

Regular Paper–Theoretical

The Social Construction of the Moral Values of Activity

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Abstract

The history of the moral values of activity is traced from the inception of activity as an intervention in institutions, through the construction of work and play as valued activities. Much of the latter's moral signature is attributable to the advocacy of Joseph Lee, Luther Gulick, and others who were instrumental in portraying play as a worthy alternative to work for those who could not work. Contemporary insights into the human predilection to be active show a positive correlation with the design of the nervous system—a so-called neurogenic motive. Theoretical implications for an activity perspective on TR draw on intrinsic motivation attributes, the concept of Flow, the competing responses hypothesis, and Widmer and Ellis' Good Life Model to illustrate the intersection between the social construction of value and a bio-psychological basis for activity. Practical implications are designed around the TR process and developing a helping relationship with the participant.

Keywords

Activity, disability, morals, play, work

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Introduction

On what basis can we consider activity beneficial, or is it simply a remnant of a bygone era of homeopathic remedy? The purpose of this paper is to identify and describe how recreation, leisure and play¹ activities have come to acquire value, moral or otherwise, with special attention to how each is used by persons with disabilities and therapeutic recreation (TR). To accomplish this task the discussion will compare work to play, and how each has acquired value as well, apart from pecuniary worth. This paper separates from other analyses of play and work insofar as it focuses on the *act not the outcome* of the activity as it pertains to persons with disabilities. Finally, the confluence of work and play in activity is inspected in its more current vintage.

If play and work begin as null activities, after remuneration is removed from the equation, work and play intersect at a point where the concepts share one vital aspect in common—they are both activities, ways in which actors engage the environment. The importance of work and play as conjoined about the idea of human action (activity) draws a sharp boundary between activity and non-activity, idleness. (Note that Joseph Lee among other early leaders of the Playground Movement thought that idleness not work was the opposite of play) (Curtis, 1909; 1917). Whereas many in TR and leisure studies more generally designate leisure as a mindful, contemplative activity (e.g., Linder, 1970), free time not engaged, physically or mentally, does not qualify as leisure (or recreation or play for that matter). Idleness may, by analogy, be thought of as an automobile in a driveway “idling,” not in gear, not engaging the roadways in a meaningful manner. Furthermore, the significance of activity (work or play) is underscored for the healthcare professions because so often activity alone is seen as a corrective or management agent for many illnesses, especially when the case perplexes those rendering treatment. Such is the case for many types of chronic and serious mental illnesses, intellectual disabilities, and various forms of dementia where remediation remains challenging and uncertain. Therefore, one may ask what is it about keeping people who have chronic impairments engaged in activity that seems to conjure up an essentialist² understanding of why?

For example, the potential distracting effects of activity have been hypothesized as the pathway for its efficacy from the beginning of the 19th century through the present. In a recent meta-analysis of the effectiveness of various types of distraction on pain and distress in children, Birnie et al. (2014) concluded that distraction using active, interactive, and passive forms of activity were most successful in reducing self-reported pain and distress associated with needle-procedures among children. Activity-driven distractions were not as robust in reducing other outcome variables associated with needle-procedures, such as behavioral measures of pain. Hence, the intuitive notion that activity acts as a potion for addressing various sorts of distress remains in modern medicine.

¹With acknowledgment that each has its own particular idiosyncratic definition within the leisure research and TR communities, recreation, play and leisure will be considered as a single concept within the confines of the present discussion. Additionally, to simplify this initial presentation of the present thesis, collapsing the three terms seemed more efficient. Moreover, recreation, leisure and play share several characteristics, such as intrinsic motivation.

²Essentialism is an old form of pre-scientific knowledge that refers to two parties verifying fact by agreeing on traits, attributes and characteristics assumed to define a concept.

Early Uses of Activity as “Therapy”

At the beginning of the 19th century, reformers such as Philippe Pinel and Benjamin Rush advocated for more humane treatment and care of persons with mental illness (Carter & Van Andel, 2011), rejecting incarceration, restraint and torture of people thought to be “mad.” Credited as moral therapy, Rush thought activity was of great benefit to persons with mental illness because “Man was made to be active” (Rush, 1947, p. 177), based on a nearly complete essentialist argument. Furthermore, activity for Rush not only meant exercise and labor (especially agricultural) but also included mental activities, such as reading and recitation, for those who could not participate in physical activities. Besides his concern for those who were idle, Rush was concerned for those who isolated themselves and spent too much time being alone, suggesting that social interaction was part of his conception of activity as well.

Worth noting is the fact that Pinel and Rush tried various “therapies” that would be considered cruel and punitive by modern standards of ethical care. They ascribed to humoral theory, a largely homeopathic concept. Dating back to Hippocrates, humoral theory maintained that health was a function of the balance of fluids or systems in the body; accordingly, illness, particularly mental illness, was a result of an imbalance. Blood-letting, probably the best known humoral practice, was among the techniques frequently used by Rush. In addition, other “cleansing” methods were used, such as harsh laxatives, a spinning board to rebalance fluids, and sensory deprivation to prevent sensory overload, thought by Rush (1947) to be causes of mental illness. Likewise, although Pinel employed “talk therapy” with patients, to his credit, he also practiced therapies similar to Rush, such as the use of laxatives and blood-letting (Carter & Van Andel, 2011).

The practices of these early reformers reflected a moral overtone. Engagement in worthwhile human activity (work or play) was a frequent option because of its association with a natural state in humans. Another more punitive set of moral treatments focused on removing “toxins” and helping the person “come clean,” again stressing activity’s moral character. Nevertheless, the rise in prominence of activity as a morally righteous and natural course in healthcare was given momentum by essentialist arguments of influential physicians in mental health, such as Pinel and Rush.

A Modern Conceptual Framework for Morality and Activity in TR

Widmer and Ellis (1998) maintained that a TR Specialist (TRS) should be able to morally discriminate between “What leisure activities are good, what activities are bad...,” (p. 292) implying that actions have a moral signature. They further argued that professional definitions of TR provided little help in understanding the moral significance of activities. Their resulting model of practice (Aristotelian Good Life Model) was based on actions taken by the participant. The “*proper course of action*” (emphasis added) was a function of “*virtuous acts*” (emphasis added), (Widmer & Ellis, p. 293). They (Widmer & Ellis) concluded: “It is the habit of *following proper courses of action* (emphasis added) through life, the habit of virtuous acts that lead to eudaemonia” (p. 295).

The ultimate goal of the Good Life Model is to guide the person toward a happy life, with leisure, recreation and play vital to the achievement of happiness. Widmer and Ellis (1998) explore real and apparent goods in some detail; the former referring to those that lead to a good life/eudaemonia, the latter refer to those that yield

momentary pleasure but are revealed as detrimental in the long-term (e.g., smoking, excess alcohol consumption, drug abuse, etc.) Most real goods are governed by the principle of “enough” (i.e., all things in moderation). They further arranged goods along a linear model from primary goods to secondary goods to summon bonum (leisure and intellectual virtue). Importantly for the present discussion, they do suggest activities that may be viewed as leisure or work depending on the person’s perspective (e.g., gardening, cooking, cabinet-making.)

Widmer and Ellis were not alone in uncovering the moral identity of play. The right to leisure (Stumbo & Peterson, 2009) has a long tradition in TR, dating back to the Leisure-Ability Model. Sylvester (1992) reaffirmed the commitment to participants in stating that the “Right to leisure is considered an appropriate *moral* (emphasis added) mission for therapeutic recreation” (p. 9). Furthermore, because TR is concerned with quality of life, (Sylvester, 2009) TR is a “matter of ethics” and morals by default.

The forays into the moral basis of play activities and TR by Widmer and Ellis and Sylvester suggest that play has acquired its moral character over time based on its several social construction narratives (described below). Social construction theory (Berger & Luckmann, 1966) maintains that meanings of concepts develop from the manner in which people talk about the concept of interest, the attitudes people assume in reference to the concept, and the ways people act with respect to the concept. Reality is the result of these constructive processes. Therefore, social construction theory (Berger & Luckmann; Devine & Wilhite, 1999) was employed as a conceptual framework for understanding the moral background of acts of play and work. The next section explores the social forces that operated to construct the moral meaning of affirmative human activity, play, and, to a limited extent, work from the Progressive Era forward.

Expanding the Morality of Work and Play

Essentialist arguments gradually gave way to more nuanced approaches to ascribing moral value to activity. By the end of the 19th century and beginning of the 20th century, roughly the Progressive Era (1880-1920), more academicians, philanthropists, and politicians began to take part in the crafting of play and work’s moral overtones. Because of the gregarious and vigorous roles of many community activists, construction of activity became a dynamic process, no longer subject to tacit agreement among mental health authorities (the essentialist approach).

Often the construction of the moral value of activity depended on those unable to be active, persons with disabilities. Beginning in the latter part of the 19th century and early part of the 20th century, many cities in the US passed ordinances called “ugly laws,” prohibiting marginalized persons and (ugly) people with disabilities from appearing in public and being on the streets (Schweik, 2009). According to Schweik, one solution to “ugliness” was implemented in Cleveland in the beginning of the 20th century. Cleveland took an especially affirmative approach by connecting the “unsightly beggar” (often a wounded war veteran) to employment and education opportunities; the work approach to activity sought to change the image of the beggar to one of the morally reputable worker with a disability from that of the worthless beggar with a disability. Schweik made reference to perceptions of other “normates” being the most daunting of obstacles to persons with disabilities, leading to “idleness among cripples” (p. 241). The slogan for the Cleveland program was: “Don’t fail to notice the man

behind.” To underscore the value of (work) activity, The Report of the Cleveland Survey (of persons with disabilities) included pictures of “cripples at work” (Schweik, 2009). In short, in the Cleveland experiment, work was the path to moral citizenship (Berger, 2013) for persons with disabilities. But the Cleveland initiative was not typical. Instead persons with disabilities were often denied the means to earning a living and moral legitimacy. For example, during the Great Depression persons with disabilities were labeled “unemployables” (see Longmore, 2003), making them ineligible for the make-work projects implemented by President Franklin Delano Roosevelt.

Other timely literature fed into the moral virtue associated with work for its own sake. “The Protestant Ethic and the Spirit of Capitalism,” authored by sociologist Max Weber, was first published in two parts in 1904-05. Notably, the composition traced the history of the intermingling of religion and work leading to a moral life among Christians, including Puritans who first settled much of New England. Weber discovered that the duty of the morally upright citizen was to follow one’s calling (job), no matter how humble. Money, compensation for work, was seen as a sign from God that the individual was fulfilling God’s preordained plan for him/her. Consequently, work signaled that the “chosen” were acting in accord with God’s will. Weber’s work ethic hypothesis was welcomed by the middle-class and New England aristocracy of the Progressive Era, and they expected that sense of respect for the act of working from others (Schweik, 2009; Solomon, 1956). Malingering (idleness) and “convenient diseases” (Schweik, p. 83), such as mental illness, were associated with moral failure and a flawed character. Seen in this historical context, play might well have been the “next best” form of activity for those unable to secure credibility through employment.

At the same time, there were moral overtones to a collection of clean living movements (e.g., alcohol, tobacco, etc.) during the Progressive Era (Engs, 2014). Illnesses and other diseases were often seen as punishment from God for an unclean, immoral life. Salvation turned out to be associated with (physical) activity. Luther Gulick was the leader of the vigorous exercise and fitness movement, which also suppressed sexual urges. “Muscular Christianity” developed during the same period and amplified the importance of activity to a Christian Life. President Teddy Roosevelt furthered the activity/moral messaging by advocating for leading a “Strenuous Life.” Coincidentally, Gulick also served as the first president of the Playground Association of America (PAA), while Roosevelt served as its Honorary President. Consistent with clean and wholesome living, the PAA prescribed a minimum of five hours of play per week for children, not counting school recess (Curtis, 1917).

The Playground Movement was propelled by a moral mission as well, the act of playing kept children off the path to an immoral life (Curtis, 1909). As a member of Boston’s aristocracy, Joseph Lee saw work as vital to a moral life. But he also believed that play was closely related to work. Those who could not play well would not make productive adults (Curtis, 1909; Hall, 1910). Therefore, play was made into an alternative means for being active, not idle; play was a spatial and conceptual place for those unable or ineligible to work, persons with disabilities, the very young and the very old. This occupational antidote creates a (play) spatial binary, a place to be occupied by those without moral status (Schweik, 2009). “You [the person with a disability] cannot contribute to material prosperity, but you can still uphold the dignity of human nature where it is most imperiled” (Lee, 1911, p. 295). The intersection of play and work was amplified by the fact that much of the programming at early playgrounds involved

work-like activities, such as gardening, cooking, sewing, first aid lessons, woodworking and so on (see early issues of “The Playground”.) The Progressive Era interpretation of the relationship between work and play raises the conceptual prospect that work and play were seen as two sides of the same general activity coin, especially if monetary remuneration was removed from the act of working.

Other initiatives by the Playground Association of America (PAA) occurred on several fronts to cultivate value in play. A moral mission propelled the founding of war camps near military training facilities by the PAA (Bedini, 1995; Knapp & Hartsoe, 1979) in the U.S. during WWI with the intent to keep soldiers out of trouble and on a morally righteous path, a sort of preventive intervention. The idea was to provide soldiers with wholesome recreation to address idleness and immoral forms of recreation, such as sex (prostitution), alcohol and drugs. The idea seemed natural since playground activities were intended to prevent delinquent behaviors, anti-social tendencies, (Bedini, p. 32), and to foster moral fitness (Rodwell, 1996) in the general population.

Likewise, the PAA established a committee for children with disabilities and juvenile delinquents in institutions, and made it a priority, “Probably the place where organized play is needed most of all is in institutions for children.” (Curtis, 1917, p. 146). The PAA’s publication, *The Playground*, affirmed the need for play and playgrounds in such institutions for children. In the *Report of the Committee on Play in Institutions* Alexander Johnson (1911) noted play’s intrinsic value for children with disabilities. Likewise, he pointed out that the reason for play among children with disabilities was the same as for typical children. In the same issue, Reeder (1911) underscored the importance of the act of playing, “The largest factor in all play is the *self-activity* (emphasis added) of the player” (p. 54).

Whether maintaining that play was a cure for social ills or a necessary behavior that was part of the development of a “fit” adult citizen, early leaders of the Playground Movement adopted a moral argument for their form of activity, similar to the Puritan work ethic version of activity. Play and work were incorporated into a united enterprise against a common adversary (“idle hands are the devil’s workshop”). They took play’s role in an evolving society with great seriousness, aptly conveyed by the title of an article in *The Playground*—“Play as a moral equivalent of war” (Johnson, 1912). Industrialists, philanthropists, and reformers of the Progressive Era alike saw activity as a necessary segway to a moral life.

Modern Vintages of Activity

At beginning of this manuscript, the point was made that when all else seems lost, when faced with the most chronic and permanent of disabilities, early reformers (Pinel, Rush) responded with activity (work, play). In some senses little has changed, the response to persons with mental illness, intellectual disabilities, and dementia remains the same: when in doubt, “throw” activity at the problem (Katz, 2000) and hope for the best. The argument to this point has emphasized the moral overtones of activity, as opposed to idleness, that action, in and of itself, is a good, and fundamental to human nature. The argument has also come “full circle,” back to Rush who contended that the human was made to be active—is he/she?

Casual observations support activity as a natural, physical state. Dreaming suggests the human nervous system is never completely at rest, and always active. Also,

humans are uniquely qualified to multi-task; while some activities can be executed by subconscious means (controlled by the basal nuclei and cerebellum), still other activities are carried out under conscious awareness (e.g., humans can walk and carry on a conversation with a friend simultaneously.) The human inclination to be active has not escaped the attention of more current researchers.

Theories in this area (e.g., effectance motivation, White, 1959; optimal arousal/incongruity, Ellis, 1972) have maintained that activity is “hard-wired” into the human nervous system. Several anatomical facts about the human nervous system offer support for activity as a “natural state” for humans. The first is an argument based on the concept of a neurogenic drive (Ellis, 1972; White, 1959). That is, the human nervous system, especially the reticular activating system and the cerebral cortex, is designed for activity and stimulation. Furthermore, White maintained that activity is of great adaptive value; when the human is active in exploring his/her environment such activities lead to understanding and control of the world (or at least the perception of control.) From a neurogenic point of view, whether the activity is work or play is arbitrary and to a great extent culturally defined and socially constructed (e.g., in some circles gardening is leisure while in others it is work).

Activity from a neurogenic point of view means that the actor engages, explores, and manipulates his/her surroundings to gain a better understanding, something Joseph Lee (1911) recognized about play in the early years of the 20th century. In turn, understanding leads to a sense of control, which is psychologically desirable (Mannell & Kleiber, 2011). White (1959) claimed that humans are uniquely “epistemic” in their behavior; they want to and need to understand their world and take action to enhance that understanding. White’s research led to the development of the well-known social cognitive theory by Bandura (1977) which also employed the concept of taking action (mastery experiences) as a valuable means of improving self-efficacy and understanding. Bandura elaborated more specifically the ways in which an individual could acquire control (e.g., vicarious, autonomic responses, verbal persuasion, mastery) but insisted that there was no substitute for taking action—acting to control the environment.

Another well-known concept that highlights the value of taking action is “flow” (Csikszentmihalyi, 2014). Flow refers to peak or optimal experiences wherein the actor confronts a challenge that tests his/her skill without completely overwhelming the person’s capacity to act in a way to successfully meet the challenge. The activity challenge demands that the participant is fully engaged and absorbed in taking action to meet the activity challenge; intense concentration by the actor is necessary to attaining success. To attain “flow,” one must be fully committed and concentrate intensely; distraction from the act risks failure in successfully negotiating the optimal challenge presented by the environment. Flow experiences “raise the bar” in terms of the efficacy of an action taken (be it work or play). Hypothetically, flow-type activities may well heighten perceptions of self-efficacy because of the difficulty in meeting the challenging array presented by the environment.

Another noteworthy but tentative hypothesis has been advanced by Raine (2014). Raine has researched criminals over decades and maintains that a significant contributing factor to their transgressions is associated with brain areas (mostly in the limbic system) that are abnormal. Although he does not deny the influence of environment, he asserts that criminals are predisposed to their illegal deeds by their

brain development (or lack thereof). He further suggests that when the brain's hard-wiring is off, then activity may prove to be a way out. Though not curative, Raine contends that environmental enrichment using nutrition, cognitive stimulation and exercise may be able to address criminal inclination. Notably, the latter two environmental enrichment activities are recreational in flavor.

Noteworthy, all of the more recent theories are based on taking action and responding rather than apathy. Second, the theories do not distinguish between work and play. This is the case for White's neurogenic motive, optimal incongruity, and lastly—flow. However, all three positions do emphasize that play, leisure and recreation behaviors provide an opportunity for stimulation, manipulation, and arousal. This is not surprising since so many jobs are repetitious and less apt to present an environmental array that the individual finds interesting enough to provoke action beyond a stereotyped response (Ellis, 1973). Consequently, a conceptual background supports the hypothesis that work and play activity are *closely related* and in and of themselves are assertive "statements" about the human interface with the environment, at least as it has been socially constructed over the last two centuries and correlated with human neurophysiology.

Theoretical Implications

The argument thus far urges a shift in emphasis from outcome to process/action as value-laden in and of itself. The value of the act of acting intersects well with the long-standing contention that intrinsic motivation is one quality by which leisure behavior is recognized (Mannell & Kleiber, 2011). The boldness of this claim often meets with confused reactions from the general public and those in allied health professions who work with TR service. The claim that (activity) participation should be valued is not to be underestimated. It means that one does not have to look beyond participation to identify the value of an activity, that the value of the act is one with the participation. It further implies that getting involved is a legitimate "outcome" in a clinical accountability sense, further detailed by Mobily (2017):

... if one takes a more global view of TR's historical roots, then one must acknowledge that participation is an outcome when it is absent [as in idleness], enjoyment is an outcome where there is apathy, and inclusion is an outcome where there is segregation. All are meritorious outcomes, even in the absence of functional improvement. (p. 40)

Based on the above historical evolution of the concept, activity has acquired moral nuances. The next challenge is to determine how to interpret and understand the moral value of diverse activities at a theoretical level. First, good/bad play/work are often a matter of degree (see also Widmer & Ellis, 1998) since many good acts done to excess become morally corrupted in play (playing bingo vs. gambling addiction) or work (routine chores such as folding towels may be meaningful to persons with dementia [Phinney, Chaudhury, & O'Connor, 2007] vs. exploiting the patient through work.)

Second, based on research findings, Csikszentmihalyi (1994) argued that different activities have different potentials to produce good or bad interactions with the environment (e.g., watching TV has a low prospect for favorable interaction with the environment vs. playing sports has a high potential for favorable interaction with the

environment.) Similarly, but along a different dimension, based on research findings, Iso-Ahola (1994) asserted that "...the best leisure activities seem to be those that involve both friendly social interaction and an activity" (p. 50). Clearly both researchers suggest that there are some activities that are better than others. There is an advantage to using "activity" in the context of flow, in preference to labels such as work or play; it avoids the worry (for practitioners) over whether an activity is one or the other. Further, it avoids the trap presented by equivocal activities—is gardening work or play?

The explanation of activity advanced here is also consistent with other positions that draw their justification from action instead of outcome. Haun (1965) was well-known for his support for recreation (TR) within mental health settings. But he remains enigmatic to practitioners for arguing that the value of TR was *not* as traditional therapy. Instead he maintained, "I am so fully persuaded of the value of recreation *as recreation* for the ill or disabled person that I am alarmed at the possibility of its being unjustly discredited through lying claim to an effectiveness it cannot possess" (pp. 60–61).

While Haun was compiling his observations about activity/recreation in mental health settings, Erving Goffman (1961) published his classic *Asylums*. His was a participant-observer style of researcher, emphasizing a first-hand method of reporting based on conversations with subjects. Coincidentally, to gather data for *Asylums* he assumed the role of an activity professional, distancing himself from the rest of the staff to gain the trust of the patients, and identifying to inmates as "...a student of recreation and community life" (p. xiii). His interviews with patients (at a mental health institution) resulted in a meticulous analysis of the experience of "inmates" in "total institutions." Goffman spoke of the breakdown between the boundaries of work and play, with all activities "...brought together into a single rational plan..." (p. 24), quite consistent with the present model of activity. Even more aggressive about the detrimental effects "medicalizing" (see Zola, 1972) every aspect of the inmate's life than Haun, Goffman suggested that recreation (and other medicalized activities) could be party to the creation of an illusion of therapy (see Szasz, 1974). Like Haun, he resisted distilling recreation into "therapy": "...participation in these activities [recreation, work, education] would be taken as a sign that they [the inmates] had been 'treated'... evidence to employees and kin that actual treatment had occurred" (p. 225) when patients were only doing what they normally did in daily, routine life. Goffman asserted that traditional medicine has a lot of palliative actions that work around the margins of the (psychiatric) malady. But some parts of the body cannot be fixed and hence there is a low probability of lasting repair (p. 342). However, when recreation activity is taken on its own terms, as a valued human expression, it is much more likely to be of benefit.

Practical Implications

Best practices in TR include establishing a helping relationship with the client and the TR process (assessment, planning, implementation, evaluation, documentation). Accordingly, best practices in TR are addressed in this section in an effort to identify practical implications of an activity approach to TR outlined in this paper.

The adage, "just throw activity" at the problem, is an implied but common mantra in psychiatric facilities and SNFs; to the skeptic, it is handy, convenient, inexpensive, distracting, and administered by staff who are with the patients much of the time. Although TR service spends considerable amounts of time with patients in settings where persons with serious and chronic illnesses reside, casting activities at problems

in a random manner is counter-productive. This attitude toward TR serves to trivialize what we do; a new awareness among allied practitioners of TR's important role is in need of construction.

First, with respect to the time-exposure of TRS to patients, Goffman's (1961) recognition of the "heavy lifting" done by ward attendants in mental health may apply to TR as well: "A ward attendant often seems to be as well equipped to offer a 'good' relation to a patient as a highly trained psychiatrist" (p. 357). Goffman further argued that the premium of contact among health service workers and patients was the case because they were continuously with the patient whereas "therapy" staff contact was sporadic. Similarly, TR is on the front lines and spends more time with patients in many settings than other therapy staff, giving the TRS a significant temporal window for establishing a helping relationship and engaging patients in activities.

Second, a thoughtful activity approach depends on assessment and evaluation. And activity participation is back in play as a marker for the degree of activation and engagement on the part of the patient. More participation, to a point, indicates better activation as opposed to apathy (idleness), while better activity choices may be judged qualitatively by the TRS. Practitioners can also assess the quality of each choice through periodic, qualitative reflections (journaling) or narratives (interviews, focus groups). Finally, a pre-determined, weighted scale awarding point values for different activities may be an option, with better activities awarded more points (such a weighted scale would need to be developed over time with more repetitions leading to more accurate weights per activity). For example, although not weighted, the CERT assessment (Parker, Ellison, Kirby, & Short, 1975) offers a start to developing a weighted activity scale.

Another example of using activity as an assessment/evaluation marker is embedded in Mobily and Randall's (2004) outline for understanding the impact of activity among persons with serious mental illness. Citing Wong and associates' (1987) research, they maintained that (negative, nonproductive) stereotypic activities (e.g., self-talk) common among persons with schizophrenia could be replaced by recreation activities. The necessary condition was that the replacement activity had to be one preferred by the patient. Labelling the relationship the "competing responses hypothesis," Mobily and Randall assumed that perseverative behaviors were intrinsically motivated—that is, there was something about perseverative, nonproductive behaviors that was self-sustaining. Based on that assumption they further maintained that "good" (also intrinsically motivated) recreation activities could be substituted for "bad" (intrinsically motivated) perseverative behaviors. Hence, assessing and evaluating the effectiveness of TR amounts to using activity participation as an indicator of the quality and quantity of "good" participation and stands for improvement. Furthermore, favorable changes in patient activity preferences signal a shift in value. Preferences can be compared after a specified period of time to determine whether they have improved (e.g., more preference for walking and less preference for TV would indicate better activity choice).

Using Mobily and Randall's hypothesis as a transition to planning and implementation highlights the importance of patient preference; to replace a nonproductive activity with a productive one, the substitute must have the power of intrinsic motivation (based on the assumption that the negative actions hold some sort of intrinsic incentive for the patient as well). If patient preference can be understood as a

proxy for intrinsic motivation, then in the enterprise of identifying good actions in place of bad ones, patient expression of preference (within reason) represents one method to identify those better activities. Accordingly, the planning step in the TR process should expand the potential repertoire of activities available; when practitioners think activity instead of a work/play dichotomy, the repertoire of potential activity choices grows considerably. Perhaps intuitively, some practitioners have broken through the work/play dichotomy to tap into an expanded range of activity choices. For example, as suggested by Widmer and Ellis (1998), many work activities qualify as right/good activities; for some older adults with dementia, attractive activities are often those with “work-like” characteristics (e.g., gardening) and seem to have more personal meaning.

Insight into another part of the TR process, implementation, is provided by Hutchinson and associates’ (2006) close study of the dynamics of interactions between the TRS and patients. Two specific examples stand out. The first was an activity prescribed for a patient who clearly did not want to participate—he did not “prefer” it or have a choice, it was not enjoyable, and it was recommended solely based on an expected functional outcome to the neglect of the experience of the activity itself. The second was a report from practitioners interviewed emphasizing the reality that sometimes the TRS needs to stand aside and let the participants “own” the activity instead of trying to orchestrate the entire venture.

A final practical reality is that there is still *not* widespread support for Joseph Lee’s work/play intersection in the general public, and among allied health professionals. Practitioners will have to continue to advocate for the right to participation in both kinds of valued activity—work (as an activity program option) and play. And this may be the most daunting role for the TR professional. He/she should be prepared to articulate cogently and persuasively the rationale for TR services.

Investigations into Idleness

Using activity (work and play) as a moral harbinger is not without its problems. Most importantly, inactivity is then associated not only with laziness, but also moral failure. Even involuntary idleness and inactivity resulting from impairment is then converted to a stigmatizing agent carrying moral overtones. Schweik (2009) observed the following during the era of the Ugly Law.

The positioning of disabled beggars as organized felons reinforced the idea that disabled poor people are always a social menace: not only did they represent *an ideological threat to the capitalist ethos of hard work and self-reliance and sturdy bodies as instruments of production* [emphasis added], and a eugenic threat to the genes of the nation; now they also represented a criminal threat to social and economic life of the community. (p. 213)

Paul Haun (1965), founder of the “Disability Rights Movement,” asserted that the moral implications were clear when activity is associated with virtue and idleness is not.

There is a definite relationship between the concepts of health and holiness. So many of the words used about health are moral ones we talk of good or bad leg, of being fit and unfit, of walking properly, of perfect physique. And

disabled people find that the common assumption of good health as a natural thing often comes over to us as an ought, carries with it undertones of a moral failure on our part. (p. 8)

The person with a disability is already at a disadvantage with respect to accessing work as a path to legitimacy. Like Hunt, Lee found (1911) that “The invalid has no recognized duty to perform. There is nothing definite required of him and no recognition is given to what he does” (p. 294). Therefore, the nature of idleness presents as a new but very challenging area of research.

Is idleness always a negative marker? Sometimes it is hard to tell whether the person is mentally active. Rush certainly thought that patients who could not be physically active could be mentally active (see above). At this point, idleness is a relatively unexplored frontier in TR. Likely, qualitative research will be required to tap the depth of meaning of idleness, to penetrate the complexities and nature of that inactivity—is it always a sign of apathy, depression, moral bankruptcy, or is it a signal for thoughtful engagement?

Conclusion

I have attempted to craft a compelling case for considering activity in a much more global manner than typical. In doing so, the focus of this paper has circulated around two main issues. The first is that activity, work or play, is a value-laden construct that has become so as a result of various historical interpretations. Second, because activity is a moral statement made by the actor relative to what he/she holds dear, it may be considered as an entity suitable for analysis; activity is a valued process. I leave the reader with one last reflection —employing an activity-based model for TR means that participation counts as a worthwhile “outcome.”

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