

will need to study and understand esoteric concepts like paradoxical intention, nihilism, and pan-determinism. [For an application of Frankl's theories to practice in helping professions, see *Logotherapy for the Helping Professional* (Guttman, 1996).]

The significance of logotherapy for consideration in TR may be its emphasis on spirituality where aspiration to meaning in life is an enterprise of the spirit. How spirit transcends embodiment is a paradoxical human ability that needs philosophical understanding. The TRS may observe transcendence in participants, and even facilitate it through leisure experiences, without having an intellectual grasp of logotherapy or humanistic psychology. Understanding the spiritual dimension of transcendence, however, may be essential art and wisdom for the future of TR if existential outcomes are embraced as its calling. Humanistic psychologists who incorporate existential approaches believe that human potential is more important and more interesting than basic functioning because it is the unpredictable and extraordinary capacity of every changing, growing, undetermined human being who is becoming a person. The principles of logotherapy align with beliefs that people have choices in all situations and freedom to find meaning in their life. People can transcend incapacity when they discover their "will to meaning" by facing the momentary challenges of living a personally determined responsible life.

Finally, *Man's Search for Meaning* speaks to the personal journey of the TRS to find meaning and purpose in his or her own life. Frankl guides his readers to this exploration as he presents the principles of logotherapy. It is impossible not to wonder and reflect on one's personal circumstances of meaning, across one's biography and in the current moment, as one reads these pages. It is unlikely that a TRS will help participants to find meaning and purpose if he or she has not worked through important crucial human areas and spiritual emergencies. This book is recommended as a reflective "required" read, and an invitation to a philosophy of meaning-making as a role call for all TR practitioners and students.

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Philosophy of Therapeutic Recreation: Ideas and Issues Volume II. Edited by Charles Sylvester, 1996. Arlington, VA: National Recreation and Park Association

This second volume of *Philosophy of Therapeutic Recreation: Issues and Ideas* is a Niagara of creativity with a common theme—thoughtful and sensitive practice of therapeutic recreation in troubled times for professions. Eight authors and four co-authors converge to turn the century with calls to reflective practice. Every author holds up the mirror to uncover flaws in current practice perspectives that perpetuate confusion in the field. This "error thinking" may be the result of well-intentioned but culpable alignment with the medical model, cultural insensitivity or rigidity in ignoring spiritual or feminist dimensions of care, or intolerance of the means/ends philosophical debate in an urgency for outcomes that secure clinical status or reimbursement. Every author offers a way out, not an easy way, but a reassuring illumination of practice clarity by returning to moral traditions that honor the uniqueness of TR as facilitating autonomous leisure with persons who are vulnerable. I have summarized each chapter here with a personal observation as an educator, therapist, and perpetual student of philosophy.

Cathy O'Keefe invites the TR profession to become a "community of philosophers" in her personal account of learning and teaching experiences with the topic of philosophy. She engages the reader in a deliberate conversation about living one's philosophy at varying levels of application. For students, she acknowledges that philosophical language can be difficult and urges guidance with: (a) selective readings, especially enlivening story sources; (b) amassing a

philosophical “portfolio” across field experiences and classes through assignments, videos, and creative explorations; and (c) the constructed experience of discourse and debate from hearing and reading competing perspectives. O’Keefe recommends uniting TR curricula with a common menu of “wisdom readings” to inspire ethical practice. O’Keefe summarizes by describing philosophy as practice wisdom that builds “sound interior confidence.” This is useful advice for a field with perceived role insecurity. TR educators who praise this chapter are reportedly using it as a lecture, an introductory class in philosophy, or a relevant reading. Like TR as serious play, this chapter shines with a friendly gravity.

As an expert and associate bioethical researcher at the Hastings Center, Bart J. Collopy urges the TR profession to become an interdisciplinary voice in dialogue about bioethical concerns, especially the moral issues of giving care. Collopy suggests that the TRS become an advocate for autonomy where it is most compromised, in the geriatric setting. He provides copious practical examples of compromised autonomy and enumerates pragmatic reasons why it may be overlooked in the pressures of regulatory compliance. Collopy prompts the TRS toward higher ground in service innovation by providing a “therapy of autonomy” where play and the leisure experience are ends in themselves. Collopy challenges the TRS to defy professional norms that use recreation instrumentally, yet benevolently, to make residents more compliant with treatment regimens. Collopy’s writing echoes the beliefs of Eden Alternative founder Dr. William Thomas who proposed that residents need more care, not more treatment. Collopy exposes the prevalent manifestations of the medical model in care scenarios with keen understanding of the potential (and the difficulty) of TR to humanize geriatric care.

Miriam P. Lahey examines quality of life, the realized expression of the philosophical “good life” as a social context for TR service. She questions whether the outcomes of helping serve participants’ human needs or serve to justify the profession’s goals and priorities (e.g. reimbursement status). Lahey entreats the field to engage in professional discourse that tests philosophy with a sociology informed by politics and economics. For example, she encourages the TRS to become more self-conscious of compliance with the system in order to resist its wrong-headed pressures to treat participants as products. Lahey observes that TR practice is insulated in its adherence to existing settings, and lacks the awareness and activism of its traditional origin by selectively choosing commercialized populations. Like other authors in this volume, she deplors published recommendations for the TRS to apply market segmentation to gain reimbursement, as uncritical alignment with the consumerized medical model. Lahey’s question at the end of this chapter is a riveting polarized exposé for philosophical consideration. The TRS who uncovers participants’ expressed needs in radical disability literature, or who advocates social justice in and out of practice settings, might lead and recommit the field to its original service ethic described by Lahey.

Patricia Ann Shank sustains Collopy and Lahey’s focus on ethical perspectives, but offers a tutorial filled with exemplars and particularized philosophical referents for making ethical decisions. Her chapter intimates the depth of exploration committee members undertook to craft the 1990 NTRS Code of Ethics revision, with interpretive guidelines, in 1994. She offers a variety of ethical problem-solving models, and a compelling explanation of feminist ethics as a contrasting “ethics of care” with particular contemporary relevance to TR. Shank concludes that ethical decisions are value decisions where intuition can be informed by turning to theory. Shank’s presentation is a thorough reminder that being ethical and doing ethics is a demanding, conflicting, and quintessential aspect of TR practice.

Kenneth E. Mobily reminds readers that theoretical views can undergo transformation that combines vision and logic. Mobily has humbly reconsidered and revised his philosophical view of TR as an instrumental tool for changing participants’ management of disorder. Mobily’s

chapter testifies to the notion that certainty is the enemy of truth. But like his fellow authors, Mobily knows that the TRS needs some philosophical certainty to make choices that lead to commitment and action for the future. Perhaps that is why his critique is meticulously scientific and conceptual. He illustrates how the concept of leisure has been manipulated in illogical and unsound ways in research and practice in TR. Mobily advocates facilitating leisure as an end in itself as the rightful purpose of TR and argues the conceptual impossibility of a therapy-focused agenda. Mobily's confessional philosophical reversal might bridge the division and diversity which ridiculously fragments the field. Mobily's article should be reprinted in the *Therapeutic Recreation Journal* where his discourse on the meaning of being therapeutic has exercised huge influence in the last decade. His new perspective needs to be fully digested in its radical challenge of "walking the talk" of leisure facilitation as the inspired political act of therapeutic recreation. What constitutes "therapy" and "therapeutic" is a crisis of coherence even among psychotherapists who are also experiencing theoretical, epistemological, methodological, and ethical meltdown caused by managed care. Humanistic psychology, as a particular therapeutic enterprise, is not incompatible with quality of life, spiritual, and emancipatory concerns of leisure experience as ends in themselves that may also happen to be "therapeutic."

Glen Van Andel and Paul Heintzman enlarge the mind-body-spirit perspective on TR drawing from new literature about spirituality and historical review of influential philosophies on religious perspective. In particular, these authors relate Christian spirituality to therapeutic recreation with reference to the meanings of suffering, care, service, community building, respect, healing, and transcendence. The authors remind readers of the inherent healing in wilderness and nature activities, meditation, personal writing expression, and communing through friendship—all spiritual pursuits. Van Andel and Heintzman present an original parallel of Christian characteristics to the dynamics of helping (including love, compassion, and peace), and to the dynamics of treatment (forgiveness as an AA treatment strategy for recovery). This chapter is a thought-provoking review of modalities for healing which may be neglected in an exclusive focus on functional behaviors. The authors' call for a psycho-spiritual agenda is a vital contemporary issue because suffering is a spiritual journey. While the authors testify to their own belief system, their careful presentation respects the TRS and participant who may have an alternative belief system. Like cultural competence, the exploration of spirituality is a tentative and self-monitoring dynamic; Van Andel and Heintzman invite the field to the threshold of care as integration.

In the next chapter, CARF colleagues Kenneth J. Richter and Susan M. Kaschalk appreciate the distinct and unique calling of TR as outsiders. They explore the apparent role insecurity of TR and explain why the TRS should be an existential therapist who makes meaning and explores purpose with participants. They contrast the TRS' "white-coat" capitulation to functional outcomes as unworthy of TR's distinct role, and encourage a bold and broad role exploration. For example, they recommend that the TRS become expert in sexual counseling as a needed but neglected area of participants' life fulfillment. Richter and Kaschalk's chapter is profoundly catalytic as an invitation to define and explore existential outcomes as the calling and future of TR. This chapter provides a critical opportunity to check one's professional priorities as a helper in a managed care culture. It serves as a moral scolding, yet unparalleled affirmation, of the enormous contribution of TR, which is up to every TRS to care about keeping intact.

Editor Charles Sylvester closes the volume with a refreshed analysis of the means/ends debate as an unresolved issue that inhibits the field's philosophical coherence with a reactionary moral stand toward the medical model. Sylvester reveals the culture's unwitting obsession with instrumental rationality, justifying every action and service with results or outcomes. He proposes a movement toward substantive rationality where utilitarian purposes for engaging in

leisure are replaced with experiencing beauty, enjoyment, truth, meaning, and fulfillment as ends in themselves. Sylvester recommends an increased focus on the substantive agenda in TR, to balance the instrumental agenda of functional capacity, by helping participants find meaning, enrichment, and significance as persons in their leisure experiences. Sylvester recommends awareness of how these dual perspectives shape everyday culture in TR settings, and active resistance to economic pressures of the health care industry to subordinate ends to means. In a goal-oriented culture, Sylvester's proposed shift is a formidable, albeit legitimate, persuasion. One might observe tangible evidence of Sylvester's accusation of preoccupation with instrumental outcomes in benefits-based marketing products for TR. Only 3 of 41 benefits enumerated in the Therapeutic Recreation . . . The Benefits Are Endless™ positioning poster and other promotional materials profile leisure as an end in itself. This could be rectified and balanced with NTRS board and committee dialogue that heeds philosophical enlightenment. Furthermore, internalizing leisure as a worthy end in itself, articulating meaning in leisure, and demonstrating a leisurely life as a personal ethic are time-constrained ideals of busy professionals. Negotiating the paradox of being dedicated and enterprising without selling one's soul to the health care marketplace is a new way to exist at work, especially if one enjoyed vocation as a TRS in more secure years of employment. One needs a community of confidence for the revolution Sylvester suggests—the medium is the message.

In summary, an element that distinguishes this volume is its intellectual rigor expressed in weighty prose. The casual reader who desires simplistic receptivity to complex philosophical concepts may struggle with this volume. Disciplined and patient scholarship need to be cultivated among professionals and students seeking instantaneous answers to confusion, anxiety, and lack of coherence.

Editor Charles Sylvester self-critiqued the volume and noted that the authors represented a unified view in comparison to the opposing perspectives that energized Volume I (1987). Despite his invitations for dissenting counterpoints, none were forthcoming. Still, this volume offers tremendous opportunity for role clarification and role validation, especially to the advanced practitioner who carries a biography of practice and an awareness of the tensions in TR as a developing profession. Collectively, the authors convey a sense of direction that is calm, reasoned, and undefensive, yet strong and impassioned in the assertion of a restated purpose for TR as responsible restoration of participants' humanity. This volume offers a deep perspective to educators not found in other TR textbooks and represents new thinking for the field. It might be used especially for the intent prescribed in then NTRS President Anne Simonsen's preface—thinking critically about who we care to become as philosophers and therapeutic recreation specialists.

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Fundamentals of Clinical Supervision. (2nd ed.). Janine M. Bernard and Rodney K. Goodyear, 1998. Boston, MA: Allyn & Bacon.

Fundamentals of Clinical Supervision is an outstanding textbook that makes a significant contribution to the literature regarding the nature and function of the supervisor-supervisee professional relationship in the health and human services environment. The introductory chapters highlight the importance of clinical supervision specifically for mental health professionals, and the goals of the supervisory relationship in regard to the professional development of the supervisee, as well as patient care. A strong theoretical foundation also is presented and