Leisure and Stress-Coping: Implications for Therapeutic Recreation Practice

Susan L. Hutchinson, Andrea D. Bland, and Douglas A. Kleiber

Abstract

Within the field of leisure studies there is growing evidence of the value of leisure activity and experience in the course of coping with and adjusting to the kinds of acute and chronic life stressors that clients in therapeutic recreation (TR) settings may encounter. A review of leisure-coping literature is provided, drawing on research and theory-building in the leisure studies field. Following this, implications for TR practice are outlined. This review identifies the need to give particular attention to individual differences in leisure’s influence in coping with stress, as well as to the effects of different leisure activities and experiences in developing guidelines for various aspects of TR service, including TR assessment and intervention.

KEYWORDS: coping, leisure, stress, therapeutic recreation

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Leisure and Stress-Coping: Implications for Therapeutic Recreation Practice

A considerable body of evidence now exists to support the contention that leisure can be an important resource for coping with acute and chronic life stressors. Yet, very little of this research has been effectively translated for use within therapeutic recreation (TR) practice. The purpose of this paper is to review leisure research and theory related to the contributions of leisure in coping with stress and to suggest implications for TR practice.

We are focusing specifically on conceptualizations and evidence from leisure research for two reasons. First, based on research in a variety of TR settings, therapeutic recreation researchers have already provided evidence of: (a) the potential for family-centered TR programs to be a coping resource for family members of institutionalized older adults (e.g., Dupuis & Pedlar, 1995), (b) the importance of TR for enhancing the coping skills of clients living with AIDS (Caroleo, 1999), (c) the effectiveness of a multidisciplinary approach to stress-coping interventions in TR for clients with traumatic brain injury (Gongora, McKenney, & Godinez, 2005) and (d) the perceived benefits of a leisure education intervention for clients receiving treatment for substance or sexual abuse (Carruthers & Hood, 2002; Griffin, 2005). In addition, others writing about therapeutic recreation have drawn on theories and evidence from the social-psychology stress-coping literature to outline the potential role of TR in addressing a broad range of coping skills. For example, Bedini and Phoenix (1999) and Hood and Carruthers (2002) applied stress-coping theory and research to the development of TR practice models focused on the relationships between stress-coping, leisure and well-being, and Stumbo (2002) presented recommendations for TR coping skills interventions for clients living with pain. To avoid duplicating such efforts, conceptual models and research evidence from the TR literature will not be reviewed here, although readers are strongly encouraged to examine this literature if contemplating the development of a stress-coping intervention in a TR practice setting.

Second, by focusing on theory and research from the leisure studies field, our hope is to overcome the perception that “practitioners and researchers live in two different worlds” (McCormick & Lee, 2001, p. 385). Our own research has focused on how and under what conditions leisure can be a coping resource in the face of severe and chronic stress (e.g., Hutchinson & Kleiber, 2005a; Hutchinson, Loy, Kleiber, & Dattilo, 2003; Kleiber, Hutchinson, & Williams, 2002). Our purpose here is to work toward bridging this research-practice gap, by summarizing research evidence from leisure studies regarding the role of leisure in coping with stress and suggesting implications for TR practice.

Leisure-Coping Research

We have organized this summary by first reviewing earlier conceptualizations of the leisure-stress-coping relationships. Following this we summarize findings from leisure research which has identified: (a) individual factors influencing the leisure-stress-coping relationship and (b) the effects of different forms of leisure activities and experiences on stress-coping.

Conceptualizing the Role of Leisure in Coping with Stress

Coleman and Iso-Ahola (1993) were the earliest leisure researchers to conceptualize the relationships between leisure and stress. They suggested that leisure-generated social support and “self-determination dispositions” would buffer the relationships between increased life stress and mental and physical health. Leisure-generated social support refers to the ways in which connections with others in leisure settings may provide people with important emotional and instrumental supports. Self-determination dispositions are the ways that leisure contributes to: (a) developing or enhancing people’s beliefs in their abilities to take action on issues that matter to them and (b) experiencing self-determination through leisure. Coleman and Iso-Ahola noted that the intrinsic motivation and perceived freedom inherent in many enjoyable leisure experiences may contribute to the development of stable beliefs in one’s ability to be self-determined, which, in turn, will help people more effectively draw on...
their leisure in times of increased stress.

Building on these earlier conceptualizations, Iwasaki and his colleagues (Iwasaki, 2001, 2003; Iwasaki & Mannell, 2000) developed a leisure-coping model that distinguishes leisure coping beliefs from leisure coping strategies. Leisure coping beliefs refer to the extent to which people believe that they can use their leisure to cope in times of stress. Beliefs about the availability of leisure-based social supports (e.g., leisure friendships), as well as feelings of self-determination, empowerment, and competence developed through leisure pursuits, may help people feel more capable of managing perceived stress. These beliefs are considered relatively stable dispositions and are differentiated from leisure coping strategies, which are seen as situational leisure-based responses to stressful or challenging situations. These strategies can be either cognitive (e.g., reappraising a situation) or behavioral (e.g., exercise).

Iwasaki and Mannell included leisure mood enhancement (e.g., “my leisure helped me feel better”), leisure palliative coping (e.g., “I took a brief break through leisure to deal with the stress”), and leisure-companionship (e.g., “I deal with stress through spending leisure time with friends”) as leisure coping strategies.

In support of these conceptualizations, there is evidence that people generate leisure-based coping beliefs about their abilities to be self-directed, competent, and autonomous in their leisure and about the availability of social resources (Coleman & Iso-Ahola, 1993; Iso-Ahola & Parks, 1996; Iwasaki & Mannell, 2000). In turn, these appraisals influence the various ways people may actually use their leisure to cope with stress. Iwasaki (2001, 2003) determined that people’s beliefs about their leisure, rather than what they actually do in their leisure, contribute most significantly to buffering the effects of stress on psychological well-being. To the extent people believe they have personal or social resources to manage a stressful situation, they may perceive the situation as more manageable and, in turn, engage in more active coping (see also Hood & Caruthers, 2002). In addition, people’s abilities to effectively manage a stressful situation will influence subsequent stress appraisals and coping behaviors (Iwasaki, 2006). An important implication of this research, then, is recognition of the need to help clients receiving TR services to examine and develop their leisure-coping beliefs. In part, this will evolve from people’s knowledge and understanding of the potential benefits of leisure for coping with stress, but also from their past experiences of coping in and through leisure.

Overall, the research with relatively ‘well’ adults demonstrates that leisure can be a stress-buffer; that is, in times of high perceived stress, leisure can reduce the negative effects of stress on people’s mental or physical health (e.g., Iso-Ahola & Parks, 1996; Iwasaki & Mannell, 2000). Iwasaki (2001, 2003), for example, found that both leisure coping beliefs and strategies made significant contributions to coping with daily hassles in the lives of university students and, in turn, enhanced students’ perceived coping efficacy, mental health and psychological well-being. Iwasaki, Mannell, Smale and Butcher (2005) determined that relaxing and social forms of leisure contributed to immediate health outcomes as well as mental and physical health in a sample of adults in high stress roles. It is notable that leisure’s contribution to coping with stress seems to operate significantly beyond the contribution of other more general forms of stress-coping (e.g., problem-focused coping; Iwasaki et al., 2005), but it is also noteworthy that research exploring the role of leisure in coping with stress and healing from trauma among marginalized and non-dominant population groups (including people with disabilities) is emerging. For example, Iwasaki, MacKay, Mactavish, Ristock, and Bartlett’s (2006) community-based focus-group study with individuals living with disabilities, Aboriginal persons with diabetes, and people who identified as gay or lesbian, found that the meanings gained through active leisure as a coping mechanism were closely tied to the multiple identities of people (e.g., gender, ethnicity, disability, sexual orientation) and the realities of their lives (e.g., racism, ableism). Clearly, further investigations are needed not only to build on and advance the leisure-coping literature, but also to conduct applied research with people in TR settings who may live with severe chronic stress.

**Individual Differences in Leisure-Stress-Coping**

To develop practice-based guidelines from the leisure research on leisure-based cop-
ing, one question to try to answer is: for whom is leisure a coping resource? We focus first on reviewing research that has examined leisure-coping at various points in the life course (adolescent, adult, and older adult populations), and then on the thinking and research regarding leisure’s role in coping with severe and chronic stress.

**Leisure-coping across the life course.** We could not find evidence of studies of leisure-based coping by younger-aged children, although outside the leisure studies field (e.g., developmental psychopathology) others have extensively examined the relationships between different forms of (non-leisure) coping and health outcomes (see Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001, for a review). In addition, randomized controlled studies of coping skills interventions for children who are considered at risk for poor psychological well-being have also been conducted (e.g., Puskar, Sereika, & Tusaie-Mumford, 2003). Notably, these interventions have not incorporated a focus on leisure-based coping.

As it relates to leisure-based coping in adolescence, Hutchinson, Baldwin, and Oh (2006) determined that middle school aged adolescents (aged 12-14) used a wide variety of structured and unstructured leisure activities to actively manage perceived stressors in their lives. They recommended that attention be given to enhancing youth’s social-emotional competence and to building skills that promote positive or adaptive coping and resilience. Other studies of older adolescents have demonstrated that leisure engagement is related to reduced psychological distress and increased optimism, perceived competence or self-efficacy, self-determination and social support (e.g., Cassidy, 2005; Passmore & French, 2000). Based on his study of young adults’ leisure, Cassidy recommended that attention be given to the development of patterns of leisure attitudes and engagement in childhood, as these influence subsequent adult leisure behaviors relevant to health and illness. Taken together, designing TR interventions to teach youth to develop and use their leisure to cope with stress will have important health promotion and risk prevention implications.

In addition to research on the leisure-stress-coping relationship with adults for whom stressful life events may be more transitory (e.g., during exams) or in the form of daily hassles (e.g., Iwasaki, 2001, 2003; Iwasaki & Mannell, 2000) there is additional research with people in high stress work roles that supports the contention that leisure can counteract more persistent forms of stress (e.g., Iwasaki, Mannell, Smale, & Butcher, 2002, 2005). Several authors (Iwasaki, 2006; Iwasaki, Mannell, et al.) have suggested that leisure can help counteract work stress and help people strive for work-life balance, which has implications for some clients in mental health TR settings. Gender differences in leisure’s utility as a coping resource in adulthood were also identified (Iwasaki & Smale, 1998). For example, Iwasaki and Smale found gender differences in terms of the impact of life events on psychological well-being, with women finding widowhood more challenging than men and men finding unemployment or retirement more stressful. Iwasake and Smale also found that, for the most part, people were able to overcome the negative effects of these events on their psychological well-being when they placed more importance on leisure goals.

In regard to coping with work-related stressors in adulthood, Trenberth, Drewe and Walkey (1999) found that more passive forms of leisure were important for helping people recuperate from work-related stress, whereas in a study of professional managers, Iwasaki, Mackay and Mactavish (2005) identified a range of leisure-based activities (e.g., volunteer work, spirituality, leisure-based travel) that were part of their “life survival strategies.” Unique gender differences were also noted in that female managers emphasized the value of leisure for health maintenance, whereas male managers viewed “playing hard” in their leisure as important to letting off steam. Again, these findings add support to the suggestion that helping adults to acquire the knowledge, awareness, and skills to incorporate a range of leisure options into their daily lives may be important for clients in mental health settings. In addition, if clients do not have work-life balance, or feel guilty taking time for themselves, leisure-based interventions should be focused on helping them become aware of the need to develop an ethic of leisure-based self-care (Charters & Murray, 2006).

Despite the reduction of stressors associ-
ated with juggling multiple role responsibilities in adulthood (Zuzanek, Robinson, & Iwasaki, 1998), health-related and relational concerns (e.g., caregiving, widowhood) often become sources of stress for older adults. Nonetheless, various forms of leisure engagement have been found to be adaptive in later life (Dupuis & Smale, 1995; Hutchinson, Yarnal, Son, & Kerstetter, 2007). For example, regular participation in hobbies and crafts, visiting friends, and swimming were all associated with better psychological well-being and lower levels of depression for older adults in the Dupuis and Smale study. Likewise, Hutchinson et al. found that older women who participated in an all-women’s social group (the Red Hat Society®) indicated that participation helped them feel better able to manage stress in their lives.

Taken together, these studies provide evidence that leisure can be a positive coping resource across the life course. Still, the variations evidenced across gender and within and across age cohorts also highlight the need for TR practitioners to adopt a person-centered approach to understanding perceptions of stress, and to helping people identify their leisure-related goals and the types of leisure activities most likely to positively contribute to their coping repertoire.

Leisure and coping with severe and chronic stress. Beyond coping with normative life stressors, some leisure scholars have focused on leisure’s role in coping with more severe and chronic stress, such as the stress associated with negative life events (e.g., homelessness, abuse) chronic health conditions, or permanent disabilities (Iwasaki & Bartlett, 2006; Iwasaki, Bartlett, & O’Neil, 2005; Kleiber, Brock, Lee, Dattilo, & Caldwell, 1995; Klitzing, 2003; Lee & McCormick, 2002). Beyond the stressors associated with the trauma or health condition, research by the above leisure scholars also highlights additional forms of stress (such as stigma, discrimination, negative stereotypes and abuse) experienced by people who are marginalized due to their race, sexual orientation, disability, or social class (Iwasaki et al., 2006). People who are discriminated against or oppressed due to their gender, ethnicity, disability or sexual orientation are often disadvantaged socially, culturally, economically or politically (Iwasaki et al., 2006). This research emphasizes the need for TR practitioners to attend to the multiple identities and realities of clients in TR settings (e.g., as women, disabled, lesbian) and to understand how daily experiences of discrimination or marginalization may shape perceptions of stress and leisure.

Regardless of the nature of the stressor, it seems that time spent with supportive others and in personally meaningful forms of leisure helps promote coping and resilience in the face of chronic stress. Propositions by Kleiber and colleagues (Kleiber, 1999; Kleiber et al., 2002) help explain leisure’s role in coping with and adapting to negative life events. They write about leisure’s role in self-preservation and self-restoration, which parallel concepts of coping and adjustment. Self-preservation refers to the ways leisure can buffer the impact of negative life events by being distracting and by generating optimism about the future. As with the research with typical adult populations described earlier, there is evidence that leisure in many different forms can serve as a positive distraction for individuals experiencing severe and chronic stress and that its importance as a coping resource extends from hospitalization to residential care settings to community living (Hutchinson, Afifi, &, Krause, 2007; Hutchinson et al., 2003; Hutchinson & Kleiber, 2005a). While there are clearly times that some leisure activities can be maladaptive (e.g., drinking or partying if engaged in to excess and in the absence of other more healthy engagements), leisure activity engagement that enables people to take their mind off their problems and to experience enjoyment and less stress often fulfills the stress-buffering role of leisure identified earlier. In addition to the positive emotions and thoughts generated from these experiences, leisure can contribute to ongoing coping efforts by providing people with something to look forward to and helping them feel more capable of managing the ongoing stressors in their lives (Kleiber et al.). This is particularly important when the situation cannot be changed, as is often the case with individuals receiving TR services.

In addition to buffering the immediate im-

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3 We could not find evidence in the leisure literature of research that has examined whether or not leisure is a coping resource for people living with severe cognitive impairments, such as dementia or a developmental disability.
pact of stress, Kleiber et al. (2002) proposed that leisure can contribute to “self-restoration” following a negative life event. Leisure activities that provide opportunities to experience a sense of mastery, achievement, or “normalcy” and afford some connection with previous sources of meaning and identity have been identified most frequently as restorative in studies with individuals who have acquired a physical disability or are living with a chronic health condition (Hutchinson et al., 2003; Hutchinson & Kleiber, 2005a; Kleiber et al., 1995; Lee & McCormick, 2002). Restorative leisure activities have included: more demanding forms of exercise, sport or physical activity; hobbies, remodeling, playing an instrument or other creative endeavors; self-development activities, such as journaling, reading self-help books; or learning new leisure skills. Other less formal activities (such as planning a special “date night” or family night) may not be as challenging but may affirm valued life goals, which in turn contributes to preserving or restoring a sense of self. Hutchinson and Kleiber (2005a) found that even relatively casual activities were symbolically important to people when these activities enabled them to enact personal or family values. This research highlights the need for TR practitioners to help clients become more aware of their core beliefs or values and how these beliefs and values can be expressed in and through their leisure.

Variations in Leisure Activities and Experiences for Coping with Stress

What characteristics of leisure contribute to its effectiveness as a coping resource? In general, the two distinct functions of leisure for coping with severe and chronic stress identified in the previous section (leisure for self-preservation and leisure for self-restoration) provide guidelines for identifying the coping benefits associated with different forms of leisure for clients in TR settings. This section concludes with cautions about the ways leisure contexts may exacerbate stress.

Leisure for self-preservation. As noted earlier, leisure activities that are “stress-buffers” will help people take their minds off their problems, even momentarily, and can provide some distance or respite from the stressor. Activities that serve a self-preservation or stress-buffering role often leave people feeling less distressed, in a more positive mood, and even rejuvenated (Iwasaki & Mannell, 2000; Kleiber et al., 2002). These activities tend to provide immediate benefits while being less physically, cognitively, or emotionally demanding. This form of leisure-coping seems ubiquitous across populations and stressors. Some examples may include: Meditation, listening to music, relaxation exercises, prayer or other spiritual pursuits, humor, taking time to appreciate a pleasant moment, or spending time doing an enjoyable (non-demanding) activity such as going for lunch or an outing. In addition, it does not seem to matter whether the activities are done individually or shared. For example, Hutchinson et al. (2007) found that even relatively casual forms of shared family activities (e.g., watching a favorite television show or playing a game of cards) helped parents and children cope with divorce-related stressors by providing a diversion from stress and promoting the perception of shared effort to face adversity together.

Not all low intensity activities are positive coping resources. Higher levels of television watching are consistently associated with poorer psychological well-being and higher levels of depression in adolescence (Compas, 1987) and adulthood (e.g., Dupuis & Smale, 1995). Hutchinson, Baldwin and Oh (2006) found less adaptive coping was associated with television watching or doing nothing by adolescents, whereas unstructured social activities, such as hanging out with friends, were associated with more active forms of coping. They speculated that, in the case of adolescents, time with friends may be a positive coping resource if it allows them to forget about immediate pressures and provides opportunities to engage in something enjoyable but relatively undemanding. This finding suggests that opportunities for shared activity participation and peer support can be important coping resources for youth in TR settings.

For the most part, leisure-based activity contexts that are more social in nature aid coping by providing a positive social environment in which opportunities to feel a sense of belonging and support are available (Coleman & Iso-Ahola, 1993; Iso-Ahola & Parks, 1996; Iwasaki, Mannell et al., 2005). In addition, leisure-activity contexts provide a chance to experience a sense of solidarity in the face of similar
life challenges (e.g., Dupuis & Pedlar, 1995) or enable people to be in the company of supportive others without having to talk directly about their problems (Hutchinson et al., 2007; Hutchinson & Kleiber, 2005a). While some social contexts can be stressful for individuals, overall, leisure-based companionship is viewed by people across all ages and life contexts as a critically valued coping resource (e.g., Shannon & Bourque, 2005). These findings highlight the importance of group-oriented therapeutic recreation programs interventions for cultivating social connections and peer support.

Leisure for preserving or restoring a sense of self. As noted earlier, leisure activities that contribute to self-restoration following negative life events often require a higher level of personal or social investment in the activity. In addition, activities that promote a sense of continuity are seen as adaptive, particularly in the face of age-related changes and losses, when they enable people to optimize their remaining talents and abilities (Kleiber, 1999). For example, in a study of older adults, regular participation in hobbies and crafts was most strongly associated with psychological well-being (Dupuis & Smale, 1995). Dupuis and Smale suggested that for older adults continued engagement in lifelong interests in hobbies “may satisfy more personal needs—the needs for personal achievement, self-expression, self-fulfillment, and recognition—and in turn, contribute to higher psychological well-being and life satisfaction” (p. 84). These findings reinforce the importance of helping people develop a range of leisure activity skills that reinforce personal abilities and interests and provide outlets for experiencing challenge and achievement. The develop of such capacities and skills will contribute to feeling more empowered, competent and self-determined, which are all characteristics associated with leisure coping beliefs (Iwasaki & Mannell, 2000; Iwasaki, 2001, 2003).

The potential of leisure to be a spiritual resource for coping has also received some consideration. Heintzman and Mannell (2003) argued that spirituality is an aspect of beliefs about self-determination, empowerment, or leisure-based social supports, and is inherent in some leisure-based coping strategies. King (2006) found preliminary support for this proposition in her study of women’s leisure-based coping with cancer. Several of the women described how being part of a church, praying, or meditating helped them to feel they were taking care of themselves and were supported by others, including a higher power. Ensuring people have culturally relevant opportunities to pursue spiritually-based leisure as a coping resource is important.

Research by Iwasaki and colleagues (Iwasaki & Bartlett, 2006; Iwasaki, Bartlett & O’Neil, 2005; Iwasaki et al., 2006) with groups who experience trauma and marginalization also highlights the importance of attending to the personal, social, cultural and spiritual meanings that can be expressed or cultivated in active forms of leisure for coping. Iwasaki et al. (2006) described how participants in their focus-group study (individuals living with disabilities, Aboriginal persons with diabetes, and people who identified as gay or lesbian) gained valued meanings through active forms of leisure such as dance, laughter, social leisure groups, volunteering, yoga or tai chi. Active leisure encompassed the social, mental and spiritual dimensions of participation beyond its physical requirements. Iwasaki et al. (2006) noted, “one key essence of active leisure coping involved meaning creation. That is, active leisure appeared to provide an opportunity for gaining one’s highly valued meanings, such as: social, spiritual, cultural, altruistic, and/or empowerment (e.g., being ‘stronger’)” (p. 173). It is essential that TR practitioners assist individuals to explore and experience alternative forms of leisure that may be generative of important personal, social, spiritual, or cultural meanings. These meanings will help people persevere in the face of chronic stress and will contribute to psychological resilience (Iwasaki, 2006; Iwasaki et al., 2006).

Leisure and perceived stress. It is important that TR specialists recognize that leisure is not always associated with stress relief. In fact, the inability to return to previously enjoyed activities may be highly distressing (see Hutchinson & Kleiber, 2005b; Kleiber et al., 1995, for more extensive discussions) and leisure activities that are highly competence- or performance-based (e.g., sports) can provoke anxiety-producing self-consciousness associated with social comparison and evaluation (e.g., Kimball & Freysinger, 2003). Some social activities are also highly stressful for people with

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physical or cognitive disabilities because of: (a) perceptions about being judged negatively by others, (b) familiar social activities becoming painful reminders of related losses, (c) some public settings, such as malls, restaurants or bars, or social leisure activities exacerbating feelings of stigma and self-consciousness, and (d) feeling a sense of burden and guilt asking for help in family and social activities (Calabiano, 1995; Hutchinson et al., 2003; Kleiber et al., 1995). Finally, there are clearly times when the stress or sense of loss associated with a situation is so great that people may perceive the suggestion that leisure can help them cope with their problems as trivializing the magnitude of their situation (Hutchinson & Kleiber, 2005b; Kleiber et al., 2002). Taken together these studies illustrate the potentially negative impact of leisure as sources of stress for people and the need to understand not only clients’ perceptions of the stressor but also their experiences within and beliefs about leisure (or lost leisure) in their life. This may also mean ensuring that clients have access to appropriate counseling or grief supports and are helped to develop non-leisure coping strategies (e.g., relaxation techniques).

Implications for Therapeutic Recreation Practice

We begin by suggesting some general implications for incorporating a focus on leisure-based coping within TR service delivery. Following this, more specific suggestions for components of TR practice are outlined.

Many clients receiving TR services face innumerable challenges to maintaining well-being in the face of persistent and acute stressors associated with their health or social condition. Nonetheless, the evidence summarized here suggests a need to incorporate a focus on leisure-based coping as a component of TR service delivery. While the scope of service delivery may vary depending on the setting (e.g., residential, hospital), in general this will likely include helping clients: (a) learn about the benefits of leisure for coping with stress, (b) develop their leisure-coping repertoire (i.e., a range of leisure pursuits perceived to be personally beneficial in times of stress), and (c) build their personal and social leisure-coping resources. In some settings, such as residential care, this may mean providing opportunities for people to engage in a variety of leisure activities, alone or in group settings, that are perceived by clients as beneficial for coping with stress. As it relates to helping clients build their leisure-coping repertoire, as noted earlier, the focus would be on ensuring clients have the knowledge and skills to engage in leisure activities that would contribute to stress-buffering and self-restoration.

Second, as was previously observed, people vary in their perceptions of their situation, the types of leisure that can help them effectively manage their stress, and in their beliefs about the extent to which their leisure can be a coping resource. There are also times when leisure may exacerbate perceptions of stress and loss. These conclusions suggest that a person-centered approach to designing and delivering leisure-based coping interventions is warranted. When people do not possess a strong repertoire of leisure activities they can draw on in times of stress, they may need help in identifying and exploring leisure activities that may be potential coping resources. In addition, if clients do not hold strong beliefs about leisure’s ability to help them cope, they may need education to understand leisure’s benefits for coping with stress or may need help to develop an ethic of self care (e.g., to give themselves permission to devote attention to leisure-based self care; Charters & Murray, 2006).

Third, it is clear that many different forms of leisure can help people cope with stress if they enable them to experience: (a) distance or respite from the stressor, (b) social support, companionship or sense of belonging, and (c) enjoyment. In addition, while there is some evidence that more active forms of leisure activity engagement may be more beneficial for coping, by promoting a sense of personal mastery, achievement and normalcy, there is also evidence that casual or low-intensity leisure activities can be effective coping resources if they: (a) are of personal interest, (b) generate positive emotions, (c) help reduce distress, and (d) affirm personal values. Finally we have evidence that leisure can be both an individual and communal coping resource and can, in turn, aid in managing a variety of highly stressful life circumstances. The nature of the leisure identified as a coping resource will depend on client needs (e.g., for stress-buffering versus preserving a sense of self) and interests. Regardless, TR interventions focused on leisure-coping
goals will be important for clients during most phases of treatment from acute care and rehabilitation to transitional and residential care.

TR Service Delivery

If stress-coping is considered to be within the domain of TR service delivery, how can TR practitioners assess the extent to which leisure-based coping should be a focus of treatment? As with other aspects of assessment, the use of standardized tools that have been validated for use with an agency’s client population are likely to provide the most reliable evidence of client needs related to perceived stress and leisure-coping. There are a number of general coping measures that can be used for assessment and post-treatment evaluation (e.g., the Brief COPE [Carver, 1997]; the Coping Responses Inventory [Moos, 1993]; the Perceived Stress Scale [Cohen, Kamarck & Mermelstein, 1983]), but these have not specifically incorporated a focus on leisure-based coping. The Leisure Coping Beliefs and Leisure Coping Strategies scales, developed by Iwasaki and Mannell (2000), can be used to assess the extent to which people believe that they can draw on their leisure to cope, and the extent to which they actually use their leisure to cope with stress; however, these scales have not been validated for use within TR settings.

Whether a standardized assessment tool is used, or questions are asked during informal or formal screening or assessment interviews, five questions may guide decisions about leisure-coping treatment goals: (1) How stressful do people perceive the event/situation to be that brought them into TR services?, (2) How stressful do clients perceive leisure to be in the context of their current life situation?, (3) To what extent do clients perceive that leisure has helped them in the past or will currently help them cope with stress in their lives?, (4) How have clients used their leisure to cope with stress in the past?, and (5) To what extent do clients feel they possess the personal or social resources to be able to use their leisure to cope with stress?

If clients do not perceive their situation to be unduly stressful or they feel they possess adequate personal resources or access to social resources (e.g., strong social network) to manage the stress on their own, then TR treatment related to leisure-based coping may not be needed. It may be sufficient to ensure they have access to equipment, supplies, opportunities or spaces in which they can engage in self-directed leisure. Conversely, if clients perceive their situation to be extremely stressful or believe that leisure would exacerbate their perceived stress, then TR treatment goals focused on leisure-based coping may not be appropriate. In the situation of extreme stress, it may be advisable to refer clients to grief or counseling services. Reassessment for treatment may be needed if clients’ perceptions of their situation change over time. Figure 1 represents the decisions about treatment that would result from an analysis of assessment information related to stress, resource, and leisure-coping appraisals.

It seems that client goals related to leisure-based coping are warranted if people perceive their current life circumstances to be highly stressful and: (a) they perceive that leisure has or could be a coping resource for them, (b) they do not possess adequate knowledge, skills, or resources to use their leisure to cope with stress, or (c) they have engaged in unhealthy leisure behaviors to cope in the past. The specific focus of leisure-based coping treatment goals and interventions would be determined based on further assessment of leisure-coping beliefs and behaviors. Table 1 summarizes distinctions that can be used to determine specific treatment goals and content related to leisure-based coping.

If clients are unsure about whether or not leisure can help them cope with their current circumstances, it may be because they lack knowledge or awareness of the coping-related benefits of leisure. In this case, experiential opportunities and debriefing may help people realize that leisure could be a coping resource. Helping people to identify, more generally, activities from which they can derive a sense of self-determination or perceived competence, that affirm valued self-perceptions, and that have personal meaning to them would aid in helping them develop beliefs that leisure may be a useful coping resource. Perhaps more importantly is the chance to experience leisure-based stress coping. When clients experience first-hand how much better they feel as a result of participating in an enjoyable and personally meaningful leisure activity, they may be more likely to identify, and identify with, its stress-coping benefits.
1. Stress Appraisal  
(e.g., perceptions of situation)  
Yes\(^3\)  
\[\text{Perceive situation as stressful?} \quad \text{No}\]

- More information needed
- No specific leisure-based coping intervention needed

2. Resource Appraisal  
(e.g., availability of personal/social resources to manage situation)  
No  
\[\text{Possess adequate resources?} \quad \text{Yes}\]

- More information needed
- Ensure access to resources

3. Leisure Coping Appraisal  
(e.g. perceptions of current/past leisure, leisure coping beliefs)

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<th>Leisure-coping treatment:</th>
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<td>• Does not believe leisure can help manage situation</td>
<td>• Experiential opportunities and debriefing</td>
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<th>Knowledge, skills, resources, behavior:</th>
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| • Does not possess adequate knowledge, skills, resources for leisure-based coping  
• Prior unhealthy leisure coping behaviors | • Leisure education |

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<tr>
<th>Negative association with leisure:</th>
<th>No leisure-coping treatment goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perceive leisure will exacerbate stress/grief</td>
<td>• Revise treatment plan if clients' perceptions change</td>
</tr>
</tbody>
</table>

\(^{1}\) If extreme stress appraisal then leisure-coping intervention may not be appropriate; referral to grief or counseling services may be advisable

**Figure 1: Assessing Client Needs for Leisure-Based Coping Interventions**
**TABLE 1: LINKING ASSESSMENT OF BASELINE LEISURE-COPING TO TR SERVICE DELIVERY**

<table>
<thead>
<tr>
<th>Perceptions about Past and Current Leisure</th>
<th>Leisure-Coping Beliefs</th>
<th>Leisure-Coping Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>If people hold positive perceptions about their leisure:</td>
<td>If people believe their leisure can help them cope with stress:</td>
<td>If people have in the past or currently engage in leisure that could be a coping resource:</td>
</tr>
<tr>
<td>• Information provision (e.g., available leisure resources within facility/community) to support participation in a self-directed manner</td>
<td>• Information provision (e.g., available leisure resources within facility/community) to support participation in a self-directed manner</td>
<td>• Ensure people have access to adequate supplies/equipment or support resources or opportunities to support continued involvement</td>
</tr>
<tr>
<td>• Information sharing, mutual support</td>
<td>• Information sharing, mutual support</td>
<td>• Teach use of adaptive strategies to return to preferred activities</td>
</tr>
<tr>
<td>• Ensure people have access to adequate supplies/equipment or support resources or opportunities to engage in preferred leisure</td>
<td>• Ensure people have access to adequate supplies/equipment or support resources or opportunities to engage in preferred leisure</td>
<td>• Information sharing, mutual support</td>
</tr>
</tbody>
</table>

| If people are concerned about their current leisure: | If people do not believe, or know how, leisure can be a coping resource: | If people do not currently engage in leisure that could be a coping resource: |
| • Leisure counseling or education to identify and address stress triggers, substitution of alternate activities, ethic of leisure-based self care | • Leisure education to identify stress-coping benefits of leisure, past/current leisure engagement that could be coping resource(s) | • Leisure education: leisure preferences, past leisure, personal need related to leisure-based coping |
| • Problem-solving to reduce stress triggers associated with participation | • Facilitate experiences of enjoyable leisure activity and debriefing focused on coping-related benefits of participation | • Leisure sampling, experience different forms of leisure and explore potential coping benefits |
| • Facilitate experiences of enjoyable leisure activity and debriefing focused on emotional and cognitive response to participation | • Role modeling, mutual support | If people do not believe they have access to personal/social resources: |

Hutchinson, Bland, and Kleiber
If clients have relied on unhealthy leisure behaviors (e.g., substance use) to cope with past stressful situations, they may have limited knowledge of or exposure to alternative forms of leisure that can positively contribute to stress-coping. Carruthers and Hood (2002) and Gongora et al. (2005) noted that teaching people how to substitute unhealthy coping behaviors in leisure may be necessary for some clients. The leisure-coping treatment goals described above are best addressed through individual or group leisure education. Most coping skills interventions utilize cognitive-behavioral therapy approaches (Folkman et al., 1991), which are also relevant for leisure education interventions focused on leisure-based coping. Cognitive-behavioral therapies focus on helping clients see the connections between their thoughts and actions (in this case, the connections between stress appraisals, leisure coping beliefs and leisure-based coping strategies). As noted above, depending on client needs, leisure education would focus on helping to identify: (a) perceived benefits of leisure for coping, (b) beliefs about leisure’s ability to help them cope, (c) problem-solving and decision making skills to overcome perceived barriers to preferred leisure, as well as (d) perceived personal and social resources for leisure-based coping (see Hood & Carruthers, 2002, for more details about coping resources). In addition, a focus on leisure-based coping strategies would help clients identify, explore, and learn skills for various forms of leisure that they perceive as personally meaningful and as most likely to aid in coping with and adjusting to a stressful situation (e.g., stress-buffering as well as self-restoration). Because many of the leisure-coping goals relate specifically to the development of knowledge, skills, and awareness regarding leisure-based coping, for the most part this suggests utilizing leisure education as a core form of intervention. This is not to suggest that other TR interventions (e.g., stress management techniques) would not be needed or beneficial to clients in conjunction with leisure education; however, suggestions for other coping skills techniques have been thoroughly outlined by other TR scholars (e.g., in Hood & Carruthers, 2002) and are not, therefore, discussed here.

Leisure-based coping goals can also be effectively incorporated into recreation participation programs. Recreation participation programs provide plentiful opportunities to support leisure-based coping. As noted earlier, participants can come to experience a sense of solidarity in the face of shared challenges when programs are structured to facilitate meaningful connections, whether between residents/clients, or between TR service recipients and their loved ones (Dupuis & Pedlar, 1995). Incorporating leisure-based coping as a targeted outcome of recreation participation programs would provide a rationale for delivering programs that provide participants opportunities to “just have fun” (see Hutchinson, LeBlanc & Booth, 2006, for more suggestions regarding strategies to incorporate enjoyment in TR practice). For people who believe that leisure can be a resource to them in the face of stress, then provision of ongoing opportunities to engage in personally meaningful and enjoyable leisure will likely sufficiently address their coping-related needs.

Conclusion

We believe that if TR practitioners possess adequate knowledge of the ways in which leisure can be a resource for coping with stress, they can then: (a) provide a rationale for incorporating leisure-based coping goals within their scope of service delivery, (b) design assessments that enable them to determine individuals’ leisure-based coping, and (c) design interventions that incorporate leisure-based coping as relevant targeted outcomes.

McCormick and Lee (2001) suggested, “For practitioners to be credible providers of TR services, we must put the best of our systematic research knowledge at the center of TR practice” (p. 387). While the ‘gold standard’ for research refers to evidence generated from randomized group studies that occur within highly controlled interventions, research from the leisure studies field regarding the role of leisure in coping with stress still has much to offer in guiding TR practitioners who want to incorporate leisure-based coping into their scope of service. The primary position of this paper is that such research needs to continue to be examined carefully and critically with respect to the stress-related conditions of clients and wide range of leisure activities and experiences that may be useful in treating them.
References


