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THE DILEMMA OF PHILOSOPHY

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Introduction

When the topic of philosophy in therapeutic recreation is brought up, it seems to result in heated discussion, debate, and disagreement. It is one issue on which there appears to be little agreement or consensus, but always a great deal of interest and opinion. The title of this chapter may say it all, for most certainly there is a dilemma surrounding the issue of philosophy. Whether we are discussing the need for philosophy, the content of philosophy, or even the nature of philosophy, we have a dilemma.

A dilemma is defined as a problem that appears incapable of a solution or as a situation involving choice between equally unsatisfactory solutions. It does appear that we are locked into a dilemma regarding philosophy. The years of discussion over this issue have resulted in little consensus and at times fierce disagreement. But why is the issue so significant? What contributes to its centrality in the profession? What are the factors that must be addressed and resolved relative to the philosophical issue? This chapter attempts to bring into focus the multitude of complex factors that surround the philosophical issue and make it such a volatile and high-priority topic.

The Need for Philosophy in Therapeutic Recreation

Professions exist to the extent that they are recognized and acknowledged for making some significant contribution to the needs of people. The contribution must be identified and sanctioned by the society at large. Sanctioning refers to a recognized authority's confirming the activities and actions of that profession. Further, the profession must receive the support of associated professions; in our case, this includes the multitude of other human and health professional fields. And last, but not least, the clients who are the recipients of the professional service must perceive the service as valuable, credible,

and worthy of trust. Satisfying this large and diverse audience is no small task, especially for an area of service which has somewhat recently entered the professional arena and struggles for acceptance (as do all new professions). To the difficulties of being an emerging profession in the already competitive professional market, add a specialized focus on any aspect of leisure, and we find a major challenge on our hands.

Although it is true that leisure is far more acknowledged as an important aspect of the human condition than it once was, its acceptance as an essential human behavior and thus deserving of professional attention is still not widespread. Nor has the use of activity as a therapeutic intervention been unconditionally endorsed by the medical establishment. Thus, the fact that our profession deals with a marginally accepted area of human need is an issue.

However, this issue is not nearly as large a barrier as is our own internal (and at times appearing eternal) dilemma over philosophy. The inability or unwillingness of the profession to take a stand on philosophical content issues appears to be a major stumbling block in the recognition, acceptance, and marketing of the field as a legitimate profession. The profession needs to resolve its own long-standing debate on philosophy. Until this resolution occurs, it is highly unlikely that full professional acceptance can, will, or should be awarded. A united front, a commonly accepted and supported philosophical approach, is imperative.

While it is useful to examine, explore, and expand our own understanding of therapeutic recreation, this type of analytical endeavor does nothing for the outside world, which has little understanding of our field in general and even less patience for our own internal debates and discussion. Note carefully that these few sentences are not suggesting an absolute definition or acceptance of a philosophy or narrowly described set of procedures. Rather, what is called for is the acceptance of a basic conceptual approach. Stated quite simply, we need to decide whether our basic contribution to society is in the domain of leisure or in the domain of therapy. This seems to be an old, familiar area of controversy.

Why is it important to select an approach and to unify behind that approach? The reasons are many, and each brings to focus a facet of the complexity of the issue. First, the absence of a single definition has resulted in widespread confusion of the role, nature, and contribution of therapeutic recreation. When all practitioners are free to define therapeutic recreation for themselves and within their settings, there is no opportunity for the field to be understood and acknowledged in any

broader, more significant way. It is thus not surprising that the medical, psychiatric, and human service professions have little understanding of, and often less respect for, our profession. For over 40 years, the field has floundered because of loosely defined services. The focus has been on specific programs in local agencies, with no national direction or interpretation. This is not to say that services within a given agency have been weak; it is only to highlight that there has been little opportunity for national identity to emerge. Meanwhile, the longer this situation continues, the harder it is to bring people together in purpose and direction. In the earlier years, this may not have been terribly problematic. Today it creates a tremendous obstacle. As the sophistication of human and health care increases, the problem of identity becomes even more difficult.

Consider the following professional situations. Each time a piece of legislation is introduced that in some way affects the inclusion or the delivery of therapeutic recreation services, we struggle to define therapeutic recreation in that context. Valuable time of professionals is lost, not to mention the confusing image that this must project to other professions, lawmakers, and the assorted bureaucratic agencies and personnel we deal with. Our involvement with accrediting bodies such as the Joint Commission on Accreditation of Health Care Organizations and the Commission on Accreditation of Rehabilitation Facilities is likewise impeded when we attempt to initiate or respond to proposed standards or revisions.

Whether we are trying to define "qualified therapeutic recreation specialist," describing our involvement with treatment teams, or defining the nature or contribution of our services, we struggle for agreement within our own profession. The decisions made are often based on which person is heading what committee at the time that new or revised standards are being circulated. This inconsistency is both appalling and damaging to our credibility and, thus, acceptance. Simply stated, a supported common definition of our field would allow such professional advancement work to proceed in an orderly manner, with the task requiring only the appropriate response related to the issues and context of the legislation or standards instead of our continual hassling over content as well.

In the past several years, the issue of third-party reimbursement has been a major issue and concern. We have had a more than difficult time trying to determine and describe our contribution to the treatment outcomes of clients. Our ability to claim the right to reimbursement is dependent on this knowledge. Unfortunately, much of what we have to offer as "contribution" is opinion, intuitive feelings of the "goodness"

of therapeutic recreation, and an occasional clinical observation that has not been adequately documented. None of this serves as evidence, which is what is required by third-party insurance carriers. We simply lack the necessary efficacy research to back our claims of impact on treatment or rehabilitation outcomes. Again, a major part of the problem is the absence of an agreed-upon philosophical approach, which would have enabled directed efficacy research. Thus, the absence of the needed evidence for third-party reimbursement has been dangerously delayed. Stated another way, we cannot demonstrate efficacy of therapeutic recreation services until we are willing to define therapeutic recreation and then systematically conduct the needed research addressing that definition.

Another major concern is that of professional preparation and the content as well as quality of the knowledge of the entry-level professional. The diverse approaches to philosophy taught in the more than 200 schools that claim options in therapeutic recreation only magnifies the problem. Philosophy is the foundation of all other content. Whether the content is assessment, treatment plans, program development, implementation and evaluation, or intervention techniques, the philosophical approach used by the faculty directs the nature of the knowledge and skills presented. In our current situation, there is little similarity in the therapeutic recreation content being taught in our undergraduate or graduate programs. Thus, instead of representing a profession that has a commonly held body of knowledge, we continue to graduate hundreds of new professionals each year who perpetuate the diversity of opinions regarding the role, nature, and techniques of the field. Consequently, two undergraduates from two different schools find that they have little knowledge in common. This appears to negatively affect their confidence in themselves, their professional preparation, and the profession in general. Employers, as well, complain about the preparation level and most often hire based on the personal characteristics of the applicant since there is no stable or similar approach, content, procedures, or techniques on which they can depend.

This lack of a commonly accepted philosophical approach also impairs greatly the development and testing of our knowledge base. Research is an acknowledged major need in our field. We have all too few qualified researchers working on our body of knowledge or advising graduate students in their research projects. Our lack of definition and purpose in TR results in diffused research efforts, which more often than not limits our knowledge base rather than expands upon

identified areas of need that would result in a more targeted and thus intensified body of knowledge.

All of the above factors also lead into the professional issue of credentialing. Under our current system (the National Council for Therapeutic Recreation Certification), there is no difficulty with the philosophical issue since certification is granted based on a review of transcripts, which focuses on the number of courses taken in various categories (therapeutic recreation, general recreation, support courses, and a practicum supervised by a certified therapeutic recreation specialist). However, future efforts to move toward a more sophisticated method of credentialing must look at the content or body of knowledge held by the individual. At that point, whether an examination is employed or not, philosophy will become a pivotal point in credentialing. Indeed, it will be impossible to move toward an examination phase if the profession is unwilling to define itself and specify the knowledge and job-related tasks on which to test and thus determine basic competence.

The preceding paragraphs have discussed professional issues that feel the impact of the absence of a commonly held and supported philosophical approach. Equally important, if not more significant, is the issue of service to clients. How do we determine the nature of the services we provide to clients? More fundamentally, what needs of clients do we address? The whole area of determining the direction and content of programs is based on philosophical foundations. Directly tied into this issue is the concern for assessment. What tools do we have? What tools do we need to develop? The content of our assessment tools must parallel our philosophical orientation and program offerings. Simply stated, determining and addressing the needs of clients is a philosophical consideration. For the most part, we have avoided the centrality of this issue of client needs and philosophical concerns in the development and delivery of therapeutic recreation service.

The last issue to be addressed is simply that of advocacy. How do we effectively market our profession, its services, and its contributions when there is so little agreement on who we are and what we do? At the current time our advocacy efforts have been very limited. This seems to be due to the scarce financial base for professional advocacy work through our professional organizations. The fact remains, it would be difficult to develop a national-level advocacy and marketing strategy for the profession without a clear and supported understanding of the nature and contribution of our services.

It becomes apparent that our profession has an identity problem. Philosophical disagreement and indifference contribute to this identity crisis. Although our history may help explain the existence and even the necessity of diverse opinions and approaches, our current situation is not helped by the continued lack of unity and direction.

The Essence of the Dilemma

What is the essence of the philosophical issue? What is at the core of the dilemma? In order to put the dilemma in some context, a review of some of the literature is necessary, as is some discussion of the professional organizations and their support for various philosophical approaches.

From the beginning, it appears, there has been a debate over the basic issue of whether therapeutic recreation is or should be therapy oriented or leisure oriented. Much of our literature both historically and currently addresses this debate. The content has been primarily opinion, with attempts to build cases by using logic, description, and preference. Little theory or theory-based research has been presented in support of one or the other of the approaches. From the early works of such people as Haun (1965), Martin (1962), and Frye and Peters (1972) to the more contemporary works of such people as Sylvester (1985a,b), Mobily, Weissinger, and Hunnicutt (1987), and Hemingway (1987), there has been a continual debate in the literature over the means/end, therapy/recreation issues. This type of literature has kept alive the debate and directed our attention to the issue. It also appears to have kept us from moving on into the serious work of developing theory, theory testing, and evaluating the effects of theory-based applications. We spin our wheels with the continual arguments. Newer and more sophisticated arguments appear, but the central conflict focus remains the same.

More recently we have seen a new area of content and discussion in the therapeutic recreation literature. Several articles have appeared that address topics such as what philosophy is, why our current body of literature on philosophy really isn't philosophy, and what the nature of philosophy and philosophical inquiry is. Halberg and Howe-Murphy (1985), Sylvester (1985a,b), and Shank (1987) are examples of this type of presentation and discussion. These contributions have helped us think about the nature of philosophy and have given us some direction regarding the stages and criteria involved in the construction and

definition of philosophy. They have also broadened our perception of what all may be considered within philosophical inquiry. However, they have not as yet resulted in the use of such information in the development of therapeutic recreation philosophy. Thus, the basic question of therapeutic recreation philosophical content remains unsolved.

As is the case in most professions, we have a segment of our literature that focuses on the analysis and criticism of the current philosophical approaches and contributions. Reynolds and O'Morrow (1985), Sylvester (1985a,b), Halberg and Howe-Murphy (1985), Shank and Kinney (1987), and the introductory sections of many articles on therapeutic recreation employ this approach. This is a necessary and healthy self-examination and -exploration. It may, however, become a self-defeating activity and obsession if new philosophical content, insight, or direction is not an outcome.

Some of our literature is also devoted to presenting, describing, and expanding approaches that are currently in use. The Leisure Ability Model (Peterson & Gunn, 1984) exemplifies this type of literature, as does Howe-Murphy and Charboneau's ecological perspective (1987). These models both propose a leisure philosophical orientation and go on to develop and describe procedures for the implementation of practice based on that philosophical orientation. Other components of our textbook literature appear to skirt the philosophical issue by presenting an overview of theory and philosophy and then going on to describe the profession and its services, procedures, and issues independent of a specific philosophical approach. Kraus (1983), Carter, Van Andel, and Robb (1985), and O'Morrow (1980) are examples of this type of literature.

The literature contains diverse content and approaches to the philosophical issue. That is the nature of publications, vehicles for the expression of thought and opinion. What is more important in this discussion is what the profession chooses to do with the information. The people who call themselves therapeutic recreators are the ones who collectively select a philosophical approach and translate it into professional practice. Most often this is done through professional organizations. Thus, our attention is drawn to the professional organization's actions related to the philosophical issue.

The National Therapeutic Recreation Society in the late 70s identified the significance and importance of the philosophical dilemma by commissioning a task force to study the issue. The comprehensive work of the commission over several years and the major

analysis and written contributions of Meyer (1981) resulted in NTRS' endorsing the Leisure Ability approach in 1981. This action, however, did not seem to resolve the philosophical conflict, although it has provided definition and direction for a significant number of practitioners and educators in the field.

Confusing the situation, although initially unrelated to the topic of philosophy, was the emergence of a new national professional organization—the American Therapeutic Recreation Association (ATRA). This new organization reestablished the philosophical issue as a necessary part of its defining itself and establishing its statement of purpose. The selected purpose of ATRA is "to promote independent functioning and to enhance optimal health and well being of individuals with illnesses and/or disabling conditions" (ATRA, 1984). This statement reflects a philosophical orientation in the direction of therapy. The situation now facing the field of therapeutic recreation is even more complicated. The interests of the profession are split between two national-level organizations, and each organization is supporting a different philosophical approach to service. The overall identity issue, as well as the philosophical dilemma of the entire field, becomes more complex because of the professional organization situation.

The dilemma of the profession's philosophical issue continues. Is there a solution or resolution? This writer believes that the resolution will not simply emerge on its own and, further, if left unresolved could lead to the demise of the profession as a viable field of specialization. What is felt to be needed is a decision by the profession to endorse, support, and develop within one of the two basic orientations—therapy or leisure. The leisure orientation implies that the ultimate outcome or guiding set of beliefs is related to leisure behavior, and the orientation draws on the existing body of knowledge related to leisure as its source and foundation. The therapy orientation, on the other hand, indicates change or improvement of functional behaviors as the desired end and draws from the medical, psychiatric, psychological, and human development body of knowledge.

Efficacy Research—Theory and Philosophy

The following framework is presented as a strategy for helping us understand the relationship of philosophy and theory building. Before efficacy research can be meaningfully undertaken, it is important to build a context which helps to focus such research efforts. It appears that currently much of our research is diverse, fragmented, and

lacking a perspective of the bigger picture. Thus, many of the findings are very limited in their application and usefulness. The suggested framework facilitates efficacy research by constructing a hierarchy which attempts to take into account the fundamental nature of philosophy and theory. It also indirectly deals with some of the criticism surrounding the philosophical conflict by putting it into the context of the larger issues.

The first concern is the attempt to differentiate between philosophy and theory building. This writer sees philosophy as a more general framework, and theory building as sequential to philosophy and more specific in content. Thus, it makes sense to first establish a philosophy or, stated more accurately, a philosophical approach, which then would be followed by the development of specific theories within that approach. These theories would be directed to aspects of the overall philosophical foundation and be developed and tested as they were related to specific populations, components, interventions, and procedures. The body of knowledge is thus systematically built by focusing on manageable but necessary parts.

Theory building and testing appears most appropriately and feasibly done in such stepwise and part-specific stages. Mobily (1985a) would appear to support this approach when he states, "Because a sound philosophy should not only guide practice, but also give direction to research, we should develop a reasonable philosophical framework before proceeding with empirical research" (p. 15). Hemingway (1987) concurs by stating, "Justification thus becomes a process of analyzing the values guiding practice, articulating them so they can be discussed and understood, and then seeking empirical verification not of the values themselves, but of the techniques to realize them in practice" (p. 3).

The point to be made is that specific theory testing follows the acceptance of a generalized philosophical approach. The nature of the theory testing we need for efficacy or impact research is possible only once we select an overall philosophical framework and then work within it. The philosophical framework itself is neither right or wrong, nor can one be proven right. It can only be chosen and then specific theory can be developed and tested within it.

Let's illustrate this concept of generalized philosophy and specific theory building. For the sake of discussion and familiarity, I'll use Leisure Ability as an example. Of the two alternative orientations, leisure and therapy, we select the leisure-based orientation. This basic leisure orientation is then conceptually developed into a model and an

approach appropriate for practice. *Leisure Ability* (Peterson & Gunn, 1984) is an example of this conceptual refinement of a leisure-oriented philosophy appropriate for therapeutic recreation. It states that the purpose of therapeutic recreation is "to facilitate the development, maintenance, and expression of an appropriate leisure lifestyle" (p. 3). The approach then goes on to describe a model that gives specification to the types of components that are seen as useful in determining needs of clients (improved functional behaviors, leisure awareness, knowledge, attitudes and skills, and opportunities for self-directed leisure participation and expression) and categories of services to address these needs (therapy, leisure education, and recreation participation). Thus, there is a conceptual design and description related to a generalized leisure orientation. We'll call this the "philosophical approach."

With the leisure orientation and the philosophical framework selected, we can move into specific theory building and testing. It is only when we move to this level that we can demonstrate or determine the specific information related to what works in practice or what the impact or efficacy of service is. Three research studies illustrate this valuable model of theory building within a philosophical and conceptual scheme: Sneeegas (1986) investigated social competence related to leisure and life satisfaction with elderly individuals; Dattilo and Barnett (1985) explored the issue of choice in leisure with severely retarded children; and Hedrick (1985) tested a specific instructional intervention with physically disabled teenagers to determine the most appropriate context for integration. Each of these studies focuses on a specific population and some component of the Leisure Ability Model, thus systematically building the body of knowledge within a given philosophical orientation and conceptual approach.

Obviously, this overall approach—accept a generalized orientation and build a theory related to a segment of the approach—can and should be used within other orientations. Mobily's (1985 a, 1985b) work, related to the therapeutic dimensions of therapeutic recreation using existentialism and Rogerian client-centered concepts and techniques with psychiatric clients, is an illustration of this approach to theory construction within a therapy orientation.

Where does this take us in relation to the philosophical dilemma? We need to know what works in practice. We need to know the efficacy and impact of what we do. There is no rightness or wrongness in either a leisure or a therapy orientation. We can build and test theories only

once we accept a basic orientation; refine, describe and build models within those orientations; and then review and utilize the findings. Thus, the solution to the philosophical dilemma becomes one not of goodness, but rather one of choice. What do we choose to do? What do we in therapeutic recreation want to have as our major identification and area of contribution? Our choice of contribution now appears to be influenced by two factors: appropriateness and feasibility. Appropriateness is related to what is suitable and fits well; feasibility is related to what is capable of being accomplished (*Webster's*, 1962).

Each of these factors can be analyzed and explored. We have historical roots and contemporary practice from which to view the issue. We can study our professional organizations and our professional preparation structures. We can make a decision about our future and get on with the essential work of being a profession and building a reputable body of knowledge. But we must make a decision. Our philosophical dilemma is simply our own inability or unwillingness to choose.

Study Questions

1. How important is a "unique contribution" of service, the establishment, development for and recognition of a profession?
2. Identify various factors of appropriateness and feasibility of the different philosophical orientations, leisure and therapy as they are related to the selection or support of one position for the profession.
3. How much should the selection and support of a philosophical position be influenced by the demands of current health care situations such as reimbursement and health care accreditation standards?
4. What new populations, settings, and arenas of service do you see as possible areas for therapeutic recreation focus in the future? Which philosophical orientation do you see as fitting into these new horizons, and how?
5. How would you propose to resolve the philosophical dilemma?

References

- American Therapeutic Recreation Association. (1984). Membership Application Materials. Washington DC
- Carter, M., Van Andel, G., & Robb, G. (1985). *Therapeutic Recreation: A Practical Approach*. St. Louis, MO: Times Mirror/Mosby College Publishing.
- Dattilo, J., & Barnett, L. (1985). Therapeutic Recreation for Individuals with Severe Handicaps: An Analysis of the Relationship Between Choice and Pleasure. *Therapeutic Recreation Journal*, 19(3), 79- 91.
- Frye, V., & Peters, M. (1972). *Therapeutic Recreation: Its Theory, Philosophy and Practice*. Harrison, PA: Stackpole Books.
- Halberg, K. J., & Howe-Murphy, R. (1985). The Dilemma of an Unresolved Philosophy in Therapeutic Recreation. *Therapeutic Recreation Journal*, 19(3), 7-16.
- Haun, P. (1965). *Recreation: A Medical Viewpoint*. New York: Columbia University Bureau of Publications.
- Hedrick, B. N. (1985). The Effect of Wheelchair Tennis Participation and Mainstreaming Upon the Perceptions of Competence of Physically Disabled Adolescents. *Therapeutic Recreation Journal*, 19(2), 34-46.
- Hemingway, J.L. (1987). Building a Philosophical Defense of Therapeutic Recreation: The Case of Distributive Justice. In C. Sylvester, J.L. Hemingway, R. Howe-Murphy, K. Mobily, & P. Shank (Eds.), *Philosophy of Therapeutic Recreation: Ideas and Issues* (pp. 1-16). Alexandria, VA: National Recreation and Park Association.
- Howe-Murphy, R., & Charboneau, B. (1987). *Therapeutic Recreation Intervention: An Ecological Approach*. Englewood Cliffs, NJ: Prentice-Hall.
- Kraus, R. (1983). *Therapeutic Recreation Service: Principles and Practices*. Philadelphia, PA: W.B. Saunders.
- Martin, A.R. (1962). A Philosophy of Recreation. In *The Doctors and Recreation in the Hospital Setting* (Bulletin No. 30 pp 5-8, 10, 14.) Raleigh, NC: The North Carolina Recreation Commission.
- Meyer, L.E. (1981). Three Philosophical Positions of Therapeutic Recreation and Their Implications for Professionalization and NTRS/NRPA. *Therapeutic Recreation Journal*, 15(2), 7-16.

- Mobily, K.E., Weissinger, E., & Hunnicutt, B.K. (1987). The Means/End Controversy: A Framework For Understanding the Value Potential of Therapeutic Recreation. *Therapeutic Recreation Journal*, 21(3), 7-13.
- Mobily, K.E. (1985a). A Philosophical Analysis of Therapeutic Recreation: What Does it Mean to Say "We Can Be Therapeutic?" Part I. *Therapeutic Recreation Journal*, 19(1), 14-26.
- Mobily, K.E. (1985c). The Ethical Dilemma of Freedom. *Therapeutic Recreation Journal*, 19(4), 22-30.
- O'Morrow, G. (1980). *Therapeutic Recreation: A Helping Profession* (2nd ed.). Reston, VA: Reston Publishing.
- Peterson, C.A., & Gunn, S.L. (1984). *Therapeutic Recreation Program Design* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Reynolds, R.P., & O'Morrow, G.S. (1985). *Problems, Issues and Concepts in Therapeutic Recreation*. Englewood Cliffs, NJ: Prentice-Hall.
- Sneegas, J. (1986). Components of Life Satisfaction in Middle and Later Life Adults: Perceived Social Competence, Leisure Participation and Leisure Satisfaction. *Journal of Leisure Research*, 18(4), 248-258.
- Shank, J., & Kinney, T. (1987). On the Neglect of Clinical Practice. In C. Sylvester, J.L. Hemingway, R. Howe-Murphy, K. Mobily, & P.S. Shank (Eds.), *Philosophy of Therapeutic Recreation: Ideas and Issues* (pp.65-75). Alexandria, VA: National Recreation and Park Association.
- Shank, P. (1987). Therapeutic Recreation Philosophy: A State of Cacophony. In C. Sylvester, J.L. Hemingway, R. Howe-Murphy, K. Mobily, & P.A. Shank (Eds.), *Philosophy of Therapeutic Recreation: Ideas and Issues* (pp.27-40). Alexandria, VA: National Recreation and Park Association.
- Sylvester, C.D. (1985). Freedom, Leisure and Therapeutic Recreation: A Philosophical View. *Therapeutic Recreation Journal*, 19(1), 6-13.
- Sylvester, C.D. (1985). Wonder, Doubt, and Thoughtfulness in Therapeutic Recreation. *Therapeutic Recreation Journal*, 20(3), 6-10.
- Webster's New World Dictionary*. (1962). New York: World Publishing.