CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

THE RELATIONSHIP OF SELF CONCEPT, SOCIAL BEHAVIOR AND SOCIAL RECREATION PARTICIPATION OF SELECTED MENTALLY DISORDERED CLIENTS IN A COMMUNITY SETTING

A project submitted in partial fulfillment of the requirements for the degree of Master of Science in Recreation

by

Erma Jean Holloway

June 1976
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ABSTRACT

THE RELATIONSHIP OF SELF CONCEPT, SOCIAL BEHAVIOR AND SOCIAL RECREATION PARTICIPATION OF SELECTED MENTALLY DISORDERED CLIENTS IN A COMMUNITY SETTING

A project submitted in partial fulfillment of the requirements for the degree of Master of Science in Recreation

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The value of recreation activities for special populations are generally recognized by the public and governmental agencies as evidenced by increased community programs for handicapped persons.

Social recreation activities also appear to have value as a potential tool for enhancing resocialization skills needed by persons returning to the community after psychiatric hospitalization.

This exploratory study evaluated social recreation participation of chronic mentally disordered clients, released from hospitals to sheltered living in the
community, relative to their self concept and social skills. The investigation specifically focused on potential changes in self concept for selected clients involved in a socially oriented friendship club.

Further, these selected clients were observed over a five week period for changes in overt social behavior.

The data did not reflect any significant change in these clients' self concept, but did evidence increased frequency of incidences of positive social interaction.

Specifically these clients were observed talking to other members actively involved in the activity and/or taking leadership responsibilities. Over the five week period the number of observed social behaviors increased 25%, suggesting that this form of social recreation does in some part affect overt social behavior.
CHAPTER 1
INTRODUCTION

The value of recreation activities are generally recognized by the public and governmental agencies through such programs as outdoor camping, physical fitness programs and increased community programs for handicapped children and adolescents.

Social recreation activities also appear to have value as a potential tool for enhancing resocialization skills needed by persons returning to the community after psychiatric hospitalization. However, there is little documented evidence that supports this contention.

In view of this condition, this investigator saw the need to explore what effect social recreation activities might have as a therapeutic tool community recreators could use with those persons who have returned to their communities for continued psychiatric treatment.

These people have been variously classified, including the more recently used term mentally disabled; however, this term is not congruent with the California, Laterman-Petris Short Act; henceforth, the general term of mentally disordered is used (1).

Social recreation in this investigation refers to
such traditional activities as dancing, musical activity, parties, picnics and other forms where social interaction is a major goal.

Statement of The Problem

Social recreation, according to O'Morrow (2:99-103), means more than just developing and renewing social relationships for the mentally disordered clients in the community.

He suggests this form of recreation is an implement which facilitates the process of directing deviant behavior into a cooperative, realistic activity which enhances adjustment in the community by breaking down isolation barriers, assisting to enhance self-worth, while establishing meaningful relationships with other persons.

Further, Landy views the utilization of social recreation activities as a rehabilitative process of recreation activities necessary for the maintenance of mental well being (3:1-2).

Currently in California, chronic mentally disordered individuals who have been evaluated by institutional personnel as being able to benefit from sheltered community living are being released from institutions and are being relocated in their communities.

In conjunction with this move, community recreation programs are viewed as vehicles for assisting these individuals to adjust to and be able to cope with their
new community life style.

Therefore, it is logical for recreators to be concerned about the effects their programming may have on persons involved in this relocation program.

Specifically, then, this investigator's concern is with the effect social recreation activities might have on the self-concept and overt behavior of selected chronic mentally disordered clients currently living in a community setting.

Background of the Problem

As noted above, mentally disordered persons who are considered capable of coping with a sheltered community environment are being released from state mental institutions.

The treatment philosophy of the Continuing Care Team concerned with this relocation is emphasized by Miller in the Ventura County Mental Health Five Year Plan which states:

". . . Community Services Section Staff provide the necessary linkage between residential care facilities and mental health to assure continuity of care. All patients in placement are supervised by Mental Health in Collaboration with Community Services Section. Staff from both agencies provide consultations and educational training either on an individual care centered basis or through workshops on behavior management or social recreational activities."

(4:41)

The Ventura County Health Services Short Doyle plan for 1974-1975 indicates "... geographical isolation and
poor transportation to catchment areas are a problem, but services will be provided for those who request service."
(5:ibid)

Through this program, then, chronic mentally disordered clients are encouraged to participate in activities that will enhance their abilities to live and function in the community, with the County and State providing the necessary supportive services including recreation. Within the City of Oxnard, in Ventura County, social recreation activities are provided by this investigator at the Oxnard Park and Recreation Community Center in Oxnard California. Organized as the Oxnard Friendship Club, the members are all post-hospitalized men and women who are from 20-35 years old.

These clients are normally placed in community residential care facilities which provide 24 hour home protection for those mentally disordered persons who cannot live on their own while some are placed in family care homes which provide the same protection but in a family setting (6:58).

Upon release from the state hospital, then, many of these mentally disordered clients are placed in facilities other than their own home. It is this isolation from familiar friends, family and surroundings which can generate attitudes of social isolation.

Brown explains "... if the hospitalization is long
and the family and friends reject the patient due to the hostility and the stigma of mental illness, their connection with the patient is often cut off and the mentally disabled person is forgotten." (7:516)

In order that this social isolation can be minimized, various governmental agencies coordinated a continuing care treatment plan for each of these clients as found in the Ventura County area. The coordination of the Continuing Care Team includes professional staff from the State Department of Health, Continuing Care Services Section, and the Ventura County Mental Health Continuing Care Team which service the entire Ventura County area in Southern California. Within the Continuing Care Concept, the State Department of Health Rehabilitation Program provides recreation activities suited to the needs of this clientele.

One such program is the Friendship Club, a time limited group which was established on a priority basis of needs of the clients in the Oxnard Continuing Care catchment area. This program is evaluated every six months by the Ventura County Mental Health and the State Department Health Continuing Care Services Section.

However, this investigator's current concern is whether this form of social recreation (the Friendship Club) has therapeutic effects on the reduction of implied social isolation. Specifically, could participation in
this social group be compared with changes in the client's self concept and overt social skills?

Kraus maintains that participation in social recreation provides the opportunity in which such social readjustment can be made (8:305).

Therefore, the exploratory question becomes clear. Do these post-hospitalized clients exhibit some personal and social readjustment when exposed to a social recreation club?

Limitations of the Study

The limitations of this study are threefold. First, the clients under investigation participated in this program on a volunteer basis. It was difficult to control their participation.

Second, the program is limited in funds used to implement recreation activities that might provide a maximum therapeutic effect. As an example, transportation for this program is limited; therefore, social activities away from the Recreation Center are drastically reduced.

Third, the lack of other professional personnel to assist in the investigation reduces the objectivity of the study due to probable investigator bias. However, these limitations do not reduce the need to pursue this exploratory inquiry.
Basic Assumptions

Two basic assumptions are made in this project. The first assumption is that social recreation participation can affect the self concept and overt behavior in selected chronic mentally disordered clients.

The second assumption is that these selected chronic mentally disordered clients have a poor self concept which influences their sense of self-worth and mental well being (cf 9:8).

Therefore, this investigator assumes that most of the mentally disordered clients involved in this inquiry have a low self concept and have experienced relative deprivation due to long hospitalization and little or no family contact.

Definitions

For the purpose of this study, the following definitions were used:

1. Selected Chronic Mentally Disordered:
   Chronic disturbances of mood, thinking, relationships and behavior of the schizophrenic type which are considered gravely disabling (10:58).

2. Paranoid: those individuals who demonstrate in their behavior extreme defensiveness, projection, and strong feelings of persecutions marked by fear (11:9).
3. Deviant Behavior: that behavior which is unacceptable by societal norms.

4. Social Linkability: the process of getting people together with other people, agencies, and community resources for the purpose of reintegrating and maintaining them in the community (12:519).

A schematic design is displayed on the next page which relates the expected trend in the participant's overt behavior. (See schematic design).
Negley's Model of Self Concept and Motivation (13)

Self Concept

Significant Others

Overt Behaviors

Social Recreation Activities

Community Readjustment

Developed Social Skills
SUMMARY

This chapter has dealt with the meaning of social recreation and its potential as a tool for the rehabilitation of mentally disordered clients living in a community setting.

Some authors have converred on the role of social recreation activities in relationship to mental well being.

Many mentally disordered clients are being returned to the community for further rehabilitation with recreation being a part of the treatment plan. Social recreation groups, such as the Oxnard Friendship Club, have been designed to reduce social isolation and help group members to adjust to community living. It is this group, then, that becomes the focus of this exploratory inquiry. The limitations imposed on this study may reduce the final credibility of the subsequent data; however, the need to document what effects, if any, social recreation has on the chronic mentally disordered person's self concept and overt social skills still is a viable issue.

Negley's schematic design illustrates the logic of the conceptual framework. It now becomes the investigator's concern to document what relationship, if any, participation in social groups may have with a chronic mentally disordered client's self concept and overt social skills.
CHAPTER 2
LITERATURE REVIEW

A survey of the literature reveals the use of social recreation, and its therapeutic effects are imbeded in the history of ancient civilization. Frye states "... as early as 2,000 B.C. the Egyptians saw the need for games, song and dance to provide cures for those suffering from depression. ..." (and in) 1822 a physician at the McLean Hospital in Massachusetts expressed "... activities such as chess, backgammon, reading, writing, and singing were effective in that they channel thoughts into mental and physical exercise which has a calming effect on the mind, resulting not only in breaking up negative associations of ideas but also inducing correct habits of thinking as well as behavior." (14-41)

Over the past ten years there have been numerous research studies on the effects of selected recreational activity on physical and mental disorders (15, 16, 17). However, there is no research design relating social recreation with an individual's self concept and/or his overt social skills.
Self Concept

Throughout the literature review, most authorities disagree on a single definition of the self concept.

In the context, self is synonymous with the broadest usage of ego, denoting the core of the personality system. Self concept, then, is an individual's view of himself -- the "... individual as perceived by that individual in a socially determined frame of reference." (18:328)

Central, then, to an individual's conception of himself is the identification the individual has with his generalized position within various social categories (i.e. sex, age, class, etc.).

Kuhn states that in addition to this view of identity, self conception also includes: (1) the notions of one's interests and aversions; (2) a conception of one's goals and successes in achieving them; (3) an ideological frame of reference through which the individual views himself and others; and (4) some kind of self-evaluation (19: 39-55). This sense of self-evaluation can be further expanded to include significant others - those groups or individuals which are held in high esteem, or that otherwise exert a significant influence on the life of the perceiver (20:90).

As Swartz and Burkhardt stated, "... individuals' behavior matches their understanding of themselves which
determines the self concept; however, they further stated relative to this understanding of self is the environment of peer groups and other significant individuals that affect the self concept and overt behavior (21:87).

In other words, it is the awareness of the manner in which others see themselves that individuals' self concept can change to better fit the self-evaluation of the significant others and, as McDowell notes, exerts an influence on the manifestation of these perceptions on overt behavior (22:101). Then it is logical to assert that the chronic mentally disordered client views himself as he feels other important people in his life see him. This self-evaluation includes family, friends, peers, and therapists who work with him.

Further, Dunham (23) has indicated chronic mentally disordered persons suffer from a negative sense of self-esteem and well being because of the negative socially determined frame of reference influenced by: (1) limited income and resources (most of these types of clients are recipients of welfare or disability and/or social security insurance benefits); (2) loss of status with their families and peers; and (3) reduced social experiences (due to long hospitalization) and loss of self-esteem (due to lack of control over daily decisions). While Dunham's evaluations may be more assumptions than facts, his remarks do bring focus to this inquiry.
Self Concept and Overt Behavior (Social Skills)

A variety of studies can be used to relate self concept and overt behavior. As an example, Kelton investigated different subgroups of delinquents. His research design included two sets of rating forms and a Tennessee Self Concept Scale. The boys were to describe who, of their peers, was "most or least like" a theoretical boy considered maladaptive, and who was most or least like a boy noted as a loser. Those boys not categorized as either of these theoretical characters were classified as integrators. His findings demonstrated that maladaptive and loser youngsters scored lower than the integrators on the self concept scale. Both maladaptive and losers showed a liking for independence, but maladaptive members showed severe signs of psychopathology tending to demonstrate a lack of basic identity. Kelton further stated the losers appeared content with their behavior and identified more easily with other group members (24:78-91).

Fitts (24:43) examined 374 mentally disordered patients representing eleven types of diagnosis. The Tennessee Self Concept Scale was used to evaluate their self perceptions. Research results showed 87% of the patients reported self concepts that were deviant. Mentally disordered individuals were perceived by others as different or deviant from the normal population of our
society, and these individuals saw themselves in the same manner. Fitts suggested mentally disordered individuals with mixed symptomology demonstrate an extremely high disintegrated or split self concept.

Havener and Izard (25:68) reported mentally disordered individuals exhibited confused and fantized perceptions of their self concept lacking in the normal group.

Vaughn (26:12) conducted a research study in which 202 male and female chronic mentally disordered patients participated in recreation activities. Research results showed a favorable change in behavior of subjects who participated in recreation activities (22:12).

Klausmeir (27) and Barber (28) concurred in their inquiries that a great deal of the self concept is incidentally learned partly through conditioning. Further, an individual regards his self concept and behavior as the same but acceptance of one's self concept and not the manifested behavior causes conflict (24:10).

Therefore, mentally disordered individuals' self concept and overt behavior is indicative of his state of mental health in which he functions in the best possible way for his survival (29:17).

Social Recreation

As discussed previously, social recreation is a generic term used to identify social activities that are
designed to enhance social interaction (30:9). Such activities have traditionally taken many structured forms such as dances, parties, and others that are characterized by fun, spontaneity and "non-threatening" environments (31:9). Further, evident in Kraus' discussion (26:9) it is a process which provides for creativity, self-expression, the development of social skills, and adjustment in community living (32:9).

Rosen has noted that social communication is expressed in creative dance, as a social recreation activity, providing an opportunity for group togetherness in a rhythmic expression. It allows participants to express their feelings in a controlled socially acceptable manner which may be helpful in changing a negative self image and behavior which is often anti-social (33:57).

Social recreation activities provide the opportunity for expansion of the self concept, therefore aiding the process of social re-entry and the development of socially acceptable behavior. As Brown states, "... social linkability creates a sense of belonging and involvement on the part of the clients and provides a means to satisfy basic human needs for respect, status and identity." (34:516)

Further, he notes social recreation activities in the community provide an opportunity to break down isolation barriers, aid members in developing and main-
ing positive social skills, and retard or diminish mal-
adaptive behavior in the mentally disabled (35:520).

In conclusion, it is logical to assume that any re-
habilitation plan designed to restore the client as
nearly as possible to a functional level so as to facili-
tate the process of reintegration into community living
would include social recreation activities (36:69).
These activities, designed to help develop new relation-
ships and re-establish old acquaintances as well as en-
hancing the client's self-esteem and sense of well being,
could also help chronic mentally disordered clients over-
come their social limitations (37:116).

SUMMARY

A review of the literature reveals that social
recreation and its therapeutic effect, while sparsely
documented, is as ancient as civilization of mankind.

Egyptians used games, song and dance to help those
suffering from depression while the importance of chess,
backgammon, reading, writing, and singing as therapeutic
agents were mentioned in the early 1800s.

Research studies written on the effects of recrea-
tion on physical and mental disorders have yet to document
specifically social recreations relationship with self
concept and overt social skill behavior.

Writers who are cognizant of the effects of rec-
recreation and the self concept do provide focus for the
premise of this investigation. Although many authorities disagree on a precise definition of the self concept, this investigator synthesized the self concept, self, as synonymous with the Freudian term, ego, denoting an individual's view of himself: as perceived by him in a socially determined frame of reference. The individual's conception of himself is the identification he has with his generalized position within various social categories, (i.e. sex, age, class, etc.), plus a sense of self-evaluation which includes significant others. It is the environment of peer groups and other significant individuals that affect the self concept and overt behavior and it is this awareness of the manner in which others see him that the individual's self concept can change to better fit the self-evaluation of the significant others. This self-evaluation also includes family, friends, peers, and therapists who work with the individual.

Prior research studies on the self concept and overt behavior have demonstrated chronic mentally disordered clients have a low self concept, although paranoid individuals tend to fantasize about their self perception and may exhibit a high rating on self perception. Other writers have suggested that social recreation activities could provide the opportunity for expansion of the self concept, thereby aiding the process of social re-entry and the development of socially acceptable behavior.
Socially linking chronic mentally disordered clients with on-going recreation activities and programs in the community should help them in regaining their respect, status and identity, and overcome their social limitations.
CHAPTER 3

METHOD OF DATA COLLECTION AND TREATMENT

Two procedures were used to collect data. First, Girona Affect Scale (38:4) that establishes baseline data on how persons perceive themselves and others was administered to the Friendship Club participants at the beginning and at the end of the investigative period to compare changes, if any, in the clients' concept of themselves and their social relationship with others.

To evaluate any changes in overt social behavior of the group members engaged in selected social recreation activities, participants' observations were used to tabulate the frequencies of specific social behaviors.

The two sets of data were then compared for concomitant changes in social readjustment patterns of these clients.

Subjects

The mentally disordered clients selected for this investigation were chosen from the case loads of State Department of Health Continuing Care Services Section serving the Oxnard, California catchment areas. They were members of the Friendship Club and met for social recreation activities three out of four Fridays each month.

Background information about each client was made availa-
ble by the State Department of Health Office located in Ventura County, which indicated all clients were caucasian with limited income.

For this exploratory project 12 clients were selected. All 12 were given the Girona Affect Scale. However, 4 of these clients infrequently attended the Friendship Club activities, having seemed to have found other community activities to meet their needs. They were assigned the title of "Control" group only for convenience. No implication should be made to an experimental design. The scores on the Scale for this group were to be used more as a comparison with the scores of the 8 clients who attended regularly. This investigator assumed the 8 club "Regulars" were more unsure of themselves and viewed the Friendship Club as a main source of emotional support. Only the 8 clients were observed also for any changes in social behavior.

Girona Affect Scale

The Girona Affect Scale was designed by Dr. Ricardo Girona in 1967 and revised to the present form in 1969.

The scale, which rates perception one has of himself (MYSELF), and perception one views others in general (OTHER) was used by Girona in an experimental research in which he selected 21 twenty year old student nurses to be rated and evaluated by their supervisors. Girona hypothesized there would be a relationship between scores on the
Affect Scale (how nurses perceived themselves and others) and the effectiveness of the nurses as rated by their supervisors. He found correlation between scores on the Affect Scale and the supervisors' ratings at a .01 level of significance (39:56).

Two methodological types were employed in the development of the Scale: the Osgood Schematic Differential and the Linkert-Type Scale.

Girona Affect Scale was based on a 7 point bipolar scale which measured positive and negative attitudes about MYSELF and OTHERS.

In explaining the Affect Scale, Girona noted that the adjectives on one end of the differential scale represented positive effects whereas those on the other end represented negative effects (40:31). One point was given to each space in which the scoring code was assigned from high to low on positive scores and low to high on negative (see scoring sheets and instructions in the Appendix A).

The Scale measured MYSELF which represented the perception one has about the self; others which represented the way in which one views others in general. A third score, SELF and OTHERS (the addition of the two scores on MYSELF and OTHERS), was added due to the particular matrix of the Scale's design, but had no significant clinical value (36:ibid).

The SELF-OTHERS (the subtraction of the two scores)
measured the difference between self and others; however, as Girona stated, "... the higher split half reliability on the ratings of others might suggest that perceptions of others people are uniform with some sort of halo effect operating throughout, whereas the perception of self are more detailed and discriminate a more different area of the person or the perceiver (41:32).

Pre-Test of Girona Affect Scale

Five persons were chosen for the pre-test to determine whether there would be any difficulty administering the scale to the selected clients at the Oxnard Community Center. The group was told their participation in completing the Affect Scale would help this investigator decide on activities that would make them feel better about themselves.

The results of the pre-test indicated that there was a higher rating of MYSELF than OTHERS which was logical since chronic mentally disordered clients with mixed symptoms rated their self concept as uncertain, low, or extremely high, depending on their diagnosis (42:36).

PARTICIPANT OBSERVATION

The second set of data collected was frequencies of specific social behaviors over time. The participants' observations were selected as the method of measure for identifying overt social behavior of the clients while engaged in a variety of social recreation activities.
This qualitative method of data collection allowed this researcher to enter into the activities at the beginning to establish rapport and trust. Then, while activities continued, the observer left the activity to enumerate the specific behaviors manifested by the clients in as unbiased a manner as possible (43:45).

This investigator then returned to the activity as an active participant. Three observations were made per activity per day. The data was collected on five consecutive Fridays during March and April.

The specific socially oriented behaviors that were selected to be monitored and enumerated were: 1) whether a selected client was talking with another person at the time of the observation (talking with others); 2) whether client was looking directly at another person (eye contact with others); 3) whether client was actively in the activity (participant active); 4) whether client was involved in a leadership role (decision making).

The instrument was divided into 4 columns - each column had three spaces where the three time periods recorded yes or no under the behavior heading and the time of that particular behavior was observed. This provided a maximum total of 105 separate observations for each client.

DATA COLLECTION

At a meeting in March 1976, this investigator ex-
plained the Affect Scale to the 12 clients. They were told they would be helping this investigator make decisions about the types of activities they might enjoy most, and the completion of the scale would give her insight about their needs. Further, they were told that by participating in the activities for the next five weeks they would be taken on an outing. They were given an opportunity to ask questions regarding the scale.

One subject inquired if others meant a particular person or people in general, and was told it meant people in general. As a whole, the entire group had little trouble understanding the adjectives. Two members of the group asked the meaning of words they did not understand (i.e. "stale" and "fresh"). At the end of the five week period all the clients were again given the Scale. In the interim, the regulars were scored on the social behavior observation sheet.

Once the pre-test (T1) and post-test (T2) had been scored, tables were prepared to display the data as were tables for the social behavior observations.

DATA ANALYSIS

Two sets of data were obtained: individual raw scores from the Scale for the clients, and social behavior observations from the 8 Regulars.

First, the Scale scores for each group were tabulated, displayed (Table 1), and compared. One can quickly see
TABLE 1

GIRONA AFFECT SCALE RAW SCORES OF THE "CONTROL" GROUP
(N=4)

<table>
<thead>
<tr>
<th>Clients</th>
<th>S</th>
<th>O</th>
<th>S+O</th>
<th>S-O</th>
<th>Clients</th>
<th>S</th>
<th>O</th>
<th>S+O</th>
<th>S-O</th>
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<td>69</td>
<td>142</td>
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<td>123</td>
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<td>102</td>
<td>192</td>
<td>-12</td>
<td>4</td>
<td>118</td>
<td>110</td>
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<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>361</td>
<td>423</td>
<td>784</td>
<td>-2</td>
<td>Total</td>
<td>401</td>
<td>452</td>
<td>853</td>
<td>-51</td>
</tr>
</tbody>
</table>

PRE-TEST (T1)                                      POST-TEST (T2)
that the total scores for the four "Control" clients showed a decided increase in all four classifications, with high S-O score for the post-test probably being influenced by the dramatic drop in the self score for client #2. The other three clients showed increase in their self scores between the two test periods. One can only speculate that unknown conditions influenced this change. None of the clients evidenced a higher perception of self over others, although client #3 did on the pre-test and #4 did on the post-test.

When looking at the score for the Regulars (Table 2) a different pattern appears. The total score for the 8 Regulars both on the pre-test and post-test shows that the perception of the self is higher than the others scores. When looking at the individual S-O scores, only two of the eight show higher other scores over self scores, and in the post-test scores none had higher others scores. Of the 8 clients only two showed dramatic changes; client #1 who scored low on the self score at the beginning of the inquiry (71) dramatically increased at the end (117), while client #7 dropped in both the self and others scores from the pre-test to the post-test. Again, not knowing what situations may have had an influence on these clients and their perception of themselves and others, no conclusions can be drawn.

What can be stated about these figures is that the
TABLE 2
GIRONA AFFECT SCALE RAW SCORES OF THE "REGULARS"
(N=8)

<table>
<thead>
<tr>
<th>Clients</th>
<th>PRE-TEST</th>
<th></th>
<th></th>
<th></th>
<th>POST-TEST</th>
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<tbody>
<tr>
<td></td>
<td>S</td>
<td>O</td>
<td>S+O</td>
<td>S-O</td>
<td>S</td>
<td>O</td>
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"Control" clients, as a group, evidence a lower self perception when compared to others, while the "Regulars" suggest just the opposite.

PARTICIPANTS OBSERVATION

The purpose of this facet of the inquiry was to see if there would be an increase in specific socially oriented behaviors over time.

The "Regulars" were observed while engaged in social recreation activities at the Friendship Club meetings.

On the basis of this qualitative research methodology this investigator 1) determined the total number of times each individual client talked to another group member; 2) determined the number of times the clients had eye contact with others; 3) determined the number of times the clients were active participants in the social recreation activity; 4) determined the number of times they were involved in making decisions.

The display of the frequencies of socially oriented behavior elicited by each of the 8 Regulars (Appendix A) produced no significant changes in the total number of manifested socially oriented behaviors. One insight is gained from the observations. Client #1 who exhibited a dramatic increase in the self score, over time only came to 2 of the 5 activities. This dramatic change again suggests that the protective social setting of the Friendship Club may have suited the less secure individual.
Five of the 8 clients did show a frequency increase of social interaction behavior (#2, #4, #5, #6, #8) while two clients exhibited erratic frequencies (#3 and #7).

DISCUSSION

The Girona Affect Scale is designed to assess an individual's perception of himself and significant others. When this Scale was applied to a select number of chronic mentally disordered clients living in protective community settings, two thoughts occur.

The four clients, who infrequently involved themselves in social recreation activities, showed a lower self score when compared with their perception of others. When the mean score for this "Control" group was compared with a sample of college students (reported in Girona's instructions), this group had similar mean scores except on the others dimension (Table 3). The "Control" group scored 15 points higher in their perception of significant others. The fact that these four clients may have found other activities in the community may have accounted for the seemingly more sensitive awareness of themselves relative to other persons. The data does not definitely demonstrate this thought but does allow for this speculation.

The Regulars, on the other hand, scored higher than the college sample on both dimensions and for Time One and Time Two, these scores do suggest a heightened per-
TABLE 3

MEAN SCORES FROM THE GIRONA AFFECT SCALE FOR T1 AND T2 AND
THE COLLEGE SAMPLE

<table>
<thead>
<tr>
<th></th>
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<th>REGULARS</th>
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<tr>
<td></td>
<td>T1</td>
<td>T2</td>
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<tr>
<td>Self</td>
<td>90.25</td>
<td>100.25</td>
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<tr>
<td>Others</td>
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<tr>
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ception of self and others as suggested in the literature.

When the frequencies of social behaviors observed during social recreation activities for 7 of the 8 clients are combined, one can see a distinct increase in the number of incidences of social interaction (Table 4).

**TABLE 4**

FREQUENCY OF INCIDENCES OF OBSERVED SOCIALLY ORIENTED BEHAVIOR

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<tr>
<th>Social Activity</th>
<th>Incidences Yes</th>
<th>Incidences No</th>
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<td>34</td>
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<tr>
<td>Second Friday</td>
<td>54</td>
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<td>60</td>
<td>24</td>
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<td>Fourth Friday</td>
<td>71</td>
<td>9</td>
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<tr>
<td>Fifth Friday</td>
<td>77</td>
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The total frequency of observed socially oriented behavior increased from 50 during the first Friday afternoon social recreation activity to 77 incidences on the fifth and last day of activity. This data suggests that the social recreation activities during the five sessions were acting as some type of catalyst for increased interaction. However, caution must be exerted with this finding since these clients were at the same time functioning in a limited way in the community.
A further comment is appropriate at this time. As this investigator noted at the beginning, a halo effect may be operating on both sets of data. Certainly when the investigator enumerates the number of manifested socially oriented behavior, then tabulates and evaluates this data, a certain amount of subjectivity enters into the discussion. For this reason, alone, the credibility of the data findings is reduced.
CHAPTER 4
CONCLUSION & RECOMMENDATIONS

It was the intent of this exploratory project to investigate the possible relationship of involvement in social recreation activities and positive changes in social adjustment of selected chronic mentally disordered persons currently in the community.

This investigator drew clients from a time oriented recreation program in which she was involved. These clients were members of a Friendship Club designed to assist them in readjusting to community living after hospitalization.

These clients were given the Girona Affect Scale to evaluate their perception of themselves and significant others over a period of time. A further set of data was obtained from participant observation designed to evaluate changes in socially oriented behavior for a segment of this group.

While no significant conclusions can be drawn from the findings, two thoughts were generated:

First, these selected clients varied only slightly from the college sample in their perception of themselves and significant others. However, this slight variation was consistently higher in this evaluation. As the literature suggests, this heightened variation may be, in fact,
due to a somewhat distorted self-evaluation.

Second, the fact that there was an increase in the frequency of observed socially oriented behavior over time suggests that the social recreation activities may have a therapeutic affect. However, as Kelton's study of "losers" suggests, the Regulars at the Friendship Club may be "losers" and their identification with other members over time brought a certain amount of group cohesion.

However, from this inquiry one can conclude that this form of investigation does have validity although no definitive conclusions can be drawn from this investigation.

RECOMMENDATIONS

Based on the conclusions of this exploratory inquiry, this investigator recommends the following for those interested in pursuing more systematically the value of social recreation as a therapeutic tool:

1. A more controlled research design.
2. Increase in sample size.
3. Observation over a longer period of time.
POSTSCRIPT

"When the mind of a person . . . moves in time different from that of others, his world does not necessarily come to ruin through dislocation, because there in the center of his world dwells his own personality."

By

Rabindranath Tagore
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41. Ibid

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