To the Graduate Council:

I am submitting herewith a thesis written by Lara L. Campen entitled "The Effects of an Outdoor Camp Experience on the Self-Concept of Selected Disabled Participants." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Recreation.

Dr. Gene A. Hayes, Major Professor

We have read this thesis and
we recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor and
Dean of the Graduate School

# THE EFFECTS OF AN OUTDOOR CAMP EXPERIENCE ON THE SELF-CONCEPT OF SELECTED DISABLED PARTICIPANTS

A Thesis

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Degree

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Lara Campen

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## ABSTRACT

This study studied the effect of an outdoor camping experience on the self-concept of selected disabled participants who are from Knoxville, and the surrounding area. The Fisher Self-Concept Test developed at the Pennsylvania State University in 1977 was the instrument used in this study. A pre-test was given to the participants prior to camp and the post-test was given to them again within the week after camp had concluded.

There were 25 participants between the ages of 7 and 21 who have two or more mental and/or physical disabilities. The participants attended Camp Koinonia from April 17- 23, 1995. The subjects were in one of ten cabin groups and attended a variety of planned recreational activities throughout the day, including special events in the evening. They subjects also went on an overnight camping experience in the wilderness in which they hike away from the main campground and hike back the next morning. The camp lasted an entire week.

A nonindependent t-test with an alpha level set at $p \leq .05$ was used to analyze the scores and determine if the there was a significant difference in scores of the disabled participants following a one week camp experience and the scores of the disabled participants prior to the camp experience.

Based on the analysis and data, it was concluded that there was a significant difference in the scores of the post-test scores and the pre-test scores of the disabled participants.

## TABLE OF CONTENTS

# CHAPTER I

## INTRODUCTION

Serious physical and mental disabilities affect an estimated 35 to 40 million Americans and their families today, preventing them from taking part more fully in varied aspects of life, ranging from education and employment to marital and family involvement and recreation participation (Kraus & Shank, 1992). The limitations experienced by many disabled persons are often not the direct result of the disabilities themselves, but rather stem from society's unwillingness to make opportunities available to special populations and from their own lack of a positive self-concept and confidence in meeting societal challenges.

Over the past decades, there has been a revolution in terms of how individuals with physical and mental disabilities are regarded in society, and the quality of life experiences that are being open to them. Increasingly, federal, state and local laws have recognized the special needs of persons who are disabled and have provided a strong base for their development and support in today's world.

In November 1975, Congress enacted Public Law 94-142, the Education for All Handicapped Children Act, which resulted in dramatically increased services to disabled persons, including physical and occupational therapy and recreation, which were identified as important "related services." Beginning in 1978, Congress authorized the allocation of funds for special recreation demonstration projects, one year seed grants to public agencies to initiate social and recreational programs for

disabled adults. As part of the Rehabilitation Act of 1973 (P.L. 93-112), this initiative reflected an expanded view of rehabilitation from a narrow emphasis on vocational training to fullest possible participation areas of life.

As recently as 1990, Congress passed the historic American with Disabilities Act, a broad statement giving disabled persons the same civil rights and protection against discrimination that other minorities received in the 1960's and 1970's (Kraus & Shank, 1992). The Supreme Court has ruled that disabled children and adults must be served in educational, camping and related programs, and given access to community recreation facilities.

A number of major federal agencies, chiefly within the former Department of Health, Education and Welfare, initiated programs to provide enriched vocational, educational and recreational opportunities for children, youth and adults with disabilities of all types–mentally retarded, physically disabled, mentally ill, aged and others.

The field of therapeutic recreation has contributed greatly to this trend. Special populations of all sorts are now being involved in recreation programs where none existed in the past. Considered chiefly as a form of diversion years ago, recreation is increasingly recognized as a valuable aspect of quality of life.

The importance of these outdoor education and recreation experiences for the disabled has been receiving increased attention by physical educators, special educators and therapeutic specialists (Brannan, 1979). Recreation agencies are becoming a focal point for providing meaningful and satisfying experiences for the

disabled. For example, claims of vast improvements in the physical, emotional and social dimensions of disabled individuals through the use of outdoor recreational settings have increasingly become documented (Rosenfeld, 1979; Simpson & Meaney, 1979; Thacker, 1979).

Numerous writers (e.g. Haun & Ross, 1977; Kennedy, Austin, & Smith, 1986; Pomeroy, 1961; Stein, 1986; Stein & Sessoms, 1977; Stensrud, 1978; Witt, 1977, 1980) have advocated that individuals with disabilities should have the same rights as others in recreation. Yet many Americans with physical and mental disabilities have been denied that right. The majority of the problems of persons with disabilities stem not from the individual themselves but from society (Austin, 1987).

In fact, studies make it abundantly clear that disabled populations are undeserved. Surveys done in Texas (Hayes & Smith; 1973), Iowa (Edginton, Compton, Richie & Vederman, 1975), Indiana (Austin, Peterson, & Peccarelli, 1978), Oregon (Williams, 1979), and Minnesota (Schleien & Werder, 1985) indicate a lack of service to all disabled populations.

Many agencies providing special recreation for disabled populations lacked programs and services for persons with physical disabilities. For example, the percent of agencies in Minnesota and Indiana which served physically disabled persons were 38% and 39% respectively (Austin, 1987). Nesbitt (1970) has stated that not only do relatively small numbers of local park and recreation agencies serve children with disabilities, but only a small proportion of the total number of children needing services are actually being served in communities claiming to

have programs. One study on residential camping suggest that campers with disabilities are also undeserved. Buchan (1975), in a study of camps in California, discovered that 52% of the camps surveyed did not serve campers with disabilities. Research suggests that the development of positive attitudes is critical to the success of special recreation services.

While one may think of accessibility as the single , paramount obstacle to recreation participation by persons with disabilities, research suggests this is not the case. Wilkerson (1984) found that the instilling of a positive attitude towards the integration of disabled and non-disabled children on a playground was a more critical barrier to overcome than was the provision of an accessible playground. West (1982, 1984) suggested that while physical accessibility is an important consideration, the attitudes of park and recreation agency staff and community stigma toward persons with disabilities loom as overriding barriers to recreation participation.

Mainstreaming disabled persons is a highly desirable goal. However, it is essential that disabled persons be seen realistically, and that the difficulties involved in integrating them in programs serving the general public not be minimized (Kraus & Shank, 1992). Disabled individuals are exactly the same as other people with the same hopes, fears, needs and capabilities. Decker (1987) writes:

> The issue is that disabled persons need to become a full participant in community life. Disabled persons may live in a deinstitutionalized community facility, attend work or school, and still have minimal contact

> with nonhandicapped persons. Recreation activities in community settings do not assure integration; they simply lay the foundation for a sense of belonging- the day to both integration and community.

Children having a physical or emotional disability or severe delay in development may be constrained in their interactions with the physical and social environment. They therefore may have fewer opportunities to learn to differentiate their abilities or facets of self (Peters and Raupp, 1980). Perceived by others as different because of their physical appearance and behavior, many disabled individuals are often excluded from peer groups and find it difficult to establish meaningful relationships. The disabled person is frequently unable to comply with the demands or expectations of peers and society (Smith and Neisworth, 1975). These factors make successful social interaction difficult and may result in a proneness towards self-devaluation (Goldstein and Seigle, 1961).

Recently there has been a focus on the relationship between outdoor activities and self-concept development. Comprehensive publication documenting various programs for the disabled have frequently appeared in the literature (Hourcade, 1977; Krieger, 1971; Simpson and Meaney, 1979), and several of these programs have been designed specifically to enhance the self-concept of the mentally disabled participants (Seamen, 1975; Simpson and Meaney, 1979; Vidolovits, 1979). Research suggests that the outdoor offers a setting separate from everyday life in which the disabled may experience success in skills that they had not attempted previously. The importance of these successful experience in the development of a positive self-concept has been well documented (Diller, 1954;

Friendman, 1981; Gelfand, 1962; Read, 1968). Goldstein also states that enjoyable and successful experiences in leisure activity may change the self-concept by increasing self-confidence, fostering attitudes toward life, and increasing motivation (Goldstein, 1976).

## Statement of the Problem

Research has continuously proven that integration in education and school settings has had measurable effects on the self-concept. Relatively little recent information has been done focusing on the effect of integration in outdoor recreation settings in relation to self-concept of the mentally and physically disabled individuals. Without further research in this area, those individuals will be denied the right to the quality of life they deserve. This knowledge would aid special educators, therapeutic recreation specialists and all others who are involved with special populations in determining the most effective means of enhancing the self-concept on which to build that quality of life. This study investigated the influences of various recreation activities in an outdoor setting on the effects of self-concept of individuals with mentally and physically disabilities.

## Hypothesis

The hypothesis which was presented for the following study states there will be a significantly lower score in the self-concepts of disabled individuals

prior to the participation in a one week camp experience and the self-concept scores of the disabled individuals following the one week camp experience.

## Delimitations

This study was limited by the following delimitations:

1. The research was conducted for a one week period only.
2. The subjects included in this research were selected disabled participants between the ages of 7 and 21.
3. The subjects were involved in selected activities and experiences included.
4. The subjects that participated in the study were campers who attended Camp Koinonia the previous year.

## Limitations

This study was effected by the following limitations:

1. The inability to administer the post-test to the subjects immediately following the camp experience.
2. The inability to have a true random selection process made from all the campers attending the one week camp program because of the extreme disabling condition of the children attending the program.
3. The researcher selected the children to be selected for the sample process to participate in the study.

## Definition of Terms

1. Disabled- A defect in makeup or functioning that can be specified and described objectively (O'Morrow & Reynolds, 1990).

2. Integration- To move a disabled individual from a segregated or restricted environment to a nonsegregated or restricted environment with non-disabled individuals (Kraus & Shank, 1992).

3. Outdoor Camp Experience- An organized program that allows one to have a personal encounter in the out-of-doors.

4. Quality of Life- Means of achieving optimal physical and psychological health and strengthening a disabled individual's resources for coping successfully with life's challenges (Kraus & Shank, 1992).

5. Self-Concept- A set of perceptions which a person has about him/herself which directs what a person does, the way he/she feels about self, and the way he/she interacts with others as measured by scales quantifying how a person perceives his/her performance ability, how a person perceives his/her performance ability in relation to peers, and how a person perceives qualities he/she likes and dislikes about him/herself (behavior, intellectual and school status physical appearance and ability, attributes, anxiety, popularity, happiness and satisfaction).

6. Therapeutic Recreation- A process which utilizes recreation for purposive intervention in some physical, emotional, and/or social behavior to bring about a desired change in that behavior and to promote growth and development of the individual (Peterson & Gunn, 1984).

## Summary

It is in the best interest of individuals with physical and/or mental disabilities that professionals and researchers investigate the effects of outdoor camping, incorporated with recreation activities, to understand the benefits it could have on these particular individuals. This information would give the disabled individuals the opportunity to participate in programs that society has

denied them of doing for so long. Integrating these individuals into the communities will allow them to demonstrate their abilities and support them in having the quality of life they deserve as human beings in our world.

# CHAPTER II

# RELATED LITERATURE

It appears that the self-concept of all individuals, disabled or otherwise, may be a very important component of the total being. The following research will be reviewed to better understand all aspects of the involved study:

1. Self-Concept
2. Self-Concept and the Disabled
3. Camping and the Disabled
4. Benefits of Camping for the Disabled
5. The Fisher Self-Concept Test

## Self-Concept

Many researchers view the self-concept as a complex multi-faceted perceptual organization including numerous separate self perceptions (Combs, 1965). Individuals may simultaneously have positive and negative self-perceptions regarding various aspects of their personality and their abilities to function in the world. According to Rogers (1951), there are four primary propositions of personality which provide the foundation for theory relating to the self-concept. (1) The self-concept is a result of a person's interaction with the environment. (2) The self-concept may incorporate the values of others. (3) The self-concept strives for consistency. (4) The self-concept changes as a result of

maturation and learning.

As the individual matures, a portion of his/her experience is differentiated into a conscious perception of self-as-object or self-concept, which one formed influences the perceptions, thoughts and memories of the individual (Rogers, 1959). Jones (1992) implies a number of factors that are involved in the development of the child's concept of his/her own capabilities including the following: athletic skill, personal physical attractiveness, social attractiveness, special aptitudes, intelligence, academic performance, peer acceptance, moral code, and leadership qualities. She also states that these self-concept factors are not of significant importance to the child (birth to two years of age), but are crucial to the self-concepts of elementary school-aged children and adolescents.

A person's perception about him/herself reflect that individual's personality and how that individual interacts with others. A person who has a positive self-concept has an adequate personality (Jones, 1992). Adequate personalities have been described by Jones as those who perceive themselves in essentially positive ways, accept themselves and others, and perceive themselves as closely identified with others. Individuals possessing an adequate personality view themselves realistically, neither over evaluating nor under evaluating the perceived self. They have achieved a considerable degree of self-enhancement and self-maintenance, and perceive themselves as liked, accepted, and worthy (Combs & Snygg, 1959).

The self becomes adequate by being accepted. The more adequate a

person feels, the more acceptant s/he becomes, with increased ability to feel compassion and empathy for others (Jones, 1992). Successful individuals with adequate personalities are generally seen to have positive self-concepts (Combs & Snygg, 1959). The conclusion that successful individuals are likely to see themselves in positive ways has been verified by a number of studies (Purkey, 1970). Achievers are characterized by self-confidence, self-acceptance and positive self-concept.

In one research study a statistically significant positive correlation was found between self-concept and perceived evaluations of significant others, general performance in academic subjects, and achievement in specific areas (Brookover et. al., 1964). Other researchers have reported the more positive the self-concept, the higher the achievement level (Snyder et. al., 1965).

> Self-expectations and the expectations of others exert a powerful influence upon the level of performance achieved. Higher estimates of our own powers lead to higher expectations of success which appear to evoke greater efforts and focus, eventuating in higher levels of performance (Coopersmith, 1959).

Persons possessing a negative self or inadequate personality view themselves in essentially negative ways. Inadequate personalities are unable to achieve need satisfaction, unable to enhance the self, and perceive themselves in constant danger from external events (Combs & Snyggs, 1959). Persons with negative self-concepts lack confidence in their abilities, feel despair because they cannot find a solution for problems, and believe that most attempts will result in failure (LaBenne & Greene, 1969). Inadequate personalities are unable

to cope with life because they feel continuously threatened and in constant danger from external events. Inadequate personalities also do not possess strong feelings of identification with others. The inability of a person to accept themselves is strongly correlated with the inability to accept others. People with little feelings of identification with other people are unlikely to be concerned about what they think of him/her (Combs & Snygg, 1959). They feel unliked, unacceptable, lack of confidence in abilities, and expect failure.

According to Kegan (1982), discovery of self begins at birth. The concept of self is something that children are not born with but have to develop and learn through time. This specific concept is not formed by a single event, it is the result of the mixing of all the forces: physical, environmental and psychological. Which way these forces will go depends upon the individual and the people with whom he/she comes into contact. The early years are of vital importance in setting the direction of these concepts at home, in the school and with peers. These experiences offer a wide variety of situations and values that will help the individuals increase their self-concept as they grow and mature or they will create a negative feeling of self that might follow them throughout life.

Perhaps the most important factor in determining whether or not a child will develop a positive self-concept is the home environment (Gordon, 1977). A young infant is not yet able to reason, but he/she is sensitive to experience of feelings and the world around him/her. For example, feelings of discomfort, hunger, pain and body positioning are periods that may lead the young child to

believe that the world is not very good. On the other hand, if the child is received with warmth, rocked, fed and held with comfort, he/she may believe the world is good. These interactions with the child will depend largely upon the parents and other members of the family that are important to the child.

Education is also a physical force that will affect the self-concept of a child. Gordon (1977) suggests as children move away from strong family influences, new experiences are provided for them that either reinforce or alter their present perceptions of themselves. The child goes to school expecting to find teacher and other peers to view them the same way as the parents and other family members. Attitudes toward the self, particularly those about abilities, are very much related to what happens at school. Attitudes toward others is a part of self, and how the family and school present images of others and society will greatly influence the child's view about him/herself and him/herself in relation to others. Self-concept is a social product which develops gradually. A child's primary need is to find a place for him/herself in society. When a child finds his/her own special place, he/she experiences feelings of acceptance, adequacy, and security (Erickson, 1963).

Linked to the life-cycle approach is an understanding of the influences of self-concept on mental health. Hamacheck (1985), writes: " . . . each person has (a) a self (a sense of personal existence), (b) a self-concept (an idea of personal identity), (c) a certain level of self-esteem (feelings of personal worth), (d) ego (a barometer of psychological and emotional resiliency)." This approach

suggests that the self represents the sum total of an individual's inner world--his or her system of ideas, attitudes, values and commitments. This reason is why goals and/or objectives are commonly associated with strengthening the self-concept of the mental health participants.

Hansen and Maynard (1973) stated:

> Children are not born with self-concepts, but form as a result of experiences they have in social interactions with significant individuals. Much of how a child views himself is determined by observing how others react to his efforts. In effect, the reactions others express can tell a child if he is worthy or unworthy; whether he merits love, affection, and warmth, or distance, ostracism, or coolness. If a child constantly receives negative feedback from his interactions with those he sees as significant people in his life, he can come to believe that, indeed, he is not a very worthy person and may begin to behave accordingly.

Chenery (1981) defined self-concept as "a set of feelings of evaluations one has about oneself" and then claimed that self-concept "is assumed to influence an individual's perception of situations and expectations. These perceptions may influence behavior."

Self-concept involves a status-like perception of self in an interpersonal and social context. Vamamoto (1972) noted that in the formation of self-concept, social interactions are of crucial importance. A concept of self can scarcely be developed without adequate interpersonal relations. A person perceives and defines self as she/he believes others perceive and define her/him. The child's self-concept then is very closely tied with cultural values and growth is associated with the perception and awareness of increasing social stature.

Mead (1934) emphasized the social origins of the self: "The self is

essentially a social structure and it arises in social experience. . . it is impossible to conceive of a self arising outside of social experience." Mead also supported the idea of the two selves, the "I" and the "Me". He proposed that when an individual is young, he/she first develops an awareness of him/herself as an entity separate from his/her environment. Throughout the development of the individual, there becomes an awareness of him/herself as an object of his/her own perception (Mead's "Me") as separate from the perceiver (Mead's "I").

Coopersmith (1967) believes similarly to Mead. He defines an element of self-concept as an abstraction that an individual develops about the attributes, capacities, objects, and activities which he possesses or pursues. Thus, it becomes an abstraction that represents the symbol "me," which becomes the idea of how one perceives oneself. In essence, the person becomes an object to him/herself, open to observation and appraisal about the self. The young child has had little and limited capacity to abstract. The tendency is to form relatively vague and simple abstractions of themselves. As the child matures and gains personal experience in life, the abstraction becomes more precise and complex. This idea of the self is open to change and alteration.

The field is reported to consist of the entire universe as the child experience it. As a result, how children perceive themselves and their perceptual fields, determines their behavior. Coopersmith (1959) sees the self-concept as the individual's personal judgement of his/her own worth. The self-concept according to this definition is developed through experiences which the

child evaluates. Some experiences are rated as meaningful and others are rated as not so meaningful. Through various experiences, the child achieves a self that is multidimensional and diverse in terms of physical, social and psychological domains.

Rosenberg (1979), in discussing self-concept, essentially indicated that the self-concept represents "the totality of the individual's thoughts and feelings having referenced to himself as an object." Rosenberg considered the content of self-concept as determined by social identity, which is based on labels defining what were called the independent variables (sex, age, race, nationality, religion, family status, and name). From all these labels arises the definition of an individual's identity (L'Abate, 1994).

The part of the social identity that Rosenberg called personal identity is whatever qualities the individual ascribes to the self. Rosenberg considered at least nine different dimensions of the self-concept that make up the structure of the self-concept: (a) content, which represents social identity; (b) direction, especially in terms of positive or negative self-esteem; (c) intensity, the strength or weakness of a person's feelings about certain issues; (d) salience, which represents the importance of one particular identity compared with others; (e) consistency, how consistent or contradictory an individual is about the self; (f) stability, which represents the individual's firmness and unchanging opinions about self and others; (g) clarity, which represents how unambiguous the individual might be about his or herself; (h) accuracy, which represents the

validity of the individual's perceptions of self and others; and (I) verifiability, whether the opinions of the individual can be matched by an external reality (L'Abate, 1994).

It is believed among theorists that the self-concept is the primary determinant of behavior. Individuals interpret experiences in terms of what they mean to them personally (Lymonds, 1951). Lymonds stated, "the self is the most real thing in our experience, and the frame of reference with which a person perceives, conceives and evaluates the world around him and toward which he reacts" (Raffensperger, 1985). Thus, several investigators have explored measures of providing individuals with experiences to investigate the effects of self-concept as related to behavior.

A definition of self-concept expressed by Carl Rogers in 1951 contended:

> Self-concept is the way an individual perceives himself in relation to the world around him. This concept is essentially your image of who you are and what you value, both in yourself and in relationships with others. Your self-concept is acquired over the years by experiencing how others react to you. Furthermore, a person's self-structure can become "congruent" with the real life experience of the person, then the person can grow in integrity, a sense of positive worth, and the ability to take the risks necessary to grow (Schoel, Prouty & Radcliffe, 1988).

Carl Rogers (1951) also views the self as:

> . . . an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the value qualities which are perceived as associated with experiences and objects; and goals and ideals which are perceived as having a positive or negative valance (Rogers, 1951).

To Fitts (1970), "the person with a clear, consistent, positive and realistic self-concept will generally behave in a healthy, confident way . . ." From his extensive research with the Tennessee Self-Concept Scale, Fitts found that such persons are more secure, confident, and self-respecting; they have less to prove to others; they are less threatened by difficult tasks, people and situations; they relate to and work with others more comfortably and effectively; and their perceptions of the world of reality are less likely to be distorted (Schoel, Prouty & Radcliffe, 1988). For Fitts, as well as for Rogers and Coopersmith, a chief cause of negative self-concept is a series of failure experiences. These experiences, often stemming from an early age, set a pattern for a lack of confidence in entering new relationships, taking on new relationships, taking on new tasks or making difficult decisions.

An individual who has not developed an adequate self-concept has negative feelings about him/herself as being unwanted, incompetent, inferior, and unacceptable. Life is seen as a constant threat. Being threatened, the individual overreacts. He/she may try too hard and have inflexible behavior patterns. These things make life generally unsuccessful for his/her interpersonal relationships (Dinkmeyer, 1965; Lasher et al., 1978; Sarason & Spielberger, 1976).

A positive environment, such as a one week camp experience with nondisabled peers would allow them to find a special place to feel adequate and important rather than having the feelings of being unwanted, incompetent or

unaccepted. They would also gain skills and knowledge for interpersonal relationships. Like all persons, disabled people need the varied forms of self-expression, social involvement, creative expediences and physical benefits that can be achieved through recreation.

Gains in self-concept and psycho-social growth have been postulated by Goldstein (1976) and Koskaska (1969) relative to the potential benefits of such camping experiences. The results would appear to bear out Goldstein's (1976) prediction that: "Enjoyable and successful experiences in leisure activity may change the self-concept by increasing self-confidence, by fostering attitudes toward life and by increasing motivation."

## Self-Concept and the Disabled

The study of self-concept, the general way in which one sees oneself, has often been investigated in numerous studies comparing disabled individuals to other disabled or nondisabled individuals. Numerous researchers have reported that disabled individuals have significantly lower or more negative self-concept scores than nondisabled achieving peers (Jones, 1985; Rogers, 1983; Battle, 1981).

Much of the research regarding the general self-concept of emotionally disturbed young children indicates an over-evaluated delusional self-concept or a significantly lower self-concept than that of nondisabled children. The behaviors, emotions, motivations, attributions, academic success of behavior

disorder children are compared to those of the average nondisabled child or youth the same age.

> Mental health specialists agree that the mentally healthy child is happy most of the time, builds lasting and positive relationships with other people, has an accurate perception of reality, is able to organized thoughts and actions to accomplish reasonable goals, achieves academically at a level close to his or her potential, has mostly good feelings about himself or herself, and behaves as expected for a child of a given age and sex (Hallahan & Kauffman, 1988).

Bloom et. al. (1979) disclosed the self-concept scores for behaviorally disordered children were significantly lower than the self-concept scores of normal or functional children. Politino (1980) also found the self-concept of emotionally disturbed children were below normal. Shea (1978) indicated the poor self-concept of emotionally disturbed children manifests itself as a lack of self-confidence, fear of the unfamiliar, feelings of inferiority, hypersensitivity to criticism, resistance to independent functioning, and reluctance to attempt many activities because of predetermined failure. Most research regarding the self-concept of the mentally retarded has been concerned with identifying behavioral differences between the retarded and the normal. Ringness (1959) was among the first to conduct research regarding the self-concept of mentally retarded students. Robinson and Robinson (1976) found the retarded as a group whose self-concept was more negative and more defensive than nonretarded children. Cline (1975) reported primary level educable mentally retarded students had significantly higher self-concept scores than Junior High level retarded students, but nondisabled children had higher self-concept scores than retarded students

at all levels.

Jones (1985) results indicated that educable mentally retarded students possess significantly lower self-concepts than emotionally disturbed, learning disabled, speech/language impaired, and nondisabled students. Taken from the Piers-Harris Scale, the students indicated negative feelings regarding their intelligence and school status, popularity, happiness, and behavior.

Relevant literature on self-concept and the mentally retarded indicate a lower report of self-efficacy than do their peers who are not retarded (Simeonsson, 1978). It can be concluded that mildly retarded individuals do not hold strong, positive feelings about their own abilities and potentials. However, there is a considerable correlation between negative self-concept and chronic failure (Patton & Polloway, 1990).

Many retarded individuals expect failure and learn to defend themselves against it; as a result, their self-concepts are more negative and defensive than those of nonretarded children (Robinson & Robinson, 1976). Due to history of failure and of dependency oriented treatment, mentally retarded individuals have become very sensitive to others' evaluations of them (Strangvik, 1979).

According to Ewert (1989):

> Social barriers associated with the mental retarded often result from inappropriate behavior in social or public situations, which often lead to negative perceptions, feelings of avoidance, fear, and impatience on behalf of society. These negative feelings are then communicated to the mentally retarded, further contributing to their negative perception of inadequacy, low self-esteem, lack of confidence, low self-image, and inferior capabilities; all which affect one's self-concept.

Opportunities and facilities have been made assessable to the disabled in the community. The legislation acts mentioned earlier in chapter one has brought legal action and integration into educational, recreational and vocational settings. It is time to begin to better support the integration of outdoor experiences such as camping. It has been recognized that integrating persons with disabilities into community programs can benefit all participants. Integration enhances the lives of persons with disabilities via role-modeling by nondisabled peers (Havens, 1992). The many opportunities for individuals with disabilities to enhance their social skills and physical capabilities through recreation should not be delayed any longer.

## Camping and the Disabled

There are now studies and data reports which suggest participation in organized recreation services does make a difference in the lives of the disabled population. One of the areas in which considerable study has been conducted in the area of organized camping. "Camping programs have proliferated during the past decade into a major service dimension for handicapped children yet little effort has been made to reflect on cumulative data revealing the state-of-the-art" (Hansen, 1972).

Camping programs have long had specific appeal to those interested in therapeutic intervention with children. They offer the possibility of controlled environments which are most malleable and usually necessary for the

introduction of specific therapeutic techniques (Rawson, 1973, 1979) in an environment usually free from home and community pressures (Rawson & McIntosh, 1987).

Camping is an activity that unites all the disciplines that are stressed in the education and training of disabled individuals. It provides a community-living experience in which cooperation and acceptance of responsibility enable the involved individuals to grow and mature (Herb, 1970). An outdoor camping experience provides an opportunity for the multihandicapped individual to increase independence, to improve environmental awareness, and to develop new skills (Higelmire & Hayes, 1988).

The dramatic increase in interest in camping and recreation among the general public has spread to programs for special populations, sometimes known as handicapped. Currently a large number of camps across the country are serving the needs of a diverse population of children and youth having special needs. The contributions that the camp experience can make to the growth and development of special children are generally assumed to be the same as for normal children (Shasby, Heuchert, & Gansneder 1984).

Some research attention has been focused on the benefits of recreation and leisure involvement for people with disabilities. To the extent that camps provide leisure and recreation experiences, these same benefits should also apply to camp programs.

Camping means many things to many people. For the purpose of this

study, this meaning of camping is concerned with organized camping programs and their potential for benefitting individuals with disabilities. The American Camping Association (ACA), a nationwide organization dedicated to organized camping, provides the following definition:

> Camping is a sustained experience which provides a creative, recreational and educational opportunity in group living in the out-of-doors. It utilizes trained leadership and the resources of natural surrounding to contribute to each camper's mental, physical, social and spiritual growth (ACA Standards, 1980).

According to Kennedy, Austin, & Smith (1987) camping for special populations is traced to the 1880's, but it was not until the 1930's that a concerted effort was made to provide camping opportunities for large numbers of people with disabilities. Their growth rate was slow and until the conclusion of World War II when camping programs for the handicapped dramatically expanded (Farley, 1978). Since the 1960's, most camps for people with disabilities have closely paralleled camps for the general population. Their goals, objectives, activities, and organizational structures are similar. Although the camper to staff ratio may vary, the emphasis is the same, development of the total person through enjoyment of the out-of-doors. Today, there are over one thousand organized camps operating programs designed to meet the special needs of handicapped and disabled children and adults.

The many benefits of the camping experience may interact to help campers with disabilities increase their own feelings of self-worth. Thus their self-concepts are strengthened. Lundegren (1976) observed that an individual's

self-concept is influenced both by interaction with others (especially significant others) and by interaction with the environment. She added, "Camping has the unique opportunity to contribute in all aspects here."

One study of camping for disabled children found that those attending a segregated program in which all the campers were disabled, generally felt more competent than disabled children who attended an integrated camp (Antozzi, 1979). Although a totally integrated situation is the preferred goal of those who work with disabled persons, there is a strong need for special camps and other recreation programs that can focus on meeting the needs of severely impaired individuals, and in which they can be comfortable in participating at levels suited to their functional status. To maximize mainstreaming opportunities, recreation providers must seek to build understanding and support for integrated programs.

## Benefits of Camping for the Disabled

Evidence suggests that many positive outcomes occur for individuals who have taken part in planned recreation activities. While not dealing directly with camping, Vinton, Hawkins, Pantzer, and Farley (1978) identified the general areas of physical benefits, emotional benefits, intellectual benefits, and social benefits which could be derived from participation in environmental programs for children and youth with disabilities. Another beneficial aspect of involvement in organized camping for people with disabilities has been improvements in self-concepts (Cystomas, 1979; Shasby, Heuchert, & Gansneder, 1984). Kennedy,

Smith, & Austin (1991) noted that "camps many benefits interact to help campers with disabilities increase their own feelings of self-worth. Thus their self-concepts are strengthened."

While people with mental retardation have been one of the most frequently studied groups in terms of leisure among people with disabilities (Iso-Ahola, 1988) little of this research attention has focused on camping or outdoor recreation. Datillo (1986) cited a total of five studies covering three content areas which addressed the impact of summer camping programs. These three content areas were self-concept, self-acceptance, and academic skill development. McCormick, White and McGuire support Datillo's studies of the benefit of self-concept by referring to other research material that support that camp programs impact the self-concept of people with disabilities.

Hourcade (1977) studied the effects of a summer camp program on the self-concept of people with mental retardation. The findings were that the experimental group showed significant gains in self-concept and that the matched comparison group did not. Further, these gains were most pronounced in the area of personal adjustment. These findings of increased self-concept were also found in a study which examined the effects of a summer day camp program. Roswal, Roswal, Harper, & Pass (1986) compared the effects of a positive-reinforcement based summer day camp program and a summer math program on the self-concept of two groups of children ages 8-12 with learning disabilities and mental retardation. The children in the summer day camp

program showed significantly higher scores following the program than the students in the math program. Zemke, Knuth and Chase (1984) found that a two week residential camping program for children and adolescents with learning disabilities and mental retardation, which focused on improving sensorimotor and performance, also produced significant gains in self-concept. Finally, while there is still some empirical evidence that camp programs impact on the self-concept of people with mental retardation, the effects may be short lived (Hourcade, 1977).

Shasby, Heucher and Gansneder studied the effects of a structured camp experience on locus of control and self-concept of special populations at Camp Holiday Trails. This camping experience was offered to children and youth with chronic health and sensory impairments (i.e., diabetes, cystic fibrosis, hemophilia, seizures, visually impaired, allergies, asthma, hearing impaired and cancer) who might otherwise be excluded from a camp setting.

The subjects, randomly selected, included 72 male and female campers ranging in age from 7 to 15 years. The two instruments used in this study were the Piers-Harris Self-Concept Scale and the Nowicki-Strickland Locus of Control Scale for Children. The subjects were administered the evaluation instruments at the beginning of camp and again at the end of camp. Campers were assigned to cabin groups according to age, sex and disabilities.

The results of the tests concluded that the camp experience had an effect on the subjects depending on their disability. The campers that had chronic

health impairments produced a higher locus of control and a more positive self-concept than those campers with a sensory impairment (hearing, speech and vision impairments and those with learning disabilities). It was suggested that the staff working with the campers who had a sensory impairment be better trained in communicating with those types of campers to have a better and overall positive camp experience in the future. f It was found in special populations about self management of disease and independence in sport and recreation resulted in positive changes in locus of control and self-concept.

Bethesda Hospital, a private psychiatric hospital in Denver, conducted a study on body image and self-concept through an exercise program (Malatesta, 1971). The staff at Bethesda felt that if it could elevate a patient's body-concept during and exercise program, then the individual's self-concept would also be lifted. They believed that, in general, body health, appearance, and performance are influenced by self-concept and that the condition of the body can influence the self-concept. Furthermore, they believed that how a person believes his body should be and the actual body, how it is seen by others, can be indicative of an unstable self-concept. The results suggested that an exercise program can have a therapeutic effect upon the depressed patients in a psychiatric hospital. They felt that the therapeutic effect obtained by elevating self-concept in a positive direction as result of a heightened body-concept. This leads to a sense of accomplishment which is closely related to positive self-concept. Many patients expressed a desire to return to the exercise room and

felt good about themselves and what they had accomplished.

Robb (1971), also conducted a study of a six week summer camp at the Children's Psychiatric Center of the Primary Children's Hospital in Salt Lake City, Utah, for emotionally disturbed children. There were sixty children between the ages of seven and sixteen who were grouped according to age, sex, physical and mental abilities. The groups were also led by qualified recreational therapists and their assistants. The research hypothesis was that as children achieved more adequate facility in social relationships, the self-concept would also become more positive. Two tools were utilized in the evaluation for socialization: (1) a rating scale of socialization factors completed by the assistant leader of each group and (2) a sociometric evaluation on the basis of peers. Three measure were used to evaluate self-concept: (1) a drawing of self, (2) a sentence completion task, and (3) a self-rating. The evaluations were administered three times during the camp: the second day of camp, the end of the third week of camp and the last day of the camp. The results from the self-drawings indicated that as the camp progressed, the self-concept improved. The results from the sentence completion tests showed similar improvements of self-concept as the camp progressed. And the results taken from the self-ratings indicated no significant gains, in fact, the group average dropped as the camp progressed. The hypothesis that as socialization improves, the child's self-concept also improves, received support from the results of the sentence completion tests and also from the results of the drawing tests. Both tests

showed a statistically significant gain from a negative self-concept to a positive self-concept.

According to the University of North Carolina study (Sessoms, 1979), where a three year study of the effects of organized camping on handicapped children was conducted, that proved organized camping does effect the self-concept and independent functioning on the handicapped children. These data were developed on over 450 children between the ages of 8 and 14, who attended Camp Easter-in-the-Pines, North Carolina, for two weeks during the summers of 1976, 1977 and 1979. The basic research instruments used were the Piers-Harris Self-Concept Inventory and a modification of the Adaptive Behavior Scale which measures motor functioning, emotional functioning and independent functioning. The instruments were given to the children immediately prior to their coming to camp, at the completion of the camp, and three months after the children left camp. The camp offers a wide range of activities including arts and crafts, aquatics, nature activity, fishing, special events and sports and games. The campers are assigned to the cabins by male/female, and all of the same general age groups.

Given opinions of the parents and the assessment of the camping experience by the camper, organized camping does seem to have a positive effect on disabled children. Among those who attended Camp Easter-in-the-Pines who showed significantly changed scores were the younger campers, female campers, non-cerebral palsy campers and non-wheelchair campers.

Changes in self-concept and motor functioning, therefore, were by products of the camping experience and not objectives of the camp program. Research has focused on the changes and benefits of campers with disabilities that have resulted from involvement in a camp experience, yet, has largely ignored how parents of these campers perceive the camp experience. McCormick, White and McGuire (1992) conducted a study to examine parent's and guardian's perceptions of the benefits of involvement in a summer camp program for their child with mental retardation. Some people with mental retardation may be limited in verbal abilities and have difficulty expressing their wishes and experiences to a parent. Parents of campers with mental retardation may be forced to rely on their perceptions of their child's experiences in deciding how to further direct their child's growth. As a result, parents of people with mental retardation constitute an important consumer group for the evaluation of therapeutic services.

The Jaycee Camp Hope program at Clemson University Outdoor Laboratory (CUOL) is a summer program for campers with mental retardation. Campers are housed in cabins and range in age from teens to 50 years of age. Activities offered at the camp are archery, canoeing, crafts, hiking, overnight camp-outs, and swimming. Subjects were parents of 62 campers attending the camp during the summer of 1991 whose son or daughter lived in the parent's home on a full-time basis. Parents were asked to rate the relative importance of 22 benefit items they thought their children received from the camp experience.

Overall, the most important benefit of summer camp, as perceived by the parents of the campers, appeared to be social growth. Parents also placed a high value on direct positive experiences for their son or daughter at camp. Feelings of self-worth, success and joy are key elements in creating a summer camp that give positive experiences to the campers. A third important benefit of summer camp recognized by the parents was cognitive development. Parents identified that decision making skills were important aspects of an ideal camp.

As Sessoms (1979) concluded, "What is known is that a purely recreationally oriented program does have value and consequences for disabled campers. It stands on its own merit; need we say no more."

## The Fisher Self-Concept Test

The Fisher Self-Concept Test is a test that was developed by Fisher in 1977 at Pennsylvania State University. Fisher examined the effects of participation in a creative dramatics program on the self-concept of mentally retarded children in a six week day camp. There were three randomly selected groups: (1) fourteen subjects participated in a creative dramatics program, (2) thirteen subjects participated in a storytelling program and were used to control for the Hawthorne effect, and (3) fourteen were used in a control group that received no special program. The pre-post test research design was utilized and the instrument used was devised by Fisher. This test pooled concepts from various self-concept tests: Piers-Harris Children's Self-Concept Scale (1969);

Coopersmith Self-Esteem Inventory (1967); and Smith's Body Image Test (1976) which illustrated these concepts through pictures. Results of Fisher's study determined that:

1. Mentally retarded children in camp who participate in a six week creative dramatics program do not differ in self-concept from those who do not participate in such a program.
2. Mentally retarded individuals in camp who participate in a storytelling program do not differ in self-concept from those who do not participate in such a program.
3. Participation in a creative dramatics program does not yield gains in self-concept in mentally retarded individuals at a six week camp (1977).

In 1987, Barton conducted a study which focused on the effects of participation in an eight week aerobic dance program on the self-concepts and the development of physical fitness in educable retarded children. The following instruments were used in this study: The Fisher Self-Concept Test, American Alliance for Health, Physical Education and Recreation (AAPHER) Special Fitness Test. Results revealed that the participants demonstrated a significant increase in physical fitness and gained a more positive self-concept.

In 1985, Raffensperger investigated the effects of participation in an eight week music and movement program on the self-concept of trainable mentally retarded children. Subjects were assigned to an experimental group who participated in a music and movement program and a control group who

participated in storytelling. The Fisher Self-Concept Test was utilized and results revealed that the music and movement program yielded significant gains in self-concept. The storytelling group scored significantly lower, indicating that there was a negative self-concept change.

The research discussed in this chapter suggests that the self-concept of mentally and physically disabled individuals may be enhanced by utilizing a variety of programs and experiences can be measured in a variety of ways. There is however, a need for more research in the area of camping experiences as it relates to the self-concept of the disabled population.

# CHAPTER III

# PROCEDURES

The purpose of this study was to investigate and determine the effects of a one week camp experience on the self-concept of selected disabled participants attending the camp.

The procedures for this section are presented as follows:

1. Identification of the population
2. Identification of the sample
3. Determination of the instrument
4. Administration of the instrument
5. Analysis of Data

## Population

Many colleges and universities in the United States have established ongoing recreation programs on campus that provide opportunities in which students may gain practical experience in working with disabled individuals. One example is Camp Koinonia sponsored by the University of Tennessee, Knoxville, and organized by Dr. Gene A. Hayes of the Department of Recreation and Leisure Studies. Koinonia comes from the Greek meaning "caring community" and "fellowship." This name embodies the concept and purpose of the camp program.

The population for the present study consisted of mentally and physically disabled individuals enrolled at Camp Koinonia at the Clyde M. York 4-H Camp in Crossville, Tennessee, April 17-22. The camp serves approximately 100 children between the ages of 7 and 21 who reside in the Knoxville and the surrounding areas. Participants in the program present the following disabilities: cerebral palsy, visual and/or auditory impairments, Down's syndrome, learning disabilities, multiple sclerosis, arthritis, autism, diabetes, epilepsy, mental retardation, spina bifida and spinal cord injuries. Campers are chosen on the basis of having at least two of the above mentioned disabilities.

Camp Koinonia has five basic criteria that must be met for camper selection:

1. Individuals who are classified as having more than one disability.
2. Individuals who have had little or no opportunity to attend other organized camping programs.
3. Individuals who do not present severe behavioral problems.
4. Individuals who are able to appreciate, in some way, the difference between the institutional and camping environment.
5. Individuals who are at least 7 years old.

Activities were provided for each of the 10 cabin groups (four cabins of males and six cabins of females) from 9:00 a.m. until 5:00 p.m. everyday. The campers were placed in age appropriate cabin groups. The activities included the following: nature crafts, outdoor education, music and movement, sports and games, horseback riding, ropes course, cycling, cooking, computers, canoeing

and a nature lab containing a variety of animals. In addition to regularly scheduled programs throughout the day, there were some special event activities planned for the entire camp each evening. Also, each cabin group attended an overnight wilderness camping experience for one night during the week. This experience involved hiking away from the main camping facility, preparing evening meals, conducting activities around the campfire setting and hiking back to the base camp the next morning.

## Identification of the Sample

A sample was drawn by the researcher based on the following:

Files of the individual campers containing medical information and history were studied in order to determine if the child would be able to understand the concepts represented in the Fisher Self-Concept Test. The researcher conducting the study then chose the individuals thought to be able to understand the concepts in the instrument. Some of the children attending the camp were automatically disqualified from the sample because of the severity of the disability. The ones that were chosen for the random sample process were children that had attended Camp Koinonia the previous year in which the researcher had prior knowledge of the capabilities of the child. Subjects to participate in the experiment were then chosen by a process of giving each child a number and drawing numbers from a bowl. Thirty-two children were selected from the sample process. Letters were then sent to the children's parents and

phone calls were made to the parents requesting permission for the selected children to participate. Parents were asked to sign a formal consent giving permission for their children to participate. Parents were informed that all scores will be confidential (See Appendix A). From the 32 letters sent, only 25 consent forms were received back from the parents. The number of children participating in the study were 25 subjects.

## Determination of the Instrument

After reviewing available self-concept tests and considering the population to be tested, The Fisher Self-Concept Test, a non-published instrument developed at Pennsylvania State University in 1977, was selected for the instrument in this experimental investigation. This decision was based on the fact that this instrument has been found to be highly reliable in similar studies: Raffensperger (1985) reliability (.94) and Barton (1979) reliability (.91) both for a sample of educable mentally retarded children.

The Fisher Self-Concept Test (Fisher, 1977) pools concepts of items from three tests: Piers-Harris Children's Self-Concept Scale (CSCS 1969); Coopersmith Self-Esteem Inventory (SEI, 1967); and Smith's Body Image Test (1976). These concepts include:

1. happy/sad
2. smart/stupid
3. ugly/good-looking
4. baby/grown-up
5. good/bad
6. strong/weak
7. bully/friendly
8. mean/nice
9. brave/afraid
10. sick/well
11. daydreamer/doer
12. loved/unloved
13. boring/fun
14. do right/do wrong
15. easily talk/hard to talk
16. lazy/not lazy
17. cared for/uncared for
18. never scolded/scolded
19. failure/success
20. calm/upset
21. proud/ashamed
22. picked on/not picked on
23. teacher likes me/doesn't like me
24. dirty/clean
25. neat/sloppy
26. I lose/Iwin
27. many friends/no friends
28. just right/skinny
29. fat/just right
30. big muscles/small muscles

The test consisted of 30 cards, each containing two pictures indicating both the positive and the negative for each concept previously mentioned. Below each picture was written the concept that each picture represented. The participant received four points for selecting the picture indicating high self-concept and only one point for pictures indicating low self-concept. There was a

possible score of 120 points indicating a high self-concept and an over all low score of 30 points, indicating a low self-concept by the individual.

## Administration of the Instrument

The researcher administered The Fisher Self-Concept Test. A pre-test was given to the participants in the experimental group the first day of camp and a post-test given again to the same group one week after camp. The campers were individually taken to a quiet room with the researcher where there would be no distractions. The subjects were shown one card at a time and asked which picture was more like him or her. If needed, the question was repeated and the reading of the concept it represented was verbally given to them by the researcher (See Appendix B). The camper then answered the question by verbally responding or pointing to the picture they thought best represented him/her. The same testing procedures were used for the post-test as they were for the pre-test (See Appendix B). The testing took approximately 5 to 10 minutes for each participant.

## Analysis of the Data

The statistics used in this study was the nonindependent *t*-test. According to Gay (1992), this approach will determine whether there is a significant difference between the two scores of the sample following the pre-test and post-test measures derived from The Fisher Self-Concept Test. Alpha level

was set at $p \leq .05$ to either reject or accept the hypothesis that there was a significantly lower score in the self-concepts of the disabled individuals prior participation in a one week camp experience and the self-concept scores of the disabled individuals following the one week camp experience. A histogram was also presented to show the frequency of the scores on a ten point range to show the difference of score.

# CHAPTER IV

# ANALYSIS OF DATA

The purpose of this study was to determine the effects of a one week camp experience on the self-concept of selected disabled participants. The data collected consisted of pre-test and post-test scores from the selected participants attending the one week camp. The administration instrument used was The Fisher Self-Concept Test which was developed at Pennsylvania State University in 1977 by Fisher. The test was administered to the participants prior to the camp experience and the week after the camp concluded. The statistical procedure utilized in the analysis of data was a nonindependent *t*-test with an alpha level set at $p \leq .05$. Also a histogram was utilized to show the difference in pre-test and post-test scores.

The following section is divided into three areas:

1. Description of Participants
2. Comparison of Scores
3. Discussion of Data

## Description of Participants

The participants were children between 7 and 21 years of age attending Camp Koinonia from April 17-22, 1995. These children are from Knoxville and the surrounding area and have multiple disabilities. All the children met the

criteria for attending the camp and each of the participants for the study had been to the camp the previous year.

## Comparison of Scores

The pre-test and post-test means for the sample and the corresponding *t* value of $t\ (24) = 6.64$, $p \leq .05$, is represented in Table 1. The *t* score indicated that there was a significant difference in the pre-test and post test scores of the sample. This result accepts the hypothesis that the self-concept scores of the disabled participants prior participation in a one week camp experience will be significantly lower than the self-concept scores of the disabled participants following the one week camp experience.

**Table 1**

**Data Collection of the Fisher Self-Concept Test**

| Group | n | mean | SD | *t* |
|---|---|---|---|---|
| Pre-test | 25 | 98.8 (82%) | 16.48 | 6.64 |
| Post-test | 25 | 106.2 (89%) | 14.70 | |

df=N-1=24; t-value=2.064 (t >2.064 to reject hypothesis)

A visual representation of the raw pre-test and post-test scores of the Fisher Self-Concept Test may be seen in Figure 1. This figure represents a frequency of scores at a class interval of 10 and defines the difference between both test scores. By reviewing the differences of scores on the graph, the gains in a positive self-concept is clearly visible.

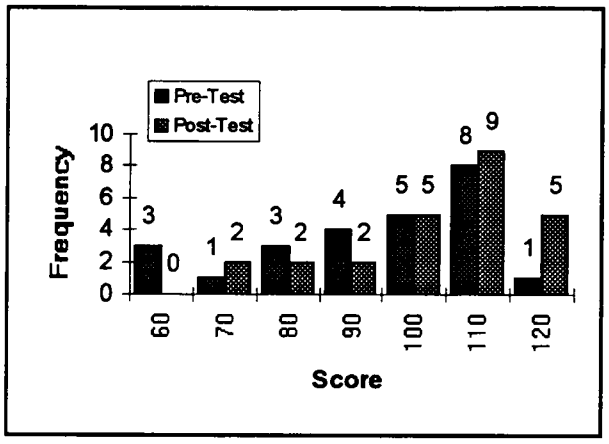


**Figure 1. The Fisher Self-Concept Pre/Post Test Scores**

## Discussion of Data

The nonindependent *t*-test findings concluded that there was a significant difference in the Fisher Self-Concept scores of the participants given prior to camp and the scores of the participants following the one week camp experience. According to the scores from the Fisher Self-Concept Test, the majority of the subjects exhibited an increased positive self-concept (See Appendix C for raw scores). Only two of the subjects maintained the same score in which one of the scores was the maximum score that could be attained. Only one of the subjects had a decrease in self-concept by 3 points. Since there was a significant difference in the scores of the participants, the hypothesis that there was a significant difference in the self-concept scores of the disabled participants prior a one week camp experience and the self-concept scores of the disabled individuals following the one week camp experience is accepted.

It should be pointed out that this study utilized an alpha level of significance. The *t*- value needed was $t(24) = 2.064$. The *t*- value calculated was 6.64, significant beyond the .05 level.

Three factors could have influenced the outcomes of the study. First, the result of having fairly high self-concept scores on the pre-test could have been influenced by the participants attendance at the camp the previous year. Because the subjects were tested the first day of camp, before participating in any of the camp activities, they could have anticipated the camp experience from the previous year. If a majority of the participants had a positive experience the previous year, this could explain the negative skewness in the pre-test scores. Secondly, all participants may not have had the same experience at camp. Although the children are exposed to the same recreation activities, a great deal of the experience is dependent upon the peers and counselors that are placed in their cabin group. Thirdly, there was no control of the environment after the camp was concluded. Other positive or negative experiences could have influenced the results of the post-test within that one week after camp. Since the post-test was only a relatively short time after the camp experience, it is unlikely that this factor greatly influenced the results.

# CHAPTER V

# SUMMARY AND CONCLUSIONS

The summary and conclusions for this study consist of four areas:

1. Summary of Procedures
2. Summary of Findings
3. Conclusions
4. Recommendations

## Summary of Procedures

The purpose of this study was to investigate and determine the effects of a one week camp experience on the self-concept of selected disabled participants.

The subjects consisted of 25 multidisabled individuals from Knoxville, Tennessee, and the surrounding area. The subjects ranged from 7 to 21 years of age. All subjects met the criteria for the camp and attended Camp Koinonia the previous year.

This study utilized a pre-test/post-test design. The instrument used in the study was the Fisher Self-Concept Test, developed by Fisher in 1977 at the Pennsylvania State University. The scores were placed in order according to pre-test and post-test in which the subjects were tested. The participants attended a one week camp which provide a variety of recreation activities

including special events and an overnight camping experience in the out-of-doors. A nonindependent *t*-test with an alpha level set at $p \leq .05$ was used to statistically analyze the data for comparing scores from The Fisher Self-Concept Test.

## Summary of Findings

Based on the information and analysis of data and the limitations of the study the following findings are reported:

1. The nonindependent *t*-test, $p \leq .05$, concluded there is a significant difference between the self-concept scores of the disabled participants prior to experience at one week camp and the self-concept scores of the same disabled participants following the one week camp, $t\ (24) = 6.64$.

2. The hypothesis is accepted that there will be a significantly lower difference in the self-concept scores of the disabled participants prior to a one week camp experience and the self-concept scores of the disabled participants following the one week camp experience.

3. Physically and mentally disabled individuals who participated in a one camp had improved self-concept because of the experience.

## Conclusions

Within the limitations and delimitations of this study, and based on the hypothesis and purpose of the study, the following conclusion suggests that an

outdoor camp experience that utilizes recreation activities is effective in making positive gains in self-concept of individuals with physically and mentally disabilities from 7 to 21 years of age.

## Recommendations

Based on the findings and conclusions and the limitations and delimitations of this study, the following recommendations are made for further study:

1. Future studies should be conducted with the same twenty-five participants who attend yearly at Camp Koinonia for further investigation of the longitudinal effects of self-concept from a one week camp experience yearly. Sessoms (1979) recorded increased self-concept test scores of participants at a camp over a period of three years.

2. Future studies should be conducted with the physically and mentally disabled population in similar camp settings that run for a longer period of time to investigate the length of a camp and its impact on the self-concept. Robb (1971) did a similar study with a mentally disabled population for a six week period. He was able to measure the self-concept a number of times during that six week period to investigate the influence of the camp on the camper's self-concept.

3. Researchers should focus on other instruments or tests with this population at Camp Koinonia to measure a significant change or increase in self-concept from a one week camp experience. Many other instruments are

available such as ones mentioned in the previous literature.

4. Additional research should investigate more closely which events of the camp experience had the most impact in changing the self-concept of the disabled participants.

5. Research should focus on recreation activities outside of camp experiences and its effects on self-concept of mentally and physically disabled individuals.

6. Future studies should investigate a larger sample size than the number conducted in this investigation. In 1979, when Sessoms conducted his study at Camp Easter-in -the Pines, he used a number of 450 children, over a three year period.

7. A similar test should be conducted using a sample from the disabled individuals and compare the scores by using a control group to better estimate the effects of a one week camp experience on the self-concept. Hourcade (1977) did such a study by comparing an experimental group who showed gains in self-concept and the control group who did not.

8. More research should compare self-concept scores of the population at this camp according to the disability of the individual. Shasby, Heucher and Gansneder (1984) did a similar study when they compared the differences in scores of the individuals with varying disabilities.

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# APPENDICES

# APPENDIX A

# LETTERS OF PERMISSION

THE UNIVERSITY OF TENNESSEE
KNOXVILLE

Research Administration
Compliances
Grants & Contracts
Research Advancement
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
(615) 974-3466
FAX (615) 974-2805

March 10, 1995

IRB # : 4681 B

Title : "The Effects of a One Week Camp Experience on the Self-Concept of Selected Disabled Participants"

Lara Campen
Health, Leisure & Safety
4541 Kinlock Lane
Knoxville, TN 37921

Dr. Gene A. Hayes
Health, Leisure & Safety
1914 Andy Holt Ave.
Campus

The members of the Institutional Review Board wish to thank you for your presence at the meeting held on March 9, 1995 at which time the above-captioned protocol was presented for review. The following is the result of that review:

Dr. David Bassett's comments:

I felt this proposal was very well written - it is a nicely designed study to investigate the effects of a camp experience (Camp Koinonia) on self-concept in mentally and physically disabled individuals between 7-21 years of age. Appropriate letters of support are included. Parental consent will be obtained and the informed consent forms and data will be stored in an appropriate fashion. I feel that there is little risk of psychological harm stemming from the picture questionnaire, and the benefits to society (and those in the field of recreation and leisure studies) are substantial.

Recommendation: Approve.

Rev. George Doebler's comments:

The subjects are not at risk. The Investigator is using accepted criteria that camp Koinonia uses for selecting its participants, which I believe are more than adequate.

The Investigator has also gotten permission form Penn State University for using Fisher Self-Concept Test.

Recommendation: Approve.

The motion was passed to approve.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.

2. To retain signed consent forms from subjects for at least three year following completion of the project.

3. To submit a Form D to renew approval, to report changes in the project, or report termination at intervals of 12 months or less.

The Committee wishes you every success in your research endeavor.

Sincerely yours,

Steven B. Pulik
Coordinator of Compliances

bl
cc: Dr. Charles Hamilton

# APPENDIX A (Continued)

February 1, 1995

Dr. Herberta Lundegren
The Pennsylvania State University
Dean's Office
201 Henderson Building
University Park, PA 16802

Dear Dr. Lundegren,

I am a graduate student at the University of Tennessee, Knoxville presently pursuing a degree in Recreation and Leisure Studies with an emphasis in Therapeutic Recreation. I am requesting the permission to use the Fisher Self-Concept Test developed at your university for my research study. Your secretary related a message to me that you gave the permission to use this instrument.

I would sincerely like to thank you for allowing my to utilize this instrument. Enclosed are three standard letters indicating that I have requested permission to use this instrument and that you have granted this permission. One letter is for your files, one is for my files and the other is for my thesis advisor. I have also enclosed a self addressed envelope for your response. If this is satisfactory, please provide your signature and return the two letters.

I will be conducting my research study on the effects of a one week camp experience on the self-concept of the disabled population. I will be using the instrument on the disabled children attending the camp this spring semester, before and after the camp experience. I will also be comparing the scores of the tests to a control group whom I will also administer the instrument. The only persons to handle this instrument will be myself, my thesis advisor and my thesis committee. When this instrument is not being used it will be locked in our department files in our main office.

Although I will not be conducting my experiment until later this semester, there are a couple of reasons I am asking you to send it as soon as possible. First, my committee is requesting it to be presented at my proposal meeting for their review and permission to utilize the instrument. Second, I would like to review and familiarize myself with the instrument before I have my proposal meeting.

I greatly appreciate your timely response and cooperation in this matter. Dr. Gene Hayes wanted for me to tell you hello. Thank you.

Sincerely,

Lara Campen

Lara Campen
Graduate Research Assistant

## **APPENDIX A** (Continued)

Dr. Herberta Lundegren
The Pennsylvania State University
Dean's Office
201 Henderson Building
University Park, PA 16901

Dear Dr. Lundegren,

This letter is to verify that Lara Campen, has requested your permission to use The Fisher Self-Concept Test developed at The Pennsylvania State University. It is understood that this instrument is taken from your personal files and caution will be used when the instrument is being administered. When the instrument is not in use, it will be locked in the department files in the main office. This instrument will be promptly returned to you after the experimental period for which it is used.

If these terms are agreeable to you please provide your signature and retain a copy for your records. Thank you for your cooperation.

Lara Campen

Lara Campen
Graduate Research Assistant

Dr. Gene A. Hayes
Head and Professor
Recreation and Leisure Studies
Thesis Committee Chair

Dr. Herberta Lundegren
Dean of Department of Recreation and Parks
Pennsylvania State University

## APPENDIX A (Continued)

February 1, 1995

Conrad Welch
Clyde M. York 4-H Training Center
Route 13 Box 237
Pomona Rd.
Crossville, TN 38555-8527

Dear Mr. Welch,

This letter is a request for permission to use Clyde M. York 4-H Training Center for the purpose of conducting experimental research for the completion of a Master's Degree of Science in Recreation and Leisure Studies from the University of Tennessee, Knoxville. This test will be conducted during Camp Koinonia, April 17-22.

This research consists of measuring self-concept in mentally and physically disabled individuals who will be both pre- and post-tested with the Fishers Self-Concept Test developed at Pennsylvania State University. The names and results of this research will be held in the strictest confidence and all results will be reported anonymously. Names and scores of the subjects will be locked in the Recreation Department's main file during and upon completion of this research.

Thank you for your time, consideration and cooperation in this matter.

Sincerely,

Lara Campen
Graduate Research Assistant

Conrad Welch
Clyde M. York 4-H Training Center

Dr. Gene A. Hayes
Professor of Health, Leisure & Safety
Thesis Committee Chairperson

Dear Parents,

I am a graduate student at the University of Tennessee, Knoxville majoring in Recreation and Leisure Studies with an emphasis in Therapeutic Recreation. With the cooperation of Camp Koinonia and Clyde M. York 4-H Training Center, I will be conducting a study of the effects of a camp experience on the self-concept of disabled participants. With your permission I would like to have your child take part in my study.

To measure the children's self-concept, a series of pictures will be shown and the children will say whether the picture shown is like them. The picture questionnaire will be given twice, first at the beginning of the week and again after the camp is over. The picture questionnaire would be given to your child by me at the camp and it will take approximately 10-15 minutes to complete.

Although this study may have no direct benefit to you or your child at this time, it will benefit the disabled population by providing more opportunities for community involvement in integrated settings and provide more positive experiences in improving how the disabled feel about themselves in these environments. There are no known risks involved to this testing procedure.

The names and results of this research will be held in the strictest confidence and all results will be reported anonymously. Names and scores of the subjects will be locked in the Recreation Department's main file during and upon completion of research, and your child's individual test sheet will be destroyed as soon as the results are statistically compiled.

If you have any further questions about the research, within the next week, please contact me, Lara Campen, Recreation and Leisure Studies Department, University of Tennessee, Knoxville, at 974-6045. If you are unable to contact me at my office you may reach me at home at 546-4600. I will be contacting you the week before camp to get a verbal consent for your child to participate in this study. If you chose for your child to participate, please complete the attatched form and bring it to camp on Monday April 17th. Your child's participation in this study is voluntary and you may refuse to participate at any time.

Thank you for your time and help.

Sincerely,

Lara Campen
Graduate Research Assistant

I hereby have read and understand the explanation of this study described by Lara Campen in this letter and agree for my child to participate in this study.

Name of child _____ Date _____

Signature _____

## APPENDIX B

## TEST ADMINISTRATION INSTRUCTIONS

1. Have each child in a quiet, secluded spot.
2. Tell the child that you would like to ask him/her some questions.
3. Get in a comfortable position.
4. Show the child the first series of pictures and ask him/her which looks more like him/her.
5. Ask him/her to point or respond verbally as to which picture looks more like him/her.
6. If the child has trouble responding, read the caption under each picture and say that this picture (by pointing) shows someone, i.e., "happy" and this picture shows someone "sad."
7. If the child still does not respond, explain what "happy" and "sad" mean.
8. If the child still does not respond, repeat steps 4-7.
9. Continue with the remaining 29 cards, using the same techniques as used in steps 4-7.
10. Thank the child when you are finished.

<u>Points to Remember</u>

1. Tell the child that these are very private questions and pictures that you are showing him/her, and they should answer them as honestly as possible.
2. Stress that there is no right or wrong answer, and that no one will find out how they do.
3. Clear up any questions at the beginning or the test.
4. The test should take 5-10 minutes.

**APPENDIX B** (Continued)

## CONCEPT DEFINITIONS

1. **Happy** means that you are cheerful; **sad** means that you are unhappy.
2. **Smart** means that you are bright; **stupid** means that you are dumb.
3. **Ugly** means that you are frightful; **good-looking** means that you are attractive.
4. **Baby** means that you are a child; **grown-up** means that you are an adult.
5. **Good** means that you are helpful; **bad** means that you are naughty.
6. **Strong** means that you are powerful; **weak** means that you are feeble.
7. **Bully** means that you pick on people; **friendly** means that you get along with people.
8. **Mean** shows a person who hurts people; **nice** means that you are kind.
9. **Brave** means that you have courage; **afraid** means that you are frightened.
10. **Sick** means that you have poor health; **well** means that you are healthy.
11. **Daydreamer** means that you are wishful; **doer** means that you work.
12. **Loved** means that people like you; **unloved** means you are rejected.
13. **Boring** means that you are dull; **fun** means that you are amusing.
14. **Do right** means that you do well; **do wrong** means that you cause trouble.
15. **Easily talk** means you feel comfortable speaking; **hard to talk** means you find it difficult to speak.
16. **Lazy** means that you sit around; **not lazy** means you don't sit around.
17. **Uncared for** means that people are not concerned about you; **cared for** means that people worry about you.

18. **Never scolded** means that people are happy with you; **scolded** means that people get mad at you.

19. **Failure** means that you do poorly; **success** means that you do well.

20. **Calm** means that you are at ease; **upset** means that you are worried.

21. **Proud** means that you are pleased with yourself; **ashamed** means that you are embarrassed.

22. **Picked on** means that people make fun of you; **not picked on** means that people are kind to you.

23. **Teacher likes me** means that the teacher enjoys having you in class; **teacher doesn't like me** means that the teacher does not want you in class.

24. **Dirty** means that you are soiled; **clean** means that you are tidy.

25. **Neat** means that you are well-groomed; **sloppy** means that you are messy.

26. **I lose** means that you fail; **I win** means that you succeed.

27. **Small** means that you are little; **big** means that you are large.

28. **Just right** means that you weigh the correct amount; **skinny** means that you are thin.

29. **Fat** means that you are heavy; **just right** means that you weigh the correct amount.

30. **Big muscles** means that you have large muscles; **small muscles** means that you have tiny muscles.

**APPENDIX B** (Continued)

## SAMPLE TEST SCORE SHEET

CAMPER_____

| Card Number | Left | Right | Neither | Card Number | Left | Right | Neither |
|---|---|---|---|---|---|---|---|
| 1. | | | | 16. | | | |
| 2. | | | | 17. | | | |
| 3. | | | | 18. | | | |
| 4. | | | | 19. | | | |
| 5. | | | | 20. | | | |
| 6. | | | | 21. | | | |
| 7. | | | | 22. | | | |
| 8. | | | | 23. | | | |
| 9. | | | | 24. | | | |
| 10. | | | | 25. | | | |
| 11. | | | | 26. | | | |
| 12. | | | | 27. | | | |
| 13. | | | | 28. | | | |
| 14. | | | | 29. | | | |
| 15. | | | | 30. | | | |

## APPENDIX C

| | PRE AND POST SCORES | | |
|---|---|---|---|
| INDIVIDUAL | PRE | POST | DIFFERENCE |
| 1 | 114 | 120 | 6 |
| 2 | 111 | 120 | 9 |
| 3 | 105 | 114 | 9 |
| 4 | 108 | 117 | 9 |
| 5 | 111 | 117 | 6 |
| 6 | 84 | 105 | 21 |
| 7 | 72 | 93 | 21 |
| 8 | 99 | 111 | 12 |
| 9 | 114 | 120 | 6 |
| 10 | 87 | 93 | 6 |
| 11 | 96 | 108 | 12 |
| 12 | 111 | 120 | 9 |
| 13 | 69 | 81 | 12 |
| 14 | 117 | 117 | 0 |
| 15 | 99 | 102 | 3 |
| 16 | 69 | 75 | 6 |
| 17 | 114 | 111 | -3 |
| 18 | 111 | 114 | 3 |
| 19 | 105 | 114 | 9 |
| 20 | 108 | 117 | 9 |
| 21 | 84 | 87 | 3 |
| 22 | 120 | 120 | 0 |
| 23 | 93 | 102 | 9 |
| 24 | 102 | 105 | 3 |
| 25 | 66 | 75 | 9 |

# VITA

Lara Lamar Campen was born in Memphis, TN on June 1, 1970. She graduated from Collierville High School in Collierville, TN in May of 1988 and enrolled at The University of Tennessee at Martin on a cheerleading scholarship. Two years later she transferred to The University of Tennessee at Knoxville were she received a Bachelor of Arts Degree in Speech Language Pathology.

In January of 1994, Lara entered The University of Tennessee at Knoxville and began to pursue a Master of Science Degree in Recreation and Leisure Studies with an emphasis in Therapeutic Recreation. After completing her first semester, Lara accepted a research assistantship and was awarded her degree in August of 1995. Lara is currently finishing her internship at the Patricia Neal Rehabilitation Center and plans to continue her profession in Knoxville.