

PERSONHOOD, FLOURISHING, DISABILITY, LEISURE, AND A PROFESSION

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The purpose of this article is to articulate a philosophical foundation for a profession aimed at enhancing the well-being or flourishing of people with disabilities through engagement in leisure practices. The core beliefs comprising the foundation are that people with disabilities are human beings who can flourish and experience leisure; leisure is essential to flourishing; and leisure promotes flourishing among people with disabilities. These beliefs emerged from an examination of the interrelationships among flourishing, people with disabilities, and leisure. The article concludes with a discussion of how the philosophical foundation meshes with the profession of therapeutic recreation and how the core beliefs guide the efforts of professionals who choose to promote human flourishing through leisure.

Throughout my career as a therapeutic recreation specialist I have been embroiled in a personal struggle wrestling with the question of what is therapeutic recreation (TR). This struggle and this question are not unique to me. In fact, both have been around since the profession came into existence. Over time, two primary responses to the question have been advanced. One, therapeutic recreation is a treatment oriented service aimed at improving the functioning and health of people with disabilities. Two, it is the provision of opportunities for people with disabilities to participate in leisure and recreation activities. My ruminations took on a philosophical tone once I began to study and understand what philosophers such as Aristotle, MacIntyre, and Pieper had to say about leisure, well-being, and leisure's role in human flourishing. One result of adopting a philosophical approach was to change the direction of my inquiry. Instead of trying to determine what TR is I began to wonder what it means to flourish as a person with a disability and how leisure contributes to flourishing. What my search has yielded thus far is the basis for this article.

This article contains five sections that articulate a philosophical foundation for a profession aimed at enhancing the well-being of people with disabilities through engagement in leisure practices. To be sound and robust, a profession needs to rest on a foundation composed of core beliefs (Sylvester, 2005a; Sylvester, Voelkl, & Ellis, 2001). A philosophical foundation is critical because it explains "who we are and why we are here."

(Sylvester et al., 2001, p. 4) Sylvester et al. (2001, p. 4) asserted a philosophical foundation is "the single most important, structural dimension of a profession, providing a rational basis for its existence as a legitimate social institution. Without it a field literally has nothing to support its existence."

More specifically, the first section answers what makes something a human being and describes one particular theory of human flourishing. Section two focuses on people with disabilities and flourishing. The third section examines the relationship between leisure and flourishing. The fourth section explores the interrelationships among leisure, people with disabilities, and flourishing while the final section discusses the applicability of the preceding findings to therapeutic recreation and professionals who choose to promote human flourishing through engagement in leisure practices.

A THEORY OF HUMAN FLOURISHING

Answering the philosophical question of human nature carries at least two important practical implications. One implication is that those who possess the qualities of personhood are bestowed with the status of moral beings and as such are owed and, in return, owe each other such things as care, respect, justice, and dignity. Lacking the status of a moral being potentially means being treated inhumanely. History has recorded many such instances including the enslavement of Africans in early American history,

treatment of people with mental disabilities and illnesses with lobotomies, and large scale extermination of Jews and people with disabilities by the Nazis.

The second practical implication concerns human flourishing. To flourish as human beings is to excel at what it means to be human. Without a clear idea of what constitutes a human being it is virtually impossible to formulate an accurate theory of human well-being. The lack of an accurate theory impedes any concerted efforts to support and facilitate human flourishing. Consequently, it is important for a profession that endeavors to promote the flourishing of people with disabilities to answer the question of what makes something a human being or person.

PERSONHOOD

Philosophers have debated the question for millennia, but the debates have not produced a universally agreed upon response. Numerous philosophers including Aristotle (2001) and St. Thomas Aquinas (1952) have argued the defining characteristic of human beings is the ability to reason. Intuitively, this is an appealing response but if reasoning is accepted as the sole defining attribute of personhood an obstacle is immediately encountered. Those who serve people who have a limited or, in some instances, severely limited ability to reason, find themselves asking if the people they serve are human. Do people with disabilities, particularly those with severe cognitive impairments qualify as moral beings to whom other people owe care, respect, justice, and dignity? Do they possess the potential to live well or flourish and therefore deserve the opportunity to do so?

The theory of flourishing (MacIntyre, 1999, 2007) presented here acknowledges reasoning plays a role in determining personhood but views reasoning as a continuum rather than a dichotomous variable. This is a critical distinction because a continuum accommodates people with severe cognitive impairments since they have some capacity to reason.

Even the profoundly disabled—even those, for example, in a persistent vegetative state... have a radical capacity for free action and rational thought, even if, by disease, genetic impairment, or environmental causes, some particular human being or other is rendered unable to actualize that

radical capacity. (Tollefsen, 2010, p. 221)

Movement along the reasoning continuum is partially, if not largely, reflective of a second central feature of humanity, dependency. In other words, people learn how to reason from other people. But dependency upon others is not limited to becoming rational agents. Dependency also arises from human vulnerability and disability. "It is most often to others that we owe our survival, let alone our flourishing, as we encounter bodily illness and injury...mental defect and disturbance" (MacIntyre, 1999, p. 1). People rely upon one another for protection, nourishment, comfort, care, advice, and acquisition of necessary goods and resources throughout the lifespan. As counter-intuitive as it may initially seem, we become human because of the dependency inherent in human life; we rely upon others to learn how to reason, excel in various human endeavors, act virtuously, and flourish. Viewing the ability to reason as a continuum, and including dependency as the second defining feature of personhood, make it possible to assert that people with disabilities including those with severely diminished reasoning abilities are human beings and capable of flourishing.

MACINTYRE'S THEORY OF HUMAN FLOURISHING

According to MacIntyre (1999), the telos (Greek for final end) of human beings is a state called flourishing. "...to flourish is to develop the distinctive power it possesses *qua* member of that species" (p. 64). His conception of flourishing has two aspects: biological and sociological.

The first aspect of MacIntyre's (1999) theory of human flourishing is based in biology. Along with other intelligent, non-human animals (e.g., chimpanzees, dolphins) humans have the capability to reason. To reason means to act in a certain manner in a particular context because doing so leads to desired outcomes. For example, a student studies her math textbook and notes tonight because doing so increases the probability she will pass tomorrow's math exam.

Though humans share this biological propensity for reasoning with other animals, language enables people to progress from the simple level of reasoning employed by intelligent, non-human animals to the level of independent practical reasoners (IPR) (MacIntyre, 1999). IPR are marked by three characteristics. First, they can evaluate reasons, their own and those forwarded by others, for acting in a certain manner as good or bad. Second, they can detach themselves from immediate desires so they can

decide if a certain course of action is the best way to act right now in a specific situation to satisfy a particular desire. Finally, they can envision realistic futures that could result from performing different actions at the present time. People who employ these skills, in comparison with those who lack the skills, are less dependent upon others for guidance on what they ought to do at any given time.

IPR are able to conceive of what it means to flourish and the best means by which to achieve a state of flourishing. This ability is exemplified by the types of questions posed. As human beings develop into independent practical reasoners they go from answering questions of the type epitomized by "What do I want?" to pondering telos-based questions such as "What is the best life for me?" and "What ought I to do to live that life?" (MacIntyre, 1999).

Reasoning is best conceptualized as a spectrum (Butts & Rich, 2004; MacIntyre, 1999) with the end points of *simple reasoners* and *independent practical reasoners*. Toward the end of simple reasoners are people with severe cognitive impairments who have reasons for acting in a certain manner but may be unaware of or unable to conceptualize and articulate those reasons. For example, they may cry out because they feel pain (a reason to cry out) but do not have the ability to determine what is causing the physical discomfort. Toward the other end of the scale are people who reason at a more complex level, asking and answering questions such as "Why should I perform this action rather than that action at this time in this situation?" The members of this group feel the same pain as the previous group but engage in a more complicated evaluative process in judging what to do to alleviate the pain. This process may include considering multiple courses of action and judging which is best to follow in this situation, at this time to obtain the desired outcome. Rather than just crying out they may judge it is better to remove the object causing the pain and apply first aid to the resulting wound.

Movement from the simple end to the IPR end of the spectrum is impacted by several factors, many of which are sociological in nature and addressed in the next section. However, some factors are biological or organic. For example, disabling conditions such as Alzheimer's, Down syndrome, and traumatic brain injury may impair the acquisition or exercise of the three skills and prevent people from becoming or maintaining status as IPR (Butts & Rich, 2004). Though not completely IPR, people with

severe cognitive impairments can reason to some degree and thus possess the potential to flourish to some extent and help other people flourish (Bogdan & Taylor, 1989; Khader, 2008; MacIntyre, 1999; Taylor & Bogdan, 1989).

The biological aspect of human flourishing interacts with and is influenced by sociological factors. Reasoning and, therefore, the three characteristics of IPR are developed or under-developed within social contexts. People learn how to reason, to a large degree, by watching others reason; having others teach them how to reason; and exercising reason with others and receiving performance-based feedback from them. This development takes time, which is why children are not IPR. They have not had sufficient time or experience to fully develop their ability to reason (MacIntyre, 1999).

As laid out by MacIntyre (2007), there are five components to the sociological aspect of human flourishing: practice, narrative, telos, tradition, and virtue. Each of the components is briefly described below.

PRACTICE. Practices are at the heart of human flourishing. A practice is defined as:

any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the result that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended. (MacIntyre, 2007, p. 187)

Examples of practices include many of the leisure activities people participate in as well as the different roles they inhabit and their professions. But not every activity is a practice. Riding a mountain bike is an important skill to possess by those in the practice of mountain bike racing; reading a book is an important skill to possess by those in the practice of book club discussions; and firing a rifle is an important skill to possess by those in the practice of deer hunting.

People excel at practices when they acquire and employ necessary technical knowledge and skills, act ethically, and work with other people to achieve standards or expectations established by the experts in a particular practice. For example, to excel at the practice of snow skiing participants need to act as a skier is expected to act such as not to cut in front of other skiers in a lift line and yield to skiers who are downhill. Furthermore, they

must be knowledgeable about equipment and how it works, be able to ski a variety of snow conditions and terrains, and understand how different snow conditions influence skiing techniques.

The standards associated with practices are dynamic. Over the past two decades there have been numerous advances in adaptive ski equipment and teaching techniques. These advances have contributed to the formulation of new, more demanding standards for skiers with disabilities in terms of the range of terrain and snow conditions they are expected to be able to ski, the level of physical impairment someone can experience and still have the capability to ski independently, and the time it takes to learn how to ski. Present day skiers are expected to ski the entire range of terrain and snow conditions found at ski areas, ski independently even if they have a high level spinal cord injury, and learn skiing techniques quickly.

Specific internal goods are associated with specific practices, are accessible only to participants of a practice, and are available to everyone who attains the standards of a practice. Skiers who excel at the practice access internal goods such as satisfaction from skiing well or learning a new ski skill, friendships with other skiers, improved physical functioning, and increased freedom. Accessing these goods enriches their lives.

External goods are those goods or outcomes not specific to a practice but associated with multiple practices. While these goods contribute to flourishing they are often in limited supply and people frequently compete to acquire them. External goods include power, fame, and money. Institutions (e.g., organizations, agencies) are often concerned with the acquisition and distribution of external goods.

NARRATIVE. Practice-related experiences are woven together to create a coherent, unified narrative or life story (MacIntyre, 2007). A narrative links discrete events, separated by time and context, together in a meaningful way that helps a person explain who she is, what she likes to do, and what matters most. Envision a skier with a physical disability asked to describe herself. Even if not asked directly, it is very likely she will talk about her skiing experiences. The contents of her narrative contribute to the formation of an identity as a skier and reflect her passion for skiing.

A narrative also provides a context for a person's actions. Imagine walking by the skier's backyard one spring day and seeing her jumping down from an 18" high box and upon landing jumping straight back up into the air as high as she can. If

you did not know the woman you would probably wonder what she was doing and why. However, if you knew her narrative and that she was a skier her actions would more likely make sense to you as you might recognize she was performing plyometric jumps to increase the explosive power of her legs and improve her skiing.

TELOS. When people reflect on or share their narratives they become more aware of who they are, what they like to do, and what matters most to them. This increased awareness leads to the formulation of a telos or life-goal (MacIntyre, 2007). A telos is specific to a person but different people may have similar teloi. Once a telos is formulated, reasoning is employed to create a plan to attain the telos (Little, 2007; MacIntyre, 1999, 2007). The resulting framework guides a person's actions.

Keeping with the skier example, by sharing her narrative with other people, the woman realizes she values and enjoys skiing, thinks of herself as a skier, and recognizes other people see her as a skier. As a result she decides to become a ski racer and compete in the Paralympics. This telos imbues the woman's life with purpose and meaning and guides her behaviors in the future by serving as a criterion. In other words, whether or not she strength trains, attends an advanced ski racing techniques camp, or practices mental imagery will depend, in part, on the probability each course of action will propel her toward achieving her telos.

TRADITION. Practices and narratives occur against the backdrop of traditions (MacIntyre, 2007). Traditions are the extended histories surrounding each person and practice. At a personal level, traditions can center on familial, ethnic, religious, and communal features. For example, this author is a white male who lives in rural, Midwestern United States. He is a husband, father of two children, as well as a university professor. Each of these elements (i.e., white, male, rural, citizen of the Midwest, husband, father, and university professor) has a history associated with it and these histories exert varying degrees of influence on his life story (Dieser, 2002; Shapiro, 1998).

VIRTUES. Virtues, the final component of the sociological aspect of flourishing, bind all of the aforementioned elements together. Virtues are those habits people *must* cultivate and exercise in order to excel in practices, create coherent narratives, negotiate traditions, pursue their teloi and flourish (MacIntyre, 2007). Unlike previous philosophers such as Aristotle and Aquinas, MacIntyre does not create an exhaustive list of virtues. Instead, the virtues a person cultivates

depends upon the person's telos, the practices he/she strives to excel in, etc. However, honesty, justice, and courage have been identified as requisite virtues. For example, when beginning a new practice, people have to be: honest by admitting they lack knowledge of and the ability to attain the standards; just by acknowledging contributions previous participants made to the practice; and courageous by acting as they should even if afraid to do so.

According to MacIntyre's theory, a flourishing life is marked by excelling in practices, authoring a coherent personal narrative, formulating and pursuing a meaningful telos, negotiating traditions, and acting virtuously. Now that an incomplete but sufficient picture of what is meant by human flourishing has been provided attention is turned toward flourishing and people with disabilities.

PEOPLE WITH DISABILITIES AND FLOURISHING

Generally, people with disabilities (PWD) are ignored or given little consideration in conceptions of human flourishing. And when directly considered, disability is regarded as a disadvantageous state that acts as an impediment to human flourishing (Burt, 2007; Garland-Thomson, 2012; McMahan, 1996; Vehmas, 2004a, b). Not so with MacIntyre (1999), who wrote extensively and quite positively about PWD and flourishing.

It may seem implausible to assert that people with severe cognitive impairments can flourish. However, there are at least two reasons why this is the case. First, when reasoning is viewed as a continuum, most PWD possess some capability to reason (Bogdan & Taylor, 1989; MacIntyre, 1999; Taylor & Bogdan, 1989). Second, flourishing is a communal endeavor requiring the participation of people with and without disabilities.

Individuals just on their own are insufficient for their own flourishing: they require friends, marriage requires a spouse, and even substantive goods such as knowledge and aesthetic experience will suffer in the absence of cooperation and the generation through time of social forms and practices aimed at the pursuit of these goods. So a flourishing human life is necessarily communal in various aspects. It requires families, networks of friends, and cooperative social structures for the pursuit of goods. (Tollefsen, 2010, p. 215)

One communal feature is the exercise of virtues. Two virtues, in particular, are

critical: just generosity (MacIntyre, 1999) and philo-cosmopolitanism (Burt, 2007).

Just generosity is based upon acknowledged dependence. Acknowledged dependence is recognition that at certain times (e.g., in infancy, advanced aged, or disability) people are more dependent on others. These times call for the virtue of just generosity. People who exercise just generosity give to others what is needed simply because the need exists and because they recognize life is full of situations where they received assistance when they needed it and are confident their needs will be met in the future. It is essential to think of both virtues in a co-joined manner, not separately. People are owed what they need and they owe the same to others who are in need (justice). Giving is proportional to need and unconditional (generosity). People do not give based upon what they have received from others or expect to receive from others.

Philo-cosmopolitanism, the second critical virtue:

calls upon us...to welcome into the moral, social, cultural, and political community all persons, regardless of their disorders, deformities or abilities....we need this openness to difference, this willingness to wonder at the variety of human capabilities, to value the presence of a range of ways of being human, and to appreciate the possibility of forging mutually rewarding relationships across those boundaries even without ever having come personally in contact with physical or mental disability. (Burt, 2007, p. 578)

One type of intentional community that exemplifies these two virtues is composed of people with and without intellectual disabilities (ID) who live together in a cluster of homes (Randell & Cumella, 2009; Vanier, 1989). No professional human services staff care for community members with disabilities, rather many of the community members without disabilities live in the community because they felt "called" to live with and assist PWD. Everyone who can work does so and income is pooled and used to meet the needs of all community members. "Work and remuneration operate on the principle that each contributes according to their abilities and each is rewarded according to their needs" (Randell & Cumella, 2009, p. 724).

Another communal feature is the ongoing dialogue among people to determine what it means to flourish is and what contributes to flourishing (MacIntyre, 1999, 2007; Abma et al., 2008). People with disabilities who are not IPR may need the assistance of proxies in order to partici-

pate in the ongoing dialogue. A proxy has to accurately take a person with a disability's point of view regarding his/her telos and plan for attainment of the telos. To enhance accuracy, a proxy should have known the person as he/she fulfilled a number of roles in a variety of contexts across the lifespan and frequently asked why the person with a disability acted in the manner he/she did. The conditions just mentioned are more likely to be met in situations where a person acquired a disabling condition such as traumatic brain injury, dementia, or coma after becoming an adult and his/her proxy is a confidant.

It is critical for PWD to be part of the ongoing dialogue because they contribute to human flourishing by teaching society and professionals what they would not learn otherwise (Garland-Thomson, 2012). "Each member of the community is someone from who we may learn and may have to learn about our common good and our own good...that we will not be able to learn elsewhere" (MacIntyre, 1999, p. 135).

"Professionals, who act as independent practical reasoners, ... must acknowledge that they have something to learn from disabled people, that giving and receiving flows in both directions in flourishing communities" (Butts & Rich, 2004, p. 409). For instance, caring for someone with a severe disability provides IPR with opportunities "of learning something essential, what it is for someone else to be wholly entrusted to our care, so that we are answerable for their well-being" (MacIntyre, 1999, p. 139). In another example, PWD may teach IPR not to make decisions based on misconceptions such as believing people in wheelchairs are less intelligent than people who do not use wheelchairs (Reinhardt, et al., 2011). Finally, in an illustration of how people with disabilities contribute to social relationships in a meaningful but unconventional manner, a caregiver recounted that she learned how complex the notion of freedom is from the woman (Mary) she serves who is nonverbal and has multiple disabilities including Alzheimer's disease.

Mary is one of the freest people I know.... She finds ways to live life fully without having the means most of us rely on, since her vision and language are severely limited.... Mary's freedom is striking but it also paradoxical. She has a real autonomy to follow her desires and insist that assistants help her to meet them, while simultaneously being totally dependent in terms of personal and home care. (Cushing & Lewis, 2002, p. 184).

This section established that people with disabilities can flourish because they possess the capacity for reasoning and because flourishing is a communal endeavor requiring the participation of people with and without disabilities. In the next section, the relationship between leisure and flourishing is examined.

LEISURE AND FLOURISHING

Leisure can be broadly defined as time free from productive necessity during which people pursue practices for the associated internal goods (Sylvester, 2007). Sylvester (2007, 2009) has argued leisure itself is a practice with two levels of internal goods. At the general level, which encompasses all individual leisure practices, are two internal goods – freedom and community. At the second level, that of individual leisure practices, are internal goods specific to each practice. Excelling in leisure and accessing both levels of internal goods requires participants to exhibit the virtues of playfulness, respect, disinterestedness (i.e., intrinsic motivation), and phronesis. Phronesis, Greek for practical reasoning, is a meta-virtue because it involves deciding what virtue should be applied in a particular context at a given time.

A number of philosophers since Aristotle have identified leisure as a principal contributor to flourishing since it is through leisure that people realize their human nature. According to Aristotle, eudaimonia, a Greek word which is most often translated as happiness but also as flourishing (Dunn & Brody, 2008) and well-being (Deci & Ryan, 2008; Waterman, 1993), was the telos for human beings. Aristotle explicitly believed flourishing or happiness was dependent upon leisure, "happiness is thought to depend on leisure; for we are busy that we may have leisure" (Aristotle, 2001, 1177b, 5-6). Contemplation was the best leisure activity because it involved the distinctively human capacity to reason. People were most happy or flourishing when they lived virtuously and exercised reason during leisure to discover truths.

St. Thomas Aquinas merged Aristotle's thoughts with the Catholic Church's teachings. For Aquinas (1952; Dare, Welton, & Coe, 1987), contemplation of the nature of God during leisure was the activity that enabled people to be most happy or flourish because it employed their capacity to reason. As with Aristotle, people had to act virtuously throughout life in order to flourish.

More recently, Josef Pieper (1964) echoed the general sentiments of Aristotle

and Aquinas. He believed people become wholly human during leisure by utilizing their ability to reason to grasp the totality of life, the essences of things.

Leisure does not exist for the sake of work...no one who looks to leisure simply to restore his working powers will ever discover the fruit of leisure....The point and the justification of leisure are not that the functionary (people) should function faultlessly and without a breakdown, but the functionary should continue to be a man...that he should fulfil himself, and come to full possession of his faculties, face to face with being as a whole. (pp. 30-31)

Charles Sylvester (1987), a present day therapeutic recreation specialist and philosopher, has said leisure is necessary for the expression of human nature, "we require leisure in order to be fully authentic, choosing values that reflect who we are and what we want to be" (p. 82). Echoing that conviction, Cathy O'Keefe (2005), another therapeutic recreation specialist and philosopher, said "Leisure is the freedom to become our true selves" (p. 79). Because of the freedom and autonomy inherent in it, leisure makes it possible for people to act upon their values and teloi with self-determined choices and courses of action (Groff & Kleiber, 2001; Kleiber, 1999; Sylvester, 1985, 1992, 2005b). Choices made without coercion and consistent with internally held values are authentic because those choices reflect who a person is, what he/she really likes to do, and what matters most (Kleiber, 1999).

FREEDOM

As noted in the preceding discussion, freedom and leisure are intimately connected. In fact, freedom is frequently stated as the defining quality of leisure (Bregha, 1991; Brightbill, 1963; De Grazia, 1994; Pieper, 1964), and when freedom is absent leisure becomes something other than leisure (Mobily, 1985; Sylvester, 1985, 2005b; Sylvester et al., 2001). The linkage between leisure and freedom was clearly articulated by Brightbill (1963), "Free choice is the heart of...leisure" (p. 109). In concurrence, Bregha (1991) said "Leisure is the highest expression of our freedom and freedom, in turn, thrives best in our leisure time...freedom can flower best in pursuits that are leisurely" (p. 53).

Bregha's quote highlights the reciprocal relationship between the two constructs. The relationship was also noted by Sylvester (2007) who stated leisure provides people with opportunities to become competent in the use of freedom. Competence is marked by making moral

choices congruent with personal values and pursuing those choices with ethical means. By acting in such a manner people are more likely to experience satisfaction, enjoyment, and personal growth rather than boredom and social sanctions. As people gain competence with the use of freedom leisure becomes more pleasurable and so they seek more leisure.

However, in what may seem to be a paradox, there is a limit to the amount of freedom in leisure activities. To participate in many leisure activities, people have to willingly give up some freedom because the activities are bounded by rules and standards. For example, soccer players are not to touch the ball with their hands and card game players must follow a pre-arranged order of play and abide by numerous rules. The structure imposed by rules and standards constrains freedom but enhances participants' enjoyment. Without it, the games would be marked by anarchy and confusion.

What is meant by freedom? Although defining the concept may seem like a simple task, in actuality, freedom is a complex, multifaceted construct. It entails more than just doing what you want to do when you want to do it. Freedom consists of two facets, one negative and one positive. The negative facet is denoted as "freedom from" while the positive facet is denoted as "freedom to" (Berlin, 1970; Bregha, 1991; Mobily, 1985; Partridge, 1970; Sylvester, 1985).

NEGATIVE FREEDOM. The negative facet of freedom or "freedom from" refers to "the absence of coercion or constraint imposed by another person...the state, or any other authority" (Partridge, 1970, p. 94). Constraints can be in the form of rules, regulations, discrimination, and physical restraint as well as man-made environmental obstacles such as stairs and tall curbs. To a large extent, the Americans with Disabilities Act (ADA) was crafted to address this facet of freedom. While necessary, the absence of coercion and obstacles are not sufficient for people to experience a full measure of freedom; those conditions only represent one half of the equation as illustrated in the following scenario.

Removing the physical barriers to the local community center or making the bathrooms accessible are necessary conditions for freedom....But if programs...are provided only during low use times or if proper instruction...is absent, the environment could hardly be considered a free one. A truly free ... situation requires the presence of positive, facilitative resources, not just the absence of negative, constraining circumstances. (Mobily, 1985, p. 27)

Envision a woman receiving treatment at a physical medicine and rehabilitation center because she recently had both legs amputated above the knees. During rehabilitation sessions she tells the leisure specialist she enjoyed participating in outdoor adventure activities such as snow and water skiing prior to the amputations and expresses desire to continue participation in the activities. The leisure specialist informs the patient she possesses the physical ability to snow and water ski and adaptive equipment exists to enable her to participate in the activities. Her desire to attempt both activities intensifies after she watches videos of people who also have double leg amputations snow and water ski. Upon completion of formal rehabilitation, the woman is discharged and returns home. Once there she discovers the local community is completely physically accessible and free of discrimination but lacks opportunities for people with disabilities to snow or water ski. The woman in this scenario is "free from" coercion and constraint imposed by other people and from man-made environmental barriers but she is not "free to" snow or water ski because there are no opportunities to do so. The woman in this situation is not fully free because as Brightbill (1963, p. 106) indicated, "Freedom ... means that we have a choice to make and that its determination rests with us. If there is no chance for selection, no alternative, then there is no freedom."

POSITIVE FREEDOM. The presence of alternatives and the ability to make selections form the core of the other half of the freedom equation: positive freedom or "freedom to" (Berlin, 1970). Positive freedom results when a person makes a choice from a set of alternatives and acts upon the choice; the choice is congruent with personally held values; and the person is aware of and prepared to accept the consequences likely to result from pursuing his/her choice. Further, the choice and means employed reflect an understanding of right and wrong and do not diminish his/her freedom or the freedom of others (Bregha, 1991; Pieper, 1964; Sylvester, 1985). For example, although the activity of driving around a neighborhood and shooting people with a paintball gun may have been chosen from a set of options and the person may have known the likely consequences of making such a choice, the action would not be a responsible use of freedom because the shooter's freedom would be curtailed if jailed and physical injury may limit the future freedom of those shot.

Positive freedom, as implied by the content of the previous paragraph, requires the acquisition and utilization of

knowledge (Bregha, 1991; Mobily, 1985). People need to be knowledgeable of available opportunities and the means by which those opportunities can be turned from potentialities into actualities. They also need self-knowledge because to be free means to act in accordance with personal likes, goals, strengths, abilities, and values (Pieper, 1964; Sylvester, 1985).

Leisure, like freedom, is an end in itself....We do not occupy our leisure in order to become healthier or more productive. Leisure allows us to be free, to be what we want to be. Hence the importance of examining our own thoughts, desires and hopes and reflecting whether our lifestyle translates them or not into a coherent, meaningful life. (Bregha, 1991, p. 52)

To illustrate the full nature of freedom consider the following case. Suppose after watching a television program on the topic of mountain biking a young man with mental illness decides to try the activity so he takes stock of his situation. On one hand he is relatively free from constraints. He works four consecutive ten-hour days and makes enough money to meet his needs and pursue desired leisure practices. At his recent annual physical exam he asked the physician about mountain biking and the doctor said he could try it as long as he started out easy and gradually increased the intensity. Finally, there are no local ordinances forbidding mountain biking. On the other hand, he has several options. The local ski area has trails as does a local county park and both locations are just a 10 minute drive from home. Most of the trails at the ski area are rated intermediate to expert while those at the county park are predominately beginner and intermediate level. Different types of bikes and safety gear can be rented from three local bike shops and many bikers have told him they are willing to teach him basic riding skills. Finally, the young man accesses his self-knowledge. He thinks of himself as a physically active person who likes being outdoors. More specifically, he likes to participate in human-powered leisure activities that do not extensively damage the natural environment. In sum, the young man is free from coercion and constraint and free to mountain bike.

Leisure is a principal contributor to human flourishing. Freedom is what makes leisure leisure and in the absence of freedom leisure is not leisure. In the next section, the discussion of leisure and flourishing is expanded to include people with disabilities.

LEISURE, PEOPLE WITH DISABILITIES, AND FLOURISHING

Disability doesn't preclude flourishing (Garland-Thomson, 2012; MacIntyre, 1999). Through excelling in leisure practices, people with disabilities author positive narratives, cultivate valued identities, and discover new skills, strengths, competencies, friends, and a sense of community (Chun & Lee, 2010; Fullagar & Owler, 1998; Hutchinson & McGill, 1998; Kelly & Godbey, 1992; Kleiber, Reel, & Hutchison, 2008; Lundberg, Taniguchi, McCormick, & Tibbs, 2011; McGill, 1996).

This section illustrates how excelling in a leisure practice, specifically wheelchair basketball, contributes to the flourishing of people with disabilities. The illustration touches on how to play, and the practice's history, standards, internal goods, narratives, and traditions.

WHEELCHAIR BASKETBALL

Wheelchair basketball is one example of a leisure practice that promotes flourishing through the pursuit of excellence (Juette & Berger, 2008; National Wheelchair Basketball Association (NWBA), n.d.-c; Ozawa & Osada, 2007). Wheelchair basketball was first played in 1944 by World War II veterans who were rehabilitating at the Stoke Mandeville Hospital in England (National Wheelchair Basketball Association, n.d.-a). From England the practice quickly spread across the Atlantic Ocean to the United States, catching the interest of patients at various Veterans Administration Hospitals. Soon afterward, wheelchair basketball expanded to encompass nonveteran populations such as university students and women.

Wheelchair basketball is played by two five-person teams on a regulation size basketball court. A game consists of four 12-minute quarters and points are scored by shooting the ball through a 10-foot high basket. Although stand-up and wheelchair basketball share many similarities, including scoring, probably the most noticeable difference is how traveling is defined. In wheelchair basketball, traveling is called when a player touches the wheels of his/her wheelchair more than two consecutive times after catching a pass or dribbling the ball (NWBA, n.d.-b). After touching the wheels two consecutive times the player must dribble, shoot, or pass the ball to avoid a penalty.

To create balanced competition between teams, players are placed into one of three classes based upon the physical location of their impairment (NWBA, n.d.-

b). Class I includes players with impairments at or above the seventh vertebra of the spinal column or with conditions that result in comparable, complete motor loss. Class II players experience complete motor loss due to impairments originating between the eighth thoracic and second lumbar vertebrae. Players who have impairments in the lower level of the range may have some movement in their hips and thighs. Players who have bi-lateral hip disarticulation amputations are also included in class II. Class III encompasses players with lower body paralysis or paresis due to impairments at or below the third lumbar vertebra and any kind of lower limb amputations other than bi-lateral hip disarticulation.

Each class has an associated point value. A class I player is assigned 1 point, a class II player is assigned 2 points, and a class III player is assigned 3 points. The total value of a team's members on the court at any time cannot exceed 12 points and no more than three of the players can be from class III.

Participants in the practice of wheelchair basketball strive to attain standards. They must abide by clearly defined rules and regulations (NWBA, n.d.-b) which "are constructed in a way that allows players to embrace rather than reject their impairment" (Berger, 2008, p. 650). Players who excel also exhibit physical skills. They are able to maneuver with the ball, make long and accurate passes, shoot effectively, change directions rapidly, and quickly accelerate (Brasile, 1986, 1990; Brasile & Hedrick, 1996; Doyle, Davis, Humphries, et al., 2004). The practice's standards have evolved as what it means to excel in wheelchair basketball has changed (Brasile, 1986, 1990; Brasile & Hedrick, 1996; Doyle et al., 2004). To illustrate, over time experts in the practice came to recognize the need for players to be proficient in performing skills on both sides of their bodies (i.e., passing and shooting) and not just with the dominant side (Brasile, 1986, 1990; Brasile & Hedrick, 1996).

Standards not only change over time they also differ according to the context a player is in (Williams & Kolkka, 1998). For example, in comparison to seasoned players, novice players who are just joining a team are held to relatively less demanding standards and are not expected to achieve every standard all of the time. Instead, it is understood they will fall short of some standards because they do not have the requisite skills or because they are not fully aware of what is expected of them. However, players competing at the national or international level are expected to regularly achieve

relatively more challenging standards and little tolerance is displayed toward those who breach expected codes of conduct.

In accordance with Sylvester (2007, 2009), participants who attain standards report both levels of internal goods. At the general level they experience increased freedom and friendship (Ashton-Schaeffer, Gibson, Holt, & Willming, 2001; Giacobbi, Stancil, Hardin, & Bryant, 2008; Juetta & Berger, 2008). In addition, they experience goods more specific to wheelchair basketball including increased independence, health, functioning, and confidence in various domains of life; improved ability to manage the stigma associated with disabilities; a strengthened sense of belonging; and increased opportunities to experience physicality, and competition (Ashton-Schaeffer et al., 2001; Berger, 2008; Giacobbi et al., 2008; Juetta & Berger, 2008; Ruddell & Shinew, 2006; Taub, Blinde, & Greer, 1999).

Wheelchair basketball influences personal narratives and *teloi*. Participants who have invested time, effort, and resources into becoming wheelchair basketball players have narratives largely centered on the practice (Juetta & Berger, 2008). These same players frequently identify themselves as wheelchair basketball players and have *teloi* related to excelling at the practice (Ashton-Schaeffer et al., 2001; Berger, 2008; Giacobbi et al., 2008; Ruddell & Shinew, 2006).

Similar to a personal narrative, wheelchair basketball has a narrative that conveys the practice's standards, internal goods, traditions, and virtues to participants so they can "assume the identity of wheelchair basketball players and coaches and behave appropriately" (Williams & Kolkka, 1998, p. 359). Behaving appropriately entails acting honestly, responsibly, courageously, justly, and with integrity and respect. Participants in the practice learn they must demonstrate competitiveness, perseverance, independence, dedication, athleticism, humility, patience, generativity, and self-initiative (Berger, 2008; Juetta & Berger, 2008; NWBA, n.d.-c). Information on how to behave is transmitted by current participants and institutions such as teams, sport camps, and national organizations (NWBA, n.d.-a; Ruddell & Shinew, 2006; Williams & Kolkka, 1998).

As with other practices, there are numerous traditions simultaneously influencing the narrative of wheelchair basketball. For example, some university-based wheelchair basketball programs have extensively documented histories extending 40 years or more (Berger, 2008), and these histories are embedded

in the broader tradition associated with the overall practice (NWBA, n.d.-a). These wheelchair basketball oriented traditions influence one another but they are also influenced by traditions associated with health, education, and sport (Williams & Kolkka, 1998). To illustrate, wheelchair basketball was initially closely linked with the tradition of health because the activity was promoted as a means to improve the physical conditioning and functioning of war veterans, but currently the practice is widely recognized as linked to the tradition of sport because participants are considered athletes who play predominately to win and excel and not to improve their health (Juetta & Berger, 2008).

Frequently, leisure practices expressly developed for people with disabilities such as wheelchair basketball have empowering and transformation inducing narratives and traditions (Ashton-Schaeffer et al., 2001; Juetta & Berger, 2008; Taub et al., 1999). In the case of wheelchair basketball, the practice enables participants to demonstrate that people with disabilities can be athletic and excel at a physically demanding activity. Participants view themselves as athletes rather than as people with disabilities, and this view is also adopted to an extent by members of society (Ashton-Schaeffer et al., 2001; Berger, 2008; Fullagar & Owler, 1998; Lundberg et al., 2011; Taub et al., 1999).

However, narratives and traditions are not without controversy or criticism. Two issues are presented as examples. First, consider the connection between the physical skills deemed necessary for wheelchair basketball and its' classification system. Ideally, players in different classes should display different levels of performance with players in class III outperforming players in classes I and II. However, research has not shown significant differences in levels of performance between class II and III players (Brasile, 1986, 1990; Brasile & Hedrick, 1996; Doyle et al., 2004). Rather, the studies' results suggest that either classes II and III be combined into a new class II or that classification be based upon physical function rather than the physical location of impairment. Though research indicates a need to revise the classification system, debate on the issue continues and no changes to the system have been implemented.

Second, some people with disabilities who use wheelchairs and are not participants in the practice consider the standards pursued by elite wheelchair basketball players as unrealistic and inappropriate (Berger, 2008; Juetta & Berger, 2008). Non participants fear

society will expect all people who use wheelchairs to be physically independent and require very few accommodations. In addition, non-participants do not support tying self-worth to the winning of competitions and perpetuating the use of masculine power and privilege in relationships with the opposite sex.

Excelling in leisure practices contributes to the flourishing of people with disabilities. Next, this relationship is used to ascertain which of the two orientations associated with TR is best suited to the promotion of flourishing. Then it is contended a profession other than TR ought to be charged with the mission. Lastly, core beliefs of the profession are enumerated and its' principal tasks are outlined.

A PROFESSION

Armed with a conception of what it means to flourish as a person with a disability and how leisure contributes to flourishing it is time to respond to the question of what is TR. If TR seeks to facilitate flourishing it is clear the profession should concentrate on supporting people with disabilities' involvement in leisure practices. Leisure should be at the heart of TR practice and their expertise in leisure should be what differentiates therapeutic recreation specialists (TRS) from other professionals (Anderson & Heyne, 2012).

Recent developments are in-line with these conclusions. The latest two TR practice models, Leisure and Well-Being (LWB) (Carruthers & Hood, 2007; Hood & Carruthers, 2007) and Flourishing Through Leisure (FTL) (Anderson & Heyne, 2012; Heyne & Anderson, 2012), explicitly acknowledge that engagement in leisure practices has a salutary effect on well-being and flourishing. Furthermore, the FTL model defines TR as:

the purposeful and careful facilitation of quality leisure experiences and the development of personal and environmental strengths, which lead to greater well-being for people who, due to challenges they may experience in relation to illness, disability or other life circumstances, need individualized assistance to achieve their goals and dreams. (Anderson & Heyne, 2012, p. 130)

The first of the two models to be constructed, the LWB model (Carruthers & Hood, 2007; Hood & Carruthers, 2007) is compatible with MacIntyre's theory of flourishing (Wise, 2010) and focuses on personal factors that enhance well-being and are malleable. To illustrate, TRS strive

to increase people with disabilities' knowledge of leisure and competency with leisure practices and decision making skills. The second model, FTL, resulted when the LWB model was broadened to include environmental factors that contribute to well-being (Anderson & Heyne, 2012; Heyne & Anderson, 2012). So, in addition to increasing people with disabilities' knowledge, competency, and decision making abilities, TRS work to ensure that those they serve have, among other things, physical access to facilities, adaptive leisure equipment, and welcoming facility staff.

The definition and models have implications for academic programs, most notably with respect to the emphasis placed on leisure. Anderson and Heyne (2012, p. 147) noted:

The professional preparation of future therapeutic recreation specialists must focus as much on the concepts of recreation and leisure, including delivery systems, as it does on therapeutic practices. The curriculum must give future professionals a sound theoretical and practical foundation on the leisure experience and how to facilitate it.

In stark contrast to the preceding paragraphs, a number of professionals espousing the treatment orientation have jettisoned the concepts of leisure and recreation from therapeutic recreation (Sylvester, 2009). For example, the American Therapeutic Recreation Association (2009, para. 1) now endorses the following definition:

'Recreational Therapy' means a treatment service designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

Other professionals endorse the inclusion of leisure, but the manner in which it is to be used is contrary to its nature. Porter and Burlingame (2006, p. 259) define recreational therapy as "a clinical specialty which uses leisure activities as the modality to restore, remediate, or rehabilitate the patient's functional ability and level of independence and/or reduce or eliminate the effects of illness and disability." According to this definition, leisure practices are a form of therapy. However, it is not possible to prescribe leisure practices because doing so strips them of the defining attribute of freedom and renders them as something other than leisure practices (Mobily, 1997; Sylvester,

1985, 1997; 2005b; Sylvester et al., 2001). Therapy is antithetical to leisure because therapy restricts people's freedom; their actions are largely controlled by therapists and their choices are severely limited and may not be congruent with personal values (Austin, 1998; Stumbo & Peterson, 1998; Van Andel, 1998). While internal goods such as improved health and functioning are consequences of pursuing excellence in leisure practices such as strength training or yoga, freedom is absent when the activities are treated as therapy. What is experienced is activity therapy and not leisure (Lee & Lane, 1997; Sylvester, 1997; Sylvester et al., 2001).

This does not mean leisure practices should be absent from healthcare settings. Just the opposite is true; healthcare patients should participate in leisure practices while receiving treatment (Haun, 1994; Mobily, 1997). Doing so allows them to retain their humanness in environments where self-expression, self-determination, intrinsic motivation, and enjoyment are largely absent. Furthermore, doing so accentuates the effectiveness of traditional therapies by fostering a milieu in which patients are confident, optimistic, and willing to endure the discomforts of treatment.

Although there have been recent promising developments in TR, there is enough contradictory evidence to raise serious doubt about TR being the profession best suited to promote flourishing through excelling in leisure practices. This point is supported with three examples. First, contrary to pleas made by Anderson and Heyne (2012) for more attention and emphasis on leisure during the academic preparation of professionals, a review of standards issued by both accrediting bodies for TR education reveals the potential for students to receive a minimal amount of exposure to the concepts of leisure and recreation, possibly only three credits worth of instruction (Anderson, et al., 2011; Committee on Accreditation of Recreational Therapy Education, 2010). Second, according to the National Council for Therapeutic Recreation Certification (NCTRC, 2007), 73 topic areas constitute the knowledge base of TR. Of the 73, fewer than 15% of the titles or descriptions directly mention leisure, recreation, or play. Finally, learning or advancing one's skills in a particular leisure practice does not count toward maintaining certification as a TRS (NCTRC, 2013).

Conflicting messages within the TR profession regarding the purpose and value of leisure suggests the formation of a profession dedicated exclusively to the

promotion of human flourishing through participation in leisure practices may be appropriate. Harkening back to the beginning of this article, a profession rests on a foundation composed of core beliefs that justify and guide the profession's existence (Sylvester, 2005a; Sylvester et al., 2001). In the current case, at least three beliefs comprise the foundation. One, a disability does not preclude someone from personhood, flourishing, or leisure (Garland-Thomson, 2012; MacIntyre, 1999, 2007; Sylvester, 1992, 2005b). Two, leisure is intimately connected with human flourishing; without leisure, people cannot flourish (Aristotle, 2001; De Grazia, 1994; Pieper, 1964). Three, leisure promotes flourishing among people with disabilities (Anderson & Heyne, 2012; Carruthers & Hood, 2007; Dunn & Brody, 2008; Garland-Thomson, 2007; Heyne & Anderson, 2012; Hood & Carruthers, 2007; McGill, 1996; Mobily, 1997; Sylvester, 1987, 1989, 1997). Professionals who base their efforts on the aforementioned tenets are *leisure specialists-adaptive* (Sylvester, 1987) whose mission is to promote human flourishing through excelling in leisure practices. The title clearly reflects the central feature of the profession and that practitioners possess knowledge and skills related to leisure and can provide the necessary support so people with disabilities, illnesses, or other limiting conditions can participate in leisure activities.

TASKS OF LEISURE SPECIALISTS-ADAPTIVE

What do leisure specialists-adaptive (LSA) do? At this point, the author's intention is to highlight three of the primary tasks to be undertaken by professionals. In the future, additional tasks need to be identified and expounded upon as do the three listed here.

First and foremost, LSA counter the long history of limited access for people with disabilities (Bullock, Mahon, & Killingsworth, 2010; Hutchison & Gill, 1998; Schleien, Ray, & Green, 1997) by advocating for opportunities for them to excel in personally expressive leisure practices (Waterman, 1990). Through participation in personally expressive practices people convert capabilities into abilities and skills, improve existing skills, and pursue their teloi (Waterman, 1990, 1993). Personally expressive practices promote flourishing because participation requires utilization of personal strengths and virtues and leads to flow, intrinsic motivation, and feelings that engaging in the activities is what people were meant to do (Csikszentmihalyi, 1990, 1997; Seligman, 2002; Waterman, 1990, 1993,

2005).

As advocates for engagement in leisure practices LSA need to “accept the unique role of facilitating freedom and enabling people to savor the intrinsic goods that accompany the realization of leisure” (Sylvester, 1985, p. 12). As freedom facilitators LSA work to eliminate or prevent impediments to freedom such as discrimination and architectural barriers. They also help people gain knowledge of themselves, leisure opportunities, and ethics and become competent with self-advocacy, decision making, virtues, and leisure activity skills.

Freedom is not without boundaries. Sometimes freedom should be restricted in order to nurture greater freedom and flourishing in the future. However, any decisions to limit freedom should arise from dialogue involving those affected by such decisions including people with disabilities, their families, and relevant professionals. Decisions should be specific, context-sensitive, and acknowledge the complexities of the people, relationships, and environment involved (Abma, et al., 2008). This might mean, for example, prohibiting a person from skiing who was recently admitted for a spinal cord injury until he is medically stabilized and has completed in and out-patient treatment. The prohibition would not necessarily extend to other leisure practices he enjoys or beyond the completion of in and out-patient treatment.

In another example, an appropriate intervention for some people with Prader-Willi Syndrome is a life-long restriction of their access to food (Dykens et al., 1997). The limitation, which initially seems extreme, might be considered reasonable once it is understood the syndrome is marked by impaired intellectual functioning and hyperphagia. Due to physiological dysfunction, people do not feel full or satiated which causes them to overeat. Curtailing their freedom to choose what, when, and how much to eat prevents obesity, hypertension, Type II diabetes, and death.

A second task of LSA is to listen to the personal stories of the people they serve (Franits, 2005; Garland-Thomson, 2012). Shapiro (1998, p. 100) underscores the importance listening holds for professionals,

...we need to listen in an open, appreciative way for what ... narratives might teach us of lost voices or opportunities in our own lives. Every therapeutic encounter offers the possibility for this kind of mutual learning, as we gaze in wonder at the strengths revealed in the stories unfolding before us, and appreciate the awesome

courage some people bring to the demands of troubled lives. This does require that we see the people we work with in whole, engaged ways so that they too can use the relationships as a new social mirror from which to reexamine and reweave the fabric of their life stories.

Listening enables LSA to gain an in-depth understanding of the rich complexity of people's lives including impediments to flourishing and dreams regarding who they want to be and how they want their narratives to “read.” Armed with this information, specialists can work with them to formulate and implement plans to overcome obstacles to flourishing; challenge, alter, and/or negotiate traditions that may be impeding progress toward *teloi*; and achieve desired identities and narratives by excelling in personally expressive leisure practices (Fullagar & Owler, 1998; Groff & Kleiber, 2001; Henderson, Bendini, & Hecht, 1994; Kleiber, Brock, Lee, Dattilo, & Caldwell, 1995; McGill, 1996; Phoenix, 2001; Taylor, 2000).

Once people participate in leisure practices, listening plays another role. Encouraging people to recount their personal stories helps them integrate leisure experiences into their narratives, increase their self-awareness, and discover a purpose in life (Bauer, McAdams, & Pals, 2008; Lee & McCormick, 2002; Luckner & Nadler, 1995; McAdams, 2008; O'Keefe, 2005; Shapiro, 1998; Smith & Sparkes, 2005). Listening also supports people's “growth-expanding self-perceptions against the grain of socially imposed stereotypes” (Shapiro, 1998, p.100).

A third task of LSA is to nurture, among all people, the development and exercise of virtues required to excel in leisure practices and to flourish. These virtues include but are not limited to: courage, honesty, justice, just generosity, philo-cosmopolitanism, respect, playfulness, disinterestedness, and practical reasoning/phronesis (MacIntyre, 1999, 2007; Sylvester, 2007).

In addition, LSA ought to cultivate within themselves the virtues of compassion, humility, caring, patience, tolerance, and trustworthiness (Armstrong, 2006; Sylvester, 2009). Two other virtues of import are mutuality and openness (Pedlar, Haworth, Hutchison, Taylor, & Dunn, 1999; Sellman, 2003). Mutuality aims for “mutual respect, support and authenticity between people” who are engaged in giving and receiving relationships (Cushing & Lewis, 2002, p. 179). These conditions result when people expand their notion of what benefits are

available to those who participate in such relationships. Specifically, expansion is produced via a constellation of behaviors. Namely, by recognizing people with disabilities as the authors of their own lives and not solely as objects of care; valuing the distinctive ways people with disabilities contribute to relationships; and listening thoughtfully to what people with disabilities have to say (Crepeau & Garren, 2011; Cushing & Lewis).

Mutuality is an important virtue to develop and exercise because many people with severe disabilities who are in giving and receiving relationships are often unable to reciprocate in an intimate, personal manner. This disparity is especially apparent in situations where professionals provide specialized care to people with disabilities. Parties in these interactions occupy asymmetrical positions of power and the giving and receiving is contractual and instrumental in nature. Care providers, based on their professional training, render clearly defined services in return for a predetermined, impersonal, standardized amount of monetary compensation which is dispensed by a third party entity such as an insurance company (Cushing & Lewis, 2002). In contrast, when the virtue of mutuality is practiced, parties engage in a “dynamic, interactive relation” (Gewirth, 1996, p. 75) and are committed to broadening the definition of what constitutes a satisfactory exchange. So in circumstances marked by mutuality, participants, particularly professional caregivers and people without disabilities, come to appreciate an enlarged and more existentially based conception of benefits. For example, one caregiver shared how she gained the courage to reach out for and accept help from other people because the person with a disability she cared for modeled these actions (Cushing & Lewis, 2002). Other caregivers noted that many people with severe intellectual disabilities have “fewer hidden agendas, less self-imposed rigidity around social etiquette, and a more direct approach to issues that surface. Many caregivers find that all of this creates a safe, neutral, relational space for being themselves that feels liberating and authentic” (Cushing & Lewis, 2002, p. 183).

Exhibiting the second virtue, openness, is imperative in a pluralistic society marked by numerous and diverse conceptions of flourishing that encompass a wide range of practices, narratives, traditions, and life-goals (Riggs, 2010; Sellman, 2003; Stewart-Sicking, 2008). A lack of openness can lead to serious consequences including patients leaving treatment prematurely (Dieser, 2002). To

prevent such an outcome and foster the flourishing of all, LSA need to actively seek out, learn about, acknowledge and appreciate conceptions of flourishing that differ from their own (Stewart-Sicking, 2008). This is accomplished, in large part, by ascertaining a person's history with leisure practices, his personal narrative, the traditions he is a part of, and his telos and using the knowledge to gain insight into the best way to enhance his well-being (Dueck & Reimer, 2003; Richardson, 2003).

CONCLUSION

The contents of this article describe how people (with disabilities) can flourish through involvement in leisure practices. Based upon the presented theory of human flourishing, TR should adopt a leisure and recreation orientation. However, a new profession, devoted solely to promoting the flourishing of people with disabilities through their excelling in leisure pursuits, may be called for. The philosophical foundation for such a profession consists of at least three core beliefs: people with disabilities are human beings who can flourish and experience leisure; leisure is essential to flourishing; and leisure promotes flourishing among people with disabilities. The practitioners of this profession, Leisure Specialists-Adaptive, have a critical mission to fulfill, they are charged with supporting the flourishing of people with disabilities which in turn contributes to the flourishing of everyone.

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