

Fifth Edition

# Therapeutic Recreation Program Design

Principles & Procedures

Norma J. Stumbo  
Carol Ann Peterson

# ***Therapeutic Recreation Program Design***

## ***Principles and Procedures***

**FIFTH EDITION**

Norma J. Stumbo

**University of Illinois at Urbana-Champaign**

Carol Ann Peterson

**University of Nevada Las Vegas**

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# Contents

	<b>Foreword</b> . . . . .	ix
	<b>Preface</b> . . . . .	xi
<b>CHAPTER 1</b>	<b>Conceptual Foundations: The Basis for Service Development and Delivery</b> . . . . .	1
	Health, Wellness, and Quality of Life . . . . .	2
	Leisure-Related Concepts and Benefits . . . . .	5
	The Concept of Leisure Lifestyle . . . . .	13
	Concepts Related to Leisure Behavior . . . . .	16
	Summary . . . . .	22
	Discussion Questions . . . . .	22
	References . . . . .	23
<b>CHAPTER 2</b>	<b>The Leisure Ability Model</b> . . . . .	27
	Services Based on Client Needs . . . . .	27
	Rationale for Therapeutic Recreation Services . . . . .	28
	Clients of Therapeutic Recreation Services . . . . .	30
	Therapeutic Recreation Service Settings . . . . .	31
	The Leisure Ability Model . . . . .	33
	A Client-Oriented Approach to Therapeutic Recreation . . . . .	35
	Functional Intervention as a Component of Therapeutic Recreation Service . . . . .	36
	Leisure Education as a Component of Therapeutic Recreation Service . . . . .	42
	Recreation Participation as a Component of Therapeutic Recreation Service . . . . .	62
	Examples of the Leisure Ability Model in Practice . . . . .	68
	Leisure Ability as a Holistic Approach . . . . .	69
	Leisure Ability as an Outcome . . . . .	70
	Summary . . . . .	70
	Discussion Questions . . . . .	71
	References . . . . .	71

<b>CHAPTER 3</b>	<b>Important Aspects of Therapeutic Recreation Services</b> . . . . .	73
	Accountability for Therapeutic Recreation Service Provision . . . . .	73
	Client Outcomes . . . . .	74
	Intervention as a Means for Creating and Measuring Client Change . . . . .	79
	Systematic Program Design . . . . .	80
	Therapeutic Recreation Intervention “Best Practices” . . . . .	82
	Systems Design and Therapeutic Recreation Intervention. . . . .	85
	Summary . . . . .	87
	Discussion Questions . . . . .	87
	References . . . . .	88
<b>CHAPTER 4</b>	<b>Therapeutic Recreation Accountability Model</b> . . . . .	91
	Factors Affecting Service Accountability . . . . .	91
	The Therapeutic Recreation Accountability Model . . . . .	95
	Summary . . . . .	103
	Discussion Questions . . . . .	104
	References . . . . .	104
<b>CHAPTER 5</b>	<b>Comprehensive Program Design</b> . . . . .	107
	Client Needs and Outcomes. . . . .	107
	Benefits of Comprehensive and Specific Program Design . . . . .	109
	Therapeutic Recreation Program Planning Model . . . . .	109
	Other Comprehensive Program Documentation Issues. . . . .	132
	Summary . . . . .	136
	Discussion Questions . . . . .	137
	References . . . . .	137
<b>CHAPTER 6</b>	<b>Specific Program Design</b> . . . . .	139
	The Program Plan . . . . .	142
	The Implementation Plan . . . . .	164
	The Implementation Description . . . . .	172
	Summary . . . . .	174
	Discussion Questions . . . . .	175
	References . . . . .	175
<b>CHAPTER 7</b>	<b>Activity Analysis</b> . . . . .	176
	Benefits of Activity Analysis. . . . .	178
	Overview of Activity Analysis . . . . .	180
	Principles of Activity Analysis . . . . .	181

	The Activity Analysis Rating Form . . . . .	181
	Using the Activity Analysis Rating Form . . . . .	198
	Activity Selection Factors . . . . .	199
	Activity Modification . . . . .	200
	Task Analysis . . . . .	206
	Summary . . . . .	208
	Discussion Questions . . . . .	208
	References . . . . .	208
<b>CHAPTER 8</b>	<b>Activity Selection and Implementation . . . . .</b>	<b>209</b>
	Client Outcomes . . . . .	209
	Therapeutic Recreation Specialist Competencies . . . . .	212
	Factors Influencing Selection of Activities . . . . .	213
	Examples of Activity Selection . . . . .	222
	Selecting Activities Based on Client Goals . . . . .	224
	Selecting Client Goals Based on Activities . . . . .	225
	Activity Resources . . . . .	226
	Summary . . . . .	227
	Discussion Questions . . . . .	227
<b>CHAPTER 9</b>	<b>Treatment and Diagnostic Protocols . . . . .</b>	<b>228</b>
	The Need for Standardized and Evidence-Based Practice . . . . .	228
	Related Terminology . . . . .	230
	Advantages of Standardized Protocols . . . . .	232
	Types of Protocols . . . . .	234
	Protocols in Therapeutic Recreation Services . . . . .	234
	Intervention/Treatment Protocols . . . . .	235
	Diagnostic Protocols . . . . .	237
	Relationship of Protocols to Program Design, Client Assessment, and Client Outcomes . . . . .	240
	Trends in TR Protocol Development . . . . .	246
	Summary . . . . .	246
	Discussion Questions . . . . .	246
	References . . . . .	247
<b>CHAPTER 10</b>	<b>Client Assessment . . . . .</b>	<b>249</b>
	Purposes and Uses of Assessment . . . . .	249
	Definition of Client Assessment . . . . .	251
	Principles of Therapeutic Recreation Client Assessment . . . . .	251

Relationship between Client Assessment  
and Program Placement . . . . . 254

Cultural Competence in Client Assessment . . . . . 257

Computerized Client Assessment . . . . . 258

Assessment as a Measurement Tool . . . . . 259

Client Assessment as a Systematic Process . . . . . 268

The Assessment Planning Process . . . . . 269

The Assessment Implementation Process . . . . . 283

Issues Surrounding Client Assessment . . . . . 292

Thoughts about Activity Interest Inventories . . . . . 294

Examples of Commercial Therapeutic Recreation  
Assessments . . . . . 294

Summary . . . . . 296

Discussion Questions . . . . . 297

References . . . . . 298

**CHAPTER 11 Client Documentation . . . . . 300**

Types of Documentation . . . . . 300

Rationale for Quality Documentation . . . . . 302

Electronic Health Records . . . . . 306

Basic Types of Client Documentation . . . . . 307

Principles of Quality Client Documentation . . . . . 307

Common Methods of Charting . . . . . 311

Treatment Plans . . . . . 319

Progress Notes . . . . . 340

Discharge and Referral Summaries . . . . . 346

Incident Reports . . . . . 347

Summary . . . . . 348

Discussion Questions . . . . . 349

References . . . . . 350

**CHAPTER 12 Program and Client Evaluation . . . . . 351**

Evaluation as a Management Tool . . . . . 351

Definition of Evaluation . . . . . 352

A Generic Evaluation Design Model . . . . . 354

Client Evaluation . . . . . 362

Specific Program Evaluation . . . . . 367

Comprehensive Program Evaluation . . . . . 373

Efficacy Research . . . . . 380

Summary . . . . . 382

	Discussion Questions . . . . .	382
	References . . . . .	383
<b>CHAPTER 13</b>	<b>Professionalism and Accountability: Challenges for the Future .</b>	<b>386</b>
	Useful Resources . . . . .	391
	Summary . . . . .	397
	Discussion Questions . . . . .	397
	References . . . . .	397
<b>APPENDIX A</b>	<b>Relaxation: A Program System . . . . .</b>	<b>398</b>
<b>APPENDIX B</b>	<b>Social Behaviors: A Program System . . . . .</b>	<b>434</b>
<b>APPENDIX C</b>	<b>Therapeutic Recreation Assessment Instruments . . . . .</b>	<b>454</b>
<b>APPENDIX D</b>	<b>Common Medical Abbreviations . . . . .</b>	<b>461</b>
	<b>Glossary . . . . .</b>	<b>468</b>
	<b>Index . . . . .</b>	<b>475</b>





# Foreword

For three decades, *Therapeutic Recreation Program Design* has served the profession well. This book has been the most widely used advanced level book in therapeutic recreation curricula. This latest edition once again presents new information while maintaining its focus on therapeutic recreation program design.

Conceptualizing the wide variety of professional programs used in therapeutic recreation can be a challenging task. Through a clear explanation of a systematic method for program planning, this book assists both students and seasoned practitioners with the conceptualization of programs that foster functional improvement, leisure education, and/or recreation participation.

This fifth edition updates aspects of program planning through the inclusion of topics such as *cultural competence* and *electronic health records*. Other basics for programming include *evidence-based practice*, *program outcomes*, and professional *accountability*. The authors clearly understand professional practice and professional program development. Their clear presentation of topics related to both *comprehensive* and *specific* program planning enables the therapeutic recreation or recreation therapy student to gain both knowledge and skills in these areas.

Once more, we have a comprehensive, advanced-level program development text that will continue to advance professional practice. This edition is useful in both the classroom and the workplace for students and professionals who wish to be organized, systematic, professional, and accountable in their program planning efforts.

Nancy H. Navar, Re.D., CTRS  
Professor and Director of Therapeutic Recreation  
University of Wisconsin–La Crosse



# Preface

The fifth edition of *Therapeutic Recreation Program Design: Principles and Procedures* includes new, important, and timely information for therapeutic recreation students and professionals. Changes continue to happen rapidly in the world of health care and human services, and in the field of therapeutic recreation. More than ever, consumers and proponents of health care services are demanding greater accountability, more effective methods of service delivery (such as evidence-based practice), and a higher degree of reliable, proven client outcomes. This book aims to help students and professionals meet those demands in the new and emerging health care and human service markets.

Like the previous editions, this book is written for students preparing for the field of therapeutic recreation and professionals providing services to clients. Therapeutic recreation is concerned with the direct delivery of services to clients with disabilities, illnesses, or special needs. Delivery of these services requires an in-depth understanding of both the procedures of delivering quality programs and the content to be addressed within the programs. These two areas are interrelated and interdependent. Knowledge or expertise in one area and not the other will result in programs that are either inappropriate to clients' leisure-related needs or inadequate in terms of how the program is delivered. This text addresses both areas (process and content), utilizing a comprehensive and integrated approach. The first two chapters focus on the content underlying the delivery of therapeutic recreation services to clients. The latter eleven chapters outline the process or procedures utilized to implement quality programs. Together, these two parts enable an understanding of both the content and process of therapeutic recreation programming.

This text focuses on the design, development, and evaluation of therapeutic recreation services. It is not introductory in that it presumes prior knowledge of illnesses and disabilities, service settings, therapeutic recreation as a profession, activity planning and delivery, and basic intervention techniques. Understanding of professional issues, such as credentialing, accreditation, standardization of practice, etc., is assumed. Knowledge of these concepts is important to be able to apply them within the context of program design and delivery addressed in this text.

This text uses a systematic approach to program design and delivery. The content of therapeutic recreation services is provided by the Leisure Ability Model with the components of functional intervention, leisure education, and recreation participation. The process of program conceptualization, documentation, and evaluation is represented in the largest sense by the Therapeutic Recreation Accountability Model. These two models intersect to deliver the foundational concepts of program delivery in therapeutic

recreation services. These models provide the basis for systematic, logical, and needs-driven programming that produces predictable, effective, and necessary client outcomes. One major intention of the text is to draw the reader to understanding the connections among each task carried out through the design, implementation, and evaluation of therapeutic recreation programs.

## **Format and Organization of the Fifth Edition**

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Significant changes have been included in this edition, strengthening the relationships between theory, evidence-based practice, and client outcomes. Each chapter contains updated information reflecting the latest trends and nuances in health care and human services. The thirteen chapters in this book follow a logical sequence from theoretical foundations to a challenge for the future.

Chapter 1 has been streamlined and discusses literature pertinent to understanding the basis for delivering therapeutic recreation services to clients. Concepts such as health, quality of life, self-efficacy, intrinsic motivation, internal locus of control, and personal choice are presented as they relate to individuals' leisure lifestyles. Chapter 2 is devoted to the Leisure Ability Model and includes an update of pertinent literature to support the model. Chapter 3 is a new addition that addresses some of the cornerstones of high quality programming, such as accountability, client outcomes, and the use of evidence-based and theory-based programming, and systems design. Chapter 4 details the Therapeutic Recreation Accountability Model, which provides the basis for the remaining chapters of the text.

Chapter 5 presents information and procedures related to comprehensive program planning of total unit or agency therapeutic recreation programs, and Chapter 6 addresses the structure and requirements of specific programs. Chapters 7 and 8 include numerous examples of applying activity analysis and selection to client situations. Intervention and diagnostic protocols are the subject of Chapter 9, with updates on the newest clinical practice guidelines in the field.

Information about client assessment (Chapter 10) and other forms of client documentation (Chapter 11) is upgraded, and new information about cultural competency and electronic health records is included. Chapter 12 looks at client evaluation, specific program evaluation, and comprehensive program evaluation through the lens of a generic program evaluation model. Information about external accreditation standards also has been updated. Chapter 13 has been expanded with new trends in health care competencies and many new resources have been added as well. Appendices A and B include examples of two systems designed programs, Relaxation and Social Skills. Appendix C contains assessment instruments and Appendix D common medical abbreviations. A glossary of important terms is also included.

Like its predecessors, the purpose of this book is to provide comprehensive and progressive program development information for the field of therapeutic recreation. The text carries a dual focus on program content and the process used to design, deliver, and evaluate intervention programs.

## New Instructor Resources

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For the first time, the fifth edition is accompanied by an electronic Instructor's Manual containing a wealth of resources for instructors teaching from the textbook. The Instructor's Manual includes chapter overviews, chapter outlines, important terms, sample test questions, student activities, and more for each chapter in the textbook. The Instructor's Manual will also include electronic files of the illustrations, tables, and boxes from the textbook. Instructors can download the Instructor's Manual at [www.pearsonhighered.com/educator](http://www.pearsonhighered.com/educator) by searching the catalog for the textbook by author, title, or ISBN and then selecting "Resources."

## Acknowledgments

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Like the previous editions, the fifth edition represents a group effort with many individuals. Over the years, students, colleagues, and clients have taught us many things, most of which we have tried to organize and include between these covers. Thanks to all who have taken time to teach us, debate issues and methods, and provide feedback on ideas.

I first and foremost would like to thank Carol Peterson for her friendship, trust in my abilities, and professional wisdom. I continue to learn a great deal from her. I would also like to thank: Drs. Nancy Navar, University of Wisconsin-LaCrosse; Patricia B. Malik, University of Illinois; Teresa Beck, Grand Valley State University; Kari Kensinger, Grand Valley State University and Jean Folkerth, University of Toledo, who have all provided support, encouragement, and information. Thanks also to the reviewers who helped us see other possibilities and opportunities for improvement: Leandra Bedini, University of North Carolina–Greensboro; Robert Beland, University of Florida; Kathy Coyle, Temple University; Gene A. Hayes, University of Tennessee–Knoxville; Susan Hutchinson, Dalhousie University; Robin Kuntsler, Lehman College; Janice Elich Monroe, Ithaca College; Thomas K. Skalko, East Carolina University; Robert L. Frost, Central Michigan University; Frances Stavola-Daly, Kean University.

Special thanks to Randy Duncan for a really great ten years—I love you *truly!* My love and appreciation extend to my sisters, Barbara Busch and Nancy Lockett, and posthumously to my mother, Frances Irene, and my father, Francis Walton, for decades of encouragement, laughs, and love. Love you all! And to Chris Howe who is still missed.



# Conceptual Foundations: The Basis for Service Development and Delivery

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As a therapeutic recreation programming text, this book assumes that the reader has basic knowledge and understanding of:

- Foundational knowledge, such as anatomy and physiology as well as information about disability and/or impairment, normalization/inclusion principles, attitudes, legislation, guidelines, and standards.
- Professional knowledge, such as historical development of therapeutic recreation, models of therapeutic recreation practice, service settings, standards (e.g., accreditation, certification, of practice), nature and diversity of leisure activities, other disciplines and professions, professional associations, and advocacy.

This therapeutic recreation programming text does not cover these areas and assumes the reader has fundamental yet thorough understanding of these topics on which to build. It will become immediately clear that foundational and professional knowledge are prerequisite to learning more about programming therapeutic recreation services to individuals with disabilities, impairments, and/or other special needs. Foundational and professional knowledge need to be blended into and used as the basis for the process of service delivery.

Competence and success as a therapeutic recreation specialist require a number of knowledges, understandings, and skills. Among these are:

- The *conceptual basis for services* (including, but not limited to, internal locus of control, intrinsic motivation, personal causation, freedom of choice, and flow)
- *Therapeutic recreation content* (in the case of the Leisure Ability Model, functional intervention, leisure education, and recreation participation)
- Aspects of *quality therapeutic recreation service delivery* such as analysis, planning, implementation, and evaluation of efficacious services
- A broad range of *typical client characteristics*, including needs and deficits



The intent of the first chapter of this text is to review pertinent concepts and understandings about leisure, health, wellness, and quality of life as these concepts relate to the provision of therapeutic recreation services for individuals with disabilities and/or illnesses. The second chapter focuses on the Leisure Ability Model, which addresses therapeutic recreation content, sometimes referred to as therapeutic recreation's scope of practice. The components of the Leisure Ability Model (functional intervention, leisure education, and recreation participation) are used throughout this text as the content of programs that may address client needs. The third chapter presents a number of important considerations when programming therapeutic recreation services. The fourth chapter explains the Therapeutic Recreation Accountability Model (TRAM) as a way to visualize the process of therapeutic recreation service program design and delivery. The following eight chapters each explain a specific part of the TRAM to help students and professionals understand how each component is connected and relates to the other components. The final chapter highlights a number of useful resources.

This text intends to help readers blend foundational and professional information, with specific information about program design and evaluation, in order to deliver the highest-quality therapeutic recreation services that meet the needs of clients and produce meaningful, valued, and targeted outcomes. This chapter covers a variety of concepts and ideas related to health, wellness, quality of life, leisure, and leisure lifestyle.

## Health, Wellness, and Quality of Life

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The medical model of health care focuses almost exclusively on physical health and has been (and in some places continues to be) prevalent among physicians (Larson, 1997). It views health as being at the opposite end of the continuum from disease, illness, and/or disability, and focuses on functional ability, morbidity, and mortality (Larson, 1991). In this view, if an individual had a disease, disability, and/or illness, he or she was not capable of being healthy. The converse also was true—anyone without disease, disability, and/or illness was viewed as being healthy.

**Disease** is the failure of an organism's adaptive mechanisms to counteract adequately the stimuli and stresses to it, resulting in functional or structural disturbances at the cellular, tissue, and organ level (Edelman & Mandle, 1994; Emami, Benner, Lipson, & Ekman, 2000). **Disability** is a physical or mental impairment that substantially limits (past, present, or future; real or perceived) one or more major life activities, having a record of such impairment, or being regarded as having such an impairment (Americans with Disabilities Act [ADA], 1990). **Illness** is defined as when a person's resources are imbalanced with the needed responses, and results in decreased ability to survive and to create higher standards for the quality of life. Illness is a state of being; it is the person's subjective experience of the disorder, either with or without objective physical and biochemical evidence of the disorder; and it is the human experience of dysfunction and loss of well-being (Edelman & Mandle, 1994; Emami, et al., 2000). Stokols (2000) argued that when health was seen as mutually exclusive of disability, disease, and/or illness, potentially positive states of well-being for individuals with these conditions are negated. The World Health Assembly (2001), part of the overall World Health Organization (WHO), recognized that any two individuals with the same disease can experience



factors and a sense of well-being. The World Health Organization (2001) defined quality of life as individuals' perception of their position in life in the context of the culture and value system where they live, and in relation to their goals, expectations, standards and concerns. It is a broad-ranging concept, incorporating in a complex way a person's physical health, psychological state, level of independence, social relationships, personal beliefs, and relationship to salient features of the environment.

Taking a slightly different view, Calman (1984) and Berra (2003) proposed a "gap theory" in which quality of life is viewed as the inverse relationship of the difference between an individual's expectations and his or her perceptions of expected and experienced health functioning. Garratt, Schmidt, Mackintosh, and Fitzpatrick (2002) explained that, unlike other conventional medical and biological health markers, health-related quality of life typically is evaluated and reported by the patient, instead of health care service providers. If the gap between expectations and perceptions is small, then one will experience a higher quality of life.

Lee and McCormick (2004, 2006) noted that quality of life is a complex notion that encompasses both objective (e.g., a person's functional ability or biomarkers) and subjective (e.g., a person's judgments about his or her overall life) components. They also noted two additional, important concepts. First, that health care and rehabilitation have become more interested in the subjective parts of quality of life, as patients and clients push toward longer-term outcomes and overall life improvement. Second, they noted that leisure, and especially social aspects of leisure, play an important role in how individuals assess their overall quality of life.

Tubesing and Tubesing (1991) also noted the complexity and interrelatedness of different aspects of health and well-being:

In reality, sickness is a disruption in whatever form it occurs, and healing is a return to wholeness by whatever means. . . . We struggle for wholeness and personal unity against whatever forces tend to wound us, and we heal naturally, by grace, through the process of living:

- Our bodies self-correct through internal regulation (homeostasis).
- Our emotions seek peace and acceptance in the face of worry.
- Our intellect uses logic and memory to counteract confusion.
- We respond to our social environment by making up, giving in, speaking up, or fighting back.
- In the face of despair our spirits seek hope, faith, and meaning. (p. 15)

Godbey (1999) wrote that **homeostasis**, the process of seeking equilibrium, is a natural occurrence and involves the constant ebb and flow of health and illness throughout the life cycle. He also noted that many factors contribute to illness, such as stress, diet, lack of physical activity, and other lifestyle factors. Diener, Lucas, and Scollon (2006) noted that most individuals who acquire disabilities return to their predisability quality of life in a relatively short period of time, although that "set point" is different for each individual. That is, most people with disabilities can experience a similar quality of life to individuals without disabilities, even though the disabling event may be seen as very stressful and interruptive.

One of the most written about lifestyle factors that negatively influences health and quality of life is stress (Iso-Ahola, 1997). **Stress** is a state that results from an actual or perceived imbalance between the demand and the capability of the individual to cope with and/or adapt to that demand, that upsets the individual's short- or long-term homeostasis (Hood & Carruthers, 2002; Iso-Ahola, 1997; Iwasaki & Mannell, 2000; Mikhail, 1985). Monat and Lazarus (1985) noted that stress might lead directly to illness in three ways: (a) because of the powerful chemical alterations in body chemistry, (b) due to the individual's reactions, such as alcohol consumption or working harder, and (c) ignoring various bodily symptoms that signal serious health problems, such as migraine headaches. Mikhail (1985) reported that individuals differ in their reactivity to stress (what stresses one person may not stress another), that stress is determined by an individual's perception of the stressful situation instead of the situation itself, and that the extent to which the individual experiences stress depends on his or her appraisal of coping ability.

Coping with stress or **stress-coping** refers to any effort to master conditions of harm, threat, or challenge and bring the person back into equilibrium (Iwasaki & Mannell, 2000; Monat & Lazarus, 1985). How well individuals cope with stress often determines their health and quality of life (Godbey, 1999; Hood & Carruthers, 2002; Iwasaki & Mannell, 2000). In addition, Wheeler and Frank (1988) documented four "buffers" that consistently helped manage against stress: (a) sense of competence, (b) nature and extent of exercise, (c) sense of purpose, and (d) leisure activity. Hood and Carruthers (2002) presented two broad categories of coping strategies: reducing negative demands and improving positive resources. The authors categorized positive resources into physical (e.g., fitness and energy level), psychological (e.g., perceptions of self-efficacy and competence), social (e.g., social support), and lifestyle resources (e.g., ability to relax, self-responsibility, leisure patterns). The ability to cope adequately with stress affects an individual's sense of health, wellness, and quality of life.

## Leisure-Related Concepts and Benefits

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**Leisure** is often defined by perceived freedom, intrinsic motivation, perceived competence, and positive affect (Cassidy, 1996; Iwasaki & Mannell, 2000; Mannell & Kleiber, 1997). Like health, wellness, and quality of life, leisure is a fluid concept, dependent on a number of lifestyle and functioning factors. Many authors have clearly linked leisure with health and quality of life (Caldwell, 2005; Iso-Ahola, 1997; Mannell, 2006; Wankel, 1994). **Example 1.1** showcases various views of these relationships.

Several benefits of leisure participation that have been documented recently in the research literature, and that relate to health and well-being, will be highlighted. These benefits, although largely overlapping and interrelated, can be separated into the following major categories of human functioning: (a) physical, (b) emotional and psychological, and (c) social. This is not meant as an exhaustive review, but rather as an introduction to several outcomes of leisure involvement that contribute directly to the overall goals promoted and valued by health, human service, and rehabilitation service providers.

### Example 1.1 VIEWS OF THE RELATIONSHIP BETWEEN LEISURE AND HEALTH

*Both leisure and health vary on a continuum. Some leisure experiences are better than others. Similarly, even in the absence of illness, some people are healthier than others (Iso-Ahola, 1997, p. 131).*

*To a large degree, to experience leisure with the characteristics of perceived freedom, competence, self-determination, satisfaction, and perceived quality of life is to experience a subjective state of health. In this sense, the development of a broad repertoire of leisure skills to facilitate rich, meaningful experiences provides the foundation for extending such holistic quality experiences to all of life. Personal initiative, choice, meaningful involvement, and enjoyable, supportive social networks—key aspects for leisure—also have important implications for well-being. In the more extreme subjective view, distinctions between leisure and health disappear (Wankel, 1994, p. 28).*

*Leisure can influence health in two principal ways. First, in and of itself, leisure is conducive to health. The mere existence of leisure in a person's everyday life has consequences for health. The fact that an individual acknowledges, values, and engages in leisure for its own sake, for its inherent characteristics, is one way in which leisure contributes to health. Another way is where leisure is used as a tool to achieve certain health outcomes. An example of this is a person who takes time to exercise regularly: leisure provides time for him or her to exercise (Iso-Ahola, 1997, p. 132).*

*Individual health and well-being are important aspects of quality of life . . . and leisure behavior can contribute to health and well-being (Mannell, 2006, p. 65).*

*Leisure may be restorative and beneficial, and move one toward health (p. 8). . . . Leisure can contribute to physical, social, emotional, and cognitive health through prevention, coping (adjustment, remediation, diversion) and transcendence [rising above adverse conditions] (Caldwell, 2005, p. 15).*

## Physical Health and Leisure

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP, 2007) documented that physical activity has numerous physiologic effects on the cardiovascular, musculoskeletal, metabolic, endocrine, and immune systems.

The body responds to physical activity in ways that have important positive effects on the cardiovascular, respiratory, and endocrine systems. These changes are consistent with a number of health benefits, including a reduced risk of premature mortality and reduced risks of coronary heart disease, hypertension, colon cancer, and diabetes mellitus. Regular participation in physical activity also appears to reduce depression and anxiety, improve mood, and enhance ability to perform daily tasks throughout the life span. . . . In summary, physical activity contributes to health-related quality of life by enhancing psychological well-being and by improving physical functioning in persons compromised by poor health.

They also noted that physical activity decreases a person's chances of contracting a number of diseases and conditions (NCCDPHP, 2007):

Regular physical activity reduces people's risk for heart attack, colon cancer, diabetes, and high blood pressure and may reduce their risk for stroke. It also helps to control

weight; contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. Physical activity can also help people avoid developing functional limitations, can improve physical function, and can provide therapeutic benefits for people with heart disease, high blood pressure, high cholesterol, osteoporosis, arthritis, lung disease, and other chronic diseases. Moreover, physical activity need not be strenuous to be beneficial. For example, adults of all ages benefit from moderate-intensity physical activity, such as 30 minutes of brisk walking most days of the week.

However, at the same time they noted that physical activity is more important than ever, they also noted that fewer and fewer adults and children in the United States are involved in physical activity on a daily or weekly basis (NCCDPHP, 2007).

Despite the proven benefits of physical activity, more than 50% of U.S. adults do not get enough physical activity to provide health benefits; 24% are not active at all in their leisure time. Activity decreases with age, and sufficient activity is less common among women than men and among those with lower incomes and less education. Insufficient physical activity is not limited to adults. About two-thirds of young people in grades 9–12 are not engaged in recommended levels of physical activity. Daily participation in high school physical education classes dropped from 42% in 1991 to 33% in 2005.

The same organization, in 2002, recognized that several factors could contribute to increased physical activity among adults and children. They mentioned that “consistent influences on physical activity patterns among adults and young people include confidence in one’s ability to engage in regular physical activity (e.g., self-efficacy), enjoyment of physical activity, support from others, positive beliefs concerning the benefits of physical activity, and lack of perceived barriers to being physically active” (NCCDPHP, 2002). They also noted that research on the most effective interventions and approaches to promoting positive physical activity continues, and that “schools, community agencies, parks, recreational facilities, and health clubs are available in most communities and can be more effectively used in these efforts.” They concluded that “special efforts will also be required to meet the needs of special populations, such as people with disabilities, racial and ethnic minorities, people with low income, and the elderly. Much more information about these important groups will be necessary to develop a truly comprehensive national initiative for better health through physical activity.”

The physiological benefits associated with leisure participation, particularly in more physically engaging activities, are many. Among those reported in the literature are:

- Reduction of numerous health problems such as high blood pressure, heart disease, and premature morbidity
- Improved physical health indicators, such as bone density, heart rate, and joint mobility
- Potential counteragent to lifestyle choices, such as smoking and obesity
- Reduction of **secondary conditions**, such as depression, decubiti, and urinary tract infections
- Higher levels of reported self-efficacy, social support, perceived freedom, and intrinsic motivation
- Improved general health as a factor in perceived quality of life and life satisfaction

## Emotional and Psychological Health and Leisure

Emotional well-being is an important component of overall quality of life and well-being, and is not simply at the other end of the continuum from mental illness. Keyes (2002) defined **mental health** as “positive functioning [that] consists of six dimensions of psychological well-being: self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy” (p. 209). Keyes indicated that mentally healthy individuals are seen as “flourishing” while those with mental illnesses seem to “languish in life,” and that an individual’s personal perception and evaluation of his or her own life in terms of affective states and psychological and social functioning determined a person’s level of mental health (Keyes, 2002). An individual flourishes when he or she feels high levels of well-being, is filled with positive emotion, and functions well emotionally and socially (Keyes, 2002).

Fredrickson and Joiner (2002) noted that positive emotions (their term for flourishing) created an upward spiral of future positive emotions and heightened the individual’s sense of stress-coping. They noted that the opposite effect (languishing) also was demonstrated, that depressive affect and narrowed, pessimistic thinking affect each other reciprocally, leading to ever-worsening negative emotions, eventually leading to depression.

Although an isolated experience of positive emotion is unlikely to increase emotional well-being or longevity, the broaden-and-build theory predicts that positive emotions accumulate and compound. The psychological broadening sparked by one positive emotion increases the odds that an individual will find positive in subsequent events and experience additional positive emotions. The upward spiral can, over time, build psychological resources and optimize people’s lives. (p. 175)

Leisure can provide both the context and experiences necessary to improve psychological and emotional well-being (Caldwell, 2005; Mannell, 2006). Leisure can be an important mediator in improving self-definitions and understanding, as well as serve a crucial function for stress release and anxiety reduction. Individuals often participate in leisure for its psychological benefits more than for its physical or social benefits.

Especially important for therapeutic recreation, Kleiber, Hutchinson, and Williams (2002) and Hutchinson and Kleiber (2005) noted that leisure involvement improved coping with and adjustment to negative life events. They suggested that leisure plays four important roles in transcending negative life events:

- Leisure activities, often offering immediate distraction and “distance,” may buffer the impact of negative life events.
- Leisure activities, providing temporary relief and escape, buffer the impact of negative life events by generating optimism and hope about the future.
- Leisure activities buffer the impact of negative life events by aiding the reconstruction of a life story that is continuous with the past, providing “normalcy” in times of disruption.
- Leisure activities may be used in the wake of negative life events as vehicles of personal transformation to attain new goals and head in new directions.

In terms of emotional and psychological health and leisure, a number of research studies have found evidence of the following psychological benefits of leisure participation:

- Improved self-exploration, self-identification, and self-actualization
- Improved opportunities for planning, making choices, and taking responsibility
- Improved opportunities for expression of freedom, control, and intrinsic motivation
- Improved ability to prevent, manage, and cope with stress
- Improved ability to adjust to and be less distressed by negative life events
- Decreased symptoms of anxiety and depression
- Improved quality of life, life satisfaction, and psychological well-being

### **Social Health and Leisure**

**Social well-being** consists of at least two major concepts, **social adjustment** and **social support**. “Social adjustment is a combination of satisfaction with relationships (or problems), performance in social roles (including social participation and behavior), and adjustment to one’s social environment. Social support is the number of contacts in one’s social network, and overall satisfaction with those contacts” (Larson, 1997, p. 20).

Social behavior is the reciprocal exchange of responses between two or more individuals (Gaylord-Ross & Haring, 1987). Most of these interactions for children and adults happen during leisure time. Leisure is largely a social phenomenon (Kelly, 1983; Samdahl, 1992). As such, leisure plays an important role in the development of social skills and in the interplay of social exchanges. Leisure helps build social support networks and perceived social support (Iso-Ahola & Park, 1996). Connections or relationships between individuals may be strengthened and tested during leisure experiences. In fact, a great deal of relationship building occurs during leisure for most individuals. In addition, perceived social support, the level at which an individual feels cared for and attended to by significant others, often is displayed during leisure. Leisure, then, plays a vital role in the development, continuance, and enhancement of social relationships. And social support networks are vital to an individual’s health, wellness, and quality of life.

Leisure provides an ideal context for social exchanges. Thus, leisure provides an opportunity for a number of social benefits to be realized. Those documented in the literature include:

- Development, practice, and application of social interaction skills
- Development, maintenance, and use of social support networks
- Improved ability to handle stress due to higher perceived levels of physical and mental health
- Creation and nurturing of relationships with significant others
- Improved interaction with and acceptance by individuals without disabilities
- Improved familial relationships



## Leisure and Life Satisfaction

It is likely that reciprocal relations of causality exist, in that those who feel healthier and happier will be more likely to engage in leisure activities and feel positively toward leisure, and those who engage in and have positive attitudes toward leisure are likely to feel happier and healthier (Cassidy, 1996; Iso-Ahola, 1997) and report higher life satisfaction (Drummond, Parker, Gladman, & Logan, 2001; Edgington, Jordan, DeGraaf, & Edgington, 1998; Parker, Gladman, & Drummond, 1997).

“Leisure participation can affect and be affected by life satisfaction or well-being variables. Leisure, in fact, can be an important component contributing to the daily well-being of an individual” (Edgington et al., 1998, p. 8).

Caldwell (2005) noted a number of ways in which leisure involvement can “protect” against the “risk” factors often brought about by disability, illness, and/or special needs. Among those typical leisure-related protective factors are:

- Personal meaning derived from intrinsic leisure involvement
- Social support, friendships, and social acceptance in leisure
- Competence and self-efficacy derived from leisure participation
- The sense of challenge and absorption brought about in leisure
- The sense of self-determination, autonomy, and control during leisure
- Relaxation, disengagement from stress, and distraction from negative life events through leisure involvement
- The sense of continuity in life that leisure provides after experiencing disability

It is easy to see the relationship of leisure participation and involvement with a person’s quality of life through these examples. Mannell (2006) provided a list of nine principles related to leisure, health, and well-being that have been reasonably well-established in the research literature. These are:

1. Leisure positively influences physical, psychological, and spiritual health and well-being through opportunities for making meaningful choices and reaping the benefits provided by specific activities.
2. Leisure is not automatically good for health and well-being. Leisure choices and activities can have neutral and negative effects, and can displace positive behaviors that contribute to health and well-being.
3. The benefits from physically active leisure are scientifically well-documented, and the evidence for psychological and social health and well-being is emerging.
4. Some evidence exists that leisure involvements contribute to individual health and well-being by structuring free time and replacing idleness with constructive behavioral alternatives.
5. Research suggests that fun and pleasurable activities not only enhance the quality of the present moment but also accumulate in long-term psychological well-being.
6. Leisure contributes to identity formation and affirmation, and the evidence suggests that under some circumstances it may contribute to personal psychological growth.

7. Sufficient evidence is emerging that leisure can promote coping and personal growth in response to daily stress and significant negative life events that include disability and illness.
8. Leisure engagement contributes to health and well-being by positively influencing other domains of life, such as work, family, and interpersonal relationships. Alternatively, leisure can also detract from these same domains.
9. Health, well-being, and leisure research has been reported largely by Western researchers, and only recently has international research and cross-cultural research been undertaken. Eventually, this total body of research will enlighten leisure practice.

### Leisure, Health, and Therapeutic Recreation

It is clear that leisure has important roles to play in a person’s physical, psychological, and social well-being. Therapeutic recreation, as the discipline that focuses on the leisure abilities of individuals with disabilities, illnesses, and/or special needs, therefore, has much to contribute to the health and well-being of these individuals.

Siegenthaler (1997) concluded that because leisure participation enhances physical, emotional and psychological, and social health, all individuals should have opportunities to experience meaningful leisure of their choice. She also noted that leisure professionals, including therapeutic recreation specialists, can promote leisure participation in three ways: (a) provide leisure education to help individuals discover leisure opportunities and options, (b) work to remove perceived and actual leisure constraints and barriers for all populations, and (c) seek to effectively communicate the benefits of leisure experiences and help individuals prioritize leisure within their lifestyles.

The next chapter will explore leisure education as one aspect of therapeutic recreation services. **Example 1.2** lists several **barriers** to meaningful leisure that are experienced by adults. These examples will be used throughout the text to discuss the basis of therapeutic recreation programming. **Example 1.3** provides examples of benefits or outcomes of therapeutic recreation services, also foundational information for therapeutic recreation service delivery.

#### **Example 1.2** TYPICAL LEISURE BARRIERS TO ADULT LEISURE BEHAVIOR

Attitude that leisure is not important	Lack of lifelong leisure skills
Lack of planning time or skills devoted to leisure	Negative feelings associated with playing instead of working
Inability to make leisure-related decisions	Too tired to play
Fear of entering new situations or facilities	Lack of a sense of competence in relation to leisure
Lack of leisure and recreation skills	Lack of spontaneity; overplanning
Lack of motivation to seek new alternatives	Decrease in time (real or perceived) available for leisure
	Limited physical ability

**Example 1.2** CONTINUED

Inappropriate social skills	Inability to control anger
Lack of internal locus of control	Fear of rejection
Concepts of “acceptable” age-related adult leisure behavior	Lack of personal hygiene skills
Lack of knowledge of recreation facilities and events	Inability to appropriately manage emotions
Lack of experience in seeking leisure information	Inability to plan for leisure expenses
Refusal to take responsibility for personal leisure	Inability to manage time
Perceived inability to effect personal change	Lack of knowledge of transportation options
Lack of financial means	Inability to attend to task
Limited knowledge of leisure opportunities	Lack of physical coordination
Lack of reliable transportation	Decreased mobility due to disability or distance
Lack of ability to establish leisure as a priority	Lack of awareness of personal abilities and strengths
	Inability to plan for leisure events
	Lack of leisure partners
	Inability to manage stress

**Example 1.3** TYPICAL BENEFITS OR OUTCOMES OF THERAPEUTIC RECREATION SERVICES

Increased emotional control  
 Improved physical condition  
 Decreased disruptive behavior in group situations  
 Improved short- and long-term memory  
 Decreased confusion and disorientation  
 Decreased symptoms of anxiety and depression  
 Improved mobility in community environments and situations  
 Improved health indicators, such as bone density, heart rate, and joint mobility  
 Improved coping and adaptation skills  
 Increased awareness of barriers to leisure  
 Improved ability to prevent, manage, and cope with stress  
 Improved adjustment to disability and illness  
 Improved understanding of importance of leisure to balanced lifestyle  
 Improved communication among family members  
 Improved intrinsic motivation to participate in meaningful leisure activities

**Example 1.3** CONTINUED

Increased ability to use assertiveness skills in a variety of social situations  
Improved abilities for planning, making choices, and taking responsibility  
Improved ability to locate leisure partners for activity involvement  
Improved knowledge of agencies and facilities that provide recreation services  
Greater belief in ability to produce positive outcomes in leisure  
Improved knowledge of leisure opportunities in the community  
Increased life and leisure satisfaction  
Increased ability to develop and maintain social support networks

Adapted from Coyle, Kinney, Shank, & Riley, 1991.

Clearly, the relationships between health, wellness, and life functioning are important, and must take into consideration a person's cultural, social, and historical backgrounds. The benefits of leisure involvement are many and varied. In totality, the documented benefits point to the importance and impact of leisure on the lives of all individuals. The research in this area is rich and yet still developing. The discussion of benefits is included to highlight the concept that *leisure involvement is an important aspect of health, wellness, and quality of life*. Leisure participants as well as health and human service providers value these outcomes and many others.

Therapeutic recreation services have much to offer individuals in developing their leisure lifestyle and improving their psychological, physical, and social well-being. The focus on a satisfying and health-producing leisure pattern is exclusive to therapeutic recreation services, but it's vitally complementary to the overall health and rehabilitation mission of most health care and human service agencies. The next section expands on the notion of an independent leisure lifestyle, which forms the foundation for the Leisure Ability Model of therapeutic recreation service provision.

## The Concept of Leisure Lifestyle

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The Leisure Ability Model, as used in this text to explain therapeutic recreation services, is based upon several notions related to leisure behavior. One notion is that play, recreation, and leisure experiences are important aspects of human existence. Every individual has the right to fulfilling, meaningful, and satisfying leisure experiences. Leisure provides the context in which people may experience such things as challenge, social engagement, mastery, choice, individual expression, competence, and self-awareness. Leisure experiences provide opportunities to seek out numerous psychological, physical, and social benefits (some of which were discussed in the previous sections) that affect an individual's quality of life and life satisfaction. It is recognized that these benefits and methods of seeking them may change throughout the course of one's lifetime. "Because it is freely chosen, the leisure experience can contribute in a unique way to growth and

development throughout one's life. Yet, during our lifetimes the activities we enjoy and participate in change. These changes are due in part to the development process that is part of the human experience" (Edgington et al., 1998, p. 138). Parallel to their peers without disabilities, individuals with disabilities and/or illnesses are entitled to a meaningful life existence that includes satisfying recreation and leisure experiences. They also are entitled to modify their lifestyle, activities, and the meanings derived from involvement similarly to their peers without disabilities.

Individuals express a lifestyle through the daily and lifetime choices they make about clothes, activities, living arrangements and environments, religious or spiritual beliefs, health practices, social behaviors, etc. The totality of these decisions creates the individual's lifestyle (Edgington et al., 1998). Not surprisingly, leisure researchers and writers believe that an individual's "leisure lifestyle" is an important component of each person's overall lifestyle, not only in terms of its relative "slice of life" or *quantity* but also in its potential for improving the *quality* of a person's overall lifestyle (Mannell, 2006; Mannell & Kleiber, 1997; Veal, 1989, 1993).

It is clear . . . that one cannot gain health benefits from leisure if one has not discovered leisure or uses it negatively, either by maintaining a sedentary lifestyle and/or by resorting to such health-damaging behaviours as drug use. Active leisure lifestyle, on the other hand, promotes health because participation in various leisure activities is geared towards seeking intrinsic rewards through use of one's cognitive, physical, and social skills. It is based on the principle of "use it or lose it." (Iso-Ahola, 1997, p. 135)

Development, maintenance, and expression of an appropriate leisure lifestyle for individuals with disabilities and/or illnesses can be established as an area of human need and thus as an area for professional service. Therapeutic recreation has been established as the professional field of service that fulfills this need. Because many individuals with disabilities and/or illnesses may experience greater barriers to their leisure, therapeutic recreation is a necessary service to help reduce, eliminate, or overcome these barriers. The purpose of therapeutic recreation services is to help individuals with disabilities and/or illnesses develop, make choices about, and participate in a leisure lifestyle that may ultimately lead to a higher quality of life through increased physical health, emotional well-being, and social connections.

Central to this statement of purpose is the concept of leisure lifestyle. Within this conceptualization of therapeutic recreation, leisure lifestyle has a specific definition that provides understanding of the total approach as well as direction for program planning. Peterson (1981, p. 1) defined **leisure lifestyle** in the following way:

Leisure lifestyle [is] the day-to-day behavioral expression of one's leisure-related attitudes, awareness, and activities revealed within the context and composite of the total life experience.

Leisure lifestyle implies that an individual has sufficient skills, knowledges, attitudes, and abilities to participate successfully in and be satisfied with leisure and recreation experiences that are incorporated into his or her individual life pattern. **Example 1.4** gives a partial list of skills, knowledges, attitudes, and abilities that are necessary for leisure participation. An essential aspect of leisure lifestyle is the focus on day-to-day behavioral expression. This implies that leisure lifestyle is a routine engaged in as part of the individual's daily existence. "Leisure occurs in the minute-to-minute interactions of daily living" (Edgington et al., 1998, p. 120).

**Example 1.4** TYPICAL ATTITUDES, KNOWLEDGES, AND SKILLS NECESSARY FOR LEISURE PARTICIPATION

Physical abilities that allow leisure participation  
Appropriate emotional control and expression  
Social abilities for interaction with self and others  
Cognitive abilities for naming, reasoning, recalling, strategizing, associating  
Valuing leisure as an important aspect of life  
Decision making, planning, problem solving, and prioritizing abilities  
Financial planning in relation to leisure  
Communication and relationship-building skills  
Health and hygiene skills  
Awareness of personal abilities and attitudes  
Access to leisure resources in the home and community  
Typical and nontypical leisure activity skills  
Social support for leisure participation and trying new experiences  
Balance between being able to plan for and spontaneously participate in activities  
Ability to try new experiences and activities  
Taking personal responsibility for leisure  
Seeking and utilizing information about leisure opportunities  
Locating and securing transportation to leisure experiences

The quality and nature of one's leisure lifestyle may vary, but the fact remains that each person has one. Traditional and nontraditional leisure activities and expressions are an ongoing aspect of living. Daily actions thus can be used to describe and characterize the essence of an individual's unique leisure lifestyle. Additionally, the leisure lifestyle of a person cannot be viewed independently of all other actions. Other choices within the person's daily existence (for example, work, school, religion, family, friends) interface with the individual's leisure lifestyle. Likewise, the individual's leisure lifestyle is influenced by collective and accumulated life experiences. These participation and satisfaction levels ultimately speak to a person's quality of life and happiness.

Thus, when the purpose of therapeutic recreation is stated as facilitating "the development, maintenance, and expression of an appropriate leisure lifestyle," it is implying a significant contribution. The improvement of the quality of an individual's life through a focus on the leisure component is much more complex than the provision of enjoyable activity or the delivery of some segmented therapy utilizing activity as the medium. Therapeutic recreation calls for a thorough understanding of the leisure lifestyle concept and the design of appropriate and comprehensive services that can be used to intervene in the lives of people in an influential and positive way.

The three areas of therapeutic recreation service delivery (functional intervention, leisure education, and recreation participation) that are implemented to accomplish these goals will be discussed more fully in the next chapter. First, it is necessary to

present background concepts that provide a foundation for the Leisure Ability Model. These four concepts are: (a) perceived freedom and personal choice; (b) intrinsic motivation; (c) self-efficacy, internal locus of control, and causal attribution; and (d) optimal experiences.

## Concepts Related to Leisure Behavior

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While the Leisure Ability Model, through functional intervention, leisure education, and recreation participation services, provides specific information on service delivery content and outcomes, its underlying basis stems from these four areas so critical to leisure satisfaction and enjoyment, that is, a successful leisure lifestyle. Each of these four areas will be reviewed according to their relationship to the Leisure Ability Model approach to therapeutic recreation service delivery.

### Perceived Freedom and Personal Choice

One of the foundational concepts of leisure behavior is perceived freedom (Iso-Ahola, 1997; Kelly, 1996; Mannell & Kleiber, 1997). This concept goes beyond a simplistic reduction or elimination of barriers to creating an environment in which the individual feels he or she has the opportunity to make and follow through on personal choices. **Perceived freedom** means that the activity or setting is more likely to be viewed as leisure when individuals attribute their reasons for participation to themselves (i.e., actions are freely chosen) rather than determined externally by someone else or by circumstances (Godbey, 2003; Mannell & Kleiber, 1997). “Freedom is not the absence of limit or constraint, but involves some element of self-determination” (Kelly, 1996, p. 23).

Freedom implies that individuals have choice or perceive they have choice in the pursuit of leisure experiences. Freedom also suggests that an individual is free of the obligations that might arise from family, work, or home activities or of the constraints that may inhibit participation or involvement. Freedom is an abstraction. . . . To be free means to be able to act without the interference or control of another, to choose or to act in accordance with one’s own will. Freedom also often implies the absence of external constraints or compulsions on an individual to act in a prescribed manner. (Edgington et al., 1998, pp. 33–34)

The Leisure Ability Model for therapeutic recreation services relies heavily on the concepts of perceived freedom and of personal choice. Inherent to and parallel with the concepts of intrinsic motivation, internal locus of control, and personal causality, freedom and choice imply that the individual has sufficient skills, knowledges, and attitudes to be able to have options from which to choose, as well as the skills and desires to make appropriate choices. Lee and Mobily (1988) stated that therapeutic recreation services should build skills and provide participants with options for participation. The Leisure Ability Model emphasizes content areas that help clients build skills in a variety of areas that, in turn, will allow them options for future independent leisure functioning.

Lee and Mobily (1988) extended the idea of choice when examining the notions of “freedom from” and “freedom to.” Earlier in this chapter it was stated that many individuals without disabilities face barriers to their leisure experiences. Sometimes this becomes

an “if only” scenario. The individual feels that he or she would have more fun “if only” he or she had more money, more time, fewer constraints, etc. These individuals express the need for more “freedom from” obligations and responsibilities. Individuals with disabilities, however, often have the opposite, but equally important, experience—needing “freedom to” participate. That is, having the requisite skills to participate, knowing where and with whom to participate, being able to get to a recreation facility at one’s own convenience, etc. Leisure choices are only valid when the individual has the knowledges, skills, abilities, and resources to consider, make, and implement decisions freely. The role of therapeutic recreation services is clear in assisting the individual in expanding personal choice. “Freedom from” constraints and “freedom to” exercise options provide further basis for the need for therapeutic recreation services to be provided to individuals with disabilities and/or illnesses.

### **Intrinsic Motivation**

A second cornerstone to leisure behavior is **intrinsic motivation** (Godbey, 2003; Iso-Ahola, 1997; Iwasaki & Mannell, 2000; Mannell & Kleiber, 1997). Deci (1975) and Deci and Ryan (1985) first presented the notion of intrinsic motivation. Mannell and Kleiber (1997) applied the theory of intrinsic motivation to leisure behavior and noted its relationship to freedom of choice and self-determination.

Activities, settings, and experiences construed as leisure are likely to be perceived as providing opportunities for the development of competence, self-expression, self-development, or self-realization. When people engage in activities and settings that provide these opportunities, they are said to be intrinsically motivated. This attribute is clearly not completely independent of the freedom of choice attribute; self-determination is theorized to be an essential ingredient of intrinsic motivation. (Mannell & Kleiber, 1997, pp. 109–110)

Individuals often are intrinsically motivated toward behavior in which they can experience competence and self-determination. Thus, individuals seek experiences of incongruity (that is, slightly above their perceived skill level) or challenges in which they can master the situation, reduce the incongruity, and show competence. This process is continual, and through skill acquisition and mastery, produces feelings of satisfaction, competence, and control. “[I]nvolvement in leisure pursuits often occurs because participants are moved from within and not because they are influenced by external factors. This results in personal feelings of satisfaction, enjoyment, and gratification” (Edgington et al., 1998, p. 34).

The power and influence of intrinsic motivation has been demonstrated in many areas of human behavior, and it is an important feature of meaningful and beneficial leisure. Creating our own leisure or helping others experience meaningful leisure through program and service delivery or counseling and education is in large part dependent on fostering intrinsic motivation. If we are to facilitate intrinsic motivation in leisure pursuits, we must be sensitive to the social situation in which participation occurs and individual differences in how people react to those social circumstances. Attention to what participants are perceiving and feeling is also necessary. (Iwasaki & Mannell, 2000, p. 303)

Iso-Ahola (1997) reported that intrinsic motivation correlates positively with both psychological and physical health. In addition, those individuals who “seek” intrinsic



rewards through their leisure are healthier than those who choose to “escape” through passive and unrewarding leisure.

Escapism through passive leisure is psychologically troublesome because it leads to boredom, which in turn feeds into apathy and depression. It has been found that lack of awareness of leisure and its potential in one’s life is the single most important factor contributing to boredom in leisure (Iso-Ahola & Weissinger, 1987). In other words, failure cognitively to realize or personally discover leisure is a significant antecedent to leisure boredom. Other factors significantly contributing to it are: poor leisure attitude or ethic, high work ethic, lack of leisure skills, barriers to leisure participation, and poor self-motivation in general (as a personality trait). These findings are important for two reasons. First, they demonstrate that leisure in itself is a negative thing for many people, because it (or, at least, a failure to discover leisure) leads to boredom and subsequently to depression. Second, the fact that lack of awareness, concurrently coupled with poor leisure attitude and a high work ethic, is the most significant contributor to leisure boredom reflects the extent to which leisure’s influence on health is psychological. (pp. 134–135)

For therapeutic recreation services, the notion of intrinsic motivation is important. As people seek meaning, enjoyment, and personal fulfillment from their leisure, the chances of doing so are increased when motivation comes from within and they are not forced or compelled to participate. Helping individuals find and seek such experiences is an important function of the therapeutic recreation specialist. In some cases individuals may need to experience several types of opportunities and activities before they find ones that “speak” to them as individuals and promote a sense of competence and self-efficacy.

### **Self-Efficacy, Locus of Control, and Causal Attribution**

Self-efficacy or self-determination or competence is the central or pervasive personal belief that an individual can exercise some control over his or her own functioning and over environmental events to reach some desired end (Bandura, 1997, 2001; Warr, 1993). Efficacy beliefs are foundational to the individual’s sense of competence and control. Individuals with higher self-efficacy believe their choices and actions will affect the outcome of a situation; those with lower self-efficacy believe their choices and actions have little relationship to the outcome.

Efficacy beliefs affect adaptation and change not only in their own right, but through their impact on other determinants. . . . Such beliefs influence whether people think pessimistically or optimistically and in ways that are self-enhancing or self-hindering. Efficacy beliefs play a central role in the self-regulation of motivation through goal challenges and outcome challenges to undertake, how much effort to expend in the endeavor, how long to persevere in the face of obstacles and failures, and whether failures are motivating or demoralizing. . . . A strong sense of coping efficacy reduces vulnerability to stress and depression in taxing situations and strengthens resiliency to adversity. . . . Efficacy beliefs also play a key role in shaping the courses lives take by influencing the types of activities and environments people choose to get into. Any factor that influences choice behavior can profoundly affect the direction of personal development. This is because the social influences operating in selected environments continue to promote certain competencies, values, and interests long after the decisional determinant has rendered its inaugurating

effect. Thus, by choosing and shaping their environments, people can have a hand in what they become. (Bandura, 2001, p. 9)

Bandura (1997) explained that information sources for self-efficacy include: (a) vicarious experience (i.e., observing someone else perform the same or a similar task), (b) performance accomplishments (i.e., succeeding at the same or a similar task), (c) verbal persuasion (e.g., “you were successful at x, you can be successful at y”), and (d) physiological arousal (i.e., indications that the body is ready and able to accomplish the task).

Bandura (1997) suggested that self-efficacy best generalizes or translates to other tasks when (a) the second task requires subskills similar to those of the original task (e.g., learning tennis after being successful at Ping-Pong), (b) coping skills are learned or improved (e.g., learning to persevere in the face of failure), (c) two tasks are seen as similar (e.g., asking for help from staff and from a stranger), (d) two tasks are learned simultaneously (e.g., chair transfers and bathtub transfers), and (e) the performance accomplishment is so great that it spreads to other tasks (e.g., learning to ride a bicycle for the first time).

Haworth (1997) noted that Iso-Ahola (1992) argued that leisure participation is an important contributor and developer of a sense of self-determination through providing opportunities to exercise personal control. Leisure experience, he contends, encourages the development, maintenance, and enhancement of people’s beliefs that they have capacities to initiate actions, persist in them, and achieve successful outcomes, and that by providing opportunities for exercising personal control, leisure helps buffer against stressful life events. Edgington et al. (1998) expressed a similar notion: “Perceived competence refers to skills an individual believes he or she possesses that, in turn, relate to satisfying participation in leisure experiences. In other words, the perception of having skills and abilities necessary to successful participation leads to a satisfying leisure experience” (p. 34).

However, Bandura (2001) countered that not all individuals want control in that their perceptions of self-efficacy are such that they believe they might not be successful at a certain task or group of tasks.

The exercise of personal control often carries heavy responsibilities, stressors, and risks. People are not especially eager to shoulder the burdens of responsibility. All too often, they surrender control to their intermediaries in activities over which they can command direct influence. They do so to free themselves of the performance demands and onerous responsibilities that personal control entails. [Handing over control] can be used in ways that promote self-development or impede the cultivation of personal competencies. In the latter case, part of the price [of handing over control] is a vulnerable security that rests on the competence, power, and favors of others. (p. 12)

Godbey (2003) asserted that “healthy leisure involves acting rather than being acted upon” (p. 319), clearly signaling that handing over control for one’s leisure decisions and about one’s participation is not seen as a health-promoting alternative. This relates to internal and external locus of control.

An **internal locus of control** implies that the individual has the orientation that he or she is responsible for the behavior and outcomes he or she produces, and an **external locus of control** means the person believes that luck or chance or others are responsible for the outcomes (Iso-Ahola, 1980; Mannell & Kleiber, 1997). Typically, individuals

with an internal locus of control take responsibility for their decisions and the consequences of their decisions. A typical statement might be “I am responsible for my leisure choices.” An individual with an external locus of control may make the statement “It’s your fault I didn’t do this right” and place responsibility, credit, or blame on other individuals. Obviously, an internal locus of control is important for the individual to feel self-directed or responsible, be motivated to continue to seek challenges, and develop a sense of self-efficacy or self-competence. Mannell and Kleiber (1997) noted that opportunities for choice and the person’s desire for choice need to coincide.

To understand leisure behavior not only do the *actual opportunities for choice* available in the leisure setting need to be considered, but also *individual differences in how much control and freedom* people typically feel they have in their lives. These individual differences may influence how people perceive the actual choice available to them, and consequently, it may modify their leisure experience. (p. 168)

**Personal causality or attribution** implies that an individual believes he or she can affect a particular outcome (Iso-Ahola, 1980; Mannell & Kleiber, 1997). For instance, when an individual experiences success, he or she can attribute that success either to personal effort (personal causality), or to luck or chance (situational causality). An important aspect of the sense of accomplishment, **competence**, and control is the individual’s interpretation of his or her personal contribution to the outcome. Without a sense of personal causation, the likelihood of the individual developing an internal locus of control is reduced. Haworth (1997) characterized leisure as an important contributor to internal locus of control, and believed that it may lead to enhanced mental health and well-being.

These three concepts relate to therapeutic recreation in that the ultimate goal of an individual’s satisfying and independent leisure lifestyle entails being self-efficacious, having an internal locus of control, and feeling a sense of personal causality. To facilitate these perceptions, therapeutic recreation specialists must be able to design, implement, and evaluate a variety of activities that increase the person’s individual competence and sense of control. In relation to leisure behavior, Peterson (1989) argued that this includes improving functional abilities, improving leisure-related attitudes, skills, knowledges, and abilities, and voluntarily engaging in self-directed leisure behavior (see Example 1.4). Thus, the three service areas of functional intervention, leisure education, and recreation participation are designed to teach specific skills to improve personal competence and a sense of accomplishment.

## Optimal Experiences

A fourth, closely related, concept is that of optimal experiences or “flow” researched and popularized by Csikszentmihalyi (1990). For a person to get into “flow” or to achieve “optimal experiences,” a number of elements must be present (Godbey, 1999). **Optimal experiences** include feelings of:

- Intense involvement
- Clarity of goals and feedback
- Deep concentration
- Transcendence of self

- Lack of self-consciousness
- Loss of a sense of time
- Intrinsically rewarding experience
- A balance between challenge and skill (Csikszentmihalyi, 1990; Edgington et al., 1998; Haworth, 1997; Mannell & Kleiber, 1997)

Among the strongest of these are the match between the challenge presented by the activity and the skill level of the participant. When skill level is high and activity challenge is low, the individual is quite likely to be bored. When the skill level is low and the activity challenge is high, the individual is most likely to be anxious. When the skill level and activity challenge are identical or nearly identical (both low or both high), the individual is most able to achieve a state of concentration and energy expenditure that Csikszentmihalyi (1990) has labeled “flow.” “In order for a successful leisure experience to occur, individuals must perceive themselves to have a degree of competence commensurate with the challenges of the intended leisure experiences. This matching of skills and challenges is necessary for satisfying experiences” (Edgington et al., 1998, p. 34).

Csikszentmihalyi (1990) summed up the importance of these perceptions. “In the long run optimal experiences add up to a sense of mastery—or perhaps better, a sense of *participation* in determining the content of life—that comes as close to what is usually meant by happiness as anything else we can conceivably imagine” (p. 4). That is, they contribute greatly to an individual’s psychological and physical health and well-being.

The implications of flow for delivery of services to clients under the auspices of the Leisure Ability Model are great. In essence, it means that the therapeutic recreation specialist must be able to adequately assess clients’ skill levels (through client assessment) and activity requirements (through activity analysis) in order for the two to (at least roughly) approximate one another. Given Deci’s (1975) theory of intrinsic motivation that includes the concept of incongruity, therapeutic recreation specialists may provide activities slightly above the skill level of clients in order to increase the sense of mastery. When this match between the activity requirements and client skill levels occurs, clients are most able to learn and experience higher quality leisure.

The theoretical bases for leisure have important implications for the provision of therapeutic recreation services. The role of the therapeutic recreation specialist, in order to best facilitate the leisure experiences of individual clients, should attempt to:

- Increase opportunities for personal freedom and personal choice
- Increase opportunities for intrinsic motivation and decrease external rewards
- Promote a sense of self-efficacy, locus of control, and personal causation
- Balance challenge with skill levels during activities

In theory, then, therapeutic recreation is provided to affect the total leisure behavior (leisure lifestyle) of individuals with disabilities and/or illnesses through increasing perceived freedom and choice, intrinsic motivation, self-efficacy, locus of control, and personal causation. This is accomplished through the specific provision of functional intervention, leisure education, and recreation participation services, which teach specific skills, knowledges, and abilities, and take into consideration the matching of client skill and activity challenge.

To facilitate this, therapeutic recreation specialists become responsible for comprehending and meshing:

- The *conceptual basis for services* (including but not limited to internal locus of control, intrinsic motivation, personal causation, freedom of choice, and flow)
- *Therapeutic recreation content* (functional intervention, leisure education, and recreation participation)
- Aspects of *quality therapeutic recreation service delivery* (e.g., analysis, planning, implementation, and evaluation of efficacious services)
- A broad range of *typical client characteristics*, including needs and deficits

These areas of understanding are important for the therapeutic recreation specialist to be able to design a series of coherent, organized programs that meet client needs and move them further toward an independent and satisfactory leisure lifestyle. Again, the success of that lifestyle is dependent on the client gaining a sense of control and choice over leisure options, and having an orientation toward intrinsic motivation, an internal locus of control, and a personal sense of causality. Leisure lifestyle and optimal experiences, though outside the boundaries of the Leisure Ability Model, are important targets for the therapeutic recreation specialist. It is the potential for these future experiences by the individual that drive the provision of therapeutic recreation services.

While based on major precepts of leisure theory, the Leisure Ability Model provides specific content that can be addressed with clients in order to facilitate their development, maintenance, and expression of a successful leisure lifestyle. Each aspect of this content applies to the future success, independence, and well-being of clients in regard to their leisure. Specific content related to the Leisure Ability Model is presented in Chapter 2.

## SUMMARY

Therapeutic recreation services are provided based on client need. Services are designed taking into account the specific activities that will most benefit clients—that is, meet their targeted needs. The aim of functional intervention, leisure education, and recreation participation services is to help clients develop, maintain, and express a freely chosen, enjoyable leisure pattern that fits into their lifestyles. Through leisure participation, clients are likely to experience psychological, physical, and social benefits that impact their total well-being and health. The focus on leisure and its outcomes is the contribution of therapeutic recreation services to the mission of health and human service providers.

## DISCUSSION QUESTIONS

1. What are your personal definitions of disease, illness, disability, and health? Are they at opposite ends of a continuum or can they be experienced simultaneously?
2. What are the relationships between health, wellness, quality of life, and life satisfaction? Why are these concepts important to therapeutic recreation?

3. What role does leisure play in promoting health, wellness, quality of life, and life satisfaction? What role does therapeutic recreation have in promoting these for individuals with disabilities and/or illnesses?
4. What are other physical, emotional, and social benefits that may be received from leisure experiences? What benefits do you receive from your leisure participation? What factors affect the benefits you receive?
5. In what ways may leisure involvement be a buffer from stress? In what ways or under what circumstances may leisure be the source of stress?
6. In your own words, what is a lifestyle? What is a leisure lifestyle? Explain why each person has one, whether or not he or she is satisfied with it.
7. What are important skills, abilities, knowledges, and attitudes to have in order to develop a personally satisfying leisure lifestyle?
8. Explain each of these concepts in your own words, and explain why they are important to leisure behavior and therapeutic recreation: perceived freedom, personal choice, intrinsic motivation, self-efficacy, locus of control, causal attribution, and optimal experiences.
9. Describe ten principles that can be extracted from this chapter for planning and implementing therapeutic recreation programs that produce important client outcomes.
10. How are the aims and services of leisure and therapeutic recreation professionals unique from those of other professionals?

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