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## Psychological Perspectives for Therapeutic Recreation Research

### The Psychology of Enjoyment

#### John Dattilo and Douglas A. Kleib

Psychology has devoted itself in large part to defining internal and external conditions that liberate and constrain behavior. This includes the study of self-determination, intrinsic motivation, social reactance, and learned helplessness. The prevailing theories that address these matters are the subject of this chapter. Before considering them, however, it is important to ask a question of purpose. What is the significance of these theories for therapeutic recreation? Or to put it another way, what is the task of TR for which these theories are most relevant? We believe that a purpose not only of TR, but of leisure services in general is to engender *enjoyment*. For whatever additional benefits enjoyment may bring, it is, *in and of itself*, a major rationale for the provision of leisure services. Leisure professionals seek to identify the factors that interfere with and prohibit enjoyment, those that facilitate enjoyment, and other benefits that accrue to people who enjoy themselves. However, the nature of enjoyment itself has not always been made clear. Enjoyment is associated in the literature with recreation (Shivers, 1981), with leisure (Gunter, 1987; Mobily, 1989; Roadburg, 1983; Shaw, 1985), and with therapeutic recreation specifically (Dattilo & Barnett, 1985; Francis, 1991; Shary & Iso-Ahola, 1990), but its inherent characteristics are rarely articulated.

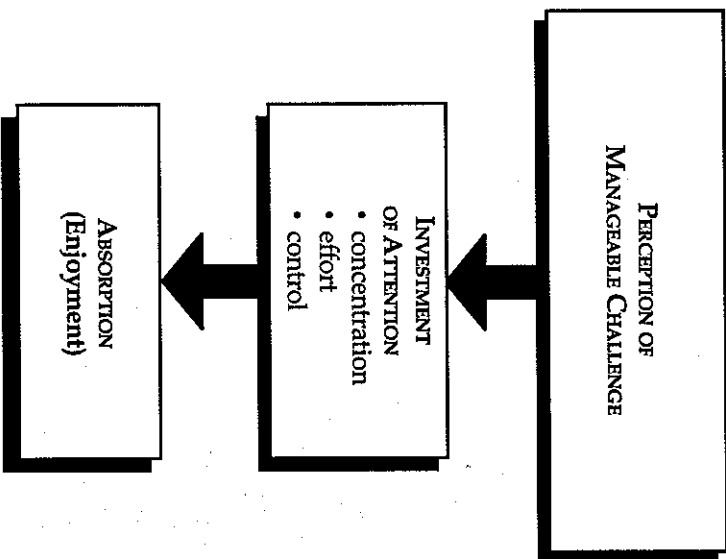
The work by Csikszentmihalyi (1975, 1982, 1985a, 1985b, 1990) and his associates (Csikszentmihalyi & Csikszentmihalyi, 1988) on *optimal experience* offers a useful starting point for this examination and for further consideration of psychological perspectives on therapeutic recreation. Using various methods including interviews, surveys, and experience sampling, these investigators have studied the qualities of subjective experience that people have when they are doing what they want to do most and loving it. By examining the experiences of dancers,

rock climbers, writers, basketball players, as well as artists, surgeons and others who love their work, these investigations have isolated characteristics of enjoyment, or what is referred to more technically as **optimal experience**. The studies show that the experience of enjoyment is distinguishable from pleasure, the latter being the result of satisfying basic biological drives such as hunger, thirst, sex, and sufficient stimulation. Enjoyment is the experience derived from investing one's attention in action patterns that are intrinsically motivating. The activity is often so compelling in and of itself that one becomes deeply absorbed in it and loses consciousness of self and awareness of time. The word used to describe the subjective quality of this optimal experience—often by actors themselves—is *flow*. The sense of movement that this word implies is created by the merging of action and awareness around the challenges provided by an activity and the feedback that defines a person's capability to meet those challenges. While many activities can create this optimal experience, any given activity must become more challenging, in keeping with expanding skills, to maintain the experience. So unlike pleasure, enjoyment is consistent with concentration, effort, and a sense of control and competence. Enjoyment is often used colloquially as the equivalent of *fun*, or simple positive affect, but it is used here, as Csikszentmihalyi and others have, to reflect a considerable degree of psychological involvement as well.

An activity is assumed to be enjoyable, then, when one continues with it for no apparent reason beyond the activity itself. We say that such an activity is "intrinsically motivated." However, it is in the subjective experience of the activity that the factors producing this sustained interest are revealed. From the research of Csikszentmihalyi and others it is clear that concentration, effort, and a sense of control and competence are all critical aspects of the experience of enjoyment, and thus, it is these factors that must be understood and managed by the TRS if enjoyment is to be facilitated (see Figure 4.1).

There are some indications that individuals are inherently, even genetically, different in their ability to generate optimal experience, or flow-type enjoyment, for themselves (Kleiber & Dirkin, 1985). Csikszentmihalyi (1975) describes an **autotelic personality**, wherein the appropriation of self-generated, enjoyable action patterns seems to be most common. However, he adds that such patterns can be taught and environments arranged to make such experiences more common. While there are other agendas for TRSs, teaching people to generate optimal experience and establishing environments conducive to flow is especially important (Ellis, Witt, & Aguilar, 1983; Voelkl & Birkel, 1988). Creating conditions that enhance concentration, effort, and a sense of control and competence, while promoting freedom of choice and the expression of preference, is the engineering of enjoyment. However, to do this, it is necessary to understand the psychology of self-determination and the factors that interfere with it. The theories associated

Figure 4.1  
Conditions of Enjoyment



with self-determination, and the factors interfering with it, provide us with valuable information for developing strategies to enhance concentration effort, and a sense of control and competence, thereby fostering enjoyment Murray (1988, p. 156)<sup>1</sup> supported this approach when he asked and answered the following question:

How can social policy facilitate human enjoyment if that enjoyment is intimately linked to the exercise of competence in the face of challenge? The immediately obvious and the unthreatening answer is that social policy must facilitate the acquisition of competence by all its citizens—an answer that, among other things, can be translated into a call for better educational programs so that people will become more competent.

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Also worth noting by way of introduction, is that while enjoyment is sufficient in itself, as the culmination of intervention and as an indicator of the acquisition of self-determination, it is also a *precipitating* experience as it is described here. Thus, the creation of enjoyment serves as a reinforcing experience, leading a person on to greater challenges and to higher levels of self-determination. As enjoyment comes under one's own power, it offers an orientation for making the most of one's circumstances, and enhancing the quality of one's life.

## Self-Determination

In the early 20th century most psychologists believed that all motivation occurred in response to physiological needs (Deci & Ryan, 1985). However, by the 1950s, psychologists came to recognize various psychological factors as very influential in human motivation. One particular psychological factor, perceived control, received increasing attention from the 1960s to the present. This trend is based on the assumption that a sense of psychological well-being is augmented by a belief that one has some degree of control over personal events (Leary & Miller, 1986). For people receiving TR services, a sense of control is particularly important in establishing self-determination.

Deci (1980) asserted that self-determination involves the flexibility and ability to choose options and to adjust to situations when only one option is available. Cognition, affect, and motivation mediate self-determination. Limitations placed on an individual's self-determination result from environmental and unconscious forces. Self-determination reflects the interaction between freedom and constraint. When self-determination is achieved, increases in learning and perceptions of competence occur. Conversely, the experience of a lack of self-determination occurs when an individual fails to consider various options, or does not adjust to the situation when only one option is available.

## Motivation and Perceived Causality

Individuals who are self-determining are internally motivated (Neulinger, 1981). If people believe in the relationship between their behavior and outcomes and understand that they are the initiators of behavior, they have **internal causality** (Deci, 1980), and feel responsible for the consequences of their actions. If people feel that events that affect them result generally from influences outside their control, they have **external causality**.

**Automated behaviors** are those that were initially within the realm of volitional responding or choice, but have since become controlled by some mechanized process. Behaviors become automated when they are "over-learned" through repetition (e.g., walking or driving a car). People who exhibit a predominance of automated behaviors are externally motivated

and cease to feel responsible for such behavior. When individuals believe that a relationship exists between behavior and outcomes, but conclude that outcomes (e.g., chemical dependence and obesity) are the *cause* of behavior (e.g., abuse of drugs and overeating) rather than the result of these behaviors, they have external causality. A kind of competency (e.g., ability to handle stress in a situation) may be perceived as a result of these "automated" behaviors. People abusing drugs or overeating may report that the activity relaxes them and relieves stress. However, Deci (1980) warns that:

The capacity for mindless responding is an interesting double edged sword. On the one hand it is extraordinarily important, for it frees one's attention and will for new concerns. On the other hand, it also interferes with one's self-determination, for nonchosen behaviors may become rigid and difficult to change (p. 59).

There are some behaviors that cannot become self-determined. Behaviors that are fully determined by physical and physiological principles are motivated directly by environmental requirements (e.g., reflexes and instincts). When people exhibit these behaviors they are said to have **impersonal causality** (Deci, 1980, p. 128). Individuals possess impersonal causality if they believe that their responses and associated outcomes are independent. While impersonal causality is characteristic of reflexive behavior, when it is generalized to potentially controllable behaviors it becomes maladaptive. Perceptions of incompetence and helplessness occur among individuals with an impersonal causality, resulting in limited motivation to exhibit instrumental behavior. The perception of a person possessing impersonal causality was illustrated by an individual speaking to Deci: "I've lost the desire to make choices. I feel like I'll exist as long as my body holds out but I won't participate" (Deci, 1980, p. 128). Many TRSs have heard similar words from would-be participants when encouraging them to try to learn a new leisure skill or participate in a recreation activity.

## Intrinsic Motivation

Deci and Ryan (1985) concluded that self-determination is associated with **intrinsic motivation**. Motivation that is intrinsic energizes behavior and results in feelings of autonomy. Performance of the behavior does not require external rewards or control. The experiences of interest, enjoyment, and excitement provide reinforcement for such behaviors. Once again, we recognize that these are the experiences most often associated with leisure recreation, and the desired results of TR interventions.

People who are intrinsically motivated will seek challenges that are commensurate with their competencies; they will avoid those situations that are too easy or too difficult. Intrinsic motivation is reflected in the process of

seeking optimal incongruities within the environment and then reducing these incongruities. Individuals who are intrinsically motivated in certain situations are more likely to learn, adapt, and grow in competencies that characterize development. However, intrinsic motivation is vulnerable to influences from environmental forces.

### Environmental Considerations

There is a continuous interaction between people's evaluation of the environment and their motivation. The environment can encourage self-determination by being responsive and informational, or the environment can discourage self-determination through controlling and capricious responses to behaviors. An environment is responsive and informational if it reacts to a person's initiatives, provides data about the person's competence, and encourages further action. A responsive and informational environment fosters intrinsic motivation and internal causality. The result of this is self-determined behavior. Similarly, events involving choice and positive feedback provide information to the person thereby enhancing self-determination. For example, Maughan and Ellis (1991) demonstrated that administration of praise and persuasion for performance accomplishments associated with a video game enhanced the efficacy judgments of adolescents residing at a private psychiatric hospital.

Although a controlling environment does not respond to people's initiatives, it does demand behaviors from individuals. When an environment directs and controls people, they often experience extrinsic motivation, external causality, and automatic behaviors. The presence of rewards, deadlines, and surveillance that pressures people toward specific outcomes tends to undermine intrinsic motivation, promote extrinsic compliance or defiance, and inhibit enjoyment. Deci and Ryan (1985) noted that:

Research has substantiated that extrinsic rewards and controls can affect people's experience of self-determination. In such cases, the events will induce a shift in the perceived locus of causality from internal to external, a decrement in intrinsic motivation for the target behavior, less persistence at the activity in the absence of external contingencies, and less interest in and enjoyment of the activity. (p. 57)

Studies by Lepper and Greene (1978), among others, have demonstrated such effects. Typically, children are *playing* at some activity such as drawing and then experimenters offer to pay the children for these drawings. *Proditivity* increases some while rewards are offered (the children draw more). However, when rewards are withdrawn, children show less interest in the activity than they did before the rewards were offered and less when children were not offered rewards at all. Referred to as the *over-justification effect*, such studies show that intrinsic motivation can be undermined by extrinsic rewards.

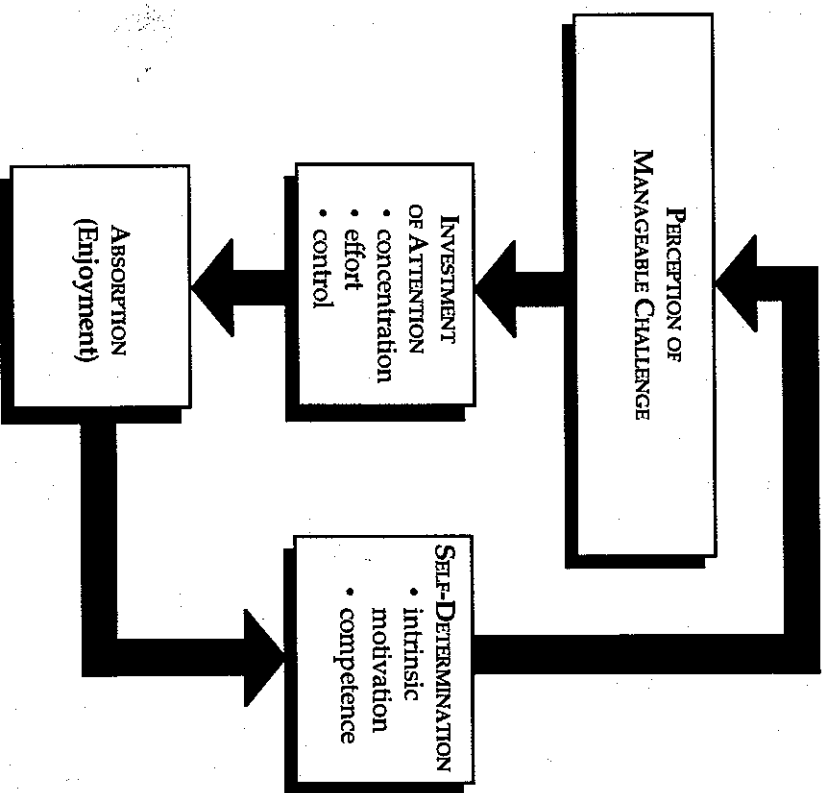
Some individuals experience environments that do not respond to their initiatives. As a result, outcomes are perceived to be unrelated to their behaviors. In this type of an environment, contingencies (the relationship between an action and associated consequences) are not clear and cannot be mastered by the individual. According to Deci (1980), capricious environments that contain negative feedback and noncontingencies tend to erode forms of motivation, result in impersonal causality, and stifle instrumental behavior. For example, when TRSs provide nonspecific praise or criticism to people with disabilities as they attempt to learn a new leisure skill without regard to the effectiveness of their responses, TRSs will inhibit rather than stimulate, learning and a desire to master the skill. Participants will have difficulty determining the efficacy of their actions when TRSs fail to provide them with specific informational feedback.

### Individual Differences

Stable psychological orientations influence the ability to exhibit self-determining behaviors. People who have an orientation characterized by autonomy tend to select or interpret events as informational. For instance, a woman with a physical disability may attempt to paint using a newly constructed hand brace. If the person's orientation was characterized by autonomy, she may attribute praise for her improved art work to the adaptations she has made. In contrast, other people consistently select interpret events as controlling their behaviors. These people believe the praise of another is required in order for them to continue painting. Rather than promoting self-determination, adoption of the latter orientation results in behavior perceived not to be within their control. In addition, people who have an impersonal orientation tend to experience situations as beyond their control. Often, they lack motivation to exhibit any behaviors. The question for researchers and TRSs alike, is: how resistant are such dispositions to change? While this question will be considered again shortly, the malleability of such "stable" characteristics has great implications for therapeutic recreation intervention and treatment.

In summary, self-determination is necessary for the optimal experience of enjoyment. It makes effort and the investment of attention worthwhile for a person, and these are the factors that bring about enjoyable involvement. This experience serves in turn to develop competence thereby reinforcing self-determination (see Figure 4.2, page 64). Having considered enjoyment and self-determination, we now turn our attention to those theories, readiness and learned helplessness, that establish the difficulties experienced by some individuals in achieving self-determination. These difficulties often result in the failure to experience enjoyment.

Figure 4.2  
Relationship of Self-Determination and Enjoyment



## Psychological Reactance and Learned Helplessness

Brehm (1977) asserted that the experience of freedom involves a set of behaviors that requires pertinent physical and psychological skills. In addition, individuals must have the knowledge and understanding to enable them to make a choice in order to experience freedom. Behaviors that are free include only those acts that are realistically possible for the individual.

According to Brehm, given a set of free behaviors, *reactance* will occur when any of these behaviors is eliminated or threatened with extinction. **Reactance** is a motivational state directed toward reestablishing free behaviors that are eliminated or threatened. The occurrence of psychological reactance increases the desirability of the eliminated or threatened behavior that is, the behavior becomes more attractive to the individual. For instance when a person is about to select one recreation activity from among several alternatives that are all attractive (e.g., swimming, dancing, and reading) elimination of one alternative (e.g., swimming) will result in that activity becoming more attractive and desirable.

A person who experiences reactance will be motivated to remove the threat to the free behavior or regain the lost free behavior. When reactance occurs there is an increased tendency to engage in the threatened free behavior, engage in behaviors that imply continued engagement in free behaviors, and encourage other people of similar abilities and status engage in threatened or eliminated behaviors. For example, a person playing a basketball game is told by a TRS to stop yelling obscenities. The individual may continue or even accelerate the use of obscenities, may reduce the use of obscenities but increase physical aggression, or may encourage other players to use obscenities.

### Magnitude of Reactance

The magnitude of reactance of a person is influenced by the degree of importance the person places on the free behavior that has been threatened or eliminated. Importance is a direct function of the person's perception of the unique value that the behavior has for satisfying the individual's need. Uniqueness involves the degree to which no other behavior in the individual's repertoire could satisfy the same need.

The importance of the eliminated or threatened free behavior, compared to the importance of other free behaviors, also influences the magnitude of reactance. Therefore, existing opportunities available to an individual, at a specific time in a given situation, will influence the importance of the free behavior and, in turn, affect the magnitude of the person's reactance to the threat of elimination of the free behavior. The greater the proportion of free behaviors eliminated or threatened with elimination, the greater the magnitude of reactance. The proportion of free behaviors influential in two ways: (a) the number of free behaviors presented to the individual, and (b) the number of behaviors eliminated or threatened. As the number of free behaviors available decreases and number of free behaviors eliminated or threatened increases the degree of psychological reactance will become greater.

Many individuals with disabilities have limited leisure repertoires resulting in few free behaviors. As a result, the elimination or threat of elimination of these free behaviors will initially produce reactance. As environmental conditions (e.g., architectural barriers or negative attitudes) limit free behaviors, people with disabilities will tend to experience reactance rather than enjoyment. However, if the environmental conditions that limit free behavior persist over time, individuals will eventually relinquish that freedom.

### Relinquishing Freedom

When people expect to influence a certain outcome, but find their control and freedom jeopardized, initially they exert more effort to establish control (reactance). However, Wortman and Brehm (1975) reported that the perception of helplessness will occur if people become convinced that further attempts will not produce an outcome. Leary and Miller (1986) explained that people find it difficult to assess their ability to control a situation when they first encounter events that are troublesome for them to control. Often, people initially assume that the cause of difficulty is unstable and specific to the situation. Therefore, they increase their attempts to exert control. That is, they feel that their failure may be related to factors that could change the next time they try (e.g., the difficulty of the recreation activity, people associated with the activity, their luck, the amount of effort and concentration they expend). However, if they are still unable to gain control after repeated attempts to do so, they may begin to assume the outcome is uncontrollable and will experience helplessness.

A person will eventually relinquish the desire for freedom when reestablishment of freedom proves impossible. The length of time required for individuals to abdicate their belief that they have freedom to engage in the eliminated or threatened free behavior depends, in part, on the certainty of elimination. The more apparent the inability to experience the free behavior becomes, the more readily the person will give up that freedom. Given the unequivocal elimination of an important freedom, an initial demonstration of a sharp increase in the desire to engage in the eliminated behavior will occur (Wortman & Brehm, 1975). Eventual surrendering of freedom will follow. The surrendering is equivalent to the condition referred to as *learned helplessness*.

### Learned Helplessness

Seligman and colleagues first used the phrase "learned helplessness" to describe responses of dogs to uncontrollable shock (Overmier & Seligman, 1967; Seligman & Maier, 1967). Following investigations with animals to test the theory, Seligman (1975) described helplessness as a psychological state that frequently results when events are uncontrollable. Events are

uncontrollable when they are independent of a person's voluntary responses. Voluntary responses can be modified by reinforcement or punishment. Thus, certain consequences of voluntary behavior will increase the likelihood of the occurrence of the behavior (reward) or decrease the likelihood of behavior (punishment). Those behaviors that are not voluntary are identified as reflexes or instincts.

As individuals are exposed to uncontrollable events they begin to learn that responding is futile. This learning of helplessness reduces incentive to respond which decreases the motivation for instrumental behavior. Learned helplessness undermines a person's motivation to respond, reduces the ability to learn that responding works, and results in emotional disturbance (e.g., depression or anxiety).

### Human Helplessness

The original theory of learned helplessness was criticized because of inability to distinguish between cases in which outcomes are uncontrollable for all people and cases in which they are uncontrollable only for some people. This original theory did not explain when helplessness is general, specific, chronic, or acute. In response to these criticisms and many experiments conducted in the 1970s that substantiated the presence of learned helplessness in humans (Hiroto, 1974; Hiroto & Seligman, 1975; Klein Seligman, 1976; Abramson, Seligman, and Teasdale (1978) proposed reformulated theory based on attribution literature. The theory, further articulated by Garber and Seligman (1980), recognized that once people perceive noncontingency (the absence of a relationship between a person's actions and the desired consequence), they attribute their helplessness to cause. In other words, the person believes that no matter what he or she does he or she will be unable to achieve his or her goal.

Human helplessness is perceived at a level related to oneself and related to other people. When people expect outcomes not to be contingent on their own responses yet expect the outcome to be contingent on other actions, personal helplessness is experienced. This personal helplessness results from failures that erode self-determination. Some people also may expect outcomes not to be contingent on their own responses; however, they may expect that outcomes are not contingent on other people's actions either. This form of helplessness is identified as universal helplessness and produces feelings of hopelessness. When people expect outcomes to be contingent on their own responses, regardless of whether they expect outcomes to be contingent on other's actions, they will not perceive themselves to be helpless. In each of the aforementioned situations the outcome expectations are not absolute; rather, they are on a continuum ranging from the expectation that outcomes are totally noncontingent on one's responses to expectations of limited controllability.

## Consequences of Helplessness

**Learned helplessness** may be revealed in a person's cognition, emotional level, and motivation. In reference to cognition, people who learn to be helpless will experience difficulty understanding that their responses produce outcomes. Consequently, they will have problems learning to take control of their lives. Learned helplessness also can be manifested at an emotional level. People who expect that outcomes are independent of their responses will tend to have depressed affect. Depression is likely when people perceive that they cannot control an outcome that is possible. As individuals attribute their negative outcomes to internal, stable, and global factors, and their positive outcomes to external, unstable, specific behaviors, they experience a reduction in self-esteem. Individuals' level of motivation can be directly influenced by a perception of helplessness. As individuals expect that their responding is futile, they will experience a reduction in their initiation of voluntary responses.

Typically, people with disabilities have less knowledge and fewer skills than their same-age peers. Consequently, they are afforded fewer opportunities to make choices and demonstrate self-initiated leisure participation (Dattilo, 1991). At times, the environment does not respond to their attempts to initiate leisure participation. Repeated futile experiences result in the perception that one is helpless. With the perception of helplessness comes an elimination of attempts to explore the environment. As exploration decreases, opportunities to experience enjoyment also decline.

## Interaction of Failure and Helplessness

People respond to failure in different ways at different times. For some people (on some occasions) failure can result in escalated effort, intensified concentration, increased persistence, heightened sophistication of problem-solving strategies, and enhanced performance. When people respond in this way they are identified as having a mastery orientation. Other people (on other occasions) may respond to failure with curtailed effort, reduced concentration, decreased persistence, a deterioration of problem-solving strategies, and a disruption in performance. These responses are indications that a person has learned to be helpless.

The manner in which people react to failure is dependent on their perspective. If they assume a mastery orientation they may: (a) perceive their mistakes to be rectifiable; (b) view their failure as a result of a lack of effort; (c) look forward to the future; (d) emphasize the positive aspects of their failures; and/or (e) engage in active problem-solving (Dweck & Light, 1980). However, Dweck and Light stated that if people expect that they cannot control outcomes, then they may: (a) perceive that their mistakes are inevitable; (b) view their failure as a result of a lack of ability; (c) dwell on the present;

(d) focus on negative aspects of a situation; and (e) stop attempts at solving the problem associated with failure.

As previously stated, individuals with disabilities have an increased chance of experiencing reactance and, with repeated failure to produce effect, perceptions of helplessness. The presence of these conditions increases the ability of the individual to experience the self-determination necessary for enjoyment. Therefore, interventions employed by TR specialists that try to enhance self-determination are needed. Further, systematic scientific inquiry about the effects of such interventions is a critical component in the advancement of therapeutic recreation.

## Implications for Applied Research in Therapeutic Recreation

Following from the preceding theoretical review, future research in TR might well address the following questions:

1. Can successful participation in prescribed recreation activities during intensive therapeutic recreation treatment lead to increases in self-determination in spite of disabling conditions, as has been argued elsewhere (see Lee & Mobily, 1988)?
2. To encourage self-determination and enjoyment, is it necessary for interventions to include one or more of the following procedures: (a) encouraging individuals to increase their awareness by attending to motives and emotions that were previously denied or ignored; (b) helping people to evaluate thoughts that are based on irrational assumptions and then reorient those thoughts to neutral or positive evaluations that reduce anxiety and discomfort; or (c) eliciting the belief that motives, emotions, and the environment are manageable and selection of goals are realistic? In addressing a related question, Zoerink (1988) examined the effects of a short-term leisure education program using values clarification upon the leisure functioning of adolescents and young adults with physical disabilities. The mixed findings that resulted may be due, in part, to a failure to distinguish the impact of various procedures.
3. What are the effects of programs that teach people to discriminate between aspects of the environment that are changeable and those that are not? To what extent can a person learn to maximize experience when the environment is not changeable? What is the best way to teach people with disabilities to reduce: (a) the aversiveness of unavoidable outcomes, and (b) the desirability of unobtainable outcomes?

4. What are the effects on self-determination and enjoyment when: (a) perceptions of competence are enhanced; (b) optimal challenges are provided; and (c) external control and pressures are minimized? What are the effects of a recreation environment that is free from such extrinsic rewards as trophies and prizes? Francis (1991, pp. 43-44)<sup>2</sup> recommended that TRSs choose intrinsically motivated activities to increase flow by following these steps: minimize extrinsic rewards or make such rewards intrinsic by internalizing them through personal choice and values clarification, encourage trust in personal choices, minimize focus on outcomes, and explore individual levels of enjoyment from various activities.
5. How can TRSs promote communication of leisure preferences by people with communication disorders (Guess, Benson, & Siegel-Causey, 1985)? Dattilo (1986; 1988) has begun to address this question by using a computerized assessment procedure to determine leisure preferences of persons with severe mental and physical disabilities. More recently, Dattilo and colleagues (Dattilo & Camarata, 1991; Dattilo & O'Keefe, 1992) taught adults with mental retardation and language deficits to initiate communication concerning their interests and desires via augmentative and alternative communication systems. Although findings appear promising, many questions associated with each intervention have yet to be answered.
6. What strategies can be developed for people who perceive themselves to be helpless (believing that outcomes are not within their control) that redirect their expectations of *uncontrollability* to *controllability*? For example, in response to an observation by Moss and Halamandaris (1977)<sup>3</sup> that "nursing homes virtually abolish privacy, stifle individuality, defy the values of order and discipline and enforce arbitrary and discretionary rules" (p. 22), Shary and Iso-Ahola (1989) demonstrated the positive effects of enhanced personal control, choice, and responsibility in leisure contexts on perceived competence and self-esteem of people residing in nursing homes. Similar approaches could be tried with people with different disabling conditions.
2. Reprinted with permission of the National Recreation and Park Association, Arlington, VA, *Therapeutic Recreation Journal*.
3. Reprinted from *Too old, too sick, too bad: Nursing homes in America*, by F. E. Moss and V. J. Halamandaris, p. 22, with permission of Aspen Publishers, Inc., © 1977, Germantown, MD.

7. Based on the premise that individuals' attributions of failure should be altered from being unrealistic to realistic, what are the effects on enjoyment of providing therapeutic interventions that instill more realistic attributions for failure? What are the effects when helping individuals with disabilities to: (a) recognize that in many situations failure should be attributed to external factors (e.g., task difficulty) as opposed to internal ones (e.g., ability); (b) view failure as an unstable outcome (e.g., the result of effort) that is not expected to occur in each situation rather than expecting failure to be a stable outcome (e.g., ability); and (c) attribute failure to specific situations (e.g., failure with the expert ski slope attempted last week) as opposed to generalizing failure more globally to themselves on their leisure lifestyle (e.g., failure with all sports)?

8. What are the effects on enjoyment when changing individuals' attributions of success to those that are self-enhancing? What are the effects on enjoyment when the TRS helps individuals with disabilities: (a) attribute success in many situations to internal factors (e.g., effort) rather than to external ones (e.g., luck); (b) view success as a rather stable characteristic (e.g., ability) rather than unstable (e.g., chance); and (c) recognize that success is not specific to a given circumstance (e.g., swimming) but is often more globally attributed to the way they manage their entire lives?

It is unfortunate that enjoyment and the processes that produce enjoyment (challenge, competency and autonomy) have been virtually ignored by individuals responsible for the development of social policies (Murray, 1988). Nevertheless, attempts to answer the aforementioned research questions promise to improve our understanding of the dynamic of enjoyment and self-determination in the lives of people with disabilities. The ability to provide more effective therapeutic recreation will inevitably follow research examining external and internal conditions that facilitate an impediment to enjoyment. It is also important to note that the aforementioned questions may be answered through: (a) a normative paradigm using a variety of quantitative methods (e.g., experimental, single subject or survey); (b) an interpretative or naturalistic paradigm employing various qualitative research methods (e.g., participant observation or in-depth interviewing); (c) a combination of both paradigms to allow TRSs to gain in-depth understanding (McCormick, Scott, & Dattilo, 1991). However, TRSs should select a research design based on the research question they are trying to answer and the hypothesized effects of the treatment.

## Ethical Obligations for Research in Therapeutic Recreation

One way to respond to the leisure needs of individuals with disabilities is for TRSS to be concerned with encouraging enjoyment for their constituents. To respond adequately to this challenge, TRSS have a responsibility to respect the rights and dignity of every individual they serve and set the stage for enjoyment by providing opportunities for people to enhance their perceptions of self-determination. Professionals not only have an obligation to provide such opportunities for individuals, but they must be committed to systematically investigating the effects of such attempts. Therapeutic recreation services and research should be designed while keeping the rights of the individuals being served in the forefront of our thinking.

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## Collaborative Research:

Bridging the Gap Between Practitioners  
and Researchers/Educators

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Throughout the therapeutic recreation profession practitioners and researchers alike are often overheard discussing the lack of scientific evidence to support the efficacy of therapeutic recreation. As budgetary, staffing, third party reimbursement, and other professional issues become more critical, the cry for research supporting the need for the delivery of therapeutic recreation becomes even louder. Ellis (1989) suggests that as demands for professional accountability increase, pressures mount for answers to difficult questions concerning the benefits of TR. Ellis states that for the first time, the profession is being required to examine seriously its processes and outcomes.

Clients, third party payers and the growing health care industry [become] acutely aware of the loosely defined benefits and random hodgepodge of therapeutic recreation interventions. What specifically, [is] being purchased by health care dollars spent on therapeutic recreation? What benefits [are] being obtained, and how efficient [is] therapeutic recreation as a process for obtaining those benefits? (1989, p. 110)

Knight and Johnson (1991) similarly suggest that the profession must examine closely its outcomes and the processes necessary to achieve these outcomes consistently and predictably. While these writers urge members of the profession to aggressively pursue the development of therapeutic recreation protocols, they also state that the development of such therapeutic or leisure education protocols must be based upon sound scientific research.