From the Outside Looking In: A Response to The Hijacking of Recreational Therapy

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Rejoinder #3: 
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Abstract
Where does Dr. Austin want his line of thought to lead and what does he expect from the larger field of parks and recreation in return? Is he after reassurance that recreational therapy is valued by the rest of us? Does he want recreation therapists to be acknowledged as the closest thing we have in our midst to medical doctors? Or does he want recreational therapy to disassociate itself from the field of parks and recreation altogether? If recreation therapists want to be viewed as distinct and different from the rest of us, if it is autonomy they are after, they had best think through the implications carefully.

Let us be clear at the outset about who we are. Dan Dustin is a park and recreation professional whose passion for the field is rooted in his interest in environmental stewardship. Kelly Bricker is a park and recreation professional whose passion for the field is rooted in her interest in sustainable tourism. Keri Schwab is a park and recreation professional whose passion for the field is rooted in her interest in youth development and family leisure. Although our backgrounds vary considerably, we are united by a common concern for enhancing the quality of life through recreation engagements, and though we each have our own particular sub-specializations and loyalties (Dan to natural resource management, Kelly to sustainable tourism management, and Keri to youth and family development), we see ourselves as part of a much larger park and recreation movement. Moreover, while we each belong to specialized organizations such as the Academy of Leisure Sciences, The International Ecotourism Society, and the California Park and Recreation Society, respectively, we recognize the National Recreation and Park Association as our parent organization.

From the outside looking in, then, it is difficult for us to understand Dr. Austin’s reason for writing “The Hijacking of Recreational Therapy” and what he hopes to gain from it. It appears as though his intent is to articulate what makes recreation therapy different from the larger field of parks and recreation. In his words, “The primary aim of the individuals who termed themselves recreational therapists was not the provision of a recreation experience, but the use of activities to ameliorate pathology and, ultimately, to rehabilitate the individual” (Austin, 2002, p. 277). He goes on to distinguish between recreation as an end to something and recreation as a means to something, between therapeutic and therapy, and between field and profession. He emphasizes a prescriptive quality to recreation therapy that differentiates it and recreation therapists from what the rest of us do in the name of parks, recreation, and leisure. Furthermore, he seeks to establish an identity for recreation therapists that separates them from recreators, an identity that ties recreation therapists more closely to clinical professions such as occupational therapy and physical therapy.

The questions we are left to ponder are where does Dr. Austin expect this line of thought to lead and what does he expect from the rest of us? Is he after reassurance that recreation therapists are valued by the larger park and recreation field? Or does he want recreation therapy to disengage from parks and recreation altogether because of the nature of the services recreation therapists provide as members of a clinically-oriented medical team? Is Dr.
Austin saying recreation therapy would be better off on its own or as part of a different allied health profession? Or is he merely calling for changing the name of the American Therapeutic Recreation Association (ATRA) to the American Recreation Therapy Association (ARTA)? We do not know the answers to these questions because Dr. Austin did not make the purpose of his jeremiad explicit.

What we do know is that if recreation therapists want to be viewed as distinct and different from the rest of us, if it is autonomy they are after, they had best think through the implications carefully. There is danger in biting the academic hand that feeds them. Departments of parks and recreation should not be expected to continue serving as obliging hosts to curricula in recreation therapy if recreation therapists do not want to be identified with parks and recreation. When Dr. Austin pushes for recreation therapists to be more “assertive” and to insist on “curricula that focus entirely on recreational therapy,” he is, knowingly or not, tempting the rest of us to consider cutting recreation therapy loose from academic departments of parks and recreation. If that is what recreation therapists want, so be it. But where will recreation therapy go? To a new free standing academic home? To occupational therapy? To physical therapy?

If the crux of the matter hinges on the word “therapy” and how that word makes recreation therapists different from the rest of us, how confident are recreation therapists that they can prescribe with clarity, specificity, and science-based certainty how and why their interventions work, that intervention A causes therapeutic outcome B again and again and again? This is the kind of scientific determinism that will be the litmus test leading to steady reimbursement for the services recreation therapists render. Anything short of that will not likely satisfy the “white coats with stethoscopes” operating from a clinically based medical model of treatment approaches or the insurance companies underwriting them. Can recreation therapists meet this high standard of evidence-based practice? We’ll leave it to those on the inside of recreation therapy to answer that question.

From the outside looking in, however, we think Dr. Austin is simply mistaken when he suggests that other individuals within the larger field of parks and recreation have somehow “hijacked” recreation therapy, that the larger field is to blame for whatever challenges recreation therapy faces in clinical practice. It is just as reasonable to suggest that recreation therapy hijacked itself when it surrendered its unique focus on the treatment of the whole person, on what is right with people, through the inherently therapeutic nature of recreation engagements to gain acceptance as a medical team member. By resorting to the “use of activities to ameliorate pathology and, ultimately, to rehabilitate the individual,” recreation therapists gave up the whole for the part. The late Bruno Geba, an Austrian born, general systems scientist who specialized in recreation therapy at San Diego State University, summed up the situation thusly:

The word recreation is really a very beautiful word. It is defined in the dictionary as “the process of giving new life to something, of refreshing something, of restoring something.” This something, of course, is the whole person. One refreshes the human organism in its totality by restoring its strength and its spontaneity. When you recreate, you recharge yourself and you actively participate in your own well-being. You say “yes” to life. You go with health. Consequently, the process of recreation is essentially “healthy” and as such is intrinsically therapeutic and preventive. In contrast, most people associated with the medical establishment are not going with health but rather against disease. They concentrate their work on disorders and the respective treatment modalities. What is wrong with the person remains central to their approach. In recreation, on the other hand, you support everything that is right with the lifestyle pattern of an individual and thereby contribute to his general well-being. It is this approach that separates recreation from all other helping professions. (Geba, 1985, pp. 19-20)

From our perspective, recreation therapists should be honored and celebrated for being the first sub-specialists within parks and recreation to focus on specifying therapeutic outcomes from recreation engagements. But to imply that the rest of the field has been oblivious to, or could care less about, recreation as a means to additional beneficial ends is nonsense. What distinguishes recreation from other forms of human experience is its intrinsically rewarding nature. The
joy is in the doing of something that is freely chosen for its own sake. But that does not mean the larger park and recreation movement is uninterested in the benefits flowing from recreation engagements. On the contrary, over the last 40 years the majority of the field’s social scientists have devoted the lion’s share of their time and energy to identifying those benefits, those therapeutic outcomes, for all segments of the population. Recreation therapy has no corner on that quest for understanding.

Finally, “recreation for all” is not the unwelcome clarion call Dr. Austin makes it out to be. Who among us would argue against it? There are plenty of reasons for all of the profession’s sub-specialists to respond to “recreation for all,” including recreation therapists. Each one of us has a disability of one kind or another. Some forms are obvious while others are less so. It would be best if all members of our professional community saw themselves as being in the same therapeutic boat unified by the common understanding that recreation is inherently therapeutic (Dustin, McKenney, & Williams, 2006). Indeed, at a time when we need every professional within this varied and eclectic area of human service to come together to work toward the greater good, the last thing we need is for the field’s sub-specialties to fracture into smaller isolated and politically weak factions.

Neither is leisure is such a bad word. While we should appreciate the contributions of parks and recreation in general, and recreation therapy in particular, to the promotion of human health, we would do well to remember Florence Nightingale’s admonition that “health is not only to be well, but to be able to use well every power we have” (Nightingale, 1954, p. 357). Nightingale saw health, the end state of Dr. Austin’s Health Protection/Health Promotion Model (2011), as but a means to a larger end still. Dare we say the wise use of leisure?

References


