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HEALTH ACCEPTANCE THROUGH CAMP

Mixed-Method Data from a Central-European Therapeutic Recreational Based Camp for Seriously Ill Children**

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This study aims to understand how youth living with serious illness retrospectively value their therapeutic recreational (TR) based camp experience. We focus primarily on how they learned to accept their health condition, what they consider the most valuable outcome from camp, and through which mechanisms the camp contributed to these outcomes. The study applied a mixed-method online survey measuring learning outcomes retrospectively in a sample of 18–25-year-old camp alumni (N = 60) from the Hungarian 'Camp of Courage' (Bátor Tábor). Questions regarding illness acceptance and health competence formed the quantitative part and were analyzed via descriptive statistics. We assessed the most important camp outcomes with open-ended survey questions in the qualitative part, and applied a deductive thematic analysis method. Our research found that illness acceptance and health competence are important constructs for young adults, and TR-based camps may play a major role in their development. We organized recurring themes under the overarching theme 'restorative experience and growth' as the main benefit from camp and under 'unconditional acceptance' as the camp mechanism contributing to this benefit. Those campers who have experienced illness-based limitations in life before expressed most benefits in psychosocial domains. They highlighted the acceptance, empathy, and social support at camp, experienced mainly through interactions with peers and camp counselors. We may conclude

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that Camp of Courage provides a suitable environment for psychosocial rehabilitation of youth affected by childhood cancer or other serious illness. We recommend further research on the roles of illness acceptance and social interactions at camp.

Keywords: Therapeutic Recreation; summer camp; illness acceptance; young adults; serious illness; tertiary prevention

1. Background

The present study aims to explore how young adults living with serious illness retrospectively evaluate childhood summer camps' role in their current adult life. We hope to offer a better understanding of the long-term subjective benefits of therapeutic recreational camps. Chronic health conditions, like diabetes, heart disease, cancer, stroke, chronic respiratory problems, HIV/AIDS, blindness or deafness, among others, are either incurable conditions or require prolonged treatment and care, with pervasive uncertainty (WHO et al. 2014). Chronic illness widely affects youth in Hungary, almost one-third of Hungarian adolescents are dealing with some kind of chronic health problem (Németh & Várnai 2019). Childhood cancer survivor rates are increasing up to 80% in Hungary thanks to advances in medical treatment (Jakab & Garami 2018), although Oeffinger and colleagues (2006) found that by the age of 25–26, youth with a history of childhood cancer are 3.3 times more likely to have at least one chronic illness than their siblings.

Growing into adulthood with the burden of an illness puts youth in front of certain challenges besides the normal developmental crises of this age. Exploring one's identity, finding independence, choosing a career direction, gaining life experience, and forming stable and supportive relationships are challenging for any adolescent, and youth with serious illnesses have to cope with several missed or delayed important developmental milestones due to hospitalizations and treatments (Stam et al. 2006; Williams et al. 2002). Kearney (2009) suggests that childhood cancer survivors are remarkably conservative as young adults, they may have a less active social life (Larcombe et al. 2002) and face deficits in friendships and love/sexual relationships (Mackie et al. 2000). Experiences with chronic illness may leave young people potentially lonely and vulnerable. On the other hand, having experienced several painful interventions and one's constant preoccupation with side effects or relapses may make these young people tough, resilient, and autonomous, and even post-traumatic growth can be observed (Zebrack 2011; Zsigmond & Rigó 2019).

Health-related quality of life (HRQoL) in serious illness is connected to a variety of psychosocial factors, such as self-care, identity, self-esteem, meaningful social support, and independence (Fredericks 2009; Rigó & Kökönyei 2014; Sattoe et al. 2015). Psychosocial factors are considered as playing a more dominant role in

HRQoL than physical characteristics of the specific illness (Rigó & Kökönyei 2014). Tertiary prevention programs intend to achieve and maintain a good HRQoL, they are 'aimed at softening the impact of established disease and disability', at reducing the burden of any illness, and preventing relapses or complications in the future (Nolte 2008, 222). Such programs foster an independent, socially integrated life with the active participation of the person living with illness or disability (Nolte 2008). Abilities of self-management and treatment adherence are connected to the person's belief system regarding how the illness itself is perceived and accepted, and how competent they feel about controlling their health-related behavior, thoughts, and feelings (Grady & Gough 2014). In the following section, we will discuss in more detail two related constructs which play an important role in rehabilitation: health competence and illness acceptance. Later we present our research questions on how therapeutic recreation summer camps are suitable to affect health competence and illness acceptance.

Health competence is considered to be a health-related self-efficacy and contributes to better general life satisfaction (Smith et al. 1995). Albert Bandura introduced the construct of self-efficacy, basing it on his social-cognitive theory and applying it to a person's belief in their ability to succeed in a particular situation (Bandura 1997). Health competence aims to capture the perceived ability to control one's health, implying that stronger perceived personal control in life is associated with better health outcomes and better health behavior (Smith et al. 1995).

Several factors modulate the complex process of illness acceptance, such as individual predispositions (e.g., temperament, emotions, stress, coping strategies, etc.), support from family members and close individuals, and socioeconomic status. Acceptance of illness is not only an important determinant of HRQoL, but it decreases negative emotions associated with the chronic illness and its treatment, thus reducing the level of psychological distress (Lewko et al. 2007). A high level of illness acceptance results in better medication compliance and self-care (Obiegło et al. 2016).

Therapeutic recreation (TR) is a method of psycho-social rehabilitation and provides a series of specific leisure activities and reinforcements to address the assessed needs of individuals with illnesses and/or disabling conditions as a means to psychosocial recovery and wellbeing (American Therapeutic Recreation Association, cited by Carter & Van Andel [2019, 6]). The method has been used since the 1960s in North America to improve the physical and mental well-being of people with some limitations (Walker & Pearman 2009). The recreational elements provide sufficient motivation, experiential learning, and fun to achieve specific development goals. The four steps of this are status assessment, goal and activity planning, implementation, and evaluation (APIE) (Carter & Van Andel 2019). While the TR method has become a stand-alone profession in North America, in Europe the TR methodology is mostly adapted in seriously ill children's summer camps and uses

a slightly more liberal definition, with four stations in the interventions: challenge, success, reflection, and discovery (Hosszú 2011; Kearney 2009).

TR summer camps may be a form of tertiary prevention programs, psychosocial rehabilitation for youth living with some illness. These camps aim to create an environment for ill or disabled children where they may have fun and can experience being just kids. Apart from constant and invisible medical, dietary, and nursing supervision, a group of specifically trained camp staff provides the TR-based programs. The psychosocial benefits of TR camps' have been proven in a variety of areas, like increased hope and a positive outlook regarding their future (Rea et al. 2019), or significant positive changes regarding self-esteem, self-efficacy, and self-perception (Békési et al. 2011; Kiernan et al. 2004; Kiernan & Maclachlan 2002; Meltzer et al. 2018; Török et al. 2006), and building valuable social connections is also widely confirmed (Allsop et al. 2013; Kearney 2009; Kearney 2018; Moola et al. 2014). Less is known about these camps' long-term impact.

The Hungarian Camp of Courage (Bátor Tábor) has offered TR-based summer camps for children with cancer, juvenile idiopathic arthritis (JIA), diabetes, and several other serious illnesses since 2001. The camp hosts approximately 1,000 children living with serious illness and their family members from Hungary and the Central-Eastern European region every year at their campsite, and many more in their hospital and school outreach programs (Papp 2021). Over the last 20 years, this camp has been continuously developing its TR based program, following the model of Serious Fun Children's Network and especially the Irish Barretstown Camp (Papp 2021), about the later, see (Jennings & Guerin 2014; Kiernan et al. 2004, Kearney 2018). The APIE model is applied at Camp of Courage in a context of fun, campers are offered exciting challenges (individually adapted through informal assessment and planning), they experience success in overcoming these challenges (implementation), then reflect on their experiences guided by camp counselors (evaluation) and make discoveries about their new skills, potentials, and strengths in themselves through these processes (Papp 2021). This camp TR model of challenge-success-reflection-discovery, also described by Kiernan and Maclachlan (2002) and Kearney (2009), has a strong social element, as the reflections being facilitated by trained camp staff and peers who are present as witnesses to the success (Hosszú 2011; Hosszú & Lénárd 2015; Tóth & Hosszú 2013). One special characteristic of the Hungarian camp is that Camp of Courage operates its programs with specially trained volunteer camp counselors having diverse backgrounds in age, gender, profession, language, and nationality. Besides TR, the culturally aligned programming includes elements of wilderness therapy, outward bound programs, experiential learning, psychological reflective techniques and rites of passage, built on a physically and emotionally safe and inclusive environment (Hosszú & Lénárd 2015).

In the present mixed-method study, (1) we aimed to explore how young adults affected by serious illness (1a) perceive the importance of health-related life skills

such as the ability to accept their illness and to feel competent in their health management. We investigated (1b) how they think camp experience played a role in the development of these skills, and (1c) how any other environment played an important role in this development. Our (2) second aim was to assess (2a) the most valuable benefits that young adults with serious illnesses attribute to their camp experience. We also aimed to (2b) understand through what mechanisms the camp exerts its impact on these most valuable outcomes.

The present research is a part of the 'Youth Impact Study' conducted by the American Camp Association and the University of Utah, carried out on an international oversample in eight medical focus camps of the Serious Fun Children's Network (SFCN). The Hungarian Camp of Courage participated in the research during the summer of 2018. The Hungarian study received approval from the Regional Institutional Committee of Science and Research Ethics at Semmelweis University, Budapest (167/2018), and the Board of Camp of Courage Foundation.

2. Methods

A retrospective, convergent mixed-methods approach was used to explore the long-term effects of camp experience to understand participants' most valuable experience from a TR-based camp and how the development of health acceptance and health management are linked to camp experience.

2.1 Sample and procedure

Study participants were recruited via the alumni database of Camp of Courage Foundation. An email was sent to the former campers who met the following criteria: age 18–25, participated in Camp of Courage before as children or adolescents, are Hungarian speakers, and who consented to be contacted for research purposes when they joined the alumni group. Study participants had to meet the following criteria at the time they attended Camp of Courage: 8–18 years old, diagnosed with either one of the following: childhood cancer or leukemia, hemophilia, diabetes mellitus, juvenile idiopathic arthritis (JIA), or inflammatory bowel disease. Our sample contained youth with a heterogenic medical background. The online survey link with a brief description of the study purpose was provided to the contacts by the University of Utah, who sent the Hungarian raw data back to the authors. Information about safe data management was given, and consent was asked for participation in the international research. A reminder email was sent out two weeks after the first, and the link was closed after one month. From the 800 alumni contacts, 650 email addresses turned out to be valid, 109 participants started to fill out the survey, we obtained 63 complete answers, but three participants did not consent

to the academic use of results. A total of N = 60 complete answers remained. The sample is described in *Table 1*. The overrepresentation of women over men and a total 16% response rate was similar to what the literature suggests about online surveys (Sax et al. 2003).

Table 1
Demographic characteristics (N = 60)

Age 18-25		*M* = 20.63 (*SD* = 1.97)
Gender		
	Women	41 (68.3%)
	Men	19 (31.7%)
Demographic background		
	Urban	24 (40%)
	Rural	36 (60%)
Father's highest education		
	Lower than high school degree	26 (43.3%)
	High school degree or higher	32 (53.3%)
How many times participated in Camp Courage (n=40)		
	1–2 times:	25 (62.5%)
	3–4 times:	15 (37.5%)
Years since last participation in Camp Courage (n=39)		
	less than 5 years	18 (46.1%)
	5–11 years	21 (53.8%)

2.2. Instruments

We used a survey of 18+2 possible learning outcomes linked to camp participation designed for the 'Youth Impact Study' (see also at Richmond et al. 2019; Warner et al. 2021). 18 outcomes referred to general life skills survey questions were created by Wilson, based on previous qualitative study results (Wilson & Sibthorp 2018). The +2 possible outcomes were added only to the present Hungarian study referring to illness acceptance and perceived health competence (DeRosa et al. 2011; Felton & Revenson 1984; Lewko et al. 2007; Mazurek & Lurbiecki 2014; Smith et al. 1995), based on the decision of a team of researchers and camp experts and to be

applied to a sample of youth with serious illnesses. However, the complete Perceived Health Competence Scale and Acceptance of Illness Scale could not be included in the study because of the lack of validated Hungarian translation and the questionnaire length; therefore, the authors reduced the scales to one item each to fit into the international survey's structure. Survey questions included a retrospective, daily importance, and a setting question to all 18+2 outcomes and were followed by a set of open-ended questions (see *Table 2* for outcome list and *Table 3* for questions and examples). The Hungarian translation and adaptation of the survey were carried out at the Institute of Mental Health at Semmelweis University, Budapest. In the present study, we discuss only the results of the +2 health-related learning outcomes.

Qualitative data was gathered from a set of open-ended questions built on each other to better understand the subjective role of the camp in the current life of participants. Camp mechanisms contributing to this effect were explored (see *Table 3*).

Table 2
Camp learning outcomes and definitions

	Learning Outcome	*Definition*
1	Relationship Skills	Ability to form relationships with others
2	Teamwork	Ability to work as part of a team on a task
3	How to Live with Peers	Ability to live in close quarters with peers
4	Empathy and Compassion	Ability to empathize with others
5	Organization	Ability to be organized
6	Responsibility	Willingness to be responsible for own behaviors
7	Independence	Ability to function independently without reliance on family
8	Perseverance	Ability to persevere in the face of challenges
9	Career Orientation	Understanding of what to do for a career or in college
10	Self-Identity	Understanding of who I am and how I want to live my life
11	Emotion Regulation	Ability to control my emotions
12	Self Confidence	Confidence in abilities to be successful
13	Appreciation for Diversity	Appreciation for different people and perspectives
14	Willingness to Try New Things	Willingness to try new things

15	Living in the Moment	Appreciation for being present in the moment
16	Leadership	Ability to lead a group of peers to complete a task
17	Leisure Skills	Ability to participate in sport and/or recreation activities
18	Affinity for Nature	Appreciation for the natural world/nature
19	Illness acceptance	Ability to accept my health conditions
20	Health competence.	Ability to do something for own wellbeing

Table 3
Question forms, examples, and ratings

Retrospective questions:	Camp was critical in the development *of my acceptance of my health condition.*	Very false Very true 1 2 3 4 5 6 7 8 9 10
Importance of skill in daily life	In your daily life, how important is *your acceptance of your health condition?*	Least important Most important 1 2 3 4 5 6 7 8 9 10
Setting of the development	*In what one setting did you primarily develop your ability to accept your health condition?*	Camp, home, school, workplace, sports club, church, other
Qualitative questions: learning mechanisms at camp	Name one learning outcome from the summer camp which is the most valuable in your current life? > Why is this the most valuable? > What influenced acquisition at the camp and how? > Any environmental factor supporting or hindering learning outcome's transfer outside the camp?	

2.3. Analysis

Descriptive statistical analysis was applied in the pilot study, carried out with SPSS 25.0. Survey questions did not meet the criteria for normality (Shaphiro-Wilk test), a skewed distribution and a ceiling effect in the answers was observed in all four variables; therefore, robust nonparametric tests were applied in the analysis (Šimkovic & Träuble 2019): Mann-Whitney tests were carried out to make comparisons within demographic groups based on gender, background (geographical and academic), years since camp, and the number of camp participation.

The thematic analysis method was applied to process answers to all open questions of the survey. A deductive approach was applied in essentialist/realist paradigms (Lincoln et al. 2011; Szokolszky 2004). We were following the six phases of thematic analysis described by Braun and Clarke (2006). The first author extracted the answers to the open-ended questions and organized them into an excel sheet. The first and second authors familiarized themselves with the texts in Hungarian, created codes independently, then compared and discussed them until 90% agreement was reached on occurring themes. The last author reviewed the themes, then the first author refined the description of the themes and the chosen citations based on those suggestions and created a thematic map of the analysis to visually capture relationships and hierarchies between themes, based on Braun and Clarke (2006, 2012). Theme names, definitions, and chosen examples were translated into English by the first author. In the final analysis, we related the themes and subthemes to literature in the theoretical frameworks of illness acceptance and therapeutic recreation.

3. Results

3.1. Health-related learning outcomes

In general, we can say that youth living with serious illnesses in their daily life found both illness acceptance (M = 8.70) and health competence (M = 8.78) to be very important. The majority of participants (56.7% and 53.3%) rated their importance as 10 points, the highest value on the Likert-like survey question. The camp was found to be critical in the development of illness acceptance on average (M = 8.43), while the importance of the camp in the development of health competence was lower (M = 7.97), though no significant differences were found when compared with independent sample Mann-Whitney tests. Half of the participants rated the role of camp in illness acceptance with a maximum of 10 points. Amongst these participants, the camp was the most distinct learning environment of illness acceptance (83.3%), and the home was the primary development setting of health competence (40.7%). Besides camp and home, none of the other settings (church, sports club, school, work, other) played a distinct role in the development of these health-related skills. Results are presented in *Table 4*.

Results on both illness acceptance and health competence were compared in the demographic groups with an independent sample Mann-Whitney test: boys and girls, participants from rural and urban backgrounds, and lower and higher academic backgrounds, 1–2 times at camp or more, camp participation in the last five years or more than five years ago. A significant difference was only found in rating the importance of illness acceptance in daily life, with women rating it more important (Mdn = 10) than men (Mdn = 8) ($U = 279$, $z = -1.95$, p (2-tailed) = 0.051).

Table 4
Means, medians, and frequencies in the importance of health-related skills (n = 60)

	Illness acceptance	*Health competence*
How important the skill is in everyday life, mean (standard deviation), *median*	M = 8.70 (SD = 2.06) *Mdn = 10*	M = 8.78 (SD = 1.63) *Mdn =10*
Camp's role in skill's development, mean (standard deviation), *median*	M = 8.43 (SD = 2.22) *Mdn = 9.50*	M = 7.97 (SD = 2.31) *Mdn = 9*
In what setting did the participants primarily develop the skill amongst those who attributed the development of the given skill to the camp on a rate of 10 points?	Camp 83.3% (n = 30)	Home 40.7% (n = 27)

3.2. Qualitative results

On the open-ended questions, we obtained answers from n = 52 participants. The data set included all free-text answers to all open-ended survey questions. A data item consisted of one person's answers to various open-ended questions. Given that concepts of health acceptance and an a priori knowledge on possible outcomes of therapeutic recreation camps drove the analysis, a deductive thematic analysis approach was applied. The six steps recommended by (Braun & Clarke 2006; Braun et al. 2019) were followed in identifying recurring and important themes. After familiarizing with the data set and coding the recurring topics through the data items, we analyzed how these topics evolve in themes within the wider context of the data set. Finally, we interpreted two sets of themes: one set for the most valuable outcomes learned at camp (*outcome-themes*) and another set expressing the mechanisms, processes, or any other factor contributing to the acquisition of these outcomes (*mechanism-themes*). The coding process and examples are presented in *Table 5*. Connections between outcome-themes and mechanism-themes are pictured on a thematic map (see *Figure 1*).

Many participants reflected in some way on their pre-camp experiences and worries about being different from other kids, often because of their illness. These participants considered a positive change with respect to these feelings as the most valuable gain from camp. Independently of which exact outcome they valued – friendship, self-esteem, or illness acceptance, they described how they used to feel before camp and how they had an '*even I can…*' experience at camp. We defined these common answers as '*Restorative Experience and Growth*' and consider it an overarching big umbrella theme, under which several outcome-themes belong.

The following examples illustrate the concept of change during camp experience:

> *'*Before I was afraid and felt like I was worth nothing… Now I dare to accept who I am and what kind of illness I have. I am valuable like this, and I am a whole person like this as well.'– *theme positive approach to illness;*
> 'Even I can have friends. Before camp, I did not have any friends and was bullied at school because of my illness. But I gained many friends at camp, and we keep in touch even today.' – *theme social connectedness;*
> *'*I arrived at my last camp with serious self-awareness problems when I was 17. Camp totally fixed me.' – *theme self-evaluation;*
> 'I began to like the world.'– *theme social connectedness.*

We identified another overarching theme and named it '*Unconditional acceptance*', which refers to a common mechanism or process at camp that made the valuable learning outcomes possible. This theme also includes several mechanism-themes, and common is the idea of unconditionality in either perceived empathy, patience, social support, or positive emotions from camp or people at camp. Examples:

> 'Friendship, acceptance, love. Many outsiders can't accept people who are a little different from the average. Here everyone has gone through something and does not treat the other with amazement or expulsion.'– theme unconditionality;
> 'All those merry volunteers who related to me as if I were healthy. I could treat myself as normal afterward' – theme personal connections and unconditionality;
> 'Unconditional love, trust, and altruism – I think these are the most important things for campers in a state of mind like mine, who come there to dare to open up and step out of the gray of everyday life.' – theme unconditionality.

Different outcome-themes inherently belong under '*Restorative Experience and Growth',* but to a varying extent – we will present them in the order of the connectedness to the umbrella theme and also discuss what mechanism-themes contribute to the development of these subjectively valuable experiences. Connections are also presented in *Figure 1.* A thicker line indicates a stronger association between themes, mentioned by more participants, and the arrows indicate the direction of effect. Most connected to *restorative experience* is the outcome-theme we call *Social connectedness* (mentioned 28 times), which expresses friendships, the ability to make friends, the quality of these relationships, and the emotions expressing connectedness: love, trust, and belonging. A considerable proportion of participants see better relationships as the most valuable experience gained in camp

and still important for them in their daily life. The development of this experience was supported most prominently by the mechanism-theme *Personal connections* (27), especially with peers, their love, support, example, and *Camp programs* (14) providing teamwork and possibilities to have deep conversations.

The development of a *Positive approach to illness* (mentioned 14 times) was another central outcome of camp extracted from participants' answers about acceptance and a growing tolerance towards their illness. Many participants claim to perceive fewer limitations after feeling *Unconditionality* in the acceptance, support, and empathy of *Personal connections*.

Recurring topics of higher self-esteem, a stronger connection with one's identity, personal development, and self-acceptance, were attributed to the camp. We summarized these topics into the theme of *Self-Evaluation* (18), they were mostly influenced by mechanism-theme *Personal connections* (27). The unconditional support and attention of camp counselors were the most distinctive contributions of the camp to this personal development. For example, this support could be realized through program elements, like evening cabin talks. Also, camp counselors and peers were considered as role models and seen as reference points for future development. A combination of values that we refer to as *Camp spirit* (14) were considerable factors in the development of a positive *Self-Evaluation* (18).

The outcome-theme of a *Proactive attitude to life* (16) was evolving from perceived changes and perseverance in risk-taking; i.e. feeling more courageous, developing and applying an open mindset to explore new things. Growth in *Proactive attitude to life* was perceived by the participants mostly through C*amp programs*, especially through adventure programs, performances, and guided group activities. This theme was less directly connected to *Restorative Experience*, but *Growth* was present and had an importance in the participants' daily lives.

The most prominent drivers of change in camp appear to be related to the people at camp: peers have a great effect on campers through potential friendships, social support, and an 'if she can do it, I can do it, too'-like comparison based social self-efficacy. Even more apparent was the role of camp counselors, who seem to be representing the most *Unconditionality* and are present as role models. Feeling accepted as an outcome inherently belongs to the acceptance that others are showing; therefore, we included the outcome acceptedness into the mechanism-theme acceptance as well. The mechanism-theme *Camp program* was less related to unconditional attention but it stood not completely independent either as camp programs are the context of attention and support from the counselors. From the camp program elements, the high-rope adventure park, group games, and the evening cabin talks stand out. The construct of *Camp spirit* stands for an experience in which many participants (10) simply used the camp's name to describe it as something unique and special. It can be described as a combination of a friendly environment with the encouraging presence of special people. Participants expressed that in the camp they

experienced a very positive value system they long for in everyday life. However, several participants noted that it is hard to experience this spirit outside of camp, for example: 'It is an artificial environment that does not exist in real life.'

We obtained very little feedback about what resources could help campers transfer their positive camp experiences into everyday life. Some participants indicated that supporting family members, camp friendships, and camp reunion programs stood out as the factors that helped them to maintain camp benefits.

Table 5
Identified codes, themes, and overarching themes with frequencies and examples

Overarching themes	*Themes*	*Codes*	*Examples*
Restorative Experience and Growth	Social connectedness (28)	Friends (8) Sense of community (2) Social skills (2) Love (7) Empathy (6) Support (2) Acceptance (3)	'I am not alone' 'Even I can have friends' 'Feeling of community' 'I realized it there what real friendship is' 'Giving and receiving unconditional love' 'Empathy towards others. People can only rely on others and this is essential' 'Acceptance. Because I came to like the world'
	Self-Evaluation (18)	Self-esteem (6) Identity (1) Feeling accepted (8) Career orientation (2) Openness (1)	'To trust in myself and to know that I am valuable even though the outside world shows the opposite' 'I would like to come back as a volunteer' 'The things I have learned about myself' 'Because these skills are crucial in my work' 'Openness. New chances opened up for me'
	Positive approach to illness (14)	Illness acceptance (11) Hope (2) Health control (1)	'I can accept my health condition' 'I can live a happy life with an illness as well' 'They helped me to believe that I can do anything even having a chronic illness' 'The control over my health condition'
	Proactive attitude (17)	Perseverance (6) Accepting challenge (9) Growth (1) Patience (1)	'Never give up!' 'Not being afraid of trying new things' 'They taught me that I am able to do anything' 'I dare to leave the comfort zone' 'Patience. Because it is very useful in the grayness of daily life'
	Fun (8)	Joy (3) Memorable, unique experience (6)	'I have not learned anything. I was simply enjoying it' 'Such values and experiences cannot really be experienced elsewhere'

Unconditional acceptance	Unconditionality (12)	Support (4)	
		Normalizing experience (4)	'All those merry volunteers who related to me as if I were healthy. I could treat myself as normal afterwards'
		Care (1)	
		Patience (1)	
		Feeling accepted (8)	'They accepted me as I am, helped me to overcome my fears, and I heard from my peers that they face the same problems as I do'
	Camp spirit (14)	Camp (8)	'The camp highlighted the values that people slip by in everyday life'
		Values (2)	'The spirit of camp taught me that together we are capable of everything'
		Fun (1)	
		Diversity (1)	
		Illness (2)	'I could not have participated if I did not have my illness'
	Personal connections (27)	Peers (11)	'The other kids who have gone through the same as me'
		Volunteers (9)	'The volunteers believed in me even when I did not believe in myself'
		Role models (3)	'They are role models for me'
		Community (4)	'The energy of a community'
	Camp program (14)	Challenge programs (3)	'The adventure park gave me strength and courage"
		Program (8)	'Programs made me go beyond my usual tasks"
		Teamwork (1)	
		Important conversations (2)	'Evening talks"

Restorative Experience and Growth and *Unconditional acceptance* are interconnected constructs, and the first is, in most aspects, an outcome of the second. The restorative experience seems to happen through the experienced or witnessed unconditionality of acceptance, care, support, love, and empathy. In many cases, vulnerability and fear were expressed as dominant life experiences. In these cases, some kind of healing may have happened through the recognition and fulfillment of basic needs for connectedness and for feeling valuable ('even I can have friends'). In another large proportion of cases, the outcome was expressed as development or growth in the areas which are present in the camp's mechanisms: empathy (6) and social support (2). Openness is part of the mechanism and part of the outcome as well. Data suggests that growth in life skills can also be experienced through observing others (role models were mentioned three times).

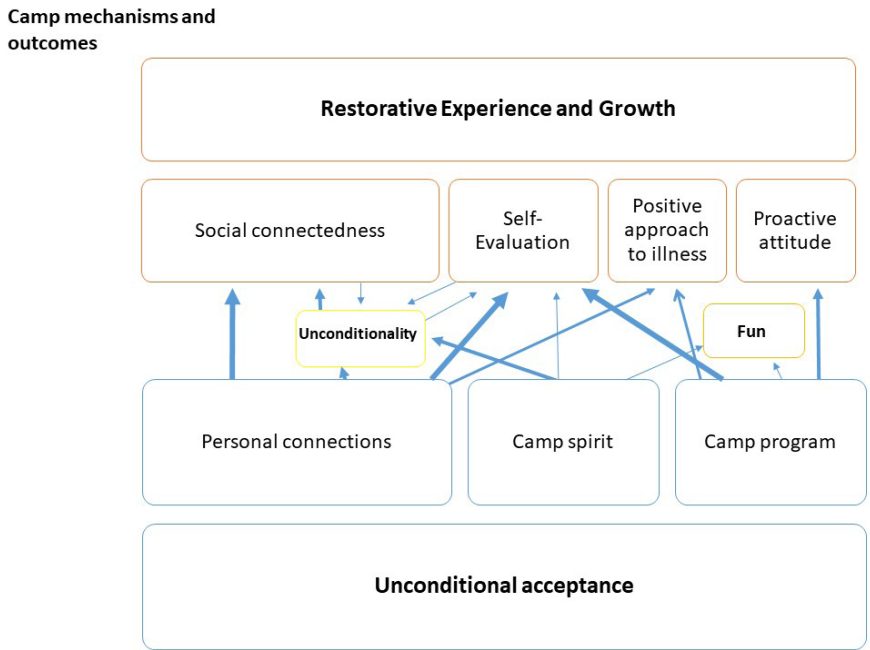

Figure 1
Thematic map extracted from the answers of camp participants picturing the outcome-themes in red and mechanism-themes in blue. The yellow themes are both outcomes and mechanisms. The size of boxes indicates frequencies, and the arrows show relationships between themes.

4. Discussion

Our results from the mixed-methods analysis of this retrospective survey suggest that health acceptance and health management stand as important life skills for youth living with serious illness, and they relate their camp experience to the development of these skills. Almost half of our sample stated that they learned to accept their health condition primarily at camp. The qualitative analysis of open-ended survey answers confirmed these results: the most dominant benefits from TR based camp seem to be a restorative experience and growth in psychosocial domains such as social connectedness, self-evaluation, illness acceptance, and a positive, proactive attitude towards life – especially for those who have experienced illness-based limitations in life before. A good example is what one participant wrote about the importance of illness acceptance and how camp helped: 'If I cannot accept it, I cannot defeat it'. There was a common element in the themes of social, health-related, and assertive

outcomes: participants reflected on a kind of change or growth compared to their before-camp limitations in activities or psychosocial areas, these limitations mostly related to their illness. We called this sense of change 'restorative experience'; it was related to the accepting, empathetic positive camp environment: to camp counselors, peers, and camp program elements.

Demographic factors, such as the number of participations and years since the last camp did not show differences in health competence or illness acceptance, except that health competence remained more important for women. We suggest that young women are more conscious about their health status and by having lower self-efficacy, the importance of improvement in this area might be more valuable for them. Health-competence is strongly connected to self-efficacy (Smith et al. 1995), and lower self-efficacy in female youth with a serious illness was observed among others by Török and colleagues (2006): girls participating in TR based camp typically had lower self-esteem and self-efficacy initially than boys, and those adolescents who had relatively lower initial points on self-esteem and self-efficacy showed the largest and most stable elevation on both constructs after camp. Though our results can be interpreted only within certain limitations: the findings on health acceptance and health competence are based only on 1-1 item survey question each, the distribution was found very skewed and a ceiling effect has to be taken into account.

Our sample's size and heterogeneity in age, medical condition, and since last camp participation, allow only limited interpretations of the results. But our findings from the qualitative data provided some insight into how this change in self-efficacy may happen through camp: those who wrote about limitations and lower self-esteem before camp expressed restorative experiences from camp, even years later. Those who did not report specifically low self-esteem or limitation expressed rather a notion of growth in psychosocial areas. A growing number of qualitative research aims to phenomenologically grasp the camp experience as well, and the benefits of the camp on various psychosocial domains are more elaborated (Evangeli et al. 2019; Gillard & Allsop 2016; Lut et al. 2017; Meltzer et al. 2018). Laing and Moules (2014) described a similar healing experience through strong supportive and accepting social connections. We can relate our findings of the elements from this restorative experience and growth to Gillard and Allsop's (2016) study, where they investigated the meaning of the camp experience for adolescents through interviews. They found that belonging, enjoyment, being themselves, positive affect, camp programming, adult staff, personal growth, and escape were the camp's most meaningful features. We could add to the findings of Gillard and Allsop's (2016) one important aspect from our results: having a positive relationship with one's health condition was a topic that explicitly returned in various open answers in the survey. It seems a camp is a unique place for children with a serious illness where this personal development can be addressed openly

and where the illness and the 'being different' experience may be integrated into one's identity.

The most prominent outcomes of the camp based on our study were the development of social connections via positive encounters with peers and counselors in an accepting environment. Strong social skills and social support relate to resilience and may serve as protective factors against a broad range of life stressors (Kearney 2018; Kim & Yoo 2010). Cohen and colleagues' (1997) study demonstrated that strong social support is associated with increased feelings of self-esteem, self-worth, positive emotions, the use of effective coping mechanisms, and a wide network of social relationships, which can lead to better immune function (Cohen 2004; Cohen et al. 1997). Feeling socially connected and having a sense of belonging are therefore important constructs of wellbeing (Jenkins et al. 1990) and crucial for rehabilitation programs to provide opportunities for youth with serious medical illnesses in order for them to practice and develop social skills, as this may promote positive functioning in relationships, as well as positive psychosocial and physical quality of life (Tominey et al. 2015). A broad number of studies confirmed the benefits of the camp in the social dimensions, and can be even considered as a special and complex context of socialization for youth from a very diverse backgrounds – also for youth living with serious illness (Allsop et al. 2013; Bialeschki et al. 2007; Browne et al. 2019; Bultas et al. 2016; Gillard & Watts 2013; Kiernan et al. 2004; Meltzer et al. 2018). Quality social interactions are important contributors in the camp to better health acceptance, self-esteem, and self-efficacy. Self-efficacy and illness acceptance have both internal and social domains in their development. Turner and Shepherd (1999) highlighted the role of peer interactions and peer education programs based on Bandura's model: those peers have the greatest potential effect on participants, who are relatively close but are perceived as competent or popular members of a group. We suggest that TR programs consciously provide multiple situations in which participants can perceive themselves or observe others becoming successful and competent in completing challenging tasks. In this sense, those camp counselors who are relatively close to campers in age can also play an important role in fostering self-efficacy and self-esteem by becoming role models. Similarly to how Kearney (2009, 83) describes the role of counselors: 'In many ways, the Caras are the heart of Barretstown. They set the atmosphere through their zany styles of communitas'.

A large proportion of campers wrote that the main benefits of camp derive from an unconditional positivity of the camp: in communication, in support, or even in a positive environment. Unconditionality appeared to be not only important in emotional or communicational aspects but also in providing the chance to make choices for every camp participant independently of their condition. Unconditional acceptance is the basis of the humanistic person-centered therapies developed and described profoundly by Carl Rogers (1973), and later considered as one of the

common factors of the efficacy of psychotherapies in general. A variety of studies confirm that the unconditional acceptance and support experienced in positive relationships with significant others were associated with self-acceptance and positive self-perception in a variety of areas from personality development (Frankel et al. 2012) to academic achievement (Makri -Botsari 2015). Here we suggest that unconditional acceptance is associated with a kind of healing growth in self-esteem, self-efficacy, and social connections in camp, as well as through the humanistic approach of camp spirit, values, and interpersonal interactions.

It is worth noting that the TR program elements were not explicitly named as dominant contributors to the camp outcomes in our retrospective study. Though TR, as defined in European camp settings providing challenge-success-reflection-discovery (Hosszú & Lénárd 2015; Jennings & Guerin 2014; Kearney 2009), is inherently present in the restorative experiences of participants, the notion of 'even I can do it' is present in the whole data set, but more prominently linked to the unconditional acceptance and support of the social environment. One-third of camp participants referred to some concrete program element where they made a significant discovery about themselves; for example, how going through the high rope track or horseback riding could contribute to healing or growing self-esteem. Many mentioned the importance of sharing these experiences with peers who used to have similar limitations. We suggest that observing peers on the high rope track and cheering for them creates an important contribution to the improvement of self-efficacy through peer experiences, as described above.

TR camps seem to have the potential to become restorative places. A variety of research suggests that natural environments like summer campsites can be associated with mental health benefits (Hansen-Ketchum et al. 2011; Kaplan 1992; Korpela et al. 2002). Also, outdoor adventure programs produce a confirmed effect on adolescents' mental health, especially if screen time is limited (Mutz et al. 2019; Tillmann et al. 2018). Though Camp of Courage is not located in a wilderness and little free time is left during tight TR programming for peacefully exploring nature, through the dominance of outdoor programs, however, and the screen-free environment, Camp of Courage still can be considered as a potential therapeutic landscape (Kearns & Collins 2000). In our qualitative results, 'camp spirit' was extracted as an important contributor to the wellbeing and psychosocial rehabilitation of youth having serious illnesses. The camp as a special *place* was mentioned in the data set, and participants referred to the camp as an environment where the worries of everyday life are far. It is like a special, hidden world where they can live free, and interactions seem to work easier and are more loving and satisfying than in everyday environments – which experiences are comparable to the literature of restorative places, or similar to what Gillard and Allsop (2016) described as an escape.

We can conclude that therapeutic recreation-based camps may be useful and effective ways of tertiary rehabilitation in a sense of improving psychosocial func-

tioning. TR-based camps are not only improving HRQoL through psychosocial factors, but they are also able to enhance illness acceptance and increase perceived health competence. Later on, these are predictors of health management in the daily maintenance and treatment of a serious health condition like diabetes or recurring late side effects of childhood cancer survivors (Oeffinger et al. 2006; Williams et al. 2002). Based on our qualitative findings, the most dominant elements of Camp of Courage appear to be the unconditional acceptance, empathy, and social support worked out through mostly interpersonal interactions with peers and camp counselors. We suggest that TR program elements provide a framework where change can happen and the unconditionally supportive psychosocial environment of a disease-specific camp with the special selection of camp counselors fills this framework up with emotions and make it an even more memorable and life-changing restorative experience. This is especially for those who have experienced illness-related boundaries in life. The question arises whether these results are possible without the framework of TR programs, but may be based on other camp program elements. We suggest the TR method and the unconditionality of the camp both contribute to the restorative experience, but further research is recommended to compare illness-specific camp programs with TR camps.

5. Implications

Based on our results, we suggest further investigations regarding the role of illness acceptance and health competence in tertiary prevention. A closer understanding of camp program elements' mechanisms on improving psychosocial wellbeing, especially self-efficacy and self-esteem, which have both clinical and practical implications, could contribute to program development and staff training. We recommend the further investigation and specification of TR elements and the APIE model during camp program planning. From our results, the role of personal interactions in psychosocial wellbeing and illness acceptance stands out. Further research could explore the role of volunteer camp staff and the group dynamics in camp as providing an ambience for growth and unconditional support. As for camp programming, we would like to recommend further development of family, school, or community-based programs to improve unconditional acceptance in the environment of children living with serious illnesses. These programs could potentially help to retain as much as possible from the camp's positive experiences.

6. Limitations

Sampling bias has to be considered as we obtained data through an online survey, and potentially those who have positive affections towards the camp took the time

and effort to answer. This might be related to the ceiling effect found in the quantitative section. The retrospective design, the questions' subjectivity, the qualitative limits in the data set of free-text answers to survey questions, and the subjectivity of the data analysis method only permit interpretations within a specific level of comprehending experiences from Camp of Courage. We have to consider that as a convergent mixed-method designed study (Fetters et al. 2013), the quantitative questions regarding possible camp outcomes in the first part of the survey may have influenced themes coming up in the second, qualitative part of the survey.

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