Conceptual paper

Theories that Support Strengths-Based Practice in Therapeutic Recreation

Linda A. Heyne
Lynn S. Anderson

Abstract

Health and human services are gradually moving from a medical, deficits-based model of practice toward an orientation that emphasizes participant strengths and capacities. This article presents theories relevant to therapeutic recreation that reflect this shift toward accentuating strengths. The theories are presented in two categories: (a) theories that support well-being within the individual and (b) theories that pertain to contextual factors that support well-being. The first category features happiness theory, broaden-and-build theory of positive emotions, learned optimism, and character strengths and virtues. The second category highlights recent theories of health, disability, community building, and resiliency. Strengths are also defined, the strengths and deficits approaches compared, and the importance of a theoretical grounding to therapeutic recreation strengths-based practice emphasized. A companion to this article, “Flourishing Through Leisure: An Ecological Extension of the Leisure and Well-Being Model in Therapeutic Recreation Strengths-Based Practice,” also appears in this issue and applies these theories to practice.

Keywords: Strengths-based practice, theory, therapeutic recreation, well-being, ecological approach

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A sea change is occurring in health and human services with widespread implications for therapeutic recreation practice. This movement traces the shift from a deficits and problem-based orientation, often referred to as the medical model, toward an approach grounded in participant strengths, capabilities, and aspirations (Anderson & Heyne, 2012; Saleebey, 2006; Utesch, n.d.; World Health Organization, 2004). Professions that support individuals and communities are slowly reorienting themselves to a strengths perspective. The positive psychology movement (Fredrickson, 2001, 2009; Lyubomirsky, 2008; Seligman, 2003, 2009), the focus on resiliency in youth development (Search Institute, 2012), the recovery model in mental health (Conley, 2004; Deegan, 1988; Jacobson & Curtis, 2000), and the asset-building approach in community visioning and coaching (Cohen, 2005) are four such examples. New research in brain functioning also provides scientific evidence that a strengths orientation is far more effective in creating positive growth than an approach geared toward correcting deficits (Koyama, McHaffie, Laurienti, & Coghill, 2005; Rock, 2006; Rock & Schwartz, 2006; Schwartz, Stapp, & Beauregard, 2005).

To apply a strengths approach to therapeutic recreation, it is important to understand the theories that underlie and guide strengths-based practice. The purpose of this article is to provide an overview of strengths-based theories, chosen either because they are new to the field of therapeutic recreation or because they are established theories that have not been interpreted as cultivating strengths. Derived from psychosocial literature, the theories are presented in two groupings: (a) theories that primarily support well-being within the individual and (b) theories that primarily emphasize ecological factors that can contribute to a person's well-being.

This paper introduces the theories by defining strengths, both internal and external, and by clarifying the differences between strengths-based and deficits-based approaches in health and human services. The importance of theory to guide therapeutic recreation practice is also stressed.

The paper concludes with a discussion of the implications of strengths-based theory for therapeutic recreation practice as segue to a companion paper that also appears in this issue, “Flourishing Through Leisure: An Ecological Extension of the Leisure and Well-Being Model in Strengths-Based Therapeutic Recreation Practice.” As the title suggests, this second article describes a new model for strengths-based therapeutic recreation practice called Flourishing Through Leisure: An Ecological Extension of the Leisure and Well-Being Model (Anderson & Heyne, 2012), which is founded on the theories presented in this article. The model extends and broadens the Leisure and Well-Being Model developed by Carruthers and Hood (2007) and Hood and Carruthers (2007) by embracing the ways in which environmental factors contribute to well-being.

**Strengths Defined**

Strengths are at the heart of therapeutic recreation practice. When therapeutic recreation specialists focus on strengths-oriented aspects such as what people hope for in their lives, what they are good at, what they value, and what is supportive...
in their environment, they can best help participants reach their goals and aspirations (Anderson & Heyne, 2012). Strength is commonly defined as the quality or state of being strong and the capacity for exertion and endurance (Webster’s New College Dictionary, 2008). More relevant to helping professions, strengths include desirable personal qualities, characteristics, talents, skills, environments, interests, and aspirations (Rapp & Goscha, 2006). Strength is also the ability to consistently produce a positive outcome (Buckingham & Clifton, 2001), even in the face of challenge or adversity (Carruthers & Hood, 2007; Hood & Carruthers, 2007; O’Keefe, n.d.). Strengths may be internal, within an individual, or external, within the environments and contexts in which an individual lives, works, or plays (Anderson & Heyne, 2012), as described in the following two sections.

A visual depiction of strengths appears in Figure 1. While internal and external strengths are presented as two distinct spheres, a very dynamic and complex relationship actually exists between them, as suggested by the dotted line that separates the two circles. This permeable dotted line implies a symbiotic interplay between the two kinds of strengths: Internal strengths can be directed toward building external environmental supports; environmental supports can strengthen and nurture internal strengths. For ease of organization and discussion in this paper, however, strengths are designated as internal or external according to whether they primarily occur within or outside

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**Figure 1. Internal and External Strengths**
the individual, with the understanding that strengths in both categories are often in continual flux and interaction.

**Internal Strengths**

Internal strengths belong to the individual. While not an exhaustive list, a person’s interests, preferences, knowledge, talents, skills, abilities, aspirations, and goals encompass internal strengths (Anderson & Heyne, 2012; Rapp & Goscha, 2006). They also include character strengths and virtues, which are the positive traits that define who we are as human beings (Peterson & Seligman, 2004). In the strengths-based approach, the therapeutic recreation specialist identifies and assesses internal strengths and builds upon them to help the participant reach his or her goals and aspirations.

**External Strengths**

A strengths-based approach means understanding people in the contexts of their daily lives as well as their potential future environments. External strengths are those ecological factors that can be drawn upon to support a person’s well-being. In therapeutic recreation practice, external strengths could include family members, friends, and recreation materials and opportunities, among other resources. The role of the therapeutic recreation specialist is to identify or help build external supports both in the home and in the community and to incorporate them into an intervention or program plan to help participants reach their goals and dreams.

**Recreation as a Strength**

Recreation and leisure, which are the foundation of positive change for a high quality of life, have historically been the focus of therapeutic recreation practice (Carruthers & Hood, 2007; Dattilo, Kleiber, & Williams, 1998; Gunn & Peterson, 1978; Howe-Murphy & Charboneau, 1987; Sylvester, 2006; Sylvester, Voekl, & Ellis, 2001). Recreation and leisure have the power to help people feel good about their lives and to make the beneficial changes to further their well-being. When people pursue their recreation interests, preferences, talents, and passions, they feel alive, vibrant, strong, and complex as a human being. Their lives are textured and interesting (Pedlar, Haworth, Hutchinson, Taylor, & Dunn, 1999), infused with meaning and purpose (Anderson & Heyne, 2012; O’Keefe, n.d.).

A philosophical basis also exists in the profession of therapeutic recreation for favoring a strengths-based approach over the medical model. In *Recreation: A Medical Viewpoint*, Haun (1965) viewed recreation as a medical specialty that responded to a basic human need for enjoyment and fun. Because of the universality of the recreation experience, however, he resisted framing it within the medical model. Mobily (1985) viewed recreation as essentially therapeutic because of the existential benefits it holds, which rest on a person-centered orientation that fosters client choice making and sense of control over environment. Howe-Murphy and Charboneau (1987) criticized the field of therapeutic recreation for its lack of biopsychosocial approaches and recommended that the profession adopt a more holistic “ecological perspective” (p. xxi). Sylvester (1987) articulated the ethical association of play, leisure, and recreation in relation to ultimate ends, or the highest good, in a philosophy that was inherently strengths-based. And O’Keefe (2005) considered how to
“reconcile the objectified, impersonal approach to treatment [of the medical model] with the ethical imperative to understand the personal experience of illness” (p. 73). In doing so she adopted an approach to therapeutic recreation practice called an “ethic of care,” which views the client as a “growing person” instead of a diagnosis and regards client–professional interaction as more relational than clinical.

These pioneering works laid the groundwork for recent endeavors that more explicitly call for a strengths approach in therapeutic recreation. Specifically, the Leisure and Well-Being Model developed by Carruthers and Hood (2007) and Hood and Carruthers (2007) advocates expressly for a strengths orientation in two main areas of therapeutic recreation service: enhancing the leisure experience and developing resources. This paper and its companion article continue this recent trend to unequivocally draw on both internal and external strengths to improve well-being through therapeutic recreation.

As illustrated in Figure 1, recreation is a key strength, both internal and external to the person. As an internal strength, for example, a person may possess an avid recreation passion, leisure competencies, or extensive knowledge of a recreation activity. External strengths of a participant might include having family support, several opportunities available to engage in community recreation, and various recreation partners with whom to participate.

Recreation and leisure are also considered strengths because of their potential to produce innumerable benefits. Through recreation and leisure individuals can gain tremendous outcomes related to psychological, emotional, cognitive, physical, social, and spiritual well-being (Anderson & Heyne, 2012; Carruthers & Hood, 2007; Shank & Coyle, 2002; Stumbo & Peterson, 2004; Sylvester et al., 2001). Recreation and leisure also provide an arena for other strengths to be discovered, developed, and exercised. For instance, participants can learn to take public transportation, budget money for recreation pursuits, or use the Internet to locate recreation resources. Unlike the deficits approach, strengths-based practice values recreation as an important area of life upon which to concentrate and build resources that improve well-being.

**Strengths and Deficits Approaches Compared**

Understanding how the strengths-based approach differs from a deficits-based orientation can help a therapeutic recreation specialist address participants’ strengths, capacities, and aspirations throughout the therapeutic recreation process. This section examines the key elements and assumptions of each approach (see Figure 2 for a comparison of the two paradigms).
Deficits Approach

The primary purpose of a problem-oriented or deficits-based approach is the amelioration of problems through assessment and prescribed interventions (Anderson & Heyne, 2012; Saleebey, 2006). The person’s deficits, illness, disability, poor functioning, or other negative states are typically assessed. A problem list is developed, from which emanate goals and interventions. Professionals work with the person to fix the problems they have identified, using interventions aimed specifically at those problems. A person’s strengths may be tapped to help fix the problem, but the nature of the therapeutic relationship is defined by problems. The deficits approach assumes the professional is the expert in the therapeutic process and, because individual problems are the target of interest, contexts are typically regarded as irrelevant. While the deficits approach provides a greater understanding of the problem, it does not necessarily help a participant meet broader goals for well-being.

Strengths Approach

The main purpose of the strengths- or capability-based approach is to help people reach their goals and aspirations related to their well-being and quality of life (Anderson & Heyne, 2012; Saleebey, 2006). Assessments focus on how people want their lives to look and on the strengths and resources they have and will need to help them realize their vision. An understanding

<table>
<thead>
<tr>
<th>From a Deficits Approach...</th>
<th>To a Strengths Approach</th>
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<tbody>
<tr>
<td>Person is a “case” or a “diagnosis”</td>
<td>Person is unique with talents and resources</td>
</tr>
<tr>
<td>Emphasis is on what is wrong, missing, or abnormal</td>
<td>Emphasis is on strengths, resources, capabilities, aspirations, and adaptive processes</td>
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<tr>
<td>Participant is viewed as a problem needing to be fixed; intervention is problem focused</td>
<td>Participant is viewed as potential waiting to be developed; intervention is possibility focused</td>
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<td>Professional is the expert concerning the individual’s life</td>
<td>Individuals, families, and communities are viewed as the experts</td>
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<tr>
<td>Expert professional interprets the person’s story to arrive at a diagnosis</td>
<td>The professional knows the person through the person’s interpretation of events and meanings</td>
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<tr>
<td>The professional develops a treatment plan for the individual</td>
<td>Aspirations of the individual, families, and communities are the focus of the work to be done—the plan is developed in collaboration</td>
</tr>
<tr>
<td>A framework and vocabulary is developed to describe problems</td>
<td>A framework and vocabulary is developed to describe strengths</td>
</tr>
<tr>
<td>Play, recreation, and leisure are viewed as superfluous experiences only tangentially related to improving a person’s health</td>
<td>Play, recreation, and leisure are viewed as integral to well-being and are essential to recovery and rehabilitation</td>
</tr>
<tr>
<td>Absence of illness or dysfunction is the goal</td>
<td>Well-being, thriving, and high quality of life are the goals</td>
</tr>
<tr>
<td>Medical model is used</td>
<td>Ecological model is used</td>
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Figure 2. The Strengths and Deficits Paradigms Compared
of environmental factors and resources is crucial to the therapeutic process. Goals and interventions are driven by aspirations the participant has identified. Strengths are the focus of intervention and change; weaknesses or problems are managed and given just enough attention so they do not interfere with working toward goals. This approach assumes the participant is, or has the potential to be, the expert on his or her own life. It engenders a trusting relationship between the participant and practitioner; builds collaboration instead of expert domination; empowers participants to take the lead on developing their own well-being; taps into personal resources of motivation; and sustains positive change through learning, growth, and capacity-building. As can be seen in the following section, the strengths approach has a strong theoretical foundation.

**Theories That Support Strengths-Based Practice**

Strengths-based theories capitalize on people’s potentiality within the naturally occurring supports of their environments (e.g., social support, high expectations for performance, natural consequences) and empower people to lead with their strengths to achieve a greater sense of well-being. This section presents several theories, derived from a broad literature, that center around internal and external strengths. They provide a useful framework for understanding and facilitating change in human behavior through therapeutic recreation. The theories are presented in two categories: (a) theories that primarily support well-being within the individual (i.e., internal strengths) and (b) theories that primarily pertain to ecological factors that can elevate individual well-being (i.e., external strengths). Table 1 provides an overview of the theories in the first category; Table 2 presents the theories in the second category.

Due to the space limitations of this journal, only those theories that are relatively new to the field of therapeutic recreation (e.g., happiness theory, resiliency theory) are described in the next two sections. The more well-known theories in therapeutic recreation (e.g., self-efficacy, normalization) are included in Tables 1 and 2 but not described in the narrative. The reader is encouraged to explore the references to delve more deeply into any theories of interest.

**Theories That Support Well-Being in the Individual**

This section features theories that focus on internal strengths that can cultivate well-being within the individual: (a) happiness theory, (b) broaden-and-build theory of positive emotions, (c) learned optimism, and (d) character strengths and virtues. These four theories derive from recent findings in positive psychology, which Seligman (2009) defined as “the scientific study of the strengths and virtues that enable individuals and communities to thrive” (p. 1). The more familiar theories in Table 1 (i.e., flow, leisure coping, self-determination, self-efficacy) are not included in this discussion.

**Happiness theory.**

_Happiness is the meaning and the purpose of life, the whole aim and end of human existence._

–Aristotle, 384-322 B.C.
# Table 1

## Theories of Well-Being in the Individual

<table>
<thead>
<tr>
<th>Theory</th>
<th>Central Theme</th>
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<tbody>
<tr>
<td>Happiness</td>
<td>One can control one’s level of happiness much more than previously thought possible. Approximately half of one’s total capacity for happiness is determined genetically and 10% is determined by life circumstances (e.g., health, income, partner status), which leaves 40% within one’s power to intentionally enhance (Fredrickson, 2009; Lyubomirsky, 2008; Seligman, 2002).</td>
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<td>Learned Optimism</td>
<td>An optimistic outlook can be learned by gaining awareness of one’s thoughts and how they influence one’s feelings and, therefore, one’s behavior. Consciously developing optimism can potentially change a lifetime of habitual negative responses to adverse life events into more positive and constructive interpretations and behaviors (Seligman, 1991).</td>
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<tr>
<td>Broaden-and Build Theory of Positive Emotions</td>
<td>Positive emotions (e.g., curiosity, joy, love) “broaden” one’s outlook and “build” resources over time, adding value to one’s life. Positive emotions provide pleasurable experiences in the moment that also impel one to expand one’s everyday limits, thus tapping into capacities and resources that strengthen oneself over time (Fredrickson, 2001, 2009).</td>
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<tr>
<td>Character Strengths and Virtues</td>
<td>Six virtues (e.g., wisdom, courage, justice) and 24 character strengths (e.g., kindness, zest, humor), which are pathways to virtues, have been identified that define who one is as a human being. The more one’s character strengths and virtues are exercised, the more one will experience a greater sense of well-being (Peterson &amp; Seligman, 2004).</td>
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<td>Flow</td>
<td>When one’s skill level is matched with the appropriate level of challenge, one can experience a sense of flow—which “exceptional moments” (Csikszentmihalyi, 1997, p. 29) in which one feels very much alive, in the moment, focused, and in control. Time appears to stand still as one experiences a sense of mastery and intense engagement (Csikszentmihalyi, 1990, 1997).</td>
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<tr>
<td>Leisure Coping</td>
<td>Leisure is an ideal context to support coping (Hood &amp; Carruthers, 2002; Hutchinson, Loy, Kleiber, &amp; Dattilo, 2003; Iwasaki &amp; Mannell, 2000). Hood and Carruthers recommended incorporating four stages of coping by Lazarus and Folkman (1984) into therapeutic recreation interventions: (a) appraisal of the situation, (b) assessment of coping resources, (c) applying the coping strategy, and (d) evaluation. Hood and Carruthers emphasized increasing positive physical, psychological, social, and lifestyle resources to encourage effective coping.</td>
</tr>
<tr>
<td>Self-Determination</td>
<td>Self-determination implies that a person acts as the causal agent in his or her life, without excessive external influence. Self-determination involves a variety of skills and sensibilities including self-awareness, intrinsic motivation, self-regulation, self-confidence, self-advocacy, and the ability to make choices and decisions (Bullock, Mahon, &amp; Killingsworth, 2010; Dattilo, 2008; Ryan &amp; Deci; 2000; Wehmeyer &amp; Berkobien, 1991).</td>
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<tr>
<td>Self-Efficacy</td>
<td>Without the perception that one’s actions can produce intended results, one has little incentive to act. Perceived self-efficacy refers to one’s belief in one’s capability to act in ways that exert control over the events that affect one’s life (Bandura, 1977, 2000).</td>
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</table>

Seligman (2002), the “father of positive psychology,” asserted that the ideal pathway to finding meaning and happiness in life is active and virtuous engagement with life through the use of one’s strengths and talents. For Seligman, engagement with life includes involvement in recreation: “Authentic happiness comes from identifying and cultivating your most fundamental strengths and using them in work, love, play, and parenting” (p. xiii). He, along with other happiness theorists (Fredrickson, 2009; Lyubomirsky, 2008), has discovered that people can control their levels of happiness more
Table 2  
**Theories of Well-Being in Contexts and Environments**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Central Theme</th>
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<tr>
<td>International Classification of Function, Health, and Disability</td>
<td>The World Health Organization (2004; 2012) reconceptualized how health and disability are viewed and measured in a new framework, the International Classification of Function, Health, and Disability (ICF). The ICF accounts for both individual and environmental factors on three levels: (a) body function and structures, (b) personal characteristics, and (c) social and environmental contexts.</td>
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<td>Healthy People 2020</td>
<td>A national health agenda is redeveloped every 10 years in the United States called Healthy People (2012), which sets goals and objectives to promote long, healthy lives in all segments of society. In addition to focusing on health determinants and interventions at the individual level, the latest rendition, Healthy People 2020, emphasizes the development of social and physical environments that support well-being.</td>
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<tr>
<td>Normalization Principle</td>
<td>People with disabilities have the right to the same opportunities, conditions, and culturally relevant patterns of living as people without disabilities in society (Nirje, 1992; Wolfensberger, 1972). Culturally relevant patterns include typical rhythms of the day, week, year, and life cycle; respect for the individual; right to self-determination; and customary sexual, economic, and environmental patterns (Nirje, 1999). Leisure is an important aspect of everyday living.</td>
</tr>
<tr>
<td>Social Role Valorization</td>
<td>When people with disabilities have social roles and life conditions that are valued by society, their social status and acceptance increases. Social value can be improved by (a) enhancing the person's social image and (b) enhancing the person's skills and competencies (Wolfensberger, 1983).</td>
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<tr>
<td>Community Building Theory</td>
<td>Social capital, the basis for community building, refers to relationships that arise in community and to the value members place on those relationships (Condeluci, 2002). Community building, unlike conventional human services, cultivates reciprocal relationships, cooperative solutions, and acceptance of people with disabilities as valued contributing members of society (Condeluci, 1995; McKnight, 1987; O'Brien, 1986).</td>
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<tr>
<td>Resiliency Theory</td>
<td>Resilience is “the capacity to prevail in the face of adversity” (Ryff &amp; Singer, 2003, p. 16). Recent research has focused on the merits of internal and external protective factors derived from personal, family, environmental, and institutional strengths for enhancing resiliency (DuPlessis VanBreda, 2001; Polk, 1997; Search Institute, 2012).</td>
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than previously thought possible. Seligman (2002) found that approximately one half of one’s capacity for happiness—one’s happiness “set point” or “set range”—is determined genetically. Though one may experience tremendous joy or sorrow, eventually one returns to this personal baseline level of happiness. Everyone’s set point is unique, and rather than a static condition, it is a starting point upon which to build further happiness.

Lyubomirsky (2008) defined happiness as “the experience of joy, contentment, or positive well-being, combined with a sense that one’s life is good, meaningful, and worthwhile” (p. 32). Happiness, she argued, lies on a continuum similar to height or temperature. It fluctuates depending on the situation and one’s purposeful efforts to increase happiness. Lyubomirsky found that in addition to the 50% of one’s happiness that is determined genetically another 10% is influenced by life circumstances (e.g., partner status, geographic location, income, health). The remaining 40% is within one’s influence to intentionally enhance.
According to Lyubomirsky (2008), what one thinks and what one does from day to day have a tremendous impact on how much happiness is experienced. Lyubomirsky found that one’s sense of well-being can be elevated by duplicating the thought and behavior patterns of people who consider themselves happy. By systematically observing and comparing very happy people with very unhappy people, she documented the thoughts and behaviors of the happiest individuals. Happiness-enhancing thoughts included being grateful, staying optimistic, living in the present, and savoring life’s pleasures. Happiness-enhancing behaviors included building relationships, exercising regularly, developing meaningful leisure, and helping others. Lyubomirsky (2008) has developed several “happiness activities” based on these positive thought and behavior patterns, which have consistently increased levels of happiness among her research participants. These activities include strengthening goal commitment, reminiscing about positive life events, cultivating flow, practicing forgiveness, expressing gratitude through journaling, and performing acts of kindness, among others. When practiced regularly, these activities can help harness the 40% of potential happiness within one’s power to elevate.

**Learned optimism.** Seligman (1975), who developed the theory of learned helplessness, subsequently developed the converse theory of learned optimism (1991). He surmised that if one can learn to be helpless, one can also learn to be optimistic. Even if one’s happiness set point is low, optimism can be cultivated by gaining awareness of one’s thoughts in adverse situations and how they influence one’s feelings and, consequently, one’s behavior. As Seligman observed, “Our thoughts are not merely reactions to events; they change what ensues” (p. 7).

To construct the theory of learned optimism, Seligman (2002) examined the distinctly different thought processes of optimistic and pessimistic people. He found that optimistic people “make permanent and universal explanations for good events, as well as temporary and specific explanations for bad events” (p. 93). That is, the optimist sees the permanent causes of good events as originating from his or her personal traits and abilities (e.g., diligence, compassion) and allows the positivity of good events to spill over to enhance other life areas. When unfortunate events occur, the optimist gives rational situation-specific explanations for them, containing negativity to the one specific occurrence. Pessimistic people show the opposite tendencies. They “make temporary and specific explanations for success, and permanent and universal explanations for setbacks” (p. 93).

Cultivating optimism is a conscious choice one can make to enhance well-being. It requires intentionality, awareness, and discipline, yet it can alter a lifetime of habitually negative responses by producing more positive and constructive interpretations and behaviors.

**Broaden-and-build theory of positive emotions.** Fredrickson (2009) proposed that positive emotions (e.g., joy, interest, love, contentment) are central to human flourishing. Her broaden-and-build theory maintains that positive emotions “broaden” one’s outlook and “build” resources over time that strengthen and add value to one’s life. Unlike negative emotions
that tend to narrow and constrict one’s outlook, positive emotions “open our hearts and our minds, making us more receptive and creative” (p. 21).

The broaden-and-build theory suggests two core truths about positive emotions (Fredrickson, 2001). First, the momentary positivity gained through pleasurable experiences impels one to “broaden” one’s experience by playing, exploring, and expanding one’s everyday limits. Second, this broadening impulse creates a sense of possibility that prompts one to engage in activities such as learning and building new skills, connecting with new people, and experimenting with new ways of being. Thus, one “builds” on the initial positive emotion by tapping into intellectual, psychological, social, physical, and spiritual resources that strengthen one’s capacities and well-being over time.

Through her empirically based research, Fredrickson (2009) found that for optimal well-being a person needs to experience a positivity ratio of three positive emotions to every one negative emotion. In fact, this 3:1 ratio is the “tipping point” that predicts whether a person will flourish or languish. Maintaining a 3:1 positivity ratio not only elevates one’s happiness, it also engages one in life—in relationships, work, and community—thus enhancing an overall sense of well-being.

**Character strengths and virtues.** Peterson and Seligman (2004) defined character strengths and virtues as the positive traits that comprise who one is as a human being. They undertook an exhaustive review of literature with an international interdisciplinary team to identify character strengths and virtues that have been valued across time and culture. The results yielded six core virtues and 24 strengths, which are the processes and pathways that support the development and manifestation of virtues (see Table 3).

Peterson and Seligman (2004) put forth that “…character strengths are the bedrock of the human condition and … strength-congruent activity represents an important route to the psychological good life” (p. 4). According to their criteria, a character strength (a) leads to fulfillment when exercised, (b) is morally valued, (c) does not diminish others when exercised, (d) has a negative opposite, (e) is generalizable across situations and stable across time, (f) is distinct from other strengths, (g) is role modeled in one’s culture, (h) expresses itself early in life, (i) can be completely lacking in a person, and (j) is nurtured by society through institutions and rituals.

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**Theories That Support Well-Being in the Environment**

Recent strengths-based theories highlight the important role that contextual and environmental factors play in elevating well-being. This section discusses new definitions of disability and health and theories related to resil-

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**Table 3**

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<th>Virtue One: Wisdom</th>
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<tr>
<td>• Curiosity</td>
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<td>• Love of learning</td>
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<td>• Judgment</td>
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<td>• Ingenuity</td>
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<td>• Perspective</td>
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<th>Virtue Two: Courage</th>
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<tr>
<td>• Valor</td>
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<td>• Perseverance</td>
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<td>• Integrity</td>
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<td>• Zest and vitality</td>
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<th>Virtue Three: Humanity</th>
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<td>• Kindness</td>
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<td>• Loving</td>
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<td>• Social intelligence</td>
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<th>Virtue Four: Justice</th>
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<td>• Citizenship</td>
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<td>• Fairness</td>
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<td>• Leadership</td>
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<th>Virtue Five: Temperance</th>
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<td>• Self-control</td>
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<td>• Forgiveness</td>
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<th>Virtue Six: Transcendence</th>
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<tr>
<td>• Appreciation of beauty</td>
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<td>• Spirituality</td>
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<td>• Humor</td>
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Table 3

Six Core Virtues and 24 Character Strengths

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<thead>
<tr>
<th>Virtue One: Wisdom</th>
<th>Virtue Two: Courage</th>
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<tbody>
<tr>
<td>• Curiosity</td>
<td>• Valor</td>
</tr>
<tr>
<td>• Love of learning</td>
<td>• Perseverance</td>
</tr>
<tr>
<td>• Judgment</td>
<td>• Integrity</td>
</tr>
<tr>
<td>• Ingenuity</td>
<td>• Zest and vitality</td>
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<td>• Perspective</td>
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<tr>
<th>Virtue Three: Humanity</th>
<th>Virtue Four: Justice</th>
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<tbody>
<tr>
<td>• Kindness</td>
<td>• Citizenship</td>
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<tr>
<td>• Loving</td>
<td>• Fairness</td>
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<td>• Social intelligence</td>
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Peterson and Seligman (2004)

...
tures (e.g., physical functioning related to cognition, speech, cardiovascular health, digestion, and related systems), (b) the person (e.g., age, lifestyle, education, assets), and (c) social and environmental contexts (e.g., physical environment, social attitudes, interpersonal relationships). As such, health conditions are described holistically from three perspectives: the body, the individual, and society.

At the level of social and environmental contexts, the ICF acknowledges the vital role of activities and participation in health and well-being. This area addresses a person’s capacity and performance in a number of life areas (e.g., learning, communication, self-care), including recreation and leisure. Activities identified under recreation and leisure consist of informal or organized play and sports, physical fitness, relaxation, crafts and hobbies, reading for enjoyment, playing musical instruments, and tourism, among several others.

Sylvester (2011) noted that the ICF integrates the medical model with the social model, offering the field of therapeutic recreation an important biopsychosocial approach to practice. Combining these two models, he observed, results in a holistic understanding of health within the contexts of how people actually live their lives. Sylvester recommended that the new orientation of the ICF, along with the capability approach (Nussbaum, 2006; Nussbaum & Sen, 1993) discussed later in this article, guides therapeutic recreation professionals toward holistic theory and practice, scientific inquiry, and action in the area of social justice.

**Healthy People 2020.** The United States has adopted a health agenda called Healthy People (2012) that embraces both internal and external strengths. Based initially on the Surgeon General’s Report in 1979, Healthy People initiatives are re-envisioned every 10 years through a lengthy interdisciplinary and collaborative process. Whereas previous Healthy People initiatives focused primarily on health determinants and interventions at the individual level, Healthy People 2020 more fully assumes a strengths approach by emphasizing the interrelationships of organizational, social, environmental, and policy factors in determining health.

Healthy People 2020 envisions “a society in which all people live long, healthy lives” (Healthy People, 2012, p. 1). Four overarching goals guide the initiative: (a) high-quality, lengthy lives free of preventable disability and disease; (b) health equity; (c) healthy social and physical environments; and (d) quality of life through healthy development and behaviors.

The prime aim of Healthy People is to set comprehensive priority objectives for the nation and provide research-based benchmarks related to health promotion and disease prevention. These objectives serve as a strategic road map to encourage collaboration, measurement, and tracking by diverse individuals and communities as they design programs and environments to ensure all people enjoy health. Healthy People 2020 objectives address 42 areas, from education and community-based programs to social determinants of health as well as specific health concerns such as dementia, heart disease, and substance abuse. The current emphasis on the creation of healthy social and physical environments takes into
account social and economic factors, natural and built environments, and policies and programs.

**Community building theory.** Community connectedness is an important external strength as well as an intervention to support well-being (Anderson & Heyne, 2012; O’Brien & Lyle O’Brien, 1996). The concept of *social capital* captures the essence of the relationship-based nature of community building. Condeluci (2002) defined social capital as “the connections and relationships that develop around community and the value these relationships hold for the members” (p. 12). Social capital, he maintained, enables people to resolve collective problems more easily, widens awareness of the ways people are linked, increases tolerance, lessens aggressive tendencies, allows communities to advance more smoothly, and enhances psychological processes and, as a result, biological processes.

O’Brien and Lyle O’Brien (1996) viewed community as “the intentional creation of relationships and social structures that extend the possibilities for shared identity and common action among people outside usual patterns of economics and administrative interaction” (p. 76). Condeluci (2002) identified the essential elements of community: (a) a common, unifying theme; (b) membership, which may be formal or informal; (c) common rituals; (d) cultural patterns of behavior; (e) jargon; (f) a collective memory; and (e) gatekeepers that influence the community makeup and culture.

O’Brien (1986) advised that human services be evaluated on the degree to which they build or stymie community. He recommended challenging the assumptions that guide human services and perpetuate conventions of segregation, professionalization, and bureaucracy. In the same vein, McKnight (1987) compared the ways that human services and communities operate. He noted that human service systems operate on control, are often slow and deliberate, and require solutions to go through channels. By contrast, communities operate on consent, can respond quickly, and inspire creative solutions through dialogue.

Similarly, Condeluci (1995) distinguished assisted human services from strengths-oriented community support. In assisted settings (a) people are known by what is wrong; (b) relationships are unequal as workers do for clients; (c) people are separated into groups; (d) problems are solved by consulting authorities, policies, and procedures; and (e) solutions are based primarily on reason. However, in community support (a) people are known as individuals; (b) relationships are reciprocal; (c) people are accepted as part of the whole of society; (d) answers arise from experience and the wisdom of others; and (e) discovering solutions leaves room for uncertainty, mystery, and acknowledgment of phenomena beyond human control.

Community building theory supports findings that social relationships are the primary contributor to personal health and happiness. A lack of meaningful social relationships weakens psychological, emotional, and physical health (House, Umberson, & Landis, 1988; Lynch, 1979), whereas strong social ties support overall well-being (Lyubomirsky, 2008; Peterson, 2006).

**Resiliency theory.** Ryff and Singer (2003) defined resilience as “the
capacity to prevail in the face of adversity” and “flourishing under fire” (p. 16). They saw resilience as the power to derive strength from hardship and suffering.

Early resiliency research in the 1980s and 1990s reported that children, despite enduring chronic poverty and negative family situations (e.g., parental psychopathology, inadequate care giving, war trauma), often became competent and well-adjusted adults. Out of these studies grew an interest in strengths-based protective factors that help people resist stressors and thrive despite them. Protective factors derive from personal, family, environmental, and institutional strengths and serve as a kind of safety net to keep psychological well-being intact. Werner (1995) viewed protective factors as mechanisms to help regulate reactions to stress and to allow successful adaptation to unfavorable conditions.

Polk (1997), in her synthesis of resiliency literature, noted four patterns of protective factors. First, dispositional patterns pertain to self-perceptions (e.g., self-worth, autonomy, self-reliance) and physical attributes (e.g., good physical health and appearance). Second, relational patterns include the breadth of relationships experienced, from intimate ones to social contacts within broader society. Third, situational patterns reflect the ability to interact constructively with stressful situations (i.e., evaluate situations realistically, problem solve, take action toward a positive outcome). Last, philosophical patterns reflect a worldview that life has purpose, personal development is important, and positive meaning can be derived from all experiences. Another synthesis of research on resiliency found that children are more apt to rebound from adversity if they have internal strengths and qualities such as a personality that is socially open, cooperative, and likeable; flexible coping skills; special interests and hobbies; and a strong locus of control (DuPlessis VanBreda, 2001).

The Search Institute (2012) has developed a framework of 40 research-based Developmental Assets for children and youth aged 3 to 18, which include both internal and external protective factors. Internal assets consist of a commitment to learning, positive values, social competencies, and positive identity. External assets include constructive use of time, including leisure; support from parents and family, other adults, and caring neighborhoods and schools; boundaries and expectations; and empowerment.

The study of resiliency in adults falls into two areas: (a) understanding how people continue to develop as human beings despite the presence of risk factors and (b) recovery from trauma (Ryff & Singer, 2003). The first area focuses primarily on how people successfully negotiate the challenges of aging. Research has shown that resilience in aging derives from an individual’s willingness and capacity to grow and change as a person. It also stems from the ability to adapt and perform effectively when adjusting to changes in physical and psychological health, work, social situations, and world events. In the second area, recovery from trauma, research has uncovered that adults who cope successfully with trauma often experience a sense of transformation, rebirth, and renewal. Some professionals have reframed the study of Posttraumatic Stress Disorder as Posttraumatic Growth, highlighting the positive outcomes that can result from suffering. Ryff and Singer cited
positive effects such as viewing oneself as a survivor rather than a victim, increased self-reliance and disclosure, created greater compassion and generosity toward others, and deeper spirituality.

For the field of therapeutic recreation, O’Keefe (n.d.) reported how recreation provides a venue for supporting resilience in people who have a disability, experience poverty, or live in institutional settings. She credited recreation for helping children from impoverished backgrounds see new possibilities for their lives and improve their self-image, communication, and social interaction skills. For those in hospice care, recreation provides the freedom to choose how to spend one’s remaining time doing what is most meaningful to them. Individuals who have experienced a stroke or spinal cord injury can build upon familiar recreation activities and connect to community resources, which afford them the resilience to successfully move from dependence to independence.

Core Capabilities for Well-Being

This discussion of strengths-based theories concludes with a synopsis of Nussbaum’s (2006) capability approach, which conceptualizes well-being holistically as both internal (i.e., how well one is able to be and to achieve) and external (e.g., public action and social policy). Nussbaum conceptualized two main aspects related to well-being in her capability approach: functionings and capabilities. Functionings refer to what one wishes to be and do in life, which is driven by one’s values, dreams, and aspirations. Capabilities are the opportunities and possibilities available in society through which people can be and do what they value in life, as well as the freedom to choose to partake in those opportunities.

Nussbaum (2006) affirmed that 10 core capabilities must be present for one to experience the “good life” and that these core capabilities represent the bare minimum of what human dignity requires, whether or not one has a disability. According to Sylvester (2011), the core capabilities also “constitute a defensible set of human rights” (p. 93). As can be seen in Table 4, Play, or recreation, is identified as one of the fundamental capabilities that a culture or community must support for people to achieve their goals and experience well-being. The area of play includes opportunities, for example, to choose one’s recreation interests, make friends, volunteer, and take part in recreation activities free of architectural and attitudinal barriers.

Sylvester (2011) viewed Nussbaum’s capability approach as a social framework through which to deepen therapeutic recreation’s association with the ICF. Beyond the essential core capability of Play, Sylvester recognized that recreation and leisure can support other core capabilities in significant ways. For example, therapeutic recreation has a long history of helping people restore and maintain their Bodily Health. As people with disabilities or other limitations are supported in inclusive recreation to use their leisure time however they choose, Bodily Integrity and freedom of movement are upheld. Senses, Imagination, and Thought is frequently cultivated through therapeutic recreation through artistic, religious, and political pursuits. Expressing a range of Emotions, with their corresponding physical and psychological benefits, is an important element of therapeutic recreation practice.
tral to the capability of Practical Reason, self-determination and autonomy are long-standing outcomes for therapeutic recreation. The therapeutic recreation profession is fulfilling the area of Affiliation by facilitating socialization, friendship, and community belonging for individuals with disabilities. Control Over Environment is also accomplished through therapeutic recreation by helping people with disabilities use their free time to volunteer, influence the political process, and effect social change. In summary, Nussbaum’s capability approach is a tremendously relevant and comprehensive framework for therapeutic recreation to foster both internal and external strengths.

### Conclusion and Implications for Therapeutic Recreation Practice

Therapeutic recreation is known for its holistic approach, creative use of resources, openness to collaboration, and far-reaching positive outcomes. As such, the profession of therapeutic recreation is well poised to align with the strengths approach. While some developments in the field appear to be pulling us away from our roots in recreation and a strengths approach (e.g., the recent dissolution of the National Therapeutic Recreation Society, the omission of the word recreation in the definition of therapeutic recreation by the American Therapeutic Recreation Association, the development of the Committee on Accreditation of Recreational Therapy Education [CARTE] standards, which are more aligned with a medical model than a biopsychosocial model), other trends are drawing us closer. The outgrowth of theories presented in this paper coupled with the profession’s historical foundation in recreation and its expanding awareness of the value of strengths-based practice position the field to more fully adopt a strengths approach through recreation-oriented activity.

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**Table 4**

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<thead>
<tr>
<th></th>
<th>Core Capabilities for Well-Being</th>
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<tbody>
<tr>
<td>1.</td>
<td>Life</td>
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<td></td>
<td>Is able to live to the natural end of a human life</td>
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<tr>
<td>2.</td>
<td>Bodily Health</td>
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<tr>
<td></td>
<td>Has good health and adequate nourishment</td>
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<td>3.</td>
<td>Bodily Integrity</td>
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<td></td>
<td>Is secure and safe, without fear of harm traveling from place to place</td>
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<tr>
<td>4.</td>
<td>Senses, Imagination, and Thought</td>
</tr>
<tr>
<td></td>
<td>Can think, reason, and imagine, informed by an adequate education; has freedom of expression</td>
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<tr>
<td></td>
<td>and freedom to have pleasurable experiences</td>
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<tr>
<td>5.</td>
<td>Emotions</td>
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<tr>
<td></td>
<td>Has opportunities to love and be loved and to experience a broad range of emotions</td>
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<tr>
<td>6.</td>
<td>Practical Reason</td>
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<td></td>
<td>Can form an idea about goodness and engage in critical reflection on one’s life and its direction</td>
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<tr>
<td>7.</td>
<td>Affiliation</td>
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<tr>
<td></td>
<td>Lives and engages fully with others, with self-respect and nondiscrimination</td>
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<td>8.</td>
<td>Other Species</td>
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<tr>
<td></td>
<td>Lives in a sustainable, respectful way with the natural world</td>
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<tr>
<td>9.</td>
<td>Play</td>
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<td></td>
<td>Enjoys recreational activities; has opportunities to laugh and play</td>
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<tr>
<td>10.</td>
<td>Control Over Environment</td>
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<tr>
<td></td>
<td>Participates in the political process, has material possessions, and works in respected employment</td>
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Nussbaum (2006)
The theories presented in this article hold several implications for strengths-based practice in therapeutic recreation. Grounding the therapeutic recreation process in strengths-based theory encourages practitioners to intentionally tap into and build the internal and external strengths of participants. Leisure and recreation are ideal environments for developing such strengths and offer rich opportunities to apply strengths-based theory. The ICF (WHO, 2004, 2012) and Healthy People 2020 (2012) provide a solid foundation and rationale for strengths-based recreation interventions by acknowledging the importance of leisure and recreation in people’s lives, thus affirming and embracing the profession of therapeutic recreation. These two initiatives also stress the necessity to view health and disability within the wide contexts of society and community resources, including leisure resources. Similarly, the broad-based normalization principle (Nirje, 1992, 1999; Wolfensberger, 1972) and social role valorization theory (Wolfensberger, 1983) assume recreation is a natural part of everyday living and provide basic human rights guidelines for planning community involvement by people with varying abilities.

Further, in the broaden-and-build theory (Fredrickson, 2001, 2009), positive emotions experienced during recreation experiences are worth cultivating for two reasons. They can be enjoyed as ends in themselves, as pleasurable experiences in the present moment (“broadening”); they also serve as the means to access resources that lead to psychological and emotional growth and improved well-being over time (“building”). Recreation experiences that produce positive emotion can serve as the basis for interventions that promote the core aims of the theories of happiness, character strengths and virtues, learned optimism, leisure coping, self-determination, self-efficacy, flow, community building, and resiliency. For instance, the happiness activities developed by Lyubomirsky (2008) are scientifically proven methods that are readily adoptable by therapeutic recreation specialists. Assisting participants to exercise character strengths and virtues (Peterson & Seligman, 2004) in recreation settings can promote higher levels of well-being (Anderson & Heyne, 2012; Rath, 2006). Self-determination (Bullock, Mahon, & Killingsworth, 2010) can be enhanced by providing opportunities during leisure to build self-awareness, gain autonomy, and make choices. Techniques to learn optimism (Seligman, 1991), to cope more effectively (Hood & Carruthers, 2002), and to experience flow (Csikszentmihalyi, 1990, 1997) can also be the focus of therapeutic recreation intervention. In fact, Csikszentmihalyi (1990) recognized that most flow states result from engagement in recreation and leisure activities. Finally, when planning for discharge, community reintegration, and inclusion, therapeutic recreation specialists can design services to build community (Condeluci, 2002) and to augment protective factors that strengthen resiliency, drawing from both internal and external strengths (Ryff & Singer, 2003; Search Institute, 2012).

The theory of core capabilities (Nussbaum, 2006; Nussbaum & Sen, 1993) holds particularly far-reaching relevance for therapeutic recreation, offering us a broad lens through which to view the importance of our work. As Sylvester (2011) pointed out, thera-
therapeutic recreation has the capacity to widely address the 10 core capabilities to support individual well-being within the context of society. Nussbaum serves to guide our profession to respond to individual human rights of people with varying abilities by more strongly advocating for social justice. Positive societal change in politics, economics, health, the legal system, housing, transportation, recreation, and related arenas are all within the purview of our work in therapeutic recreation. By following Nussbaum’s comprehensive framework, therapeutic recreation specialists can exert tremendous influence to improve quality of life and well-being for individuals and their communities.

To move the field of therapeutic recreation toward strengths-based practice, we need to learn about strengths-based approaches and put them into practice within the wide range of settings in which we work. We need to assure that Nussbaum’s core capabilities are addressed throughout the therapeutic recreation process whenever possible. We need to explore through scientific inquiry questions such as the following:

- What strength-based practices are particularly effective for a given population?
- How should strengths-based practices be evaluated?
- How can strengths-based practice be applied to promote social justice?
- What steps need to be taken next to promote strengths-based practice in our field?

We also need to express our views in support of a biopsychosocial model of therapeutic recreation practice within our professional organizations and assume leadership roles to effect changes that embrace this more holistic approach. Ultimately we need to adopt an unrestricted view of the impact that therapeutic recreation can have on helping people with health conditions flourish in ways that sustain both them and the communities in which they live.

The companion article in this journal, “Flourishing Through Leisure: An Ecological Extension of the Leisure and Well-Being Model in Strengths-Based Therapeutic Recreation Practice,” explains in greater detail the application of strengths-based theory to therapeutic recreation practice. The Flourishing Through Leisure Model described in the companion article illustrates how strengths-based theory aligns so compatibly with the spirit of the therapeutic recreation profession for promoting internal and external well-being.

References


