

Leisure, Physical Activity and Health Promotion: A Case for Integration ¹

Leonard M. Wankel
University of Alberta

Leonard Wankel is Professor in the Faculty of Physical Education and Recreation, University of Alberta, Edmonton, Alberta, Canada, T6G 2H9

This commentary argues that an integrated study of leisure, physical activity and health is necessary for preparing professionals for diverse careers in the broad field known as health promotion. Contemporary perspectives of health and leisure share many common features (Wankel, 1994). It is impossible to study leisure in any comprehensive way without addressing the nature of health and well-being. Conversely, given a contemporary health determinants perspective of health and health promotion, leisure and lifestyle constitute a major health determinant. In developing this integrated perspective, I will address the following questions: why a health emphasis within leisure studies? why has health been largely ignored in leisure studies programs? how do administrative structure(s) impact the study of leisure and health? what types of information/courses should be included in leisure studies programs for a health emphasis?

Why a health emphasis within leisure studies?

The renewed interest in the relationship of leisure and health in North America may largely be attributed to the mounting financial pressures facing public institutions. Increasing competition for scarce resources (whether it be in universities, municipal, state or provincial budgets) raises questions of how programs and services can be provided more economically if not more effectively. In Canada, the control of rapidly escalating health care costs has been a primary concern for federal, provincial and municipal governments. The prospect of ever increasing costs associated with an aging population has forced a reevaluation of traditional remedial approaches to health-care based on a treatment of illness and disease. The recognition that the most prevalent morbidity and mortality causing diseases are chronic diseases linked to personal lifestyle factors (e.g., diet, sedentary living, tobacco, drug and alcohol consumption, stress) and living conditions (socio-economic status, working conditions, physical and social environment differences) resulted in a broadened perspective of health and health promotion (Hamilton & Bhatti, 1996). In what has come to be called the "health determinants approach" a wide range of factors are considered that might facilitate health or prevent illness and disease. Recreation and leisure experiences constitute one important aspect of such a health determinants

¹ This discussion focuses on a general population-based health promotion perspective of leisure, physical activity and health. As such, specific consideration is not given to the specialized area of therapeutic recreation which falls more within a remedial rather than preventative health orientation. The author leaves it to others, who are more qualified than he, to address this specialized area.

perspective. In the words of one health planner "Recreation as an activity is essentially healthy. It is intrinsically therapeutic and preventative and an ideal vehicle for tackling many of the issues that need to be addressed in a preventative health strategy" (Ball, 1996, p. 13.). The most obvious connection of recreation to health, given the recent Surgeon General's Report on Physical Activity and Health (1996), may be through fostering regular involvement in healthy forms of physical recreation. Given the increasingly sedentary nature of work and much of daily living, physically active leisure offers the best opportunity for healthy regular physical activity. Beyond the individual level, recreation is viewed as a central contributor to the fostering of healthy or active living communities which constitute an important element in a health determinants approach to public health (Ball, 1996; Hunter, 1994).

While the health care debates in the USA have been of a different nature, nevertheless, competition for public funds has been a driving force behind the assessment of how services are provided. Tax plebiscites and the resulting diminution of services at the local level and the elimination or consolidation of university programs are two prominent examples of impacts on recreation. Financial pressures on the recreation and leisure services field are at least partially accountable for the rise of the "Benefits based approach to recreation" (Driver, Brown & Peterson, 1991). Through being able to demonstrate the many benefits of leisure and recreation services, a stronger case can be made for maintaining or enhancing services in this area when competing for dollars with the so-called "hard services". A focus on the benefits of leisure or recreation clearly draws health and leisure closer together. Many of the most clearly documented benefits of leisure are the health benefits derived from physically active leisure (Bouchard, Shephard & Stephens, 1994; Froehlicher & Froehlicher, 1991; Paffenbarger, Hyde & Dow, 1991; Wankel & Berger, 1991). In addition, there is mounting evidence for the value of socially engaging and cognitively stimulating leisure in contributing to mental health, an increasingly important area of overall population health (Iso-Ahola, in press). In arguing the case for the recreation professionals to get more involved in the health implications of their services, Ball (1996) points out the synergistic goals of the two fields. He says, "The time is right for recreation to become a powerful catalyst for improving the health of our population as a whole. Such a strategy will not only improve the well-being and quality of life of Canadians but also serve to strengthen the place of recreation as a relevant force in our society" (1996, p.14).

There is some evidence that the public perceives a prominent role for public parks and recreation services in enhancing health and well-being. Godbey, Graefe and James (1993) in a telephone survey of 1,305 American households found a strong association between the use of public recreation amenities and various health and well-being measures. They reported physical activity and health related outcomes to be the most frequently reported benefits from parks and recreation programs for individuals, households and communities. The authors noted a distinction between these findings and earlier evidence that recreation professionals did not rate health as one of the major benefits of their services. The authors state "While local recreation and park agencies are sometimes only

beginning to think of themselves as health or wellness organizations, perhaps the public already does" (1993, p. 111). It should be no surprise, if park and recreation personnel do not associate themselves with health services, most academic programs for educating future leisure professions have given little priority to health. (A notable exception to this being Therapeutic Recreation programs, which as previously noted, are beyond the purview of this commentary).

Why has health been largely ignored as an area of study in Leisure Studies?

As discussed by the author in a previous article (Wankel, 1994), through the expansionist years of the 1960's and 70's, recreation/leisure studies, physical education and health programs which at one time had been offered in one academic unit, tended to fragment, and become more specialized and distinct. The development of separate scholarly and professional associations and journals in the various fields led to increasing isolation. Many physical education programs pursued a more scientific bent evolving into units focused on sport science, kinesiology, or human kinetics and more recently, exercise science, as health became of increasing interest. Recreation moved more towards an arts perspective, utilizing a humanities and social sciences orientation to studying the phenomenon of leisure. In such separation of physical activity studies and leisure, health, if given much attention at all, received it through physical education. More recently as health became a focus of study beyond the traditional approaches of medicine, nursing, and rehabilitation programs (e.g., rehabilitation medicine, occupational therapy, physical therapy) health studies or health promotion programs have emerged. In some cases these units are aligned with the more traditional medical health faculties while in others they are separate units within a HPER grouping. The type of administrative structure and the mission or mandate for a particular unit will shape the particular program. With respect to the topic at hand, the relationship of leisure and health, the administrative structure and accompanying mandate of each unit will have major impact on the curriculum.

To the extent that the study of health is viewed as a science and is mandated to a health science faculty and leisure is viewed as falling within the purview of a faculty of arts, there will be little real emphasis on the interrelationship of leisure and health. While some aspects of the whole leisure studies domain may flourish under such a structure, the interrelationship of leisure, health and well-being will not. Similarly, where physical education programs have adopted a narrow exercise science perspective and moved closer to the health sciences away from a broader sport studies perspective, they will become further removed from shared interests with recreation/leisure studies programs. While isolated courses with a leisure perspective may survive within a kinesiology or exercise science program, the area as field of study will be increasingly marginalized. Again, while some aspects of the study of human movement will flourish under such a narrower, focused approach, this will come at the expense of a more integrated understanding of the essential interrelationship of leisure, physical activity and health.

The impact of administrative structures on programs of study

Figure 1 may be used to illustrate how administrative arrangements can impact academic programs pertaining to the three areas of leisure studies, health studies and physical activity studies. In the example discussed above, the areas of study represented by areas 1, 3 and 5 would have been separated off into a science orientation whereas area 2 would have fallen within an arts or social science unit (e.g., University of Ottawa). Typically in this approach interdisciplinary aspects represented by areas 4, 6 and 7 receive little emphasis.

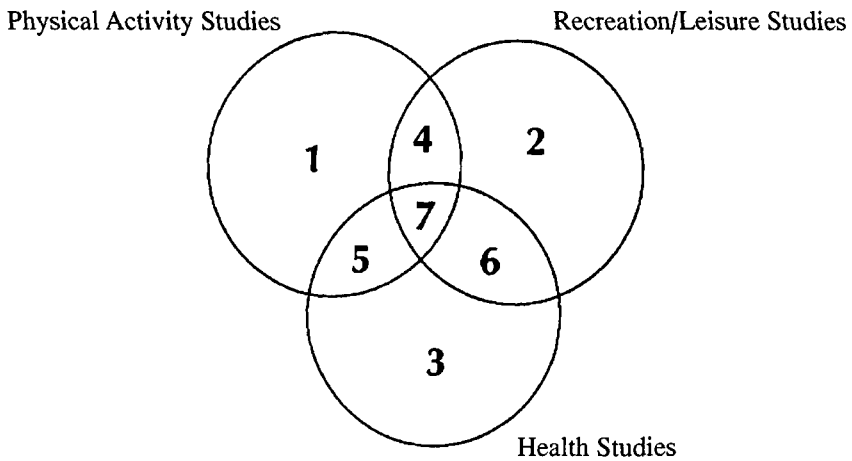


Figure 1. The relationship of Recreation/Leisure studies, Health Studies and Physical Activity Studies

Another approach may view physical activity studies, leisure studies and health studies as falling within the same larger administrative unit but each representing legitimate areas of study unto themselves, having separate administrative units and being presented as totally distinct programs, as they are at a number of universities (e.g., University of Waterloo; University of North Carolina at Greensboro; University of Georgia). In this approach, emphasis is on the core and uniqueness of each field of study (e.g., sectors 1, 2, and 3). There is little emphasis on sharing resources and learning experiences between the separate units.

On the other hand, the development of separate administrative units and separate research journals, distinct from the exercise/sport domination, has greatly facilitated the development of recreation/leisure studies and health studies. The separation of the three areas, however, has not resulted in the fostering of inter-disciplinary and multidisciplinary approaches, represented in the diagram by the intersecting sectors 4,5,6 and 7.

Perhaps the most prevalent approach within North American universities is to house the three areas within the same administrative structure. Typically, however, there is an imbalance in resources and program emphases between the three areas. Generally there is a heavy emphasis upon sectors 1, 4, and 5. This reflects the historical evolution of the three fields. Physical Education emerged as a distinct field of study, generally out of Faculties of Education, prior to any strong emphasis on recreation/leisure studies and health education/ health studies. (Note: the whole area of health studies from a medical perspective has a quite distinct history and also has quite a distinct focus so is not considered in this brief discussion. Similarly, those recreation programs which evolved from a resource base out of Geography or Forestry programs, typically have a quite different emphasis and are not directly comparable to those which evolved out of an Education base. In most cases they place little emphasis on health). Whereas, separate physical education/sport science university programs were established in the 1960's and enjoyed the "boom days" of the 60's and 70's in terms of establishing a critical mass of resources (physical and human); separate recreation and leisure studies programs and health studies programs were not generally established until the 70's and did not really experience the "growth years" of universities. Hence, they have never attained the same level of development, either in terms of numbers or size and strength of departments. North American HPER units that did not evolve into separate departments have generally followed a philosophy represented by areas 1,4, and 5 in the diagram. They have allocated the majority of their resources to a PE orientation with only minor attention to leisure and health aspects. Any initiatives in the later areas have generally been initiated by individuals with a PE background and perspective. Such a model has not served leisure studies well, as it has kept it in a subservient position and did not further its evolution as a distinct field of knowledge. While it did bring about a limited integrated perspective of physical activity, health and leisure, it did so from a very biased perspective.

It is my perspective that in preparing professionals for careers in the lifestyle, leisure, health and well-being (health promotion; active living) area that a balanced attention to the three major sectors is important. In terms of the diagram, the core elements in each area (1,2, and 3) add strength to the interdisciplinary perspective in focusing on area 7 which constitutes the uniqueness of the field comprising HPER. By having strong core elements in each of the three areas the interdisciplinary research taking place in sectors 7, 4, 5 and 6 will be strengthened. The three sectors can be divided, as they have been at a number of universities. Ignoring the interrelationship of the three, and viewing the three as more or less separate entities, however, I believe places each and the total at risk of being absorbed into competing administrative and/or disciplinary groupings. Depending on one's perspective, of course, this might not be a bad thing! There are undoubtedly many people who see the future of exercise science aligned with that of the general medical sciences and those who see the future of recreation/leisure studies to best lie within the general social sciences (e.g., Arts), forestry or business administration. In terms of the needs of contemporary society pertaining to population health and well-being; however, I believe it is critical that strong programs be developed integrating the study of health, physical activity and leisure.

While a traditional administrative unit housing physical activity studies, recreation/leisure studies and health studies may appear to be the preferred structure for facilitating the types of program linkages that I am advocating, this may not be the most viable approach given recent trends. There is no question that the current Zeitgeist at North American universities is toward consolidating smaller administrative units into larger units. Unfortunately, such larger units frequently result in the separation of the HPER elements. Perhaps a better approach, rather than thinking in terms of traditional hierarchical administrative structures, which inevitably result in program voids and overlaps and pose difficulties in collaborative planning, is to adopt the more flexible working group concept becoming increasingly popular in work environments. Here an emphasis is placed upon flat structures and networking of individuals to form working groups which are flexible and adaptable to current needs. The multiplicity of resources and diverse information resources dictate that program structures must become more fluid to adapt more quickly to changing conditions and needs. Regardless of particular administrative structures and their attendant constraints, much can be done to strengthen the preparation of leisure professionals in the health and well-being domain.

Information/courses pertinent to health and well-being

While there will be substantial differences in the specific opportunities available, most universities currently offer a rich assortment of courses in the three areas, leisure, health and physical activity. In most cases the courses are offered in different units and numerous barriers restrict the access of students to all the pertinent resources. The situation at the University of Alberta will be discussed as an example of some of the current opportunities and limitations and to offer suggestions for more adequately providing the type of integrated program advocated.

At the University of Alberta, a student in Recreation and Leisure Studies wishing to acquire a background in leisure and health might select the five courses in health education offered within the BPE program (i.e., HE ED 110, Personal health and wellness; HE ED 220, Biological basis of health; HE ED 311, Assessment of fitness and health; HE ED 320, Social dimensions of health promotion; and HE ED 321, Individual dimensions of health promotion). Within the physical education courses the student would benefit from a selection of courses in growth and development, skill acquisition, and a variety of activity courses. Within the recreation and leisure studies program, the only current courses with much health emphases are a required second year leisure education course, an optional course in sport and the community which focuses upon the health consequences of physical activity and sport and on issues pertaining to fostering healthy life-long involvement in sport and activity, and a senior issues in recreation course in which the benefits of leisure and health and well-being might constitute one topic. Although a number of courses are currently available which would provide a reasonable background in physical activity, health and leisure, in actuality, few students obtain such a program. Because of limited options, and a difficulty in scheduling specific option courses from other programs, few students in the recreation and leisure studies program take many courses in either physical education or health education. None of the three

patterns of study (community leisure, recreation and tourism; recreation/leisure environments and heritage resources; recreation/leisure for special populations) place an emphasis upon health. Although physical education and sport studies students within the active living, health and well-being route obtain courses in both physical education and health, they rarely have any substantial exposure to leisure studies. At present the required and recommended optional courses in the route to a large extent preclude any emphasis on leisure.

In order that all recreation and leisure students acquire an appreciation of the interrelationship of leisure and health, I would recommend that health should constitute an important theme in several courses. A course on the benefits of leisure would provide an opportunity to address health benefits in an integrated fashion with other types of personal, social, economic and environmental benefits. Given Driver et al.'s (1991) emphasis on the importance of research in a benefits-based approach to recreation management, such a course might provide an emphasis upon quantitative studies investigating the contributions of leisure to health exemplified by the work of Iso-Ahola and colleagues (Coleman, 1993; Coleman & Iso-Ahola, 1993; Iso-Ahola, in press; Iso-Ahola & Park, 1996) as well as more qualitative approaches which may be particularly appropriate for investigating leisure experiences and mental health outcomes (Karlis & Dawson, 1994; Wankel, 1997). Courses on the philosophy and social psychology of leisure might address how developmental and expressive aspects of leisure might relate to health. The common emphasis upon Csikszentmihalyi's (1975, 1990) flow model for understanding enjoyable leisure experiences should be enriched with later research relating flow to optimal development and well-being (Csikszentmihalyi, 1993, Csikszentmihalyi & Csikszentmihalyi, 1988). Courses in community organization processes and community development for leisure/recreation might include sections pertaining to the fostering of healthy/ active living communities. Such courses might bridge programs/activities and environmental issues through emphasizing recreation's role in fostering healthy active living practices within sustainable communities (Hunter, 1994). Beyond such an introductory awareness to the linkages of health and leisure for all students, I would recommend that all leisure studies students should be introduced to contemporary perspectives of health and health promotion through an introductory level health course (e.g., HED 110).

Those recreation and leisure studies students wishing to acquire further specialization in the health and well-being area would do so through enrollment in health and physical activity courses previously identified. A key to building such a program is the retention of considerable flexibility in curricula to enable taking complementary courses in health, physical activity and fitness. Program cooperation and collaboration is essential to enable ready access. A key to success in building such collaborative programs is a commitment to openness and sharing of resources, not a restrictive, protection of courses for "one's own students". There must be a commitment to a return to the real meaning of a "uni-versity", rather than the collections of separate units that too often has become the case. Stigmas and stereotypes which have impeded inter-disciplinary and inter-departmental studies must be overcome. In essence, academic programs must begin

to more effectively implement the collaborative, community development approaches they advocate in developing active living communities. There must be a commitment to truly entering into the information age and making information available to whoever wants it.

While I have been advocating a stronger alliance of leisure studies with physical activity, health and well-being, it should also be cautioned that there is some danger in attempting to align leisure studies too closely with health, especially if health is viewed in a narrow scientific approach. There is a danger of being “swallowed up” and losing some of the autonomy to emphasize other essential aspects of leisure studies. Too close an alliance with an exercise science perspective of physical activity for the purpose of health outcomes may undermine some of the inherent attraction of leisure activities. It is worth recalling Freud’s word of caution to his colleagues at a conference when he began an address by lighting a cigar and saying, “This cigar may be a phallus, gentlemen, but let us also remember it is also a cigar” (Slovenko & Knight, 1967; p. xxx). Similarly, when we discuss organizational and promotional issues concerning sport, physical activity and other leisure activities, we should always remember that while they may be health behaviours they are at the same time leisure activities. The enjoyment and attraction of leisure is a key element in sustaining active involvement and in mediating health outcomes (Wankel, 1993).

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