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Meanings of therapeutic recreation: Professionals’ perspectives

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Abstract
Debate regarding definitions and philosophies of therapeutic recreation (TR) is ongoing. Those who favour the recreational therapy approach view leisure as a modality to improved health, whereas those who ascribe to the therapeutic recreation approach prioritize leisure experiences over addressing symptoms of illness or disability. However, there is a paucity of research exploring professionals’ perspectives on the meaning of TR. To address this gap, we conducted 19 interviews and 8 focus groups with TR professionals. Thematic analysis was used to generate several themes related to meanings of TR. These meanings included enabling joyful and meaningful experiences, enhancing well-being and quality of life, enabling choice and independence, relationship-building and belonging, and personal and professional rewards. Our findings demonstrate that participants tended towards a leisure-focused, strengths-based approach to TR by valuing their clients’ leisure preferences and choices while focusing on their abilities rather than deficits.

Keywords: TR professionals, strengths, meaning of TR
Introduction

Varying philosophies and definitions of Therapeutic Recreation (TR) have persisted since the early development of the profession (Dieser & Mobily, 2019; Mobily & Dieser, 2018; Wozencroft, Kennedy, & Pihera, 2009) with the longstanding “ends vs. means” debate leading to tension in the field (Beck, 2017). Some argue that the profession is better served by the terminology “recreational therapy” which espouses that engagement in leisure is simply a modality for improvements in health (e.g. Austin & Van Puymbroeck, 2014), whereas others argue that TR is better served by focusing on leisure itself as the outcome of TR (e.g. Sylvester, 2015). While debate regarding these positions is ongoing, little research has explored the meanings that TR professionals have ascribed to TR, and researchers have called for increased understanding of the perspectives of TR professionals themselves (Mobily & Morris, 2018; Wozencroft & Griffiths, 2012). Thus, the purpose of this article is to explore the meanings that TR professionals working in a central Canadian province ascribe to the profession.

Literature review

Defining TR.

Several definitions of TR have been crafted as the profession has evolved, reflecting a diversity of perspectives. Historically, TR has roots in the medical model, which focused on “repairing the person” (Mobily & Dieser, 2018, p. 3). This model continues to dominate the profession today (Mobily & Dieser, 2018). In keeping with the medical model, Austin and Van Puymbroeck (2016) conceptualize recreational therapy as a health care profession aimed at “…improving, maintaining, or enhancing the health and well-being of clients”, and further argue
that the purpose of recreational therapy is to “ameliorate illness and disability” (p. 8). This perspective prioritizes health over leisure engagement.

Other definitions of TR provide a different perspective on the profession. For example, in their *Foundations of Therapeutic Recreation* textbook, Robertson and Long (2020) define Therapeutic Recreation as “the purposeful use and enhancement of leisure as a way to maximize a person’s overall health, well-being, and quality of life” (p. 4). This definition acknowledges the importance of leisure within TR and provides a broader perspective by including quality of life in addition to health and well-being.

Neither of the above definitions reflect recent discourse within the TR literature that has explored topics such as social justice and TR (Arai, Berbary, & Dupuis, 2015), the social model of disability (Mobily & Dieser, 2018; Mobily, Walter, & Finley, 2015), and a strengths-based approach to TR (Anderson & Heyne, 2012, 2016). These perspectives emphasize adapting the environment rather than ‘fixing’, or curing, the individual (Dieser & Mobily, 2019; Mobily & Dieser, 2018), and the role TR can play in facilitating opportunities for social justice among marginalized individuals (Arai et al., 2015; Eales & Goodwin, 2015). These discussions aim to move TR away from a medical, deficits-based approach, and instead focus on strengths and dreams. Reflective of this recent discourse, Anderson and Heyne (2012), adopting a strengths-based approach, defined TR as:

*Purposeful and careful facilitation of quality leisure experiences and the development of personal and environmental strengths, which lead to greater well-being for people due to illness, disability, or other life circumstances, need individualized assistance in achieving their goals and dreams.* (p. 130)
In contrast to the medical model, the strengths approach emphasizes individual, family, and community strengths that support engagement in leisure (Anderson & Heyne, 2012). Focusing on strengths and dreams may contribute to feelings of fulfillment (Hood & Carruthers, 2016).

In addition to the strengths-based approach, Dieser and Mobily (2019) encourage recreation therapists to adopt a “parks and recreation” approach, which focuses on providing a variety of leisure opportunities, along with an ecological approach that considers the individual’s environment. Together, these approaches can create a more comfortable health care experience that reduces stress and contributes to feelings of normalization within health care settings (Dieser & Mobily, 2019).

Looking through a social justice lens, Wise (2015) suggests that TR has an important role to play in facilitating equitable opportunities for leisure engagement. By taking a social justice approach to TR, those who are often marginalized in our society can experience inclusion and citizenship (Fortune & Yuen, 2015). For example, Eales and Goodwin (2015) show how an integrated dance program can be used to address social injustice and develop supportive, interdependent relationships. Similarly, Fortune and Yuen (2015) report on a community arts program that promotes inclusion among formerly incarcerated women returning to the community, who typically experience exclusion. When TR practice is influenced by the principles of social justice, those who are often marginalized in our society can experience inclusion and citizenship (Fortune & Yuen, 2015). However, whether or not these discourses influence the meanings TR professionals ascribe to TR is unclear.

Despite variances, Daly and Kunstler (2019) argue that there are four commonalities amongst all definitions of TR. These commonalities include: purposeful selection of leisure to bring about an outcome; enhancement of independent functioning; a focus on quality of life and
health; and a focus on the individual, within their environment. They suggest that TR is a profession that aims to facilitate positive change amongst clients.

**Professionals’ perspectives on TR.**

While “textbook” definitions provide a succinct overview of what TR is, gaining the perspectives of professionals themselves may provide additional insight into these definitions and how they play out in practice. In this section, we review literature focused on professionals’ perspectives of TR.

Mobily and Morris (2018) conducted a focus group to evaluate definitions of TR. Their findings revealed that professionals working in the field focus on quality of life, the relationship between the therapist and the client, and client enjoyment in their practice. Furthermore, Mobily and Morris invited research participants to provide their own definitions of TR, which tended to focus on reducing or eliminating barriers and limitations that impact leisure participation, as well as improvements in independence and functioning.

In addition to Mobily and Morris’s (2018) evaluation, Reid, Landy, and Leon (2013) surveyed TR professionals, asking respondents how they describe TR to others. The study participants reported they did so by explaining the purpose of TR (e.g., meeting needs, improving lifestyle, maintaining quality of life, increasing leisure involvement), the TR process (including reference to Assessment, Planning, Implementation, and Evaluation, as well as a holistic approach, outcomes, choice, and adaptation), and the population served (e.g., older adults, children). According to study participants, purposes of TR included meeting needs, improving health, maintaining quality of life, as well as engagement in leisure. When explaining TR to others, study participants focused on a holistic approach, purposeful intervention, choice, adaptation, and the TR process itself. Furthermore, survey respondents in Reid et al.’s study
(2013) identified TR with values such as knowledge, desire to help others, a passion for leisure and for the profession, and person-centred, strengths-based approaches. Indeed, some TR professionals value social over medical models of care and consider the whole person in their interactions with clients (Hebblethwaite, 2013).

Different from the previous studies, Wozencroft et al. (2009) analyzed online discussions regarding terminology (e.g., therapeutic recreation vs. recreation therapy). While their study did not focus specifically on meanings of TR, the findings suggest that the field remains divided regarding terminology, with some professionals preferring recreation therapy, and others preferring therapeutic recreation. Still others preferred a combination of both terms.

Hebblethwaite’s (2013) interpretive study lends deeper insight into TR professionals’ perspectives. Hebblethwaite explored the challenges and opportunities of providing person-centred care. The study participants reported a commitment to person-centred care, but also experienced several tensions related to the practice. These tensions included facility routines and schedules which limited options for choice among residents, documentation and statistics policies which focused on quantity over quality of participation, the dominance of the medical model of care, which made interdisciplinary collaboration challenging. Despite these tensions, study participants reported implementing programs that honored choice and identity of residents and supported family member engagement.

Research on professionals’ perspectives of TR is limited, and it is unknown whether recent discourses that focus on strengths along with the longstanding “means-ends debate”, are influencing the meanings professionals ascribe to TR. As such, we aimed to better understand what TR means to professionals who are providing TR services in Central Canada.

**Methods**
Study context.

The findings explored in this article come from a larger, explanatory sequential mixed methods study (Creswell & Creswell, 2018) exploring strengths, resources, and challenges of TR professionals in a central Canadian province. Data collection occurred in two phases: phase 1 involved an online survey and phase 2 involved individual interviews and focus groups that allowed us to go deeper into the strengths and challenges identified within the survey. In this article, we focus specifically on data from phase 2 of the study. In particular, we focus on how participants described what TR meant to them.

Participants.

Participants were recruited in several ways. First, we invited survey participants from phase 1 to share their email address with us if they were interested in participating in an interview or focus group. These participants were then contacted and an interview or focus group was arranged. Second, invitations to participate were sent out through social media, and via email through professional associations relevant to TR. Third, we scheduled some focus groups around professional development sessions and invited professionals to participate in a focus group while attending the sessions. Fourth, some snowball sampling occurred as participants shared our contact information with other TR professionals who they thought might be interested in participating in the study.

Ninety-seven TR professionals participated in phase 2 of the study. Ninety-one of these participants identified as female, and 76 reported working in long-term care. Years of experience ranged from less than one year to 30 years or more. In terms of education, 52 participants had a Bachelor’s degree or diploma in TR. The most commonly held job titles were
Recreation Therapist and Recreation Coordinator (Please see table 1 for additional demographic information).

Insert Table 1 About Here

**Data collection and analysis.**

Data were collected through 19 individual interviews and eight focus groups, which were audio recorded and transcribed verbatim. Interviews ranged from about 25 to 70 minutes in length. The size of the focus groups varied, ranging from two participants to 14 participants, and were 45 minutes to 75 minutes in length. Using semi-structured, open-ended interview guides, we asked participants to describe what TR meant to them, and indicated that we were not looking for a “textbook” definition in their response to the question (Please see Table 2).

Insert Table 2 about here

Data analysis was guided by Braun and Clarke’s (2006) flexible steps for thematic analysis, which allows for a rich account of the data. Braun and Clarke (2006) outline five phases of data analysis. Phase 1, familiarization, occurred as the first author listened to recordings and read the transcripts several times. In phase 2, generating initial codes, the first author re-read the transcripts, noting initial codes within the margins of the transcripts. Initial codes were transferred into a Word document and loosely organized by topic (e.g., all codes reflecting meanings of TR were grouped together). In phase 3, searching for themes, the first author shared initial codes with the research team who, through an iterative process, organized them into themes and subthemes. Regular team meetings were held to allow for thorough discussion of the themes and subthemes. In phase 4, reviewing the themes, and phase 5, defining and naming the themes, the first author added relevant quotes to support the themes and created a
thematic map of the analysis, which was subsequently shared with the research team for feedback. Through this process, several themes related to meanings of TR were generated.

In order to enhance trustworthiness, the research team, which was comprised largely of TR academics and professionals working in the field, met frequently and discussed whether or not the themes and subthemes as presented reflected the realities of TR practice in the province. The research team thus served as a group of “critical friends” who verified the findings in order to ensure trustworthiness (Creswell & Plano-Clark, 2018). In addition, the first author maintained reflexive notes on both the research process and relationships between themes and subthemes, as well as on personal perspectives about TR and the study throughout the process to enhance trustworthiness (Walsh, 2003).

Findings

Participants viewed TR as purposeful use of leisure to bring about not only positive change, but also to facilitate opportunities for positive experiences. Participants ascribed several meanings to TR, including enabling joyful and meaningful experiences, enhancing well-being and quality of life, enabling choice and independence, relationship-building and belonging, and personal and professional rewards.

Enabling joyful and meaningful experiences.

Opportunities to experience joy and engage in pursuits that contributed to meaning were identified as a vital component of TR. Study participants valued leisure engagement for its capacity to ignite positive feelings and experiences, and recognized that joy is a vital part of the human experience:
I think TR is helping people believe in themselves and finding joy, a little bit of joy in their life, no matter how small or large that is, every day and if I can help with that, I've accomplished what I want to do. (Focus Group 4)

A Recreation Therapist emphasized that while focusing on functioning is necessary for quality of life, experiencing enjoyment is equally important.

Rec therapy to me means giving people some quality to their life, hopefully, triggering that joy that comes with living. You know, it’s one thing to have function, but it’s another thing to actually… enjoy what you’re able to do. (Participant 2, Interview)

Through identification of clients’ strengths, participants were able to help their clients find ways to experience meaning and joy: “I think it’s being able to find an individual’s strengths and focus on that. So to create enjoyable leisure activities that they’ll be able to succeed in, that focus on their strengths” (Participant 11, Interview). Participants felt that focusing on strengths not only triggered feelings of joy, but led to feelings of accomplishment and a sense of belonging as well: “It brings the clients, great joy, and fulfillment of feeling valued. They feel accomplished. They feel creative. They feel like they’re a part of the community and society that they’re in” (Participant 6, Interview).

Participants emphasized that their roles were more than just providing opportunities to engage in “activities” or as a means of diversion but rather facilitating opportunities that were deemed meaningful by the clients themselves. Meaningful activities varied based on individual interests and preferences, and thus participants strived to provide a variety of opportunities:

I think one of the big things for me is [a] meaningful life for our residents, having meaningful things to do. Um not just be you know kind of herded all into the same
groups all at the same time doing the same thing. Individual, meaningful activities for everybody. (Focus Group 5)

Participants described meaningful experiences as opportunities to succeed, feel connected and make a contribution. When asked what TR meant, a participant who worked in long-term care stated:

To me it is providing opportunities for meaningful experiences, programs for people who live with disabilities or chronic illnesses. Providing them ways to feel connected, to feel like they still have things that they can give back. They have skills that they can share….so finding the right avenues to set them up to be successful, and focus on their abilities, not disabilities. (Participant 9, interview)

**Enhancing well-being and quality of life.**

In addition to joyful and meaningful experiences, several participants reported that the role of TR professionals was to provide opportunities for clients to experience improvements in well-being and quality of life: “I like to explain therapeutic recreation as recreation and leisure being a tool to improve all domains of functioning, as well as improving quality of life…” (Participant 4, interview). In order to enhance well-being and quality of life, participants focused on the whole person: “To me it’s a way of supporting and helping people with healing and wellness that can really take into account the person, and the whole person” (Focus Group 5).

By focusing on the whole person, participants emphasized that illness, disability, or age should not limit opportunities for personal growth and exploration: “Because someone needs long term care shouldn't change what they want to achieve in their life, shouldn't stop growth. We should always look for achieving every individual's domains of well-being and making sure those are addressed” (Focus group 5, LTC).
Similar to enabling joy and meaning, participants perceived that focusing on strengths contributed to enhanced well-being and quality of life. In the quote below, the Recreation Therapist explains how addressing strengths can lead to a better life, yet also focuses on the importance of building connections to reduce isolation:

It means showing people their strengths and working with them to… [to learn] the skill sets that they need through…recreation or leisure and education to have a better life. To get out there. Like, for instance, in mental health, we focus a lot on healthy activities, self-care, coping skills—all those things that tie into taking care of yourself with recreation and leisure. A lot of social connections, making those connections, too, because a lot of people isolate themselves. (Participant 7, Interview)

A Recreation Coordinator provided a specific example, demonstrating how meaningful leisure contributed to enhancements in quality of life and well-being:

I have a resident who is maybe early 70s and was very involved in the community, constantly outside in his yard doing yard work, but has lost a lot of his mobility and just stiffened up a lot. So I was able to take him home…to their backyard where they have an apple tree. And I was amazed. He was able to pick all the apples off the tree himself and was able to reach to grab the branches and that kind of stuff. Whereas normally in the facility, his range of motion isn’t that increased. (Participant 17, Interview)

By drawing on the client’s leisure interests, the participant was able to facilitate improvements in physical well-being outside of the facility.

**Enabling choice and independence.**

In addition to enhancing quality of life and well-being participants described TR as providing opportunities for clients to be self-determined and exercise their independence. In
their practice, they aimed to maximize choice based on individuals’ abilities and preferences. They perceived TR as a vehicle for developing skills needed for independence, a chance to try new things, and believed that respecting clients’ preferences and decisions was vital for having a positive impact:

Therapeutic recreation is about being resident-centered or person-centered, ‘cause you want to make sure it’s about the person and keeping true to who they are, their identity, and finding something that they actually like to do…And it’s about helping them maintain and also improve their quality of life, not just doing nothing. (Focus group 3)

Facilitating opportunities to develop skills and knowledge needed for independent leisure participation was viewed as an important part of the participants’ jobs. Two Recreation Therapists who were working in mental health described the role of TR as assisting clients to increase their independence: “And we can also teach people to access…leisure pursuits on their own. In the community” (Participant 1, Interview). Likewise, a second Recreation Therapist stated: “We’re about showing people things that they can do for themselves, and be independent in the community” (Participant 3, Interview).

Providing opportunities to try new things while respecting preferences was viewed as an important characteristic of TR:

I think a lot of people, myself included, there's things I've never done, but if somebody gave me the opportunity, I may try it and maybe I'm not going to like it, but how the heck do I know unless I try it? So I like to encourage them to give something a try. A lot of people say, oh that was no good, I don't like that music, take me back, they're gone! Like that's not fun and that's not recreation if you're told you have to do it. (Focus group 1)
In the quote above, the participant stresses the importance of not only creating choice by introducing clients to new leisure activities, but respecting choice based on personal tastes and interests. Other participants similarly noted that TR means respecting all leisure related choices, including the decision not to participate in leisure. A participant shared a story about one of her clients whose family members insisted that their loved one go outside each day. The study participant prioritized her client’s choice over the family members’ preferences:

We need to understand that residents have choice. And we may not always agree with it, but they still have that right….we’ve got one gentleman who’s family says he has to be outside every afternoon. Every afternoon…And I’ve said, ‘But he said no to me’. ‘Well, no, you just take him by the hand and you take him out.’ And I’m like, ‘I can’t. He’s looked me in the eyes, and he doesn’t offer me his hand’, and he says, ‘Oh, I don’t want to go.’ He does not want to go. I can’t possibly take him then. ‘Well, he’s got the mentality of a three-year-old. So you should just take him by the hand and take him outside.’ I said, ‘He looks at me…and his voice changes. And then he won’t look at me. And then he won’t take my hand. Which to me means, he doesn’t want to go and I can’t make him go.’

(Participant 9, Interview)

This participant believed that her role as a TR professional meant respecting the individual’s choice, regardless of their age or cognitive ability. She went on to state:

Recreation is about choice too. I think that’s another thing we have to get people to realize is they have the right to choose. Just because they have dementia, just because they have a disability doesn’t mean they don’t have the right to still make decisions about their life.

(Participant 9, Interview)
Honouring choice and promoting independence was viewed as a vital component of TR services amongst the participants.

**Relationship building and belonging.**

In addition to choice and independence, study participants valued the opportunities for building relationships with their clients and found meaning in connecting with them as part of their roles as TR professionals. When asked what TR meant to them, a participant responded: “TR…is the most important part of our folks’ day. I like to engage people, I like to have that one on one with people and you build those special relationships” (Focus group 5). In the same focus group, another participant stated: “I think one of my favourite things is a lot of the intimacy that can build with each resident”. Another participant described the unique relationship that TR professionals develop with clients based on leisure interests:

It’s, for me, a way of engaging people where I am on a different level than anyone else…as a recreational therapist, I can build a rapport that’s built more on the personal likes and stuff of the person, and their personality. I don’t have to give them medications. I don’t tell them they’re not going to drive. I don’t tell them they can’t move home. I don’t tell them when they’re discharge date is. So I can build a really unique perspective with them as a recreational therapist, which I think is one of the strong suits. (Participant 1, Interview)

Participants acknowledged that these relationships were mutually rewarding and reciprocal. While they viewed their role as one of building therapeutic relationships with clients, they valued the contributions that the residents brought to their lives as well through these relationships: “We can learn from them. One lady said to me ‘why am I here, there's nothing left. I said ‘oh my goodness you bless me every day. You teach me something’” (Focus Group 5).
Strong, reciprocal relationships with clients contributed to the meaning of TR for the participants.

**Personal and professional rewards.**

While the previous themes focus on how TR benefits the clients, participants also told us about the personal and professional rewards that resulted through TR practice. These rewards further contributed to the meaning of TR. Having an opportunity to have a positive impact on the lives of others was particularly meaningful: “…I feel like I make a big difference and it makes me feel satisfied and it gives my life meaning” (Focus group 7). Furthermore, the opportunity to learn and grow as an individual was valued: “I think doing my job, it teaches me to be a better person. It humbles me and I’m grateful to be able to be a blessing for somebody who’s less likely, even when I’m having a tough day” (Focus Group 7).

A Recreation Coordinator told us how fortunate she feels to be working in this profession. The scope of her practice allows her to play multiple meaningful roles in the lives of others:

I wrote a note to [a colleague] – we were bragging about how much we liked our jobs just to each other. I said to her, ‘… have I told you lately how much I love my job? I get to be a motivator, a teacher, a facilitator, a mentor, a leader, a mother, a friend. All these different things.’ And I just went on and on... I said, ‘That’s all I’ve ever wanted to be is all these things.’ (Participant 6, Interview)

As TR professionals, participants felt that their roles in enabling meaning enjoy, enhancing well-being, and relationship-building, led to personally meaningful careers.

**Discussion**

Through individual interviews and focus group discussions we were able to gain a deeper understanding of what TR means to those who are working in the field. The findings present a
more nuanced perspective on meanings of TR than can be found in a “textbook” definition, and help to expand those provided by academics. For the study participants, the meaning of TR emerged from the benefits and opportunities that leisure engagement presented to clients. They acknowledged that TR has purpose and the role is not simply to entertain or distract clients (Daly & Kunstler, 2019). Their view of TR’s purpose went beyond enhanced well-being and quality of life, common characteristic of TR definitions, to include a sense of joy, meaning, and belonging. These findings support Sylvester’s (1987) contention that leisure is the ultimate goal of TR and the role of the professional is to “…assist people in various states of health to bring joy, value, and meaning to their lives” (p. 86). Furthermore, they diverge from the recreational therapy approach to TR which focuses on health outcomes (Austin & Van Puymbroeck, 2016).

Much like Hebblethwaite’s (2013) findings, participants in this study valued a strengths-based, person-centred approach and appreciated the flexibility afforded by TR to build connections with clients and provide opportunities that are not available in other aspects of health care. Indeed, the participants, without prompting, emphasized the importance of strengths and dreams, suggesting a strong connection to Anderson and Heyne’s (2012) strengths-based definition of TR. They did so in practice by honing in on individual strengths and interests, developing strong therapeutic relationships with clients, and respecting choices and preferences.

The meanings of TR described were aligned with the four components TR definitions presented earlier. Participants of this study described TR in terms of its purposeful nature, as being person-centred and holistic, and as having a positive impact on well-being and quality of life. Furthermore, while Daly and Kunstler (2019) argue that TR focuses on independence, professionals in this study recognized that independence may vary across individuals and populations, depending on their strengths and needs. Choice, however, was strongly valued
among TR professionals, perhaps as a way of supporting independence to the greatest degree possible. The participants’ emphasis on the importance of offering and respecting choice reflects self-determination, a key component of the foundation of TR (Dieser & Mobily, 2019; Stumbo & Peterson, 2018).

Indeed, our findings reflect Sylvester’s (2015) argument that TR is aimed at the use of leisure as a means for self-determination and growth. Sylvester argues that leisure contributes to well-being and quality of life, in keeping with the beliefs of the participants in this study. From this perspective, TR’s purpose is about “helping people to use their autonomy, interests and strengths to grow and develop” (p. 79), rather than treating illnesses or disabilities.

**Practical implications.**

Recently, the notion of flourishing through leisure has been considered within the TR literature (Anderson & Heyne, 2012, 2016; Wise, 2015). Since TR professionals are providing opportunities to experience well-being, meaning, joy, and belonging through leisure engagement, the Flourishing through Leisure (Anderson & Heyne, 2012) model may provide a suitable framework for TR services. The Flourishing through Leisure Model is rooted in a strengths-based approach to TR as well as an ecological approach which considers the clients’ environment. Outcomes of the model include “enhanced leisure experiences and positive change across the domains of well-being. These outcomes, in which the participant experiences successful, satisfying, and productive engagement with their life (Hood & Carruthers, 2007), lead to a flourishing life” (Anderson & Heyne, 2015, p.120).

In addition to the Flourishing through Leisure model, the findings of this study can be considered in light of professional associations’ definitions of therapeutic recreation. In particular, the Canadian Therapeutic Recreation Association (CTRA) defines therapeutic
recreation as: “… a health care profession that utilizes a therapeutic process, involving leisure, recreation and play as a primary tool for each individual to achieve their highest level of independence and quality of life.” (CTRA, 2020, para. 2). They go on to describe the role of the recreation therapist:

Recreation Therapists are among the allied health professionals who work in a variety of health care settings. Recreation Therapists use forms of recreation, leisure, and play as treatments modalities to support purposeful and meaningful interventions that are based on individual strengths and values, and are guided by assessments. These health care professionals utilize the APIED (Assess, Plan, Implement, Evaluate, and Document) process to direct service delivery. (CTRA, 2020, para. 4)

CTRA’s definition and description of TR is in keeping with the findings presented here. Similar to our participants, this definition emphasizes quality of life, as much independence as possible, client strengths, and engagement in meaningful and purposeful leisure. This may suggest that professionals who participated in this study are philosophically aligned with their national professional organization. In addition, it may suggest that CTRA’s definition serves as a starting point for discussions about what TR means to professionals. TR professionals and educators may benefit from utilizing this definition along with the description of the role of recreation therapists in developing their own TR philosophies and as a way to teach others about the profession. Indeed, this definition expands upon the textbook definitions offered at within the literature review by describing not only what TR is, but also how it is done.

Greater consideration of the parks and recreation approach, with its focus on pleasure, may also be warranted in TR practice. This approach is ecological in nature and focuses on changing the environment rather than the person. Dieser and Mobily’s (2019) case studies of
two health care settings demonstrate that providing a diverse range of leisure opportunities (e.g., arts, music, meditation, nature-based activities, libraries, and clubs) that meet a wide variety of interests and abilities have important benefits, such as reduction of stress, for patients who are hospitalized. Our findings suggest that participants of this study are already focusing on leisure experiences for their clients, thus continuing to provide leisure activities for enjoyment or pleasure is an important consideration in future practice.

**Future research.**

Our findings provide insight into meanings of TR for those working in the field, however additional research is warranted. While participants worked in a variety of settings, most worked in long-term care. Comparisons across service settings may provide additional insight into whether meanings of TR vary depending on the clients served. Research focused specifically on how professionals promote joy, meaning, and belonging in TR is needed. Further research on how TR professionals enable flourishing through leisure would provide additional insight into their roles.

Finally, as previously noted, recent discourses have considered the role that TR has to play in social justice for marginalized individuals. While participants in this study did not explicitly identify social justice as part of their practice, their underlying values of a holistic, person-centred approach to TR suggest that access to leisure opportunities for their own sake was viewed as an important component of TR practice. Further exploration of professionals’ perspectives regarding how TR can promote social justice would lend greater insight into the role of TR in working with clients to support social justice and inclusion through engagement in leisure.

**Conclusion**
The findings presented in this article expand our understandings of how TR professionals perceive their work and the meanings they ascribe to it. Our study participants believed that the purpose of TR was to facilitate opportunities for their clients to experience enhanced well-being, to experience joy and meaning, and to connect with others. These meanings reflect a person-centred, strengths-based, leisure focused approach to TR. Thus, our findings suggest that TR professionals in who participated in this study may be more closely aligned with Sylvester’s (1987, 2015) perspective that leisure is at the centre of TR rather than health. Furthermore, our findings are unique in demonstrating that TR professionals not only consider the meanings and benefits of leisure for their clients, but also find meaning in personal and professional growth they experience as TR professionals.

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