

Recreation in Institutions: Opening a Portal

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What is an institution?

- “Social establishments—institutions in the everyday sense of the term—are places such as rooms, suites of rooms, buildings, or plants in which activity of a particular kind regularly goes on.” E. Goffman, 1961, p. 3, “Asylums”)
- Total institutions central feature is the breakdown of three spheres of life that are normally separated: work, play and sleep. All three activities are tightly scheduled, with inmates treated alike and expected to do the same thing together. (Goffman, 1961)

A history of models and controversy

- Goal: Explain why TR works.
- Medical/therapy/curative model
 - Emergence during WWI (vs. convalescence model of care)
 - Changes since then: infectious diseases, workplace injuries, pre-natal and labor and delivery; rise of chronic conditions
 - Is the medical therapy model obsolete?
- Recreation/service model
 - Dates back to 1948 and the HRS
- NRPA, NTRS, ATRA

ATRA definition

- Recreation therapy, also known as therapeutic recreation, is a systematic process that utilizes recreation and other activity-based interventions to address the assessed needs of individuals with illnesses and/or disabling conditions, as a means to psychological and physical health, recovery and well-being (2015 ATRA Newsletter).

Statement of meaning (Supplemental description for use as needed)

- 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 conditions (ATRA, Standards of Practice, 2013)

Mental health institutions vs. prisons

- “Branstad has long contended that the state mental hospitals were outdated and inefficient. He says many of their services can be provided more effectively by private agencies in communities.” DM Register, July 6, 2015.
- Why persist in examining institutions if there are fewer large state institutions?
- De-institutionalization or trading institutions?

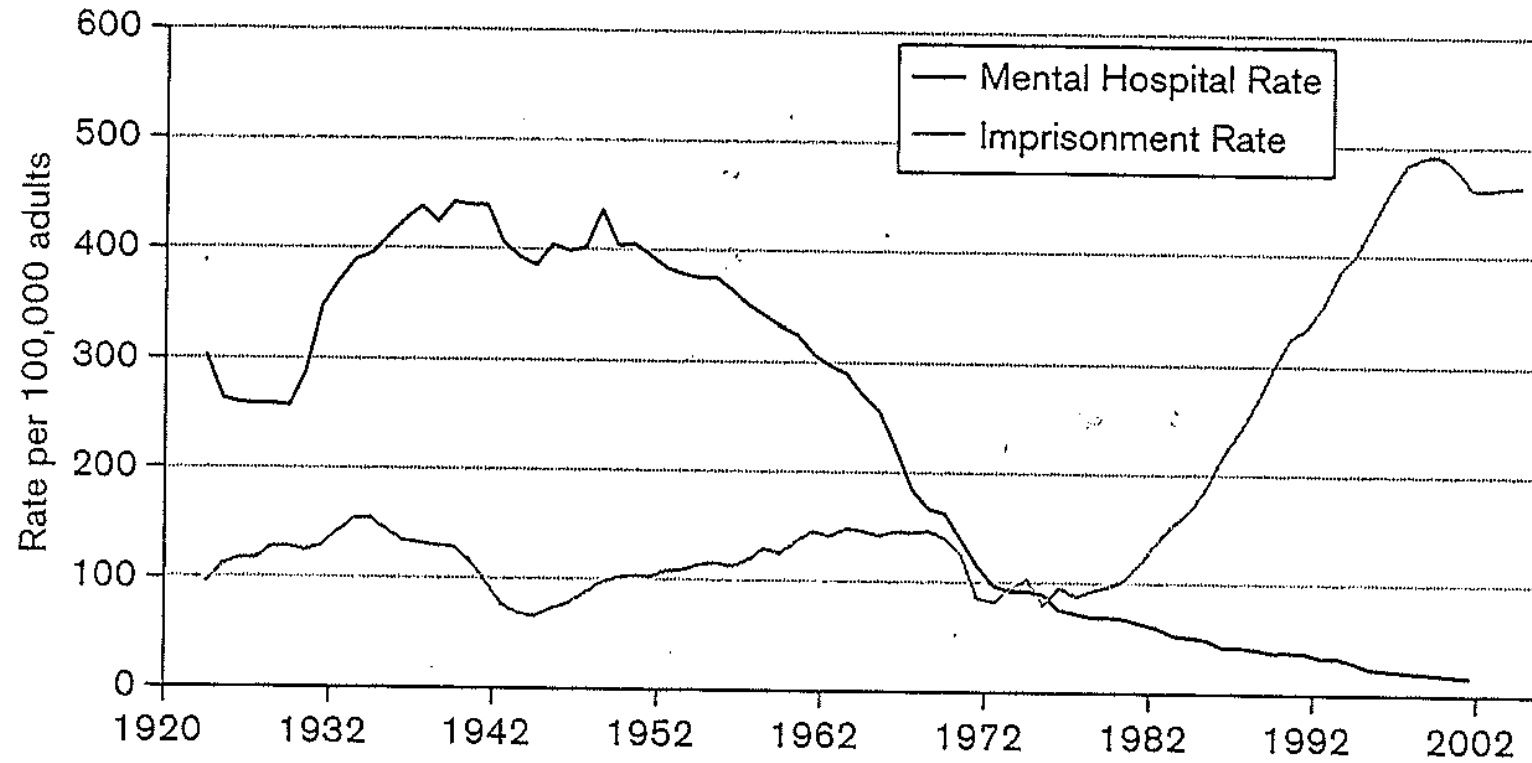
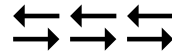


FIGURE 1. Deinstitutionalization of California mental hospitals and feeble-minded homes and the concomitant rise of incarceration, 1922–2005. This process of transinstitutionalization accelerated rapidly starting in 1975. Source: Prepared by researcher Nicole Novak using data from Bernard Harcourt, “An Institutionalization Effect: The Impact of Mental Hospitalization and Imprisonment on Homicide in the United States, 1934–2001,” ICPSR34986-v1, Inter-university Consortium for Political and Social Research, Ann Arbor, MI.

Contra-therapy explanations #1

- Recreation Service:
 - Paul Haun “Recreation: A medical viewpoint” (1965), Milieu model
 - H. Rusalem (TRJ, 1973) Ecological model

Rusalem's ecological model and Haun's Milieu



Social Model (Disability Studies)

Change Environment, Society,
& Social Interactions

Change the conversation about the purpose of a social recreation interaction—what are the characteristics and attributes of a social environment changed from an egocentric (individualistic/medical) model to an egalitarian (interdependent) model



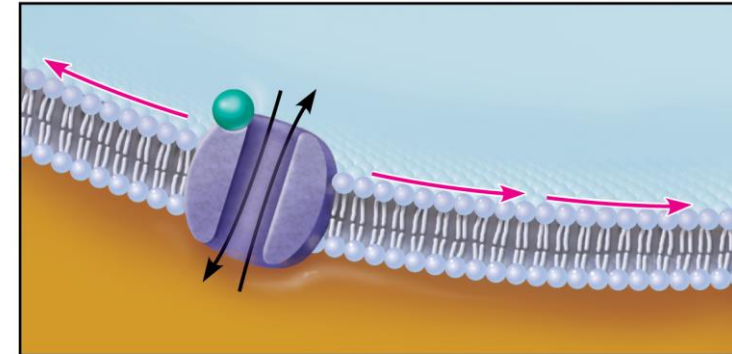
Change from a contractual/work-like relationship (functional outcomes) where each party wants something from the other (egocentric) --the interaction is for an external outcome that is plain to both parties involved in the relationship.

Belonging (Recreation occurs mostly in a social context)



Contra-therapy explanations #3

- Recreation opening a portal in institutions for “inmates” (per Erving Goffman)
- Ligand analogy
- Previous iterations
 - Paul Haun
 - Rusalem



Conclusions

- Institutions still exist
- Recreation may prove to be the “ligand” that opens the portal to a glimpse of normalcy, contact with the external world
- Recreation for inmates is not so different than recreation for anyone else
- Is it therapy?