

***Inclusion of People with Disabilities in Leisure Services*, by John Datillo, Sagamore-Venture Publishing LLC, 2022, 247 pp., CAN\$92.24/US\$70.00, ISBN 978-1-952815-58-4**

Every person has such a meaning that
he/she can not be replaced in the place
he/she occupied in the universe of persons.
– Emmanuel Mounier (transl. 1949)

This textbook explores the complexities involved in including persons¹ with physical and mental disabilities in leisure services. The issue of regarding people with disabilities with greater humanity is acknowledged by Datillo, who strives to convince readers of the validity of accepting people who are living with disabilities. They are full members of humanity and must accordingly be viewed as human beings, as it should be. The author proposes a suitable model emphasizing the relevance of applying ethical standards, achieving leisure goals, exceeding the requirements of the American Disabilities Act (ADA), focusing on inclusion, addressing each person's unique challenges, using inclusive language, and accessing assistive technology, since inclusivity results in the persons being happy and flourishing, feeling safe, and being welcomed, respected, and valued in their home, community, country, and around the world.

The content of this well-written work is divided mostly into four sections:
Acknowledgments and Reading Recommendations; About the Author; Section A – Inclusion of People with Disabilities in Leisure Services (Chapter 1: Ethical Assumptions for Inclusive Leisure with Francisco Javier Lopez Frias; Chapter 2: Achieve the Goal of Leisure for People with Disabilities; Chapter 3: Facilitate Inclusion of People with Disabilities; Chapter 4: Use Inclusive Language for People with Disabilities); Section B – Include People by Exceeding the Americans with Disabilities Act (Chapter 5: Overview of the Americans with Disabilities Act; Chapter 6: Plan to Exceed the Americans with Disabilities Act; Chapter 7: Exceed the Americans with Disabilities Act); Section C – Include People with Stable Physical Challenges (Chapter 9: Include People with Progressive Physical Challenges; Chapter 10: Include People with

Developmental Challenges; Chapter 11: Include People with Neurological Challenges; Chapter 12: Include People with Mental Health Challenges; Chapter 13: Include People with Auditory Challenges; Chapter 14: Include People with Visual Challenges); Section D – Include People by Providing Assistive Technology (Chapter 15: Include People by Improving Function; Chapter 16: Include People By Expanding Experiences; Chapter 17: Include People by Supporting Participation). Each chapter is broken down into sections: profile of a person, introduction, corpus of the text, final thoughts, discussion questions, and references. The textbook is also peppered with pictures and instructive figures.

Chapter 1 starts the discussion about the ethical assumptions underlying inclusive leisure, which is examined from a somewhat moralistic, restrictive, and limited point of view. Datillo leans heavily on Karl-Otto Appel and Hans Jonas with regard to the consideration of these ethical assumptions. It must be underscored that these are not the only researchers who make careful arguments, in accordance with what is right or wrong, in order to be morally accepted within the social world and in the communities. In other respects, the topic of happiness is not fully defined, well articulated, or diligently attributed to theologians and famous philosophers from history. Datillo's point of view is one of the finitude level of happiness, which literally means to be happy in life. However, happiness is more than that and the question to operate at the metaphysical level of the postsecular era should be clarified and well explained for the better. One solution is to adopt an attitude of abnegation as much as humanly sustainable. Being humble; caring for people who are marginalized in our society; being thankful for those who provide financial, moral and technical assistance, and mutual compassion between persons are the actions needed. The author claims humility by writing that no one is better than any other person. To be humble means that "we recognize humans make mistakes. Therefore, we are open to the possibility we may be wrong or not aware of the entirety of an issue, so we listen to others and genuinely consider their

perspective” (Datillo, 2022, p. 14). As such, most of the pseudoscientific and intellectual persons should not be wise in their own eyes, nor boast of their cleverness. The genuine existence and inner presence of the supernatural order is beyond human wisdom and understanding. Thus, the element of the unknown, the inexplicable, as well as the celestial realities in the visible and invisible universe is perceived above all as a mystery without end. Datillo’s sensibility expresses this: ‘we recognize our individual perspective of issues is limited. The more we realize the narrowness of our perspective, the more we understand the need to broaden our perspective and, subsequently feel humility’ (Datillo, 2022, p. 17). The author’s discourse reflects the dignity of persons with physical and mental disabilities from the perspective of social justice and the enforcement of the common good. Consequently, the statement that ‘...[p]athway approaches are about change toward inclusion as a journey’ (Lord & Hutchison, 2007, p. 8) is more than pertinent. Stated differently, the ‘pathway’ is a powerful archetype for living peacefully in everyday life. Afterward, fostering empowerment and social innovation for persons with physical or mental disabilities are a certainty, and comply with these spiritual expressions: ‘learn as you go’; ‘we create our path by walking it’; ‘together is better’; and ‘walk the talk’.

With the impact of COVID-19, life meaning and self-knowledge have become spiritual quests for many persons with physical and mental disabilities, with a view to living realistically in hostile surroundings (Demers, 2012; Frankl, 2009; Morin, 2005). Thus, life meaning is how to take the time to live our spiritual path and to recognize that we are not the only ones to suffer despite evilness around us. As a matter of fact, it is any further ‘knowing which is less a “knowledge” than a capacity or a being, sometimes also a happiness. [...] the capacity to feel life, to find a certain flavor in life and to find one’s way in existence” (transl. Grondin, 2001, p. 9, 14). With the tendency of religions and spiritualities to diversify in the postsecular era, leisure services providers face inconveniences in justifying and reacting with professionalism to spiritual

concerns, postulating that leisure activities are more a pragmatic reality to manage to achieve improvement. This situation correctly responds to the profound human identity, which is a social variable to be assessed epistemologically by sociologists. From the point of view of this assessment, this is why 'recreation professionals need to be aware of different spiritual perspectives in their area of leisure services and, where appropriate, adapt their programs to the traditions of participants' (Heintzman, 2016, p. 228). This aspect of leisure services is unavoidable.

In Chapter 2, Datillo explains the experience of leisure without expressly defining what leisure is all about. The problems, in terms of an operational definition of leisure in light of the disability concept within inclusive leisure services, are mainly the lack of epistemological understanding and the personal prejudices of healthy intellectual persons who are determined to believe, by all means possible, in being incorruptible in all circumstances, which is humanly impossible. The limitations of scientific knowledge and erudition should be taken into consideration. This awareness leads to the statement that '[l]eisure service organizations can never determine "need" for leisure in a completely scientific or objective way' (Godbey, 1990, p. 263). There is another point of view to be mindful of, namely, the difficulty to manage free time for a large part of the population in North America. Regarding this social variable, the author mentions that '[d]espite varied benefits of leisure participation, many people with disabilities do not have opportunities to use their free time in a satisfying manner' (Datillo, 2022, p. 24). Leisure counsellors are urgently required to deliver inclusive leisure services for persons with one or more disabilities. As a result of this shortage, the community as well as neighbours, relatives, and volunteers are being called upon to offer their energy and capacity to conduct leisure activities. These contributors to leisure services should limit their judgment of and cease psychologizing about disability, at least regarding what is needed: 'Community counselling is a powerful and viable process that respect

the dignity of the individual, identifies the roots of the problem, and fosters social integration and rewarding participation in leisure activities' [*Translation*] (Hutchinson & Lord, 1979, p. 91).

Leisure service providers, be they professional or friends, must be sensitized of this new reality, in conjunction with brainstorming sessions and a problem-solving process, which highly improves the quality of leisure for persons with physical and mental disabilities.

Chapter 4, on the use of inclusive language, is surely the most important medical technique in this textbook to prevent instability and for people with disabilities to be functional. Words obviously mould the 'personal bubble' of persons with physical and mental disabilities and sometimes cause bodily pain and psychological harm. Words like 'moron, dummy, retard, spaz, maniac, and crazy are no longer acceptable because of their strong negative overtones. Instead, we communicate respect by using phrases such as people with developmental disabilities, people with intellectual disabilities, and people with psychological disorders' (Dattilo, 2022, p. 64). In a society fragmented by so much violence of all kinds, as reported by electronic, digital, and virtual mass media devices (Godbey, 1997; Kelly & Freysinger, 2000; Levy, 1995) the following question arises: Is it possible to humanely achieve the *telos* of practising inclusive language? To prevent all misunderstandings, the minimization of a false consciousness state is vital to recognizing that persons with physical and mental disabilities have free will to think and meditate, to believe and pray, to choose, to listen and talk, to move, and to love. It is thereby reasonable to move forward and to resolutely become an authentic person, in line with one's personal temperament: '[t]o demonstrate respect when we educate others about using inclusive words, we avoid being condescending and using a negative tone in our speech. It is best if we remain positive and understanding' (Dattilo, 2022, p. 69). Overall, the healthy persons and those with disabilities realize their destiny of a successful life even if they are

conditioned to behave and to judge at first glance. It is imperative to go beyond appearance and observe the mysterious and spiritual rules of the universe.

Chapters 5, 6, and 7 review the Americans Disabilities Act (ADA), which inexorably shapes a spiritual movement and indirectly influences to some extent Canadian policies and regulations. It has substantially modified how parks, recreation, tourism, and leisure providers deliver their services and develop natural places throughout North America. This is a global and neutral 'civil rights law intended to eliminate discrimination against people with disabilities. It guarantees equal opportunities, full community participation, enhanced independent living, heightened self-sufficiency, and access to every critical area of American life' (Datillo, 2022, p. 76). The ADA administers changes in the way of thinking by cynical individuals who do not pay attention to, or make fun of, persons with physical and mental disabilities who find ways, despite their limitations, to build up defence mechanisms and coping strategies. They must, in other words, adapt their behaviours in the face of adversity so they can maintain a decent quality of leisure. As time goes by, most persons, in searching their soul, spirit, and heart, become more conscious that anyone can be affected by a disability in their mortal body. The ADA has been a thorough and inevitable source of social change since it was signed into law on July 26, 1990, by former President George H. W. Bush Sr. (1989–1993), and then was amended and signed on September 25, 2008, by former President George W. Bush Jr. (2001–2009). In the long run, leisure services providers and other leaders in North America made many decisions relating to disability affairs, as it is difficult to totally meet the needs of people with disabilities in culturally divided societies. Decision-makers impacted by the ADA should be attentive to the fact that 'creating a culture of inclusion means *expecting* that people with disabilities will be active participants in all services that organizations have to offer *and* their inclusion is the norm in service delivery' (Devine, 2016, p. 176). Persons with physical and mental disabilities learn in

their everyday life how to deploy the fundamental philosophy underlying the ADA civil rights law. They intimately feel when they are fully accepted as a person at work and in all spheres of society: '[h]iring people with disabilities provides all people with disabilities with a meaningful connection to leisure services. Employing people with disabilities who are visible to participants sends a message that people with disabilities are welcome' (Datillo, 2022, p. 95). Leisure services providers should quickly establish this socially progressive change, for the benefit of all struggling with the survival and limitations in their lives.

The challenges to include persons with physical and mental disabilities are addressed in Chapter 8 (stable physical challenges, including spinal bifida, myelomeningocele, hydrocephalus, spinal cord injuries, paraplegia and quadriplegia, congenital absences or amputations, etc.); in Chapter 9 (progressive physical challenges, including multiple sclerosis, arthritis, osteoarthritis, rheumatoid arthritis, muscular dystrophy, etc.); in Chapter 10 (developmental challenges, including intellectual disabilities, autism spectrum disorder, Asperger's syndrome, cerebral palsy, anoxia, spasticity, hypertonia, athetosis, ataxia, monoplegia, hemiplegia, triplegia, etc.); in Chapter 11 (neurological challenges, including epilepsy, grand mal seizures, traumatic brain injuries, brain-related disabilities, Jacksonian seizures, amnesia, stroke or cardiovascular accident, hypertension, ischemic stroke, cerebral thrombosis, cerebral embolism, hemorrhagic stroke, transient ischemic attacks, hemiplegia, hemianopsia, aphasia, receptive and expressive aphasia, hyperactivity disorder, etc.); in Chapter 12 (mental health challenges, including clinical depression, insomnia, bipolar disorder, schizophrenia, anxiety disorder, phobias, agoraphobia, claustrophobia, social anxiety disorder, obsessive-compulsive disorder, obsessions, compulsions, posttraumatic stress, seasonal affective disorder, etc.); in Chapter 13 (auditory challenges, including hearing impairments or hearing loss, deafness and total congenital deafness, prelingual and postlingual deafness, mild and moderate hearing loss, significant bilateral loss, conductive hearing loss,

otosclerosis, sensorineural hearing loss, tinnitus, central hearing loss, deafness, etc.); in Chapter 14 (visual challenges, including retinopathy, diabetic retinopathy, glaucoma, cataracts, visual impairments, blindness, low vision, etc.). The section on mental health challenges, and specifically on schizophrenia, is relevant when the persons are going to “sojourn in the realm of the shadows” [*Translation*] (Robi & Leclerc, 1990, p. 120). It calls to mind famous persons who overcame a disability and became role models and leaders. They were ‘[a]nimated by this hope that deeply wounded persons, despite an abominable story, which almost killed them, can get through it’ (transl. Corin et al. 1962, p. 81). The first is Lady Alys Robi (1923–2011), a popular international singer in the 1930s and 1940s. She dealt with melancholy, lethargy and exhaustion, alcoholism, and multiple nervous breakdowns, and she suffered from tormenting depression accompanied by uncontrollable temper tantrums, as well as frequent hallucinations/visions and nightmares. She was hospitalized for nearly five years at St-Michel d’Archange Hospital (1948–1953) and was given heavy medication, underwent the cruel electroshock treatment, and received a lobotomy when it was still an experimental surgery. Another case is Marie Balter, M.Ed. (1930–1999). She was misdiagnosed with schizophrenia and spent 20 years (1948–1968) at Danver State Hospital in New York. After her struggles, she returned there as a full-time administrator. These women developed a personal and tremendous spirituality by proving that it is realistic to favourably recover from mental health distress based on positive mood. With that point of view, ‘[w]hether it is the instinct to exist, the attraction exerted by being or the forces over which I direct my reflection. [It is] the fact of sensing, thanks to this force, eternity throughout life’ (transl. Jasper, 1962, p. 211). Obstacles are often controlled through spirituality, which is a soft treatment for those suffering from such mental health problems. This spiritual approach offers hope, support, and possibilities, and it expands the ways to recover: ‘[t]he very fact that the spiritual dimension is beyond us—while within us—makes an essential part of the process of

health and sickness beyond our understanding' (Balter & Karts, 1992, p. xviii). The spiritual dimension offers an opportunity to fulfill feelings of empathy and solicitude by communicating shared values with the patient with such a disorder. This approach makes it possible to discover meaningful pathways viewed as spiritual well-being and a leisure state of mind. Then, persons with mental health problems are seen to face an invisible disability, which signifies that they are 'more likely to experience discrimination and have other people question the legitimacy of their disability' (Dattilo, 2022, p. 241). There is an optimistic psychiatric and medication norm to integrate them rightfully within the social world and in the communities. Moreover, the symptoms of persons with disabilities who are experiencing mental health challenges are reduced by leisure activities, by making connections between leisure participants who carry the weight of a specific illness, within personal and socially committed, friendly lifestyle activities. The ability of leisure services providers to convey compassion—meaning to 'suffer with'—is crucial. Thus, dialogue between mentally disabled persons, therapists, and leisure services providers might be a powerful way to project these persons as positive images, within appropriate positive thinking. After all, practice comes first and foremost, before any theory.

Leisure is pluralistic, and a state of becoming, inescapable, for practitioners within the social world and in the communities characterized by the increasing presence of persons with physical and mental disabilities and older adults: '[o]ne central dimension of leisure is its openness to diversity, to a variety of styles and levels of involvement, and to rhythms of engagement and disengagement' (Kelly, 2012, p. 450). In that context, as asserted in chapters 15, 16, and 17, vis-à-vis assistive technology, persons with physical and mental disabilities exist in a technological environment that has improved their physiological and psychological functioning. Dattilo describes this reality, which is not new. He comments that technologies take on importance now, with the emergence of electronic, digital, and information networks, in virtual

and cybernetic cultural societies. As early as 2000, Kraus had already anticipated ‘the kinds of innovative uses of leisure that may be influenced by new technology in the “information society”, as well as the uses of electronic forms of communication and data-processing’ (Kraus, 2000, p. 376). Therefore, leisure services providers can efficiently run and monitor their leisure facilities in line with the many requests from physically and mentally disabled persons who need moral support and cooperative assistance.

One evident weakness of this textbook is that Dattilo does not take into account the later-life activities of older adults. Surprisingly, he does not elaborate on Alzheimer’s disease or related dementias, or even Parkinson’s and other diseases. Given that many older adults have two or three chronic diseases, it would have been interesting to explain their physical and mental challenges. It would be also worthwhile to understand most of the restrictions faced in the third and fourth age periods. Persons with physical and mental disabilities want to be active and functional as much as they can in later life. In addition, biological age is not the main factor defining older adults with disabilities. Ricoeur (1985/2012) affirms that resistance to oblivion supposes everyday wisdom that agelessness always remains. This way of living depends particularly on how they participate in all kinds of activities, by deploying their inner resources in the face of constraints. Activity ‘is central to the quality of later life. It is central to the lives of older persons who continue to make their way along the journey of life seeking to find satisfaction and create meaning’ (Kelly, 1993, p. 265). Leisure services counsellors and therapists in health institutions prioritize various therapeutic leisure activities, in organizing, for example, card games, chess, other games, television watching, musical experiences, or sitting meditations.

To conclude, this textbook is accurately aimed at readers who are informed about providing leisure services to persons with physical and mental disabilities. Dattilo confirms to a

certain extent that people with disabilities are resilient in the face of their precarious conditions. They are capable of accomplishing many tasks and of overcoming life's difficulties as they come to know how to react with their disabilities for a better lifestyles harmony in their fragile health. To do so, they may benefit from leisure counselling to select practices and manage their time, which should improve their quality of leisure. Therefore, leisure services providers are expected to adjust their professional praxis, considering that inclusive leisure services for people with disabilities may also aid and serve other citizens within the social world in the communities.

Note

¹ The word 'person' is employed in this essay review. It is a conception belonging to the personalist movement developed by Emmanuel Mounier.

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Notes on contributor

Gervais Deschênes is Born in Dolbeau-Mistassini near Saint-Stanislas village, where he grew up in Saguenay-Lac-Saint-Jean in Quebec (Canada), Gervais Deschênes has a doctorate in practical theology from *University de Montréal* (U de M) in collaboration with the *Université du Québec à Chicoutimi* (UQAC), and a masters degreee in leisure sciences from *Uniiversité du Québec à Trois-Rivières* (UQTR).

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