

# Building a Life of Meaning Through Therapeutic Recreation: The Leisure and Well-Being Model, Part I

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A significant paradigm shift is occurring within health and human services that has the potential to shape the future of therapeutic recreation. Under the old paradigm the primary focus of health and human services was on deficit reduction (Benson, 1997; Frisch, 2006) or the amelioration of problems (Pollard & Rosenberg, 2003). Over time, however, there has been an increasing awareness that the elimination of deficits or problems alone does not result necessarily in healthy, competent, vibrant people or communities. The focus of the new paradigm is on understanding and cultivating the strengths and capacities of individuals, and the institutions and society that allow them to thrive (Seligman & Csikszentmihalyi, 2002) and to move towards well-being. The profession of Therapeutic Recreation (TR) has the opportunity to play an important role in supporting clients to create a life of meaning, in spite of challenges and limitations. However, the potential role of TR in this process of building capacity and the theoretical support needed has not been articulated clearly in the field. As such, this article will introduce a contemporary service delivery model of TR (The Leisure and Well-Being Model) and will provide theoretical and empirical support for the role of TR in adopting well-being as the desired outcome of service.

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A significant paradigm shift is occurring within health and human services that has the potential to shape the future of therapeutic recreation (TR). Under the old paradigm, the primary focus of health and human services was on deficit reduction (Benson, 1997; Frisch, 2006) or the amelioration of problems (Pollard & Rosenberg, 2003). Health care workers would try to heal psychiatric or physical illnesses (Seligman & Peterson, 2003). Human service professionals would try to ameliorate problems, such as youth delinquency, homelessness and urban decay (Seligman & Csikszentmihalyi, 2000). Over time, however, there has been an increasing awareness that the elimination of deficits or problems alone does not result necessarily in healthy, competent, vibrant people or communities. The focus of the new paradigm is on understanding and cultivating the strengths and capacities of individuals, and the institutions and society that allow them to thrive (Seligman & Csikszentmihalyi).

Probably nowhere is this paradigm shift more apparent than in the positive psychology movement. Positive psychology theory and research, with its focus on human capacity, character, virtues and happiness, is growing exponentially and it is influencing therapeutic practices (Frisch, 2006). There is increasing evidence that "the most powerful ingredient common to effective therapies may be the building of human strengths" (Gillham & Seligman, 1999, p. S159). Therefore, the goal of therapy is to build a positive spiral of emotion and action in clients that energizes and empowers them to take on increasingly greater opportunities and challenges in important, valued life domains. Resultant success in these endeavors further increases their positive beliefs, emotions, and capacities (Fredrickson, 2000; Gillham & Seligman). While the relief of clients' psychological distress will always be an important focus of therapy, the cultiva-

tion of strengths and quality of life is also essential (Frisch; Seligman & Peterson, 2003). Not surprisingly, the development of positive assets and strengths prevents many of the problem behaviors that have traditionally been the focus of therapeutic interventions (Frisch; Seligman & Peterson).

Interestingly, therapeutic recreation has long articulated the importance of working with the "whole person" (e.g., Howe-Murphy & Charboneau, 1987; Hutchison & McGill, 1992; McGill, 1996; Murray, 2003; Sylvester, 1994/1995). However, this focus has been counterbalanced by a need to survive in health and human service systems with their focus on deficit reduction (American Therapeutic Recreation Association, 1987; Van Andel, 1998). The profession's resultant shift towards deficit reduction or problem resolution is clearly reflected in introductory and advanced textbooks in TR that describe the characteristics and limitations of various disabling conditions (e.g., Austin & Crawford, 1996; Carter, Van Andel, & Robb, 2003; Kraus & Shank, 1992; Mobily & MacNeil, 2002) and focus on the assessment and treatment of functional deficits (Shank & Coyle, 2002; Stumbo, 2002; Stumbo & Peterson, 2004). The emphasis on problem resolution is not limited to TR; it has permeated many allied health care professions as they have aligned themselves with the pervasive medical model. However, TR, as well as many other health and human service professionals, are at a critical juncture where they may choose to embrace a strengths-based view of clients and therapeutic practice (Saleebey, 1997; Sharry, 2004). This strengths-based perspective empowers clients and therapists, and maximizes their ability to thrive.

This focus on ability, rather than disability, is supported by the World Health Organization (Porter & Burlingame, 2006; Porter & Van Puymbroeck, 2007; World Health Organization, 2001) and is accruing strong theoretical

and research support (Linley & Joseph, 2004). According to the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) (Lollar, 2003; World Health Organization), the focus of services for persons with disabilities should be much more than basic functioning or the reduction of deficits. All people, regardless of ability or disability, desire a life of meaning wherein they can experience pleasure, participate equally in relationships with others, and make a contribution to their community and world. Building strengths and resources, empowering clients, and cultivating capacity contribute greatly to this process of building a life of meaning.

The profession of TR has the opportunity to play an important role in supporting clients to create a life of meaning, in spite of challenges and limitations. However, the potential role of TR in this process of building capacity, and the theoretical support needed, has not been articulated clearly in the field. As such, this article will introduce a contemporary service delivery model of TR, the Leisure and Well-Being Model, and will provide theoretical and empirical support for the role of TR in adopting well-being as the desired outcome of service. The second article in this two part series will define and describe in more detail the two major areas of focus of TR, as articulated in the Leisure and Well-Being Model—Enhancing Leisure Experience and Developing Resources.

### **Service Delivery Models Define Professional Focus**

Service delivery models support professional practice in a number of important ways (Bullock, 1998; Sylvester, Voelkl, & Ellis, 2001). Perhaps most fundamentally, they define scope of practice which assists practitioners in making decisions about practice, including what to do, for whom, and when. As Sylvester and colleagues stated, "practice models provide a blueprint of therapeutic recreation services, including the type of services provided, the client-therapeutic recreation spe-

cialist relationship, and the proposed outcomes" (p. 81). Thus if the field of TR wishes to shift the focus of service to align more closely with a strengths-based philosophy and the World Health Organization's view of services for people with disabilities, then service delivery models become an important avenue through which to refine or realign scope of practice.

Service delivery models also assist in communicating the meaning and value of TR services to clients, family members, and other health professionals (Voelkl, Carruthers, & Hawkins, 1997). They provide language to describe the process, outcome, and value of TR. If the language used with clients and others consistently reflects a strengths-based perspective of TR practice, it can transform the profession. A strengths-based profession and the associated language cultivates the full potential of the clients it serves, the practitioner, and the profession itself (Baker, Greenberg, & Hemingway, 2006). Sharry (2004) described the power of using strengths-based language in communicating and thinking about practice:

We are invited to think in terms of resources, skills, competencies, goals, and preferred futures about our clients, their lives, the communities they belong to, the therapeutic processes itself and the professional context in which we find ourselves. We are invited to become detectives of strengths and solutions rather than detectives of pathology and problems, and to honor the client's expertise and capabilities as well as our own. (pp. 8–9)

Service delivery models can also support the credibility of a field through grounding practice in theory and research (Caldwell, 2003; Voelkl et al., 1997). This attention to the theoretical foundations of practice allows practitioners to articulate anticipated mechanisms of change, thus facilitating program evaluation and research (Peterson & Bredow, 2004). In other words, if service delivery models identify de-

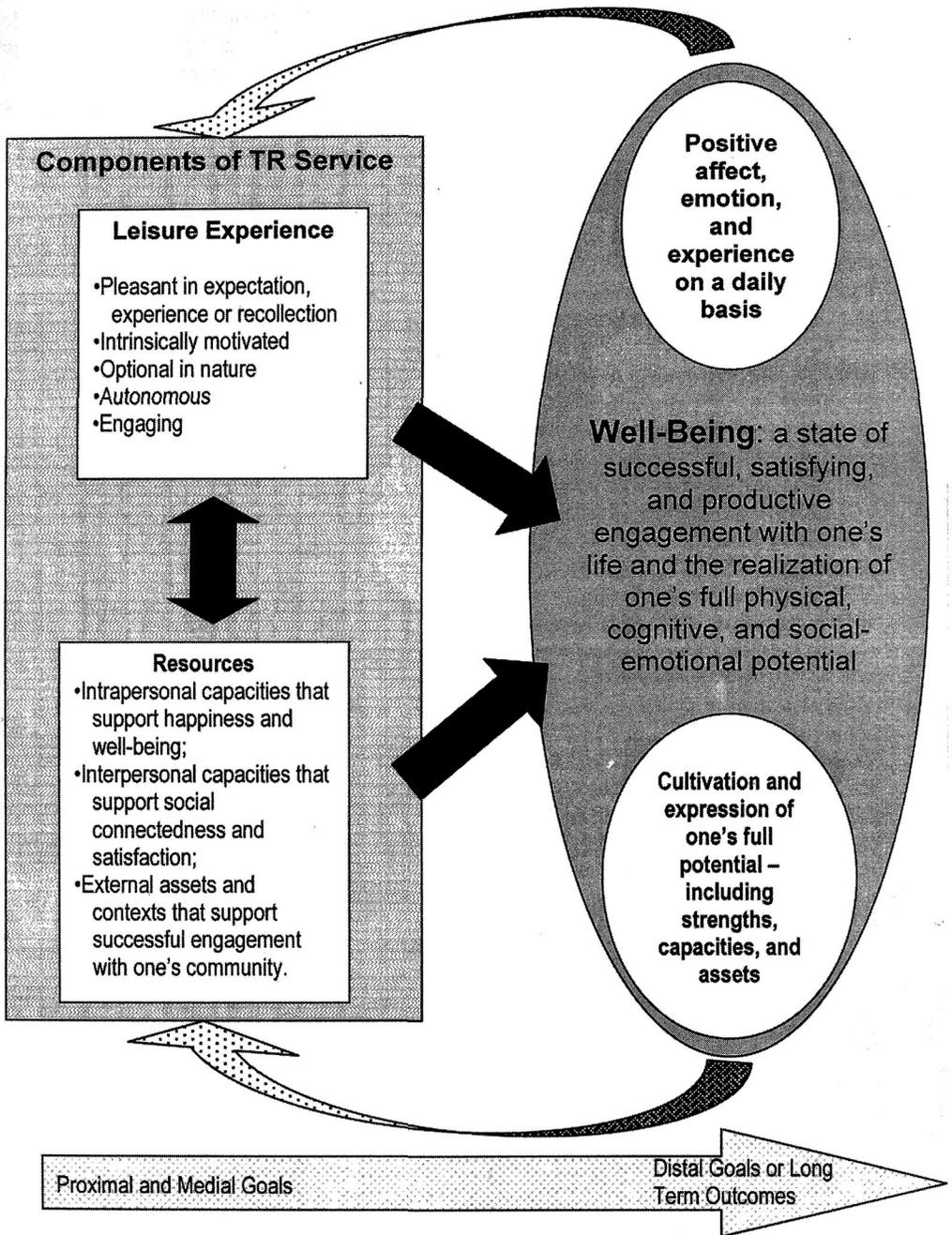


FIGURE 1. DIMENSIONS OF WELL-BEING THAT GUIDE THERAPEUTIC RECREATION PRACTICE.

sired outcomes for clients and suggest effective strategies for attaining those outcomes, they then set the stage for evaluating if and how those goals or outcomes are attained. As a result, service delivery models facilitate the further development of the field of TR by systematically guiding the development and implementation of meaningful research initiatives (Sylvester et al., 2001; Voelkl et al.).

Finally, service delivery models may guide the development of future TR specialists through the academic preparation of professionals. "Academic curricula, continuing education, and certification requirements are shaped by the profession's models of practice" (Voelkl et al., 1997, p. 211). Thus, a service delivery model that articulates a unique perspective on TR may impact the preparation of future TR practitioners.

In this paper, we introduce the Leisure and Well-Being Model (LWM) that is founded in psychology (e.g., Frisch, 2006; Seligman, 2002a, 2002b), human development (Bornstein & Davidson, 2003), and leisure behavior theory (Kleiber, 1999). The visual representation of the model provides readers with "a visual depiction of the relationship and action among the components of the model" (Sylvester et al., 2001, p. 81). The description of the model provides practitioners with a clear delineation of scope of practice, and a language to use in defining and describing practice. The theoretical foundations of this perspective enhance the sophistication and effectiveness of professional practice and facilitate program evaluation and research efforts.

## **Introducing the Leisure and Well-Being Model**

The Leisure and Well-being Model, at the most fundamental level, is based on the recognition that the resolution of problems does not, in itself, result in increased positive affect or personal growth, both of which are central dimensions of well-being (Keyes & Lopez, 2002). Instead, it is necessary to directly facilitate the development of the contexts and experiences that increase positive emotion and

the development of the resources and capacities that support well-being (see Figure 1). Figure 1 illustrates the causal pathways and components of the LWM.

As noted in Figure 1, well-being is identified as the distal goal or long-term outcome of TR practice. Caldwell (2003) suggested that beginning with the endpoint in mind allows program designers to examine factors that may contribute to attainment of long terms goals. Moreover, she clearly articulated the importance of having an endpoint or distal goal that places TR services in a broader, and often more widely valued, context. So while practice will often focus on the more immediate outcomes or proximal goals, it is important to be able to articulate how these proximal goals are theoretically and/or empirically linked to a valued distal goal, which for the LWM has been identified as well-being.

The definition of well-being adopted for this model comes from the work of Pollard and Rosenberg (2003), where well-being was defined as a state of successful, satisfying, and productive engagement with one's life and the realization of one's full physical, cognitive, and social-emotional potential. There are many dimensions of, or factors that contribute to, well-being, including physical geography, cultural heritage, environment, socioeconomic status, personality, family status and structure, and others (Csikszentmihalyi, 1999; Diener, Suh, Lucas, & Smith, 1999; Lent, 2004). However, not all of these factors are equally amenable to intervention nor are they all appropriate for TR intervention. Thus the two dimensions of well-being that were selected as the foci of TR services are: (a) increasing positive emotion, affect, and experience on a daily basis (Davidson, Shahar, Lawless, Sells, & Tondora, 2006; Diener & Lucas, 1999; Folkman & Moskowitz, 2000; Seligman, 2002a), and (b) the cultivation and expression of one's full potential, including strengths, capacities, and assets (Fava & Ruini, 2003; Keyes & Waterman, 2003; Ryan & Deci, 2001; Ryff & Singer, 1996; Seligman, 2002a).

Each of these dimensions of well-being will be discussed in greater depth below.

The LWM also embraces the complexity of human functioning through the articulated interdependence of the various domains included in this model. While the model does not draw extensively from the literature related to disability, it does incorporate many of the issues raised by Bullock (1998) in his critique of existing service delivery models, particularly those related to interdependence and environmental impact on well-being. In addition, the contexts and life spaces in which many clients find themselves are articulated in this model as important catalysts for positive change (Kleiber, Hutchinson, & Williams, 2002; Tedeschi & Calhoun, 1995, 2004). As a result, this model explicitly identifies a focus on both developing individual capacities, as well as developing contexts and resources that are outside of the individual, thus taking a more ecological perspective on the role of TR in the lives of clients (Howe-Murphy & Charboneau, 1987; Hutchison & McGill, 1992).

Caldwell (2003), in her discussion of theory-based practice, indicated the importance of identifying clearly both proximal and distal outcomes. In the LWM, as noted above, well-being has been identified as the distal or long-term outcome. One of the proximal outcomes identified in the model is the experience of leisure. The LWM places great importance on the experience of leisure in developing resources and, ultimately, well-being. However, this model incorporates a different way of looking at leisure in TR. The model focuses attention on the importance of the quality of the leisure experience, directly utilizing the literature and research related to leisure behavior. This particular emphasis on leisure requires TR specialists to understand leisure experience, to maximize the value of those experiences for clients, and to assist clients in acquiring the ability to pursue leisure experiences that enhance their well-being. As described in Figure 1, leisure experiences are typically defined in the leisure literature as being pleasant in expectation, experience, or

recollection; intrinsically motivated; optional in nature; autonomous; and fully engaging (Iso-Ahola, 1980; Kleiber, 1999; Shaw, 1985). These intrapersonal qualities of leisure suggest that a shift in focus of how to enhance leisure experiences is needed; this focus must embrace more than external indicators of leisure involvement, such as activity participation. Thus understanding the complexity of leisure, attending to the quality of the leisure experience, and explicating the connection of leisure to well-being are central facets of the model.

The second proximal or immediate outcome of TR service identified in the LWM is the development of resources, capacities, and assets. Strengths-based practice provides some importance direction and support for TR practice that embraces resource development. Strengths-based practice is based on thinking about clients in terms of their capacities, resources, goals, and lives rather than about their diagnosis or problems. As Davidson and colleagues (2006, pp. 151–152) stated, strengths-based practice “is described as eliciting, fleshing out, and cultivating the positive elements of a person’s life—such as his or her assets, aspirations, hopes, and interests—at least as much as an attempt to ameliorate, decrease, or remediate his or her symptoms and other difficulties.” Pollard and Rosenberg (2003) further supported the notion that strengths-based practice focuses on cultivating assets, as well as on cultivating positive relationships, morals, and capacities that provide the resources necessary to succeed in life. Thus strengths-based models of working with people focus attention on the exploration and development of capacities and resources. This emphasis on strengths provides the foundation upon which to build a practice that is designed to develop resources in order to move toward well-being as the ultimate goal of TR service.

Figure 1 also indicates the interrelatedness of the components of well-being. As noted, individuals with higher levels of well-being will likely have a greater number and variety of resources, coupled with the ability to use these resources in flexible and novel ways

(Lent, 2004). In addition, individuals who have higher levels of well-being will tend to have lives that incorporate multiple daily positive experiences and emotions (Vaillant, 2002). Thus increasing positive emotion and experience, coupled with cultivating one's potential, leads to enhanced well-being. Ultimately, enhanced well-being leads to greater and more diverse resources and multiple positive experiences in life. The positive spiral of well-being and development is an important goal for TR practice.

Finally, the use of a strengths-based philosophy also provides clear direction for practitioners in terms of the relationship between clients and therapists. As Smith (2006) stated, "the strength perspective provides a corrective paradigm that allows [therapists] to see the glass as half full rather than half empty" (p. 16). This view of clients clearly facilitates the therapeutic alliance, in that clients appreciate being seen as a repository of assets rather than as a confluence of problems; this view "validates them in positive ways as worthwhile human beings (Smith, p. 39). Moreover, this perspective also creates a more egalitarian client-therapist relationship in that clients are viewed as active, equal agents of change in their own lives (Smith). As Sharry (2004) stated, strengths-based practice is founded on a "collaborative endeavor between therapist and client, with their respective expertise. (Client as expert in their own lives and therapist as expert in therapeutic process)" (p. 9). Thus, the LWM, with a foundation in strengths-based practice, encourages a partnership relationship between clients and therapists, in which the therapist encourages hope and inspires change, validates clients' experiences, and supports clients to mobilize their assets and capacities towards the desired end (Smith).

### **Starting with the End in Mind: Considering Well-Being as the Desired Outcome of TR Services**

A number of authors in the TR literature have identified long-term outcomes of practice

(i.e., Austin, 1998; Shank & Coyle, 2002; Van Andel, 1998; Widmer & Ellis, 1998). The long-term outcomes identified in the TR literature include health, quality of life, resilience, hardiness, and others. Interestingly, practitioners and the public use many of these terms relatively interchangeably. Well-being was selected as the desired endpoint in the LWM for a number of important reasons. First, the importance of well-being has been theoretically and empirically supported by a wide variety of disciplines (including health, psychology, social work, therapeutic recreation, education, and others) for more than 80 years (Carruthers & Hood, 2004b; Flugel, 1925; Lent, 2004; Rogers, 1961; Super, 1955; World Health Organization, 1948). Thus, there is a breadth and depth of literature supporting the importance and centrality of well-being in people's conception of a meaningful, purposeful life.

Second, well-being has been defined by a number of scholars as being action oriented as well as feeling oriented. Thus well-being is concerned with pleasant feelings and experiences, as well as the way in which people make choices and live their lives (Lent, 2004; Ryan & Deci, 2001). Davidson and colleagues (2006) indicated that life events, both positive and negative, do not just happen to people, "but are, in part, actively generated by them" (p. 153). This action orientation facilitates clients' engagement in their own change process. As Lent stated, "it is characterized by the quest to actualize human potential, to realize one's 'daimon' or true nature. Thus, the focus is more on what the person is doing or thinking, rather than [just] on how he or she is feeling" (p. 484). This perspective creates numerous possibilities for interventions designed to change behavior, to actualize goals and aspirations, and to engage clients in their own process of building a life of meaning.

Finally, well-being is a relevant concept for TR practice in that it is a multidimensional concept that encompasses many domains of life and accounts for the interrelatedness of those domains (Lent, 2004; Ryan & Deci, 2001). As Pollard and Rosenberg (2003)

stated, well-being is “defined broadly and includes the domains of cognitive functioning, behavioral functioning, physical health, and mental health” (p. 5). This is particularly relevant when working with clients who have disabilities or chronic illnesses in that these conditions are not likely to be “cured.” However, people can learn to create the best life possible by maximizing their capacity in multiple domains of life and realizing their potential in many of these domains.

### *Origins of Well-Being*

The strengths, capacities, resources and contexts that contribute to well-being may be developed in a number of ways, three of which have noteworthy implications for TR. One avenue is the accomplishment of developmental tasks or experiences that foster the incremental acquisition of the physical, cognitive, psycho-social, and environmental resources that support well-being. In asset rich environments, individuals are given opportunities to experience happiness and develop their full physical, intellectual, emotional, and social potential (National Research Council and Institute of Medicine, 2002). However, some individuals, including those who have disabilities and illnesses, may not have had the environmental supports and developmental opportunities to acquire the resources necessary for well-being (National Research Council and Institute of Medicine). Therapeutic recreation provided in both community and clinical settings may be a context for the provision of important resource development opportunities (Carruthers & Hood, 2004b).

Well-being may also be developed in response to adversity. Individuals often respond or adapt to adversity by developing a new set of resources or strengthening existing resources to deal with a changed life circumstance (Affleck & Tennen, 1996; Antonovsky, 1987; Folkman, 1997; Kobasa, 1979; Luthar & Cicchetti, 2000; Nolen-Hoeksema & Davis, 2002; Taylor, Kemeny, Reed, Bower, & Gruenewald, 2000). Ryff and Singer (1998) stated

that traumatic experiences might, in some instances, provide the impetus and context for “achieving deeper life meaning and purpose, closer ties to others, greater self-regard, and heightened mastery” (p. 10). Individuals who are able to transform a negative event into a positive, life-renewing lesson often experience personal growth through both good and bad events. This ability to find meaning or benefit from adversity is associated not only with greater happiness and personal growth, but also with better physical and mental health (Affleck, Tennen, Croog, & Levine, 1987; Bower, Kemeny, Taylor, & Fahey, 1998; Davis, Nolen-Hoeksema, & Larson, 1998).

The “adversity as a path to well-being” perspective is particularly relevant for TR practitioners (Carruthers & Hood, 2004a), as the initial experience of disability or illness would likely be considered an adverse event. Moreover, much of the research conducted that explores the post-traumatic growth process has examined the experience of illness and disability. Finally, TR, as a field, has embraced the concepts of health and quality of life as desired outcomes of service—moving beyond recovery to fully living. The ability to use adversity as a catalyst for growth is consistent with this view of treatment.

The third mechanism through which clients may achieve well-being is through “turning points” (Wethington, 2003). The literature on turning points suggests that people may experience personal growth through adversity, as discussed in the post-traumatic growth literature, as well as through positively valenced life events that create significant shifts in one’s view of the self (Clausen, 1993, 1995). Turning points are defined by Wethington as “perceived, long-lasting redirection in the path of a person’s life . . . when a person undergoes a major transformation in views about the self, identity, or the meaning of life” (p. 37). These changes in perceptions of self may be incremental, that is, they occur over time, or they may be epochal, experienced as an intense period of change following a significant life event (either positive or negative). The signif-

icance of turning points for TR is that these shifts in perspective may be triggered by positive life events, such as success in a valued life domain or activity, or ongoing experiences of positive emotion that represent a shift from prior patterns of living. Thus, the cultivation of one's potential and a shift in perspective on one's life may be facilitated through resolving life difficulties as noted above, but also equally importantly, through experience and reflection on positive life events. Therapeutic recreation practitioners are well-equipped to facilitate positive life events and to encourage the reflection needed to facilitate a changed view of one's life.

### **Positive Emotion and Experience: An Essential Dimension of Well-Being**

The literature used to support adopting a goal of well-being in TR integrates research from two linked yet different perspectives. The first perspective relates to the subjective experience of well-being, which is characterized by the presence of positive mood and experiences, lack of negative mood and experiences, and life satisfaction (Diener et al., 1999; Keyes & Waterman, 2003). This experience of happiness and pleasure is central to well-being (Diener & Lucas, 1999; Folkman & Moskowitz, 2000; Lykken, 2000; Ryan & Deci, 2001; Seligman, 2002a; Waterman, 1993). When individuals are experiencing subjective well-being, they feel happy more often than they feel sad, and they are generally satisfied in the important domains of their lives (Carruthers and Hood, 2004b; Diener et al., 1999; Frisch, 2006; Ryan & Deci, 2001).

One very important intervention in TR practice is the leisure experience. The focus on leisure as a means through which to enhance the positive experiences and emotions that are essential to well-being is a useful and unique perspective (see Figure 1). In fact, in much of the positive psychology literature on happiness and well-being, leisure is surfacing as an important domain for the creation of a happy,

healthy, and joy-filled life (Davidson et al., 2006; Frisch, 2006; Keyes & Waterman, 2003; Seligman, 2002a; Vaillant, 2002; Wrzesniewski, Rozin, & Bennett, 2003). Moreover, the development of resources and capacities related to the experience of positive emotion is an equally valued focus for TR service. Thus the literature related to positive emotion and the mechanisms through which it is generated is important information for TR practitioners who wish to incorporate this focus into practice.

### ***Understanding Positive Emotion and Experience***

Positive emotion has been defined as the combination of positively valenced physiological and/or psychological experience (positive affect) coupled with some type of positive evaluative appraisal of the experience (Peterson, 2006; Snyder & Lopez, 2006). As Peterson noted, positive emotion is complex, incorporating subjective feelings along with "characteristic patterns of physiological arousal, thoughts, and behaviors" (p. 56). While there are many subtle differences between affect, emotion, happiness, and other terms, for this model, positive emotion is viewed as an overarching term that refers to positive affect (the immediate physiological or emotional response), as well as the various types of positive emotion, such as happiness, joy, contentment, and others (Snyder & Lopez). In terms of evaluation, positive emotion and experience can be assessed both in terms of quantity (the number of types and occurrences of positive emotion) and in terms of quality (the degree of intensity of the emotional response) (Peterson). Furthermore, positive emotion can be experienced in the present, as well as in the past (reminiscence) and future (hopes and aspirations) (Bono & McCullough, 2006; Bryant & Veroff, 2007; McCullough, 2002; Peterson; Seligman, 2002a; Sheldon & Lyubomirsky, 2006).

There is extensive research that supports the important relationship between positive

emotion and experience, and health and well-being (for a more comprehensive review of this literature, see Carruthers and Hood, 2004b). For example, positive emotion has been linked to a number of physical health benefits (Richman, Kubansky, Maselko, Kawachi, Choo, & Bauer, 2005), including enhanced immune function (Charnetski & Brennan, 2001; Salovey, Rothman, Detweiler, & Steward, 2000), successful aging (Danner, Snowden, & Friesen, 2001; Ostir, Markides, Black, & Goodwin, 2000; Vaillant, 2002), and cardiovascular function (McCraty, Atkinson, Tiller, Rein, & Watkins, 1995). Positive emotion has also been linked to psychological benefits, including emotional health (Fredrickson & Joiner, 2002), and optimism (Buchanan & Seligman, 1995; Seligman, Reivich, Jaycox, & Gillham, 1995). Socially, positive emotion has been related to relationship satisfaction (Harker & Keltner, 2001; Vaillant), which has been linked to any number of valued outcomes such as longevity and quality of life (Vaillant). Thus it is obvious that an emphasis on increasing positive experience and positive emotion has a number of valued outcomes, not the least of which is increased well-being.

### *Determinants of Happiness*

Clearly, the facilitation of positive emotion is an important consideration for TR practice. However, a greater understanding of the experience of positive emotion and how it may be increased is needed. Sheldon and Lyubomirsky (2004) developed and tested a conceptual model of happiness, in which they identified three determinants of happiness: genetic set point, circumstances, and intentional activities. They suggested that the primary factor that influences levels of happiness is the genetic set point. In fact, they suggested that about 50% of a person's happiness level is determined by genetics. Another 10% of one's happiness level is determined by circumstantial factors, such as health, socioeconomic status, marital status, or geographical location. Changes in circumstantial factors can tempo-

rarily boost happiness levels, however, the impacts of these factors typically fade over time (Sheldon & Lyubomirsky, 2004, 2006). The lessening of effects seems to be due to the fact that circumstances tend to reflect "static" facts about a person's life and, generally people quickly grow accustomed to these new circumstances (Sheldon & Lyubomirsky, 2006). A good example of the impact of circumstantial factors on happiness is the research that examines lottery winners (Brickman, Coates, & Janoff-Bulman, 1978). This study found that people who won the lottery were no happier one year later than they had been before winning. Moreover, this relationship is also demonstrated in the face of negative life events; people who acquired some type of significant injury that required the use of a wheelchair were also found to return to their pre-injury levels of happiness over time (Allman, 1990; Silver, 1982).

On the other hand, intentional activities, defined as effortful, goal-oriented activities, account for about 40% of a person's happiness level. Interestingly, the effects of these intentional activities are much less likely to fade over time and thus result in lasting impacts on one's level of happiness. As Sheldon and Lyubomirsky (2004) stated, "activities have the potential to create sustained positive change because of their more dynamic and varying nature and because of their capacity to produce a steady stream of positive and rich experiences" (p. 133). Moreover, given that intentional activities are initiated and carried out by the individual, this model supports the notion that happiness can be increased and is within the control of the individual.

Sheldon and Lyubomirsky (2004) further defined intentional activities as cognitive practices (such as optimism and counting one's blessings), behavioral practices (such as kindness and physical activity), and volitional practices (such as pursuing personally meaningful goals or devoting effort to meaningful causes) (Lyubomirsky, Sheldon, & Schkade, 2005). Sheldon and Lyubomirsky (2004) went on to state that, "intentional activity can create

a self-sustaining cycle of positive change, in which invested effort leads the person to further opportunities for satisfying actions and accomplishments” (p. 133). This focus on intentional activity sets the stage for TR interventions that have historically embraced goal setting, and cognitive and behavioral efforts towards building a life of well-being. Furthermore, the context of leisure, with its relative freedom and autonomy, provides an ideal circumstance in which to engage in intentional activities that result in positive emotions.

### *Increasing Positive Emotion*

There are a number of researchers who have examined strategies for increasing positive emotion. For example, Lykken (1999, 2000) coined the term “happy habits,” a set of practices designed to incorporate small moments of pleasure in daily life. These habits required variety in happiness producing habits, and novelty in terms of the ways the activities or habits are practiced.

Positive emotion can be increased through attention to the past, attention to the present, and attention to expectations for the future (Seligman, 2002a). In terms of attention to the past, several researchers have shown that practices that support gratitude and benefit-finding (the recognition that there is a positive outcome from negative interactions or experiences) can increase positive emotion in the present (Affleck & Tennen, 1996; Bono & McCullough, 2006; Snyder & Lopez, 2006). Forgiveness, a related notion, has been defined in numerous ways. In general, however, forgiveness involves releasing negative feelings towards a transgressor (which may be oneself) and engaging in prosocial behaviors towards that person or oneself (McCullough, 2002). Forgiveness practices have also been shown to have beneficial impacts on positive emotion (Bono & McCullough). Positive reminiscence, defined as purposefully reliving positive life events from the past, has also been shown to be related to increased positive emotion (Bryant, Smart, & King, 2005) and is a strategy that

can be purposefully supported as a means to increase positive emotion in one’s life. Journaling, mental imagery, and storytelling are all effective techniques for facilitating happiness about the past (Bryant et al.; Seligman, 2002a).

Bryant and Veroff (2007) used the term savoring to describe active engagement in the process of enjoyment that occurs in the present moment. They described the importance of attending to the positive emotions associated with experience, as well as the process of transforming positive events into positive feelings through interpretation and meaning making. This attention to the positive emotions associated with experience increases the value of those experiences for well-being (Bryant & Veroff; Seligman, 2002a). Mindfulness is a related, yet slightly different, practice that has been linked to increasing positive emotion in the present (Brown & Ryan, 2003). Mindfulness has been defined as a non-habitual way of looking at the world, focusing attention on the immediate moment and experience. Mindfulness creates an open awareness of stimuli and experience that is in contrast to habitual ways of processing the world (Langer, 1989). Thus savoring is similar to mindfulness in that attention is focused on the immediate experience, however, savoring results in a limiting of the attentional field towards positive emotions and experiences while mindfulness results in greater attention to all aspects of the current experience. Both are effective means to increase enjoyment of present experience.

Positive emotion can also be increased through attention to the future. Sheldon and Lyubomirsky (2006) examined the impact of visualizing the best possible self on levels of happiness. They found that this cognitive activity resulted in an immediate reduction in negative affect with an immediate increase in positive affect. Moreover, this practice of visualization resulted in sustained increases in positive affect over time. A second future-oriented strategy that has been shown to impact positive emotion is that of optimism (Seligman, 2002a). Optimism is directly linked to

hope in that optimists tend to expect good things to happen in life. Moreover, optimists tend to pay attention to those aspects of life that reinforce their positive world view, thus setting them up to be aware of and attend to experiences that produce positive emotion (Seligman, 1991, 2002a). Interestingly, the cognitive style associated with optimism can be taught effectively and rather easily, and these efforts have resulted in long term benefits for children and adults (Buchanan, Gardenswartz, & Seligman, 1999; Carver & Scheier, 2002; Gillham, Reivich, & Shatte, 2001; Seligman, 1991; Shatte, Reivich, Gillham, & Seligman, 1999).

### **Cultivation and Expression of One's Full Potential: An Essential Dimension of Well-Being**

The second dimension of well-being identified in the literature relates to the experience of personal growth, self-actualization, and becoming fully functional (Carruthers & Hood, 2004b; Fava & Ruini, 2003; Keyes & Waterman, 2003; Ryan & Deci, 2001; Ryff & Singer, 1996; Seligman, 2002a; Sheldon & Elliot, 1999; Vaillant, 2002); in other words, the cultivation of one's full potential. For most people, positive mood or the experience of pleasure, in and of itself, does not result in optimal well-being or a meaningful life (Seligman, 2002a). People want to do more than feel good. They want to develop their strengths and capacities in personally meaningful ways and they want to feel that their lives have served some important purpose. This evolution of self occurs through a process of ongoing self-discovery, cultivation of personal strengths, creation of contexts that support development, and finding meaning in life (Fava & Ruini). Interestingly, the literature related to well-being and human development clearly indicates that capacities and contexts that support well-being can be cultivated intentionally and should be an important outcome facilitated by health and human service professions (Joseph & Linley, 2004, 2006).

The terms used to describe the capacities that underlie well-being vary by discipline and by researcher. "Strengths" have been discussed within the social work literature as important factors in well-being (Sharry, 2004; Smith, 2006) and the term "strength" was defined by Smith as "that which helps a person cope with life or that which makes life more fulfilling for oneself and others" (p. 25). The term "protective factors," also arising from social work, describes a set of internal and external capacities or reserves that serve as protection in the face of adversity (Masten, 2001). The term "developmental assets" is used in youth development to describe qualities and contexts that youth need in order to thrive (Benson, 1997). The term "resources" arises from the gerontology, social psychology, and psychology literature and refers to reserves that lie both inside and outside of the person, that the person can draw upon in times of need (Diener & Fujita, 1995; Hobfoll, 2002; Martin, 2002; Steverink, Westhof, Bode, & Dittmann-Kohli, 2001). This concept of resources will be used in the LWM due to the breadth of the definition and the depth of the literature that examines the relationship between resources and well-being. Moreover, the notion that resources are sources of support or strength, that lie inside or outside of the individual, and that can be drawn upon in times of need further supports the use of this term in strategies designed to enhance well-being. As such, a focus on resources sets the stage for TR specialists to design interventions that support the development of the internal and environmental resources that are essential to well-being.

The importance of resources to well-being has been identified by a variety of authors (Diener, 1984; Hobfoll, 2002; Ryan & Deci, 2001; Ryff & Singer, 1998) and is identified as an important focus for both strengths-based practice (Pollard & Rosenberg, 2003) and for interventions designed to enhance well-being (Keyes & Waterman, 2003). Resources are qualities, attributes, or contexts that have positive value, either in their own right or as a

means to obtain other valued assets (Hobfoll). Resources are the internal and external assets, strengths, and contexts upon which one can draw in order to create a satisfying, enjoyable and productive life. However, assets, strengths, and contexts are only viewed as resources when they “are appraised by individuals as available for use in meeting life conditions and to maximize well-being” (Martin, 2002, p. 3). Researchers have identified many of the resources that contribute to well-being and that serve as protection in the face of daily life events and adversity (Fava & Ruini, 2003; Folkman, 1997; Hood & Carruthers, 2002; Ryff & Singer, 2000; Seligman, 2002b) and have begun to examine ways to increase internal and external resources (Biswas-Diener & Dean, 2007; Linley & Joseph, 2004; Joseph & Linley, 2006).

Hobfoll (2002) provided a summary of a number of important themes in the resource literature. He found that resource development is a positive spiral, in that those with internal and environmental resources are more likely to continue to enrich their resource reservoirs. He reported that resources were directly linked to stress and coping. People who have a broad array of resources are less likely to perceive situations as stressful and they are more able to cope when they do encounter situations that are stressful. Furthermore, people who have resources are more capable of solving problems in daily life. They either already have the resources necessary to solve problems or their resources help them find access to other resources. People with adequate resources are also more able to substitute resources in times of stress, and stressful situations do not drain their overall resource capacity. However, the use of one’s resources may diminish one’s overall “resource energy” (p. 315) and thus necessitate the replenishment of resources or the proactive enhancement of resources as a preventive strategy. Finally, given that resources have value, individuals with resources view themselves more positively and are viewed more positively by others.

These characteristic features of resources

connect the process of resource development, use and maintenance to adjustment and adaptation. Researchers have suggested that the possession of, and ability to draw upon, a repertoire of resources facilitates adjustment and/or adaptational processes (Hobfoll, 2002; Martin, 2002; Stanton, Revenson, & Tennen, 2007). Given that many clients served by TR are in the process of adapting and adjusting to a new medical condition or change in functional status, the development of resources must play a central rôle for TR specialists.

Resource development is an appropriate focus for TR for a number of reasons. As articulated earlier, leisure experience has the potential to contribute directly to well-being and may do so through supporting resource development. One example of how leisure involvement may support resource development is through the experience of flow. Csikszentmihalyi’s (1975, 1990) flow theory suggests that flow experiences are predicated on the match between skill and challenge. However, as skills increase with involvement, the participant must increase the level of challenge in order to continue to experience flow. Thus, this type of engagement, common to many leisure experiences, results in an ongoing spiral of development of activity specific skills, as well as more general capacities or resources, such as competence, problem solving, and physical capacity, to name a few. In addition, the development of resources and capacities related to creating a life of meaning can be facilitated through the typical psycho-educational interventions used in TR. Thus the literature related to resource development and the mechanisms through which resources may be developed is important information for TR practitioners who wish to incorporate this focus into practice.

### **Understanding the Relationship Between Resources and Well-Being**

There are a number of theories that explain the way in which resources support well-being.

Some scholars suggest that there are a set of key resources that enable people to more effectively use or modify their other existing resources to support well-being. For example, perceptions of competence may allow people to confidently use other capacities or contexts to effect change on their circumstances (Thoits, 1994). Some of the key resources identified in the literature are self-efficacy, autonomy, mastery, optimism, high self-esteem, degree of goal pursuit, and social support (Hobfoll, 2002).

Other resource researchers suggest that well-being is based on the possession of multiple resources and that effective living involves the use of these resources in a variety of ways and in a variety of contexts. In these models, the possession of numerous resources is essential to well-being. These models tend to:

(a) look at resources broadly, rather than focusing on a specific resource;

(b) view resource change in the face of stressful challenges as a key operating mechanism by which well-being and health are influenced; and

(c) view the possession of reliable resources reservoirs as critical in promoting and maintaining well-being and health. (Hobfoll, 2002, p. 311)

Moreover, it appears that resources must operate in conjunction with each other and with the life context of the individual in order for them to be effective in supporting well-being (Holahan, Moos, Holahan, & Cronkite, 1999).

Finally, Hobfoll (2002) described the phenomenon of "resource caravans" (p. 312), suggesting, "resources or their lack, tend not to exist in isolation, but rather will aggregate" (p. 312). Thus certain resources tend to group together and function interdependently as a unit. For example, Rini, Dunkel-Schetter, Wadhwa, and Sandman (1999) found that people with high self-esteem tend to possess high levels of mastery and have strong social support networks. Seligman (2002a) suggested

that people who are optimistic tend to have more active problem solving styles, tend to be more socially desirable, and are more creative in their approaches to life. This perspective implies that well-being is linked to particular combinations of resources rather than just a large number and variety of resources. Thus understanding the interconnections between resources can facilitate attention to those key resources that seem to be linked to the development of resource caravans.

The Leisure and Well-Being Model incorporates elements of several of these notions of resource development. Key resources that are either directly linked to the leisure experience, such as autonomy and competence, are included in the model as well as those resources that would be appropriate for TR psycho-educational interventions, such as optimism, social support, and community engagement. In addition, resource development is valued as an important process and outcome for well-being, in that having a great variety of resources is linked to well-being as well as the ability to appropriately apply various resources to challenging situations. The LWM identifies an array of resources that may support the development of well-being and that are appropriate for TR intervention.

## Supporting the Development of Resources

Resources may be developed in a number of ways. The youth development literature suggests that constructive contexts, experiences, and relationships are central to effective development for youth (Benson, 1997; Caldwell & Smith, 2006). Developmental psychologists suggest that resources are developed as part of normal human development and are a result of the interactions between the person and their social and physical environment (Kleiber, 1999). Counseling psychologists suggest that resources may be developed through effective counseling experiences (Fava & Ruini, 2003; Frisch, 2006; Lent, 2004; Smith, 2006). Social workers incorporate the counseling perspective

while adding psychosocial interventions and activity-based interventions to the set of strategies designed to support resource development (Saleeby, 1997; Sharry, 2004). Thus, one avenue through which to develop resources is through direct interventions designed to enhance one's environmental context and to enhance personal capacity in various resource dimensions.

Positive emotion has also been linked to the development of resources, assets, and capacities and is a fruitful approach to the development of resources. Fredrickson (2000) directly linked the experience of positive emotion to the development of resources when she proposed the Broaden and Build Model of positive emotion. According to Fredrickson, positive emotions both feel and function differently than negative emotions. Negative emotions trigger a narrowing of our attention on the source of the negative emotion so that we can respond efficiently and effectively. Positive emotions, on the other hand, "broaden individuals' habitual modes of thinking" (Fredrickson, p. 1), allowing for an opening of the mind to a variety of possible responses (Fredrickson & Branigan, 2005). The broadened perspective that arises from positive emotion can, in turn, build the enduring personal resources needed for coping and well-being (Fredrickson & Joiner, 2002). Thus the development of resources can occur through direct psycho-educational interventions and it can occur as a result of involvement in positively valenced experiences.

### **Arguing the Case for the Centrality of Leisure in Therapeutic Recreation Services Designed to Enhance Well-Being**

Leisure involvement has traditionally been a focus of therapeutic recreation service (American Therapeutic Recreation Association, 1987; Canadian Therapeutic Recreation Association, 1996; National Therapeutic Recreation Society, 1996). However, in recent times, the nature of the role of leisure in TR has increasingly focused on the role of activity

in remediating functional deficits (see Sylvester et al., 2001 for a more thorough discussion of the debate over the role of leisure in TR). Thus, it is not the inherent qualities of leisure experience that result in desired outcomes; rather it is that the recreation activity utilizes or develops necessary functional capacities deemed valued by the agency and practitioner (American Therapeutic Recreation Association, 1993; Shank & Coyle, 2002). This shift in focus may limit the potential of leisure involvement to contribute to building a life of meaning and well-being.

Leisure involvement, as conceptualized by leisure researchers, can be linked directly to the defining qualities of well-being. Leisure can directly impact well-being by providing a context for the experience of positive emotion. In fact, when discussing leisure, pleasure, excitement, relaxation, and other positive emotions are identified as central defining qualities of the experience (e.g., Iso-Ahola, 1980; Kleiber, 1999; Mannell & Kleiber, 1997; Shaw, 1984, 1985). It has been suggested that it is the optional quality of leisure that gives rise to positive emotion (Wrzesniewski et al., 2003); that is, people chose to engage in experiences during leisure because they give rise in some way to positive emotion. In addition, it has been suggested that the sense of freedom and control inherent in freely chosen activity also gives rise to positive emotion.

Leisure experience can also impact many of the resources that contribute to well-being (Frisch, 2006; Henry, 2006). There is compelling evidence that positive mood and feelings of happiness also contribute to the development of physical, cognitive, emotional, social, and environmental resources (e.g., Charnetski & Brennan, 2001; Diener & Lucas, 1999; Fredrickson, 2006; Vaillant, 2002; Wrzesniewski et al., 2003; Zautra, 1996). Thus leisure experience that results in positive emotion sets the stage for the development of the resources that support well-being (Fredrickson, 2006; Kleiber et al., 2002).

Leisure experience can also directly support the development of resources. The capac-

ity for leisure to contribute to self-development and expression is profound. The leisure context provides unique opportunities to undertake challenges, to explore important aspects of the self, to try new things and to develop capacities (Kleiber, 1999, Seligman, 2006). In reference to adolescent development, Caldwell and Smith (2006) stated:

Of all the contexts in an adolescent's life, leisure has great potential for personally meaningful activity, enjoyment, autonomy, self-determination, becoming connected to community, developing competence, forming durable relationships with adults, voicing opinions, being listened to, feeling a sense of belonging and mattering, and having control over one's actions (e.g., Hansen, Larson, & Dworkin, 2003; Kleiber, 1999; Witt & Caldwell, 2005) (p. 400).

The developmental benefits of leisure are not limited to adolescents, however; many researchers identify the importance of leisure in developing and maintaining resources as part of adaptive aging and adulthood (Searle, Mahon, Iso-Ahola, Sdrolias, & van Dyck, 1995; Vaillant, 2002; Wilhite, Keller, & Caldwell, 1999; Zautra, 1996). Thus leisure experience must assume a central role in TR services that support creating a life of meaning and well-being.

## Summary and Conclusion

All people hope for a life of well-being and have untapped reservoirs of capacity and strength. Individuals with disabilities are no different (Lollar, 2000, 2003; National Organization on Disability, 2000; World Health Organization, 2001). Thus, it is the premise of the Leisure and Well-Being Model that the profession of TR has an important role to play in supporting and encouraging clients to create the best life possible. This focus on well-being has extensive empirical and theoretical support and, as a result, can provide TR with the

language and techniques required to effectively work with people who are experiencing difficulties in adjusting and adapting to disability and other limiting conditions. Moreover, the focus on leisure experience, a defining quality of TR, also has direct empirical and theoretical links to well-being, as defined by positive emotion and the cultivation of one's potential. Thus the LWM is also a call for the profession of TR to embrace the unique context and experience of leisure as a means to achieve a highly valued end.

The focus of service articulated by the LWM is consistent with a strengths-based approach to service delivery. In fact, Saleebey (1997), in his discussion of strengths-based practice, suggested that a major goal of helping must be to:

...discover and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings. (p. 3)

A focus on capacity creates empowerment and social agency and allows clients to define for themselves their desired goals and aspirations, and strategies to reach those goals.

The well-being literature provides TR specialists with the theory and research upon which to build a strengths-based vision of TR practice. Directly addressing resources that support well-being creates a strengths-based focus on clients and our work. Incorporating leisure as an important avenue through which to develop resources and well-being also assigns TR a critical role in facilitating clients' ability to create a life of meaning and purpose. The LWM takes the literature related to well-being, leisure and strengths-based practice and translates this literature into a model of TR practice.

In sum, this article has provided the theoretical underpinnings of the LWM as one avenue through which to convey the value of well-being as the desired endpoint of TR ser-

vice. The second article in this two part series, The Leisure and Well-Being Model, Part II, describes and defines in more detail the components of TR services designed to facilitate well-being.

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