

1969

Recreation for the Handicapped

Susan Ann Todd
Ouachita Baptist University

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Therapies

RECREATION FOR THE HANDICAPPED

Susan Ann Todd

Special Studies--Honors Program

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January 24, 1969

RECREATION FOR THE HANDICAPPED

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RECREATION FOR THE HANDICAPPED

Recreation has become an important resource in the treatment of the mentally and physically handicapped. People with serious handicaps can be trained to lead happy, normal, productive lives. Such training is one of the greatest triumphs of modern medicine and education.¹

Progress in the use of music and drama, including organization of groups in radio drama, was made in veterans' hospitals, especially during and after World War II. With the development of occupational therapy, even bedridden patients found many activities possible, including both work and play. Those in wheel chairs have become proficient in various games. The obvious need for skill in the direction of such activities has led to the expansion of several professions, including music therapy and group work. At best these services and the centers in which they are provided have the benefit of medical and much psychiatric supervision. Equipment and leadership has turned many a center into a place where recreation has its place in the daily routine.²

¹"Recreation for Handicapped People," The World Book Encyclopedia, vol. 8, Chicago, Field Enterprises, Inc., 1951, p. 3260.

²"Recreation for the Handicapped," The Encyclopedia Americana, vol. 23, New York, Americana Corporation, 1954, p. 275.

We must (as a whole society) meet the needs of our handicapped before they can ever begin to enjoy life. They must be well clothed, fed, loved, etc. before we can ever succeed in providing recreation for them to enjoy and to forget their burdens.³ To build up a realization that there are games and recreation which a handicapped person can enjoy builds the morale of our country as well as gives a feeling of security to our pupils.⁴

The handicapped person must have the opportunity to gain the feeling of adequacy, of belonging, of being accepted by others, which are all so important to healthy development. With the security and support of a group with which he is actively identified, the individual person is often better able to cope with his problems.⁵ Such things as the rehabilitation programs of the Armed Forces played an important part in World War II, and are being continued in veterans' hospitals with very much success. Those 265,000 individuals who were disabled as a result of combat injuries in World War II or those born with handicaps need help in order that they may become useful citizens in our society.⁶ But like all others, the handicapped soon

³Vaughn S. Blanchard, Curriculum Problems in Health and Physical Education, New York, A. S. Barnes & Co., 1942, p. 18.

⁴Doreen Foote, Modified Activities in Physical Education, New York, Iver Publishing Co., 1945, p. 5.

⁵Hilda Clute Kozman, Group Process in Physical Education, New York, Harper & Brothers, Publishers, 1951, p. 315.

⁶Charles A. Bucher, Foundation of Physical Education, St. Louis, The C. V. Mosby Co., 1960, p. 61.

learns that membership in society must be earned and is not something gained or demanded.⁷

As part of becoming prepared for a full social life, the handicapped person needs to explore his real interests and find out what he really likes. The discovery and development of these interests and abilities are important, because there will always be others who like to do the same things. A common bond, therefore, will exist that will form a closer social relationship. Literature, music, art, sports, hobbies, church activities, and service groups are some of the interests that can help a handicapped person begin his way back to a normal life.⁸ There are 200 specialized mental retardation clinics set up in our country to help these people find this goal in life.⁹

By some careful planning on his part, a handicapped person may become capable of working and playing with others. As the foundation for broader social relationships the handicapped person would do well to recognize the importance of the home and family as the ideal training ground of a person. Habits of respect for others, cherishing family ideals, and the observing of democratic family relationships are easily expanded to include larger social groups.¹⁰ Although most of his dealings with others will be on a satisfactory level, the person with a

⁷Arthur S. Daniels, Adapted Physical Education, New York, Harper & Row, Publishers, 1965, p. 520.

⁸Ibid., p. 521.

⁹"Health and Recreation," American Journal of Public Health, vol. 58, number 9, New York, American Public Health Association, Inc., September 1968, p. 1747.

¹⁰Arthur S. Daniels, op. cit., p. 521.

disability must learn to cope with discouragement and some forms of inconsiderate treatment. He may have his heart set on an experience and not be invited. He may overhear a chance remark in which unfavorable comment is made on his appearance or disability. He must learn to take all these things as part of life and not crawl in a corner each time he thinks he has been hurt. Everyone gets hurt some time or the other. So the handicapped, as well as those who are healthy, must be able to get up after a social or psychological knock-down and come back harder than ever.¹¹

Although exact figures are not available, it is estimated that 23,000,000 persons in the United States are handicapped by the effects of disease, injury, maladjustment, or former wars.¹² The handicapped include four main classes of people. They are the blind, the deaf, the crippled, and the mentally handicapped.¹³ By handicapped we mean those persons incapable of self-support and of the independent management of his own life because of intellectual subnormality manifested from birth or early childhood.¹⁴ Many of our children are handicapped. It is estimated

¹¹Arthur S. Daniels, op. cit., p. 522.

¹²"Rehabilitation--The Fight Back," Today's Health, vol. 45, New York, American Medical Association, December 1967, p. 62.

¹³The Baruch Committee on Physical Medicine, A Community Rehabilitation Service and Center, New York, The Baruch Committee, 1946, p. 4.

¹⁴"Handicapped," Collier's Encyclopedia, vol. 15, New York, The Crowell-Collier Publishing Co., 1963, pp. 696-697.

that there are 70,000 educable cerebral palsied children under sixteen years of age in the United States. Seven out of every 100,000 of the general population are cerebral palsied children.¹⁵ At least six out of every 1,000 children are crippled or seriously handicapped by disease or conditions such as tuberculosis, birth injuries, injuries due to accident, rheumatic heart disease, and congenital deformities, who may be benefited or entirely cured with proper treatment.¹⁶ A high proportion of the severely retarded children come from middle class families.¹⁷ And it is also estimated that two hundred and fifty thousand men and women become handicapped each year through illness and injury alone.¹⁸

The orthopedic handicap is easily recognized. But there are a total of five million persons having either major or minor impairments of rheumatic fever, tuberculosis, blindness, hearing defect, deafness, speech defectiveness, mental illness, or some disease that limits a person from using his body fully.¹⁹ But with the powerful, fighting-back force of personnel that is willing to help the handicapped today they are seen able to regain at least a part of their bodies usefulness.²⁰ People who need

¹⁵W. M. Phelps, The Farthest Corner, Elyria, Ohio, The National Society for Crippled Children & Adults, 1946, p. 7.

¹⁶Proceedings of the National Health Conference, Report of the Technical Committee on Medical Care, Washington, D. C., Government Printing Office, 1938, p. 40.

¹⁷American Journal of Public Health, op. cit., p. 1752.

¹⁸Charles A. Bucher, op. cit., p. 62.

¹⁹Bernard D. Karpines, "The Physically Handicapped," Public Health Reports, vol. 58, New York, American Public Health Association, October 1943, p. 1588.

²⁰Today's Health, op. cit., p. 65.

this special help and attention should get this service as one of their rights as free individuals and not because of the generosity and charity of adults.²¹ The handicapped and the normal must learn how to react to one another.²²

Through physical activities even those individuals who are mentally disturbed and emotionally upset may get so engrossed in this wholesome pastime that they forget all about their worries or afflictions and, as a result, their condition becomes much improved.²³ And because of this, schools in today's society have adapted physical education programs set up for the handicapped.²⁴ We must remember that in teaching physical education to the handicapped person that we should always approach one person like we would another person and never compare them to a normal child. The handicapped should never receive pity or sympathy to the point where they lose their self-confidence. But most of all, we must never criticize a person about their defect.²⁵ For if we fail to do these things and don't allow the atypical person to participate in recreation, they will never be able to enlarge their sphere of activity and learn to live with their handicap

²¹Henry Clay Lindgren, Mental Health in Education, San Francisco State College, Henry Holt & Co., 1954, pp. 436-437.

²²Arthur S. Daniels, Adapted Physical Education, New York, Harper & Row Co., 1954, p. 48.

²³Charles A. Bucher, op. cit., p. 62.

²⁴Delbert Oberteuffer, Physical Education, New York, Harper & Brothers, Publishers, 1951, p. 21.

²⁵Ernest W. Tiegs, Mental Hygiene In Education, New York, The Ronald Press Company, 1941, pp. 218-219.

without self-pity.²⁶ They must be allowed to receive pride and satisfaction in accomplishing an activity.²⁷

It should be the function of education to include in its curriculum "therapy" or treatment of certain physical defects. The newer trend in many schools today is away from the correction of the physical defect by formal exercises and toward the provision of the advantages and opportunities available through games and sport activities properly supervised and adapted to the needs of the atypical student. This newer trend takes the physically handicapped individual as he is with respect for what he may become, helps him to help himself, and contributes to the better health and efficiency of the total individual.²⁸ It was not until 1900, when the first public school for crippled children was opened in Chicago, that physical education for the handicapped was ever considered.²⁹

Play, with its emotional uplift, is as necessary as work and leisure for the normal individual. Play nourishes the body, feeds the mind, and calms the emotions. Every child should have the opportunity for free, unguided, and unorganized recreation--moments when nobody is doing good to him or improving

²⁶Elizabeth Halsey, Physical Education for Children, New York, Holt, Rinehart and Winston, 1958, p. 38.

²⁷Patricia Ruth O'Keefe, Education Through Physical Activities, St. Louis, The C. V. Mosby Co., 1949, p. 16.

²⁸H. G. Metcalf, The Establishment in the Public Schools of Educational Procedures for Children with Physical Defects, New York University, 1934, p. 299.

²⁹Harry H. Hewett, "Progress in Education of the Crippled Child," The Crippled Child, vol. 6, April 1928, p. 9.

him. This is his chance to recreate himself by his own inner impulses.³⁰

The recognition that people differ from one another is a fundamental fact which all children should be taught. The normal child accepts his handicapped playmate if he has been given a factual explanation of the reasons for the nature of their handicap, and how it modifies their activities.³¹ The teacher can play an important part in helping all of the pupils accept their handicapped playmates. She must help those with handicaps to mingle with the normal group as much as possible. Everyone can get a joy out of watching someone learn to play again or for their first time.³²

Many schools excuse the handicapped from physical education. But excusing them is not meeting their needs. They are human beings in a free society seeking to live and grow with others of their same age group, despite the fact that they must live within the limitations imposed by their disability. As far as possible, they want to be like others.³³ There are today in 106 cities of 100,000 or more population, ninety-eight schools that are not excusing the handicapped from their physical education programs. But our real concern is that schools all

³⁰D. Seabury, Growing Into Life, New York, Blue Ribbon Books, Inc., 1928, p. 566.

³¹Bernice R. Mess, Health Education, Washington, D. C., National Education Association of the U. S., 1962, p. 325.

³²Charles C. Wilson, Healthful School Living, Chicago, National Education Association, 1957, p. 62.

³³Carl E. Willgoose, Evaluation in Health Education, New York, McGraw-Hill Book Company, Inc., 1961, p. 366.

over the United States make adapted programs for these with handicaps.³⁴

Parents play a very important role in helping their handicapped child adjust to his condition. Their attitude toward this child should reflect neither pity nor resentment, but the same kind of acceptance they would give to any other child. They must never lose sight of the fact that their child is a child not only with all the emotional needs of other children, but with all of the other needs of any child--firm discipline, continuing guidance, independence, security and ego-satisfaction. Parents should likewise be led to see how they may contribute to their child's success or failure in a physical education program.³⁵ Parents must realize that their handicapped child needs to be taught suitable recreation. By allowing their child to participate in a physical education program outside the home allows the child to be able to be with other children and thus avoiding the pity and over-protection that they most likely would get at home.³⁶

Many parents may feel guilty over their child's handicap and in various ways punish themselves for the child's affliction. They may feel injured by fate, or may even refuse to acknowledge that their child is different until his disability becomes grossly apparent. Parents who blame themselves often over-

³⁴Helen M. Wallace, School Services for Handicapped Children, New York, American Public Health, 1960, p. 173.

³⁵Dorothy Rogers, Mental Hygiene in Elementary Education, New York, Houghton Mifflin Company, 1957, p. 360.

³⁶Charles C. Wilson, Health Education, Washington, D. C., National Education Association, 1948, p. 166.

protect the child and prolong his infancy and never allow him to become independent. How the parents act is revealed in how the child reacts.³⁷

The responsibility of physical education may be traced to our concept of democracy. One of our firm democratic beliefs is the surpassing worth of the individual; he is the basis of all other values. This means, the development of the individual in accordance with his greatest capacities.³⁸

Handicapped children need help in discovering their abilities, and praise for hard-won achievement. Accomplishments that seem so small as to be hardly worth mentioning may represent real effort to the youngster. Their smallest successes must be acknowledged so that they may develop the courage to attempt more difficult tasks.³⁹ The sports selected for the handicapped should not aggravate their physical defect and they should be recreational in nature and they should ameliorate functional defects.⁴⁰ All people differ in their capacities and abilities so the physical education program must be flexible in order to

³⁷Louis Kaplan, Mental Health and Human Relations in Education, New York, Harper & Brothers, 1959, p. 297.

³⁸Delia P. Hussey, Children in Focus, Washington, D. C., American Association for Health, Physical Education, and Recreation, 1954, p. 145.

³⁹Louis Kaplan, op. cit., p. 301.

⁴⁰Leslie W. Irwin, The Curriculum in Health and Physical Education, St. Louis, The C. V. Mosby Company, 1944, p. 321.

meet everyone's needs.⁴¹ The psychologically maladjusted, the timid, the obese, the cardiac, the lame, the blind, the injured-- all of these and others are entitled to the pleasures which come from taking part in a recreational program adapted to their abilities.⁴² If the program is not adapted to their own needs, then they are unable to behave and learn like we want them to.⁴³ This program must be expanded to provide for the physical, mental, and occupational needs of the handicapped.⁴⁴

Activities suitable for the exceptional person may advance from those of very little physical activity to those of very vigorous exercise, especially for some parts of the body or limbs. Recreation releases frustration and pent-up energies. The challenge is always present to include something in an adapted program of physical education which will aid the handicapped in making necessary adjustment to make them better integrated and make them emotionally and socially happier individuals. This program is our only way to help all handicapped, but we cannot help them all to the same degree.⁴⁵

A real good example of putting this special program into

⁴¹Helen L. Witmer, Personality in the Making, New York, Harper & Co., 1952, p. 248.

⁴²Delbert Oberteuffer, Physical Education, New York, Harper & Row Co., 1962, p. 172.

⁴³Marie Mehl, Teaching in Elementary School, New York, The Ronald Press Company, 1950, p. 104.

⁴⁴Charles Bucher, Physical Education in the Modern Elementary School, New York, The MacMillan Company, 1958, p. 76.

⁴⁵"Recommendations on Children & Youth--The White House Conference," Journal of Health and Physical Education, vol. 22, April 1951, p. 48.

work is in the lesson in life that SCA students find at the Arkansas Children's Colony located in Conway, Arkansas. At the colony you can find these SCA students talking, playing games, taking strolls, and creating the kind of handicraft that delights the handicapped children. There are more than 1,200 mentally retarded students at the colony. In this program one student is assigned to one college student, and they are on their own to do whatever they wish. There is no forced training and the companionship is attuned to the mood of that day. The children need a great deal of specialized attention in order to progress as they should.

It is believed that by these college students working with the handicapped children, that they will strengthen their desires to help mankind and thus they will take what they learn and apply it in the communities all over the state. Right now there are 58,000 retarded individuals of all ages and all degrees of retardation throughout the state. The colony at Conway can only house 1,450. So this leaves more than 56,000 to be cared for in the communities. These are the communities that these students must go into and help set up local programs so we can help all of those who need help. It is here at the local level where recreation should be taught to the handicapped. It is here at home where it must be learned what the handicapped person is capable of doing.⁴⁶

The handicapped child will have more difficulty in learning

⁴⁶"Children's Colony: Lesson in Life for SCA Students," Arkansas Democrat, Little Rock, Arkansas, November 3, 1968, p. 1D.

motor skills than the nonhandicapped. What a normal child may learn easily and well in a moderate amount of time, may take a handicapped child three times as long. But the child is his own standard for the rate and amount of learning. Handicapped children have few needs greater than learning to control body movements. The skills of locomotion are basic to life. As far as the child can learn, the skills of walking, running, climbing, balancing, throwing, catching should be stressed. These skills are vital in moving about and performing the necessary acts of daily living. They will increase safety in living, and contribute to competence in recreational pursuits.

The kind of recreation that the handicapped can engage depends on the person and his disability. It is sometimes hard to match the person with an appropriate activity. But in choosing an activity you must remember that: there should be little danger of injury or aggravating the condition; success should be possible without making concessions to the handicap; it is very important that the activity be interesting. In the area of sports and games, activities of the noncontact type with low requirements in speed, strength, endurance, and agility may be chosen. Hobbies and special interests are as broad as the range of human activities and may include crafts, arts, photography, reading, collecting, quiet games, music, and dancing. The out-of-doors provides wonderful recreation opportunities for the handicapped. Camping, picnics, boating, fishing, and nature study are some.⁴⁷

⁴⁷Delia P. Hussey, op. cit., pp. 134-145.

Formal corrective physical education has been successful in working with crippled individuals. The crippled individuals confined to a hospital or clinic has, as his drive to action, the desire to improve his condition as quickly as possible. In addition to the regular therapy, occupational therapy is used to allow the patient to engage in movements which produce something of interest, and which also exercises the defective parts. There has often been a resentment seen by the crippled because they are given lighter work. They do not want sympathy--they want understanding. Some forms of the functional occupational therapy are a bicycle lathe to improve the hips, knees, or ankles. Also you have printing for the arm, shoulder, or hand conditions, and the horizontal loom for arms and hands. Some of the other activities for handicapped people in general include: shuffleboard, dart baseball, dart target, bean bag board, paddle tennis, badminton, fly and bait casting, deck tennis, horseshoes, bowling, target throwing, volleyball and basketball. Others are football, golf, baseball, marbles, bicycling, hiking, camping, fishing, swimming, and boating.⁴⁸

The recreational activity which has contributed more to the handicapped is camping. While on a camping trip, the handicapped person can learn arts and crafts and music. They can take hikes and study the things of nature. And as a group they can take part in daily sport activities, such as boating, fishing, checkers,

⁴⁸Charles Bucher, op. cit., p. 82.

golfing, horseshoes, and relays that are adapted to their needs.⁴⁹

Some of our handicapped people, after being trained, become very successful athletes. For those with fingers, a hand, or arm missing have become successful basketball players. Even those with leg or foot handicaps have done well in track. The case of Glenn Cunningham, the distance runner, is an example of an exceptional case of success in spite of a severe leg and foot disability in childhood. Other activities for those with missing arms, hands, or feet and leg injuries include golf, bowling, tennis, squash, badminton, and swimming. The most unusual case reported was that of a person with both arms missing who played handball with the soles of his feet.⁵⁰

Dart throwing, throwing and catching a softball, mild forms of boxing, and swimming movements can be used to serve the dexterity needs of arm amputees. They contribute to the development of smooth movements, timing, and coordination. Many amputees have also been taught to drive cars again.⁵¹

Physical education for those with cardiac conditions will place minimum stress on vigorous, sustained activity. Some people feel that a "heart case" is one for which the best treatment is "rest." But this is not true. Story plays are excellent, and such games as bean bag toss, table croquet, bowling with

⁴⁹Delia P. Hussey, op. cit., pp. 137-145.

⁵⁰George T. Stafford, Sports for the Handicapped, New York, Prentice-Hall, Inc., 1947, p. 83.

⁵¹Arthur S. Daniels, op. cit., p. 161.

softballs, dart games, and bicycling can give the handicapped person nearly normal exercise.⁵²

The physical education program for the epileptics include singing games, folk dances, relays, story plays, and aquatics. For those who are older, many other things can be added such as: volleyball, basketball, softball, track, horseshoes, tennis, and fencing.⁵³

The activities in which postpolio students can participate depends upon the degree of residual paralysis. Such activities as walking properly, opening doors, using stairs, and carrying objects can help the student in his daily activities. Those who are less handicapped with poliomyelitis can take part in table tennis, shuffleboard, archery, bait and fly casting, golf, bowling, camping, and fishing.⁵⁴

Accidents, diseases, and the ravages of war have steadily increases the number of blind and partially sighted individuals. We must be careful in our helping with the blind. For they often lack initiative, show poor coordination, and often they seem to only discourage us. They cannot see what others do, so they often don't seem to care if they do anything. The occupational therapy offers many opportunities for the blind to engage in weaving, loom work, bookbinding, and music. The blind cannot take part in vigorous and swift movement, because of the fear

⁵²Arthur S. Daniels, op. cit., p. 179.

⁵³George T. Stafford, Sports for the Handicapped, New York, Prentice-Hall, Inc., 1947, p. 114.

⁵⁴Arthur S. Daniels, op. cit., p. 235.

that they might come in contact with objects, thus they are not able to strengthen their bodies properly. Helen Keller must have had this in mind when she said, "The curse of the blind is not blindness, but idleness." The following activities have been approved for the blind: tumbling, basketball, folk dancing, swimming, track, softball, wrestling, and marching.⁵⁵

Deafness is a serious handicap to learning, living and playing. One out of every ten people in the United States have a loss of hearing. Deaf and hard-of-hearing people differ from other people only in the ability to hear. So the physical education program planned for them should be the same that is planned for normal people.⁵⁶

The anemic person must limit his activities because of his lack of strength and endurance. But he can take part in bowling, archery, darts, shuffleboard, table tennis, and golf. Students with asthmatic conditions must also eliminate vigorous activities. They can take part in badminton, softball, volleyball, bowling, and tennis. Those suffering from respiratory and nasal disturbances, mental illness, malnutrition, endocrine dysfunctions, etc. all can usually have the same activities as long as they are not too active. They include basketball, table tennis, soccer, volleyball, golf, card games, camping, fishing and horseback riding.⁵⁷

⁵⁵Arthur S. Daniels, op. cit., p. 254.

⁵⁶Charles E. Buell, Motor Performance of Visually Handicapped Children, Ann Arbor, Michigan, Edwards Brothers, Inc., 1950, pp. 19-20.

⁵⁷Arthur S. Daniels, op. cit., p. 282.

The reason that camping is applied to these conditions is that if it is used right it is one of the greatest socializing, humanizing, civilizing factors which can enter the life of a person. It is a social adjustment and brings with it the ability to live successfully with others.

One of the finest activities for the widest range of disabilities is swimming. In addition to the specific therapeutic values received, there are important skill, recreational and safety outcomes. When a handicapped person learns to swim, he takes a big step forward toward "being like others." The use of water experiences as therapy is centered around the treatment of persons with orthopedic disabilities. In this work, the movement of weakened muscles is aided by the buoyancy of the body. Thus a patient, working from either a standing or floating position with the aid of an operator, can perform movements that would not be possible out of the water. These movements cause a gentle massaging action by the water.

The most common disabilities that benefit from swimming are: paralysis, cerebral palsy, epilepsy, amputation, bone injury, cardiac conditions, deafness, blindness, and diabetes. Some of the conditions that swimming is not recommended for include: common cold, infections, chronic sinusitis, allergy, open wounds and sores and certain skin conditions.⁵⁸

But just providing recreation for our handicapped is never going to solve all of their problems. For those with handicaps might ask themselves if there is any place for them in society.

⁵⁸George T. Stafford, op. cit., p. 315.

They most often want to go ahead and apply the skills they have learned so they can employ themselves in order to make their own living. They can then form new social relationships and thus gain the feeling of independence. They can then fulfill their mission in life. A person's morale is improved when they can take care of their daily needs and hold a job. But even those who cannot leave their home and apply for a job, can roam the world through literature right at their own home, or they can satisfy their desires by enjoying making their own music.

Those who are disabled often experience feelings of loneliness. Through religion they can find satisfaction and hope. For the handicapped, the values of a faith that goes beyond their personal resources are seen in courage, hope, comfort, and security. In the presence of true religion, the handicapped person finds that the petty trials of his daily living becomes of minor importance. Religion is the most important thing for the handicapped, in that it provides that extra courage they need to fulfill their destiny in life. Religion stresses the abundant life, joy, and fine living. Social and recreational activities for the handicapped are found in many churches. Thus through this active church participation, the handicapped person develops the feeling of security.⁵⁹

Many of those with disabilities regard marriage, home, and their own family life as beyond their reach. So we must not stop helping the handicapped after we have helped them

⁵⁹Arthur S. Daniels, op. cit., pp. 524-526.

seek meaning to life by finding out what they can do for themselves despite their handicap, but we must help them seek that one big dream in life that we all hope to enjoy.⁶⁰ Our handicapped must also be assured of all the things we too enjoy before they can find life worth living.⁶¹

Through urges, wants, and hungers, every body reaches out to undreamed heights of power. Every man travels hopefully toward a desired end. In the everlasting whisper of Kipling:

"Something hidden. Go and find it. Go and look behind the ranges-----
 "Something lost behind the ranges. Lost and waiting for your help. Go!!"⁶²

⁶⁰Arthur S. Daniels, op. cit., pp. 532-534.

⁶¹Today's Health, op. cit., p. 67.

⁶²Jay B. Nash, Physical Education--Its Interpretation and Objectives, Dubuque, Iowa, Wm. C. Brown Company Publishers, 1963, p. 187.

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