

The Guest Editors of the Special Series on Practice Models had anticipated receiving letters in response to the practice models papers and critiques. Mr. Dieser submitted his letter immediately following the publication of the Austin (1998) Health Protection/Promotion Model. Mr. Dieser's letter was held in anticipation of printing it with several others; however, other letters were not forthcoming. Now that all the practice models papers have been printed and a summary analysis also published, we feel that it is important to share Mr. Dieser's letter but with a special note that his points may well apply to other models in the series. Readers are encouraged to apply his questions of cultural relevance to the other models in the series.

Cynny Carruthers, Co-Editor, Special Series on Practice Models
Barbara Hawkins, Co-Editor, Special Series on Practice Models
Judith Voelkl, Co-Editor, Special Series on Practice Models
Jackie Card, Special Series Letters Editor

Dear Editors of the TRJ Special Series on Practice Models:

In this letter I will examine the cross-cultural implications of how Austin (1996, 1998) defines health in the Health Protection/Health Promotion model. I hope that the offspring of this letter develops constructive criticism and aids in developing sound practice models for the field of therapeutic recreation.

In his model, Austin discussed three components of the model—prescriptive activities, recreation, and leisure. I will concentrate on the leisure component where self-actualization (optimal health) occurs due to self-directed activities. In essence, the Health Protection/Health Promotion Model encourages self-determination and independence so that self-actualization can be advanced. The cornerstone of the model is the concept of health, which is defined as self-actualization. The construct of leisure (which occurs when an individual is experiencing optimal health) is premised upon self-actualization.

The question I raise is whether self-actualization is a cross-cultural concept? Although there has been some debate regarding this issue, this question is largely unexplored. What is known is that self-actualization within the Western context (e.g., realization of individual potential,

self-fulfillment, self-determination) is not a cross-cultural construct. Draguns (1989) and Pedersen (1991) have argued that self-actualization within a Western context is premised upon the construct of individuality and is not a universal or cross-cultural goal. Likewise, Lerman (1992) posited that self-actualization is an individualistic construct that is not relevant to collectivistic cultures. Due to such a narrow definition of health, this model does not warrant cross-cultural application and, unless modified, should not be advocated for people that maintain collectivistic values. The model can foster therapeutic benefits if used with people who maintain certain individualistic values, such as independent leisure functioning, self-determination, and so forth.

There is a dearth of information related to cross-cultural concerns in the field of therapeutic recreation. In my opinion, cross-cultural concerns need to be addressed in practice models. In this regard, perhaps a beginning step for therapeutic recreation specialists and scholars is to review the literature in the fields of cross-cultural psychology/counseling and cross-cultural social psychology.

Thanks to Dr. Karen Fox for her help in editing this letter.

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