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Exploring the Impact of Soccer Camp on Social Identity for Youth with Cerebral Palsy

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EXPLORING THE IMPACT OF SOCCER CAMP ON SOCIAL IDENTITY
FOR YOUTH WITH CEREBRAL PALSY

A Thesis
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
Parks, Recreation, and Tourism Management

by
Rio Danielle James
August 2019

Accepted by:
Dr. Skye Arthur-Banning, Committee Chair
Dr. Brandi Crowe
Dr. Kyle Young

ABSTRACT

Background: The purpose of this study was to explore the impact of an exclusive, residential cerebral palsy (CP) soccer camp on social identity for youth with CP. Using a phenomenological approach, the aim of this study was to explain the six-day CP soccer camp experience from the camper's perspective, guided by the three processes of Social Identity Theory (SIT), to determine if a CP soccer camp setting impacted the development of the participant's social identity. **Methods:** Semi-structured interviews were collected online through a video software from 13 participants who were purposefully sampled between the ages of 10-18. Qualitative data was initially analyzed through a deductive coding lens, then further analyzed through an inductive coding process. **Results:** Findings suggest that participation in an exclusive, residential CP soccer camp supported two of the three processes in SIT and provided opportunities for youth with CP to feel connected and similar to others with disabilities. Participants enjoyed being around other individuals with CP in a supportive sport environment. **Conclusion:** This study indicated that CP soccer camp assisted in the camper's social identity development in two of the three processes of SIT. Future research implications are discussed.

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CHAPTER ONE

INTRODUCTION

Cerebral palsy (CP) has been diagnosed in approximately 17 million individuals worldwide and is identified as the most common motor disability in children (Cerebral Palsy Alliance, 2018). CP is a lifelong condition that affects an individual's ability to control motor functioning due to abnormal development of the brain or damage during brain development (Centers for Disease Control and Prevention, 2018). Although one in three persons with CP are unable to walk (Cerebral Palsy Alliance, 2018), there are individuals with this diagnosis who walk with an assistive device or have the ability to ambulate independently. Muscle spasticity, limited fine and gross motor functioning, muscle weakness, or other cohesive neuroimpairments are also common symptoms in people with CP (Cerebral Palsy Alliance, 2018). As a result, these symptoms can impact range of motion and decrease participation in physical activities (Beckung & Hagberg, 2002), which can further lead to an increased risk for secondary health conditions such as cardiovascular disease, obesity, and type II diabetes (Biddle, Gorely, & Stensel, 2004). In a systematic review, Carlon, Taylor, Dodd, and Shields (2013) examined six articles where youth with CP had higher levels of sedentary time and lower levels of physical activity, which supports the idea that this population may have a difficult time achieving the global recommendations for physical activity guidelines by the World Health Organization (WHO). The guidelines indicate that youth, ages 5-17 are to participate in 60 minutes of moderate-to-vigorous physical activity every day, encompassing aerobic,

muscle-strengthening, and bone-strengthening activities at least three days a week (World Health Organization, 2019).

Physical activity is considered “any bodily movement produced by muscles that results in energy expenditure” (Caspersen, Powell, & Christenson, 1985, p. 126). The concept of physical activity can be adapted for individuals with disabilities who may experience limitations with individual goal achievement in programs due to restrictions in mobility or motor functioning (Kristén, Patriksson, & Fridlund, 2002; Sherrill, 1990). Adapted physical activity (APA) refers to the service delivery and empowerment systems that have been created specifically for individuals with disabilities to make recreation or sport performance and competition enjoyable and accessible for everyone (Sport and Development, n.d.). APA promotes a healthy lifestyle in various settings including sport, whether the environment is strictly for individuals with disabilities, or inclusive of people with and without disabilities (Kristén et al., 2002). As an example, one opportunity for youth with disabilities to engage in physical activity and increase participation in the community is through sport.

Sport is globally recognized as a type of physical activity that can be provided at three levels; recreational, competitive and elite. Pensgaard and Sorensen (2002) describe recreational sport to be fun and participated on one’s own terms, such as participating in a sport at the local YMCA or a pick-up league in the community. Competitive sport has certain performance criteria with required limitations and enforced conditions where individuals compete to achieve desirable and successful results (i.e. participation on a travel sport team or participation at the collegiate level), and elite sport, which is the

highest level, encompasses athletes that participate professionally or internationally where a very small percentage of individuals compete. Each level is available for individuals with disabilities, however the sport is considered an adaptive sport.

In adaptive sports, as opposed to traditional sports for individuals without disabilities, the rules of the sport itself may slightly change depending on individuals' functional abilities, such as sight, balance, range of motion and strength with fine and gross motor movements, or abdominal strength and trunk control, to incorporate individuals with disabilities with varying ability levels. For example, adaptations and modifications can be made to equipment, such as a soccer ball with a bell inside for people with visual impairments. Rules may also be modified to ensure fair play among participants. For example, individuals with CP playing soccer are able to roll the ball into play instead of throwing the ball in overhead due to their limited range of motion.

Recreation or competitive adaptive sports that have been modified from the Olympic-type sports for individuals with intellectual disabilities are commonly known as Special Olympics (Special Olympics, 2019). For individuals primarily with physical disabilities, neurological and visual impairments, adaptive sports often refer to Paralympic sports, such as wheelchair basketball, 7-a-side soccer or goalball respectively (International Paralympic Committee [IPC], n.d.a).

In order to make each adaptive sport environment equal and provide a successful experience, each athlete who participates in a Paralympic, adaptive sport at the competitive or elite level should be allocated a sport class category prior to competition. An example of this would be athletes competing in para alpine skiing. Skiers with severe

muscle weakness or above the knee amputation in both lower limbs are given the “LW 1” classification, and skiers who utilize one pole due to an impairment to one upper limb receive the “LW 5/8” classification (IPC, n.d.b). This classification is based on the athlete’s ability to complete fundamental and functional tasks related to their sport. Although athletes who have different disability diagnoses are allowed to compete in the same Para-sport (i.e. individuals with CP or traumatic brain injury both participate in soccer; individuals with muscle weakness in legs or lower limb amputation both participate in the same classification in alpine skiing), this classification provides an equal playing field between athletes with different ability levels during competition (IPC, 2015).

Even though a classification system is not always required when the activity goal is to provide participation, fitness or social opportunities (e.g. recreational level), researchers have found that individuals’ involvement in adaptive sports has provided competence towards skill development (Groff & Kleiber, 2001), a sense of normalcy (Lundberg, Taniguchi, McCormick, & Tibbs, 2011), and a sense of connectedness (Shapiro & Martin, 2010). Adaptive sports in these research studies consist of basketball, alpine and cross-country skiing, cycling, team handball, horseback riding, and track. Blinde and McClung (1997) also indicate how adaptive sports and recreation opportunities impact individuals with disabilities by increasing their confidence to try new activities, redefine their physical capabilities, and assist in their initiation of social interactions. In addition to the benefits that adaptive sport participation can provide, it is important to recognize that these opportunities are available in various settings, including

physical education classes at school, community recreation centers outside of school, and sport camps over the summer (D'Eloia & Price, 2018).

Goodwin and Staples (2005) explain that “summer camp is often perceived to be an opportunity to enjoy recreational activities in a socially rewarding context” (p. 168). Further, summer camps have predetermined outcomes based on different variables that indicate how the camp is designed (Thurber, Scanlin, Scheuler, & Henderson, 2007). For example, camp programs may intend to serve as childcare for working families, while others focus on providing outdoor education, or on improving physical activity through sport. In addition, there are generally three different types of summer camps that are commonly offered for individuals with disabilities, depending on the population(s) being served. For example, there is an option for inclusion, where individuals with and without disabilities are included in a mainstream camp environment (Disability World, 2019). Medical specialty summer programs are designed to meet health-related outcomes, such as an increase in exercise, self-esteem, or peer support for individuals with diabetes, cancer or obesity (D'Eloia & Price, 2018; Hill et al., 2015). The third type, exclusive camps are designed strictly for individuals with disabilities, whether the diagnoses are the same or different (Bedini, 1990). With respect to the timeframe that surrounds camp, they can be organized as day camps or residential camps and are able to span across multiple days or weeks. While summer camp provides an opportunity for peer interaction and problem-solving situations during recreational and sport activities (D'Eloia & Price, 2018; Goodwin & Staples, 2005), there are other important elements when attending residential camps that can have additional impacts on the campers.

Garst, Browne, and Bialeschki (2011) note that one of the important elements of camp is experiencing various aspects of life together, or group living (i.e., eating, playing and sleeping). During residential camps, time is allotted for rest or relaxation in between activity sessions or in the evenings. The downtime, or unstructured time together, provides a unique opportunity for campers to develop social interaction, involving conversation about personal experiences and common interests between peers (D'Eloia & Price, 2018). For youth with disabilities attending exclusive camps, these conversations have the potential to steer towards topics about similarities in lifestyles or past experiences. For example, Goodwin and Staples (2005) found that a group of youth, all having a physical, sensory, or behavioral disability, felt accepted during an exclusive camp, and the individuals were able to identify with one another by sharing their experiences related to their disability. In addition to the benefits that come from the group living experience, Thurber et al. (2007) highlights the recurrent themes that make the camp experience unique; having a positive peer culture, outdoor physical activity, and accepting, supporting and caring staff as examples. Each of these components can be found at a summer sport camp. Providing camp opportunities with sport activities creates an experience for individuals to develop a sense of competence about their skills and abilities, which Groff and Kleiber (2001) note is an important aspect of identity development.

Identity development occurs by having personal perceptions of the self, then engaging in social interactions to determine if the perceptions of others validate that self-identity (Zabriskie, Lundberg, & Groff, 2005). As this relates to social identity theory

(SIT), individuals view themselves as a member of a specific group, they place their value and emotional significance within that group, then these individuals believe that they belong to a social category (Tajfel & Turner, 1979). Social categorization is the first of three processes that forms one's social identity. Tajfel and Turner (1979) describe social categories as "cognitive tools that segment, classify, and order the social environment" (p. 40); this process will further determine how an individual defines his/her place in society (Tajfel, 1978). The social category that one feels he/she belongs to then provides a social identification, or self-image, for the second process in SIT (Tajfel & Turner, 1979). This social identity allows individuals to evaluate themselves based on the similarities to or differences from members of other groups. The third process of SIT, social comparison, occurs when the individual of a group compares members of his/her associated in-group positively to the relevant out-group, which ultimately differentiates these two groups in social situations (Tajfel & Turner, 1979).

Individuals with physical disabilities often times experience limitations to participating in physical activity due to the restrictions in mobility or functioning of their body. There are sport opportunities that are provided to encourage youth with disabilities to be active and surrounded by other similar peers, such as CP soccer camp. Providing an environment where youth with disabilities are immersed in programming with other individuals like themselves, it is important to understand how these participants categorize, evaluate, and compare themselves to similar and different individuals as a result from attending camp. Since there is a limited amount of research on SIT specific to

youth with disabilities, this study sought to further explore the impact of an exclusive, residential CP soccer camp on social identity for youth with CP.

CHAPTER TWO

LITERATURE REVIEW

Cerebral Palsy

Cerebral Palsy (CP) is a life-long, non-progressive condition that is considered to be the most common physical disability in youth (Cerebral Palsy Alliance, 2018). It occurs before, during, or shortly after birth and is caused by abnormal development of the brain or damage to the outer layer of the brain that controls posture and muscle movements throughout the body (Cerebral Palsy Foundation, n.d.). CP impacts different limbs of the body, and the combined limb areas affected are categorized as quadriplegia, which affects all four limbs; diplegia, which is a form of bilateral CP affecting both legs; and hemiplegia, or unilateral CP, affecting one arm and one leg on the same side of the body (Cerebral Palsy Alliance, 2018). Further, a person with CP can have one of four motor types; (a) spastic, which is the most common and muscles appear tight and stiff, (b) athetoid, causing the body to have involuntary movements, (c) ataxic, when balance is affected due to shaky movements, and (d) mixed types, or a combination of two or more motor types (Cerebral Palsy Alliance, 2018; Cerebral Palsy Group, 2019). Overall, CP limits range of motion and results in muscle weakness, which often affects fine and gross motor functioning. Beckung and Hagberg (2002) identify that impaired motor functioning is a precursor for restrictive participation in societal activities for individuals with CP. While body functioning is considered a participation constraint in completing an activity at the same pace or ability level as peers without disabilities, there are other restrictions or barriers that hinder youth with disabilities from being involved in

recreation activities. While there may be a lack of research that identifies barriers specific to individuals with CP, researchers have found that intentional attitudinal or social barriers have prevented individuals with physical disabilities, including those with CP, from participating in recreational programs. Parents reported that examples of these attitudinal and social barriers include emotional bullying in terms of name calling, or isolation by means of being ignored or finding difficulty in making friends (Pivik, McComas, & Laflamme, 2012).

Barriers. In order to create positive recreation environments and effective exercise opportunities for youth with disabilities, it is important for parents, health professionals and teachers to recognize why there is limited participation in physical activity, and if possible, how to decrease the controllable barrier(s). Shields, Synott and Barr (2012) completed a systematic review with 14 articles that identified four main barriers to physical activity for youth with disabilities; (a) personal, (b) environmental, (c) social, and (d) program. Personal barriers include but are not limited to individuals with disabilities' lack of physical and social skills, fear, and lack of knowledge or awareness about the exercise. Environmental barriers encompass inadequate facilities (e.g. geographic location of facility, inaccessible facility, or lack of adaptive equipment) and lack of transportation. Barriers that involve parental actions or concern, unsupportive peers or lack of friends, or negative societal attitudes are considered social barriers. Program barriers, or the scarcity of appropriate physical activity programs, lack of staff capacity, negative staff attitudes, or participation cost can also prevent individuals with disabilities from participating in physical activity or recreation (Shields et al., 2012).

Individuals often participate in physical activity at their school, and Pivik et al. (2012) identified barriers as they relate to accessibility and inclusion in the school setting. It was found that individuals without disabilities bring about intentional attitudes, such as purposefully staring or whispering, and unintentional attitudes, such as lack of education or understanding, are brought on by teachers. For example, students with disabilities are given a helper in a physical education class to feel included by assisting the child in the activity. Instead, the activity could be modified for the whole class, by rules or equipment, to allow students with disabilities the opportunity to be independent and successful (Pivik et al., 2012). Despite the perceived restrictions and negative stigma involving individuals with disabilities and physical activity, participation is encouraged to allow opportunities for engagement in an active and healthy lifestyle. One additional barrier to be mindful of for youth with CP is they may find it difficult to meet the global physical activity guidelines.

Physical Health. Children with CP may find it difficult to meet the global recommendations for physical activity guidelines by the World Health Organization (WHO), which are 60 minutes of moderate-to-vigorous physical activity every day for ages 5-17, and they tend to have lower levels of fitness than their peers (Carlson et al., 2013; World Health Organization, 2019). Due to the limitation in range of motion and muscle weakness often experienced by individuals with CP, participation in physical activity for youth with CP can be challenging (Bjornson, Belza, Kartin, Logsdon, & McLaughlin, 2007). It may be beneficial to modify or adapt the activity to facilitate individuals' successfully achieving the physical activity. Staff and family members

providing the activities should understand how to structure the activity to meet the WHO health goals, as well as knowing how to measure the activity for individuals to participate to their full potential physically. When measuring an activity, there are two components, capacity and performance, that determine what an individual is capable of and what he/she really does during a task or action. For example, youth with CP who are ambulatory may experience limitations in capacity, "...the execution of a task in a controlled environment," (p. 249) and performance, "...the execution of a task in the natural environment," (p. 249). For example, capacity would be what an individual does during a functional test administered by clinicians, and performance tasks would be what an individual actually does in the community or school playground. Youth with CP experience limitations in these two components, which have the potential to hinder their activity levels, putting them at risk for becoming overweight and developing inactive habits into adulthood (Bjornson et al., 2007). Thus, it is vital to engage youth with CP in appropriate, modified physical activity when younger to maintain fitness engagement throughout their life. Community sport is one way to increase physical activity by providing a fun, safe and controlled environment.

Sport

Groff and Kleiber (2001) found that adapted sports play an important role for youth with disabilities. Specifically, sport is used as a tool for self-perception development, group identity facilitation, an expression outlet, and a decrease in awareness of disability. To engage participants in community sport, it is important to understand the various levels of sport and the availability or local access of each. Sports

tend to have three different levels of engagement that require different intensities of physical activity; recreational, competitive, and elite (Pensgaard, & Sorensen, 2002). Individuals participate in recreational sports for fun and health, where choice and priority are on their own terms. Recreational sports can be informal and do not pressure the athletes to excel into a higher, competitive level (Maron et al., 2004). When participating in organized training and regular competition with high levels of exertion, as well as identifying performance standards, one would be classified as participating in competitive sports (Maron & Mitchell, 1994; Pensgaard & Sorensen, 2002). Elite competition would be considered the highest level of sport for athletes that requires a high degree of skill and commitment (Lundberg et al., 2011; Pensgaard & Sorensen, 2002). Slight modifications can be made to sports at each level, the recreational, competitive, and elite, to engage individuals with disabilities. These modifications, or otherwise known as adaptive sports, allow the athletes to be successful without changing the overall goal of the sport.

Adaptive Sport. Adaptive sports are typically designed for athletes with disabilities by using pre-existing sports for able-bodied individuals as a baseline to maintain the end goal and structure of the sport (Children's Hemiplegia and Stroke Association [CHASA], 2018). There are modifications to the pre-existing sport and classifications for competitive and elite level athletes with disabilities to successfully achieve the end goal, to ensure fair competition among athletes and to accommodate individuals with varying ability levels (Lundberg et al., 2011). For example, 7-a-side soccer, or CP soccer is one of the adaptive sport opportunities for individuals with CP

who are able to walk independently. CP soccer has minor adjustments from a mainstream soccer match to accommodate individuals with disabilities who qualify for the game. In CP soccer: (a) the field and goals are smaller; (b) there are seven players on the field at one time; (c) the total game time is shorter than that of a professional soccer match; (d) there is no off-side law in this sport; and (e) players are able to complete a “throw-in” by rolling the ball into play (International Federation of CP Football [IFCPF], 2019).

Although athletes who have suffered a traumatic brain injury, stroke, or other neurological impairments qualify to play CP soccer at all sport levels, sport participation with individuals who have similar experiences provides non-sport related benefits. For example, participation in sport allows athletes an opportunity to develop their personal identity, unite and experience acceptance by peers (Cass, 1984) and develop relationships (Pensgaard & Sorensen, 2002; IFCPF, 2019). Participants who engage in adaptive sports with others who have a similar disability have an opportunity to experience connectedness in a social context (Shapiro & Martin, 2010). A common resource that offers sport participation and social interaction is camp. “Summer camp provides a prominent out-of-school sport and recreation context for youth with disabilities to interact and develop meaningful relationships” (D’Eloia & Price, 2018, p. 97).

Camp

Camp opportunities span a variety of categories, and may focus on outdoor adventure, health or fitness-related, or sports skills. While there are camps that are organized year round, camps are typically provided during the summer months as children are out of school and have more free time for participation. Depending on the

design of the camp, children and young adults have options to attend a day camp for a few hours over several days, or they can participate in a residential camp with involvement during all hours of the day for a week or more (Garst et al., 2011). While there are several camp opportunities for typically developing youth and adolescents, there are fewer opportunities for children with disabilities (Devine & Dawson, 2010). Camps for individuals with disabilities can be classified into three structural types; exclusive camps, therapeutic and medical specialty camps, and inclusive camps (D'Eloia & Price, 2018). Camps designated for individuals with specific disabilities in a barrier-free environment are considered specialized, or exclusive camps (D'Eloia & Price, 2018). Medical specialty camps are designed for children with health conditions, such as diabetes, to be at camp "under the supervision of health care professionals" (Hill et al., 2015, p. 312). Inclusive camps provide an environment where everyone feels welcomed and incorporated into society in a least-restrictive environment (D'Eloia & Price, 2018). These camps are inclusive in the sense that they provide programming for individuals with and without disabilities together. However, researchers have found that individuals with disabilities who attended inclusive camps have experienced rejection from peers without disabilities, which can further lead to feelings of isolation, restricted socialization, and exclusion (Blinde & McCallister, 1998; Taub & Greer, 2000). Furthermore, when inclusive camp activities are competitive and focus on skill (i.e. sport camps), negative attitudes and perceptions are produced towards individuals with disabilities by doubting their ability levels or thinking the activity would not be fair (Devine & Wilhite, 1999; Wilhite, Devine, & Goldenberg, 1999). Thus, it is important

that individuals with disabilities have an opportunity to attend camps with others who are experiencing equivalent life situations, known as exclusive camps.

Exclusive Camps. Exclusive camps provided for specific individuals (e.g., youth with CP) have been known to create positive experiences that result in positive outcomes for the participants. Researchers indicate the various positive outcomes for participants in past literature; increased independence (Goodwin & Staples, 2005), exploration of identity (D'Eloia & Price, 2018), and development of community (Goodwin, Lieberman, Johnston, & Leo, 2011). Not only can exclusive camps provide a sense of “coming home” when integrating with others with disabilities (Gill, 1997), but they can also create a supportive environment where individuals can learn new skills, take on meaningful roles, and identify with peer role models (D'Eloia & Price, 2018). D'Eloia & Price (2018) further address the supportive environment, in which exclusive summer camps can offer challenging situations where the campers can collectively work together in a least-restrictive setting where there is no judgement or discrimination from peers without disabilities (Goodwin et al., 2011). These challenging situations could be sporting activities while working as a team towards a common goal, or during unstructured time where youth with disabilities discuss various aspects of their lives and ways to modify daily tasks based on ability levels. Although physical disabilities affect individuals' motor functioning and mobility, exclusive summer camp can provide an understanding of physical potential (Gesler, 1992; Goodwin & Staples, 2005) through participation in physical and sport activities. Goodwin and Staples (2005) found that the external influence of peers with disabilities internally impacted the campers to surpass previously

achieved physical limits. When participants are able to see the success in their peers with more functional restrictions, realization of personal ability is challenged (Goodwin & Staples, 2005). Perhaps equally as important, exclusive sport camp encompasses the peer to peer connection for youth with disabilities, as well as pushing physical limits through physical sporting activities. Exclusive camps are often offered as residential camps, which is another element of camp that allows for peer connection and social interaction during time away from the designated program activities.

Residential Camp Setting. Residential camps tend to be readily accessible to individuals throughout the country, and the summer camp experience is known to promote independence, self-esteem, and new skill development (Klee, Greenleaf, & Watkins, 1997). Depending on the duration and intensity of the camp, youth participants have the potential to be involved for a longer amount of time than they would in other programs, such as after school programs (Garst, Gagnon, & Whittington, 2016). As is often the case for residential camps, the participants are involved in the program twenty-four hours a day (Garst et al., 2011), whereas day camps have a specific, predetermined amount of time that staff provide activities for the participants before returning home each day. The residential setting then creates opportunity for campers to increase their independence and confidence by separating themselves from their parents for an extended amount of time. Residential camps also offer periods of social interaction during predetermined activities and downtime that can ultimately contribute to identity formation. During these periods of downtime, participants can freely express who they are with similar peers which is not always an option in their everyday life (e.g. school

environments; Groff & Kleiber, 2001). While being immersed in a program for a group of individuals that already have limited opportunities, and being surrounded by individuals like themselves in a program setting for multiple days (e.g. residential camp), participants have the ability to explore how they perceive themselves belonging to a group (e.g. individuals with disabilities) in a social context. How one determines his/her identification to a group can be further explained using social identity theory.

Social Identity Theory

Social identity theory (SIT) is defined as “that part of the individual’s self-concept which is derived from their knowledge of their membership of a social group (or groups) together with the value and emotional significance of that membership” (Tajfel, 1981, p. 255). In reference to the previous definition, researchers describe a social group as a membership where individuals feel a belonging to and perceive themselves as a part of a group, and those individuals are acknowledged by others as a member of that group (Tajfel & Turner, 1979; Trepte, 2006). Within a social group, individuals have shared attitudes, beliefs, and values (Woolf & Lawrence, 2017). A person goes through three important processes in order to form their social identity; the first process is called social categorization where an individual classifies or categorizes himself in relation to social categories (Stets & Burke, 2000). These social categorizations are cognitive tools used to “segment, classify, and order the social environment,” (Tajfel & Turner, 1979, p. 40) that indicate a person’s place in society (i.e. student). The second process is social identity, which is a self-evaluation component where the individual differentiates himself/herself from members of other groups (Tajfel & Turner, 1979). This process consists of an

individual's self-image, which could be positive or negative, that results from the social category in which he/she identifies himself/herself belonging (i.e. acting like a student). When an individual feels that they are similar to other group members, they believe they are part of the in-group. The in-group members will then compare themselves to the out-group, which is the process of social comparison (i.e. students comparing themselves to teachers; Tajfel & Turner, 1979). The acceptance of others who are already part of the in-group is the strongest way to confirm that an individual is a member of the group (Stets & Burke, 2000). In order to further understand the context of SIT for the purpose of this study, it is important to understand the influence of intergroup differentiation as it relates to social settings; (a) as part of the individual's self-concept, he/she must identify with the in-group and internalized that group's membership, (b) there must be a social situation for the group to evaluate themselves, and (c) the out-group is a relevant comparison due to similarity and proximity (Tajfel & Turner, 1979).

Identity and Individuals with Disabilities. Identity formation occurs when the individual can freely explore and choose alternate identities. However, some youth with disabilities already have their identity "assigned" because of the "label" of their disability based on aspects of themselves that cannot be disregarded or modified (Groff & Kleiber, 2001). Devine and Wilhite (1999) express that individuals with disabilities have fewer societal opportunities which can prevent engagement with others, and therefore it is difficult to experience and establish the values and norms of groups due to stereotypes and perceived inferior status. When sport interests are explored through activity participation, it provides an opportunity for an individual to relate and discover

similarities between themselves and other participants, and the person may incorporate that sense of identity the more engagement one has with that activity (Groff & Kleiber, 2001). This provides opportunities for verification and acceptance from others who are already in the desired “in-group” (Woolf & Lawrence, 2017).

By working together and feeling connected to other youth with disabilities (Goodwin & Staples, 2005), researchers found that individuals were able to understand themselves better and identify with a group by using their performance from sport participation (Goodwin & Staples, 2005; Groff & Kleiber, 2001). However, individuals with physical disabilities may have difficulty developing a sense of identity due to the limited societal opportunities for identity alternatives (Groff & Kleiber, 2001).

Nevertheless, sport is documented as a context of recreation that is seen to facilitate and impact the development of personal and social identity (Groff & Kleiber, 2001; Kleiber & Kirshnit, 1991; Shaw, Kleiber, & Caldwell, 1995), and Pica (2003) found that persons with disabilities who develop a sense of identity through sport at a young age are more likely to participate in physical activity as adults. SIT may help explain how individuals achieve their identity based on the belonging and acceptance through social interactions the participant might experience in an adaptive sport setting. Therefore, the purpose of this study was to explore the impact of an exclusive, residential CP soccer camp on social identity for youth with CP.

CHAPTER THREE

METHODS

Methods

Qualitative research is conducted by learning from participants about a problem or issue to develop and explain a larger picture in order to make sense of the complexity and new understanding of the data (Richards & Morse, 2007; Creswell & Creswell, 2018). Qualitative research can be obtained from multiple sources of data, such as interviews, observations, or documents (Creswell, 2007), which provides a more in-depth understanding of the study participants' individual experiences (Durdella, 2019). Interviews in qualitative research are typically unstructured, involving open-ended questions (Creswell & Creswell, 2018) and can be completed through the computer, using a video-software to maintain the real-time, face-to-face interaction when the researcher is not in the same location as the participants of the study (Hanna, 2012). One of the approaches in qualitative research is phenomenological research, which is a design where the researcher describes a lived experience from the participants' perspective (Creswell & Creswell, 2018). Phenomenological research focuses on "...describing what all participants have in common as they experience a phenomenon" (Creswell & Poth, 2018, p. 75), which seems appropriate for this study considering all the participants had cerebral palsy (CP) and experienced the first soccer camp in the country for youth with CP. By utilizing a group of individuals who all experienced the same lived phenomenon, it allows the researcher to develop a compiled description of the experience from the perspectives of all the individuals (Creswell & Poth, 2018).

Setting

CP Soccer, a not-for-profit entity located in the New York metro area, hosted a national summer camp to provide youth with CP the experience to learn, practice, and play soccer while having the opportunity to meet and engage with peers like themselves (CP Soccer, n.d.). The goal of the organization is to grow a soccer league throughout the nation for youth with CP, stroke or traumatic brain injury (TBI). This exclusive, residential summer camp was the beginning phase of incorporating CP soccer at the youth level (CP Soccer, n.d.). This organization recruited participants and marketed their camp online through Children's Hemiplegia and Stroke Association's Facebook group (CHASA, 2019). Participants who wanted to attend camp had to complete a form to identify their age and describe their disability (i.e., ambulatory; CP, stroke, or TBI).

CP Soccer hosted their inaugural, six-day residential soccer camp in the summer of 2018 for youth with CP. The camp was located at a university campus in South Carolina, which provided on-campus housing and dining for the participants, coaches, and volunteers. The coaches provided supervision, instructional programming, and overall support for the participants. All coaches and camp volunteers had experience working with youth with CP prior to camp. The campers' soccer experience ranged from being new to the sport to already playing competitively. Therefore, the coaches created an engaging, challenging, and fun curriculum that allowed everyone to participate. Although soccer was the main focus, the camp provided structured and unstructured time, where the campers were able to participate in a variety of other activities: watching the World Cup Soccer matches, hiking in a nearby forest, visiting a local dessert shop,

reading a book, and socializing with peers in the dorms.

Participants

Using a purposive sampling strategy (Creswell, 2007) participants were invited to participate in this study if they met the following criteria: (a) were at least 10 years of age or older at the start of camp; and (b) attended the entire six days of camp. Out of the sixteen participants who attended camp, one did not meet the age requirement and two did not attend each day of camp, leaving thirteen eligible participants to be contacted for this study. Following Institutional Review Board approval, the primary researcher sent campers' parents an electronic letter via email that invited their child to participate in the study. The letter invited their child to voluntarily participate in the study by describing the purpose of the study, why their child was identified as a possible study participant, the expected interview process (i.e. length of interview, request to audio and video record interviews) and the parent consent and child assent forms for the children under 18 years old. All communication for participation in the study was done through the primary researcher and the parents. Those who were under 18 required a parental signature on the consent form and the 18 year old was required to verbally consent prior to participation in the study. For those parents who did not respond to the first point of contact, a follow-up email was sent after two weeks. A phone call was made by the researcher to initiate the last contact for the remaining two parents who did not respond to either email.

Data Collection

Semi-structured interviews took place eight months after camp. While Erikson (1959) does not give a specific timeframe on the age when individuals' identity becomes

the focus of development, individuals use information gathered from the ‘self’ and the environment to evaluate their identity, then use that evaluation to determine if that label is appropriate (Anderson, 2004). Therefore, it seemed appropriate to provide eight months for the participants to evaluate themselves in a separate environment to determine if the soccer camp had lasting effects. Once identity alternatives have fully been explored, individuals can make a commitment towards their options to achieve their truest identity (Shaw et al., 1995). This gave the participants an opportunity to participate in a diverse experience with peers with disabilities, then return home to a setting that potentially challenged them to choose how they perceive themselves and how they present themselves to others.

After the researcher obtained verbal consent or the signed consent form, a semi-structured interview was scheduled via Zoom, an online video software, between the researcher and the participant. Ten participants discussed their responses individually in a separate room away from their parents. Upon request, one parent from three separate participants sat in on their child’s interview. Interviews lasted between 15-50 minutes and were recorded through a digital recording device, however the Zoom software was used as a secondary device for audio and video recording. There were 25 semi-structured questions, with identity-related questions developed based on the social identity theory (SIT; i.e. social categorization, social identity, and social comparison) to allow the campers to discuss their soccer and camp experience (see interview guide in Appendix A). Probing questions were used when necessary in an effort to obtain further explanation from participants’ regarding their thoughts and ideas (Creswell, 2016). In attempt to

decrease any and all bias, the researcher also had in-depth discussions about data analysis with another member on the research team on multiple occasions.

Data Analysis

Prior to analysis, interviews were transcribed verbatim, and deidentified by the primary researcher. Pseudonyms were used to protect the confidentiality of the participants. To begin analysis, prior to coding, the primary researcher thoroughly read through interview transcriptions twice. The researcher initially used deductive analysis to code interview content related to one of the three processes of SIT; social categorization, evaluation of social identity, and social comparison (Tajfel & Turner, 1979). After deductive coding, the researcher reviewed the transcripts for a third time to indicate possible emerging themes that were not related to SIT through an inductive coding process. The researcher then examined all transcripts to identify the common themes across all interview data that resulted from deductive and inductive analysis. In an effort to reduce bias, two researchers analyzed the interviews independent of one another. After completing analysis, the researchers met to determine levels of agreement regarding qualitative themes and findings. After discussing the definitions of the predetermined SIT categories used for deductive analysis, and subsequent codes and themes from deductive and inductive analysis, researchers reached 100% agreement regarding the final qualitative themes.

CHAPTER FOUR

MANUSCRIPT

Exploring the Impact of an Exclusive Residential Soccer Camp on Social Identity for Youth with Cerebral Palsy

This article will be submitted to:

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Abstract

Background: The purpose of this study was to explore the impact of an exclusive, residential cerebral palsy (CP) soccer camp on social identity for youth with CP. Using a phenomenological approach, the aim of this study was to explain the six-day CP soccer camp experience from the camper's perspective, guided by the three processes of Social Identity Theory (SIT), to determine if a CP soccer camp setting impacted the development of the participant's social identity. **Methods:** Semi-structured interviews were collected online through a video software from 13 participants who were purposefully sampled between the ages of 10-18. Qualitative data was initially analyzed through a deductive coding lens, then further analyzed through an inductive coding process. **Results:** Findings suggest that participation in an exclusive, residential CP soccer camp supported two of the three processes in SIT and provided opportunities for youth with CP to feel connected and similar to others with disabilities. Participants enjoyed being around other individuals with CP in a supportive sport environment. **Conclusion:** This study indicated that CP soccer camp assisted in the camper's social identity development in two of the three processes of SIT. Future research implications are discussed.

Keywords: *cerebral palsy, adaptive sports, camp, social identity theory, disability*

Word Count: 9,289

INTRODUCTION

Cerebral palsy (CP) has been diagnosed in approximately 17 million individuals worldwide and is identified as the most common motor disability in children (Cerebral Palsy Alliance, 2018). CP is a lifelong condition that affects an individual's ability to control motor functioning due to abnormal development of the brain or damage during brain development (Centers for Disease Control and Prevention, 2018). Although one in three persons with CP are unable to walk (Cerebral Palsy Alliance, 2018), there are individuals with this diagnosis who walk with an assistive device or have the ability to ambulate independently. Muscle spasticity, limited fine and gross motor functioning, muscle weakness, or other cohesive neuroimpairments are also common symptoms in people with CP (Cerebral Palsy Alliance, 2018). As a result, these symptoms can impact range of motion and decrease participation in physical activities (Beckung & Hagberg, 2002), which can further lead to an increased risk for secondary health conditions such as cardiovascular disease, obesity, and type II diabetes (Biddle et al., 2004).

Physical activity is considered “any bodily movement produced by muscles that results in energy expenditure” (Caspersen, Powell, & Christenson, 1985, p. 126). The concept of physical activity can be adapted for individuals with disabilities who may experience limitations with individual goal achievement in programs due to restrictions in mobility or motor functioning (Kristén et al., 2002; Sherrill, 1990). Adapted physical activity (APA) refers to the service delivery and empowerment systems that have been created specifically for individuals with disabilities to make recreation or sport performance and competition enjoyable and accessible for everyone (Sport and

Development, n.d.). APA promotes a healthy lifestyle in various settings, and one opportunity for youth with disabilities to engage in physical activity and increase participation in the community is through sport.

Sport is globally recognized as a type of physical activity that can be provided at three levels; recreational, competitive and elite. Pensgaard and Sorensen (2002) describe recreational sport to be fun and participated on one's own terms, such as participating in a sport at the local YMCA or a pick-up league in the community. Competitive sport has certain performance criteria with required limitations and enforced conditions where individuals compete to achieve desirable and successful results (i.e. participation on a travel sport team or participation at the collegiate level), and elite sport, which is the highest level, encompasses athletes that participate professionally or internationally where a very small percentage of individuals compete. Each level is available for individuals with disabilities, however the sport is considered an adaptive sport.

In adaptive sports, as opposed to traditional sports for individuals without disabilities, the rules of the sport itself may slightly change depending on individuals' functional abilities, such as sight, balance, range of motion and strength with fine and gross motor movements, or abdominal strength and trunk control, to incorporate individuals with disabilities with varying ability levels. Adaptations and modifications can be made to equipment or rules can be modified to ensure fair play among participants. For example, individuals with CP playing soccer are able to roll the ball into play instead of throwing the ball in overhead due to their limited range of motion. Recreation or competitive adaptive sports that have been modified from the Olympic-

type sports for individuals with intellectual disabilities are commonly known as Special Olympics (Special Olympics, 2019). For individuals primarily with physical disabilities, neurological and visual impairments, adaptive sports often refer to Paralympic sports, such as wheelchair basketball, 7-a-side soccer or goalball respectively (International Paralympic Committee [IPC], n.d.a).

In order to make each adaptive sport environment equal and provide a successful experience, each athlete who participates in a Paralympic, adaptive sport at the competitive or elite level should be allocated a sport class category prior to competition. This classification is based on the athlete's ability to complete fundamental and functional tasks related to their sport. Although athletes who have different disability diagnoses are allowed to compete in the same Para-sport (i.e. individuals with CP or traumatic brain injury both participate in soccer; individuals with muscle weakness in legs or lower limb amputation both participate in the same classification in alpine skiing), this classification provides an equal playing field between athletes with different ability levels during competition (IPC, 2015).

Even though a classification system is not always required when the activity goal is to provide participation, fitness or social opportunities (e.g. recreational level), researchers have found that individuals' involvement in adaptive sports has provided competence towards skill development (Groff & Kleiber, 2001), a sense of normalcy (Lundberg et al., 2011), and a sense of connectedness (Shapiro & Martin, 2010). Blinde and McClung (1997) also indicate how adaptive sports and recreation opportunities impact individuals with disabilities by increasing their confidence to try new activities,

redefine their physical capabilities, and assist in their initiation of social interactions. In addition to the benefits that adaptive sport participation can provide, it is important to recognize that these opportunities are available in various settings, including physical education classes at school, community recreation centers outside of school, and sport camps over the summer (D'Eloia & Price, 2018).

There are generally three different types of summer camps that are commonly offered for individuals with disabilities, depending on the population(s) being served. For example, there is an option for inclusion, where individuals with and without disabilities are included in a mainstream camp environment (Disability World, 2019). Medical specialty summer programs are designed to meet health-related outcomes, such as an increase in exercise, self-esteem, or peer support for individuals with diabetes, cancer or obesity (D'Eloia & Price, 2018; Hill et al., 2015). The third type, exclusive camps are designed strictly for individuals with disabilities, whether the diagnoses are the same or different (Bedini, 1990). With respect to the timeframe that surrounds camp, they can be organized as day camps or residential camps and are able to span across multiple days or weeks. While summer camp provides an opportunity for peer interaction and problem-solving situations during recreational and sport activities (D'Eloia & Price, 2018; Goodwin & Staples, 2005), there are other important elements when attending residential camps that can have additional impacts on the campers.

Garst, Browne, and Bialeschki (2011) note that one of the important elements of camp is experiencing various aspects of life together, or group living (i.e., eating, playing and sleeping). During residential camps, time is allotted for rest or relaxation in between

activity sessions or in the evenings. The downtime, or unstructured time together, provides a unique opportunity for campers to develop social interaction, involving conversation about personal experiences and common interests between peers (D'Eloia & Price, 2018). For youth with disabilities attending exclusive camps, these conversations have the potential to steer towards topics about similarities in lifestyles or past experiences. In addition to the benefits that come from the group living experience, Thurber et al. (2007) highlights the recurrent themes that make the camp experience unique; having a positive peer culture, outdoor physical activity, and accepting, supporting and caring staff as examples. Each of these components can be found at a summer sport camp. Providing camp opportunities with sport activities creates an experience for individuals to develop a sense of competence about their skills and abilities, which Groff and Kleiber (2001) note is an important aspect of identity development.

Identity development occurs by having personal perceptions of the self, then engaging in social interactions to determine if the perceptions of others validate that self-identity (Zabriskie et al., 2005). As this relates to social identity theory (SIT), individuals view themselves as a member of a specific group, they place their value and emotional significance within that group, then these individuals believe that they belong to a social category (Tajfel & Turner, 1979). Social categorization is the first of three processes that forms one's social identity. Tajfel and Turner (1979) describe social categories as "cognitive tools that segment, classify, and order the social environment" (p. 40); this process will further determine how an individual defines his/her place in society (Tajfel,

1978). The social category that one feels he/she belongs to then provides a social identification, or self-image, for the second process in SIT (Tajfel & Turner, 1979). This social identity allows individuals to evaluate themselves based on the similarities to or differences from members of other groups. The third process of SIT, social comparison, occurs when the individual of a group compares members of his/her associated in-group positively to the relevant out-group, which ultimately differentiates these two groups in social situations (Tajfel & Turner, 1979).

Since there is a limited amount of research on SIT specific to youth with disabilities, this study sought to further explore the impact of an exclusive, residential CP soccer camp on social identity for youth with CP.

LITERATURE REVIEW

Cerebral Palsy

Cerebral Palsy (CP) is a life-long, non-progressive condition that is considered to be the most common physical disability in youth (Cerebral Palsy Alliance, 2018). It occurs before, during, or shortly after birth and is caused by abnormal development of the brain or damage to the outer layer of the brain that controls posture and muscle movements throughout the body (Cerebral Palsy Foundation, n.d.). CP impacts different limbs of the body, and the combined limb areas affected are categorized as quadriplegia, which affects all four limbs; diplegia, which is a form of bilateral CP affecting both legs; and hemiplegia, or unilateral CP, affecting one arm and one leg on the same side of the body (Cerebral Palsy Alliance, 2018). Further, a person with CP can have one of four motor types; (a) spastic, which is the most common and muscles appear tight and stiff,

(b) athetoid, causing the body to have involuntary movements, (c) ataxic, when balance is affected due to shaky movements, and (d) mixed types, or a combination of two or more motor types (Cerebral Palsy Alliance, 2018; Cerebral Palsy Group, 2019). Overall, CP limits range of motion and results in muscle weakness, which often affects fine and gross motor functioning. Beckung and Hagberg (2002) identify that impaired motor functioning is a precursor for restrictive participation in societal activities for individuals with CP. While body functioning is considered a participation constraint in completing an activity at the same pace or ability level as peers without disabilities, there are other restrictions or barriers that hinder youth with disabilities from being involved in recreation activities. While there may be a lack of research that identifies barriers specific to individuals with CP, researchers have found that intentional attitudinal or social barriers have prevented individuals with physical disabilities, including those with CP, from participating in recreational programs.

Barriers. In order to create positive recreation environments and effective exercise opportunities for youth with disabilities, it is important for parents, health professionals and teachers to recognize why there is limited participation in physical activity, and if possible, how to decrease the controllable barrier(s). Shields, Synott and Barr (2012) completed a systematic review with 14 articles that identified four main barriers to physical activity for youth with disabilities; (a) personal, (b) environmental, (c) social, and (d) program. Personal barriers include but are not limited to individuals with disabilities' lack of physical and social skills, fear, and lack of knowledge or awareness about the exercise. Environmental barriers encompass inadequate facilities

(e.g. geographic location of facility, inaccessible facility, or lack of adaptive equipment) and lack of transportation. Barriers that involve parental actions or concern, unsupportive peers or lack of friends, or negative societal attitudes are considered social barriers. Program barriers, or the scarcity of appropriate physical activity programs, lack of staff capacity, negative staff attitudes, or participation cost can also prevent individuals with disabilities from participating in physical activity or recreation (Shields et al., 2012). Despite the perceived restrictions and negative stigma involving individuals with disabilities and physical activity, participation is encouraged to allow opportunities for engagement in an active and healthy lifestyle. One additional barrier to be mindful of for youth with CP is they may find it difficult to meet the global physical activity guidelines.

Physical Health. Children with CP may find it difficult to meet the global recommendations for physical activity guidelines by the World Health Organization (WHO), which are 60 minutes of moderate-to-vigorous physical activity every day for ages 5-17, and they tend to have lower levels of fitness than their peers (Carlson et al., 2013; World Health Organization, 2019). Due to the limitation in range of motion and muscle weakness often experienced by individuals with CP, participation in physical activity for youth with CP can be challenging (Bjornson, Belza, Kartin, Logsdon, & McLaughlin, 2007). It may be beneficial to modify or adapt the activity to facilitate individuals' successfully achieving the physical activity. Staff and family members providing the activities should understand how to structure the activity for individuals to participate to their full potential physically. This can decrease the amount of youth who are inactive at a younger age to help minimize the risk for becoming overweight and

developing inactive habits into adulthood (Bjornson et al., 2007). Thus, it is vital to engage youth with CP in appropriate, modified physical activity when younger to maintain fitness engagement throughout their life. Community sport is one way to increase physical activity by providing a fun, safe and controlled environment.

Sport

Groff and Kleiber (2001) found that adapted sports play an important role for youth with disabilities. Specifically, sport is used as a tool for self-perception development, group identity facilitation, an expression outlet, and a decrease in awareness of disability. To engage participants in community sport, it is important to understand the various levels of sport and the availability or local access of each. Sports tend to have three different levels of engagement that require different intensities of physical activity; recreational, competitive, and elite (Pensgaard, & Sorensen, 2002). Individuals participate in recreational sports for fun and health, where choice and priority are on their own terms. Recreational sports can be informal and do not pressure the athletes to excel into a higher, competitive level (Maron et al., 2004). When participating in organized training and regular competition with high levels of exertion, as well as identifying performance standards, one would be classified as participating in competitive sports (Maron & Mitchell, 1994; Pensgaard & Sorensen, 2002). Elite competition would be considered the highest level of sport for athletes that requires a high degree of skill and commitment (Lundberg et al., 2011; Pensgaard & Sorensen, 2002). Slight modifications can be made to sports at each level, the recreational, competitive, and elite, to engage individuals with disabilities. These modifications, or

otherwise known as adaptive sports, allow the athletes to be successful without changing the overall goal of the sport.

Adaptive Sport. Adaptive sports are typically designed for athletes with disabilities by using pre-existing sports for able-bodied individuals as a baseline to maintain the end goal and structure of the sport (Children’s Hemiplegia and Stroke Association [CHASA], 2018). There are modifications to the pre-existing sport and classifications for competitive and elite level athletes with disabilities to successfully achieve the end goal, to ensure fair competition among athletes and to accommodate individuals with varying ability levels (Lundberg et al., 2011). For example, 7-a-side soccer, or CP soccer is one of the adaptive sport opportunities for individuals with CP who are able to walk independently. CP soccer has minor adjustments from a mainstream soccer match to accommodate individuals with disabilities who qualify for the game. In CP soccer: (a) the field and goals are smaller; (b) there are seven players on the field at one time; (c) the total game time is shorter than that of a professional soccer match; (d) there is no off-side law in this sport; and (e) players are able to complete a “throw-in” by rolling the ball into play (International Federation of CP Football [IFCPF], 2019).

Although athletes who have suffered a traumatic brain injury, stroke, or other neurological impairments qualify to play CP soccer at all sport levels, sport participation with individuals who have similar experiences provides non-sport related benefits. For example, participation in sport allows athletes an opportunity to develop their personal identity, unite and experience acceptance by peers (Cass, 1984) and develop relationships (Pensgaard & Sorensen, 2002; IFCPF, 2019). Participants who engage in adaptive sports

with others who have a similar disability have an opportunity to experience connectedness in a social context (Shapiro & Martin, 2010). A common resource that offers sport participation and social interaction is camp. “Summer camp provides a prominent out-of-school sport and recreation context for youth with disabilities to interact and develop meaningful relationships” (D’Eloia & Price, 2018, p. 97).

Camp

Camp opportunities span a variety of categories, and may focus on outdoor adventure, health or fitness-related, or sports skills. While there are camps that are organized year round, camps are typically provided during the summer months as children are out of school and have more free time for participation. Depending on the design of the camp, children and young adults have options to attend a day camp for a few hours over several days, or they can participate in a residential camp with involvement during all hours of the day for a week or more (Garst et al., 2011). While there are several camp opportunities for typically developing youth and adolescents, there are fewer opportunities for children with disabilities (Devine & Dawson, 2010). Camps for individuals with disabilities can be classified into three structural types; exclusive camps, therapeutic and medical specialty camps, and inclusive camps (D’Eloia & Price, 2018). Camps designated for individuals with specific disabilities in a barrier-free environment are considered specialized, or exclusive camps (D’Eloia & Price, 2018). Medical specialty camps are designed for children with health conditions, such as diabetes, to be at camp “under the supervision of health care professionals” (Hill et al., 2015, p. 312). Inclusive camps provide an environment where everyone feels welcomed

and incorporated into society in a least-restrictive environment (D'Eloia & Price, 2018). These camps are inclusive in the sense that they provide programming for individuals with and without disabilities together. However, researchers have found that individuals with disabilities who attended inclusive camps have experienced rejection from peers without disabilities, which can further lead to feelings of isolation, restricted socialization, and exclusion (Blinde & McCallister, 1998; Taub & Greer, 2000). Furthermore, when inclusive camp activities are competitive and focus on skill (i.e. sport camps), negative attitudes and perceptions are produced towards individuals with disabilities by doubting their ability levels or thinking the activity would not be fair (Devine & Wilhite, 1999; Wilhite et al., 1999). Thus, it is important that individuals with disabilities have an opportunity to attend camps with others who are experiencing equivalent life situations, known as exclusive camps.

Exclusive Camps. Exclusive camps provided for specific individuals (e.g., youth with CP) have been known to create positive experiences that result in positive outcomes for the participants. Researchers indicate the various positive outcomes for participants in past literature; increased independence (Goodwin & Staples, 2005), exploration of identity (D'Eloia & Price, 2018), and development of community (Goodwin et al., 2011). Not only can exclusive camps provide a sense of “coming home” when integrating with others with disabilities (Gill, 1997), but they can also create a supportive environment where individuals can learn new skills, take on meaningful roles, and identify with peer role models (D'Eloia & Price, 2018). D'Eloia & Price (2018) further address the supportive environment, in which exclusive summer camps can offer challenging

situations where the campers can collectively work together in a least-restrictive setting where there is no judgement or discrimination from peers without disabilities (Goodwin et al., 2011). These challenging situations could be sporting activities while working as a team towards a common goal, or during unstructured time where youth with disabilities discuss various aspects of their lives and ways to modify daily tasks based on ability levels. Although physical disabilities affect individuals' motor functioning and mobility, exclusive summer camp can provide an understanding of physical potential (Gesler, 1992; Goodwin & Staples, 2005) through participation in physical and sport activities. Goodwin and Staples (2005) found that the external influence of peers with disabilities internally impacted the campers to surpass previously achieved physical limits. When participants are able to see the success in their peers with more functional restrictions, realization of personal ability is challenged (Goodwin & Staples, 2005). Perhaps equally as important, exclusive sport camp encompasses the peer to peer connection for youth with disabilities, as well as pushing physical limits through physical sporting activities. Exclusive camps are often offered as residential camps, which is another element of camp that allows for peer connection and social interaction during time away from the designated program activities.

Residential Camp Setting. Residential camps tend to be readily accessible to individuals throughout the country, and the summer camp experience is known to promote independence, self-esteem, and new skill development (Klee et al., 1997). Depending on the duration and intensity of the camp, youth participants have the potential to be involved for a longer amount of time than they would in other programs,

such as after school programs (Garst et al., 2016). As is often the case for residential camps, the participants are involved in the program twenty-four hours a day (Garst et al., 2011), whereas day camps have a specific, predetermined amount of time that staff provide activities for the participants before returning home each day. The residential setting then creates opportunity for campers to increase their independence and confidence by separating themselves from their parents for an extended amount of time. Residential camps also offer periods of social interaction during predetermined activities and downtime that can ultimately contribute to identity formation. During these periods of downtime, participants can freely express who they are with similar peers which is not always an option in their everyday life (e.g. school environments; Groff & Kleiber, 2001). While being immersed in a program for a group of individuals that already have limited opportunities, and being surrounded by individuals like themselves in a program setting for multiple days (e.g. residential camp), participants have the ability to explore how they perceive themselves belonging to a group (e.g. individuals with disabilities) in a social context. How one determines his/her identification to a group can be further explained using social identity theory.

Social Identity Theory

Social identity theory (SIT) is defined as “that part of the individual’s self-concept which is derived from their knowledge of their membership of a social group (or groups) together with the value and emotional significance of that membership” (Tajfel, 1981, p. 255). In reference to the previous definition, researchers describe a social group as a membership where individuals feel a belonging to and perceive themselves as a part of a

group, and those individuals are acknowledged by others as a member of that group (Tajfel & Turner, 1979; Trepte, 2006). Within a social group, individuals have shared attitudes, beliefs, and values (Woolf & Lawrence, 2017). A person goes through three important processes in order to form their social identity; the first process is called social categorization where an individual classifies or categorizes himself in relation to social categories (Stets & Burke, 2000). These social categorizations are cognitive tools used to “segment, classify, and order the social environment,” (Tajfel & Turner, 1979, p. 40) that indicate a person’s place in society (i.e. student). The second process is social identity, which is a self-evaluation component where the individual differentiates himself/herself from members of other groups (Tajfel & Turner, 1979). This process consists of an individual’s self-image, which could be positive or negative, that results from the social category in which he/she identifies himself/herself belonging (i.e. acting like a student). When an individual feels that they are similar to other group members, they believe they are part of the in-group. The in-group members will then compare themselves to the out-group, which is the process of social comparison (i.e. students comparing themselves to teachers; Tajfel & Turner, 1979). The acceptance of others who are already part of the in-group is the strongest way to confirm that an individual is a member of the group (Stets & Burke, 2000). In order to further understand the context of SIT for the purpose of this study, it is important to understand the influence of intergroup differentiation as it relates to social settings; (a) as part of the individual’s self-concept, he/she must identify with the in-group and internalized that group’s membership, (b) there must be a social

situation for the group to evaluate themselves, and (c) the out-group is a relevant comparison due to similarity and proximity (Tajfel & Turner, 1979).

Identity and Individuals with Disabilities. Identity formation occurs when the individual can freely explore and choose alternate identities. However, some youth with disabilities already have their identity “assigned” because of the “label” of their disability based on aspects of themselves that cannot be disregarded or modified (Groff & Kleiber, 2001). Devine and Wilhite (1999) express that individuals with disabilities have fewer societal opportunities which can prevent engagement with others, and therefore it is difficult to experience and establish the values and norms of groups due to stereotypes and perceived inferior status. When sport interests are explored through activity participation, it provides an opportunity for an individual to relate and discover similarities between themselves and other participants, and the person may incorporate that sense of identity the more engagement one has with that activity (Groff & Kleiber, 2001). This provides opportunities for verification and acceptance from others who are already in the desired “in-group” (Woolf & Lawrence, 2017).

By working together and feeling connected to other youth with disabilities (Goodwin & Staples, 2005), researchers found that individuals were able to understand themselves better and identify with a group by using their performance from sport participation (Goodwin & Staples, 2005; Groff & Kleiber, 2001). However, individuals with physical disabilities may have difficulty developing a sense of identity due to the limited societal opportunities for identity alternatives (Groff & Kleiber, 2001). Nevertheless, sport is documented as a context of recreation that is seen to facilitate and

impact the development of personal and social identity (Groff & Kleiber, 2001; Kleiber & Kirshnit, 1991; Shaw et al., 1995), and Pica (2003) found that persons with disabilities who develop a sense of identity through sport at a young age are more likely to participate in physical activity as adults. SIT may help explain how individuals achieve their identity based on the belonging and acceptance through social interactions the participant might experience in an adaptive sport setting. Therefore, the purpose of this study was to explore the impact of an exclusive, residential CP soccer camp on social identity for youth with CP.

METHODS

This study was guided by the phenomenological lens, in which the data collected was based on the participants' summer camp experience from their perspective (Creswell & Creswell, 2018). Because phenomenology focuses on describing the commonalities between the participants who share the same lived experience (i.e. summer camp for individuals with CP), it allows the researcher to develop a collective description of that experience compiled from the individual perspectives (Creswell & Poth, 2018). Data were collected through interviews to better understand the impact of the exclusive, residential soccer camp on the participant's social identity.

Program Description

CP Soccer, a not-for-profit entity located in the New York metro area, hosted a national summer camp to provide youth with CP the experience to learn, practice, and play soccer while having the opportunity to meet and engage with peers like themselves (CP Soccer, n.d.). The goal of the organization is to grow a soccer league throughout the

nation for youth with CP, stroke or traumatic brain injury (TBI). This exclusive, residential summer camp was the beginning phase of incorporating CP soccer at the youth level (CP Soccer, n.d.). This organization recruited participants and marketed their camp online through Children's Hemiplegia and Stroke Association's Facebook group (CHASA, 2019). Participants who wanted to attend camp had to complete a form to identify their age and describe their disability (i.e., ambulatory; CP, stroke, or TBI).

CP Soccer hosted their inaugural, six-day residential soccer camp in the summer of 2018 for youth with CP. The camp was located at a university campus in South Carolina, which provided on-campus housing and dining for the participants, coaches, and volunteers. The coaches provided supervision, instructional programming, and overall support for the participants. All coaches and camp volunteers had experience working with youth with CP prior to camp. The campers' soccer experience ranged from being new to the sport to already playing competitively. Therefore, the coaches created an engaging, challenging, and fun curriculum that allowed everyone to participate. Although soccer was the main focus, the camp provided structured and unstructured time, where the campers were able to participate in a variety of other activities: watching the World Cup Soccer matches, hiking in a nearby forest, visiting a local dessert shop, reading a book, and socializing with peers in the dorms.

Participants

Using a purposive sampling strategy (Creswell, 2007) participants were invited to participate in this study if they met the following criteria: (a) were at least 10 years of age or older at the start of camp; and (b) attended the entire six days of camp. Out of the

sixteen participants who attended camp, one did not meet the age requirement and two did not attend each day of camp, leaving thirteen eligible participants to be contacted for this study. Following Institutional Review Board approval, the primary researcher sent campers' parents an electronic letter via email that invited their child to participate in the study. The letter invited their child to voluntarily participate in the study by describing the purpose of the study, why their child was identified as a possible study participant, the expected interview process (i.e. length of interview, request to audio and video record interviews) and the parent consent and child assent forms for the children under 18 years old. All communication for participation in the study was done through the primary researcher and the parents. Those who were under 18 required a parental signature on the consent form and the 18 year old was required to verbally consent prior to participation in the study. For those parents who did not respond to the first point of contact, a follow-up email was sent after two weeks. A phone call was made by the researcher to initiate the last contact for the remaining two parents who did not respond to either email.

Data Collection

Semi-structured interviews took place eight months after camp. While Erikson (1959) does not give a specific timeframe on the age when individuals' identity becomes the focus of development, individuals use information gathered from the 'self' and the environment to evaluate their identity, then use that evaluation to determine if that label is appropriate (Anderson, 2004). Therefore, it seemed appropriate to provide eight months for the participants to evaluate themselves in a separate environment to determine if the soccer camp had lasting effects. Once identity alternatives have fully been

explored, individuals can make a commitment towards their options to achieve their truest identity (Shaw et al., 1995). This gave the participants an opportunity to participate in a diverse experience with peers with disabilities, then return home to a setting that potentially challenged them to choose how they perceive themselves and how they present themselves to others.

After the researcher obtained verbal consent or the signed consent form, a semi-structured interview was scheduled via Zoom, an online video software, between the researcher and the participant. Ten participants discussed their responses individually in a separate room away from their parents. Upon request, one parent from three separate participants sat in on their child's interview. Interviews lasted between 15-50 minutes and were recorded through a digital recording device, however the Zoom software was used as a secondary device for audio and video recording. There were 25 semi-structured questions, with identity-related questions developed based on the social identity theory (SIT; i.e. social categorization, social identity, and social comparison) to allow the campers to discuss their soccer and camp experience (see interview guide in Appendix A). Probing questions were used when necessary in an effort to obtain further explanation from participants' regarding their thoughts and ideas (Creswell, 2016). In attempt to decrease any and all bias, the researcher also had in-depth discussions about data analysis with another member on the research team on multiple occasions.

Data Analysis

Prior to analysis, interviews were transcribed verbatim, and deidentified by the primary researcher. Pseudonyms were used to protect the confidentiality of the

participants. To begin analysis, prior to coding, the primary researcher thoroughly read through interview transcriptions twice. The researcher initially used deductive analysis to code interview content related to one of the three processes of SIT; social categorization, evaluation of social identity, and social comparison (Tajfel & Turner, 1979). After deductive coding, the researcher reviewed the transcripts for a third time to indicate possible emerging themes that were not related to SIT through an inductive coding process. The researcher then examined all transcripts to identify the common themes across all interview data that resulted from deductive and inductive analysis. In an effort to reduce bias, two researchers analyzed the interviews independent of one another. After completing analysis, the researchers met to determine levels of agreement regarding qualitative themes and findings. After discussing the definitions of the predetermined SIT categories used for deductive analysis, and subsequent codes and themes from deductive and inductive analysis, researchers reached 100% agreement regarding the final qualitative themes.

RESULTS

The campers, 12 boys and one girl, ranged in age from 10 to 18 years. All of the camp participants had CP, were ambulatory, and represented 10 different states throughout the United States. Findings from the deductive analysis supported two of the three processes of social identity theory (SIT); social categorization and self-evaluation through social identity. Social comparison was not well represented within the data. There were three subthemes that emerged under social categorization: (a) disability; (b) sport generalized; and (c) soccer specific. Self-evaluation through social identity was

supported with two subthemes: (a) individuals without disabilities and (b) in-group comparison. Inductive analysis revealed two additional themes separate from SIT: personal identity and group cohesion.

Deductive Results

Social Categorization

Disability. Each of the thirteen campers demonstrated their awareness of having a disability and understood that it was an element that qualified them to attend this specific camp. Although all camp participants had a variation of CP and were ambulatory, there were a few campers who had never been around a group of individuals who all had a disability before. Even the participants who had experience interacting with other individuals with a disability prior to camp discussed the disconnect in society where there are not enough opportunities provided for groups of individuals with disabilities to come together. Liam expressed his fear about how individuals in society may treat him differently because of his disability, saying: *“I [was] scared if some people say some bad things to me like ‘hey what’s wrong with your hand?’ or that or so or ‘what’s wrong with your speech?’ like that.”* Campers at CP soccer camp had different types of CP, so while some campers’ upper body was affected by CP, there were other individuals, like Oliver, who were aware of the range in severity and the location of limbs that are the impacted. He stated: *“[W]e obviously all had disabilities, but some of, some of us had one side, like William has...both legs and like some people have both arms, but some of us had um, just one side, like I do.”* While the participants were aware of their disability, it gave Elijah the ability to understand and accept his disability by being around others with CP: *“[I]t*

made me feel like more at ease with CP, almost, and I got to like, understand it a little more in depth, that sense. Like I met other people.”

Sport Generalized. Nine out of the thirteen participants acknowledged their participation in sport, their love for sports, or their struggle with having a disability and participating in sports. Prior to camp, Noah was already involved in a sport club through his school. He gave this example: *“I’m part of the ski club at school, so we go up every Friday to the mountain, snowboard for four...hours.”* Another participant, James, discussed how he participates in various sports at the recreation level, explaining: *“I just play soccer but...also play basketball...at my house in my back yard, and I also play like lacrosse with my friends and stuff, but...I don’t play on...a team.”*

Soccer Specific. Ten participants expressed their love for soccer, whether it was their favorite sport, their reason for coming to camp, or their willingness to improve after attending camp. As there was a definite passion for the sport amongst the participants, Alexander highlighted his reasoning on why he continues to play after camp, stating: *“Why do I still play? Ah because I, I love soccer. It’s, it’s like my favorite past time it’s, it’s, it’s what I love doing the most, it’s like I, I love playing soccer.”* Benjamin acknowledged how he currently categorizes his involvement in the sport itself, sharing: *“...I do soccer more than a sport, more than for fun, I do it competitively.”*

Self-Evaluation through Social Identity

Individuals without Disabilities. There was a strong representation of the participants defining themselves as different from individuals without disabilities. Amongst the group that participated in the study, majority of them perceived themselves

as being a member of a group with disabilities. This group membership was acknowledged within the camp setting, however, campers' comparisons between themselves and individuals without disabilities were not within the camp context. With relation to the soccer experience where participants felt similar to their group membership of individuals with disabilities, camp provided an opportunity for Mason to feel like the playing environment was more equal.

"...I just like playing soccer with like, it was kinda more matched because like other my friends were like more, were like faster than me, cause of my disability, cause like I can't really run as well with my left foot, so like I kinda like was matched up with speed I guess, so if it like, a lot more fair."

Two separate participants commented on their soccer experience outside of camp; Benjamin said, *"I train with regular kids,"* and Oliver shared, *"[W]e all have that experience if you're on another team, of like kids not passing to you cause they want to win, and they call you bad because you have a disability."*

In-Group Age Difference. All participants classified themselves as having a disability through the social categorization process. While they identified as being a member of that group, majority of the participants also acknowledged the age difference when discussing their camp experience. Some individuals enjoyed the different age groups, and the age did not impact their camp experience, such as Noah, that were more excited to be surrounded by a group of similar individuals rather than being impacted by the age difference. *"Um, felt good to help kids like and talk to some of the younger ones um who are similar to me, cause I really haven't met anyone else with cerebral palsy"*

before. So that was pretty cool.” Alexander followed in suit when elaborating on what they wanted to get out of camp without worrying about the age difference.

“So to me when I went to camp I came with that mindset as well, where you know it doesn’t matter if a kids nine or if he’s eight or just someone that’s eighteen, like you know the, the goal to just have fun. It doesn’t matter what age, like it’s just to enjoy yourself and help others have fun as well and be comfortable with themselves.”

In contrast however, Lucas mentioned why the age difference negatively impacted his camp experience.

“Uh, just about like the age difference, like just like with the little kids. Yeah cause they really like, don’t really like get it. Like, it like, this seemed like a game for them, but it really wasn’t, it was like serious.”

In-Group Soccer Ability Level. The group of participants that attended camp ranged in soccer ability levels; one camper had never played soccer prior to coming to camp, while other campers were familiar with the sport based off of past experience from recreational and travel teams. Of the participants that commented on ability levels, none of them mentioned that it negatively impacted camp. In fact, Logan enjoyed the varying abilities when talking about the difference in soccer experience between the campers, *“...it was good cause you, you could adapt to their skill level. And uh, it teaches you to uh, play with different people,”* and Elijah did not care about the difference in the camper’s soccer experience, *“It felt like, pretty much like, it felt, it didn’t really feel any different, really, than normal.”* Four out of the ten individuals who discussed the ability

levels as a difference between their in-group members mentioned disability as being a factor contributing to skill levels. Liam said,

“So of course uh, the kids uh, did not have as good skill as me uh, so they may have uh, more challenge or more stronger CP than me so I, or, or the kids who are stronger they uh, who have stronger soccer skills than me or who has less challenge or less disability than me so uh, so you know I don’t really care about that.”

Benjamin commented on how everyone’s disability provided an equal playing field between teams throughout camp. *“You can make even competitions kind of...Even, like yeah. I’m, I’m a very competitive person...Well we both have CP and it’s kind of, we both have challenges.”*

Inductive Results

Personal Identity. Personal identity was evident amongst the majority of the campers by use of character traits or hobbies when asked to describe themselves. While each camper acknowledged his/her disability, whether it was through their life struggles or an indicator for attending this specific camp, the campers recognized their having CP. However, when asked to describe themselves, 12 out of 13 individuals did not mention their disability. Rather, individuals described themselves using other identifiers. For example, The Logan shared, *“I try to have a little fun every now and then, so. Pretty outgoing I guess I could say.”* Alexander described himself as more reserved, *“I’m a little bit shy when you first meet me but once I get to know you, I’m quite open,”* while Noah expressed himself using a variety of personal characteristics, *“Um, kind of an odd*

sense of humor, uh, enjoys all types of music. I like action movies more and like romantic movies I guess, like those type of moviesI really like computer science.” A few participants shared their interest in sports when describing themselves. For example, William said: *“I’m happy human being, I like sports...I want people to be treated the way that they should,”* and Lucas shared: *“...I like to play soccer, I like other things. I, I work out.”*

Group Cohesion. Eight campers supported the group cohesion theme with phrases that contained the words unity, comradery, connected, and similar. For example, James indicated enjoyment in being around others with disabilities: *“I really liked how you...could just talk and everyone...would get it and you could just talk about your struggles and stuff, and everyone would connect to it, and I just think that was a cool part of camp.”*

Oliver describing the group at camp as a family,

“So um, I think it was really cool to be around people that you could relate to, and it was kinda like having a bunch of um, brothers and sisters around you cause they’d be like ‘awe yeah, that happens to me too,’ so yeah.”

While the majority of the group mentioned the sense of community as it related to their disability, Emma specifically gave an example of how, during the unstructured time at camp, soccer was used to connect the group.

“So we were all watching the South Korea, Germany game for the World Cup, with Michael, watching, just like all huddled around his phone, like that really like summed up the camp for me. Because that showed the unity and the

community but yet there was still a point of, oh my gosh, we're in the real world, and like soccer!"

DISCUSSION

Disability was a prominent theme within the social categorization process as a result of campers participation at camp. This aligns with previous literature when discussing exclusive camps for individuals with disabilities. Researchers found that when youth with disabilities had the opportunity to interact with other youth with disabilities in the camp context, they were able to learn more about their disability and share common stories with others (Goodwin & Staples, 2005). Over half of the participants in this study mentioned previously participating in sports prior to attending camp, however these programs and activities were primarily inclusive settings with individuals with and without disabilities. Liam had participated in track before camp, *"Yeah, so I run the 100 and 200 meters, and so I broke two...junior national record,"* and Oliver had experience in a few other sports, *"Because I play sports....Lots of sports. I play basketball, soccer um, and skiing, so yeah."* This contradicts past literature in reference to the multiple barriers (i.e. lack of skill, negative societal attitudes, and lack of transportation) that individuals with disabilities experience when participating in physical activity (Shields et al., 2012).

In a previous study with a sample of youth with physical disabilities participating in an adaptive sports program, Groff and Kleiber (2001) found that almost all of their participants felt connected to their peers with disabilities. In a similar way, campers involved in this study felt similar to others and included because they were surrounded by

other individuals with disabilities. Ethan explained his camp experience with this example: “...you didn’t feel any different, like you felt like included, like you were no different from...anyone else...you felt like...you belonged in the group cause everyone...had their own difficulties and everyone you know shared their...experiences.”

Researchers support these outcomes of exclusive camps for youth with disabilities by explaining that least-restrictive environments provide a place “where they can join together, learn from one another, and experience an authentic sense of belonging” (D’Eloia & Price, 2018, p. 100).

Throughout the interviews, campers highlighted their self-evaluation towards individuals without disabilities, who are different than those members in their determined in-group (e.g. individuals with disabilities). This is supported by Goodwin and Staples (2005) and Groff and Kleiber (2001) who found that the social interaction between the participants provided opportunities for individuals to talk about their disability with others and hang out with other people with disabilities during sports. It was mentioned that the campers either had experiences where their teammates without disabilities would not pass them the ball, or they preferred to play with other kids with disabilities. Wilhite, et al., (1999) found that individuals with disabilities refrained from participating in certain mainstream activities when they did not feel like they could participate successfully, limiting opportunities for this population. All the participants commented on the age component of camp, and while some did not care about the age gap, or realized that it did not matter by the end of camp, two of the older participants mentioned that it was an opportunity to be a role model. Researchers acknowledge that this element

of camp could be beneficial for individuals with disabilities to relate to each other and discuss similar experiences (D'Eloia & Price, 2018; Tiemens, Beveridge, & Nicholas, 2007).

As mentioned by previous researchers, a sense of belonging and connectedness that was discovered through group cohesion in this study has been present in past literature as well (D'Eloia & Price, 2018; Goodwin et al., 2011; Groff & Kleiber, 2001). William was one individual who spoke about the impact of camp on him, “...*I felt like I fit in. I felt like cause knowing that are people playing the same sport as me, with the same disability, made me feel a bit more comfortable.*” However, an interesting finding in this particular study was the participants’ mention of their personal identity. All but one camper described themselves as the things they liked to do or by their character traits instead of discussing their disability. Each individual acknowledged having a disability in some way, but it was not an identifier in the way they presented themselves.

LIMITATIONS

While all the campers who met the criteria for voluntary participation agreed to be involved in the study, there were still several limitations that should be addressed. Data collection took place eight months after camp. With this in mind, there was no prior data collection to compare results as to see if the participants’ social identity developed during or as a result of camp participation. It is certainly likely that while they may have had elements of their soccer identity formed or developed during camp, there certainly could have been other experiences they have had since camp that contributed to this formation and subsequently the study results. This being said, the interviews were completed online

through a video software due to all the participants being in separate locations during the time of data collection. The researcher was in a quiet office while the participants were in their home. Even though this possibly offered a comfortable environment for the interviewee, distractions were not able to be controlled or monitored. This also provided space for the parents to be included in the interview process. Three parents requested to sit in on the interview, and all three parents contributed to the interview conversation. When the researcher asked the participants a question, and they were slow to answer on an occasion, two of the parents interjected which provided the participants an answer to the question due to the prompting from their parents. While there were only a few parents who sat in on the interviews, all the parents were responsible for the communication with the researcher about the study. Prior to the interview, all the participants under the age of 18 had to have a signed consent form by their parent. This could have impacted the participant's choice in volunteering to be interviewed. There were times when participants did not fully remember elements of camp that the researcher provided prompting, or minimal context clues for the participant to give an honest answer as it related to the question. Questions were targeted and corresponded to SIT which could have biased the results of final themes due to this study being guided by the theory.

Acknowledging bias, the researcher was present at camp as a volunteer. The experience of camp heavily influenced the decision to further research this population and topic. In attempt to decrease any and all bias, the researcher had one additional researcher code all interviews and discussed data analysis in-depth on multiple occasions. With this in mind, the researcher was able to provide insight towards the camp structure

and context, as well as the population of youth with CP in ways that an external researcher may not have been able to provide.

IMPLICATIONS FOR PRACTICE

By providing youth with CP an opportunity to be surrounded by similar peers, the researcher gained knowledge on how this population interacted with each other as some participants had never been around other kids with disabilities. Exclusive residential camps provide individuals with disabilities the potential to categorize themselves positively with other individuals with disabilities due to connecting with and feeling a sense of belonging to their peers at camp. Individuals in this study were able to discuss the challenges they face growing up with CP or playing sports on mainstream teams with individuals without disabilities. These conversations took place during unstructured times, which is a benefit of residential camps that foster elements of shared understanding and provide youth with disabilities a chance to discover common interests (D'Eloia & Price, 2018; Tiemens et al., 2007). The participants in this study mentioned the differences within their in-group (i.e. disability) social category, such as age difference and soccer ability levels. However, even with the differences between the individuals, the exclusive camp setting was still able to provide group cohesion as a result of camp. The campers felt like they fit in and were similar to the other campers. As practitioners, it is important to provide opportunities for individuals with disabilities to be immersed in inclusive environments to decrease segregation (D'Eloia & Price, 2018), but it is worth understanding there are benefits to exclusive camp or program settings for individuals to learn about disabilities and not feel alone (Goodwin & Staples, 2005). Specific to this

camp and this population, practitioners should understand the physical element of individuals with CP and be mindful of precautions for this population. For example, certain individuals have spastic CP, which is when muscles appear tight and stiff (Cerebral Palsy Alliance, 2018). Understanding that when individuals are participating in physical activity, especially in the heat, muscles will fatigue and functional mobility may be impacted. Programmers should provide fun and engaging activities without exhausting participants by monitoring individuals throughout programs and offering appropriate amounts of recovery.

FUTURE DIRECTION

Future research is suggested to further the understanding of social identity for individuals with disabilities, and more specifically individuals with CP. This study is an introduction to understanding social identity for youth with CP, due to the lack of research in this area. These findings provide foundational knowledge into the scope of an exclusive soccer camp for this population, which should be elaborated on utilizing SIT as a guide into how individuals with disabilities perceive themselves in other exclusive camp environments. For this study, SIT was viewed in the context of the camp setting, rather than a broad, societal environment. For the third process of SIT, social comparison, the individual must internalize his/her group membership, the social situation must allow for intergroup comparisons, and the out-group must be perceived as relevant by similarity and proximity for comparison (Tajfel & Turner, 1979). That being said, this study did not provide the perceived relevant out-group (i.e. individuals without disabilities) for comparison within this camp context. While the third process of SIT was not supported in

these findings, it is suggested to provide a social setting where youth with CP can compare themselves to the out-group to fully understand SIT for this population. Due to the nature of the interview questions, participants primarily shared their perspectives towards the physical differences between themselves and peers with and without disabilities. Future research should focus on understanding how or in what ways youth with CP perceive themselves from a psychosocial perspective.

While there was not a gender theme that emerged in the results, twelve out of the thirteen participants in this study were boys. During residential camps, there is opportunity for the campers to social together at the end of the day in their respective housing arrangements. As it relates to this camp, dorms were separate by gender, therefore future research should understand how gender impacts the camp experience in a residential setting when gender is equally represented. Age was a result as campers evaluated differences within their social group, however there is a limited amount of research for the age at which individuals start developing their social identity. It is worth comparing the age of the camper's responses towards their social identity development to further explore the correlation of age and SIT. Although this camp was a soccer-specific program, it is important to acknowledge the benefits of socialization, physical ability levels, and identity development as a result of CP soccer camp for youth with CP. Exclusive camp settings have shown to facilitate group cohesion, which is beneficial for a population who can be limited to and left out of recreation and sport opportunities.

CHAPTER FIVE

CONCLUSION

The aim of this study was to explore the impact of an exclusive, residential CP soccer camp on social identity for youth with CP. This study was guided by SIT, which is made up of three processes: social categorization, self-evaluation through social identity, and social comparison (Tajfel & Turner, 1979). These three processes collectively form an individuals' knowledge of his or her belonging to a social group (Hogg & Abrams, 1988). Individuals must first segment or classify themselves into a social category, then identify themselves as similar or different to members of other groups through evaluation, and finally they must be in a social situation to compare themselves to the relevant out-group (Tajfel & Turner, 1979). To aid in the development of one's identity within a social group, individuals use social interactions as feedback to further define their sense of self and determine who others perceive them to be (Zabriskie et al., 2005). While research supports the use of sport and social interaction as a way to positively impact identity formation, there has been a limited amount of research specific to youth with CP, social identity, and camp participation.

It is important to explore the concept of social identity formation in youth with CP due to CP being the most common motor disability in children, and researchers suggest that sport in general can facilitate identity formation for this population (Groff & Kleiber, 2001; Kleiber & Kirshnit, 1991). With the use of SIT, and the summer camp context, this study was able to further explore how youth with CP perceive themselves as belonging to a group.

Summary of Major Findings

The findings of this study indicate that participation in an exclusive, residential CP soccer camp for youth with CP supports two of the three social identity processes; social categorization and self-evaluation through social identity.

Social Identity Theory. Participants' interview responses supported social categorization by describing themselves as having a disability, being involved in sports, and associating specifically with soccer. Participants acknowledged that they were able to attend camp because of having a disability, and it made them feel more comfortable knowing that they were not the only one going through life with CP. Some participants had not talked about their disability with others prior to coming to camp, however it was mentioned that by coming to camp, participants realized that they miss talking about it in their everyday life, or they became more at ease with their disability as result of being around peers with disabilities.

Several participants mentioned that they had participated in sports prior to camp. Some individuals were able to play in the mainstream sport setting without worrying about their disability, but one individual found that there was a disconnect between sports in society and having a disability until they attended CP soccer camp. Most of the participants expressed that soccer was the reason for coming to camp or it was their favorite sport. The participants discussed how they continued to play on their own, with their able-bodied peers, or with other CP specific teams in their area.

While the camp environment consisted solely of youth with CP who were ambulatory, campers acknowledged the difference between themselves and their able-

bodied peers. This provided support for self-evaluation through social identity in the second process of SIT. Participants explained that they were able to relate to each other because their friends from home do not have a disability. There were a few participants who either did not feel a difference by playing on mainstream soccer teams or knew they could do every day things just as well as their able-bodied peers. However, a handful of the group highlighted that they liked playing with other peers with CP because the playing field was more equal.

In addition to comparing themselves to individuals without disabilities, campers also compared themselves to other campers of different age groups, and of different soccer skill level. Within the age subtheme, two participants expressed that the age was a factor in the camp, which hindered one individual to connect with the group and the other explained how the younger kids were not taking the camp seriously. The rest of the participants discussed that age was not a huge factor in their experience. Over half the participants were definitely aware of the difference in soccer abilities amongst the group, but their comments were positive towards how it impacted their camp experience.

Personal Identity. While all the participants acknowledged that they had a disability, when the researcher asked how they would describe themselves to others, only one participant mentioned that he would talk about his disability. The other twelve participants described themselves in the sports they like to play (i.e. soccer), what they like to do (i.e. cook), or character traits (i.e. shy, adventurous, fearless). Anderson (2009) mentions that individuals with and without disabilities have a hard time identifying individuals with disabilities as athletes, however five participants in this study described

themselves based on their involvement in soccer or their likeness for soccer. This is also supported by (Kivel, 1998) who explains that leisure opportunities facilitate different aspects of identity. Wilhite et al. (1999) support the idea of individuals with disabilities expressing themselves by their self-perceptions. Individuals in their study described themselves through social terms (e.g. outgoing, caring, friendly), which holds true for a few participants who mention their character traits in this study.

Group Cohesion. Eight of the participants explained that camp created an environment where the campers could connect to each other, feel more comfortable, and develop a sense of community. For some participants in this study, this was the first time they were around other individuals with disabilities. Groff and Kleiber (2001) explain in their findings that their participants with disabilities do not always get the social interaction with other individuals with disabilities in the school setting. When participating in programs with similar peers, these participants felt like they could be themselves, which supports the findings in this current study. Researchers also found that in an exclusive camp environment, participants were open to discussing their disability with the other participants and a sense of belonging by realizing they were “not alone” with having a disability (Goodwin & Staples, 2005). This supports the current study with the participants feeling more at ease with their disability as a result of this exclusive camp.

The findings of this study suggest that the CP soccer camp provided the participants with a positive experience where they were able to develop pieces of their

social identity in the areas of social categorization and self-evaluation through social identity.

Challenges

While research for individuals with physical disabilities is growing, it is still generally limited for individuals with ambulatory CP specifically in a sport setting. Data was collected eight months after the camp which resulted in challenges towards scheduling the interviews around the participants' school days and spring break plans. Not only was scheduling the interviews difficult, but due to the length of time that had passed after camp, a few participants needed verbal prompts to remind them of camp experiences. This timeframe also forced the interviews to be conducted online through a video software. Although the interviewer was able to visually interact with the participants, the primary researcher was unable to control environmental distractions from afar. This also allowed for parents to sit in on the interview, which impacted the results due to their interaction with their child during the discussion. Since the parents communicated with the researcher during the scheduling process, as well as signed a consent form for the participants under 18 prior to the interview, it is difficult to confirm that all the individuals participated voluntarily.

Limitations

This study provided limitations in a few areas. Even though there is limited research on the length of time it takes an individual to develop his or her identity, collecting data several months after camp ended could have impacted the results on identity formation due to not having prior data to compare. This also provided the

participants an opportunity to experience other activities or programs away from camp that assisted in their identity development, in addition to some of the participants already having prior sport experience (e.g. mainstream or exclusive), which could have impacted their social identity. Some participants have CP soccer training programs in their area with other individuals who attended camp. This could have reminded them of their camp experience, or provided new experiences with each other that affected their responses. With the use of open-ended questions, some participants needed multiple prompts to get more than one-word answers. Parents also wanted to sit in on the interview process. While it was communicated beforehand that the parents were not to talk during the interviews, three parents provided talking points that could have impacted the feedback from the participants' perspective. One younger participant looked at his mother for assistance or affirmation on how to answer a few questions, one participant asked their mother how she would answer a question, and another parent interjected to help the participant remember pieces of camp that ultimately impacted the response from the participant's point of view. The developmental ages of the participants may be considered a limitation in this study due to how they participated in the camp context and during program-specific activities. With younger individuals being a part of this study, their responses may differentiate in depth, in comparison to the older participants, with understanding how they perceived themselves in the social context of the camp environment.

The primary researcher also introduced bias to the study due to attending camp and working in a sport setting with individuals with disabilities prior to camp. The

participant responses could have been impacted based on the rapport between the researcher and the campers prior to data collection. Overall, this was a small sample and these findings are not generalizable. However, this study does provide foundational knowledge to the camp setting for youth with CP.

Future Direction

This study provided a small sample, therefore these findings are not generalizable. Future researchers should gather a larger sample size, as well as have pre/post data to compare either returning campers, or from directly after camp in comparison to a few months after camp. As for the results, only two of the three processes of SIT were supported in this study. For future research, it is suggested to provide a social setting where youth with CP can compare themselves to the out-group to fully understand SIT for this population. Due to the nature of the interview questions, participants primarily shared their perspectives towards the physical differences between themselves and peers with and without disabilities. Future research should focus on understanding how or in what ways youth with CP perceive themselves from a psychosocial perspective. Researchers should also look into differences between those participants who have been involved in mainstream versus exclusive sport environments.

While there was not a gender theme that emerged in the results, twelve out of the thirteen participants in this study were boys. During residential camps, there is opportunity for the campers to social together at the end of the day in their respective housing arrangements. As it relates to this camp, dorms were separate by gender, therefore future research should understand how gender impacts the camp experience in a

residential setting when gender is equally represented. Age was a result as campers evaluated differences within their social group, however there is a limited amount of research for the age at which individuals start developing their social identity. It is worth comparing the age of the camper's responses towards their social identity development to further explore the correlation of age and SIT. Also, it would be worth looking into the age of the participants when there is an even distribution of ages at an exclusive camp or sport program.

Given the context of the camp setting, future research should consider the nature of these campers being away from their parents and how their independence is impacted. Interactions with camp administrators and volunteers has the potential to influence the level of independence and is worth understanding through future research.

REFERENCES

- Anderson, C. B. (2004). Athletic Identity and Its Relation to Exercise Behavior: Scale Development and Initial Validation. *Journal of Sport and Exercise Psychology*, 26, 39–56. <https://doi.org/10.1123/jsep.26.1.39>
- Anderson, D. (2009). Adolescent girls' involvement in disability sport: Implications for identity development. *Journal of Sport and Social Issues*, 33(4), 427–449. <https://doi.org/10.1177/0193723509350608>
- Beckung, E., & Hagberg, G. (2002). Neuroimpairments, activity limitations, and participation restrictions in children with cerebral palsy. *Developmental Medicine and Child Neurology*, 44(5), 309–316. <https://doi.org/10.1111/j.1469-8749.2002.tb00816.x>
- Bedini, L. A. (1990). Separate but Equal? Segregated Programming for People with Disabilities. *Journal of Physical Education, Recreation & Dance*, 61(8), 40–44.
- Biddle, S. J. H., Gorely, T., & Stensel, D. J. (2004). Health-enhancing physical activity and sedentary behaviour in children and adolescents. *Journal of Sports Sciences*, 22(8), 679–701. <https://doi.org/10.1080/02640410410001712412>
- Bjornson, Kristie F.; Belza, Basia; Kartin, Deborah; Logsdon, Rebecca; McLaughlin, J. F. (2007). Ambulatory Physical Activity Performance in Youth With Cerebral Palsy and Youth Who Are Developing Typically. *Physical Therapy*, 87(3), 248–257.
- Blinde, E. M., & McCallister, S. G. (1998). Listening to the Voices of Students with Physical Disabilities: Experiences in the Physical Education Classroom. *Journal of Physical Education, Recreation & Dance*, 69(6), 64–68.

<https://doi.org/10.1080/07303084.1998.10605578>

Blinde, E. M., & McClung, L. R. (1997). Enhancing the physical and social self through recreational activity: Accounts of individuals with physical disabilities. *Adapted Physical Activity Quarterly*, *14*, 327–344.

Carlson, S. L., Taylor, N. F., Dodd, K. J., & Shields, N. (2013). Differences in habitual physical activity levels of young people with cerebral palsy and their typically developing peers: A systematic review. *Disability and Rehabilitation*, *35*(8), 647–655. <https://doi.org/10.3109/09638288.2012.715721>

Caspersen, C. J., Powell, K. E., & Christenson, G. M. (1985). Physical activity, exercise, and physical fitness: definitions and distinctions for health-related research. *Public Health Reports (Washington, D.C. : 1974)*, *100*(2), 126–131. <https://doi.org/10.2307/20056429>

Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *The Journal of Sex Research*, *20*(2), 143–167. <https://doi.org/10.1080/00224498409551214>

Centers for Disease Control and Prevention. (2018). *What is cerebral palsy?* Retrieved from <https://www.cdc.gov/ncbddd/cp/facts.html>

Cerebral Palsy Alliance. (2018). *Facts about cerebral palsy*. Retrieved from <https://research.cerebralpalsy.org.au/what-is-cerebral-palsy/facts-about-cerebral-palsy/>

Cerebral Palsy Foundation. (n.d.). *Fact sheet library*. Retrieved from <https://www.yourcpf.org/fact-sheet-library/>

- Cerebral Palsy Group. (2019). *How many types of cerebral palsy are there?* Retrieved from <https://cerebralpalsygroup.com/cerebral-palsy/types-of-cerebral-palsy/>
- Children's Hemiplegia and Stroke Association. (2018). *What is adaptive sports or para sports?* Retrieved from <https://chasa.org/adaptive-para-sports/>
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (Second Edi). Thousand Oaks, CA: SAGE Publications, Inc.
- Creswell, J. W. (2016). *30 essential skills for the qualitative researcher*. Thousand Oaks, CA: SAGE Publications, Inc.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (Fifth Edit). Thousand Oaks, CA: SAGE Publications, Inc.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among the five approaches* (Fourth Edi). Thousand Oaks, CA: SAGE Publications, Inc.
- CP Soccer. (n.d.). Meet cp soccer. Retrieved from <https://www.cpsoccer.us/meet-cp-soccer>
- D'Eloia, M. H., & Price, P. (2018). Sense of belonging: is inclusion the answer? *Sport in Society*, 21(1), 91–105. <https://doi.org/10.1080/17430437.2016.1225819>
- Devine, M. A., & Dawson, S. L. (2010). The effect of a residential camp experience on self esteem and social acceptance of youth with craniofacial differences. *Therapeutic Recreation Journal*, 64(2), 105–120. Retrieved from <http://js.sagamorepub.com/jpra/article/view/7273>

- Devine, M. A., & Wilhite, B. (1999). Theory application in therapeutic recreation practice and research. *Therapeutic Recreation Journal*, 33(1), 29–45. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2011-09246-003&site=ehost-live>
- Disability World. (2019). *Disability camps: children, teens, & adults with disabilities*. Retrieved from <https://www.disabled-world.com/entertainment/camps/>
- Durdella, N. (2019). *Qualitative Dissertation Methodology: A Guide for Research Design and Methods*. Thousand Oaks, CA: SAGE Publications, Inc.
- Erikson, E. H. (1959). Identity and life cycle: Selected papers. *Psychological Issues*, 1(1), 1–171.
- Garst, B. A., Browne, L. P., & Bialeschki, M. D. (2011). Youth Development and the Camp Experience, 73–87. <https://doi.org/10.1002/yd>
- Garst, B. A., Gagnon, R. J., & Whittington, A. (2016). A Closer Look at the Camp Experience: Examining Relationships Between Life Skills, Elements of Positive Youth Development, and Antecedents of Change Among Camp Alumni. *Journal of Outdoor Recreation, Education & Leadership*, 8(2), 180–199. <https://doi.org/10.18666/JOREL-2016-V8-I2-7694>
- Gesler, W. M. (1992). Therapeutic Landscapes : Medical Issues in Light of the New Cultural Geography. *Social Science and Medicine*, 34(7), 735–746.
- Gill, C. J. (1997). Four types of integration in disability identity development. *Journal of Vocational Rehabilitation*, 9(97), 39–46. [https://doi.org/10.1016/S1052-2263\(97\)00020-2](https://doi.org/10.1016/S1052-2263(97)00020-2)

- Goodwin, D. L., Lieberman, L. J., Johnston, K., & Leo, J. (2011). Connecting Through Summer Camp : Youth with Visual Impairments Find a Sense of Community. *Adapted Physical Activity Quarterly*, 28(1), 40–55.
- Goodwin, D. L., & Staples, K. (2005). The meaning of summer camp experiences to youths with disabilities. *Adapted Physical Activity Quarterly*, 22(2), 160–178. <https://doi.org/10.1123/apaq.22.2.160>
- Groff, D. G., & Kleiber, D. A. (2001). Exploring the Identity Formation of Youth Involved in an Adapted Sports Program. *Therapeutic Recreation Journal*, 35(4), 318–332. Retrieved from <https://login.ezproxy.net.ucf.edu/login?auth=shibb&url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ644128&site=eds-live&scope=site>
- Hanna, P. (2012). Using internet technologies (such as Skype) as a research medium: A research note. *Qualitative Research*, 12(2), 239–242. <https://doi.org/10.1177/1468794111426607>
- Hill, E., Gagnon, R., Ramsing, R., Goff, J., Kennedy, B., & Hooker, T. (2015). Measuring the Impact of a Medical Specialty Camp. *Therapeutic Recreation Journal*, 49(4), 310–325. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=s3h&AN=110682362&lang=pt-br&site=ehost-live>
- Hill, E., & Sibthorp, J. (2006). Autonomy Support at Diabetes Camp: A Self Determination Theory Approach to Therapeutic Recreation. *Therapeutic Recreation Journal*, 40(2), 107–125. Retrieved from

<http://login.ezproxy.lib.umn.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,uid&db=eue&AN=23344189&site=ehost-live>

Hogg, M. A., & Abrams, D. (1988). *Social identifications: A social psychology of intergroup relations and group processes*. London: Routledge.

International Federation for CP Football. (2019). *What is CP football?* Retrieved from <https://www.ifcpf.com/what-is-cp-football>

International Paralympic Committee. (2015). *Classification: Explanatory guide to Paralympic classification*. Retrieved from <https://www.paralympic.org/classification>

International Paralympic Committee. (n.d.a). *Sports*. Retrieved from <https://www.paralympic.org/sports>

International Paralympic Committee. (n.d.b). *World para alpine skiing: Classification*. Retrieved from <https://www.paralympic.org/alpine-skiing/rules-and-classification>

Kivel, B. D. (1998). Adolescent Identity Formation and Leisure Contexts: A Selective Review of Literature. *Journal of Physical Education, Recreation & Dance*, 69(1), 36–38. <https://doi.org/10.1080/07303084.1998.10605045>

Klee, K., Greenleaf, K., & Watkins, S. (1997). Summer camps for children and adolescents with kidney disease. *ANNA Journal*, 24(1), 57–63.

Kleiber, D. A., & Kirshnit, C. (1991). Sport involvement and identity formation. In L. Diamant (Ed.), *Mind-body maturity: Psychological approaches to sport, exercise, and fitness* (pp. 193–211). New York: Hemisphere Publishing Corporation.

Kristén, L., Patriksson, G., & Fridlund, B. (2002). Conceptions of Children and

Adolescents with Physical Disabilities about Their Participation in a Sports Programme. *European Physical Education Review*, 8(2), 139–156.

<https://doi.org/10.1177/1356336X020082003>

Lundberg, N. R., Taniguchi, S., McCormick, B. P., & Tibbs, C. (2011). Identity negotiating: Redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability. *Journal of Leisure Research*, 43(2), 205–225. <https://doi.org/10.1080/19406940.2011.627363>

Maron, B. J., Chaitman, B. R., Ackerman, M. J., De Luna, A. B., Corrado, D., Crosson, J. E., ... Van Camp, S. P. (2004). Recommendations for physical activity and recreational sports participation for young patients with genetic cardiovascular diseases. *Circulation*, 109(22), 2807–2816.

<https://doi.org/10.1161/01.CIR.0000128363.85581.E1>

Maron, B. J., & Mitchell, J. H. (1994). Revised eligibility recommendations for competitive athletes with cardiovascular abnormalities. *Journal of the American College of Cardiology*, 24(4), 848–850. [https://doi.org/10.1016/0735-1097\(94\)90837-0](https://doi.org/10.1016/0735-1097(94)90837-0)

Pensgaard, A. M., & Sorensen, M. (2002). Empowerment Through the Sport Context: A Model to Guide Research for Individuals with Disabilities. *Adapted Physical Activity Quarterly*, 19, 48–67. <https://doi.org/10.1177/0192513X12437708>

Pica, R. (2003). *Your active child: How to boost physical, emotional, and cognitive development through age-appropriate activity*. New York: McGraw Hill.

Pivik, J., McComas, J., & Laflamme, M. (2012). Barriers and facilitators to inclusive

education. *Council for Exceptional Children*, 69(1), 97–107.

<https://doi.org/10.1177/0017896912437288>

Richards, L., & Morse, J. M. (2007). *Readme first for a user's guide to qualitative methods* (Second Edi). Thousand Oaks, CA: SAGE Publications, Inc.

Shapiro, D. R., & Martin, J. J. (2010). Athletic identity, affect, and peer relations in youth athletes with physical disabilities. *Disability and Health Journal*, 3, 79–85.

<https://doi.org/10.1016/j.dhjo.2009.08.004>

Shaw, S. M., Kleiber, D. A., & Caldwell, L. L. (1995). Leisure and Identity Formation in Male and Female Adolescents : A Preliminary Examination. *Journal of Leisure Research*, 27(3), 245–263.

Sherrill, C. (1990). Social and Psychological Dimensions of Sports for Disabled Athletes. In *Sport and Disabled Athletes* (ed., pp. 21–33). Champaign, IL: Human Kinetics Publishers, Inc.

Shields, N., Synott, A. J., & Barr, M. (2012). Perceived barriers and facilitators to physical activity for children with disability: A systematic review. *British Journal of Sports Medicine*, 46, 989–997. <https://doi.org/10.1136/bjsports-2012-090236>

Special Olympics. (2019). *Our work*. Retrieved from

<https://www.specialolympics.org/our-work>

Sport and Development. (n.d.). *Disability: Definitions and terms*. Retrieved from

<https://www.sportanddev.org/en/learn-more/disability/background/definitions-and-terminology>

Stets, J., & Burke, P. J. (2000). Identity Theory and Social Identity Theory. *Social*

Psychology Quarterly, 63(3), 224–237.

Tajfel, H. (1978). *Differentiation of social groups: Studies in the social psychology of intergroup relations*. London: Academic Press.

Tajfel, H. (1981). *Human groups and social categories: Studies in social psychology*. Cambridge: Cambridge University Press.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In S. Worshel & W. G. Austin (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Monterey, CA: Brooks-Cole.

Taub, D. E., & Greer, K. R. (2000). Physical Activity as a Normalizing Experience for School Children with Physical Disabilities. *Journal of Sport & Social Issues*, 24(4), 395–414. Retrieved from <http://jss.sagepub.com.libproxy.usc.edu/content/24/4/395.full.pdf>

Thurber, C. A., Scanlin, M. M., Scheuler, L., & Henderson, K. A. (2007). Youth development outcomes of the camp experience: Evidence for multidimensional growth. *Journal of Youth and Adolescence*, 36(3), 241–254. <https://doi.org/10.1007/s10964-006-9142-6>

Tiemens, K., Beveridge, H. L., & Nicholas, D. B. (2007). Evaluation of a therapeutic camp program for adolescents with a facial difference. *Social Work With Groups*, 30(2), 57–71. <https://doi.org/10.1300/J009v30n02>

Trepte, S. (2006). Social Identity Theory. *Psychology of Entertainment*, 255–271.

Wilhite, B., Devine, M. A., & Goldenberg, L. (1999). Perceptions of youth with and without disabilities: Implications for inclusive leisure programs and services.

Therapeutic Recreation Journal, 33(1), 15–28. Retrieved from
<http://articles.sirc.ca/search.cfm?id=S-44145%5Cnhttp://search.ebscohost.com/login.aspx?direct=true&db=sph&AN=SPH-S-44145&site=ehost-live%5Cnhttp://www.nrpa.org/branches/ntrs.htm>

Woolf, J., & Lawrence, H. (2017). Social identity and athlete identity among CrossFit members: an exploratory study on the CrossFit Open. *Managing Sport and Leisure*, 22(3), 166–180. <https://doi.org/10.1080/23750472.2017.1415770>

Zabriskie, R. B., Lundberg, N. R., & Groff, D. G. (2005). Quality of life and identity: The benefits of a community-based therapeutic recreation and adaptive sports program. *Therapeutic Recreation Journal*, 39(3), 176–191. Retrieved from
<http://search.ebscohost.com/login.aspx?direct=true&db=psych&AN=2006-01515-002&site=ehost-live&scope=site>

APPENDIX A

Interview Questions

Demographics
<ol style="list-style-type: none">1. What is your name?2. How old are you?3. Where are you from?4. Did you play soccer before coming to camp?5. Did you play any other sports before coming to camp?6. Have you played sports since attending camp?
Camp
<ol style="list-style-type: none">7. How did you get to CP soccer camp?<ul style="list-style-type: none">• Where did you travel from to get to camp?8. Have you been to other summer camps?<ul style="list-style-type: none">• What camps did you go to?• Who was at those camps with you?• Were you with people with disabilities?9. Why did you decided to come to camp?10. What do you like about soccer? (Social Categorization)11. Who was playing at camp with you?<ul style="list-style-type: none">• What did you have in common with the other campers? (Social Categorization)• Have you stayed in touch with the other campers?• How have you stayed in touch with them?12. What did you like about camp?<ul style="list-style-type: none">• How did you feel about staying in the dorms?• How did you feel about being away from your parents?• How did you feel about being at camp with others who were older/younger than you? (Social Identity)• How did you feel playing with other campers who had less/more sport experience than they did? (Social Identity)• Did you like the structured time? (time playing soccer)• Did you like the unstructured time? (time in the dorms, eating time, night time activities, any time not playing soccer)13. What did you dislike about camp?<ul style="list-style-type: none">• What do you wish you could have been different at camp?14. Since camp, how often/how many times have you played soccer?<ul style="list-style-type: none">• Why do you still play?<ul style="list-style-type: none">○ Do you play more soccer now than before coming to camp?○ Can you tell me why you do play more or why you do not play more?

- Why do you not play anymore?
15. How has attending CP soccer camp made your life different?
- Can you explain why it has changed your life or why it has not changed your life?
16. How did you feel when the whole group talked in the dorms about having CP? (Social Categorization/Social Identity)
17. How would you describe yourself to someone you have never met before? (Social Categorization)
18. Do you think your family and friends would describe you differently? Why or why not? (Social Identity)
19. Does having a disability influence how you see yourself? (Social Identity)
- Do you think you can do the same things as someone who does not have a disability (as your peers)? (Social Comparison)
 - Tell me about a time where you felt confident in your ability to play soccer (during practice, skills on your own, playing at camp, etc.).
 - Do you feel like you were able to develop new soccer skills at camp? (Social Categorization)
 - Can you tell me about those new skills?
 - Why not/how would you learn new skills at the next camp?
20. What was it like to be with other kids with disabilities? (Social Categorization/Social Identity)
- Is there something you liked about being at a camp with other kids with disabilities?
 - Is there something you did not like about being at camp with other kids with disabilities?
 - Was there a time at camp where you felt accepted by the other kids? (Social Identity)
 - Was there a time when you felt good about being at camp?
21. Do you consider yourself to be an athlete? (Social Categorization)
- Why or why not?
 - Do you think you will always/ever be an athlete?

Memories/Wrap-Up

22. Do you miss camp? Why or why not?
23. Tell me about a moment at camp you will never forget?
24. Would you like to come back to camp this summer?
25. Do you have any other comments or things you would like to share about your experience at camp?

APPENDIX B

Camp Schedule

Time	Activity
7:30 AM	Breakfast
8:00 AM	World Cup Game
9:30 AM	Soccer – Practice <ul style="list-style-type: none">• Foot skills• Game
12:00 PM	Lunch
1:00 PM	World Cup Game
3:30 PM	Soccer – Practice <ul style="list-style-type: none">• Games
6:00 PM	Dinner
7:00 PM	Night Activity <ul style="list-style-type: none">• Practice• Reading• Open Discussion
9:30 PM	Bed Time