *Wellness curriculum*.

It is my vision that in the near future, *Wellness: A Humanistic Physical Education Course* may replace the current Physical Education 1100 Course. The intent of this curriculum is to meet the immediate needs of the current students on an individual level, assist students to develop wellness lifestyles, and become responsible for their individual health and total well-being. Students will develop these characteristics through interactions with other students, the teacher, the curriculum, and the local environment in a formal instructional setting, that is conducive to the goals of education.

*Wellness: A Humanistic Physical Education Course* has been approved by the R.C. School Board for Ferryland District and the Department of Education. The program will be evaluated through the use of student interviews, examinations, assignments and ongoing discussions with students.

Your son's or daughter's involvement in this research is on a voluntary basis and will only be undertaken upon the return of this consent form with your signature attached.

Your child's responses are confidential and their anonymity is guaranteed. He or she may withdraw from the study at any time as well as choose not to respond to any question.

Please return this form to the school as soon as possible.

Thank you for your cooperation.

I understand the study and consent to my son's/daughter's

(Students' Name) ..... participation in this study.

Signature: .....

I do not give my son/daughter ( Students' Name)..... permission to participate in the above mentioned study to be held at Baltimore High School during the 1993-94 school year.

Signature:.....

Sincerely,

Raymond J. Brushett



## **APPENDIX II**

**Letter of Permission to School Board Superintendent**

September 23, 1993

Mr. Frank Galgay  
Superintendent  
R. C. School Board for Ferryland District  
Mobile, Newfoundland

Dear Mr. Galgay,

I am currently enrolled in the Physical Education Masters Degree Program at Memorial University of Newfoundland. My area of study is Administration and Curriculum Design. As part of my program I have designed a curriculum to be used as a pilot course in the Newfoundland School System. This curriculum entitled *Wellness: A Humanistic Physical Education Course* is intended to be used in Level 1 of the High School Curriculum.

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Wellness: A Humanistic Physical Education Course has been approved by the Department of Education and by the Ferryland School Board for the 1993-94 school year as a pilot course and will be called Wellness 1123.

I am proposing that Wellness 1123 will be evaluated through the use of student interviews, surveys, theory evaluations, and ongoing discussions with students as a part of my thesis research. Class instructional time will not be effected in any way by this research and all students will have the right to choose not to participate. Students who choose to participate in my research will have complete anonymity and will only do so with the written permission of their parents/guardians. As well for students who choose not to participate, their rights and privileges will be acknowledged and no further contact will be made with these students.

I would like to have your support for my research.

Sincerely,

Raymond J. Brushett

## **APPENDIX III**

### **Sample Field Notes**

Field Notes-Ernest

Wooded Area behind Baltimore High School

January 11, 1994

We were on our way to another skiing adventure and as the students selected their previously marked equipment, I could not help but wonder if any of the topics discussed to date were having an affect on students attitudes or behaviors. As I watched the last student strap on his skis, and began to glide away, I felt proud. There were students who had never skied before moving through the winding trail as if they had been skiing since infancy.

As I stroked along behind the students, I found myself thinking about the types of questions that were being asked concerning health and wellness. It occurred to me that the students seemed to be asking a lot of questions about general health and fitness, and fitness procedures.

As we came closer to the bend in the river, our usual place of rest and discussion, I heard Ernest and a couple of other students discussing the course options. It was very encouraging to here the students state that there was no need to always go to the gymnasium in order to develop personal wellness. Ernest stated that "you don't always have to go to the gym for wellness, the course is not about always going to the gym. I was not altogether surprised with the comment, since there were students involved in this discussion who had previously stated on the Demographic Survey that their least favorite subject was Physical Education.

Perhaps I might be on to something really big with this new approach to curriculum design. Physical Education for everybody not just athletes.

## **APPENDIX IV**

### **Student Interview Permission Form**

My name is Raymond Brushett, and I am currently researching for my thesis on the subject of Wellness, as it relates to attitude and behavior changes. This research will contribute towards obtaining my Master's Degree at Memorial University of Newfoundland. I am the principal researcher of this research project and I may be contacted at 747-5232 should you have any questions regarding any of this research.

I thank you for your willingness to participate in this research project. Before we begin the interview I would like to inform you, again, that you have the right to refuse to answer any question at any time and withdraw from the interview at any time. All information will be held in the strictest of confidence and will only be used by me for this research. Under no circumstances will your name or any other identifying characteristics be included in this report.

Please sign this form which indicates that I have read you this report.

Thank You.

Interviewees Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I would like a copy of the results of this study. (Please Circle one)

YES

NO

Address for report to be sent:

\_\_\_\_\_  
\_\_\_\_\_

Researcher's Signature:

\_\_\_\_\_

## **APPENDIX V**

### **Demographic Survey**



# **DEMOGRAPHIC SURVEY**

1. STUDENT'S NAME: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_
3. CLASS #: \_\_\_\_\_
4. GENDER: M \_\_\_\_\_ F \_\_\_\_\_ 5. HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_
6. # of BROTHERS: \_\_\_\_\_ AGES: \_\_\_\_\_
7. # of SISTERS: \_\_\_\_\_ AGES: \_\_\_\_\_
8. FATHER'S NAME: \_\_\_\_\_ 6. AGE: \_\_\_\_\_
8. ADDRESS: \_\_\_\_\_
9. EMPLOYMENT: \_\_\_\_\_
10. MOTHER'S NAME: \_\_\_\_\_ 11. AGE: \_\_\_\_\_
12. ADDRESS: \_\_\_\_\_
13. EMPLOYMENT: \_\_\_\_\_ (Include homemaking)
14. Are both parents living at home? Yes \_\_\_\_\_ No \_\_\_\_\_ (check one)
15. What is your parents present marital status? (check one)
 

Single: \_\_\_\_\_
Separated: \_\_\_\_\_
Other: \_\_\_\_\_

Married: \_\_\_\_\_
Divorced: \_\_\_\_\_
16. What was your academic average last year? \_\_\_\_\_ %
17. Have you ever failed a grade in school? If so, which one? \_\_\_\_\_
18. What are your three favorite and least favorite subjects in school?
 

Most Favorite	Least Favorite
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
19. List your five favorite sports/physical activities.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

20. Explain in your own words why you decided to register for this course?

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21. What experiences have you had in physical activities apart from those that you have been involved in at Baltimore High School. List the activities and for how long you have been involved in them.

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## **APPENDIX VI**

### **Interview Guide**

## INTERVIEW GUIDE

### Section One:

This will be read onto the tape and a note pad will also be used for each interview.

Today's Date: \_\_\_\_\_

Place: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Place of Residence: \_\_\_\_\_

Questions from the Demographic Survey for a warm up.

1. Hi, how are things going so far today?
2. Tell me about the types of activities that you are involved in outside of school.
3. How long have you been involved in these activities?

What are your favorite activities?

### Section Two:

Explanation of the research;

The questions for this interview are mainly related to attitude and behavior but also include questions concerning nutrition, stress, substance abuse and physical activity. To determine if there is a change, I must attempt to understand your changes in attitude and behavior and what other factors in your environment may have had an effect on it. Therefore, the questions will be organized so that you can attempt to describe in detail some of your experiences that have occurred during this past year.

First, I would like to give you some examples of the type of questions that I may ask, concerning the activities that occur around your house. What types of activities do you and your family do? Who do you do your activities with? Are these activities for social reasons or health reasons? The interview will be recorded because I would never be able to remember the information otherwise.

4. What do you do at home/around the house, outside of school? What kind of activities are you involved in?(Individual/Behavior/Physical Activity)
5. Tell me about your life between September and December. What kinds of activities were you involved in? What did you do mostly during this time?(Individual/Behavior/Physical Activity)
6. What kind of things did you do during Christmas?(Individual/Behavior/Physical Activity)
7. If the activities were different, why were they different? Why did you do different activities during this time?(Individual/Attitude/Physical Activity)
8. Describe what you did with your time outside of school/at home during the time from January until April. (Individual/Behavior/Physical Activity)
9. Were there any changes in your activities or your activity levels during this time? (Individual/Behavior/Physical Activity)
10. Why do you think that these changes occurred? (Individual/Attitude/Physical Activity)
11. Do you think that you lead a physically active life? (Individual/Attitude/Physical Activity)
12. Do you think that your activity level has increased or decreased since September? (Individual/Attitude/Physical Activity)
13. Why do you think that this has occurred? (Individual/Attitude/Physical Activity)

14. Describe a typical Saturday for me? - From the time you get up until the time you go to bed. (Individual/Behavior/Physical Activity)
15. Have the activities that you do changed in any way? (Individual/Behavior/Physical Activity)
16. What do you think is the reason for this change or these changes? (Individual/Attitude/Physical Activity)
17. When did you first notice these changes? (Individual/Attitude/Physical Activity)
18. What do you think is the reason for these changes occurring when they did? (Individual/Attitude/Physical Activity)
19. Describe the activity level of your family? - What sort of things does your family do? (Family/Behavior/Physical Activity)
20. Has the activity level of your family changed in any way? (Family/Behavior/Physical Activity)
21. Why do you think your family's activity levels have changed? (Family/Attitude/Physical Activity)
22. When did you first notice this change in your family's activity levels? (Family/Behavior/Physical Activity)
23. Do you do most of your activities with your family or friends mostly? (Behavior/Social/Physical Activity)
24. Do you consider yourself a healthy person? (Individual/Health/Attitude)
25. Tell me about your health practices? (Individual/Health/Behavior)
26. What sort of things do you do that might make you more healthy or may make you less healthy? (Individual/Health/Behavior)
27. Have any changes in your health occurred? (Individual/Health/Behavior)
28. Tell me about these changes. (Individual/Health/Behavior)
29. When do you think these changes began to occur? (Individual/Health/Attitude)

- 30. Do you watch or listen to health adds? (Individual/Health/Behavior)
- 31. Do you think that the media has had an influence on your health? (Individual/Health/Attitude)
- 32. If so, how? (Individual/Health/Attitude)
- 33. When did you first start to notice this influence by the media? (Individual/Health/Attitude)
- 34. Tell me about your families health practices. (Family/Health/Behavior)
- 35. Have you seen any changes in your families health practices? (Family/Health/Behavior)
- 36. If so, when did you first notice these changes? (Family/Health/Behavior)
- 37. Do you think that your family thinks about their health often. (Family/Health/Behavior)
- 38. Why do you think they are concerned about their health? (Family/Health/Attitude)
- 39. Have you seen any changes in these concerns about their health? (Family/Health/Behavior)
- 40. If so, when did these changes begin? (Family/Health/Behavior)

### SECTION THREE:

Now, I am going to ask you some questions concerning your families nutrition habits. I'm interested in knowing what type of foods you and your family eat, how the food is prepared at your house and if you and your family eat a variety of different kinds of food. I am also interested in knowing who prepares the food most often and who makes the decisions on the variety of food that is eaten.

- 41. What types of foods do you like to eat at home? (Individual/Nutrition/Behavior)
- 42. Do you normally bring a lunch to school? (Individual/Nutrition/Behavior)
- 43. What kinds of foods do you have for lunch? (Individual/Nutrition/Behavior)
- 44. Who normally makes these lunches? (Individual/Nutrition/Behavior)

Why? (Individual/Nutrition/Attitude)

45. Who decides what is included in your lunch? (Individual/Nutrition/Behavior)

Why? (Individual/Nutrition/Attitude)

46. Describe in detail the kinds of foods that you have eaten during the following time periods: Tell me about the kinds of foods you were eating between September-December. Was the foods that you were eating during Christmas any different than in the fall (September-December)? (Individual/Nutrition/Behavior)

Why? (Individual/Nutrition/Attitude)

Describe the types of foods that you were eating during January-April. (Individual/Nutrition/Behavior)

Were these foods different than what you were eating during Christmas and back in the fall? (Individual/Nutrition/Behavior)

Why do you think this is so? (Individual/Nutrition/Attitude)

47. Has there been any changes in the foods that you have eaten over this past year? (Individual/Nutrition/Attitude)

48. If so, why do you think that these changes have occurred? (Individual/Nutrition/Attitude)

49. Have the kinds of foods that you bring for lunch changed since September? (Individual/Nutrition/Behavior)

47. Tell me, has there been any changes in the types of foods that you eat at home? (Family/Nutrition/Behavior)

48. If so, when did these changes start to occur? (Family/Nutrition/Behavior)

49. Why do you think that these changes have occurred? (Family/Nutrition/Attitude)

50. Tell me about the way that food is most often cooked at your house. (Family/Nutrition/Behavior)

51. Does your family eat out often? (Family/Nutrition/Behavior)



52. Where do they normally eat, when they eat out? (Family/Nutrition/Behavior)
53. Do you and your family talk more about nutrition than in the past? (Family/Nutrition/Attitude)
54. If so, when do you think this change began? (Family/Nutrition/Attitude)
55. What do you think is the reason for this? (Family/Nutrition/Attitude)
56. Who is, normally, the leader in these nutrition discussions? (Family/Nutrition/Physical)
57. Why do you think this is so? (Family/Nutrition/Attitude)
58. What effect are these discussions having on you? (Individual/Nutrition/Attitude)
59. Do you think that the media has a influence on the type of food that you eat at home?(Family/Nutrition/Attitude)
60. If so, how?(Family/Nutrition/Attitude)

#### SECTION FOUR:

Now, I am going to ask you some questions concerning substance use. I am interested in knowing if you drink, take vitamins, steroids or use any other form of prescription or non prescription drugs and if so, why you use these substances. Is the use of these substances stress related, for social reasons or some other reason? I would like to remind you that you do not have to answer any of these questions if you choose not to and that absolutely none of this information will be used outside of this research.

61. Do you drink alcohol? (Individual/Substance Use/Behavior)
62. Explain why or why not? (Individual/Substance Use/Attitude)
63. When do you drink? (Individual/Substance Use/Behavior/Social)
64. How much and how often do you drink? (Individual/Substance Use/Behavior)
65. Do you think that this could have an effect on your health now or later on

in life? (Individual/Substance Use/Attitude)

Now, I want you to take me back to September and describe your drinking habits between September-December. Now describe Christmas, did you do much drinking during Christmas? Describe your drinking habit between January and April?  
(Individual/Substance Use/Behavior)

66. Do you think that your drinking habits are changing? (Individual/Substance Use/Attitude)

67. Why do you think that this change is happening? (Individual/Substance Use/Attitude)

68. When did you first start to notice this change? (Individual/Substance Use/Behavior)

Now I am going to ask some questions that are related to steroids and steroid use.

66. Have you ever taken any steroids? (Individual/Substance Use/Behavior)

67. If yes, when did you take these steroids? (Individual/Substance Use/Behavior/Social)

68. Why did you take these steroids? (Individual/Substance Use/Attitude)

69. How many steroids have you used, and how often

have you steroids? (Individual/Substance Use/Behavior/Social)

70. Has your use of steroids changed? Why? (Individual/Substance Use/Attitude)

71. When did you first notice this change? (Individual/Substance Use/Behavior)

These next few questions are related to prescription and non-prescription drugs use.

72. Do you take prescription or non-prescription drugs.

(Individual/Substance Use/Behavior)

73. What kind do you take? (Individual/Substance Use/Behavior)

74. When did you start taking these and at what time do you take them? (Individual/Substance Use/Behavior/Social)

75. Why do you take these? (Individual/Substance Use/Attitude)
76. Do you take these with friends or when you are alone?  
(Individual/Substance Use/Behavior/Social)
77. How often do you take these? (Individual/Substance Use/Behavior/Social)
78. Has the consumption of these increased or decreased over this past year? (Individual/Substance Use/Behavior/Social)
79. When did you first start to notice this change?  
(Individual/Substance Use/Behavior/Social)
80. Why do you think that this change has occurred? (Individual/Substance Use/Attitude)

#### SECTION FIVE:

This section will cover question about anxieties and stress. I want to know if there is stress or anxiety in your life and the manner in which you are managing or coping with it.

81. Do you have trouble sleeping? (Individual/Stress/Behavior)
82. If yes, when did this trouble first begin? (Individual/Stress/Behavior)
83. Do you know why you have trouble sleeping? (Individual/Stress/Attitude)
84. Do you often feel depressed or upset (angry)? (Individual/Stress/Behavior)
85. Tell me about the sort of things that make you feel this way.  
(Individual/Stress/Behavior)
86. Why do these things make you feel down or upset? (Individual/Stress/Attitude)
87. Do you normally talk to people about these things that make you feel this way? (Individual/Stress/Behavior/Social)
88. When did you start feeling this way? (Individual/Stress/Behavior)
89. What would you like to do so that you stop feeling this way? (Individual/Stress/Attitude)

90. Do you do activities with your friends that you sometimes regret?

(Individual/Stress/Attitude)

91. Why? (Individual/Stress/Attitude)

92. Tell me about some of these activities. (Individual/Stress/Behavior)

93. Has your involvement in these activities changed in any way recently?

(Individual/Stress/Behavior)

94. When did you first start to notice these changes. (Individual/Stress/Behavior)

95. Now, I want you to take me back to September and describe any stressors or anxieties that you felt between September and December. (Individual/Stress/Behavior)

96. Were there any changes or perhaps different kinds of anxieties during Christmas?

(Individual/Stress/Behavior)

97. Describe, the time between January and April, how was your anxiety level during this time? (Individual/Stress/Behavior)

98. Do you think that you are more capable of handling stress and other anxieties now than you were back in September? (Individual/Stress/Attitude)

99. If so, Why? (Individual/Stress/Attitude)

#### SECTION SIX:

I am, now, going to ask you some questions that are directly related to the Wellness course and Physical Education in general at Baltimore High School. I want you to be perfectly honest with me and I would like to remind you that nothing you say will be used in any way outside this immediate research.

100. Tell me about your involvement in Physical Education at Baltimore. (Physical Education/ Behavior)

101. Why did you decide to take this course? (Physical Education/ Attitude)

102. Has the course been what you expected? In what way? (Physical Education/ Attitude)
103. Do you think that the Wellness course has had an impact on your behavior and attitude toward personal health? (Physical Education/ Attitude)
104. Describe how you have been influenced by the Wellness concepts-start in September and take me right through until today?. (Physical Education/ Attitude)
105. Has your activity level changed in any way since September? (Physical Education/ Behavior)
106. Tell me about it. (Physical Education/ Behavior)
107. What do you think is the reason for these changes? (Physical Education/ Attitude)
108. Do you think that health and health related activities will influence your behavior and attitude in the future? (Physical Education/ Attitude)
109. Explain how this will occur. (Physical Education/ Behavior)

## **APPENDIX VII**

### **Sample Interview**

**SAMPLE INTERVIEW****INTERVIEW NUMBER 8**

Mary's Residence

JUNE 1, 1994

1. Ah, playing ball, walking, bike ridin', swimming in the summer and skating in the winter. House cleaning and mowing the lawn.
2. Get up seven o'clock, get ready for school, go to school for nine and then when I come home at three o'clock probably get supper and then do the dishes. Probably go for a walk and then do my homework, watch T. V. and then talk on the phone. Mostly walk or bike ride.
3. Not to much, I don't think that I was doing anything during Christmas besides cleaning up around the house that's all. I was out walking a couple of times
4. Because it was Christmas and everyone was home and there was a whole pile of food around and that.
5. Ah, I did a bit of walking, sometimes I go on the exercise bike and that's about all. I was out skiing and skating.
6. No not really.
7. No Data Available
- 8a. Yeah.
- 8b. I'm not a lazy person always in front of the T. V. all the time and I'm not over athletic now but I don't know out around and that.
9. Increased.
10. Ah, I don't know when we got back in school started, then it was time like you wanted to be out and that, you didn't want to be in school and that, so I started going out. Well

back then in September I use to go for a walk whenever I took the mood but I try and walk every day now. I don't want to turn into a slob.

11. get up about eleven o'clock and get something to eat, probably watch some T. V. or if it's sunny out I go out. Then I go work at a Video store at four o'clock till probably ten or eleven at night, then I probably go out with friends for awhile.

12. No.

13. No Data Available

14. No Data Available

15. No Data Available

16. Ah, well it's walking I think that's about all. Sometimes dad bee's on the pond playing hockey the winter. My brother he never sits down put it that way.

17. No.

18. No Data Available

19. No Data Available

20. Friends.

21. Yeah, don't get sick very much.

22. Chicken, fries, ah stew, fish if you can get any, pork chops and that and that's basically it.

23. Yes.

24. Ah a sandwich and probably a soft drink or a fruit juice and an apple or an orange and a bun.

25a. Mom.

25b. Cause I don't have time in the morning.

26a. Mom and me, the two of us.

26b. Cause she have to make sure I have a piece of fruit in it and I have to make sure that I have a bit of junk in it.



27a. OK we were eating a lot of deep fried food back then and like french fries and deep fried nuggets. Almost everything we had was deep fried and a lot of pork chops and stuff, that's about it.

27b. Turkey, hams, cold plates, salads and cake and cookies.

27c. No Data Available

28. A lot of chicken fries, stews and that's about it.

29. Yeah

30. Because it's Christmas, nearly every Christmas you eat the same thing and then there's more time for cookin' I guess and everyone cooks a big feed.

31. Yes.

32. Because mom started getting health conscious and she started-stopped deep and she started-stopped deep frying as much and switched to vegetable oils and stuff.

33. Yes.

34. September and that I always use to have soft drinks and that and now I has mostly orange juice.

35. Cause, when I has soft drinks I use to get sick, like I never had enough energy and that and I thought it was because I was drinking to much Pepsi and stuff. So I just tried orange juice.

36. About Easter.

37. I guess. A lot of more baked stuff in the oven and that.

38. After Christmas.

39. Because every time you turn on the TV. there's something on about cholesterol and all that, just cutting back on it.

40. In the oven or fried with vegetable oil.

41. Yes. We used to have deep fried but know we don't have deep fried as much and when we do it's with vegetable oil.

42. Cause, I'm coming health, healthy conscious now I guess and mom is just switching. Michael has high cholesterol and he had to go a special diet for it and dad he don't really care not but he was sick to and he had to change his diet, cause he had an operation or something, so he had to cut down on the fatty foods.

43. Approximately once a week.

43b. Ah, probably ah, sometimes Swiss Chalet or MacDonalds, probably.

44. Fried foods.

46. No not really. Mom will probably say do you want nuggets for dinner, I'll say yeah and she'd say will I deep fry them or put them in the oven and I'll say put them in the oven. She'll ask why and I'll probably have to explain to her how I don't want deep fried and all that.

47. No Data Available

48. Just since after Christmas.

49. Probably me.

50. Because I comes home from school with this big pile of information and I have to tell her all about it.

51. Ah, I don't know, I've changed what I am eating and that because of it.

52. No.

53. No Data Available

54. No Data Available

55. No.

56. I didn't want to get drunk, like teenage people around drunk out of their minds and sturnbling all over the place.

57. No Data Available

58. No Data Available

59. No Data Available

60. Yes.
61. No Data Available
62. No Data Available
63. No Data Available
64. No Data Available
65. No Data Available
66. No Data Available
67. No Data Available
68. No Data Available
69. No Data Available
70. Prescription drugs.
71. Mostly pain, headaches and backaches and stuff.
72. Mostly aspirins
73. I used to take a scattered one before Christmas but then after Christmas.
74. I used to have a lot of headaches, and a lot of pain in the back so I used to take a lot more then.
75. Ah, just whenever I guess, like the pain is, I don't take one for every pain but when I gets a bad pain I take one.
76. Probably I takes about one a day not every day.
77. Yes.
78. Increased.
79. When I went to the doctor because I was having bad headaches and he was just asking me about it and I told him that I used to take aspirins everyday and that, that's about it. That's when I noticed how much I was taking.
80. Just to kill the pain I guess.
81. Yes.

82. I've always had it. I'd go to bed at ten o'clock and be looking at the clock till one in the morning, I can't get to sleep.
83. No.
84. No.
85. Fighting with family or friends.
86. Cause after I regret probably something I said or if I fail a test or something.
87. Yes sometimes. A friend or someone.
88. Probably after Christmas it started. My Math marks started to go down and I used to get right frustrated then with Math.
89. Ah, get my Math marks up and be passing it and stop getting upset with every little thing your friend does and you just think that you're going to kill them.
90. Yes.
91. Why, because they're probably allowed to do something and I'm probably not allowed to do something and then I'm not and I'll just lie about it.
92. O.K., well probably going out, just out around the roads and that and I'll probably say yeah, I'll call home and say that I'm going up to a certain person's house and I'll be home later. In actual fact I'm just out around, probably driving around with someone.
93. Yes.
94. Only recently.
95. I didn't really have a lot of stress from September to December.
96. I was bored out of my mind, I was just sitting down in the chair and I was as "crooked as sin and you couldn't look at me. And then when Christmas holidays were almost over, I think it was New Years then I started, I got over alright and there was lots of things to do, parties to go to and stuff.
97. Stress, trying to keep my marks up and trying to pass the midterms and stuff.
98. I guess so, I'm not sure about it.

99. Well after doing, when we did this course and that learning new ways to handle stress and that, rather than just throw a pillow at the wall or something. I don't let little things get to me as much anymore.

100. O.K., well phys-ed, there was a lot of sports involved and that. We played badminton, there was also circuit training and that, I guess you get to decide what you wanted to do, not what the teacher wanted to do.

101. Cause I didn't want to be stuck in the classroom every single day.

102a. Yes.

102b. Well I expected to be probably working out all the time, bet to a rag and all that, but it hasn't been that bad and that. It was pretty good, you got to do how ever much you could do and not, you didn't have to live up to anyone else's standards.

103. Yes, well after those discussions in the classroom, especially if it was on nutrition and I come home and if there was anything deep fried there, I'd probably go of the head, cause of too much fat and stuff like that. It had an impact on mom to because she used to start changing her cooking.

104. I can't really remember the first one on the physical concept of wellness but I can remember the stress and that. We learned how to deal with stress and different types of stress and what can happen if your over stressed. And I guess I just learned to try and control my stress level and stuff. I think it was nutrition next, was it? Nutrition and then, that's when I started changing the way I eat. I guess that's about all, I just changed the way I was eating and the foods I eat. Like I don't eat any chips anymore, I haven't had a bag of chips since I can't remember when. Well I wanted to kinda get my legs some more strength so I wanted to learn some activities that could help that. But since I got of school I haven't been doing a lot but just walking. I guess that that's helping.

105. Probably a little change, not a big one.

106. Ah, well I just does more stuff I guess.

107. I guess it's learning about all the stuff in the course and then I kinda got interested in physical education and just started getting out and just doing stuff. I just didn't want to sit down all the time.

108. Yes I do.

109. Ah, gee... well before I took the course I didn't really know a lot about stress or especially nutrition and now that I have changed my eating ways I'll probably, probably add a few years onto my life and that.

110. Generally, I feel O.K. I'm not sick or anything, and I probably get a flu once a year so I guess that's pretty good.

111. I don't know because I just haven't had my feet soaking wet and I been out in the pouring rain and I still don't get a flu, so I guess that's pretty good.

[Probe] Would you recommend this course to anyone else?

112. Yes.

[Probe] If I were a grade nine student and I said do you think I should take the wellness course and you would say yes and then I would say why?

113. Well this course is probably better than the other one cause you get to choose what activities you want to do and you get to go at your own speed and that. And you probably change your eating habits as well.

## **APPENDIX VIII**

### **Wellness Survey**

### Wellness Survey

1	I don't think about my health.	Always	Some Times	Seldom	Never
2	I eat junk food.	Always	Some Times	Seldom	Never
3	I use alcohol.	Always	Some Times	Seldom	Never
4	I avoid physical activity.	Always	Some Times	Seldom	Never
5	I eat a variety of fruits and vegetables regularly.	Always	Some Times	Seldom	Never
6	I control the amount of stress in my life.	Always	Some Times	Seldom	Never
7	I am unhappy at a party unless I use alcohol.	Always	Some Times	Seldom	Never
8	I talk about problems that upset me.	Always	Some Times	Seldom	Never
9	I enjoy participating in vigorous physical activity.	Always	Some Times	Seldom	Never
10	I avoid non-prescription drugs.	Always	Some Times	Seldom	Never
11	I try to reduce stress by completing assignments on time.	Always	Some Times	Seldom	Never
12	I avoid any substance that I feel may be harmful to my health.	Always	Some Times	Seldom	Never
13	I try to eat three nutritious meals per day.	Always	Some Times	Seldom	Never
14	I participate in physical activities with friends.	Always	Some Times	Seldom	Never
15	I put salt on my food.	Always	Some Times	Seldom	Never
16	I participate in school physical activities.	Always	Some Times	Seldom	Never
17	I am more fun to be with when I use alcohol.	Always	Some Times	Seldom	Never



18	I like to eat fried food.	Always	Some Times	Seldom	Never
19	I like the way alcohol makes me feel.	Always	Some Times	Seldom	Never
20	I smoke.	Always	Some Times	Seldom	Never
21	I enjoy watching rather than participating in physical activities.	Always	Some Times	Seldom	Never
22	I complete a daily routine of exercise.	Always	Some Times	Seldom	Never
23	I limit the amount of fat in my diet.	Always	Some Times	Seldom	Never
24	I like drinking it helps me relax.	Always	Some Times	Seldom	Never
25	I often feel down or blue.	Always	Some Times	Seldom	Never
26	I prefer to participate in physical activities with friends.	Always	Some Times	Seldom	Never
27	I like to eat a variety of fruits and vegetables each.	Always	Some Times	Seldom	Never
28	Smoking is cool.	Always	Some Times	Seldom	Never
29	I neglect my overall health.	Always	Some Times	Seldom	Never
30	I like to relax by socializing with friends.	Always	Some Times	Seldom	Never
31	I try to avoid large amounts of sugar.	Always	Some Times	Seldom	Never
32	I like to express my feelings freely.	Always	Some Times	Seldom	Never





