

A QUALITATIVE STUDY EXAMINING HOW CANADIAN CERTIFIED THERAPEUTIC RECREATION SPECIALISTS MANAGE CROSS-ETHNIC INTERACTION: AWARENESS AND IDIOCENTRICISM

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Despite the increased literature regarding cross-cultural and diversity issues in therapeutic recreation (e.g., Allison & Smith, 1990; Beveridge, 1998; Dieser & Peregoy, 1999; Fox & van Dyck, 1997; Peregoy & Dieser, 1997), there still is a dearth of research investigating cross-cultural and diversity issues in therapeutic recreation practice. In particular, there has been almost no research directed toward diversity in therapeutic recreation practice models. The study presented in this paper identifies, from the perspective of six Canadian certified therapeutic recreation specialists, how therapeutic recreation professionals who employ therapeutic recreation practice models manage cross-ethnic interactions in therapeutic recreation programs.

Literature Review

Therapeutic Recreation Practice Models

Therapeutic recreation practice models guide therapeutic recreation specialists in the process of intervention (Bullock & Mahon, 1997). That is, a practice model provides a framework for selecting, sequencing, and organizing therapeutic recreation programming (Bullock, 1998; Bullock & Mahon, 1997). Practice models provide professionals with a framework for thinking — models shape the observations professionals make, the questions they ask, and the answers they provide (Freysinger, 1999).

The Leisure Ability model: The Leisure Ability model is a three-phase model oriented toward the development of an independent leisure lifestyle (Peterson & Stumbo, 2000). The first phase, treatment, focuses on the improvement of functional abilities through recreation and leisure activities. The second phase, leisure education, concentrates upon the development of skills, attitudes, and knowledge related to leisure participation. The last phase, recreation participation, focuses on acquisition of activity-based services to foster participation in recreation experiences "for the enjoyment of self-expression" (Peterson & Gunn, 1984, p. 7). The Leisure Ability model strives for the development of an independent leisure lifestyle (Stumbo & Peterson, 1998), which "... entails being intrinsically motivated, having an internal locus of control and feeling a sense of personal causality" (p. 86).

Health Protection/Health Promotion model: The goal of the Health Protection/Health Promotion model is optimal health, which is defined as self-actualization (Austin 1996, 1998). Austin (1996) posited that as clients move toward optimal health, they exercise greater choice until they move to the point at which they experience self-actualization. This model has three phases. In the first phase of prescriptive activities, therapeutic recreation specialists prescribe activities to assist clients in regaining a sense of control over their lives. During this phase, stabilizing and structuring by therapeutic recreation specialists are important so that clients can master certain activities and recapture personal control. In the recreation phase, the actualization tendency of clients begins to grow as the stability tendency begins to decline and a sense of mastery develops. In this stage, therapeutic recreation is used as a treatment modality. During the last phase, entitled leisure, self actualization (optimal health) occurs due to self-directed leisure activities, which leads clients toward self-efficacy, empowerment, and self-actualization.

Ethnicity

Ethnicity includes a shared sociocultural or ancestral heritage, which includes the biological, cultural, social, and psychological domains of life (Buriel, 1987; Pedersen, 1997). Minority refers to smaller or fewer in number (Soukhanov, 1992). Hence, in this paper, ethnic minority was defined as groups of people who share a sociocultural or ancestral heritage who are fewer in number than White, Euro-North American people (e.g., First Nation People). To this end, there are numerous ethnic minority groups in Canada (and the United States) who embrace collectivistic values (e.g., First Nation people, Asian-Canadians, African-Canadians) (see Day, 2000; Sue & Sue, 1990). Collectivistic values give priority to the goals of the group, which is often family and ethnic group (see Myers, 1993; Matsumoto, 1996). In regard to therapeutic recreation programming for people from ethnic minority groups, Dieser and Peregoy (1999) and Sylvester, Ellis, and Voelkl (2001) highlighted the scant attention that therapeutic recreation practice models devote to cross-ethnic program delivery.

Methods

This qualitative investigation asked Canadian certified therapeutic recreation professionals how they utilize the Leisure Ability model and the Health Protection/Health Promotion model to manage cross-ethnic interactions in therapeutic recreation programs. To accomplish this research objective, semi-structured interviews were conducted — these interviews attempted to describe the world from the research participant's point of view, to uncover understanding of their lived realities in therapeutic recreation practice.

The primary criterion of eligibility to participate in the study was that a therapeutic recreation specialist: (1)

must have utilized a therapeutic recreation model while working with a client from an ethnic minority culture (2) the therapeutic recreation specialist resided in Canada, and (3) the therapeutic recreation specialist was certified via the National Council for Therapeutic Recreation Certification.

Research Findings

The results that follow present the most salient and consistent themes and perspectives described by the research participants. Specifically, the prominent themes that emerged from the research participants were 1) implementation of Euro North-American universal notions; 2) awareness of diversity issues; 3) awareness of limited diversity training; and 4) importance of family involvement.

Implementation of Euro North American Universal Notions: "Just normal leisure habits"

One of the most notable themes among the research participants was to begin describing the purpose of therapeutic recreation in broad and generic terms. In particular, participants explained that the purpose of therapeutic recreation was to increase quality of life, life skills wellness, or personal meaning in life. However, as the researcher explored the meaning of these broad terms, all six participants articulated the purpose of therapeutic recreation was to implement Euro-North American individualistic notions of personal choice, individual autonomy, selfhood, and independence. As some leisure professionals and scholars have highlighted (Dieser, 1999; Dieser, 2000; Dieser and Peregoy, 1999; Fox & van Dyck, 1997) terms such as personal choice and development, individual autonomy, and independence are notions that are premised upon Euro North-American White individualistic-oriented cultures and may be inappropriate for clients from ethnic groups who embrace collectivistic values.

Awareness of Diversity Issues: "How much of this is cultural, how much of this is them?"

A prominent theme among all participants was an awareness of and struggle with understanding diversity issues. Although all of the research participants were aware of diversity and were struggling with diversity issues, they dealt with the struggle of diversity in two ways: some embraced diversity while others avoided or reduced the question of diversity. The therapeutic recreation specialists who embraced diversity supported client's involvement in cultural activities, even if they did not understand the meaning of these activities. In particular, these therapeutic recreation specialists changed professional roles from "expert" to "learner" or "student." Other research participants did not embrace diversity — they avoided the complexity of diversity and reduced it to idiocentric notions (individualistic tendencies observed at the individual level [see Matsumoto, 1996]).

Awareness of Limited Diversity Training: "Their curriculum is in the toilet"

A profession's commitment to diversity is reflected in the extent to which diversity training is embraced and communicated through training programs (Bedini & Stone, 2000; Peregoy, Schliebner, & Dieser, 1997). This point was implicit as research participants clearly explained that training programs lacked diversity training at both the university and certification level. To this end, many research participants speculated that a cultural assessment during the therapeutic recreation process would highlight diversity-oriented antecedents to leisure constraints and barriers. Likewise, pertinent information could be gathered regarding cross-ethnic leisure, appropriate leisure programming, and the effects of racism as a leisure constraint.

Importance of Family Involvement: "There's a real connection to community or family that is critical"

Ample research suggests that for people who embrace collectivistic values (e.g., African-American, Asian-Americans, First Nation people), large group and family involvement in leisure is paramount (Baas, Ewert, & Chavez, 1993; Carr & Chavez, 1993; Carr & Williams, 1993; Chavez, 1992, 2000; Stamps & Stamps, 1985). In the present study, a salient theme was that family involvement was perceived as paramount among clients who were from an ethnic minority background.

Future Direction

If therapeutic recreation professionals want to help people from differing ethnic backgrounds, they need to develop cross-cultural and diversity oriented awareness, knowledge, and skills in training programs (Bedini & Stone, 2000; Peregoy & Dieser, 1997). Beyond training potential therapeutic recreation professionals, partnerships between ethnic and professional human service organizations, such as therapeutic recreation, need to be developed (Herberg & Herberg, 1995). Such an approach would draw the special expertise from differing people and groups to serve clients from differing ethnic backgrounds.

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