

Children's Perspectives of Therapeutic Recreation: Data from the 'Barretstown Studies'

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Abstract

Camps offering therapeutic recreation-based programmes seek to provide a positive experience for children with life-threatening illnesses, and their siblings. While such programmes are undoubtedly motivated by the best of intentions, there are very little data available on children's own experiences in them. This article addresses this by investigating children's experiences in The Barretstown Gang Camp in Ireland. A questionnaire was completed by 449 children from 15 European countries. Feedback was factor analysed to construct an empirical model of how liking for activities in the programme clustered. Eight distinct components were identified. Results indicated that children's level of liking for some components and whether they felt their friends would like to come to camp were influenced by their age, gender, nationality, level of understanding of explanations in camp and patient/sibling status. Children's descriptions of their camp experience emphasized themes pertaining to fun, activities, scenic surroundings, staff and multiculturalism.

Keywords

camping programmes, children's experiences, life-threatening illnesses, therapeutic recreation

Introduction

WITHIN THE HEALTH care system, services for children with potentially life-threatening illnesses, and their families, are evolving. Specialized camping programmes for such children, and their siblings, represent a particular area of growth (e.g. Sahler & Carpenter, 1989; Swensen, 1988; Warady, 1994). They have proliferated principally in the USA where, for example, it is estimated that since 1976 over 60 camping programmes have been established for children with cancer (Bluebond-Langner, Perkel, Goertzel, Nelson, & McGeary, 1990). More recently, a number of such camping programmes have been set up in Europe, many of which are based on the pre-existing American models (e.g. The Barretstown Gang Camp, 1995). They afford children the opportunity of spending time in supportive environments and of participating in a variety of activities such as arts and crafts, canoeing, adventure, camping and horseriding. As they are often located in natural surroundings and provide 'time out' from stressful situations they are, according to the idea of 'therapeutic landscapes' (see Gesler, 1992), in a position to enhance well being. Indeed, children's health camps in New Zealand have been studied from the perspective of therapeutic landscapes (Kearns & Collins, 2000). The camps' secluded and natural environments and the fact that they offer short-term spatio-temporal removal from difficult circumstances were cited as explanations for their potential health benefits. While context-related considerations can therefore contribute towards understanding the value of camping programmes, the philosophy and strategies upon which these programmes are predicated are also integral.

Camping programmes and the therapeutic recreation process

Camping programmes have been described as an allied health profession or complementary counterpart of therapeutic recreation (Fine, Coffman, & Fine, 1996). A primary role of camping programmes for children centres on providing a pleasant recreation-based experience. However, the role of some camping programmes also centres on using recreation to enhance functioning and well being. Many camping programmes utilizing recreational

activities as an intervention have incorporated aspects of the therapeutic recreation process, namely: (1) client assessment; (2) programme planning; (3) implementation of the programme; and (4) evaluation of the effects of the programme (O'Morrow & Reynolds, 1989).

In terms of the therapeutic recreation process, the first phase, *assessment* refers to determining people's needs. Camping programmes have largely developed from an understanding of the effects of life-threatening illness on children, and their siblings, and their resultant needs. For children with life-threatening illnesses, associated stressors may include; multiple hospitalizations and clinic visits, severe treatment-related pain, visible physical side effects, repeated absences from school and peers and activity limitations (Bull & Drotar, 1991; Varni, Blount, & Quiggins, 1998). Meta-analyses have indicated that children with chronic, including life-threatening illnesses, are at an elevated risk for developing mental health disorders (Lavigne & Faier-Routman, 1992) and that their occurrence is mediated by many factors including developmental age, illness type and trajectory, coping strategies and family and social support (e.g. Eiser, 1993; Varni & Wallander, 1988; Wallander & Varni, 1992). In relation to siblings, potential stressors may include: disruption to family routine and relationships; separation from parents as they meet the needs of the child who is ill; lack of information regarding their brother/sister's illness; and exposure to the suffering of their brother/sister who is ill (Drotar & Crawford, 1985; Menke, 1987). A review of the results of 26 sibling studies indicated that they are at an elevated risk for the development of mental health problems, including depression and anxiety (Williams, 1997), mediated by factors such as developmental age, coping strategies and family and social support (e.g. Drotar & Crawford, 1985; Eiser, 1993).

The second and third phases in the therapeutic recreation process, namely *programme planning* and *implementation*, involve identifying goals and devising methods to achieve them. The goals of camping programmes tend to be broad enough to address some of the needs common to many children with life-threatening illnesses, and their siblings, while allowing for individual differences. Goals may include: (1) providing children with a fun-filled, age-appropriate experience

where they can acquire activity-related skills (e.g. Page & Pearson, 1990; Smith, Gotlieb, Gurwitch, & Blotky, 1987; Warady, 1994.); (2) encouraging children to develop a self-sufficient attitude (e.g. Eng & Davies, 1991); (3) enhancing self-esteem (e.g. Swensen, 1988); (4) providing opportunities for a sense of mastery and efficacy in peer relationships (e.g. Swensen, 1988); and (5) helping children learn about illness, either through formal education or informal peer interaction (e.g. Bluebond-Langner, Perkel, & Goertzel, 1991; Silvers, Holbriech, Go, Morrison, Dennis, Marostica, & Buckley, 1992). With regard to the methods employed to realize goals, camping programmes provide children with a supportive environment, where they can mix with others who have similar experiences of illness and take part in a range of recreational activities. The underlying premise is that a successful and challenging experience in recreational activities has a significant positive impact on children and can contribute towards improved self-image (Shields, Abrams, & Siegal, 1985). As many programmes cater for children from multicultural backgrounds, it is important that they do not become 'culturally encapsulated'. Perego & Dieser (1997) contend that the therapeutic recreation profession is premised on western individualistic values. However, they point out that many cultures do not value individualism and independence, but rather emphasize the importance of collectivism and interdependence. They highlight the need for therapeutic recreation specialists to be multiculturally aware if they are to work effectively and ethically across cultures (Perego & Dieser, 1997). In many camping programmes, the sensitivity and awareness of staff to cultural issues, is therefore essential to effectively facilitating children's experience and integration.

In relation to the final phase of the therapeutic recreation process, *evaluation*, there is an expanding, though still limited body of research supporting the efficacy of camping programmes as a therapeutic intervention (e.g. Bluebond-Langner et al., 1990; Briery & Rabian, 1999; Misuraca, Di Gennaro, Lioniello, Duval, & Aloï, 1996; Punnett & Thurber, 1993; Regan, Banks, & Beran, 1993; Sahler & Carpenter, 1989; Silvers et al., 1992). However, the results of other studies have not produced such supportive findings (e.g. Hazzard & Angert, 1986). Research in this area

generally does not take account of the role that cultural background may play in determining children's experiences in camping programmes and the outcome effectiveness of such programmes. Yet, there is a growing body of evidence attesting to the fact that culture and illness interact in complex ways (see MacLachlan, 1997, 2000). Additionally, there has been a tendency to overlook children's opinions about their camp experiences in favour of parent and staff anecdotal observations. This may be because of a fear of being intrusive and upsetting children when asking them for their opinions, a fear which is probably intensified in relation to children who are ill, and their siblings, since they may be perceived as being more vulnerable. It reflects the broader pattern evident in child health care where it has been noted that children are 'all too often, silent consumers of the services provided' (Carter, 1998, p. 57). Yet, contributions from disciplines such as sociology and developmental psychology demonstrate children's capacity for independent action and influence (e.g. Dunn, 1988). This, combined with the almost international acceptance of legislation in the form of the UN Convention on the Rights of the Child (UNICEF, 1995), has resulted in increased acceptance of the fact that children can express and indeed have a right to express their opinions about the health care they receive (e.g. Carter, 1998; Hart & Chesson, 1998).

The Barretstown Gang Camp

The Barretstown Gang Camp was founded in Ireland in 1994 and is based on the 'Hole in the Wall Gang Camps' in America (see www.barretstowngc.ie/www.holeinthewallgang.org). It is situated around a medieval castle on 500 acres of Irish countryside. Barretstown provides an international summer therapeutic recreation programme for European children with life-threatening illnesses, and their siblings. It also provides year-round programmes for families of such children and runs programmes for children and adults who have been bereaved.

The summer therapeutic recreation programme for children is the focus of this research. It currently caters for some 500 European children, aged 7-16 years, in a series of seven, separate 10-day sessions. The medical criterion for children attending this programme is a diagnosis of, or a brother or sister with, an oncology

illness, a haematology-related illness, an immunodeficiency-related illness or a renal-related illness. Children are referred from hospitals in their home countries and they attend the programme free of charge. Barretstown is a non-profit making organization and relies on private support to sponsor each child to the programme.

As a therapeutic recreation-based service, the goals of the summer programme are:

1. to create an exhilarating and enjoyable childhood experience for the attending children;
2. to give family members a brief respite secure in the knowledge that their child is being looked after;
3. to provide the highest quality medical and nursing care;
4. to help children draw courage from others facing similar ordeals;
5. to foster sustaining friendships among children based on shared experiences in the programme;
6. to build each child's sense of self-worth and self-confidence; and
7. To encourage each child to develop the emotional strength needed to cope with a difficult present and future. (The Barretstown Gang Camp, 1995)

In Barretstown, the goals of the programme are realized through children's participation in: 'Core Activities' including music, theatre, photography, arts and crafts, wordsmith (creative writing), woodwork, canoeing, fishing, horseriding, adventure, archery and camping; 'Periphery Activities' such as hangout, and evening activities (e.g campfire, disco, treasure hunt); and 'Social Activities/Elements' including cottage chat (discussion with other children in the cottage and staff about a variety of personal and social topics), rest hour and the opportunity to meet others from different countries. The activities are designed to be fun and to challenge children to reach beyond their perceived limits, but within their grasp. Children are successful in activities and are encouraged to reflect on their achievements. As a result, it is advocated that children are in a position not only to learn practical skills, but also to discover their personal and social capabilities and strengths.

Aims of research

The lack of research representing children's

perspectives of camping programmes, coupled with the fact that Barretstown is based on American camps, yet caters for children from a broad range of culturally distinct European countries indicated the importance of investigating children's experiences of the programme. Specifically, the research outlined in this article sought to:

- Use children's evaluative feedback about their experiences in Barretstown to construct an empirical model of how liking for activities in the programme clusters in a European therapeutic recreation camp setting and to establish whether children's age, gender, nationality, level of understanding of explanations in camp and patient/sibling status influence their level of liking.
- Use children's evaluative feedback about their experiences in Barretstown to gain a greater insight into the issues children consider important to express about therapeutic recreation camping programmes in a European setting.

Method

Participants

A total of 464 children attended the 1997 summer therapeutic recreation programme. Of these, 449 children participated in the study by completing a questionnaire (97% response rate). This sample comprised 236 males and 213 females. Their age range was 5–18 years with a

Table 1. Overall percentage (%) of children from each of the 15 European countries

<i>Country</i>	<i>% of children</i>
Ireland	31.7
United Kingdom	22.4
Spain	9.3
Russia	7.7
Germany	6.2
Poland	4.6
Hungary	4.3
The Czech Republic	3.4
Iceland	2.3
Norway	2.3
Sweden	2.3
Denmark	1.4
Austria	1.1
Switzerland	0.5
Georgia	0.7

mean age of 11.5 years (SD = 2.4). They were from 15 European countries (see Table 1).

Children attended one of the six 'Patient sessions' which were mixed in terms of presenting medical condition, or the one 'Sibling session' comprising the programme. Children attending the 'Patient sessions' ($n = 383$) had been diagnosed with a form of cancer, a haematology-related illness, an immunodeficiency-related illness or a renal-related illness. They were currently on active treatment, or within two years of active treatment, for their illness. Children attending the 'Sibling' session ($n = 66$) had a brother or sister with one of these illnesses.

Questionnaire

The questionnaire was designed to be self-explanatory with clear and familiar wording throughout. The front page contained the title and concise instructions, which informed children about the purpose of the research and explained that they did not have to take part if they did not want to. The first section asked for demographic information (e.g. the child's age, gender and nationality). This was followed by a section of predominantly closed 'Likert-type' questions tapping children's feelings about the core activities, periphery activities and social elements of their experience. Younger children

(5–12 years) rated their responses to these questions along a five-point pictorial scale of 'smiley faces' ranging from 'Really Disliked', 'Disliked', 'Neither Liked nor Disliked', 'Liked', to 'Really Liked' (see Fig 1(a)). Older children (13–18 years) rated their responses to the questions along the same five-point scale, but ticked boxes to indicate degree of liking (see Fig. 1(b)).

These Likert-type questions were followed by additional closed questions. These examined whether children understood explanations given by staff in the activity areas and in the cottages (living quarters), whether they thought their friends from their home clinic would like to come to Barretstown and whether they intended to stay in contact with the people they had met in Barretstown. Towards the end of the questionnaire, an open-ended question was included which asked children to write about how they would describe Barretstown to a friend.

The questionnaire was translated into the necessary European languages: Icelandic, Norwegian, Swedish, Danish, Spanish, German, Polish, Hungarian, Czech, Russian and Georgian. It is generally accepted that translation for cross-cultural research is a difficult process, but that accuracy is extremely important to achieve, so as to maintain the reliability of the

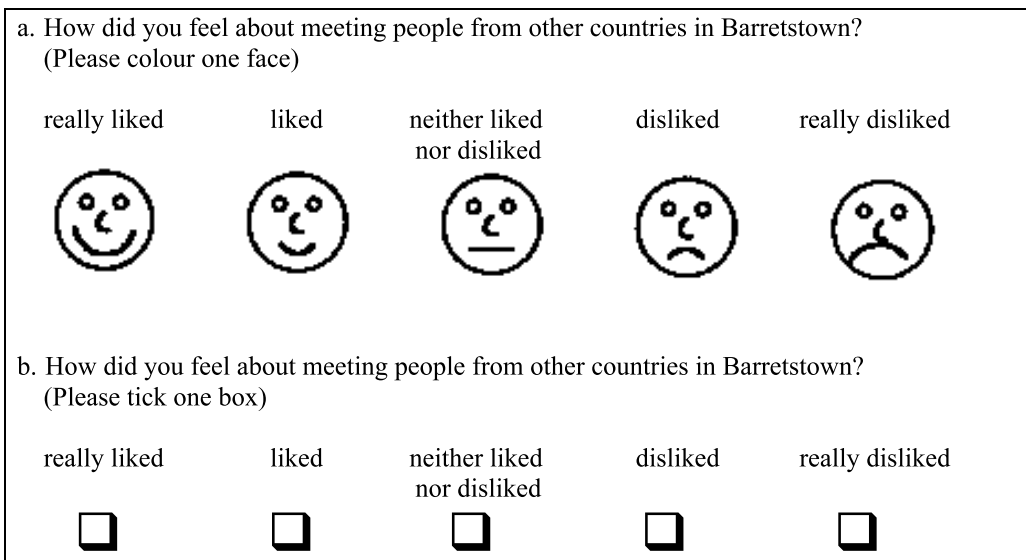


Figure 1. An illustration of a question administered to younger children and older children.

information being collected (Brislin, 1970). As such, the questionnaire was translated by bilingual Barretstown staff who were native speakers of the target language and fluent in English and who, having backgrounds in health/child care, were familiar with the content involved. It was checked for accuracy by a second such person. Any issues arising, such as questions about meaning, or disagreement between the two translators, were resolved through consultation with the first author.

Procedure

During the penultimate evening of each 10-day camping programme, as part of night-time activity 'cottage chat', staff introduced the questionnaire to children informing them about its purpose, their anonymity (in the sense that they were not required to give their name or personal details) and their freedom not to participate. At no time did the researchers discuss individuals' responses with cottage staff.

Children completed the questionnaire by themselves. If a child needed help filling out the questionnaire, the staff helped that child without influencing his/her choice of response. When children had completed the questionnaire (usually 10 to 20 minutes), the bilingual staff translated the children's responses to English.

The quantitative data were analysed using standard multivariate statistical techniques. Responses to the three 'open' questions were content analysed for all 449 children. Initially two analysts independently examined a proportion (20%) of children's responses to each question, in order to identify recurrent themes, and subsequently, thematic response categories. Upon completion, the analysts reached a consensus about any discrepancies in the generated categories through discussion. The categories were then used as a coding frame by a panel of different analysts to classify the children's responses. If any member of the panel felt that the coding frame was not broad enough to encompass particular themes, they generated new categories to encompass these themes.

Results

Statistical analyses

In order to attain an empirical account of how liking for activities in the Barretstown programme clusters, separate factor analyses were conducted for children's responses about the Core Activities, Periphery Activities and the Social Elements of their experience as each of these aspects represents a theoretically distinct part of the programme. Children's level of liking for the activity clusters or components that emerged were ascertained by calculating their mean scores of liking for each component. Differences in children's level of liking for each component based on their age, gender, nationality, understanding of explanations in activity and cottage areas and patient/sibling status were analysed using a series of one-way ANOVAs. Determinants of whether children thought their friends from clinics in their own country would like to come to Barretstown and whether they had formed the intention of staying in contact with each other after camp were identified using multi-discriminant analyses (stepwise approach). Finally, children's responses to the open-ended question (How would you describe Barretstown to a friend?) were reviewed for recurrent themes. The thematic categories generated were subsequently used as a coding frame to classify and count responses.

Factor analyses

In each of the three factor analyses pertaining to children's responses about the Core Activities, Periphery Activities and the Social Elements, the same guidelines were followed. A 'principal component' method of extraction with an orthogonal rotation was used. Since there were no preconceptions about the number of factors that might best represent the data, the number of factors to extract was not specified. Given the large sample size in this study, a factor loading of $> .3$ was interpreted as significant. The reliability of each factor was investigated using Cronbach's co-efficient alpha.

Core activities A four-factor solution accounting for 58.9 per cent of the variance (see Table 2) was considered optimal to represent the data based on an analysis of the scree plot, eigenvalues and the percentage of variance.

Table 2. Factor analysis of Core Activities

Item	Factor 1 Creative	Factor 2 Outdoor Challenge	Factor 3 Instruction-based	Factor 4 Individual-based
Wordsmith	.7			
Music	.7			
Arts and Crafts	.6			
Theatre	.6			
Adventure		.8		
Camping		.8		
Woodwork			.7	
Canoeing			.7	
Horsriding			.6	
Photography				.8
Fishing				.7
Archery				.6
Eigenvalue	2	1.8	1.6	1.6
% of Variance	17%	15%	13.6%	13.3%
Alpha Reliability	.6	.6	.6	.5

As indicated in Table 2, the first factor accounting for 17 per cent of the variance includes wordsmith, music, arts and crafts and theatre. It was labelled the 'Creative component' since all of these are activities that facilitate personal and imaginative expression. The second factor accounts for 15 per cent of the variance and consists of the adventure and camping activities. It was labelled the 'Outdoor Challenge component' since both adventure and camping present the children with very specific tasks to achieve. The third factor to emerge explaining 13.6 per cent of the variance comprises woodwork, canoeing and horseriding. It was called the 'Instruction-based component' since these activities share an element of being taught. Finally, the fourth factor explaining 13.3 per cent of the variance incorporates photogra-

phy, fishing and archery. It was named the 'Individual-based component' as these are activities that provide children with a specific opportunity to work alone. Table 2 shows that the alpha reliability co-efficient for each of the components is > .5.

Periphery activities A two-factor solution accounting for 59.8 per cent of the variance (see Table 3) yielded the best representation of the data, as indicated by the scree plot, eigenvalues and the percentage of variance.

As Table 3 shows, the first factor accounting for 33.3 per cent of the variance includes quest (theatrical story-based adventure day), evening activities (e.g. campfire, disco, treasure hunt), walk on the wildside (group-based free choice activity period), hangout and crazy and lazy

Table 3. Factor analysis of Periphery Activities

Item	Factor 1 Semi-structured	Factor 2 Skill-acquisition
Quest	.8	
Evening activities	.8	
Walk on the wildside	.7	
Hangout	.6	
Crazy and lazy	.5	
Special projects		.9
Eigenvalue	2.3	1.3
% of variance	38.3%	21.5%
Alpha reliability	.7	

(individual-based free choice activity period). It was labelled the 'Semi-structured component' since the underlying theme here centres on the fact that these activities allow children more freedom to choose what they want to do and to interact more freely with others. The other factor which emerged, explaining 21.5 per cent of the variance consists solely of special projects. It was labelled the 'Skill-acquisition component', as special projects are unique in the sense that they encourage children to become more proficient in a particular activity area. The alpha reliability co-efficient for the Semi-structured component is .7.

Social elements A two-factor solution accounting for 45.4 per cent of the variance (see Table 4) was considered most appropriate to represent the data as indicated by the scree plot, eigenvalues and the percentage of variance.

As indicated in Table 4, the first factor accounting for 24.5 per cent of the variance, includes cottage cleanup, cottage chat, rest hour, the medical centre and the food. It was called the 'Cottage-related component' as these are all activities that take place in the cottage or in connection with the cottage group. The other factor which emerged explains 20.9 per cent of the variance and comprises items pertaining to how the children feel about being away from their family, meeting people from different countries and others speaking different languages in Barretstown. This factor was labelled the Socio-cultural component as these items share the common theme of human and social interactions across cultures. Table 4 shows that the alpha reliability co-efficient for both components is >.6.

The results from each of the separate factor analyses are amalgamated in Fig. 2, to provide an empirical model of how liking for activities in the Barretstown programme clusters.

Enjoyment of the therapeutic recreation programme

In relation to the generated empirical model of how liking for activities in the Barretstown programme clusters, Table 5 shows the mean ratings for how much children liked each component.¹ As is evident from Table 5, given the range of 1-5, where a score of 1 represents 'Really Disliked' and a score of 5 represents 'Really Liked' the mean ratings for each component are relatively high. This indicates that children were generally positive about how much they liked each component. However, children liked the Instruction-based component and the Individual-based component the most, and the Cottage-related component to a lesser extent. A series of one-way ANOVAs indicated whether differences arose in children's level of liking for each component depending on their age, gender, nationality, understanding of explanations in activity and cottage areas and patient/sibling status. In order to minimize the likelihood of Type 1 error, a Bonferroni correction was made to the critical p value and the alpha level was set at .001. Only significant findings are reported below, and these are summarized in Table 5.

Age

Older children enjoyed the *Socio-cultural component* ($M = 4.2, SD = .7$) significantly more than younger children ($M = 3.8, SD = .8$) ($F(1, 15) = 12.1, p < .001$).

Table 4. Factor analysis of Social Elements

Item	Factor 1 Cottage Related	Factor 2 Socio-Cultural
Cottage cleanup	.7	
Cottage chat	.6	
Resthour	.6	
Medical centre	.5	
Food	.5	
Meeting people		.8
Away from family		.7
Other languages		.7
Eigenvalue	2	1.7
% of variance	24.5%	20.9%
Alpha reliability	.6	.6

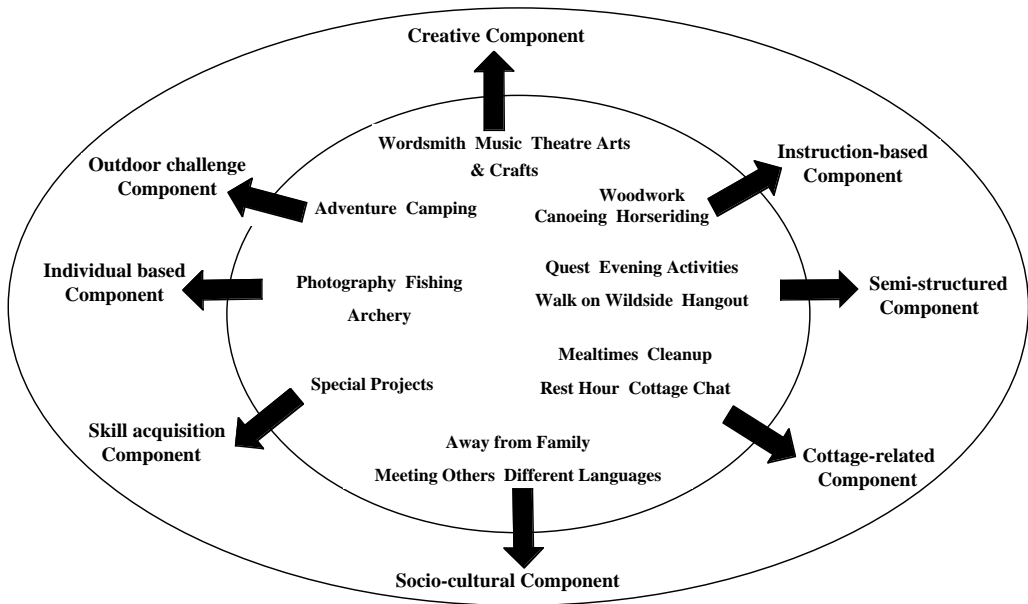


Figure 2. A schematic representation of how linking for activities in the Barretstown programme clusters.

Table 5. Mean ratings showing how much children liked each component and a matrix of significant differences in level of liking for each component

Component	Mean Range (1-5)	SD	Age	Gender	Nationality	Understand	Pat/Sib
Creative component:	4	.7		√			
Outdoor Challenge component:	4.3	.9					
Instruction-based component:	4.4	.6		√			
Individual-based component:	4.4	.6					
Semi-structured component:	4.3	.5					
Skill-acquisition component:	4.3	.8					
Cottage-related component:	3.8	.7				√	
Socio-cultural component:	3.9	.8	√		√	√	√

Gender

As Table 5 shows, there was a significant difference between gender and level of liking for the *Creative component* ($F(1, 15) = 8.7, p < .005$) with girls ($M = 4.1, SD = .6$) liking these activities more than boys ($M = 3.8, SD = .7$). It was also found that girls ($M = 4.5, SD = .5$) enjoyed the *Instruction-based component* more than boys ($M = 4.4, SD = .7$) ($F(1, 15) = 8.5, p < .005$).

*Nationality*² Table 5 denotes that children from Central/Southern European countries

enjoyed the *Socio-cultural component* ($M = 4.3, SD = .8$) significantly more than children from English-speaking countries ($M = 3.9, SD = .8$), Northern European countries ($3.8, SD = .9$) and Eastern European countries ($M = 3.8, SD = .8$) ($F(3, 15) = 5.5, p < .001$).

Level of understanding of explanations

Table 5 shows that there was a significant difference between understanding explanations in the cottages and enjoyment of the *Cottage-related component* ($F(1, 15) = 8.4, p < .005$) with

children who understood explanations in the cottages showing a greater enjoyment of these activities ($M = 3.8$, $SD = .7$) than children who did not understand explanations in the cottages ($M = 3.6$, $SD = .7$). There was also a significant relation between understanding explanations in cottages and enjoyment of the *Socio-cultural component* ($F(1, 15) = 10.9$, $p < .001$). Children who understood explanations in cottages enjoyed this component more ($M = 4$, $SD = .8$) than children who did not understand explanations in cottages ($M = 3.6$, $SD = .9$).

Patient/sibling status Finally, Table 5 shows that there was a significant difference in patient/sibling status and level of liking for the *Socio-cultural component* only ($F(1, 1) = 9.1$, $p < .005$) with siblings being more positive about it ($M = 4.3$, $SD = .6$) than children who are ill ($M = 3.9$, $SD = .8$).

Discriminant analysis

Multi-discriminant analyses (stepwise approach) were conducted to examine whether children's age, gender, nationality, enjoyment of the factor analytically derived components comprising the programme, and their understanding of explanations, could discriminate between their responses about whether they felt their friends from clinics in their own country would like to come to Barretstown and whether they had formed the intention of staying in contact with each other after camp. Response categories included 'Yes', 'Don't Know' and 'No', but in relation to 'whether friends would like to come' there were no cases in the analysis where children said 'No'.

Friends coming to Barretstown In relation to whether children thought their friends from clinics in their own country would like to come to Barretstown, one significant function was derived. It consisted of children's enjoyment of the Instruction-based component (Wilk's Lambda = .8, $p < .01$), their enjoyment of the Individual-based component (Wilk's Lambda = .7, $p < .01$) and nationality or more specifically, children from Central/Southern European countries (Wilk's Lambda = .5, $p < .001$). This function accounted for 100 per cent of the discrimination power and 50 per cent of the variance. It led to the correct classification 78 per

cent of the 'Yes' responses and 28 per cent of the 'Don't Know' responses. This suggests that children who greatly enjoyed the Instruction-based component and the Individual-based component and who were from the Central/Southern European countries of Spain, Germany, Austria and Switzerland were the most likely to consider that their friends from clinics in their own country would like to come.

Staying in contact In relation to staying in contact, two significant functions were derived. Only one function explained an adequate amount of the discrimination power and variance. It pertained to children's level of understanding in the activities (Wilk's Lambda = .5, $p < .0001$). It accounted for 99 per cent of the discrimination power and 63 per cent of the variance. It led to the correct classification of 94 per cent of the 'Yes' responses, 0 per cent of the 'Don't Know' responses and 30 per cent of the 'No' responses. These results suggest that when children can understand explanations in activities they are more likely to form the intention of staying in contact with each other after camp.

Qualitative analysis of the open-ended question

How would you describe Barretstown to a friend?

Of those children who completed the questionnaire, 87 per cent answered the question about how they would describe Barretstown to a friend (see Table 6).

Table 6 shows that the most frequent theme related to children referring to the *fun and excitement* that their overall experience in Barretstown engendered (33%). For example:

If you get the chance to go there take that chance, you will have fun.

Barretstown is loads of fun—a really great place to go to get away from home for a while.

It's great fun ... a good break from our families and stress.

It's really great—you have a great laugh ... The best place to have fun.

The children mentioned the *diversity of fun*

Table 6. How would you describe Barretstown to a friend?

Theme	% of times mentioned
Fun and excitement	33
Diversity of fun activities	29
Nice staff	26
Scenic surroundings	17
Multicultural aspect	14
Making new friends	10
Cottages	7
Nice food	7
Educational	6
Trying new things/success	5
Shared experiences of illness	4
Talking to others who understand	3
Strict rules	3
Bad food	2
Homesickness	1
Exposure to new languages	1

activities (29%) and some children cited specific activities such as canoeing (7%) fishing (6%), horseriding (5%) archery (5%) arts and crafts (4%) and adventure (3%). For example:

The activities are very entertaining and funny and they're very varied like . . .

You get to try all kinds of activities like archery and canoeing to things like staple climb and painting. There is something for everyone.

The staff were mentioned in a positive light by the children (26%) with references to their empathy, encouragement and sense of fun and fairness. For example:

The caras were great. They could be funny and serious and they would never get angry with you . . . the caras help you deal with your own problems and make sure you have a good time.

The people were great and everyone was very supportive and understood you, if you felt sad they'd cheer you up and they would listen to you.

The activity specialists encourage you as much as possible but will not force you to do anything you don't want to do.

As documented in Table 6, the children alluded

to the beautiful and scenic surroundings of Barretstown (17%), often mentioning Barretstown castle and the animals in the surrounding fields. For example:

It is a beautiful place filled with all different flowers . . . there is a secret garden which is very peaceful.

Barretstown looks like a wonderland because when you come in you can see a small but nice castle.

In answering how they would describe Barretstown to a friend, some children mentioned the multicultural aspect of camp (14%) referring to meeting new people from different countries. For example, 'A lot of children from different nationalities come here and you can meet them and stay in contact'. The children referred to making new friends (10%) saying, 'You meet lots of friends' or 'It's a great place to make new friends'.

Table 6 shows that references were also made to the cottages (7%) in which the children lived. Children described their shape and layout and mentioned how cosy they are, saying 'The cottages are really nice, just about like home with really nice rooms'. The children also expressed views about the food, some of which were positive (7%) such as 'The food is good and there is plenty to choose from even if you're a vegetarian' and some of which were negative (2%) such as 'the food is not the best'.

Another theme that emerged related to children perceiving their time in Barretstown to be an educational or learning experience (6%) where they not only acquired practical skills but also personal and social skills. For example:

A lot of fun, you can correct your English, learn cooking in a group and to have trust. You learn things you never have done before.

It's educational because of the different languages.

After being at Barretstown you find you have learned to respect others and really have a good time working together. You also learn to listen to each other and have great fun.

Table 6 indicates that some children alluded to being able to try new things and being successful in camp (5%), saying 'I had so many new experiences such as archery that I'd never done before'

or 'You find out you can do things which you thought you couldn't' or 'children can do what no one would credit them able to'.

Some children mentioned being able to *share experiences of illnesses* (4%) and *talking to others who understand* (3%) in Barretstown. For example:

It's a nice place . . . to be able to discuss your illness with somebody who knows how it feels.

Barretstown brings people in similar hard situations together. It enables them to talk to people who understand what they are going through and helps them realise that they are not on their own in this.

Other themes that emerged, included references to *strict rules* (3%) with staff being around too much and not being allowed enough freedom. For example:

We were always told what to do and where we are allowed to go.

You always feel smothered by the caras always being with us.

Also, *homesickness* was mentioned (1%) with references made to not being allowed to phone home. For example, 'The stay was a bit too long and when you are homesick you could be allowed to ring home or go home'.

Finally, a few children specifically wrote about the *exposure to new languages* in Barretstown (1%), saying that 'You don't have to be afraid about the different languages because of translators' or 'You . . . find you can understand people from other countries with the help of a few interpreters and miming'.

Discussion

This research demonstrated how camping programmes may achieve a greater understanding of their service by attending to the participating children's perspectives. It was found that the majority of children were happy to complete a questionnaire as part of their evening 'cottage chat'. This was reflected in the high response rate (97%). Explaining the purpose of the questionnaire and giving children the option to complete it as part of a standard evening activity represents an unobtrusive approach. A potential drawback is that some children may not have felt

free to express their true viewpoints. However, the fact that children gave both positive feedback and criticisms of their camp experience mitigates this possibility. This provides support for findings that children are capable of expressing their opinions comfortably when provided with sensitive and age-appropriate ways of doing so (McIver, 1991; Thomas & O'Kane, 1999). In the context of camp environments, providing children with the opportunity formally to express their opinions about the programme may have certain benefits. Children may feel more empowered as they recognize that their views about the programme are being taken seriously and may be acted on. It also encourages children personally to reflect on the programme, which may in turn facilitate greater processing of the therapeutic elements of their experience.

The statistically derived empirical schematic of how liking for activities in Barretstown cluster together provided a parsimonious account of the programme. Each of the eight components in the schematic represent a distinct defining aspect of the programme. In aggregate, they show the diversity and scope of therapeutic recreation in a multicultural camp setting. Indeed, the value of our schematic lies in the fact that it is derived from the experience of children from many different cultural backgrounds, and that as a group their responses 'hung' together in a meaningful way (see also, Kiernan, Laurent, Catanzaro, & MacLachlan, 2001).

The finding that children were positive about the various components in the programme, as evidenced by their responses to the 'Likert-type' questions (see Table 5) was corroborated by the emergence of similar themes from their responses to the 'open-ended' question. Specifically, children reported fun and excitement engendered by the overall camp experience and fun experienced in activities. This finding is especially valuable in light of the numerous recurring stressful situations that children with life-threatening illnesses, and their siblings, invariably encounter (Drotar & Crawford, 1985; Menke, 1987; Varni et al., 1998). It provides support for the Barretstown programme goal of providing children with an exhilarating and enjoyable experience (The Barretstown Gang Camp, 1995) and the goal of most camping programmes of providing

children with a fun-filled, age-appropriate experience (e.g. Page & Pearson, 1990; Smith et al., 1987; Warady, 1994).

The finding that there were differences in enjoyment of some components depending on children's age and gender is notable and has implications for planning camp schedules. For example, the finding that older children enjoyed the Socio-cultural component more than younger children may be because teenagers are typically trying to become more autonomous (Rutter & Rutter, 1993). Being away from their family in camp and meeting new people provides them with such an opportunity. This suggests the potential benefits associated with giving teenagers more freedom within camp schedules and of providing time for informal social interaction.

While there were some differences in enjoyment of components depending on nationality, the fact that children from a specific group of countries did not consistently enjoy all components significantly more than any other group suggests the adaptability of the programme to accommodate different cultures. Children from Central/Southern European countries, for example, enjoyed the Socio-cultural component significantly more than children from English-speaking countries, Northern European countries. However, the fact that this pattern was not replicated for every other component, indicates the suitability of the programme for the mix of different cultures. The emergence of the multicultural aspect of Barretstown as a theme, where children mentioned that they enjoyed the opportunities to meet and make friends with others from the same and different countries, shows that camping programmes can cater successfully for culturally diverse populations.

Despite the Barretstown programme being relevant across many different cultural groups, our results highlighted the importance of clear communication in multicultural camp settings. The finding that children who understood explanations enjoyed the Cottage-related and the Socio-cultural components significantly more than children who did not understand explanations is notable. It suggests the importance of clear communication and translation in these components, which represent areas of the programme where there is the greatest opportunity for informal social interaction. Finally, the

finding that siblings enjoyed the Socio-cultural component significantly more than children with life-threatening illnesses is intriguing. It could reflect the particular stress and alienation they can experience resulting from changes in family relationships because of their brother/sister's illness (e.g. Kazak, Reber, & Carter, 1988; Sahler & Carpenter, 1989). Siblings' needs are often unattended by parents and professionals as compared with children who are ill (Bendor, 1990). Consequently, they may enjoy the break away from their family in the camp environment where they are the focus of attention and where they meet new people, more than children who are ill.

With regard to predicting whether children thought they would stay in contact with the people they met in Barretstown, the finding that clear communication emerged as an important determinant is noteworthy. Specifically, the fact that intention to stay in contact is related to being able to understand explanations in activities again highlights the importance of clear communication and effective translation in multicultural camp settings. A potential benefit of children staying in contact with each other after camp is that they have a network of friends who have similar experiences of illness. This may be especially important given that children with life-threatening illnesses, and their siblings, can often be cruelly teased by healthy peers in their everyday environment (Hobbs, Perrin, & Ireys, 1985). However, the impact of language barriers on children's decision to stay in contact with people they met is an area that requires further research.

In relation to children saying that they thought their friends from clinics in their countries would like to come to Barretstown, the finding that enjoyment of the Instruction-based and Individual-based component and being from a Central/Southern European country were significant determinants is interesting. It implies that children's experiences in these components of the programme are central to their overall impression of camp, and that children from Central/Southern European countries have perhaps a more favourable view of camp. At a more general level, these findings about whether children intend to stay in contact with each other after Barretstown, and whether they think their friends from clinics in their own

countries would like to come to Barretstown, highlight the *predictive* value of our empirical schematic in accounting for children's 'camp-related' intentions and attitudes.

In relation to the children's descriptions of Barretstown, there are two themes in particular that warrant further discussion. First, children's references to Barretstown's scenic and beautiful surroundings indicate an awareness and appreciation of the camp's natural environment. While the emergence of this theme does not provide evidence for the notion of therapeutic landscapes (Gesler, 1992), it does suggest the importance of the environmental context in children's experience of camp. Second, children's comments about staff highlights the significance of their role in facilitating children's experiences within camp programmes. Although children were generally very positive about the staff, a theme that also emerged centred on children commenting that the staff were with them too much. Since many children with illnesses are often overprotected by parents and adults in their environment (e.g. Geen, 1990; Van-Dongen-Melman & Sanders-Woudstra, 1986) and since one of the goals of the programme is to encourage the development of inner strength, it would be worthwhile to explore ways of maintaining safety, but acknowledging desires for more independence and trust. There may be an age-related difference with regard to desires for more independence with teenagers more likely to request and need greater freedom than younger children.

To conclude, our investigation has demonstrated the value in asking children, as the participants in camping programmes, for evaluative feedback on their experience. We have provided a starting point for more careful consideration by camp administrators of the strengths of their programmes and of the areas requiring development. The practical implications of our research include support for the 'cultural inclusiveness' of therapeutic recreation based on the empirically derived schematic reported here; highlighting the importance of clear communication between staff and children for not only their enjoyment of activities, but also their intention to stay in contact with other children after the camp; recognition that the needs of children of different ages differ, with regard to, for instance, independence from staff;

and the value placed on the environmental context in which therapeutic recreation takes place. It is also important to acknowledge the need to investigate therapeutic camping with regard to evidence-based outcomes (Kiernan & MacLachlan, under review) and to explore qualitatively children's experiences over time, rather than at only one point in the therapeutic recreation process (Kiernan, Guerin, & MacLachlan, under review).

Notes

1. For comparison purposes, the mean ratings were divided by the number of items in each component.
2. 'English-speaking' countries refer to Ireland and England, 'Northern European' countries refer to Iceland, Norway, Sweden and Denmark, 'Central/Southern European' countries refer to Germany, Austria, Switzerland and Spain and 'Eastern European' countries refer to Hungary, Poland, The Czech Republic, Russia and Georgia.

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