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Therapeutic Recreation: A Long Past, but a Brief History

by
**David R.
Austin**

Jan Morrissey, climber and skilled skier,
at Horsethief Butte

It has often been said of psychology that it is a field with a long past, but a relatively brief history. A similar statement could be made about therapeutic recreation. While recreation has been used for therapeutic purposes since the time of the ancient Egyptians and Greeks (Frye & Peters, 1972), only following World War II did the profession of therapeutic recreation begin to develop. The purpose of this article is to trace the history of therapeutic recreation with particular attention to the past 20 years.

The beginnings of therapeutic recreation as a profession occurred in the aftermath of World War II during the 1940s and 1950s. The service, then known as hospital recreation, had been provided during WW II by Red Cross recreation workers who offered programs for hospitalized soldiers within military hospitals. Following the war, similar services soon were developed within the Veterans' Administration (VA) Hospital system. The trend accelerated as recreation therapy programs were established in state psychiatric hospitals and state residential schools for persons with mental retardation (Austin, 2002).

Professional Organizations Form

The first professional organization was the Hospital Recreation Section (HRS) of the American Recreation Society (ARS) that formed in 1948. The membership of the HRS was primarily made up of those who worked in military and VA hospitals. Their philosophy was largely that of extending *recreation for all* through the provision of programs focusing on *recreation for the sake of recreation*, rather than treatment and rehabilitation. Another major membership organization was the National Association of Recreational Therapists (NART). NART members generally were employed in state psychiatric hospitals and in state schools for persons with mental retardation. Their philosophy was that of using recreation as an intervention or as a tool for treatment and rehabilitation. A third and smaller group, the Recreation Therapy Section, was organized in 1952 under the American Association for Health, Physical Education, and Recreation (AAHPER). Members of this organization were particularly interested in physical activity (Crawford, 2001).

Representatives of the Hospital Recreation Section and the National Association of Recreational Therapists joined with representatives of the Recreation Therapy Section of AAHPER to form the Council for Advancement of Hospital Recreation in 1953 in order to explore mutual concerns (Crawford, 2001). While there was little philosophical agreement to be found among these professional organizations (Frye & Peters, 1972), the Council did begin a credentialing program. In 1956, a voluntary registration program was begun under the auspices of the Council. This effort eventuated in the establishment of the profession's national certification program in 1981, under the National Council on Therapeutic Recreation Certification (Crawford, 2001).

It was several years before the major professional organizations merged into one organization whose name reflected the use of the then relatively new term, *therapeutic recreation*. The National Therapeutic Recreation Society (NTRS), a branch of the newly formed National Recreation and Park Association (NRPA), was formed in 1966. In January of



Ira Hutchinson

1997, NTRS held its first board meeting in Kansas City, Missouri, with Ira Hutchinson presiding as its first president. On April 15, 1967, Hutchinson resigned his position as NTRS President in order to become the organization's first Executive Secretary. John Logue fulfilled Hutchinson's unexpired term. Hutchinson served as NTRS Executive Secretary for two years, at which time he left the

position for another role within NRPA and was succeeded by David Park (Austin & Hunnicutt, 1978; Crawford, 2001; Frye & Peters, 1972).

From its inception, under the banner of the then still new term, therapeutic recreation, NTRS attempted to represent both the nonclinical *recreation for all* perspective originally held by members of the Hospital Recreation Section of the American Recreation Society and the more clinically orientated *intervention or tool for treatment and rehabilitation* view of the old National Association of Recreational Therapists (Austin, 2002).

Professionals Storm

The origins of the term *therapeutic recreation* came about in the late 1950s and early 1960s (Avedon, 1970), largely through the efforts of Beatrice Hill (Austin, 2002). Hill was a citizen leader and founder of Comeback, Inc., an organization devoted to advance the cause of therapeutic recreation that she pro-

claimed to be *social rehabilitation* (Beatrice H. Hill inducted into NRPA Hall of Fame, April, 2000).

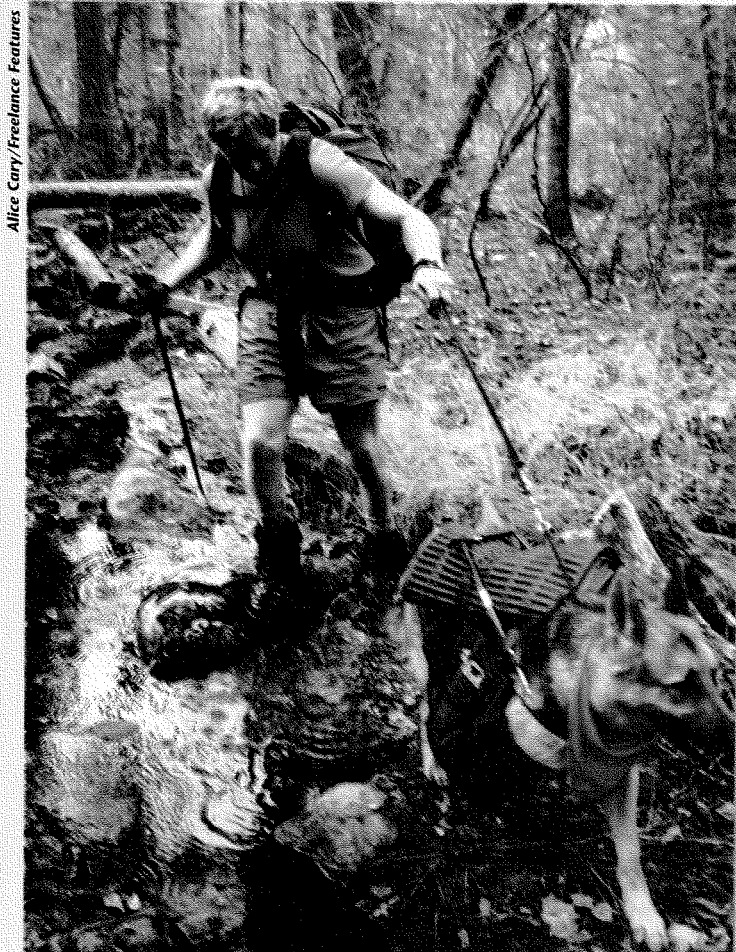
As the profession attempted to define the term therapeutic recreation, there arose a conflict between those from the two contrasting philosophies of *recreation for all* (originally represented by the members of the Hospital Recreation Section) and *recreation as a tool for treatment and rehabilitation* (originally represented by the National Association of Recreational Therapists) (Austin, 2002). As might be expected, a number of efforts were made to resolve the philosophical dilemma brought about by the use of the term therapeutic recreation. Heated debates occurred among the leaders in the profession in gatherings such as a major meeting held at Indiana State University during the month of May in 1970. At that meeting Dr. Elliott Avedon presented a paper in which he analyzed previous definitions of therapeutic recreation but with little resulting agreement among the participants (Therapeutic Recreation Workshop Proceedings: Philosophical Statement, 1970).

The profession continued to struggle with defining itself during the decades of the 1970s and 1980s. By the early 1980s, there was a grassroots movement afoot to form a new professional organization that would sharpen the definition of therapeutic recreation by providing greater focus on clinical practice. Adding fuel to the fire for change was the feeling by many in the profession that members could exercise little control of their professional organization because of the lack of autonomy provided NTRS under its status as a branch of the National Recreation and Park Association (Van Andel, 2003). Nesbitt (1984) explained: "The appeal of the NRPA-NTRS branch model is limited. The NTRS branch members do not control the use made of NTRS membership income nor the staff services that are provided. Most of the decision making and responsibility for the NTRS branch lies with the executive management of the NRPA" (p. 15). Additionally, in the mid to late 1970s, the National Recreation and Park Association had fallen on financial hard times. Branches had been asked to determine if they wished to remain affiliated. While an initial assessment called for NTRS to remain under NRPA, the long-range plans for the organization were not clear, and NTRS formed the Presidential Commission for the Assessment of Critical Issues in order to further assess its position (Austin & Hunnicutt, 1978).

The Birth of the American Therapeutic Recreation Association (ATRA)

All of these occurrences produced momentum for change and a movement toward establishing a new organization to represent the interests of therapeutic recreation. This movement resulted in the birth of the American Therapeutic Recreation Association (ATRA) in 1984 when 50 founding members, including several NTRS past-presidents and board members, organized the new professional society. Interestingly, among the ATRA founding members were Ira Hutchinson and David Park, both of whom at one time had served in the position of NTRS Executive Secretary (Nesbitt, 1984).

ATRA has grown to become the largest professional society for therapeutic recreation (Austin, 2002). In August of 1994, ATRA appointed Ann Huston as its first Executive Director. Shortly thereafter ATRA established its national office in the Washington, DC, area (Personal Communication, Ann Huston, November 5, 2003).



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Thus, by the mid-1980s, there existed two distinct professional organizations vying for the leadership of the therapeutic recreation profession (Austin, 2002; Crawford, 2001; Van Andel, 2003). NTRS seemed to embrace a broad, almost boundless, representation of therapeutic recreation. ATRA appeared to focus itself primarily on clinical practice.

Continuing Professionalization of Therapeutic Recreation

Despite lingering controversies over defining the field of therapeutic recreation, the profession continued its professionalization that began in the 1950s and accelerated during the 1960s, 1970s, and 1980s. Austin (2002) proclaimed this period of professionalization *The Second Revolution* in therapeutic recreation (following the first revolution marked by the great acceleration in therapeutic recreation following World War II).

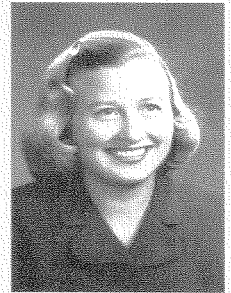
Therapeutic recreation authorities on professionalization, such as Meyer (1980) and Navar (1979), have listed structural attributes of a profession to include "full-time occupation by the profession's members, a body of knowledge, university training programs, political advocacy to earn legal sanctions, a professional association, and a code of ethics" (Austin, 2002, p. 279). Attitudinal attributes named by these same experts include: "a sense of collegiality; a belief in service to the public; belief in self-regulation; having a dedication, or sense of calling, to the field; and possessing a sense of autonomy by being able to exercise independent decisions" (Austin, 2002, p. 279). Austin (2002) has documented that therapeutic recreation has reached these milestones needed to establish a true profession. Chief among the achievements of the therapeutic recreation profession were the development of university-based professional preparation programs and a body of knowledge reflected in publications such as the *Therapeutic Recreation Journal* and the *Annual in Therapeutic Recreation*. Other achievements included the development of professional ethics, publication of standards of practice for both community-based and clinical practice, and the organization of regional symposia in therapeutic recreation across the United States. Finally, in 1981, the National Council

on Therapeutic Recreation Certification (NCTRC) established the national credential of the Certified Therapeutic Recreation Specialist (Austin, 2002). It is somewhat remarkable that such strides were made while philosophical controversies still raged as to whether therapeutic recreation should be clinical or non-clinical in its approach.

Community Recreation Movement for Persons with Disabilities

Largely outside of the professional conflicts between those who favored recreation as an end in itself and those who favored recreation as a means to the end of treatment and rehabilitation there was developing a movement for the provision of recreation services for persons with disabilities in communities across America. One of the most prominent community programs for persons with disabilities during this era was the Recreation Center for the Handicapped founded in 1952 in San Francisco by Janet Pomeroy (Smith, Austin, & Kennedy, 2001). Carter, Van Andel, and Robb (2003) have written that in the decades of the 1950s and 1960s "community-based programs for people with disabilities were established in several major cities, including Kansas City, Chicago, New York, and Cincinnati. However, the results of several surveys showed that only 25% of all public recreation agencies provided services for those with disabilities" (p. 47).

Even though community recreation for persons with disabilities was in its infancy in terms of the number of municipal park and recreation agencies providing such services, private and nonprofit organizations initiated a variety of special recreation programs to accommodate persons with disabilities. Among these organizations were the American Foundation for the Blind, the Association for Retarded Citizens (known as the Arc today), the National Easter Seal Society, the National Wheelchair Athletic Association, and the United Cerebral Palsy Association. These organizations and others offered programs ranging from home-based services to camping programs and sports competitions. In 1968, the Kennedy Foundation came forward to initiate the Special Olympics as a national track and field competition for athletes with mental retardation. From this initial beginning the Special Olympics movement has continued to develop so that today it sponsors a number of programs, including a unified sports program designed to offer opportunities for joint participation involving persons with mental retardation and peers without mental retardation (Carter, Van Andel, & Robb, 2003).



Janet Pomeroy

Special Recreation and Inclusive Recreation. During the 1960s and 1970s, the term *special recreation* was adopted to describe the provision of recreation and leisure services for persons with disabilities. The term came to be used to describe adapted activities, such as the Special Olympics or wheelchair sports, specifically directed to persons with disabilities. In Illinois during the 1970s, entities known as special recreation districts were formed in order to offer community-based services for persons with disabilities (Smith, Austin, & Kennedy, 2001).

Late in the 1990s and early in the 21st Century, the term *inclusive recreation* began to be used “to capture the full acceptance and integration of persons with disabilities into the recreation mainstream,” according to Smith, Austin, & Kennedy (p. 20, 2001). These authors go on to state: “It (i.e., the term inclusive recreation) reflects free and equal access to recreation participation by persons with disabilities” (p. 20). A major principle in recreation inclusion, according to Sylvester, Voelkl, and Ellis (2001) is *normalization*, or the provision of normal experiences in order to permit the enjoyment of typical patterns of everyday life. Other principles of recreation inclusion identified by these authors include expressing self-determination or personal choice, having independence and autonomy, being treated with dignity, possessing the right to leisure and assuming socially valued roles, and gaining access to environments in which personal growth may be pursued.

Publications Promoting Special and Inclusive Recreation.

A number of publications have endorsed and promoted the provision of special and inclusive recreation services for persons with disabilities. A landmark book was authored by University of North Carolina at Chapel Hill professors Tom Stein and Doug Sessoms. The first edition of Stein and Sessoms’ *Recreation and Special Populations* was published in 1973. More recent books such as Anderson and Kress’ (2003) *Inclusion: Including People with Disabilities in Parks and Recreation Opportunities*, Bullock and Mahon’s (2000) *Introduction to Recreation Services for Persons with Disabilities: A Person Centered Approach*, and Smith, Austin, and Kennedy’s (2001) *Inclusive and Special Recreation: Opportunities for Persons with*

Disabilities have helped build a body of knowledge on special and inclusive recreation. Among periodicals in the United States, *PALAESTRA: Forum of Sport, Physical Education & Recreation for Those with Disabilities* for the past two decades has been perhaps the leading publication to provide readers with information on special and inclusive recreation. *PALAESTRA* celebrates its 20th anniversary in 2004. At the time of *PALAESTRA*’s 10th anniversary in 1994, it was explained by its Editor that: “Before *PALAESTRA*, there was no complete publication for adapted physical activity, for sport, physical education, and recreation for individuals with disabilities. In fact, there was no such thing as adapted physical activity, a term which was to be born in the mid-late ‘80s” (Beaver, 1994, p. 29).

The Passage of the ADA. PL 101-336, the *Americans with Disabilities Act* (ADA), was passed by Congress and signed by President George H. Bush in 1990. This landmark legislation acknowledged the rights of all Americans with disabilities to receive equal access to services provided to the public, including recreation services. The significance of the Act was described by Smith, Austin, and Kennedy (2001) when they stated: “Because the ADA mandates the elimination of discrimination against people with disabilities in recreation, the nation’s consciousness has begun to be altered...” (p. 8). Smith and his colleagues termed the passage of the ADA as *a new beginning* in making recreation facilities and programs accessible to persons with disabilities. The ADA certainly signaled to both public and private park and recreation entities that their facilities and programs must be made accessible to persons with disabilities.

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Recreation and Leisure Organizations Take Action to Promote Recreation Services for Persons with Disabilities.

The National Therapeutic Recreation Society (NTRS) and its parent organization, the National Recreation and Park Association (NRPA), have enthusiastically embraced the ADA. These organizations have lead the way into the 21st century by spearheading an effort to make public recreation facilities and programs accessible to persons with disabilities. Indicative of their efforts have been the issuing of a statement on inclusion and, in 2000, the development of an annual educational conference on recreation inclusion. The National Center on Accessibility (NCA) has become another strong force for inclusive recreation through the provision of education, research, and advocacy (Smith, Austin, & Kennedy, 2001). Internationally, the World Leisure and Recreation Association and the European Leisure and Recreation Association developed a position statement in 1998 in support of the provision of recreation services for persons with disabilities (World Leisure and Recreation Association International Position Statement on Leisure Education and Populations of Special Needs, 2001).



NCA Staff

Conclusion

From this brief summary of the evolution of therapeutic recreation it is clear that the field has experienced growing pains. From ancient times there has been wide agreement that positive benefits for persons with disabilities may be gained through recreation participation. Since it began to form as a profession following World War II, there has been far less agreement as to how the field of therapeutic recreation should develop. The clinical (*tool for treatment and rehabilitation*) perspective has regularly clashed with the nonclinical (*recreation for all*) perspective. But perhaps both of these orientations are beginning to find their places within the broad realm of therapeutic recreation. The American Therapeutic Recreation Association (ATRA) has seemingly taken the lead in terms of fostering clinical practice. Health care appears to have become the focal point for ATRA and it is advancing practice within that sector. On the other hand, leaders from community park and recreation departments, organizations for athletes with disabilities, and entities promoting recreation services for persons with disabilities (e.g., National Center on Accessibility, NRPA/NTRS, PALAESTRA)

are producing a national movement to promote special and inclusive recreation. The passage of the ADA provided added impetus to this already growing movement. It would appear that both the clinical and nonclinical perspectives have the potential to be advanced in the years ahead.

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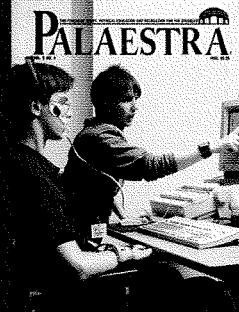
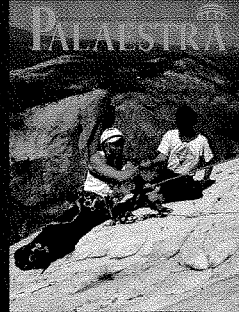
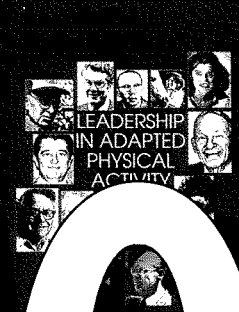
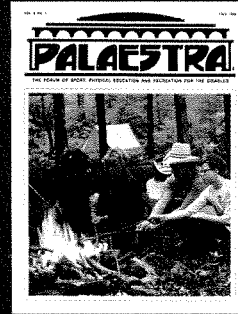
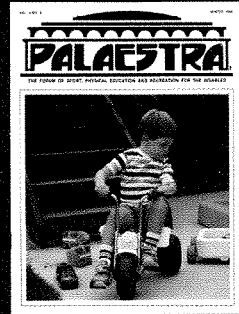
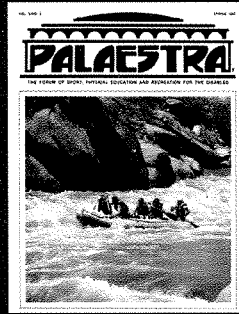
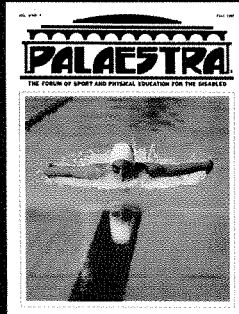
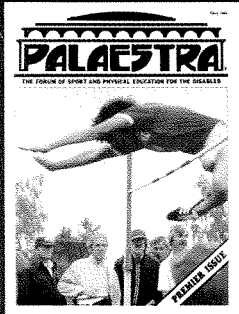
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David R. Austin is a professor in Recreation and Park Administration at Indiana University, Bloomington, IN, and has authored several books dealing with the topic of therapeutic recreation. He has served for many years as a consultant for the Indiana Department of Mental Health, is a past trustee of the National Recreation and Park Association, as well as a past president of the American Therapeutic Recreation Association.

PALAESTRA

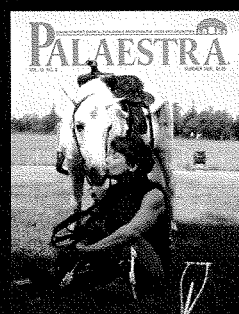
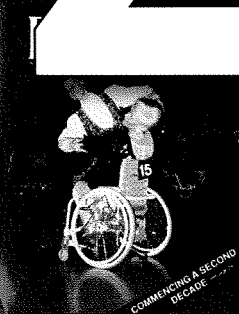
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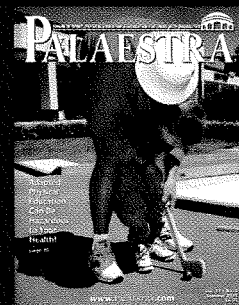
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