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Sense Making Process in Defining Health for People with Chronic Illnesses and Disabilities

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Although health is an important concept in therapeutic recreation (TR), the examination of health concepts in the lives of people with chronic and persistent illnesses and disabilities has received relatively little attention in the TR literature. The critical question asked in this paper is that, is it possible to have health and at the same time have an incurable illness or disability? One avenue for exploring such a question is to consider the concept of health as multi-faceted. Although a facet of health such as functional health may be defined in terms of physical and social functions, another important consideration is to examine how people make sense of their illness and health. The purpose of this paper is to present sense-making process in defining health, particularly as it relates to people with chronic illness and disability. The paper begins with a review of existing concepts of health as a springboard for discussion, followed by discussing how people make sense of their disability and illness from an existential perspective. In addition, the authors offer two concepts (i.e., life story and sense of coherence) relevant to this existential perspective of health. Finally, this paper introduces implications for clinical practices and research using the proposed conceptual model.

KEY WORDS: *Health, Chronic Illnesses and Disabilities, Sense-Making Process, Existentialism, Life Story, Sense of Coherence*

Health is one of the most important outcomes of therapeutic recreation (TR) services (Austin, 1999; Carter, Van Andel & Robb, 1995; Van Andel, 1998; and various TR textbooks and practice models Willhite, Keller, & Caldwell, 1999). Austin, for

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example, claimed that the purpose of TR services is to help clients "deal with problems that serve as barriers to health and to assist them to grow toward their highest levels of health and wellness" (p. 155). Carter et al. also identified prevention and promotion of health as primary goals of TR intervention. The provision of services to promote health reflects the current demands made by clients of health care agencies.

Although health is an important concept in TR, the examination of health concepts in the lives of people with chronic and persistent illnesses and disabilities has received relatively little attention in the TR literature. Therefore, it is critical for the TR profession to clearly understand health concepts and examine their relevance to the lives of people with disabilities and TR practice, particularly as the profession professes to address health-related outcomes. The twentieth century has witnessed a major revolution in medical care that has helped reduce death rates attributed to acute diseases and injuries. One direct result of the decline in death due to acute illness has been an increasing emergence of chronic illness and disability (U.S. Department of Health & Human Services, 1995). One of the key characteristics of chronic illness is the persistence of a disorder or disability over time (Hymovich & Hagopian, 1992; Sidell, 1997).

In fact, Kinzel (1993) stated that "chronic illnesses are, by definition, not curable" (p. 124). In other words, if health is equated with the absence of disease, people with chronic illness or disability live in a state of un-health. At the same time, many authors, including the present authors, challenge the idea that health is merely the absence of illness.

The critical question asked in this paper is that, is it possible to have health and at the same time have an incurable illness or disability? One avenue for exploring such a question is to consider the concept of health as multifaceted. Although a facet of health, such as functional health, may be defined in terms of physical and social functions, another important consideration is to examine how people

make sense of their illness and health. The purpose of this paper is to address the sense-making processes in defining health, particularly as it relates to people with chronic illness and disability. The paper begins with a review of existing concepts of health as a springboard for discussion, followed by discussing how people make sense of their disability and illness from an existential perspective. Finally, the authors offer two concepts (i.e., life story and sense of coherence) relevant to this existential perspective of health.

A Brief Review of the Concept of Health

There are at least two approaches to the explanation of health. One approach to health has developed through modern medicine in which the ability to cure illness is seen as synonymous with health. A counter to this approach was developed through the World Health Organization (WHO) and offered that health was more than the absence of illness. This approach was seen as an attempt to broaden the concept of health to be more holistic. Yet both the medical model and the WHO's holistic model are open to criticism. In addition, the application of either approach to the lives of people with chronic and persistent illness and disability is seen to be problematic by some.

The Medical Model of Health

One prevailing model is the medical view of health. According to the medical model, health is an optimal disease/illness-free state. Health was defined as the absence of illness or disability during the medical era. Wood (1986) pointed out that the medical model conceived illness as a condition of the body in which the structure or function of the body is disturbed or deranged. In medicine, the concept is not limited to physical health only but it also embraces mental health (Navarro, 1977). People are mentally healthy to the extent that they are free of mental illness. This medical model is the most prevalent idea of health in medical practice and research (cf. Larson, 1999).

The World Health Organization's and Holistic Models of Health

The medical view of health was challenged by the World Health Organization (WHO). According to WHO, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (United Nations, 1984). WHO's constitution also points out that the highest standard of health—physical, mental, and social well-being—is a fundamental right of all persons (Basch, 1990). This concept encompasses the multidimensional nature of health. Due to the WHO's holistic definition of health, health professions have begun to consider individuals as social beings whose health is affected by social behavior and interaction (Bedworth & Bedworth, 1978). The social meaning of health refers to the dimension of an individual's well-being that concerns how one gets along with other people, how other people react to him/her, and how one interacts with social institutions and societal mores (McDowell & Newell, 1987). Yet for some advocates of holistic health, even the WHO model still left out important parts of human experience. For example, Hales (1997) argued that health is "the process of discovering, using, and protecting all the resources within our bodies, minds, spirits, families, communities, and environment" (p. 16). Hales' definition of health includes physical, psychological, spiritual and social perspectives. Still other health theorists add further dimensions in health.

Health and People with Chronic Illness

An acute illness typically involves short-term treatment and requires a complete or partial withdrawal from normal role performance for the full recovery (or death). However, chronic illness and disability do not only require temporary transition; rather they require an *on-going* process of adjustment to the situation. Kinzel (1993) stated that "chronic illnesses are, by definition, not curable" (p. 124). For individuals with chronic illness, be-

ing healthy in the sense of returning to pre-injury/illness condition is not an option, and in some cases, pre-illness/injury role performance may never be achieved (Glick & Kronenfeld, 1989). The medical and holistic sense of health and wellness appear to present an uneasy fit for people who experience chronic and persistent illness. From a conceptual standpoint, there is no definitive health state for individuals with these characteristics, and therefore, their health status remains undefined. For example, is it possible to have complete physical well-being and a spinal cord injury at the same time? Individuals with chronic illness can only recover health within the context of their current life situations, but not in the context of their pre-illness/disability conditions.

Murphy, Scheer, Murphy, and Maack (1988) argued that people with chronic illness live in a marginal state, one which connotes that they have lost their old status and they have not yet acquired a new one. Part of this marginality can be seen in considering the "typical" course of illnesses. We typically think of illnesses as having two phases in which people "get worse" and then they "get better." However, for people with chronic illnesses, although they may have gone through the first phase (getting worse, or sick), they are not "getting better." As a result of this arrested course of illness, Murphy et al. stated that people with physical disabilities dwell "in a kind of limbo," (p. 235) and "in twilight zones of social indelimitation" (p. 237). Turner (1967) also wrote that people in a marginal condition are "betwixt and between," and they are suspended in social space without firm identity or role definition.

Since people with chronic illness face medical and holistic concepts of health which present some absolute states (i.e., an absence of illness, complete physical, mental and social well-being), being healthy presents a dilemma. Recognizing this odd situation, Kagawa-Singer (1993) argued that "these individuals have no socially sanctioned position on the

health-illness continuum, for they are neither sick nor well" (p. 296). She further noted that:

Being neither sick nor well, the chronically ill or disabled are socially in a state of limbo. They must create socially valued positions for themselves by re-establishing the fact that they are still the same individuals even though they are inside bodies which no longer meet society's requirements of 'health.' (p. 296)

Given existing concepts of health, people who have chronic illness are not considered healthy, and may be uncertain with their health status.

An Existential Approach

In this paper, the authors argued that people with chronic illness face great challenges when it comes to defining health. Being in a limbo state, people with chronic illness may not be able to access pre-injury/illness functional levels. Considering the success of medical technology, the aging of the population, and the preservation of biological life, there is likely to be an increase in the number of people who experience chronic illness. This emergence of an *era of chronicity* implies that an increasing problem for healthcare will be to address the needs of people for whom illness is just a fact of life (Jamison, 1998; Nolan & Nolan, 1999). As we begin the 21st century, health care professionals will increasingly work more with people who will never be cured. Thus, meanings of health that go beyond functional meaning become important, and, therefore, should receive an equal attention.

Existentialism provides a useful approach to extend existing health concepts. Existentialism posits that an individual's existence and what he/she does with this existence are life's essence (Yalom, 1980). In his classic work, Frankl (1984) described the search for meaning as a primary motivational force, unique

and specific to each individual. Existentialists have suggested that everything has meaning. Meaning refers to making sense, order, or coherence out of one's existence and also finding a purpose and goal toward which one can strive (Reker, Peacock, & Wong, 1987).

According to Marris (1974), meaning is learned through social interactions and is linked to identity. It provides a frame of reference that helps individuals to provide a justification for their own behavior. Koestenbaum (1976) made a distinction between meaning of life and meaning in life. He describes these as two dimensions of the cosmic world in which a person lives. The former refers to the individual realm of a person's life and the latter emphasizes humanity and the temporal and fragile aspect of individual existence.

Thompson and Janigan (1988) proposed a framework for understanding the search for meaning based on cognitive representations called life schemes, which provide a sense of order and purpose in one's life. A life scheme is based on the views that individuals hold about themselves, and on their set of philosophical beliefs and assumptions about how the world operates or their worldview. According to Thompson and Janigan, finding meaning is a process of changing the life schemes, so that senses of order and purpose are re-established. They defined 'found meaning' as the result of the search for meaning in the experience, similar to Frankl and Yalom's conceptualization of meaning. Similarly, Yalom (1980) refers to the search for meaning as a search for coherence and purpose in life.

Existential Meaning of Chronic Illness/Disability

Before discussing health from an existential perspective, perhaps a brief discussion of what illness means from an existential perspective might be a logical order. Living with a chronic illness leads to a variety of changes and consequences for everyday life (Corbin & Strauss, 1987; Morse, 1997). According to Frank (1995), "serious illness is a loss of the

'destination and map' that had previously guided the ill person's life" (p. 1). Illness contains a variety of meanings and interpretations (e.g., Dunn, 1994; Fife, 1994; Richer & Ezer, 2000). Meizack (1973) noted that pain is "a highly personal experience depending on cultural learning, the meaning of the situation, and other factors that are unique to each individual" (p. 22).

Cassel (1982) stated that "personal meaning is a fundamental dimension of personhood, and there can be no understanding of human illness or suffering without taking it into account" (p. 641). Taking this perspective, viewing illness as a problem of meaning may be a necessary approach to interpret the illness experience of patients. Geertz (1973) explained that although humans have the capacity to live with a certain degree of ambiguity and incoherence, they are not tolerant to chaos. When confronted with paradoxes and crises, people tend to experience a metaphysical anxiety. A natural response in dealing with unpleasant experience associated with chaos is to invent cognitive patterns to bring certain order to a world that at times appears meaningless (Geertz). Without these efforts, humans are left with "the uncomfortable question of whether the beliefs... held about nature were workable, and standards of truth... used valid" (Geertz, p. 101). Of importance is that it is the human nature to explain the inexplicable in time of chaos or crises. Even if people fail to find ultimate meanings, there is some level of assurance that despite ambiguities, contradictions, and suffering, there is a sense of order to life. It is possible to observe this search for meaning in relation to illness with members of our own culture and become aware of some of the commonalities.

Murphy (1990), an anthropologist and a person with spinal cord tumor, wrote about his own illness experience. His search for meaning took him on a journey into the world of disability. He stated that: "As I drift more deeply into physical quietude, I look back at it and would change nothing for I have been overcome by a growing sense of inevitability,

a feeling that paralysis has its own logic and meaning and that I am embedded irrevocably in this structure" (p. 220). Taken all together, it may be that experience of illness occurs when old meanings are disrupted and the individual is unable to reconstruct new meanings and possibilities to adjust to a new life.

Existential Meaning of Health for People with Chronic Disabilities

While the current holistic health concept may be thought to include existential meaning, much of the literature has identified necessary components without conceptual explanation. As discussed earlier, existentialism is concerned with meaning-making. There is a consensus among psychosocial researchers that traumatic life events cause those who experience them to search for meaning in their misfortune (e.g., Frank, 1984; Janoff-Bulman, 1992; Silver, Boon, & Stones, 1983; Taylor, 1983; Thompson, 1985; Thompson & Janigan, 1988). In other words, traumatic life events or personal suffering often triggers a search for meaning in which those involved have a desperate need to make sense of their lives. Finding meaning in a traumatic event can also refer to an individual's search for a "silver lining" in an otherwise negative experience. Thompson, for example, found that people who found positive meaning from the loss of their homes to fire coped better and avoided blaming others for their misfortune. Dunn (1994) reported that people with chronic disabilities actively create personal realities that guide the interpretation and reinterpretation of their negative experiences (i.e., traumatic SCI).

People find meaning using a variety of attributional strategies (e.g., making social comparison, changing life priorities). Some researchers (e.g., Collins, Taylor, & Skokan, 1990; Tait & Silver, 1989) believe that such found meaning may be an integral part of the recovery processes following traumatic life events. Finding positive meaning from an otherwise negative life event is prominent in stud-

ies by numerous scholars (e.g., Taylor, 1983; Taylor & Brown, 1988; Taylor, Wayment, & Collins, 1993). Cassell (1982) noted that it is impossible to understand illness and suffering without taking meaning into consideration. O'Connor, Wicker, and Germino (1990) defined meaning as questions aimed at giving the experience purpose and placing it in the context of a total life pattern. They considered this integration to involve the reworking and redefining of past meanings while at the same time, looking for meaning in the current life situation. Two existing conceptual premises offer valuable insights into both reworking past meanings as well as the search for meaning in the present.

Life Story

Understanding the "life story" of the individual with a disabling illness can be a good starting point to discuss existential meanings of health. The life story includes the *life plans* in the past and the life plans of the wished-to-be future (see Brody, 1987; Kleiber, Brock, Lee, Datilo, & Caldwell, 1995 for details). For most people, their current life story is a reflection of the recollected past and the desired future. Life story is defined as "a person's story of his or her life, or of what he or she thinks is a significant part of that life" (Tilton, 1980, p. 276). Everyone's life is structured like a story, and the entire biographical and autobiographical tradition is based on this story (Robinson, 1990).

The state of "illness" occurs when people with chronic disabilities experience a threat to their story (Brody, 1987). As they change, and as the physical and social world around them changes, they re-write their stories accordingly. People with chronic disabilities constantly attempt to discover an alternative story to help them make sense of a life that involves an adjustment process and acceptance of limitations (Kleiber et al., 1995; Lee, Datilo, Kleiber, & Caldwell, 1996).

One important conceptual suggestion focuses on the particular role individuals find for health in the new stories they write for them-

selves after illnesses/disabilities. In re-writing or re-constructing their life stories, Goffman (1961) offered some important insights of possible stories that people with disabilities might write. In his study of the life path of people receiving psychiatric services, he observed two contrasting life stories:

Given the stage that any person has reached in a career, one typically finds that he constructs an image of his life course—past, present, and future—which selects, abstracts, and distorts in such a way to provide him with a view of himself that he can usefully expound in the current situation If the person can manage to present a view of his current situation which shows the operation of favorable personal qualities in the past and a favorable destiny awaiting for him, it may be called a *success story* [italic added]. If the facts of a person's past and present are extremely dismal, then about the best he can do is to show that he is not responsible for what has become of him, and the term *sad tale* [italic added] is appropriate. (pp. 150–151)

The possible stories that people with chronic illnesses might write may be *success stories* or *sad tales*. When re-writing one's life story, it is a *success story* if one sees bright sides of life in the midst of dealing with chronic disability, while *sad tales* would reflect the pessimistic side. Identification of what stories one writes can be an important consideration for determining how an individual draws meaning from his/her life in spite of incurable illness or disability. One important point to note here is that the use of success stories and sad tales does not imply a reductionist polarization or continuum of health. The two stories were used metaphorically to explain whether an individual makes sense of his/her life. Those individuals who find meaning and make sense of their lives can write

success stories, while those who cannot write sad tales.

McAdams (1993) suggested that one of the central purposes of the life story is to create unity and purpose in daily life. He further suggested that human beings are living for a purpose, and deriving a sense of meaning in their life in the process. Gergen and Gergen (1988) maintained that to the extent that people can successfully weave together the various stories that comprise their lives into a meaningful whole, they can derive a sense of coherence, meaning and purpose from their lives.

Sense of Coherence

Another approach to meaning-making in the presence of disability may be seen through Antonovsky's (1987) Sense of Coherence. Antonovsky posited an approach to understanding health through the concept of sense of coherence. Furthermore, this concept is based on what he termed a "salutogenic" orientation to health. This salutogenic orientation contrasts with a pathogenic orientation in which one of the key concerns in healthcare is related to identifying the causes of illness (pathogenesis). Instead, Antonovsky has argued that health and healthcare should be more concerned with the causes of wellness (salutogenesis). The salutogenic orientation is helpful in understanding the nature of the two types of stories presented above. The salutogenic model takes the position that health is more than the absence of threats to health in the form of stressors in the environment, assuming instead that "in the very nature of human existence, stressors are omnipresent" (p. xii).

The basic salutogenic model examines the question of why some people are better at "making sense" of the countless stressors faced. Thus, health is considered to be essentially an adaptive capacity. To refer back to the life story, those who are more adept in adapting to everyday stressors will likely have greater success in dealing with major stressful events and, as a result, are more likely to be able to construct success stories. Conversely,

those people with poorer adaptive capacity for day-to-day stressors are likely to write sad tales in dealing with major stressors.

One important premise of the salutogenic model is that there is negative entropy in the health ease/dis-ease continuum and that continuous inputs are required to maintain and enhance one's movement towards the health end. Yet some people seem better able to make sense of, and adapt to both major and minor stressors. Antonovsky (1987) argued that although people may use a variety of resources in adapting, the most general resistance resource one could mobilize to confront these stressors is a "sense of coherence." A sense of coherence is a global orientation that represents the extent to which a person has:

a pervasive, enduring though dynamic, feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement. (Antonovsky, p. 19)

Further, Antonovsky (1987) posited that a sense of coherence is composed of three related components. First, comprehensibility refers to the extent to which both internal and external experience make cognitive sense in that they are ordered and structured. Antonovsky characterized this component as "a solid capacity to judge reality" (p. 127) and noted that this component is the core of the sense of coherence concept. Second, manageability refers to the extent to which one has access to the resources required to meet the demands of a stressor-rich environment. Meaningfulness is the final component, and refers to the degree to which one's experiences make sense emotionally. This component is personal in nature and Antonovsky noted that it is related to motivation. That is, people who see their lives as meaningless are less likely to

expand the energy to comprehend and manage ongoing stressors. According to Antonovsky, the component of meaningfulness may be the most critical in developing a sense of coherence, and its links to the concept of existential health are striking.

Link to TR and Coping Literature

This paper introduced two conceptual premises to aid in conceptualizing the existential aspect of health for people with chronic disabilities. While using life story and sense of coherence may not explain the existential aspect of health completely, these concepts clarify this loosely defined aspect of health from an existential point of view. Is an existential approach to health a new attempt? How does existential meaning relate to literature pertinent to coping with disability?

Conceptual Link to TR Literature

While the TR profession has focused on functional meanings of health, the idea of existential aspects of TR practice is not new. Murray (1997) argued that TR is about "purpose and meaning, those things that make life worth living in the first place" (p. 69). She suggested that an important role of TR specialist may be helping our clients find and insert meaning into the substance of their lives. Some good examples of existential TR outcomes identified by Murray and Burton (1997) include: discovering what is at stake in living, making sense of situations, making meaning of/discovering intentionality and struggle in living; making sense of suffering; making sense of being human. Further, outcomes such as re-definition of self, discovery of one's purpose, integrating disability into identity, and mastery and competence in personally meaningful activity are well documented in TR literature (cf., Coyle, Kinney, Shank, & Riley, 1991). Because of these important TR outcomes, Richer and Kaschak (1996) claimed that the future of TR profession rests primarily in existential outcomes.

The mechanism that an individual chooses

to use in order to find meaning is to actively engage in activities to find and create meaning. Dedication to creativity, self-actualization, and self-transcendence are only a few examples of how the individual can create a foundation on which to live (Sartre, 1975; Yalom, 1980). In examining the meaning of the recreation activity, the client may be able to experience a transformation in his/her capacities through recreation activities. Freely chosen, meaningful recreation activities may be conducive for a sense-making process in which the client's new aspects of self are discovered and incorporated into a more integrated view of one's self and one's life.

Conceptual Link to Coping Literature

An existential perspective, particularly the sense-making process, assimilates fundamental ideas associated with the concept of coping by Lazarus and Folkman (1984). Lazarus and Folkman proposed that emotional reactions and coping behaviors are a result of how an individual appraises a stressful situation in terms of its significance for threat, challenge, or benefit to well-being. In other words, coping involves an interpretive process. According to Lazarus and Folkman, individuals appraise a stressful situation in terms of whether it is a potential for harm (i.e., threat appraisal) and a benefit (i.e., challenge appraisal) arising from the encounter as well as appraise their ability to control or manage the situation's demands.

Lazarus and Folkman (1984) further noted that when individuals cope with stressful situations, they begin to ask at least two questions. The first one is: Is this thing (i.e., stressful event or situation) a threat to me? If their answers are yes, then they interpret it as a stressor. This process is what Lazarus and Folkman called "primary appraisal." Primary appraisal is an act of interpretation and giving meaning. They explained that stress is not a quality of the external object; rather, it is a quality in the perceiving subject. After they

perceived it as a threat, the second question arises: What can I do to deal with that? This is the coping process itself and Lazarus and Folkman defined as secondary appraisal. The process of cognitive appraisal facilitates the initiation of coping strategies, which are "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). According to Lazarus and Folkman, these cognitive appraisals and coping strategies engaged in response to a stressor substantially determine adaptive outcomes in emotional, social, and even physical realms.

While coping theory posits sense-making process, Lazarus (1991) later expanded his earlier concept and included importance of personally meaningful goals. In his revised conceptualization of primary appraisal, Lazarus included dimensions of goal relevance and goal congruence. Lazarus stated:

The connection between coping and intentions or goals has not been of interest to those working on the coping process. Yet how the person copes depends not only on the coping possibilities and how they are appraised but also on what a person wants to accomplish in the encounter. Moreover, new agendas arise from the ongoing flow of events in the adaptational encounter. More than one goal is apt to be involved in each encounter, and these are apt to change in primacy and salience. (p. 115)

According to this conceptualization, the more individuals' central life goals are threatened by the illness, the more stressful the situation. In other words, how an individual copes with his/her stressful life situations depends not only on the coping possibilities and how they are appraised but also on what a person wants to accomplish in the encounter.

Conclusion/Implications

In this paper, existing concepts of health were examined in terms of their fit to the lives of people with chronic disabilities. With existing concepts, health care professionals, including therapeutic recreation specialists, may face challenges to empower people with chronic and persistent disabilities to access health. In the existential perspective of health, the meanings people make of their experiences of disability and the life stories they construct offer an important addition to functional health. To reiterate this important point, the existential aspect of health does not negate the existing health concepts, but clarifies somewhat neglected domains.

This paper offers some important implications for TR practice and research. One of the implications for TR practice is that people's stories of their experiences with illnesses or disabilities must be considered in determining their health status. Two people with the same functional health status may construct very different life stories and thus present very different cases for the therapist. Those constructing "sad tales" will require a different approach for treatment than those who construct "success stories." Some have proposed that living with a chronic illness is a transformative experience requiring growth, learning and adaptation to new experience (Paterson, Thorne, Crawford, & Tarko, 1999). One possible avenue for TR intervention may be in assisting people with chronic illnesses and disabilities "make sense" of their lives so that they may construct life stories of success. This idea is consistent with ideals of leisure in which the highest use of leisure is the pursuit of wisdom and understanding (Pieper, 1963). This concept is most akin to the "meaningfulness" dimension of sense of coherence. Therefore, personally chosen, meaningful recreation activities may be conducive to a "restorying" process in which the client's new aspects of self are disclosed.

Another approach to help people in constructing stories of success may be through the

development of mastery. Through the development of mastery and efficacy, clients with chronic illnesses/disabilities may be able to more effectively understand and manage stressors faced in their lives. The history of self-efficacy research has established a fairly strong and consistently identified link between perceptions of personal control and well being (Bandura, 1997).

In assessment, pursuing topics in conversation such as how clients spend their free time, what are their perceived leisure strengths, how they cope with everyday stress and what their desires and needs are in the course of treatment can be highly useful in revealing themes of meaning within the clients' life stories. It is very useful for CTRS to gain a sense of who clients are, and their meaning of recreation activity. Therapists often gain insights into the client's inner life through the spontaneous conversations that emerge during treatment. This fills in the details about the client's personal world related to health and makes the intervention personally relevant. The information gained through the narrative invariably finds its own way into the treatment plan, informing the selection of treatment goals, activities and outcomes.

The use of case history in *Therapeutic Recreation Journal* and a case-based TR textbook by Wilhite and Keller (2000) further illustrate the important role of clients' stories. Narrative and life history methods provide insider's language to define how therapists interact with clients, come to understand the complexity of the therapeutic issues at hand, and decide to deal with those issues in therapy. Central questions include: "Who is this client?" and "How does he/she come to terms with his/her health?"

In addition to implications for practice, study is required to further examine the life experiences of people with chronic illnesses/disabilities. For example, although this paper identifies two types of life stories as examples, do people with chronic illnesses create other types of life stories? Also, do people's life stories have a singular nature (e.g., always a

"success story"), or do they vacillate between success and sadness? Kelly (1987) found that some life stories constructed by older adults had a single theme whereas others alternated between two different themes. Thus, further study of life stories of people with chronic illnesses/disabilities should be attuned to variability in patterns of story construction.

Finally, the premise of this paper is that life stories mediate functional health to produce the overall understanding of health for people with chronic disabilities. Although there are both theoretical and empirical supports for this existential model of health, clearly, further empirical evidence is required to further support this premise. Furthermore, future study should examine if and how this existential meaning of health relates to overall life quality for people whose disabilities are "incurable."

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Inclusive Volunteering: Benefits to Participants and Community

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Society has become increasingly interested in volunteerism. After previous research revealed a lack of volunteer opportunities for individuals with disabilities, a pilot project was developed to examine the benefits of volunteerism for this population, as well as their nondisabled peers and the agency in which they served. The project involved college undergraduates and adolescents from a local school for students with disabilities. After two semesters of work for a local agency, benefits were discussed and evaluated. Benefits to the participants with disabilities included pride, skill development and generalization, empowerment, and increases in social interaction and verbal communication. Benefits to the participants without disabilities included positive attitude change, increased social interaction, and professional development. Benefits were also recognized for the agency involved and the community at large. Implications are provided for further research and project replication.

KEY WORDS: *Community, Developmental Disabilities, Inclusion, Volunteerism*

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