

Therapeutic Recreation in Finland

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This article will introduce therapeutic recreation (TR) in Finland. After introducing the country briefly, I will introduce the history of TR and the history of TR education in Finland. Using different crafts as TR facilitation method have had and still have important role in TR and TR education. A brief introduction of Finnish education is provided so that readers may understand current TR education. Definitions and information of TR models, settings, research and some statistical information provide an overview of the current TR situation in the country. A comparison of the Finnish TR with the TR in the U.S. with viewpoints and challenges of future are given as well. In the end of the article I will introduce two TR professionals whose career and ideas hopefully gives you deeper perspective to our TR.

KEY WORDS: *Therapeutic Recreation, Finland, crafts.*

Finland and Its People

Finland is a big Nordic country of 10,000 lakes, five million people and the Nordic Welfare System. Finland is smaller than Montana, but bigger than New Mexico, having almost five million inhabitants. The majority living in the southern part of the country in the capital city of Helsinki. Sixty-nine percent of country's area is forest and ten percent is under water. The republican form of government is lead by one President, Mrs. Tarja Halonen. The neighboring countries are Sweden and Norway in Scandinavia; and Russia and Esto-

nia across the Gulf of Finland in the Baltic Sea. The official languages are Finnish (94%) and Swedish (6%). The most predominate churches are Lutheran (86%) and Orthodox (1%) (Finnish Tourist Board, 2007).

Public education, health, and social services are funded and organized through the Nordic Welfare System, offering free or affordable services to all residents by using state and local tax revenues. Finland has been able to build a rather strong economy, having 64% of the labor force in services, 28% in industry and construction, and only 8% in agriculture

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and forestry. The major export industries are metal and engineering 43%, paper and wood 39%, and chemical, textile and clothing etc. 18%. The main trading partners are Germany, Sweden and the United Kingdom. Some world-known Finnish trademarks are Nokia, Kone, UPM Kymmene, and Marimekko. Finland gained independence in 1917 and became member of the European Union in 1995. The Euro has been used as official currency since 2002 (Finnish Tourist Board, 2007).

History of Therapeutic Recreation

Therapeutic recreation began in Finland when psychiatric hospitals started to use work activities (work therapy) as a part of the care in the mid 1800's. Before that, patients were used in garden and farm work, maintenance, and transportation, but the main objective was the upkeep of the hospital, not the rehabilitation of the patients. At mid 1800's, nurses' education was influenced in European practices and started to recognize the importance of recreational activities. Crafts and other recreational activities were introduced in children wards in the early 1900s. The initiator of TR was Sophie Mannerheim, General Mannerheim's sister who had qualified as a nurse while abroad. At that time, hospital schools were introduced and they applied TR in their work. Psychiatric hospitals have used crafts in care and rehabilitation since the 1930s—both as work therapy and as rehabilitation. Often, their products were sold outside the hospitals. After the Second World War veterans needed new forms of rehabilitation. At the same time a new law prohibited teenagers from working full-time and meaningful leisure time activities had to be provided for teenagers who didn't take part in any education. Crafts were a suitable activity for both purposes and therefore qualified facilitators were needed (Holmström, 2000; Perälä, 1995; Valtonen, 1959; Weissenberg, 1963).

Therapeutic Recreation Education

The Finnish education system is composed of nine-year basic education (comprehensive

school), preceded by one year of voluntary pre-primary education; upper secondary education, comprised of vocational and general education; and higher education, provided by universities. Adult education is available at all levels (Ministry of Education, 2007).

The higher education system comprised of universities and universities of applied sciences, in which the admission requirement is a secondary general or vocational diploma. Universities, which are academic or artistic institutions, focus on research and education based on research. They confer Bachelor's, Master's, licentiate, and Doctoral degrees (Ministry of Education, 2007).

Universities of Applied Sciences (former Polytechnics) offer work-related education and research in response to labor market needs. A university of applied sciences degree requires 3.5–4.5 years of full-time study. The requirement for university of applied sciences Master's programs is a university of applied sciences degree or equivalent, plus a minimum of three years of work experience in the field concerned (Ministry of Education, 2007).

In Finland, the formal education for Therapeutic Recreation Specialists started in 1947—first as short training courses for crafts instructors, later as post-graduate courses, and finally, as a complete undergraduate degree program. Until 1990s the admission criteria was to have prior vocational qualification in crafts, social services, health care, education, youth work or leisure time activities. The education was provided in a small state-owned and later city-owned college, which was merged into a larger education organization in 1999. This change was a part of larger educational reform at that time. Universities of applied sciences were created by combining smaller colleges. At that time TR education reached undergraduate level (Holmström, 2000; Perälä, 1995; Valtonen, 1959; Weissenberg, 1963).

Therapeutic recreation education in Finland is provided only by HAMK University of Applied Sciences in Hämeenlinna. The Degree Program in Crafts and Recreation offers a

four-year program leading to a Bachelor's degree in Culture and Arts (240 ECTS). ECTS stands for European Credit Transfer System and 1.5 ECTS refers to 40 hours of work for the students.

During the basic education students learn interaction skills, multifaceted handicraft skills, creative expression, and action methods. They also learn to use these methods in their work, both for pedagogic and therapeutic purposes. The students develop their expertise and internalize an investigative approach to work through theoretical studies, work-life projects, seminars, and practical training. Learning the TR process play a major role in the education. The process starts from the assessment of the educational, recreational, and psychosocial needs of the clients. Then the client and the facilitator plan the activities and set up short-term and long-term goals. These goals and the plan need to be connected with other plans and programs in which the client is involved. The implementation phase is followed by the evaluation of the outcomes and the client satisfaction of client-centered and target-oriented activities. In addition to client work, the students are trained for managerial duties, development duties, applied research, program service, product design, and content production.

The education is state funded and controlled, so separate certifications are not needed for professionals. Another reason why the certification system is unnecessary is that the degree consists mainly of studies taken in the students' own degree program. The Crafts Instructor education in the past connected the needs of the Social and Health Care Services and the needs from the Educational, Cultural and Recreational sector. The education has maintained this dichotomy ever since; i.e., there is a choice of two majors in the curriculum: Pedagogic Crafts and Recreation and Therapeutic Crafts and Recreation.

Definitions and Theories

Expertise within the field of Crafts and Recreation means enhancing the well-being of

people and opening up new possibilities by means of culture.

Pedagogic crafts and recreation aims at providing the clients with meaningful activities and a chance to develop themselves and their personal inclinations in leisure. The aim is either pedagogic (learning) or recreational. Activities are used and taught in schools, adult education centers, folk high schools, children's art and craft schools, and youth work. This is probably close to recreation education in the U.S.

Therapeutic crafts and recreation aims at assisting clients suffering from an illness, disability, aging or other factors weakening their functional capacity, to develop and to use their leisure time to promote their health, independence, and well-being. A wide range of meaningful activities is used to increase the clients initiative and activity, to practice their motoric and psychosocial skills, and to enhance their self-esteem. The aim is either maintaining their functional capacity or rehabilitation in order to enable more independence and to reduce the disadvantages caused by the illness or disability. This is how therapeutic recreation is defined by Finnish educators. Unfortunately, at present there is no professional organization in Finland, desperately needed in order to develop the field.

Humanistic approach, holistic medicine, creativity, and theories of educational science are important when thinking of the foundation of crafts and recreation field in Finland. The focus is on voluntary participation, ability to make choices, finding strengths and creativity, and maintaining well-being.

The 1960's produced two important TR educators and inspirers: Guy von Weissenberg in *Theory of Crafts and Recreation* (1963) and Walter Bu_hler in *Manual Education* (1960). These authors created a theoretical model for the use of crafts in therapeutic and pedagogic purposes. Especially in TR, the final product is not as important as the process that takes a place when the client is doing crafts. They were using terms: process and product goals. That idea works well even in today's work.

Description of Practice

TRS's work as facilitators, therapists, consultants, trainers, and planners, both in institutional and out-patient services. Hospitals, old people's homes, rehabilitation centers, health centers and prisons have their own TR units, often together with Occupational Therapy. Day activity centers, clubs, work and activity centers and the like are using TR as well. Unfortunately, exact statistics are not available, but the biggest groups of practitioners work in different settings in either elderly or mental health care. Other settings are substance misuse units, general hospitals, and in services for people with disabilities. The so called third sector, non-profit organizations, offering different wellbeing and leisure time activities, play an increasingly important role in the society and also as TR settings. Other new areas are working with immigrants and unemployed people.

Therapeutic recreation is mostly based on facilitating groups, but also individual clients. Typically, practitioners work as the only representative of their profession in their institutions. That presents a big challenge in maintaining their own, special professional identity, especially in health care, where medicalization doesn't easily recognize humanistic ideas and methods.

Therapeutic Recreation in Finland and in the U.S.

When the American and Finnish systems are compared, it is clear that the premises and the processes are very similar. The same changes in society (e.g. wars) and ways of thinking since the 18th century (humanism, quality of life) have contributed to the development of the field. Already the founders of TR and TR education in Finland has needed to have connections to the TR field in the U.S. Especially during the last decade, American text books have been used as study material in Finland. The Finnish term for therapeutic recreation was launched by Dr. Merja Saarela in 1999 when she was creating the new curricu-

lum for the Bachelor's degree in Crafts and Recreation. Until then, the term craft therapy was used, even though many other cultural methods besides handicrafts had been used for decades.

There are, however, some dissimilarities between the two countries, due to differences in financing and administration of welfare services. At least when compared to the American TR education, the Finnish education provides the students with a solid competence in various methods. But there is a big need to develop the client process, especially when it comes to assessing the client needs, setting goals, building-up programs, documenting and evaluating and verifying efficacy. Therefore during this year HAMK has started a project which goal is to bring American TR assessment and evaluation tools and programs to the field of TR in Finland.

The special approach for TR in Finland is using a wide range of cultural activities, which brings us close to art therapy. Different methods are used to find realistic views to wellbeing, human resources, limits, weaknesses and strengths. As examples:

- handicraft methods, e.g. felting, sewing, weaving, basketry, mosaics, paper and cardboard crafts, moulding, casting and chasing etc.
- expressive and action methods: visual expression, theatrical expression and drama, creative writing, graphics, group methods, puppetry, experiential education, mythology, plays and games, camping, outdoor activities etc.
- media-based methods: producing digital material, layout and drawing, animations and videos, video communication, photography, image processing.

Crafts still have a special meaning for Finns, but it is changing and transforming. Those who work within regular or adapted physical education are instructors of adapted physical education, instead of TR specialists.

Professional Development

Guaranteeing the status of TR in the future is a challenge that the professionals and also the educators in the field are faced with. This requires co-operation between the two parties in developing and researching methods, programs, and processes. A couple of years ago professionals in the field felt tired and useless to maintain their professional organization and they closed it down. But the need and important role of the professional community was soon noticed and last year a group of active professionals started building-up a new organization.

Most of the TR professionals work as the only representatives of their profession in their work communities. At HAMK we have tried to meet the challenge by publishing an electronic journal and passing on international know-how. Electronic journal called Curec "Cultural Recreation Bulletin" is published three times a year. It has information for anyone interested about crafts and other facilitation techniques, research from the field and related, current happenings, open job positions, etc. The journal has communication forums for readers.

Research

Until now, very systematic studies have been made of the practices in the field. Customer satisfactory and experiences in TR are studied, but not outcomes to health or well-being. Evidence-based results of the importance of the TR are needed. In other sciences there have been some important studies supporting the importance of TR. In Sweden Dr. Boinkum Benson Konlaan's study: "Cultural Experience and Health: the coherence of health and leisure time activities" (2001) found that cultural events have a positive influence on health. Finnish Crafts educator Eija Vähälä (2003) has studied connection between the creative craft process and the psychological well-being. She has focused on the positive influences of knitting. Dr. Seija Kojonkoski-Rännäli has done several studies of what meaning crafts have; one example is article of Craft as means of developing the modern individual (1996). Assi Liikanen (2003) did her

doctoral thesis on the impact Arts in Hospital-project and cultural activities in elderly care settings. Our program at home has been involved in local Arts in Hospital—projects. Professor Christian Grönroos (2000) is expert in service management and marketing and has created a model for management and marketing of the leisure time activities. When exploring the Bachelor's thesis of students, we see that many of them focus on facilitation techniques.

Current Status

There are not statistics of amounts of practitioners because lack of professional organization. State statistics based on job titles do not help either because TR professionals have several different titles in their jobs. However there are 122 graduates so far from the Bachelor's program and several thousands from earlier college programs. Graduates have not had difficulties in finding jobs, especially if they have been willing to relocate, but unfortunately positions are not well-paid.

Future

Therapeutic recreation field has faced and will face big challenges in the future. Finnish social services and health care system has gone through big changes and the status and recognition of small group of professionals is not self-evident, especially when education has been given in the field of cultural studies. The role with occupational therapy is not clear. Several positions of crafts and recreation professionals has been changed to either occupational therapy or nursing positions. Evidence-based tools and programs are needed. In the other hand several new opportunities have opened.

Two Finnish Therapeutic Recreation Professionals

A brief description of their work within therapeutic recreation in Finland is given by two TR professionals: Dr. Merja Saarela and Arja Anttila. Dr. Merja Saarela has a degree in crafts and recreation and gained experience as a facilitator,

planner, educator, and researcher in the field until 1999, when she started as the Head of Degree Programme in Crafts and Recreation at HAMK University of Applied Sciences. Dr. Saarela also has a Doctor's degree in Special Education. In the beginning of 2006, she started as the Director of Education and Research Centre for Wellbeing which connects Crafts and Recreation, Nursing and Social Work education and research at HAMK. She is a member of several national committees concerning culture's role in well-being.

Arja Anttila has over twenty years' experience in TR. At the moment she works as the Head Instructor in an association which provides health care and social services to a community in Hervanta, suburb of Tampere, which is the third largest city in Finland. Arja has a Bachelor's degree in Cultural studies and she majored in Therapeutic Recreation at HAMK University of Applied Sciences. Before this position she worked for 20 years as an instructor/craft therapist in a psychiatric hospital. She is also a qualified psychiatric nurse.

Arja Anttila works in a team with a social worker and craft instructor in an organization that provides rehabilitative work activities. The clients are unemployed, out-of-school youth, and immigrants who work and do activities in groups with a goal of improving life management and work skills. At the beginning of the program, rehabilitation focuses on everyday life (living conditions, financial situation, human relations, and health status). Later, the focus is on returning to work life or education. The client's strengths and interests make up the foundation of rehabilitation. Although the main activity is crafts, one part of Arja's work is leisure education: paths to find meaningful leisure time activities. Creative and self-expression exercises help clients to recognize their own and other people's emotions.

Clients express that peer support has a very important role and they give feedback that the service gives them a place and time to re-arrange their life and learn things without a rush. "Here I can be myself", or "Here I don't need to talk all the time", or "Finally I can do something by myself", are commonly heard comments from

clients when entering TR facilities in the hospital. Especially in a medical environment, TR can offer a possibility to keep in touch or in connection to everyday life, art, cultural activities, the healthy or creative side of oneself; strengths more than weaknesses. The aim is to provide possibilities for success and joy; support and understanding. It's teamwork with other health-care professionals and the focus is on rehabilitation. The role of a TR varies from support other care and rehabilitation services or being acknowledged part of it.

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