Recreation benefits: The benefit-based approach to recreation planning; Why wellness; Personal/social relationships and wellness

Elery Hamilton Smith
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RECREATION BENEFITS

The Benefit-based Approach to Recreation Planning
Why Wellness?
Personal/Social Relationships and Wellness

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October 1992
Technical Report No. 37
ISSN 1036-319X
ISBN 0-7298-0134-9

EDITH COWAN UNIVERSITY
PERTH WESTERN AUSTRALIA
FOREWORD

The identification and measurement of the benefits which result from leisure and recreation is currently a major concern of both recreation researchers and recreation managers. It has always been assumed that recreation is beneficial; in fact, part of the basic ideology of recreation is that recreational activity is 'bad' for somebody and has also diverted attention from the very important task of developing a critical and valid understanding of what benefits actually result and how they are generated.

My personal involvement in this work has actually led me to the belief that the major benefits from recreation all service to enhance our well-being. A health profession colleague in Canada has suggested that recreation is, in fact, the major system in our society for the delivery of health (as contrasted with illness) services, and I believe the evidence indicates that he is absolutely right.

The papers included here provide some insight into current research and thinking about this crucial issue. One comprises the background papers to a workshop held at Edith Cowan University during 1991, while the other two were presented at a workshop at the Phillip (now Royal Melbourne) Institute of Technology in Melbourne.

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THE BENEFIT-BASED APPROACH TO RECREATION POLICY, PLANNING AND PROGRAMMING

A joint project sponsored by:
Department of Recreation Studies

and

the Centre for the Development of Human Resources of Edith Cowan University

Recreation Research Panel of the Western Australian Recreation Council

and

Ministry of Sport and Recreation Western Australian Government

Notes of Seminar Presentation at Edith Cowan University, Western Australia, 1991.
The Benefit-based Approach to Recreation

ABSTRACT

The Benefit-based approach to Recreation Development

We know that:

- exposure to the natural environment has some clear and positive effects upon health;
- people who develop good personal and social relationships enjoy better health;
- families who participate together in recreation will enjoy a more stable and satisfying family life;
- recreation contributes to a positive sense of community identity.

We now have some real evidence, rather than just personal hunches. We can work towards using this knowledge to improve our quality of service to the community.

The workshop will do three things:

- Introduce you to some of the research evidence, of special relevance to those attending. This will include attention to issues of sense of self, friendships and their role, the role of recreation in family and community life, and others.
- Give you the opportunity to develop strategies and actual examples of ways in which this research knowledge could be used, to improve the quality of planning and programming in your own community.
- Suggest some ways in which you could further develop your own knowledge and expertise in this area, by building new knowledge out of your own practical experience.

Since 1989, Elery Hamilton-Smith, who is a lecturer in Leisure Studies at the Royal Melbourne Institute, has devoted considerable attention to the idea of recreation benefit measurement. His experience includes membership of a U.S. government working group, with workshops in 1989 and again this year. He is, therefore, up-to-date with some of the most recent research and thinking in this field. His other experience includes the application of the benefit measurement idea to several research projects; the production of various papers, both theoretical and applied, on the topic; and the conduct of a series of Australian workshops on the topic. These workshops will develop some practical strategies and program ideas, which will be included in a source-book for practitioners to be brought together in 1992, by the Royal Melbourne Institute of Technology, as a 'digest' of research findings.
INTRODUCTION

There is now an extensive research literature which deals with the immense range of benefits which result from participation in recreation. Regrettably, this literature has not been readily accessible to practitioners until recently, but there are now several publications which provide an outline of the research (see Hamilton-Smith and Driscoll 1990, Hamilton-Smith (Ed.) 1990, Driver, Brown and Peterson 1991).

As some examples, we know that exposure to the natural environment has some clear and positive effects upon health; that people who develop good personal and social relationships enjoy better health; that families who participate together in recreation will enjoy a more stable and satisfying family life; that recreation contributes to a positive sense of community identity.

You may say there is nothing new about this, but in fact, there probably are two new things - we now have some real evidence rather than just personal hunches and we are now developing ways of using this knowledge to improve the quality of recreation service.

This workshop will do three things:

1. Introduce you to some of the research evidence. This will include attention to issues of the impact of the natural environment, physical health, sense of self, friendships and their role, the role of recreation in family and community life and others.

2. Give you the opportunity to develop strategies and actual examples of ways in which this research knowledge could be used to improve the quality of planning and programming in your own community.

3. Suggest some ways in which you could further develop your own knowledge and expertise in this area, by building new knowledge out of your own practice experience.

THE RECREATION PROCESS

Most people make simplistic claims about recreation benefits, like 'participation in recreation will reduce the rate of juvenile delinquency' or 'playing sport regularly will improve our cardio-vascular fitness'. There are two problems with these sort of statements - (a) many of them are just plain wrong and (b) things are never as simple as that anyway.

No one phenomenon in society ever has a single cause; to take one example, cardio-vascular fitness depends upon our genetic make-up, nutrition, previous life history, extent and nature of physical activity, level of stress - and probably lots of other factors. Sport in itself may not be all that potent in bringing about a change - but if it not only provides enhanced levels of physical activity, but also provides for stress reduction, a more positive mood, and motivates us to better nutrition and giving up smoking, then it may indeed have a major impact. Then, of course, any one recreation activity has many outcomes, which may be either positive or negative. Thus playing sport may result in not only better cardio-vascular functioning but also physical injuries which in turn lead to lifetime impairment.
Social Position
Previous Experience
Perceptions, Beliefs, Values, Preferences, Skills, Abilities

Opportunities
Constraints

Participants

Location in time-space
Physical - aesthetic characteristics of setting

Behaviour and action
Personal - social Relationships

Lived Experiences
Which will be both concurrent and sequential, and either beneficial or non-beneficial, and which will impact upon both participants and others, each in different ways.

Consequential Outcomes
Which will be multiple, inter-related in various ways, including both casual chains and networks of effect; which impact upon different people in different ways, both beneficial and non-beneficial.

Which Results in:

and which in turn lead to:
The diagram on the next page shows something of the process which we set in
train whenever we undertake any recreation. We each make our own experience,
drawing upon what we bring to the recreation situation in abilities, previous
experiences, etc., and shaping our lived experience by drawing upon the location-
setting, the activity itself and the relationships with others. This leads to a specific
experience which will probably have a whole range of elements within it, some of
which may follow each other in sequence and others may occur at the same time. Then
this experience is not just ours - it has its impacts upon others, who may be close to us
or may even be unknown to us.

The experience will then lead to a whole range of subsequent outcomes which
again may impact upon other people as well, and may be either negative or positive in
their effect. They may also have either very weak effects or quite strong ones. This, the
accompanying diagram outlines some potential impacts of playing tennis - whether
these are achieved to any significant degree will vary from one person to another and
even from time to time.

Nevertheless, in spite of the complexity of the recreation process and its
subsequent outcomes, research has been able to demonstrate that many benefits do in
fact accrue to many people, and that it is possible to generalise about these benefits. In
the summaries which follow, I have tried to capture various of these generalisations, but
emphasise that they may or may not arise in any given situation.

So, although there is a considerable knowledge of benefits, we still need to
know more about the circumstances which most effectively lead to their realization. We
also need to know a lot more about the processes by which benefits are generated. For
instance, we know that people who have 'good' social networks are healthier as a result,
but we do not know exactly how this occurs, nor do we know very much (in Australia)
about which kinds of personal and social relationships are the most important to us.

THE RANGE OF BENEFITS

Although various kinds of benefits will be further detailed below, I commence
by presenting a brief overview summary:

**Physical Health**
e.g. - Stress reduction (and hence, enhancement of the immune system
   - Improved cardio-vascular functioning
   - Improved respiratory functioning
   - Reduction of obesity
   - Increased muscular strength

**Mental Health**
e.g. - Stress reduction; improved stress management
   - Enhanced mood state; reduced depression, anxiety
   - Improved sense of own wellness

**Personal Development**
e.g. - Enhanced sense of self; self-confidence self-esteem, etc.
   - Improved sense of independence and autonomy
   - Learning
   - Greater awareness and appreciation
   - Value clarification
Social Development
e.g. - Better social networks
- Greater social support
- Greater sense of 'community'
- Capacity for interdependence and co-operation
- Enhanced family bonding
- Sense of coherence

Community Benefits
e.g. - More participative society
- Greater altruism
- Economic benefits (market and non-market)
- Greater productivity
- Enhanced responsibility for environment

More complete information can be found in any of the publications listed above.

**WHAT DOES THIS MEAN FOR PRACTICE?**

1. We can make some judgments about which benefits we might try to deliver through programs, and frame the programs accordingly. For instance, to return to the tennis example, we might enhance the benefits arising from a specific tennis court by appropriate landscaping and planting in the vicinity and providing better facilities for socialising. Or if we are concerned with leading outdoor activities, we might increase the challenges for experiential learning and reduce the didactic content of our program. In other words, we should be trying to maximise the benefits and reduce the disbenefits.

2. If we are working to improve our programming, then we should be monitoring what happens as a result so that we:
   (a) know whether we have had any success; and,
   (b) understand more about how that success actually occurs.

3. Many people are constrained, in one way or another, from joining in recreational programs.

   The constraints might be intra-personal, i.e., a matter of each person's own attitudes or values, and these will only be overcome by attitude change or leisure education initiatives; they might be inter-personal, i.e., due to family or peer pressures, and these also demand leisure education and attitude change; or they might be structural, i.e., due to broad social factors, such as gender, ethnicity, poverty or age, and here there is a need for us to look at such issues as cost, access or acceptability.

4. In taking further action, practitioners may well feel constrained by shortage of resources - financial or otherwise. My personal view is that more than ever before, the recreation profession is now challenged to prove that its members can and do offer something of value to the community; up-grading what we do, and documenting it, are matters of high priority.

   Perhaps even more, there is a need to make the real value of recreation more widely known and understood at the policy level; and to ensure that recreation services are seen as a central element in the overall pattern of community services rather than a peripheral luxury.
The Benefit-based Approach to Recreation

**BRIEF FOR DISCUSSION**

The task is to look in turn at the program(s) in which each person is currently engaged; take one aspect of the program and work out (a) what are the most important benefits which it might be delivering, (b) how it might be changed to provide greater benefits, and how one could tell whether the changes had any effect or not.

Please provide a statement in each case which gives:

- Individual's name and contact details
- Name of Organisation
- Outline of the changes which are proposed

The reason for this is that we plan to produce a manual on benefit-based recreation development and when doing this, we will contact everybody to try and find some real Australian examples which can be cited.

**RESEARCHING YOUR OWN PROGRAM**

Finally, we turn to ways in which you might monitor and assess the impact of changes in your program. This is not easy, because as we have already discussed, the recreation process is a very complex one, and its outcomes will be even more complex.

At the simplest level, if you do change something in your program and it seems to have a good effect, with participants benefiting more, how do you know to what extent it is because of the change which you made, or some other related change, or even some totally different factor?

Let me suggest that in fact, every one of you can do real research on this kind of question. It does mean some thinking, observation, talking with people and keeping some simple records, but it is NOT beyond your capacity to do research which will increase your own expertise and that of others. Do write it down; memory is notoriously unreliable.

**STEP ONE**: Write down a detailed description of your program as it is now.

**STEP TWO**: Decide what change you are going to make; write down what it is, how you are going to implement it and why you chose this particular change.

**STEP THREE**: Do it!

**STEP FOUR**: Watch out for results of the change. Observe the program, listen to what people are saying about it, and whenever you see or hear anything which suggests a shift, write it down in detail.

**STEP FIVE**: Talk to participants and others involved - are they seeing the same things as yourself? Have they noticed any other effects of the change? How do they think these effects have happened? Write it all down.

**STEP SIX**: Summarise what appears to have happened and how it happened - ask how did it happen? not why did it happen? - try to use both words and a diagram or diagrams to make it clear. Show it to others involved and talk with them about your summary and pictures - do they agree? - can they add to the story?
THE BENEFIT-BASED APPROACH TO RECREATION

STEP SEVEN: Write your final summary; send it to us; send it to one of the journals like Leisure Options, Recreation Australia, or one of the many newsletters; that way it gets shared around and other people might test it out and they might learn something further.

BENEFIT SUMMARIES

A. REGULAR PHYSICAL ACTIVITY MAKES FOR BETTER HEALTH.

N.B. While regularity and continuity is important, the level of exertion can be quite moderate - walking, gardening, bicycling, using stairs, swimming and dancing are all excellent activities from this perspective. More energetic pursuits are valuable for some people, particularly those who enjoy them, but may be downright damaging to others. The motto 'No Pain, No Gain' is just wrong!

* The 1988 Canadian Fitness survey showed that those who undertook at least 30 minutes of physical activity each day enjoyed better cardio-vascular health than those who did not (Stephens & Craig 1990).

* However, the relationship between physical exercise and coronary disease is a complex one and some research has shown ambiguous results. Paffenbarger and his colleagues (see Hyde et al 1991) argue that hypertension, body-weight, family history and smoking are all common compounding factors which interact with the effects of activity - but that regular physical activity certainly plays a part in coronary wellness.

* Even in the relatively frail aged, Moore (1989) found that regular walking resulted in improved cardio-vascular and respiratory function, lower blood pressure, increased bone and muscle strength, greater joint flexibility and improved psychological well-being.

* Significant psychological benefits also result from exercise. Raglin (1989) argues that exercise is associated with positive changes in both mood and self-esteem.

* McCulloch and others (1990), as well as other researchers, have found that regular exercise in children provides for the development of optimal bone density and strength. In the case of women, this is an important factor in the prevention of osteoporosis.

B. THOSE WITH STRONG SOCIAL NETWORKS LIVE LONGER, HAVE LESS ILLNESS, AND RECOVER MORE QUICKLY FROM ILLNESSES WHICH DO OCCUR.

One of the important but under-estimated aspects of the recreation experience is the social interaction which occurs. Much research tells us that people undertake most of their recreation with friends. Headey (1988) shows both that leisure is the most important source of life satisfaction for Australians - rated more highly than work or family - and that at least half of this importance is due to the friendship component. There is also good evidence that most people see friendship as a voluntary relationship, and distinguish it from non-voluntary relationships with workmates or colleagues, neighbours and even family.
House and his colleagues (1988) summarised a range of North American and European Studies, all of which showed that those with strong social networks lived longer. The impact of social networks was at least as important to health as the cessation of smoking. However, the effect did appear to vary from one group to another, and seems to be dependent upon a range of factors, including both gender and ethnicity.

The impact upon occurrence of illness is less adequately researched, but for instance, Seeman & Syme (1987) showed that the likelihood of coronary disease was reduced, while Ruberman et al (1983) showed that patients suffering coronary disease recovered more quickly if they had good social support networks.

The different relationships with friends and family were demonstrated by Larson et al (1986) who studied older people and found that although they recognised the support and sense of security which came from family relationships, it was contact with friends which gave the greatest immediate satisfaction and pleasure.

The companionship with friends probably operates in at least five different ways (Rook 1990):
- stimulating arousal and pleasure
- helping us see past everyday worries
- affirming our sense of self-worth
- taking our mind off being unduly introspective
- providing friendship 'without (emotional) strings'

C. RECREATION PROVIDES A MAJOR WAY IN WHICH SELF-ESTEEM AND A POSITIVE SENSE OF SELF IS DEVELOPED

It is almost a universal understanding that we all develop a sense of competence in our various recreational activities and interests which enhances our self-esteem and self-confidence. We also know the extent to which many people develop a real sense of their identity through their recreation lifestyle.

Depth of involvement in recreation activities commonly gives rise to 'flow', a sense of self-actualisation, and great satisfaction (Csikszentmihalyi 1975, 1990). In many people, this level of involvement becomes central to their identity.

This in turn often leads to a deep commitment to 'serious leisure' (Stebbins 1982) and so to a life commitment to being an amateur (Stebbins 1979), an organiser with others of one's own life interests (Bishop & Hoggett 1987) a volunteer worker, or a political activist.

At a less intense level, Haggard and Williams (1991) argue that recreational activities serve as symbols of personal identity, and in so doing, reinforce and affirm those identities. For example, playing team sport may serve to develop an identity centered around athleticism and health consciousness while chess will symbolise logic and detachment.

A number of studies have demonstrated that outdoor challenge activities serve to develop more positive self-concepts (Easley, Passineau & Driver 1990, Easley 1991). Scherl (1989, 1990) has demonstrated this in an Australian study, and has also investigated the nature of the processes which lead to this outcome. She highlighted the importance of inter-action between participants, rather than the
D. **JOINT PARTICIPATION IN RECREATION ENHANCES FAMILY SATISFACTION, INTERACTION AND STABILITY.**

Prior to, and even in the first part of, the 20th century, family interaction occurred primarily in work-related environments. However, sharing in leisure activities is now both more frequent and more often seen by families as integral to the development of family bonding.

* Research on family life consistently shows that husbands and wives who share in leisure activities are more satisfied with their marriages than those who do not (Orthner and Mancini 1990). This has also been demonstrated in Australian studies (Palisi 1984, Falding 1961, Bell 1975). 'Parallel' but non-interactive interests, like TV watching, also showed a positive impact upon marital satisfaction, but at a lower level (Orthner 1975, Palisi 1984).

* Those who share leisure activities also have much more effective levels of interpersonal communication (Orthner 1976).

* However, many families also experience conflict over recreational activities. Straus and his colleagues (1980) found that only household role definition (who does which chores?) and sex were responsible for a greater degree of conflict, and that conflict over recreation occurred in one-third of U.S. families.

* Research has rarely been carried out on whether 'the family that plays together stays together', and much of what has been done has been of poor quality. However, Hill (1988), in a longitudinal study, found that there was a strong positive relationship between joint participation in recreation and marital stability, at least over the five year term of the study.

E. **RECREATION WHICH TAKES PLACE IN A NATURAL ENVIRONMENT SETTING LEADS TO A SPECIFIC CLUSTER OF BENEFITS AS A RESULT OF EXPOSURE TO THAT ENVIRONMENT**

* There is a rapidly growing body of research which shows that being exposed to the natural environment leads to a reduction of psychological and physiological stress and enables enhanced management of stress. This in turn makes for enhanced immune function and, for various reasons, improved health (Ulrich et al 1991a, b).

* People will enjoy a better mood state when they are in the natural environment (Hull 1991).

* Outdoor recreation does a great deal to enhance appreciation of the environment, which in turn generates more positive attitudes to all aspects of environmental management. This generates the political momentum required to achieve a more healthy environment for all (Rolston 1991, Roggenbuck et al 1991).

* The outdoor environment provides an opportunity for challenge in recreational activity which cannot be readily provided otherwise and this leads to a wide range of personal development and other psychological benefits (Easley et al 1990).
REFERENCES


The Benefit-based Approach to Recreation


WHY THE WORD "WELLNESS"?
ABSTRACT

Health may be defined at any one of a number of points along a continuum - ranging from a pre-occupation with the treatment of illness at one end to the development of a truly healthy society at the other. This paper argues that we should devote much more attention to the enhancement of wellness, which in itself will reduce the incidence of illness.

The potential contribution of recreation in the enhancement of wellness is discussed, focussing upon key areas of health promotion which have been demonstrated by epidemiological studies to be the most important. These include the enhancement of family life, management of one's own metabolism, management of carcinogenic behaviour, management of stress and hence immune levels and management of personal identity.
INTRODUCTION

We might have chosen any one of a number of words in the title of this conference, but a number of these are problematic. For instance, there are so many different meanings expressed by the term 'health' that it often conveys a different message to that intended. Wellness seemed a simple term that conveyed a positive and holistic concept - but even it has some problems in the extent to which at least some people perceive it as evidencing some 'trendy' but dubious new age holism. So, I must turn to outlining some of the problems and concepts which led to this conference.

The central thrust, of course, is that recreation, in the broadest sense of that word, has the potential to make an immense positive impact upon wellness - regrettably, it also has the potential to do the opposite and to result in considerable impairment of wellness. Hopefully, the papers presented here will help us all to clarify some of the directions in which we might move. We are pleased to have a mix of theoretical and conceptual papers on one hand and practical, program-oriented papers on the other because such a mix seems to be the right kind of discourse in addressing the current state of thought.

VISIONS OF HEALTH

The term 'health' has many meanings, and I want to start by proposing that at least some of these are inherently unhealthy, and suffer from a remarkable tunnel vision.

1. **As the management and treatment of illness**

   The view which seems to dominate in Australia, and indeed, in most of the modern world, is that health is to do with the management and control of illness. This is exemplified by the national policy document, *Health for all Australians* which makes this viewpoint absolutely explicit.

   Various critics (e.g. Dubos 1959(1987), Ornstein and Ehrlich 1989) have provided us with strongly evidenced arguments that this line of thinking has failed to deliver any significant decrease in morbidity or increase in longevity. Yet the same approach persists, probably because it has generated one of the world's largest single industries.

   Although Louis Pasteur certainly enabled a quantum leap in medical understanding, the over-generalisation of his work led to what Dubos referred to as the doctrine of specific etiology - the idea that any one illness has a single specific cause. This problem underlies much of the illness-oriented tradition. Millions of dollars are spent on the search for a single cause; those who are sick seek the single remedy which will cure their malady.

2. **As intervention in order to prevent illness**

   So, it is a small step to look towards some intervention process which will prevent illness. Again, this is so often plagued by the specific etiology myth. Panaceas for health are ceaselessly advocated by their supported, particularly those sectors of the illness industry which are likely to benefit from the sale of their own panacea.

   Now it must be acknowledged that there have been some impressive achievements in the prevention or even elimination of some illnesses. Diphtheria and small pox have been eliminated and we know that we only have to give all people an adequate standard of living (even though that is in the too
hard category) in order to eliminate tuberculosis. However, these advances have made only a very small impact upon mortality levels. The bigger shifts in mortality levels are generally attributed to the provision of better quality water and more effective sanitation and drainage, and in some societies, even these have failed to lengthen life span. Even in societies such as our own mainstream, we continue to have remarkably high morbidity rates and immense expenditure within the illness industry.

3. **As optimal personal functioning in all aspects of life (including personal resistance to illness and control over our own wellness)**

   Its origins probably lie in the critique of the illness-based tradition which suggests that the major problem lies in people's dependence upon the medical profession, or other externalities. Rather than taking personal responsibility for our own health, we have abdicated that responsibility and passed it to the medical practitioner or some other external wizard who will prescribe a magical remedy. Every general practitioner can tell us of the patients who assiduously seek medication while continuing the very behaviour which gives rise to their health problems. One notes here that although recent ideas of 'alternative medicine' may have made some contributions to health, they all too often simply replace the doctor with some other wizard - the same practice in a new guise. Again, I am sure we all know the phenomenon.

   Yet, in this seeking to escape from the dominance of the so-called medical tradition, there is a very important element. If people develop an understanding that any one health phenomenon has a complex of inter-related causes; that many of these causes are within our personal capacity for control; and that in taking back responsibility for decision-making about our own health-related behaviour we might achieve a great deal, then we are moving in a very healthy direction, and perhaps towards true wellness.

   Antonovsky (1979,1987) has concerned himself with the puzzle of why some people, when exposed to illness-generating, or health-destroying, conditions will remain well while others fall victim to those conditions. He has demonstrated that those who remain well, or 'cope', are able to call upon a number of resistance resources, mobilising them through their personal sense of coherence. I believe his research has given us a very important direction to pursue in health promotion, and a basis for operationalising the idea of self-responsibility for wellness.

   But even in discussing this level of understanding, we still find ourselves talking of the prevention of illness, partly because that is the environment of discourse in our society and hence also because that is where we find the research evidence. But we must not forget that true wellness is a much wider concept to do with living life in a full and satisfying way. Even though not as comprehensive as the following approach, this is the one which probably brings us to the most practical understanding to the 'wellness' idea.

4. **As optimal personal and social functioning**

   In pointing to the idea of coherence as a basis for well-being, Antonovsky points towards the notion of not just personal responsibility, but also that of optimising our own functioning, which in turn means locating that functioning within the total social environment. Again, I emphasise the importance of this as a path to a full and satisfying life, not just the prevention of illness.

   As an aside, I find it interesting to reflect upon the role of the witch-doctor of tribal societies. It is all too rarely recognised that what the witch-doctor
generally did was to operationalise both cure and curse simply by changing the nature of the social environment. Today, it should come as no surprise that the witch-doctor was often more effective than his modern equivalents!

In this view, the external environment is important as a source of either support for optimising of personal functioning or as a generator of stressors which impair capacity for optimisation. As one of the major health problems of today, let me just example levels of unemployment. Given our work-oriented ethos, few people are able to function well while unemployed - stress related illnesses, maladaptive behaviours, and even suicide all rise alarmingly in time of high unemployment.

In the United States, Henderson (1978) argues that '... one percentage point of unemployment creates about seven billion dollars worth of measurable human stress in terms of morbidity, mortality, suicide and so on...'.

So, in this view of health, we must be concerned with management of the total environment. In other words, all human behaviour, particularly that of the powerful, has implications for health. True wellness will be generated by maximising our capacity for well-being within the framework of an appropriate environment.

The 'Healthy Cities' approach is an example of trying to operationalise this concept, but it is both grossly under-capitalised and quite unable to deal adequately with many of the most important stressors, simply because these arise out of national-level policies and the international economy.

So, although we each have our role as citizens in trying to bring about a more appropriate environment, there is a limit to the reality of seeing truly broad social issues and policy as amenable to change as a result of recreation policy and practice. In turning to what recreation might contribute to health, we will tend to focus upon the development of personal control over health-related behaviour and the strengthening of resistance resources. I believe that recreation has much to contribute here, and may prove to be a central arena for the delivery of health, as contrasted to illness, services.

**CONTRIBUTING TO WELLNESS**

Before entering upon a detailed discussion, let me make a few very general comments about the role of recreation. It has long been assumed that recreation is good for you - so much so that any behaviour which is proven to have bad effects may well be defined as not-recreation. Thus, some drug-taking behaviour has been defined as not recreational simply because it is a) bad for you, and, b) not socially approved behaviour. Yet, if you examine the sub-cultural patterns of that drug-taking, it has all the characteristics of recreation.

Much recreational behaviour may, in fact, have negative outcomes. Sport leads to many injuries, some of them crippling or even fatal in their impacts. hobbies lead to obsession and neglect of family relationships. Recreational car driving is a major cause of death in young Australians. Patterns of ideology about socially desirable appearance and behaviour is leading thousands of young women into smoking and dieting - both health risks of the first order.

Sun-bathing was until recently a major source of cancers and another speaker at this conference will address the very important question of how the bad impacts of sunbathing have been significantly reduced in Australia. The same kind of thinking is
desperately required in relation to a great deal of current recreational behaviour. But now, let me turn to the positive side.

Epidemiological studies in recent years have led to the identification of clusters of issues which impact upon both mortality and morbidity. Again, I stress these are not single specific cause type issues; they are all inter-related in their impact, and it is inappropriate to single out any one from the others. Further, most of them are actually amenable to influence, for good or bad, by our recreational behaviour.

I will describe each cluster of factors in turn, expressing each in salutogenic (from Antonovsky - health-promoting) terms rather than as risk factors, with a brief note in each case of appropriate and readily accessible references which summarise the epidemiological evidence. Then I will discuss the ways in which recreation-based programs might impact upon these factors. Most of these ideas are the subject of other papers at this conference, and my presentation simply provides an opening overview.

1. Selection of the right parents

The factor cluster which most strongly influences our length of life and general health is our family record of longevity and health (Paffenbarger et al. 1991). But this is not just a question of genetic endowment, about which we can do little. Families transmit patterns of culture and behaviour; a family with good health-related behaviours are likely to rear children who behave similarly.

So, recreation managers with (hopefully) a good understanding of the factors which effect behaviour, can offer programs which will promote salutogenic behaviours. Perhaps even more important, a high quality of family communication, sharing, bonding and continuity is itself promoting of health, and there is rapidly accumulating evidence that families who share in their recreational interests will maintain better levels of functioning in these terms (Orthner and Mancini, 1991). Regrettably, too few recreational programs, other than parks target family units, and many may well contribute to fragmentation of the family. This is an important place for some re-thinking of program structures.

2. Optimal Management of One’s Own Metabolism

A continuing involvement in a reasonable level of physical activity is clearly one of the important factors in well-being; the avoidance of obesity is clearly another (Paffenbarger et al. 1991). This means maintaining the appropriate balance between diet and activity and that has been a very clouded area.

On one hand there is confusion between the level of physical activity required for optimal wellness and the level required for peak physical performance. On the other, the area of nutrition is constantly bombarded by well-meaning but uninformed advice, diet fads (e.g. Cholesterol, see O’Neill 1991) and the pressure for women to conform to some artificial criteria of bodily form (Orrstein and Sobel 1989). There is probably a more urgent need for informed strategies in health promotion in relation to this point than any other. The problem is further compounded by the nonsense dispensed through the media in both advertising and in magazine features.

3. Management of carcinogenic behaviour

The most widespread and significant carcinogenic behaviour has been cigarette smoking (Paffenbarger et al. 1991). But, at least here we have an area which has been subject to some very effective health promotion. The drop in smoking, and the impact of the Sunsmart program have both been immense steps forward.
However, we are left with the phenomenon of increasing smoking amongst young women - one only has to look at the advertising which targets these women to see an example of industrial greed overwhelming any sense of responsibility for human life. Here is another urgent target for health promotion.

4. **Management of stress and hence immune levels**

The connection between stress and wellness has been known for some time. However, key aspects of this relationship have not been very well understood until recently and some still demand further research. One is that optimal levels of stress - arousal without distress - apparently promote the optimal functioning of the immune system (Jemmott 1985).

The other is that two of the important ways in which stress can be moderated are exposure to the natural environment (Ulrich et al 1991) and involvement in supportive personal and social relationships (House et al 1988). Opportunities for both of these abound in recreation.

5. **Management of personal identity**

In addition to their impact upon stress, social relationships operate in a wide range of salutogenic ways. Epidemiology demonstrates that their overall impact upon wellness is at least equal to the proper management of carcinogenic behaviours (House et al 1988). Gibson and Mugford (in Kendig 1986) argue that the mechanisms involved include not only practical and emotional support, but having confidants, a sense of being accepted by others, being reassured of one's own worth, and having opportunities for participation with others. Doubtless there are others.

Antonovsky's (1987) Sense of Coherence perhaps summarises and integrates much of these mechanisms and corresponds with the idea of cohesion discussed by Burch and Hamilton-Smith (1991). It seems that all of these ideas are interwoven with ideas of identity (Erikson, 1968, Erikson et al 1986), self-identity (Haggard and Williams 1991) and others. All in turn provide the basis for the development of positive mood states (Hull 1991).

Of the areas discussed here, this is perhaps the one which is most in need of further research. I discuss this whole area more fully in another paper.

**CONCLUSION**

This has been a quick mapping of areas for consideration, research and action. Many of them will be much more adequately dealt with by other papers at this conference. My personal belief is that they offer both a challenge and a new opportunity to recreation. There is a great deal of further work needed across a number of disciplines and fields to fill gaps in knowledge and even more to translate that knowledge into effective practice. But I also suggest that the evidence demonstrates that recreation has a potentially central role to play in health promotion.

**REFERENCES**


Why Wellness?


Health for All Australians, Canberra: Australian Government Publishing Service.


PERSONAL/SOCIAL RELATIONSHIPS AND WELLNESS
The evidence that personal and social relationships contribute a great deal to the development and maintenance of personal wellness has progressively accumulated and become stronger over recent years. The traditional focus of the 'health' field upon the treatment of illness means that research has tended to focus upon mortality and morbidity rather than wellness, and hence upon social support rather than other aspects of relationship behaviour.

Recreation not only provides that major arena for the development of personal and social relationships, but also other related benefits which enhance and reinforce personal relationships. However, there are a number of problems in both the delivery of services and in broad-scale social policy which may detract from the effectiveness of recreation in this area.
**REVIEWING THE RESEARCH**

In 1897, Emile Durkheim published *Suicide*, a book now recognised as the first major empirical sociological study. This made explicit what is now 'common wisdom', namely that people who are well integrated into their own culture and society are also more healthy, but until recently, there has been little further progress in understanding the nature and causes of this linkage.

During the 1970's, the rise of interest in psycho-social factors in health and illness stimulated considerable further research in relation to both mental health (e.g., Caplan 1974) and physical health (e.g., Cassel 1976). However, these and other studies of the period were methodologically weak, and did not establish whether there was any causal relationship between social relationships and wellness.

By 1988, House et al (1988) were able to summarise a number of epidemiological studies in both North America and Northern Europe which indicated that one's level of social relationships is effectively and strongly predictive of mortality levels; various differences in relation to gender and culture were reported and demand further investigation; the impact upon morbidity was less clear, but there were significant indications of linkage (e.g., Ruberman et al 1984, Seeman and Syme 1987).

These studies were supported by laboratory evidence, including studies demonstrating linkages between personal-social relationships on one hand and physiological reactions, including the state of the immune system, on the other. This is certainly suggestive of an impact upon morbidity, and as noted above, at least some clinical studies demonstrate this. In summary, they concluded that the potential impact of personal-social relationships upon health was at least equivalent to that of ceasing smoking.

They then argued the need for broader theoretical and practical understandings, emphasising the need to '... distinguish between (i) the existence or quality of social relationships, (ii) their formal structure (such as density or reciprocity) and (iii) the actual content of these relationships, such as social support.' They then pointed to the need '... for better understanding of the social, psychological and biological processes that link the existence, quantity, structure or content of social relationships to health.' They concluded with a discussion of the importance of this research as a basis for health promotion policies and programs. In this, they noted that opportunities for development of relationships are changing and are arguably decreasing, and so suggested that attention must be given to creative policy development in order to meet the challenges posed by wider social change.

Current knowledge suggests that social relationships affect wellness by "fostering a sense of meaning or coherence that promotes health" (Antonovsky 1979, 1987), by facilitating positive health-related behaviours, or by the provision of social support.

Too much of the research has been based upon the assumption that personal relationships provide a support function (e.g., Sauer and Coward 1985, Cohen 1988) rather than setting out to test the validity of that assumption. However, that position has increasingly been questioned and there is an increasing awareness that other potential functions of relationships, e.g., enjoyment and arousal, distraction from introspection, and simple companionship may be very important (Kelly 1983; Rook 1984; Larson, Mannell and Zuzanek 1986; Kendig 1986; Adams and Blieszner 1989; Rook 1990). Part of the problem here is that, as I pointed out in a previous paper (above), our discourse is still immersed in ideas about morbidity and mortality rather than quality of life, and this is especially so when we use epidemiological data. The inter-relationship
between personal-social relationships, leisure and quality of life has been identified as a key area for exploration.

Rook (1990), found that previous research upon personal-social relationships amongst older adults focussed almost entirely upon social support. She then turned to an examination of companionship per se. She firstly distinguished conceptually between support and companionship, and then established that it was possible to also distinguish empirically between them. A number of processes through which companionship might contribute to well-being were identified, including stimulation of arousal and affect, transcendence of mundane concerns, affirmation of self-worth, deflection from introspection, and avoidance of the 'costs' associated with social support.

Similarly, Gibson and Mugford (1986) in an Australian study of ageing people argued that friendship networks fulfilled a number of health-related functions, including not only practical and emotional support, but having confidants, a sense of being accepted by others, being reassured of one's own worth, and having opportunities for participation with others.

Some very important theoretical ideas arise from the work of Antonovsky (1979, 1987). He has established that 'coherence', rather than support, provides a useful operational concept in studying the basis of wellness. This is essentially identical with the idea of social cohesion (Barchas and Mendoza 1984) which Burch and Hamilton-Smith (1991) argue is developed and mediated by each individual in terms of their lived experience through personal-social relationships, and can best be understood within the framework of leisure theory.

These ideas point to the importance of clarifying the various types of personal-social relationships (Wellman and Wortley 1990); examining the total range of functions fulfilled by friendships and other personal-social relationships; and to considering both positive and negative impacts of such relationships. Research to date has rarely examined negative impacts of relationships, and even when it has done so, it has been within unduly simplistic models which have ignored Herzberg's (1966) principle, now well established in leisure research, that sources of satisfaction and dissatisfaction often comprise different variables, rather then simply being differing measurements of the same variables.

So, this introductory overview of some of the research literature tells us that even though some relationships are clearly damaging in their impact (Rook 1989), overall patterns of personal/social relationships are extremely important to wellness, and that although we have some indications of the nature of this relationship, we still need further study if we are to do more in policy formulation or program development to make the most of this potential avenue for health promotion.

LINKING WITH RECREATION, LEISURE AND LIFESTYLE

Let me start by linking personal/social relationships to recreation. Just as recreation in total involves a relative freedom of choice, so it provides us with a relative freedom of choice in our associates. Recreation is a major arena for meeting people, making acquaintances and friends, developing and enhancing our relationship skills, and forming group bonds with friends. Burch and Hamilton-Smith (1991) have argued this point at much greater length, essentially postulating that it is through these networks of personal relationships that we relate to wider society and develop our own sense of continuity or cohesion.
Recreation also provides for a number of inter-related benefits which reinforce the personal relationship benefits, including providing an arena for enjoying quality experience and attaining personal satisfaction (Csikszentmihalyi 1975, 1990, Csikszentmihalyi and Csikszentmihalyi 1988, Csikszentmihalyi and Kleiber 1991) which in turn enhances mood states (Hull 1991). It provides an important arena for learning (Roggenbuck et al 1991) and the development of a more positive sense of self-identity (Erikson 1968; Haggard and Williams 1991). There is good evidence which suggests that recreating together enhances family bonding (Orthner and Mancini 1991) and that having adequate opportunity for recreation is seen as enhancing our quality of life (Allen 1991; Marans and Mohai 1991).

All of these together add up to quality of life. So at the most positive view of wellness, recreation makes an immense contribution. If we return briefly to the morbidity-mortality perspective, the combination of personal relationships through recreation, of enhanced self-identity, of involvement in the natural environment and positive mood states have all been shown to have a positive impact upon our wellness, probably through the extent to which they reduce physiological stress and hence enhance the immune system.

In the broad view, a nation-wide Australian study by Heady (1988) asked respondents what contributed most to their life satisfaction. Leisure rated most highly, and a very large part of this was due to the friendship component included here. So, if we assume that life satisfaction is strongly related to wellness in the broad sense, the leisure is a central ingredient, and this is largely because of its relationship dimensions.

We all experience relationships which have negative and positive effects, even though we try to avoid the former. We still know all too little here, but we can outline some evidence which points to ways in which we might think about improved directions in recreation policy and practice.

Starting with intimate relationships, Orthner and Mancini (1991) summarise evidence which suggests that taking part in recreation together serves to strengthen family bonding. So, we might well look towards ways in which we can provide a much wider range of opportunities for participation by families. This may also raise questions about many of the age-segregated, gender-segregated programs. Many of these are essentially competitive in character and atmosphere, and although competition provides for arousal and stimulation, it also creates an environment where we have to relate to 'those-who-must-be-reckoned-with' (shades of Rumpole!) rather than close friends and confidants - even though some of our rivals will also become friends.

Then there is question of making friends. A great deal of research shows that many people select recreational activities and behaviours on the basis of being with like people. Often decisions to take part in specific recreational pursuits are made jointly with friends; the opinions of friends certainly influence us in those choices; and many adopt specific recreational activities in order to make friends.

Clubs or other social activities often generate their own in-house jokes about the extent to which their activities act as a sort of matrimonial, matchmaking agency. Of course, the matchmaking industry itself uses recreational activities as a major part of the services available to their clients.

Turning to a later stage of the life cycle, Larson et al (1986) have shown that friends may mean a great deal to older people, often having a more positive impact upon their well-being than do family relationships. There is certainly some evidence which suggests that it is the level of friendship networks rather than family bonding which delays the entry of ageing people into residential care. Of course, this is all very understandable and does not represent any necessary critique of family relationships.
which are so often, almost essentially, ambivalent and ambiguous. Older people say 'I love my children - but I wish they wouldn't tell me how to live!'

Hammer (1983), in an early paper on the nature of the linkages between social relationships and wellness, argued that more attention should be paid to the extended networks of friends and acquaintances rather than just the core groupings of intimate friends, at least in part because these wider circles may provide an opportunity for the replacement of core members as these are lost in the process of ageing.

Some other work on the relationships of older people has demonstrated the value of both control and reciprocity in relationships (Schulz 1976, Schulz and Hanusa 1978, Purcell and Keller 1989). Although the relationships of older people have received more attention from researchers than other sectors of the population, it is likely that many of these effects are, in fact, true of the wider population.

There has also been a great deal of discussion about cross-generational friendships and a lot of rhetoric which suggests these are valuable. Strangely, professionally managed, formally structured recreational programs seem to be abysmally incompetent in developing cross-generational opportunities. Yet many of the hundreds of hobby clubs - organised around enthusiasms by enthusiasts (Hoggett and Bishop 1985, Bishop and Hoggett 1987) - are essentially cross-generational in structure and people are flocking to them, forming cross-generational friendships as they do so.

This brings me to what seems to be a problem in the current political and socio-economic climate. Recreation services are increasingly moving to privatised models of operation and hence to at least cost recovery from the participant. Other community services are becoming focussed upon short-run, readily measurable outcomes and again, on privatisation of service. Many health services, in spite of some rhetoric about health promotion, are moving back to a location within the illness industry. So, just as we are becoming more fully aware of the wellness concept, it is becoming more difficult to achieve its implementation.

This echoes the comments of House et al (1988) that '...just as we discover the importance of social relationships for health, and see an increasing need for them, their prevalence and availability may be declining.' They point to the facts that in the United States, adults are less likely to be married, more likely to be living alone, less likely to belong to voluntary organisations, and less likely to visit informally with others. They predict that in the 21st century, there will be a steady increase in the number of older adults without spouses or children. Perhaps not all of these trends are true in Australia (regrettably, we just do not know) but at least some are.

I am also reminded of a recent personal conversation with the leisure sociologist Stanley Parker, in which he expressed his concern that recreation provision is becoming polarised into 'serious leisure' - hobbies, amateurism, volunteering and activism - or 'commercial leisure' - commodities for which the customer must pay. If he is right, then the educated classes who comprise most of the 'serious leisure' people are being advantaged by comparison with the new (and old) underclasses who cannot afford the alternative, even though it may otherwise be accessible to them. Even if they can afford it, we must ask how far it provides the opportunity for an enhanced wellness for the customer (rather than the entrepreneur).

Looking broadly again, we now know that recreation has the potential to deliver an immense range of benefits (Driver et al 1991). Whether it does so depends not only upon the political and socio-economic climate, but upon our own vision and competence.
REFERENCES


Cassel, J.C., 1976, The contribution of the social environment to host resistance, American Journal of Epidemiology, 104: 107-123.

Cohen, S., 1988, Psycho-social models of the role of social support in the etiology of physical disease, Health Psychology, 7 (3): 269-297.


Hammer, M., 1983, 'Core' and 'extended' social networks in relation to health and illness, Social Sciences in Medicine, 17 (7): 405-411.


Sauer W.J. and Coward, R.T. (Eds.), 1985, Social Support Networks and the Care of the Elderly, New York : Springer.


Wellman, B. and Wortley, S., 1990, Different strokes from different folks : Community ties and social support, American Journal of Sociology, 96 (3) : 558-588.


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This publication was originally produced by the Western Australian College of Advanced Education's Centre for the Development of Human Resources in November 1990 under ISBN Number 0-7298-0095-4.


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