

## **M.A.G.I.C. W.O.R.K.S (Motivating Activities Geared-to Instilling Confidence-Wonderful Opportunities to Raise Kid's Self-Esteem)**

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*Abstract: This study investigates use of magic tricks to increase self-esteem and self-confidence of children with disabilities. Twenty-six children with various disabilities at both elementary and secondary levels volunteered for the study. Participants were taught various magic tricks and were given weeks of practice time to perfect their presentation prior to performing for others. Pre- and post-test measures of self-esteem and self-confidence were determined using the Self-Image domain from the Self-Confidence dimension on the Student Self-Concept Scale. Overall results indicate that a statistical increase in self-esteem and self-confidence was noted for the entire group at the end of the study. Significance of results and their implications are discussed.*

Use of magic tricks has amazed audiences throughout the world for many years starting in the late 1880s with perhaps the most famous magician ever, Harry Houdini. Modern magicians like David Copperfield continue to amaze audiences today. The amusement of magic seems to have a universal attraction to people, both young and old, but how might the use of magic earn a place in educational settings, particularly for students with disabilities? Frith and Walker (1983) convey that the inherent benefit of using magic tricks with children with disabilities lies in their increased self-concept and self-confidence.

Self-esteem and self-confidence are important psychological attributes for personal growth in the quest to become productive citizens in society; therefore, attaining and keeping self-esteem and self-confidence is highly valued (Cast & Burke, 2002). Generally, self-esteem is an individual's evaluation of the self (Rosenberg, 1979; Rosenberg, Schooler, Schoenbach, & Rosenberg, 1995). Gresham, Elliott, and Evans-Hernandez (1993) referred to a more limiting definition

of self-esteem by only including "students' self-perceptions regarding the possession of culturally-valued personal attributes" (p. 7). Components of self-esteem include self-confidence (Owens, 1993). Without self-esteem and self-confidence, the possibility of leading a successful productive life decreases. For children with disabilities, self-esteem and self-confidence are crucial elements to their success. Typically, students with disabilities experience frustration due to low academic achievement and repeated failure in daily activities. Because of these feelings of frustration and experiences of repeated failure, students with disabilities may experience low self-esteem and lack of self-confidence since it is generally believed that self-esteem and self-confidence result from successful experiences.

For many years, researchers have debated controversial issues related to self-esteem and self-confidence as it pertains to individuals with disabilities (Glenn & Cunningham, 2001; MacMaster, Donovan, & MacIntyre, 2002; Tamm & Prellwitz, 2001). Many factors have to be explored to accurately understand self-esteem and self-confidence of children with disabilities. The developmental stages of individuals are a key factor when interpreting results from instruments that measure perceptions of self (Harter, 1983). Harter suggests that children after the age of eight will be more apt to realistically evaluate their percep-

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tion of self. Children below the age of seven may not evaluate themselves realistically and may "think they were good at everything" (Glenn & Cunningham, p. 175). This is particularly important when measuring self-esteem and self-confidence of individuals with cognitive disabilities/mental retardation because their mental age may be significantly different from their chronological age, thus creating an inflated positive self-image. When working with young teenagers with Down syndrome who had mental ages between four and seven years, Cuskelly and de Jong (1996) reported 14 out of the 33 participants in their study indicated they were very capable of reading alone yet, in reality, those 14 could not read at all.

Researchers tend to agree that children with emotional and behavioral problems generally have low self-esteem (Gresham, 1995; King & Daniel, 1996). However, the research on children with learning disabilities appears to be divided. Numerous studies cited by Durrant, Cunningham, and Voelker (1990) suggested that children with learning disabilities have an increased risk of low self-esteem. Some researchers attribute low self-esteem of students with learning disabilities to various factors such as being negatively perceived by their teachers and peers (Gresham & MacMillan, 1997), having difficulty with social acceptance (Vaughn, Hogan, Kouzekanani, & Shapiro, 1990; Wiest, Wong, & Kreil, 1998), and experiencing academic difficulties (Leondari, 1993). Other researchers, however, have found that self-esteem of students with learning disabilities increases once they have a diagnosis and understand their condition (Gordon, 1979; Heyman, 1990; MacMaster et al., 2002). Studies on the self-esteem of individuals with physical disabilities report conflicting research results as well. Fox (2002), in his review of the research literature, found that children with physical disabilities did not have a lower self-esteem than their peers who had no physical disabilities. A study conducted by Blake and Rust (2002) indicated similar results stating that the self-esteem of students with physical disabilities were the same as or higher than the normative sample in the study. Conversely, research findings suggest that individuals with physical disabilities face greater self-esteem issues than the general

population, including negative feedback based on their physical difference (Lawrence, 1991; Stone, 1995; Wendell, 1996). In general, research results on the self-esteem and self-confidence of individuals with disabilities are clearly inconclusive (Leondari).

Although researchers do not agree on the various issues related to self-esteem and self-confidence of individuals with disabilities and caution should be taken when assessing and interpreting these attributes, no research was found that indicated that increasing self-esteem and self-confidence was undesirable. The bottom line remains that high self-image is a positive and note-worthy goal.

#### *Use of Magic in the Educational Setting*

Frith and Walker (1983) in their article entitled, *Magic as motivation for handicapped students*, suggested the use of magic as a motivator for children with disabilities. Authors provided general guidelines for teacher demonstration tricks and teaching tricks to students. For teacher demonstration tricks, authors suggested teachers practice caution when choosing materials to use for magic tricks being sure not to use objects that could potentially be dangerous. They further suggested teachers practice the tricks prior to demonstrating them to the students to prevent making mistakes. General guidelines for teaching magic tricks to students include introducing the easier tricks first and making sure that students mastered old tricks prior to teaching new ones.

Some noteworthy programs have reportedly had positive results in using magic with individuals with disabilities. Such programs include: *Project Magic* (Falcon, 2002) developed by David Copperfield, *Magic for Special Education* (Society of American Magicians, n.d.), and *The Magic Within You* (Bentley, 2001) developed by Aubrey Fine. All of the above programs involved using magic with children with special needs and reported positive results in areas of self-esteem, self-confidence, and physical dexterity.

McCormack (1985) reported use of magic tricks to enhance student learning in science classes by inspiring creative problem-solving skills, keen observational techniques, and productive skepticism. Bowman (1986) suggested

use of magic tricks to assist in establishing rapport with individuals or groups of children in the counseling setting. He further suggested use of magic tricks to reward or reinforce desired behaviors in students who have behavior problems. Spruill and Poidevant (1993) concur with Bowman concerning use of magic tricks in the counseling setting and note its particular use in reaching students who are "shy, unmotivated, lacking in self-confidence, or in need of better eye-hand coordination" (p. 231). In 1989, Broome developed *The Magic Kids* program for students who have behavior and emotional disorders as a strategy to build teamwork and increase self-esteem. She concluded that after the children presented numerous magic shows, benefits were noted in the students' self-esteem, social progress, and academic skills. She emphasized that it is critical for teachers to make a tremendous effort to prove to children who have disabilities they can learn something and be successful. Broome emphasized, "Every positive experience that teachers can give a student with low self-esteem helps the therapeutic process of making that student feel like a worthwhile person" (p. 5).

In addition to an increased level of self-confidence, Frith and Walker (1983) listed other possible advantages for using magic with children with disabilities that include improvement in the following areas: gross motor skills, fine motor skills, eye-hand coordination skills, socialization skills, generalization skills, confidentiality skills, and concentration skills. They also suggested that magic puts children with disabilities at an advantage point because it allows them to accomplish a task that their non-disabled peers cannot accomplish.

Use of magic tricks for educational instructional goals is not a highly visible occurrence in professional literature. Actually, very little empirical evidence exists in professional literature that investigates use of magic tricks with school-aged children. Use of magic tricks with children is very common in commercial advertisement literature. Even though hundreds of books have been published that focus on magic tricks designed for children, few focus on educational purposes.

Generally, these commercial advertisements and books emphasize the enjoyment and amusement value for children. While en-

joyment and amusement may be great selling points for those who sell magic products, the researchers of this study wanted to empirically examine the use of magic tricks as it relates to the educational value. Specifically, the researchers investigate if the process of learning and performing magic tricks would impact the self-esteem and self-confidence of children with disabilities. Frith and Walker (1983) stated, "Special education teachers who make the effort to add magic tricks to their instructional repertoires may be surprised at the results" (p. 109).

The purpose of this study was to investigate use of magic tricks as a possible tool to increase the children's self-esteem and self-confidence. Children with disabilities were taught to perform entertaining skills of "prestidigitiation" and other charming and seemingly miraculous eye-hand coordination activities, otherwise known as magic tricks. They were given the opportunity to first perform their magic tricks for younger children and then perform for their non-disabled peers. The clever, astonishing, and entertaining activities (i.e., magic tricks) were designed to provide a fun and motivational way for the children with disabilities to practice and enhance presentation skills in anticipation of increasing their self-esteem and self-confidence in the process. Pre-and post-test measures were conducted to determine if children's self-esteem and self-confidence increased as a result of learning and performing magic tricks.

## Method

### *Participants and Setting*

Twenty-six children (seventeen males and nine females) with various disabilities (cognitive disabilities/mental retardation, behavior disorders, learning disabilities, and physical disabilities) were selected for this study. Children at both the elementary and secondary levels were involved. All children attended local public schools. Children were selected based on the recommendation of a university intern or practicum student and receipt of parental consent.

### *Instrumentation and Materials*

The Student Self-Concept Scale (SSCS; Gresham, Elliott, & Evans-Fernandez, 1993) was utilized as a pre/post determination of participants' self-esteem and self-confidence. The SSCS is a 72-item self-report measure of three domains: Self-Image, Academic, and Social based on three rating dimensions: Self-Confidence, Importance, and Outcome Confidence. SSCS received great reviews for the authors' special emphasis on including students with disabilities in the standardization sample and it is considered to be a "sound and rigorously developed and validated measure" (Impara & Plake, 1998, p. 969) of self-concept.

For the purpose of this study, only the Self-Confidence dimension of the Self-Image domain and the Lie Scale were utilized for the pre/post testing which involved presentation of 19 items from the SSCS. The Self-Image domain items address self-concept issues, in terms of self-esteem, looking at students' perceptions about culturally valued behaviors such as personal attributes, popularity, physical attractiveness, and physical skill. Sample items from the SSCS Self-Image domain include the statements: "I am easy to like," "I am a nice person," "I am proud of who I am." Student ratings on self-confidence are made on a three-point scale with answers and scores varying from: Not at All (0), Not Sure (1), or Confident (2). The range of raw scores a student can obtain on the Self-Image domain is 0 - 24. The raw scores can be converted to standard scores. The higher the standard score, the more positive the rating of self-esteem and self-confidence is. The Lie Scale is used to provide validity to the SSCS responses.

University interns and practicum students who volunteered to train the children utilized rubber bands, pencils, paper clips, paper, and similar types of inexpensive materials for demonstration of most of the magic tricks. Some self-working magic tricks that were purchased from various magic shops were also used. Specific tricks taught to individual children were determined by taking into account each child's motoric and cognitive abilities. Individual tricks chosen were specific to what each child could perform successfully. Not all children learned and practiced the same magic tricks. Magic tricks were selected from David

Copperfield's *Project Magic* instruction manual (Copperfield, DeJean, & Plank, 1982), from several magic shops, and from various Internet sites.

### *Procedure*

At the beginning of the semester, researchers explained the research study to university exceptional education seniors who were in their final student teaching semester and university exceptional education juniors who were involved in practicum field experiences. Senior interns and junior practicum students were teaching at various public schools in the county. From these two groups, ten university students volunteered to learn various magic tricks and teach them to children who were in their classrooms during the semester term.

University students were trained to perform various magic tricks. They were also trained to administer the Self-Image dimension of the Self-Confidence domain of the *Student Self-Concept Scale* (SSCS) instrument. University students were given careful directions concerning reading aloud test items for children with lower reading abilities to be certain the children completely understood the questions.

Permission from the principal was secured at each of the university student's school site. Parental consent letters were sent home asking for voluntary participation. Parental consent to become part of the research study was obtained for 26 children. After receiving the appropriate parental and school consent, university students and researchers administered the Self-Confidence dimension of the Self-Image domain to the children as a pre-test measure.

Children were taught various magic tricks that were individually chosen based on their physical and cognitive capabilities. When presenting and teaching the magic tricks to the children, university students were required to explicitly follow procedures and guidelines established by the researchers. University students were required to emphasize to the child the importance of upholding the magician's pledge not to share the secret of the magic trick after the performance. Furthermore, university students conveyed to the "future child magician" that the lessons being taught

would be kept a secret so that their non-disabled peers would not know how they learned to perform the various magic tricks. In essence, they were encouraged to create a "child magician and grown-up magician" relationship where they were the only ones holding the secrets to the magical effects. Each university student was required to role-play with their children on how to respond when others may ask, "How did you do that?" See Table 1 for an example of the role-play.

University students were instructed to provide encouragement to the children while in the learning process by pretending to be amazed and astonished as children performed various magic tricks. University students and researchers role-played various magic trick scenarios and practiced their verbal and non-verbal expressions of astonishment. University students were even encouraged to over-exaggerate their non-verbal and verbal expressions of surprise by opening their mouths and eyes widely and convincingly saying "OOHS" and "AHHS" at the precise moment the amazing part of the trick was performed.

University students were highly encouraged to consistently provide large, warm smiles to facilitate a risk-free learning environment for the children. In addition, university students were reminded to be keenly aware of the learning situation and to note when a magic trick might be too cognitively or physically challenging. The ultimate goal was to find magic tricks that could be performed with

ease and comfort for each individual child. Due to the cognitive and physical restraints of a few children in the study, university students used self-working magic tricks in order to increase the children's performance success. Self-working magic tricks are tricks that involve the use of magic prompts, which can be purchased at magic shops that have built-in foolproof magical effects. One example of a self-working magic trick is a magic coloring book that has special tabbed pages that will show uncolored pages, then colored pages, and then blank pages depending on the placement of your hand when flipping the pages.

There were no set criteria on the number of tricks that were to be sleight-of-hand and eye-hand coordinating activities versus self-working ones. In addition, no overall total number of magic tricks was required for each child to perform in order to be considered successful. Upon learning each trick, the child practiced with the university student until it was determined that he/she had learned the magic trick correctly.

Because each magic trick was individually selected based on the cognitive and physical appropriateness for the child, success was determined based on the individual situation. While learning the magic trick, children were given opportunity to practice performing the magic trick in front of a life-sized puppet to get the sense of presenting in front of an audience. Children were also given opportunity to practice performing their magic trick

TABLE 1

Role-Play Script

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*University Student (to child magician):*

"When a person asks you how you did the magic trick, you should never tell them because the magic trick will lose its surprise! Let's practice some things you can say if someone wants to know how you did a trick."

*Puzzled Audience Member—role-played by university student (to child magician):*

"How did you do that?"

*Child Magician (to puzzled audience member):*

"With great skill and I hope you liked it."

*Puzzled Audience Member—role-played by university student (to child magician):*

"Please tell me the secret."

*Child Magician (to the puzzled audience member):*

"One of a magician's rules is that I should never tell."

(For children magicians with higher cognitive abilities, could add: "If you really want to learn, you can check out magic books from the library or visit magic shops.")

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in front of a large mirror to get the perspective of what the audience would be seeing. After the university student noted the child had accomplished the magic trick being taught at the time, either in the child's presentation to them or in front of the puppet and/or mirror, success was individually determined based on two factors. First, the child was observed to determine if he/she demonstrated the magic trick successfully with ease and without revealing the secret, thus producing the desired magical effect. Once the first factor of success was met, the second factor for success was determined by asking the child, "How do you feel you performed this magic trick?" If the child expressed feelings of being successful, the university student provided positive specific praise and then proceeded to teach the child another trick. Once the child was successful with several magic tricks and had gained confidence in his/her presentation skills, he/she was given the opportunity to perform for the preschool and kindergarten classes at their school. Toward the end of the semester, the child was given the opportunity to perform for his/her non-disabled peers in a small or large group setting. The university student's judgment of success, combined with the confirmation from the child, determined the overall outcome. At the end of the semester, university students and researchers administered the Self-Confidence dimension of the Self-Image domain as a post-test measure. University students were asked by the researchers to submit general narrative feedback on the success or lack of success of the research project.

### Results

Pre/post measures from the SSCS were analyzed using a 2-sample dependent *t* test. Results yielded significant differences in all groups (males and female) between pre- and post-test scores on the Self-Image dimension of the Self-Confidence domain on the SSCS,  $t(25) = -13.992, p < .001$ . A 2-sample dependent *t* test conducted on pre/post measures from the SSCS indicated significant differences for the male group and female group respectively,  $t(16) = -11.476, p < .001$ ;  $t(8) = -8.115, p < .001$  (see Table 2).

Of the 26 participants, 17 were male; nine

TABLE 2

Descriptive Statistics of Pre- and Post-test of Self-Confidence

	<i>N</i>	<i>M</i>	<i>SD</i>
Males			
Pre	17	69.706	19.316
Post	17	85.882	16.244*
Female			
Pre	9	73.667	18.841
Post	9	87.444	16.801*
Total Group			
Pre	26	71.077	18.870
Post	26	86.423	16.118*

\*  $p < .001$ .

were female. Seventy-one percent, 12 of the 17 male children, had significant increases in self-confidence compared to sixty-six percent, six of the nine female participants. Sixty-nine percent, 18 of the 26 children, had significant increases in self-confidence after learning, practicing, and performing the simple magic tricks.

All of the children who ranked themselves as "Not at All (0)" or "Not Sure (1)" on the pre-test on the following items: "I am proud of who I am," "I am fun to be with," "I am a happy person," ranked themselves as "Confident (2)" on the post-test.

### Discussion

Use of magic in the educational setting reported in professional literature is extremely limited, but Frith and Walker (1983) in their article in *Teaching Exceptional Children*, outlined many benefits for using magic with children with disabilities including the possibility of an increase in children's attention span and motivation with an increase of self-concept and self-confidence being the ultimate benefit. This research study was designed to examine whether the learning and presentation of simple magic tricks by children with various disabilities could increase their self-esteem and self-confidence levels. Overall, this study indicated that children with disabilities, after learning and performing magic tricks, increased their perception of self-image that included self-esteem and self-confidence, as

measured by pre-and post-test measures. Since the children in this study were taught different magic tricks, no deduction can be made on the impact of specific magic tricks on self-esteem and self-confidence. Therefore, a global analysis was made to identify consistent traits of magic tricks that might have attributed to the increased self-esteem and self-confidence.

Each child in this study learned to do magic tricks that were perceived to be within the child's comfort zone. Each child practiced the magic tricks until they perceived their performance was successful. Each magic trick included a secret component that produced a magical effect, that when performed correctly, could amaze audience members. Children were encouraged to keep the magician's oath to never share the secret component with the various audiences. The first audience members were children in pre-school and kindergarten classes. After the child magician built up his/her confidence performing for the younger children, he/she eventually performed for his/her non-disabled peers. Becoming a classroom magician and starring in classroom magic shows may have provided an opportunity to build confidence in classroom presentation skills in a fun, motivational manner. Increased self-esteem and self-confidence may be due to the success experienced in learning and performing magic tricks. According to Bunker (1991), self-esteem results by completing successful experiences.

Child magicians in this study were taught secret moves that were only known by them. Knowing these secrets allowed the child performer to complete tasks that appear by most individuals to be impossible. In essence, the child magicians knew something special that others did not know. They were the keepers of the secrets. Frith and Walker (1983) indicated that this component is the reason that magic has a special appeal for children with disabilities. The child magician knows how to do something that others cannot immediately duplicate. More importantly, they can do something that they perceive could impress their peers. Children in this study had documented disabilities, and in the academic setting, had experienced repeated failures, which made them lag behind their non-disabled peers. However, in the performance of magic tricks,

the children with disabilities may have been perceived to have higher skills than their same-aged peers because they knew the secret behind the magic trick and their peers did not. One of the child magician's non-disabled peers said, "I wish I were smart enough to figure out how to do that!" The researchers feel that the knowledge of knowing the secrets behind the magic tricks played an important role in the results of this study. That knowledge appeared to have empowered the children with disabilities to perform at a perceived higher level than their peers because their non-disabled peers did not know the secret behind the magic tricks. Knowledge of this secret provided them the opportunity to impress their peers. Frith and Walker concluded that children with disabilities might even impress themselves when performing various magic tricks. Having the knowledge that they were performing at an impressive level for their non-disabled peers could have influenced their perception of increased self-esteem and self-confidence.

Success was individually determined in each situation and always with the confirmation from the child. The researchers believe this confirmation of success expressed by the child is another key element to the overall success of this study. Observing the child's performance and making sure that the secret move was hidden when performed determined the first part of success. Regardless of the apparent success observed, the children were always asked how they felt they performed. In addition, children were never expected to perform magic tricks that were too difficult for their cognitive level or their physical ability. Because the magic tricks were selected based on the match between the child's abilities and the required skills to perform the trick, success, in terms of technical performance, was usually easily accomplished. Frith and Walker (1983) reported that when working with magic with children with disabilities that, "...even the most uncoordinated child can master a substantial number of feats" (p. 108). However, technical performance was not the sole determination of success. The researchers wanted the children to reflect on the performance and agree that the performance was successful before learning another trick or performing it in front of an audience. Having the children's

confirmation that they personally felt they accomplished a successful task may have influenced their perceived increase of self-esteem and self-confidence on the post-test measure. Verbalizing their successes may have caused an increase in their self-image.

The act of performing for others in front of the classroom may have also played a key role in this study. Classroom presentation skills are important for children to learn. Some children may struggle with building self-confidence in their ability to present in front of others, particularly their peers. Presenting in front of others may cause some individuals to be nervous and may result in the fear of making a mistake publicly. The magic performances provided an opportunity for the children with disabilities to practice their presentation skills and build their self-esteem and self-confidence. In this study, having success in presenting in front of the class may have attributed to the children's perceived increase of self-esteem and self-confidence.

The motivational aspect of learning the magic tricks appeared to have been a positive attraction. Children are more willing to learn things when presented in a fun manner. Both the children who performed the magic tricks and the children in the audiences made many comments that indicated they perceived the magic activities as fun. Making others laugh or express sentiments of surprise and appreciation of the performance may have also contributed to the overall fun aspect of learning and performing the magic tricks. Even though many academic objectives were combined with the learning of the magic tricks, the children with disabilities appeared to have enjoyed the lessons. For example, one university student reported that one child said, "I hope we use magic in all of our lessons today." Some of the magic tricks were used to teach science and math concepts, while others used objects in the magic for spelling and writing sentences. Overall, the children made positive comments about the magic tricks even when combined with academic subjects. The fun and motivational aspect of learning and performing the magic tricks may have resulted in the increased self-esteem and self-confidence reported.

When reviewing specific items on the SSCS, it was noted that all of the children who

ranked themselves as low on the pre-test on the following items: "I am proud of who I am," "I am fun to be with," "I am a happy person," ranked themselves as high on the same three items on the post-test. The researchers concluded that learning and performing magic tricks might have caused these particular children to perceive themselves as being fun, happy, and proud. Upon another review, some of the questions appeared to be unfair for children in the study who used wheelchairs, such as "I can jump as high and as far as my classmates," and "I can run as fast as other kids my age." One child reported on the post-test measure, "I couldn't jump when you asked me the first time and I still can't jump today."

An abundance of comments from university students reported that children were highly motivated to learn the magic tricks. One university student reported that on the first day of working with her student who was classified as Trainable Mentally Handicapped (TMH) and who also used a wheelchair for mobility, was so impressed with the magic tricks that he continued throughout the day coming up to her with specific requests to, "Show me more magic!" Another university student commented that after the child magician performed for younger children, the child magician was so thrilled, and in her words was "booming with confidence and satisfaction." The researchers noted that university students appeared to be equally motivated to teach magic tricks to children. Excitement conveyed from the grown up magicians may have positively influenced the children's excitement and motivation.

It is important to also note that the "child magician" did not reveal the secrets behind the magical effects and also did not share how they learned the magic tricks. The researchers did not want to draw attention to the fact that the children were receiving special magic lessons. Sharing this fact may have taken away much-earned credit from the child magician and may have caused the audiences to be less impressed.

Children in this study were provided ample opportunities that resulted in successful experiences. According to Bunker (1991), "Children acquire self-confidence and self-esteem as a result of successful experiences" (p. 467).



In a study conducted by Cast and Burke (2002), they concluded that self-esteem serves as a personal resource that can be used when a person goes through stressful times. They also report that self-esteem can be "both built up and depleted" (p. 1045). If learning and performing magic tricks foster the building up of self-esteem and self-confidence, then perhaps, the self-esteem "resource" could be used during stressful academic times.

All children, including children with disabilities, need to be empowered, feel good about themselves and increase their self-esteem and self-confidence, which in turn can increase their motivation to try harder and take more risks, both personally and academically. Children need to recognize that they have more ability to accomplish things than they may realize. Basically, the more children believe in their abilities and are motivated to apply themselves, the more apt they are to be successful in their endeavors.

Making global inferences based on results of this study would not be appropriate, yet the findings are significant in the quest to find ways to increase children with disabilities' self-esteem and self-confidence. Any activity that shows optimism in increasing self-esteem and self-confidence in children should be explored. Having children with disabilities learn and perform magic tricks may hold great promise in increasing their self-image including self-esteem and self-confidence. Since these personal attributes are highly valued, efforts should be made to provide opportunities that will enhance the probability of success in increasing one's self-esteem and self-confidence. Based on this study, having children with disabilities learn and perform magic tricks in the educational setting should be explored as a promising approach to help them attain higher self-esteem and self-confidence.

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